2024-25 HHHS Annual Corporate Goals & Objectives – Final

Strategic Direction	2024-25 Annual Goals & Objectives	Target	Final Update
#1: Provide high-quality, compassionate care designed to exceed expectations.	We will create a resident-focused, empathetic design, model of care called "**<u>There's No Place Like Home</u>**" across both Hyland Crest and Highland Wood Long-Term Care Homes by deeply understanding the needs and experiences of our residents, healthcare providers and staff to foster an environment of healing, effectiveness, and overall well-being. i. Develop tiered approach to the program by engaging family and residents in the development of the model change thru Residents Council and key stakeholders by December 31, 2024. ii. Complete research and develop an implementation action plan that includes staff education by December 31, 2024. iii. Create "home-like areas" in both long-term care homes: two in Hyland Crest and one in Highland Wood by March 31, 2025.	1. Overall, 80% positive (top 3) to the question, "*My home fosters an environment of healing, effectiveness and overall well-being.*"	**Complete**. • Two new resident spaces have been created at Highland Wood and Hyland Crest. • 68% of clinical staff have completed Person-Centred Care; All In Palliative Care Training; • The question "*My home fosters an environment of healing, effectiveness and overall well-being*" was not on the resident satisfaction survey for 2024 as it transitioned to Qualtrics. • The question *"I feel like this is a homelike environment*" was asked with an overall response of 78% across both homes.
	We will achieve **<u>Quality Improvement Plan</u>** (QIP) targets by March 31, 2025.	2. See QIP Results.	**Reported separately.** 25/26 QIP Completed with stakeholder consultation, approved by Board

	We will use the **<u>2024 Accreditation results</u>** to develop and implement initiatives to address the key recommendations to further enhance standards aligning with Accreditation Canada by March 31, 2025.
	<u>Accreditation ROPs:</u> — <u>Initial Rate</u> — <u>New Rate</u>
	i. Emergency Department — 60.0% — 80.0%
	ii. Inpatient Services — 60.0% — 80.0%
	iii. Falls Prevention & Injury Reduction — 33.3% — **33.3%**
	iv. Pressure Ulcer Prevention — 60.0% — 80.0%
	v. Client Flow — 20.0% — 80.0%
	vi. VTE (embolism) — 25.0% — **25.0%**
		3. 75% and above of Required Organizational Practices (ROP) Test for Compliance (TOC) are met.	**Complete.**
			• Follow-up letter from Accreditation Canada received with 14 criteria requiring further follow up by July 2025.
			  • Emergency Department (2.4.14), (2.7.17.5)
			  • Inpatient Services (3.3.8.3), (3.3.9.5), (3.3.10.3), (3.3.10.5), (3.4.18.5)
			  • Leadership (2.1.10.5), (3.4.18), (4.2.3.7)
			  • Long-Term Care Services (2.5.2.6), (2.5.3.8), (2.5.4.5), (2.5.7.5)
			  • Service Excellence (2.1.2)
			• Quality Improvement Committee working on QI initiatives and evidence collection. Planned submission June 2025.
			• VTE policy being added to the welcome package.

#2: Nurture a supportive culture that allows our team to thrive.	We will advance the **<u>Just Culture</u>** approach through education and training of all departmental managers incorporating a blame-free, continuous learning, and quality-focused approach to issue resolution so that we as a team learn to deliver better care and have better work experiences. i. Develop education and add to corporate education plan by August 31, 2024.	4. 90% of Active Staff have a completed Just Culture Training (Active Staff = ~230)	**Complete.** Just Culture Education: • 93% staff completion as of March 31, 2025 (276/297 active) • Policy review with a Just Culture lens has become a standard process.

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	ii. 90% of active HHHS staff will complete Just Culture training by March 31, 2025. iii. As policies are updated, review with the Just Culture lens.		
	We will cultivate a **Coaching Culture** by providing Coaching Culture policies, tools, and education to all managers phasing in training over multiple sessions. Effective coaching will support Attendance Management, Performance Reviews, and employee satisfaction. All managers will be trained by March 31, 2025.	5. 100% of Active Staff scheduled have their Performance Review completed	**Complete**. • 100% Managers completed Coaching Culture & Performance Management training. • 100% of Active Staff scheduled have had their Performance review completed.
	We will deliver a **Human Resources Plan** which will be wholistic in scope and address organizational priorities including succession planning, employee experience, and HR metrics and measurements by March 31, 2025.	6. HR Plan approved by Board by Q2. 7. HR Dashboard metrics available quarterly.	**Complete**. • Human Resources Plan in effect. • Reporting to begin April 1, 2025. • Employee survey underway with results expected in late April.
#3: Be recognized as a great place to work, visit, and live.	We will use the March 2024 Pulse Check Survey results to develop an action plan and implement key strategies to **improve work life culture**. Aligned to our internal Communications Strategy, we will initiate: i. An interdisciplinary professional practice (IPP) committee addressing professional practice needs of all regulated health professionals by March 31, 2025. ii. Initiate a working group to address the outcomes of the ED workplace assessment by March 31, 2025.	8. 75% positive (top 3) to the question, "*How would you rate your organization as a place to work overall*." [Survey in March]	**Complete**. • Employee Survey in progress, early results show positive response in excess of 77% • Developed education sessions relevant for all Community Partners. During first session a presentation on intimate partner violence was conducted and link shared with members of the Community Partners committee. ED Workplace Assessment • Based on staff feedback and review of increasing overtime, a second model change in acute on April 14th. • **New** Med Lab Assistant started to support blood work draws and ECG's in both acute care and ED. • **New** pharmacy technician started April to support BPMH's and reduce RN overtime. • Encouraging staff to have respectful and professional conversations to improve communication.
	We will improve the overall patient safety and satisfaction results by enhancing patient experience/people-centered care by **optimizing our electronic platforms** by implementing:	9. Hospital Standardized Mortality Rate (HSMR) improvement.	**Complete**. • HSMR: no data (not a good measure)

