

SUNRISE HEALTH REGION STRATEGIC PLAN



Better Health



Better Care



Better Teams



Better Value

FIVE-YEAR PLAN 2012-2017

Date: May 30, 2012

SUNRISE HEALTH REGION

Message from the Board Chair and President/CEO



We are pleased to present the Sunrise Health Region's five-year Strategic Plan.

Through active participation in strategic deployment sessions at the regional and provincial level, Sunrise Health Region has committed to a plan which aligns with the Province of Saskatchewan – Ministry of Health goals of transforming health care and improving access to a health system that provides **Better Health, Better Care, Better Teams** and **Better Value** to individuals in our region and throughout our province.



We continue to be guided by our priorities established in the **Patient First** initiative, focused on client and family centred care with targets and improvements aimed at better access and health system quality across the continuum.

Our strategic direction continues to have a strong focus on ensuring our health services are stable and sustainable now and into the future, maintaining our vision of, "Working together...for healthy people in healthy communities."

A handwritten signature in black ink, appearing to read "Greg Kobyłka".

Greg Kobyłka
Chair, Sunrise Regional Health Authority

A handwritten signature in black ink, appearing to read "Suann Laurent".

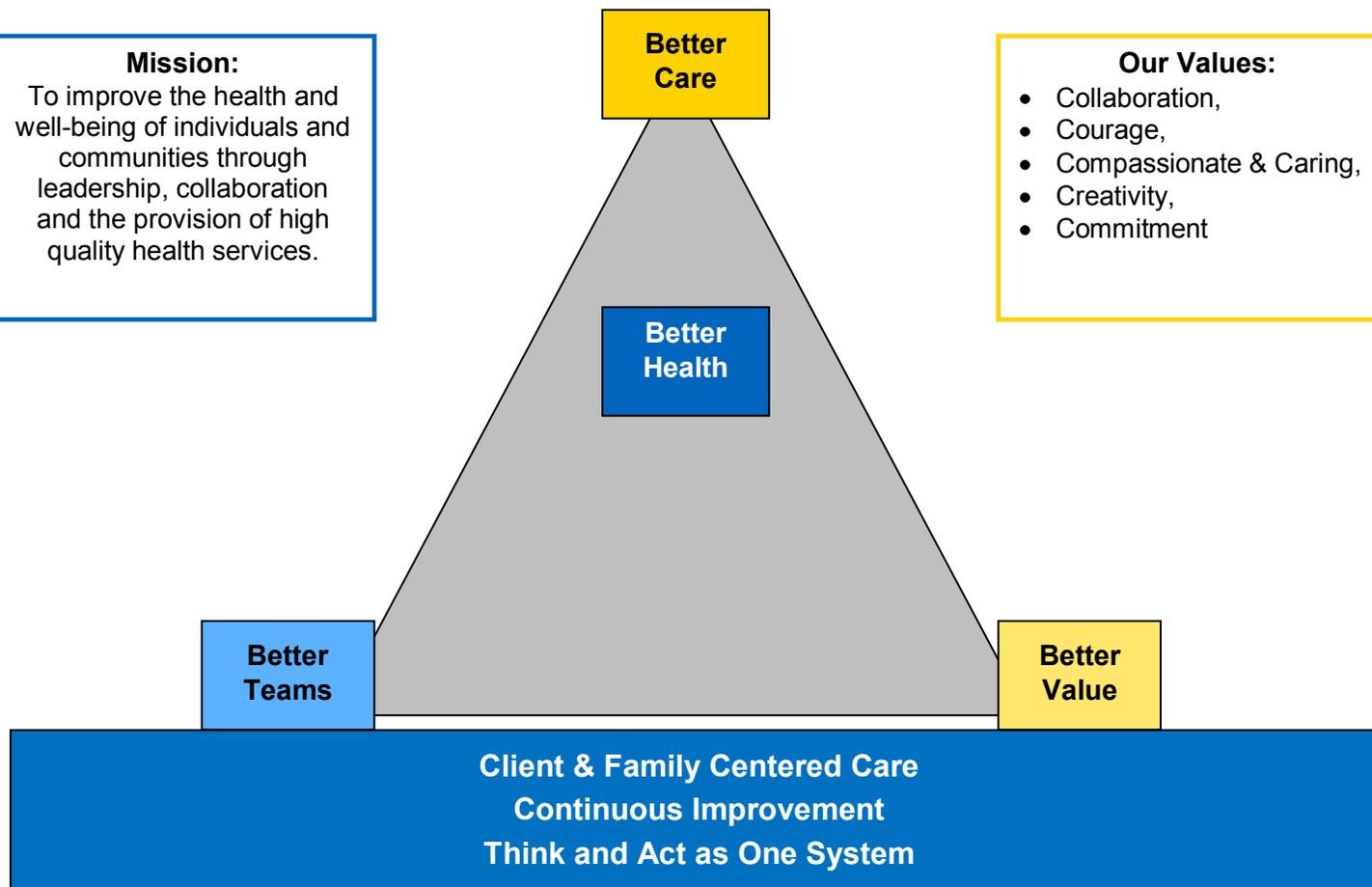
Suann Laurent
President & CEO, Sunrise Health Region

