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OFFICE RÉGIONAL DE LA SANTÉ  
DES PARCS



*Individuals, Families, and Communities  
achieving the best possible health and wellness.*

# STRATEGIC PLAN

## 2011-2016



## Executive Summary

The Parkland Regional Health Authority provides a range of health services across a large geographic area. The Parkland Region has significant differences in demographics and health status across the Health Authority.

The Strategic Plan 2011-2016 includes our vision, mission, values and strategic priorities. We identify the need to shift our focus toward helping people stay healthy, and deliver a seamless, integrated range of services. Our Plan aligns with the directions identified by Manitoba Health and uses the pillars of Primary Health Care as our planning framework. Our Community Health Assessment, completed in 2009, provided information regarding health status and key themes requiring attention.

In the Plan, we describe our strategic priorities, which will remain constant over the next five years. Our strategic priorities are:

Improve the Health of High needs Populations

Improve Access and Client Flow

Develop an Integrated Sustainable Network of Hospitals and Health Services

Enhance Quality, Innovation and Safety Performance

Cultivate a Positive, Innovative Environment

Foster Community Engagement

Achieve Sustainability

The Plan also identifies several operational strategies aligned with each priority. These strategies describe goals that form the basis of year to year planning. Operational strategies will be implemented as resources allow. Annual status reports will be produced to describe our progress.



# PARKLAND REGIONAL HEALTH AUTHORITY STRATEGIC PLAN

## Introduction

**The Parkland Regional Health Authority Strategic Plan 2011- 2016** outlines the vision that will guide our decisions going forward. It describes at a high level, our current activities and the plans we will put in place to increase our focus on building a healthier population and creating a high quality, integrated and sustainable health system. This Strategic Plan will inform the development of the Annual Component of our Health Plan. It will help us set priorities when allocating resources.

The Strategic Plan was developed with input from many individuals. The Community Health Assessment process and findings provide the foundation for this Strategic Plan. Board members, Advisory Council members, Staff, and community members participated in discussions, consultations, and focus groups throughout the development of this document. This Strategic Plan is influenced by many considerations:

- Input from stakeholders, internal and external
- Community Health Assessment 2009 Report
- Accreditation Survey Reports
- Challenges and opportunities that have been identified
- Information on successful strategies, best practice and evidence
- Experience gained to date during regional development
- Manitoba Health strategic directions and goals

Our primary focus in health care has been on illness – treating people and helping them recover after they are ill or injured. Our Vision implies a broader intent. *Individuals, Families, and communities achieving the best possible health and wellness* reflects our belief that the health system cannot be solely responsible for the health of the population. Not only must individuals and families be committed to health and wellness, but communities and other stakeholders must also be so committed. The RHA will work in partnership at all these levels to enhance and support the health of the population. Our Vision also moves us beyond a focus on treatment and care to a wellness and primary prevention emphasis.

In the long term we envision:

The people that we serve are the centre of our focus. They have the information they need to participate fully in the management of their health and their illness. They are “players on the team” and take increasing responsibility for their own health, well-being, and treatment.

Primary Health Care is the framework upon which we develop and deliver service. We partner with community and government organizations to encourage and create environments that promote health. High quality service is provided as close to home as possible. It is appropriate, timely, and in the right setting. Transitions between services and service providers are seamless. People are able to navigate through our health system easily and quickly as their need for services change.

Seniors and people with chronic illness are supported outside institutions and in their communities. People enjoy independent living in their own homes as long as possible.

Most health services are provided outside of hospitals. Those who do need hospital treatment have timely access and leave hospital quickly and when medically fit to do so. Recovery in the community following an acute hospitalization is a standard, not an exception. Poor outcomes related to health system errors are eliminated.

Technology is used to enhance communication. It facilitates access to diagnostic results, and provides information for quality decisions. Information technology makes better use of valuable staff time.

The Parkland Regional Health Authority is a desirable place to work. We are able to recruit and retain skilled staff and physicians. Workers are attracted and motivated by excellent working conditions, the opportunity to develop knowledge and skills, and the opportunity to advance to new and more challenging roles. We have innovative, client-centered teams that are able to respond quickly to emerging needs.



## Parkland Region – AN OVERVIEW

The Region is a geographically large area, approximately 42,000 sq. kilometers, running east - west from Waterhen Lake and Lake Manitoba to the Saskatchewan border, and north – south from the 53<sup>rd</sup> parallel to the middle of Riding Mountain National Park. The Region is comprised of 17 rural municipalities, eight village councils, five town councils, one city council, seven First Nation Band councils and 14 Northern Affairs community councils. In 2009, there were 41,590 people living in the Parkland Region.

Parkland Region has a low population density, approximately one person per square kilometre; this has been decreasing over time. The Region's population is also largely rural, with only 36% living in urban areas. Rurality and a low population density have implications for health and access to health care.

Twenty percent of Parkland people are children under the age of 15 years. Another 20% are seniors over the age of 65 years. This makes the Parkland population "older" than the Manitoba average of only 14% seniors. Although the overall population count is projected to remain fairly constant, there is an expected change in age distribution. The percentage of the population aged 64 years and younger will show negative growth while those aged 65 years and older will show net positive gains. The age grouping 55 to 64 years shows the greatest decline at -28.3%. The population aged 85 years and older shows the greatest increase at 33.8%. Typically, older people use more health services and are more likely to be affected by chronic diseases.