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	i. Early warning scores are a useful tool to detect patient deterioration. ED/Acute Care will implement the use of NEWS2 embedded within Epic by December 31, 2024. ii. Using RL6, optimize safety reporting by monitoring and trending events and develop detailed reports to be used in risk and safety analysis, education, and mitigation strategies. • 90% of active staff to be educated on RL6 by August 31, 2024 • Using Qualtrics, optimize the use of patient feedback to enhance care and services by updating the Compliments and Concerns process and Feedback Policy by May 31, 2024. iii. Optimize the use of PointClickCare (PCC) to include additional data fields to enhance documentation and analytics including leadership training on the new programming by March 31, 2025.	10. Turnaround Time (TAT) for Complaints & Feedback less than 48 hours	• 100% of Complaints/Concerns registered through the website, email or phone received a response within 24 hours, added to RL6. • Quarterly Qualtrics stakeholder reports developed and shared. Developing public facing format. • Maintenance/Biomed fully transitioned to Service Desk platform for electronic Work Requests and Preventative Maintenance Inspections. • Enhanced ATP inspections for IPAC and housekeeping. • PCC modules to collect falls/wounds data implemented, enables access to data in real-time for quality improvement. • NEWS2 is functional in Epic, rollout in Fall as iECG will be rolled out in May.
#4: Foster partnerships to provide more seamless, integrated care.	We will strengthen and improve relationships with external partners, thus **enhancing the services** provided to the residents of Haliburton County. Collaborate with partners to enhance services and access to care in Haliburton County by: i. Collaborating with EMS to develop a Fit2Sit program which will lead to reduced ED length of stay (LOS) and improved EMS response times by September 30, 2024. ii. Partnering with the KLH-OHT, community support services (CSS) will implement the frailty score program on new referrals to increase program uptake by the most vulnerable and at high risk by March 31, 2025. iii. Partnering with the KNHFT to provide enhanced services for the urgent care clinic (UCC) through the shared use of OTN equipment by August 31, 2024.	11. Meet MOH targets for: • EDLOS Admitted (69.3 hrs 3/31/24) • EDLOS High Acuity (7.2hrs 3/31/24) • EDLOS Low Acuity (4.8 hrs 3/31/24) • EMS Offload 30 min (18 min 3/31/24) 12. # of new services provided to frail/high risk seniors	**Complete**. All on/better than target. High Acuity slightly above target. • Admitted = 51.1 (69.3) • High Acuity = 7.5 (7.2) • Low acuity = 4.8 (4.8) • PIA = 2.4 hrs • Offloaded = 14.4 (18) Collaborated frequently with EMS. • 29 frailty screens completed with 21 new services offered • Implemented the Blaylock tool in the ED to identify the potential for ALC in ED patients. • Pilot OT in ED to support admission avoidance began in December. • OTN equipment set up, however, UCC was unable to proceed.
#5: Understand and secure our	We will develop a **succession plan** that includes all management levels, and we will describe the details of professional development including setting an appropriate education budget by March 31, 2025.	13. Succession Plan by end of Q3.	**Complete**.

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future resource needs.	We will become a **financially sustainable** organization by minimizing reliance on one-time funding from Ontario Health and manage costs in the most efficient manner. CEO and CFO to report the progress to Board of Directors on quarterly basis. We will strengthen **financial accountability** and performance monitoring through enhanced financial analysis and variance reporting at the manager/department level. Managers will complete quarterly variance reports and operate within their budgets. We will develop a longer-term (3-5 years) **capital plan** with active participation/input of all HHHS managers including Foundation Representation. CFO to oversee development of a 3–5-year capital plan and present to Board of Directors by September 30, 2024.	14. Base budget increase. 15. Quarterly financial and indicator report. 16. Co-designed capital plan.	**Complete**. • Base Funding for Bill-124 funded 100% of the cost. • Q3 variance reporting by management completed and in progress for Q4. • Capital plans designed by departmental teams. • Long-term capital plan included within Master Planning.
	With input from our community, we will advance the **Master Program/Master Plan to Stage 1.2** and complete a Facility Development Plan listing the key priorities after attaining approvals and funding from MOH.	17. Respond to MOH on Master Plan advancement. 18. Invest in an updated LTC Master Plan to align with Hospital Master Plan.	**Complete**. • OH endorsed Stage 1.1 Pre-Cap Hospital Master Plan. MOH review in process. • LTC Application submitted. Due to interconnectedness, MOH, MLTC and OH will work together with HHHS to advance the plans. • Significant background studies have been completed to progress the Master Plans.
	Address environmental sustainability by: i. Adopting relevant Choosing Wisely Canada climate-conscious recommendations https://choosingwiselycanada.org/climate/#recommendations ii. Reducing use of single use plastics/paper. iii. Developing natural disaster planning strategies for floods, fire/smoke, and heat.	19. Improve Diversion Rate (2023 = 21% Benchmark = 25%) 20. Implement policies for natural disasters.	**Complete**. • 2024 Diversion Rate was 23% noting energy, waste, and recycling is manually tracked. • Block heater at Haliburton is being modified to accommodate one Electric Vehicle Class 2 charging. • HHHS is included in the County of Haliburton's Emergency Response Plan and participate in the County's Emergency Committee.