FIVE-YEAR AND 2012-13 STRATEGIC PRIORITIES FOR THE HEALTHCARE SYSTEM

Sunrise Health Region's Vision
Working Together...For Healthy People...In Healthy Communities

Mission:
To improve the health and well-being of individuals and communities through leadership, collaboration and the provision of high quality health services.

- Our Values:**
- Collaboration,
 - Courage,
 - Compassionate & Caring,
 - Creativity,
 - Commitment



Strategy Deployment

The process used to develop this plan represents a significant shift in the way health system strategic planning has historically been done in the province. This new approach to strategic planning, often referred to as the *hoshin kanri*, is characterized by engagement of staff at all levels of the participating organizations through a process referred to as “catchball”. The catchball process enables a top-down and bottom-up approach to determining the strategic priorities and how the desired results will be achieved.

As part of this process, the healthcare system leaders developed enduring strategies based on the Institute for Healthcare Improvement’s Triple Aim. These strategies focus on making improvements to the health of the population, individual care, and financial sustainability in the context of value. The fourth aim is intended to strengthen the healthcare workforce to enable the changes required to improve the other three aims.

BETTER HEALTH	BETTER CARE	BETTER VALUE	BETTER TEAMS
Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.	In partnership with patients and families, improve the individual’s experience, achieve timely access and continuously improve healthcare safety.	Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment and information infrastructure.	Build safe, supportive and quality workplaces that support patient-and family-centered care and collaborative practices, and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers.

During this process, healthcare system leaders identified five areas in which they would like to see a breakthrough in improvement. These are:

- Transform the surgical patient experience;
- Strengthen patient-centred primary health care;
- Deploy a Provincial Continuous Improvement System;
- Focus on Patient and Staff Safety; and
- Identify and provide services collectively through a shared services organization.

The successful implementation of these initiatives in turn are expected to affect the five-year outcomes that were also identified during the process.

Strategic Context

Opportunities	Threats
<ul style="list-style-type: none"> • Involve Community Health Advisory Committee. • Strengthen First Nation population relations with respect to healthcare. • Increase advocacy for our clients. • Increase care transitions' cross boundaries. • Use of data/intelligence to be proactive. • Increase communication with communities. • Enhance Primary Health Care. • Look at different models for rural health such as mobile services. • Partner with Education. • Partner with Advanced Education (staff workforce) and immigration. • Enhance relationships with key partners i.e. unions, communities. • Increase itinerant surgeries and pooled referrals. • Build relationship and connectivity with youth and young adults. • Learn from others (e.g. immigrants have lots to share) - embrace wisdom of workforce. • Create and nurture "safe" work environments. • Increase youth involvement in volunteer efforts. • Share and market positives in Sunrise Health Region. 	<ul style="list-style-type: none"> • Resource based economy (potash, oil and gas). • Lack of Information Technology and Infrastructure Investment. • Lifestyle choices and longevity of populations. • Human Resources shortage globally (healthcare and beyond). • Uncertainty of budget due to annual cycle. • Influx of population. • Disastrous events. • Increased expectations of all generations. • Managing expectations of a community in terms of doctors and facilities. • Uncertainty of the "unknown". • Complex system.

