

Prince Edward Family Health Team

Strategic Plan 2017/18 - 2020/2021

YEAR TWO OPERATIONS: 2018/19

<p>Vision</p> <p>Prince Edward County residents have the best possible health throughout life.</p>
<p>Mission</p> <p>Partners in providing high quality person-centred integrated primary care.</p>

1. Patient and Partner Satisfaction			
Goal			
PEFHT services and collaborative approach meet or exceed the expectations of our patients and community partners.			
Outcomes	Objectives	Year 2 Strategies	Year 2 Indicators
1.1 Patients feel PEFHT Services meet their healthcare needs.	<ul style="list-style-type: none"> Understand patients' needs and be responsive to patients' experiences, needs and feedback where possible. 	<ul style="list-style-type: none"> Administer Patient Satisfaction Survey tool across all PEFHT programs to collect Year 2 data for monitoring and trending purposes. 	<ul style="list-style-type: none"> Patient Satisfaction Survey Tool is administered to obtain Year 2 baseline by January 31, 2019.
1.2 Our relationships with community health partners support patients' timely access to comprehensive, coordinated and integrated care.	<ul style="list-style-type: none"> Partner effectively with other community health service providers Ensure open and transparent dialogue with ministry and SE LHIN to understand strategic direction for healthcare service delivery Continue to provide leadership in PEC to support health and well-being initiatives. Improve mutual referral processes with community partners with shared patients. Improve collaboration in order to reduce duplication of efforts and optimize utilization of skillsets of all healthcare partners. Improve communication with community partners through the use of technology and appropriate privacy safeguards. 	<ul style="list-style-type: none"> Using Stakeholder Inventory and in combination with Partner engagement survey results and program Placemats, identify community partners that PEFHT shares patients with ("Key Partners") and create mini engagement approaches with each Key Partner that: <ul style="list-style-type: none"> Improves referral processes; Decreases duplication in service provision and increases efficiency across teams; and Explores technological supports that are Privacy compliant. 	<ul style="list-style-type: none"> Key Partners identified and tailored engagement approaches defined for each Key Partner by June 29, 2018.
1.3 Our expertise contributes to building a stronger health care system by participating in system forums, knowledge sharing with students and supporting research initiatives.	<ul style="list-style-type: none"> Contribute to shape the optimum delivery of health care in the region 	<ul style="list-style-type: none"> Participate in relevant system-wide forums, including the transformation process of the SE LHIN. Ensure the Bioethics Committee and Research Committee are fulfilling their respective mandates. 	<ul style="list-style-type: none"> Over 2018 /19 keep Board and PEFHT Team updated on: <ul style="list-style-type: none"> Quinte sub-Region Integration Table progress; and Care coordination pilot (assuming PEFHT will be selected to participate) using quarterly reports in July 2018, October 2018 and March 2019. Bioethics Committee and Research Committee has a first meeting by June 29, 2018.
1.4 The community is well-informed about the services of the PEFHT.	<ul style="list-style-type: none"> To ensure community understands what PEFHT is and what programs and services are offered. Ensure that information about the FHT services is communicated effectively to a variety of audiences. 	<ul style="list-style-type: none"> Based on Community Engagement Results from Year 1: <ul style="list-style-type: none"> refresh PEFHT website with current program information and provide for future interactive capability with community members; Close the loop with community members who said they would participate in PEFHT focus Groups. 	<ul style="list-style-type: none"> PEFHT website is updated by July 31, 2018. Community members who responded positively for participating in PEFHT focus groups are contacted by May 31.

2. Service Delivery Excellence			
Goal			
All patients receive the high-quality healthcare they need from PEFHT services (accessible, comprehensive, integrated) from a coordinated inter-professional team.			
Outcomes	Objectives	Year 2 Strategies	Year 2 Indicators
2.1 Patients have timely access to PEFHT programs and services that are comprehensive, coordinated and integrated care.	<ul style="list-style-type: none"> • Improve accessibility and responsiveness, and look for opportunities to ensure consistency across all practices and PEFHT programs and services. • Ensure sufficient cross-coverage to maintain service continuity. • Strengthen coordinated care planning for complex patients within PEFHT and with community partners. 	<ul style="list-style-type: none"> • To align to the new ministry-FHT agreement, a review of common best practice approaches to adopt email communication with patients is completed. • Monitor and analyze the impact of refreshed CCP and Picton/Wellington NP Clinic access using program indicators, BME data, PECMH CTAS volumes and other metrics the PEFHT Board may decide is helpful. • Develop a communications plan to provide physicians/offices with most current info about internal and community programs to support referrals. 	<ul style="list-style-type: none"> • By March 29th, 2019 a form of email communication with patients is adopted across the PEFHT Team. • On a quarterly basis provide the PEFHT Board with report on Refreshed CCP and Picton/ Wellington NP Clinic analysis (July 2018; October 2018; January 2019; April 2019). • Knowledge Library materials are uploaded to a restructured PEFHT Intranet in time to be able to share at the PEFHT 2018 AGM (September 26th, 2018).
2.2 PEFHT optimizes the use of PEFHT programs and services and community health resources.	<ul style="list-style-type: none"> • Ensure programs offered align with disease prevalence and regional incidence to best suit patient needs. • Maintain/improve the synergy between the FHT and FHO. 	<ul style="list-style-type: none"> • Work with the PEFHO to create a strategy to address PEC physician wait list. 	<ul style="list-style-type: none"> • Strategy to address PEC physician wait list created by June 29th, 2018.
2.3 PEFHT programs and services are improved and refined on an ongoing basis using standard approach supported by the PEFHT QI Strategy	<ul style="list-style-type: none"> • Foster culture of continuous quality improvement • Review programs and services against quality indicators and relevant data to identify areas for improvement. • Services and programs use most efficient and effective processes possible within PEFHT resources (safe, effective, patient-centred, efficient, timely, equitable). 	<ul style="list-style-type: none"> • Using an ad hoc BOD committee, complete a current state assessment of what other FHTs use for program review and research methods/approach to incorporate efficacy-based assessment when completing PEFHT program review. 	<ul style="list-style-type: none"> • Program review framework/approach that builds on existing review criteria and incorporates efficacy-based lens is adopted no later than September 28th.
2.4 Patients/families are partners in their health care.	<ul style="list-style-type: none"> • Patients report satisfaction with understanding their health conditions sufficiently to actively engage in their own care and make informed decisions. • Demonstrate commitment to patient education, ensuring patients/families can make informed health decisions. • Ensure patients receive the care they want and need. • Promote/encourage healthy living and a prevention approach to health. 	<ul style="list-style-type: none"> • Based on Patient Engagement Survey responses from Year 1, host focus groups with most complex patients to determine what more they may need to understand how to best manage their chronic condition. 	<ul style="list-style-type: none"> • Any changes to how PEFHT staff work with most complex patients are communicated to PEFHT Team and incorporated by Sept 28th, 2018.