Strategic Context

Strengths to Leverage	Weaknesses to Mitigate
<ul style="list-style-type: none"> • Very positive relationship with communities and affiliates due to organizational structure. • Excellent CEO, dedicated staff, and balanced budget. • Internal co-operation and engagement. • Positive relationships help to discuss what is needed proactively. • Increase in services results in less travel for seniors. • Measurement for improvement. • Start of Electronic Health Record implementation. • Decrease in wait times for surgery and visits. • Strong vision, mission, and values and ACE training. • First Nation collaborations - good handle on needs - starting point. • Strong volunteer base. • Methadone clinic. • Plans for a new hospital/engagement of communities. • Good connections with other Regional Health Authorities (e.g. Southern Regions Forum). • Very strategically focused. • Community programs. 	<ul style="list-style-type: none"> • Lack of electronic medical records. • Spread out geography results in integration challenges. • Access to services. • Shortage of Human Resources. • Balanced Budget – at what cost? • Readiness to serve vulnerable populations → access to specific services. • Lack of volunteers in some areas. • Lifestyle choices/presence of risk factors. • Not enough prevention focus. • Aging population and infrastructure. • Inadequate primary health care/inconsistent across communities. • Vulnerable populations – preparedness for mental health. • Sick Time/Wage Driven Premiums. • Need to explore new, innovative Primary Health Care Models. • Broad communication strategy. • Use of technology.

Strategy	Five-Year Outcomes	Five-Year Improvement Targets	2012-13 Breakthrough Initiatives
Better Health	<p>By March 31, 2017, there will be a 50% improvement in the number of people surveyed who say, “I can contact my primary healthcare team on my day of choice”.</p> <p><i>Measure: Percentage of patients reporting they were able to contact their primary healthcare team on the day of their choice.</i></p>	<ul style="list-style-type: none"> • By 2015, all Saskatchewan residents who choose to be, will be connected to a primary healthcare team that includes or is linked to a family physician. <i>Measure: Percentage of Saskatchewan residents connected to a primary healthcare team.</i> • By 2017, 80% of primary healthcare teams are engaged in clinical practice redesign. <i>Measure: Percentage of primary healthcare teams engaged in clinical practice redesign.</i> 	<p>Strengthen Patient-centred Primary Health Care by Improving Connectivity, Access and Chronic Disease Management.</p> <ul style="list-style-type: none"> • By March 31, 2013, confirm/establish a baseline of the percentage of clients connected to a primary healthcare team or provider and identify gaps in supply of primary healthcare providers. <i>Measure: Identify the baseline percentage of clients connected to a primary healthcare team or provider.</i> • By March 31, 2013, create plans for progressing Primary Health Care across the region. <i>Measure: Completed plan for progressing primary health care across the region, including an engagement plan with physicians.</i> • By March 31, 2013, Primary Health team has engagement of family physician practices and assessed readiness. <i>Measure: Percentage of Primary Health teams that have initiated engagement with physician practices and assessed readiness.</i> • By March 31, 2013, Clinical Practice Redesign will be implemented in two primary health care sites, one physician clinic and one diagnostic imaging site. <i>Measure: Number of primary healthcare teams and physician practices engaged in clinical practice redesign.</i> • By March 31, 2013, will develop a prototype Primary Health Care Chronic Disease Management Clinic in Yorkton with a rural outreach service in Foam Lake. <i>Measure; 75% of Primary Health Care Chronic Disease Interdisciplinary Team “agree” or “strongly agree” they are functioning as an effective team.</i>

Strategy	Five-Year Outcomes	Five-Year Improvement Targets	2012-13 Breakthrough Initiatives
Better Health			<ul style="list-style-type: none"> • By March 31, 2013, will develop plan and start implementation of Colorectal Screening Program. <i>Measure: Plan developed and Colorectal Screening started.</i> • By March 31, 2013, will develop a Primary Health Care Electronic Medical Record Pilot linking primary health care sites to participating physician clinics and other healthcare providers. <i>Measure: Implementation of Electronic Medical Record Pilot.</i>
Better Health	<p>By March 31, 2017, there will be a 50% reduction in the age-standardized hospitalization rate for ambulatory care sensitive conditions. [Note about this outcome: The 50% change target has been set pending further refinement.]</p> <p><i>Measure: Age standardized hospitalization rate for ambulatory care sensitive conditions.</i></p>	<ul style="list-style-type: none"> • By 2017, 75% of patients with chronic disease report an increase in confidence to self manage their disease. <i>Measure: Percentage of patients with chronic disease reporting confidence in self-managing their disease. (measure not yet available).</i> • By 2017, 80% of patients are receiving care consistent with provincial standards for the five most common chronic diseases. <i>Measure: Percentage of patients receiving care consistent with provincial standards for the five most common chronic diseases. (measure not yet available).</i> • By 2017, 80% of primary healthcare teams are using electronic medical records that facilitate individual patient care and enable population-based reporting for quality improvement and planning. <i>Measure: Percentage of primary healthcare teams that are using electronic medical records that</i> 	<p>Strengthen Patient-centred Primary Health Care by Improving Connectivity, Access and Chronic Disease Management.</p> <ul style="list-style-type: none"> • By March 31, 2013, identify the tools and supports (capacity and baseline capability in measurement and analysis) required to monitor chronic disease population data. <i>Measure: Tools and supports identified.</i> • By July 2013, 100% implementation of Tobacco Reduction Strategy. <i>Measure 100% implementation of Tobacco Reduction Strategy.</i>

Strategy	Five-Year Outcomes	Five-Year Improvement Targets	2012-13 Breakthrough Initiatives
Better Health		<i>facilitate individual patient care in accordance with the standards and enables population-based reporting for quality improvement and planning.</i>	
Strategy	Five-Year Outcomes	Five-Year Improvement Targets	2012-13 Breakthrough Initiatives
Better Care	<p>By March 31, 2014, all patients have the option to receive necessary surgery within three months.</p> <p><i>Measure: Number of patients given the option to receive necessary surgery.</i></p>	<ul style="list-style-type: none"> • By March 2014, reduce by 90% the wait list variance within specialist services. <i>Measure: Establish baseline measure in 2012-13 and begin ongoing measurement in 2013-14.</i> • By March 2017, 10 specialties will have developed provincial standards of care (clinical pathways) for their specialty and 80% of their patients will be receiving care consistent with those standards. <i>Measure: Number of specialties that have developed provincial standards of care (clinical pathways) for their patients.</i> <i>Measure: Percentage of patients receiving care consistent with provincial standards of care (clinical pathways).</i> • By March 2014, achieve the capacity needed to meet established throughput targets. <i>Measure: Percentage of surgical volumes compared to target.</i> • By March 2013, 100% of expected surgical case volumes by region delivered. <i>Measure: Percentage of surgical volumes compared to target.</i> 	<p>Transform the Patient Experience through Sooner, Safer, Smarter Surgical Care.</p> <ul style="list-style-type: none"> • By March 2013, support patients and families in making the right treatment decisions through implementation of shared decision making within the hip and knee replacement, spine, prostate cancer, and urogynaecology pathways. <i>Measure: Status of implementation of shared decision making within pathways.</i> • Accelerate the clinical pathways for hip and knee replacement, spine, urogynaecology, and prostate cancer. <i>Measure: Number of patients who are cared for through the four clinical pathways.</i> • By March 2013, improve processes for discharging patients into their home, hospital or community through the adoption of new discharge planning tools and processes. D-minus system implementation will begin within select health regions. <i>Measure: Adoption of discharge planning tools and processes.</i> <i>Measure: Status of implementation of D-minus system.</i> • By March 31, 2013, all patients are offered the option to have surgery within six months. <i>Measure: Number of patients waiting for surgery over six months.</i> <i>Measure: Percentage of patients who received their surgery within six months.</i>