3. Responsible Stewardship			
Goal			
PEFHT uses rigorous financial, governance and management practices to run a sound business.			
Outcomes	Objectives	Year 2 Strategies	Year 2 Indicators
3.1 PEFHT operates within a balanced budget and uses resources effectively.	<ul style="list-style-type: none"> • Provide efficient and effective stewardship of PEFHT financial resources. • Ensure financial reporting meets the needs of the ministry, the SE LHIN and PEFHT Board of Directors. 		
3.2 PEFHT's model of governance allows us to fulfill the organizational mandate and realize the goals of our strategic plan.	<ul style="list-style-type: none"> • Renew our approach to governance, examining appropriate governance models, board composition, and effective operation of the board 		
3.3 We identify, assess and manage risk effectively.	<ul style="list-style-type: none"> • Identify and manage inherent and residual risks of the organization to facilitate the achievement of our mandate and mission. • Ensure policies are in place. 	<ul style="list-style-type: none"> • Adopt a Risk Management Framework and close any gaps in strengthening risk mitigation strategies. 	<ul style="list-style-type: none"> • Risk Management Framework adopted by May 31st, 2018; any gaps in mitigating actions corresponding to risks are closed by October 31st, 2018.

4. Culture of Learning Innovation and Collaboration			
Goal			
PEFHT is committed to ongoing learning, innovation and interprofessional collaboration to ensure the highest quality service delivery for our patients.			
Outcomes	Objectives	Year 2 Strategies	Year 2 Indicators
4.1 Our workforce is engaged and committed to service excellence and ongoing education.	<ul style="list-style-type: none"> • Encourage and support professional development, learning and innovation to meet requirements of respective roles and responsibilities, as a foundation of the delivery of high quality care and other PEFHT services. • Foster interprofessional education opportunities through forums such as LEAP, Memory Clinic, biweekly rounds and determine if strategy to support interprofessional collaboration is needed. 	<ul style="list-style-type: none"> • Develop professional development plans with all PEFHT staff. • Administer PEFHT Team Satisfaction Survey tool to collect Year 2 data for monitoring and trending purposes 	<ul style="list-style-type: none"> • Meet with each PEFHT staff member and complete professional development plans by June 29th, 2018. • PEFHT Team Satisfaction Survey Tool is administered to obtain Year 2 baseline by January 31, 2019.
4.2 PEFHT is committed to share healthcare education with patients and families.	<ul style="list-style-type: none"> • Create a culture of ongoing sharing of management practices and techniques to align to disease condition. 	<ul style="list-style-type: none"> • PEFHT intranet is restructured to enable all PEFHT Team to access knowledge library materials for each PEFHT program. 	<ul style="list-style-type: none"> • Knowledge Library materials are uploaded to a restructured PEFHT Intranet in time to be able to share at the PEFHT 2018 AGM (September 26th, 2018).
4.3 PEFHT demonstrates commitment to a continuous quality improvement approach to service delivery.	<ul style="list-style-type: none"> • Create a culture that: <ul style="list-style-type: none"> ○ instills awareness of need for data capture and accuracy into the EMR; ○ Is committed to ongoing review of quality indicators. 	<ul style="list-style-type: none"> • Create a PEFHT Team Building Strategy that incorporates QI activities that support unifying the entire PEFHT Team. This will correspond to a QI Communications Plan to be developed and owned separately by the QI Committee who will be responsible for organizing QI related events. 	<ul style="list-style-type: none"> • Create a PEFHT Team Building Strategy that includes a QI Communication Plan by June 29th, 2018.
4.4 PEFHT embraces opportunities for interprofessional collaboration both within our organization and with community partners to maximize integrated healthcare service delivery.	<ul style="list-style-type: none"> • Strengthen existing or new partnerships that support interprofessional collaboration. 		