Strategy	Five-Year Outcomes	Five-Year Improvement Targets	2012-13 Breakthrough Initiatives
Better Care		<ul style="list-style-type: none"> By March 2014, improve patient flow and efficiencies such that we achieve a reduction of 50% in emergency room patients admitted to hospital who are awaiting placements to a bed (known as admit-no-beds). <i>Measure: (In Regina and Saskatoon): the number of Emergency Room patients who have been admitted, but wait for the appropriate bed (either in Emergency Room or in a holding room within an acute care facility).</i> <i>Measure: Number of clients in acute care beds awaiting long-term care placement who have been assessed and approved for long-term care placement and are not in an acute state.</i> By March 2017, 100% of patients, families, staff and physicians understand, and are comfortable with, “stopping the line”. <i>Measure: Under development.</i> 	<p>Transform the Patient Experience through Sooner, Safer, Smarter Surgical Care.</p> <ul style="list-style-type: none"> By March 2013, reduce the amount of time patients wait for surgery through identification of supply and/or demand management barriers. <i>Measure: Percentage of surgical volumes performed as compared to target.</i> By March 2013, 100% of expected surgical case volumes delivered. <i>Measure: Percentage of surgical volumes compared to target.</i>
Better Care	<p>By March 31, 2017, zero surgical infections from clean surgeries. <i>Measure: Rate of surgical site infections from clean surgeries (under development)</i></p>	<ul style="list-style-type: none"> By March 31, 2014 all surgeries in an Operating Room will use surgical safety checklists. <i>Measure: Percentage completion of surgical safety checklist.</i> By 2017, 100% of surgeries will use the Surgical Site Infections Bundle. <i>Measure: Percentage and number of patients who received all components of the <u>Safer Healthcare Now</u> Surgical Site Infections Bundle (not yet available).</i> 	<ul style="list-style-type: none"> By June 30, 2012, work with checklist contacts to examine processes for barriers and opportunities. <i>Measure: List of barriers and opportunities for using surgical safety checklists.</i> By September 2012, develop a measurement plan for surgical site infections and use of the Surgical Site Infections prevention bundle. <i>Measure: Status of developing a measurement plan for surgical site infections and use of the Surgical Site Infections bundle.</i>

Strategy	Five-Year Outcomes	Five-Year Improvement Targets	2012-13 Breakthrough Initiatives
Better Care			<ul style="list-style-type: none"> • By March 31, 2013 100% SHN Bundle compliance in colorectal and C-section surgical cases. • Decrease infections in colorectal and C-section clean surgeries by 25% from the 2011/12 baseline in 2012/13. • By March 31, 2013 100% of audits of bundle compliance and SSI's to be completed within 60 days of surgery.
Better Care	<p>By March 31, 2017, no adverse events related to medication errors.</p> <p><i>Measure: Rate of adverse drug events using the Institute for Healthcare Improvement Global Trigger Tool (not yet available).</i></p>	<ul style="list-style-type: none"> • By 2015, medication reconciliation (MedRec) will be undertaken at all admissions and transfers/discharges in acute, long-term care and community. <p><i>Measures:</i></p> <ul style="list-style-type: none"> • <i>Per cent compliance with MedRec at admission to acute care.</i> • <i>Per cent compliance with MedRec at admission to long-term car.</i> • <i><u>Safer Healthcare Now!</u> Discrepancy measurers or other measure of the quality of the Best Possible Medication History developed in consultation with RHAs (not yet available).</i> • <i>Per cent compliance with MedRec at transfer/discharge (not yet available).</i> <ul style="list-style-type: none"> • By March 31, 2017, medication reconciliation will be performed at all patient points of care transfer. <p><i>Measure: Under development.</i></p>	<p>Safety Culture: Focus on Patient and Staff Safety</p> <ul style="list-style-type: none"> • Sunrise Health Region will comply with Accreditation Canada's required organizational practices for medication reconciliation (MedRec). <p><i>Measure: Accreditation Compliance Guidelines met.</i></p> <ul style="list-style-type: none"> • By March 31, 2013, improve the process for MedRec compliance audits in acute care. <p><i>Measure: Number of units in region that have implemented unit-based staff-conducted audits with immediate improvement plans.</i></p> <ul style="list-style-type: none"> • By June 30, 2012, begin compliance audits in long term care. <p><i>Measure: Number of sites that has begun compliance audits in long-term care.</i></p> <ul style="list-style-type: none"> • By December 31, 2012, conduct a quality audit of MedRec at admission to acute care. <p><i>Measure: Conduct a quality audit of MedRec at admission to acute care in all 6 sites.</i></p> <ul style="list-style-type: none"> • By March 31, 2013, 100% facilities/programs auditing MedRec compliance on admission and discharge. • By March 31, 2014, 100% of acute care patients with completed MedRec on discharge. • By May 31, 2012, 100% LTC residents have MedRec completed on admission. • By June 30, 2012, 100% Home Care clients have MedRec completed on admission.

Strategy	Five-Year Outcomes	Five-Year Improvement Targets	2012-13 Breakthrough Initiatives
Better Care			<p>Safety Culture: Focus on Patient and Staff Safety</p> <ul style="list-style-type: none"> By March 31, 2013, 100% implementation of the Safer Healthcare Now (SHN) Falls Prevention bundle in LTC, Home Care and one Acute Care Pilot site. By March 31, 2013, there will be a 5% reduction in the number of LTC residents in SHR that experience a fall.
Strategy	Five-Year Outcomes	Five-Year Improvement Targets	2012-13 Breakthrough Initiatives
Better Value	<p>By March 31, 2017, (based on a five year rolling average) the healthcare budget increase is less than the increase to provincial revenue growth.</p> <p><i>Measure: Health care budget growth compared to actual five-year rolling average of the provincial revenue growth.</i></p>	<ul style="list-style-type: none"> By March 31, 2016, all major capital projects will use 3P (Production, Preparation, Process) design methodology. <i>Measure: Number of capital projects using 3P design methodology.</i> By March 31, 2016, 880 healthcare leaders will be certified in Lean: 2012-13: 240 leaders certified in Lean 2013-14: 400 leaders certified in Lean 2014-15: 240 leaders certified in Lean <i>Measure: Number of health care leaders who are certified in Lean.</i> By March 31, 2017, more than 1,000 focused quality improvement events involving front-line staff, physicians and patients will be undertaken in multiple areas of the health system, in order to improve the patient experience and reduce error. <i>Measure: Number of quality improvement events.</i> 	<p>Deploy a Continuous Improvement System including training and infrastructure across the health system with an initial focus on the surgical value stream and 3P within Five Hills, Prairie North, Prince Albert Parkland and Saskatoon Health Regions.</p> <ul style="list-style-type: none"> By September 2012, develop Regional Information Management/Information Technology plan that aligns with breakthroughs. <i>Measure: As part of the Continuous Improvement System there will be an Information Technology and Information Management Plan and implementation in alignment with Breakthrough Initiatives.</i> By March 31, 2013, apply Lean within the surgical service line. <i>Measure: Status of applying Lean within the surgical service line.</i> By April 30, 2012, establish a robust cascading measurement system to report on the 2012-13 Breakthrough Initiatives, which includes the establishment of Visibility Walls and regular leadership reviews/huddles at the wall. By March 31, 2013, Leadership teams will begin Lean Certification. <i>Measure: Number of healthcare leaders who are certified in Lean.</i>

Strategy	Five-Year Outcomes	Five-Year Improvement Targets	2012-13 Breakthrough Initiatives
Better Value			<ul style="list-style-type: none"> • By March 31, 2013, ensure that at least twenty-five staff engaged in Rapid Process Improvement Workshops (RPIW). <i>Measure: Number of staff who are engaged in RPIW.</i> • By December 2012, 100% completion of existing lean projects (Food Services Value Stream, Hiring Process Value Stream, Surgical Value Stream, and Lab Value Stream). • By March 31, 2013, completion of Releasing Time to Care (RTC) foundational modules and one process module for three units at Yorkton Regional Health Centre. • By March 31, 2013, implementation of Releasing Time to Care in Mental Health and completion of three foundational modules and one process module. • By March 31, 2013, as part of the Continuous Improvement System, building services will be involved in early planning of infrastructure needed to support projects; with 0% change orders in capital infrastructure plans.
Better Value	<p>By March 31, 2017, the healthcare budget is strategically invested in information technology, equipment, and facility renewal.</p> <p><i>Measure: To be Determined.</i></p>	<ul style="list-style-type: none"> • By March 31, 2017, reduce the gap percentage spent on information technology as compared with high performance organizations by 50% to achieve sustainable high quality service. <i>Measure: Percentage of the Saskatchewan healthcare expenditures spent on information technology as compared to the average percentage spent by high performing healthcare Organizations.</i> 	<p>Identify and Provide Services Collectively through a Shared Services Organization.</p> <ul style="list-style-type: none"> • By March 31, 2013 there will be ten million dollars in incremental savings for an accumulated total of 35 million dollars. <i>Measure: Amount of total dollars saved through shared services.</i> • By March 31, 2013, 65% of goods and services will be procured through a provincial process. <i>Measure: Percentage of goods and services procured through a provincial process.</i>

Strategy	Five-Year Outcomes	Five-Year Improvement Targets	2012-13 Breakthrough Initiatives
Better Value		<ul style="list-style-type: none"> • By March 31, 2015, have achieved an accumulated total savings of \$100M through shared services initiatives. <p><i>Measures:</i></p> <p><i>Amount of total dollars saved through shared service:</i></p> <ul style="list-style-type: none"> • 2012-13 Target: \$10 million incremental for a total of \$35 million. • 2013-14 Target: \$10 million incremental for a total of \$65 million. <ul style="list-style-type: none"> • % of goods and services procured through a provincial process: <ul style="list-style-type: none"> • 2012-13 Target: 65% • 2013-14 Target: 80% • % of goods and services procured in partnership with Alberta and BC (New West Partnership). <ul style="list-style-type: none"> • 2012-13 Target: 20% • 2013-14 Target: 35% • 2014-15 Target: 35% • 2015-16 Target: 40% 	<ul style="list-style-type: none"> • By March 31, 2013, 20% of goods and services will be procured through partnership with Alberta and British Columbia. <p><i>Measure: Percentage of goods and services procured in partnership with Alberta and British Columbia (New West Partnership).</i></p> <ul style="list-style-type: none"> • By March 31, 2015, achieve the regions share of \$100M accumulated total savings through Shared Services Initiatives.

Strategy	Five-Year Outcomes	Five-Year Improvement Targets	2012-13 Breakthrough Initiatives
Better Teams	<p>By March 31, 2017, zero work place injuries.</p> <p><i>Proxy Measure: Number of lost-time WCB claims per 100 FTEs.</i></p> <p><i>Note: WCB claims will be used as a proxy measure until a better measure is developed.</i></p>	<ul style="list-style-type: none"> • By March 31, 2016 100% of regions receive a 60% audit score. <i>Measure: WCB audit score</i> • By March 31, 2014 100% of the regions have implemented a safety management system. <i>Measure: Percentage of regions implementing a safety management system.</i> 	<p>Breakthrough Initiative: Safety Culture: Focus on Patient and Staff Safety.</p> <ul style="list-style-type: none"> • By March 2013, the SASWH (Saskatchewan Association for Safe Workplaces in Health) safety framework will be adopted. <i>Measure: Status of adopting the SASWH safety framework.</i> • By March 2013, assessment will begin against the framework in areas with highest time loss and no time loss claims. <i>Measure: Status of conducting the assessment, using the framework, to identify the areas with the highest time loss and no time loss claims.</i> • By March 2013, a plan will be developed to address deficiencies in targeted areas. <i>Measure: Status of developing the plan to address deficiencies in targeted areas.</i>
Better Teams			<ul style="list-style-type: none"> • By March 2013, achieve the following reduction targets in sick time, wage driven premiums, and WCB claims: <ul style="list-style-type: none"> • 82.44 sick time hours per FTE (6.9 % reduction) • 43.48 wage-driven premium hours per FTE (28.3% reduction) • 525.28 of lost-time WCB claims per 100 FTEs (16.8% reduction) • By October 31, 2013, 0% of Front Line Managers' time is spent performing in-scope duties. • By October 31, 2013, service reductions resulting from shortages of front-line staff are eliminated.