In the 2006 Census, 28% of Parkland residents identified themselves as being of Aboriginal ancestry. This includes First Nations, Métis and Inuit people. The health status of Aboriginal people in the Parkland is poorer than that of non-Aboriginal people. The Aboriginal population in Parkland is younger and growing more quickly than the non-Aboriginal population.

Several factors affect the health of a population. Many of these are outside the control of the health care system. Income, education and employment are three significant determinants of health. People with lower incomes, less education and who are unemployed are more likely to have poor health. We know that:

- Incomes in Parkland are lower than the Manitoba average. According to the 2006 Census, the median household income in Parkland was \$33,314. The Manitoba median income for households was \$47,875. Parkland Region had the lowest median household income of all RHA regions in the province.
- Compared to other Manitobans, Parkland residents are less likely to have finished high school, college or university. People who have less than high school education have higher health risks. They are the most likely to have low literacy, to be unemployed or to have low paying jobs.
- Most adults in the Parkland region are employed. In 2006, nine percent of Parkland men were unemployed; this was higher than the Manitoba average of six percent. The unemployment rate for Parkland women was 7%, this was lower than the Manitoba average at 11%.

Interactions of the determinants of health result in differences in health status between individuals living in different districts in the Parkland Region and among subpopulation groups. Building on strengths and focusing efforts to reduce disparities will help to narrow the gap in health status found in the region.



**The Parkland Regional Health Authority (PRHA)** was appointed on February 21, 1996 to govern health services in the Parkland Region effective April 1, 1997. Manitoba Health appoints up to fifteen Directors to govern the PRHA. The Board provides oversight to ensure the RHA fulfills its Vision and Mission and operates within its stated values.

Health Services in the region are currently provided through:

- **Community Health Services**

Community Health Service programs have been developed as regional programs.

- Public Health, Home Care, Therapy, Mental Health services are provided throughout the Parkland. Community Health Services offices are located in Dauphin, Swan River, Roblin, Ste. Rose, Winnipegosis, McCreary, Benito, Grandview, Gilbert Plains, Ethelbert, Duck Bay, Camperville, Waterhen, Crane River, and Alonsa.
- Primary Health Care Centres have been established in Camperville, Waterhen, Ethelbert and Benito.

- **Emergency Medical Services (EMS)**

The Emergency Medical Services (ambulance) program operates as a regional program. This coordinated regional process allows for the region to have the resources available to maintain protective service to the communities within the region.

- Dauphin, Swan River, Mafeking, Ethelbert, Roblin, Grandview, Ste. Rose, McCreary, and Waterhen are PRHA governed.
- Gilbert Plains and Winnipegosis are affiliate organizations.

- **Acute Care Facilities (Hospitals)**

While most of the 7 hospitals in the region operate as separate entities, administration and staff from all sites work collaboratively to standardize processes and policies across the region.

- Dauphin, Grandview, Roblin, Swan River, McCreary sites are PRHA governed.
- Ste. Rose and Winnipegosis are funded by the RHA and governed by affiliate organizations.

- **Personal Care Homes (PCHs)**

There are eleven PCHs in the region that are operated as unique homes, however region-wide policy, programs and processes are applied in each site.

- Dauphin, Grandview, Gilbert Plains, McCreary, Swan River PCH and Swan Valley Lodge, Benito and Roblin are PRHA governed.
- Dr. Gendreau, St. Paul's, and Winnipegosis are funded by the RHA and governed by affiliate organizations.

The last Strategic Plan was developed in 2004 and since then the PRHA has continually explored more efficient and more effective ways of delivering services to meet the health needs of communities within the Region. This has resulted in many accomplishments, including:

- Ongoing development of regional EMS, Home Care, Public Health, Mental Health and Therapy Programs
- Development and implementation of region-wide Acute Care and Long Term Care policies and guidelines
- Completion of a Role Study of the Dauphin Regional Health Centre
- Expansion of the Community Cancer Treatment Program
- Expansion of the Hemodialysis program (Dauphin, Swan River)
- Establishment of Helping Everyone Reach Out (HERO) Clubs in Dauphin, Swan River, and Roblin
- Establishment of a regional suicide prevention task force
- Expansion to Mental Health services (Child & Adolescent; Psychogeriatric, and Adult)
- Implementation of the *Aging in Place* Strategy including Support to Seniors in Group Living (SSGL)



- Establishment of a regional Children's Therapy Program
- Establishment of a regional Hearing Services Program
- Introduction of Nurse Practitioners and Physician Assistants to the regional staff complement
- Increased opportunities for disease screening (diabetes, cervical cancer, and breast cancer screening)
- Introduction of mass Influenza Immunization Clinics; Maintenance of high rates of immunization to residents of the Region;
- Advancement of regional Breastfeeding Strategy including development of regional policy and training of 4 Champions as certified breastfeeding counselors
- Additional regional programming including:
  - PIECES program in LTC; Insight Mentoring (formerly Stop FASD); CDPI (Chronic Disease Prevention Initiative), Get Better Together (Chronic Disease Self Management) CODI (Co-occurring Disorder Initiative); Falls Prevention Program; Seniors Health Clinics; Hidden Hugs Program; Infection Prevention & Control; Patient Safety; Unified Referral Intake System (URIS)
- Development and implementation of Community Health Facilitator positions
- Development of a Model for Program and Service Delivery that incorporated affiliate organizations into decision making regional committees; Establishment of integrated quality improvement teams
- Awarded a "Three –Year Accreditation with Report" status from Canadian Council on Health Services Accreditation (2004, 2007); participation in Accreditation Canada's Qmentum 2010
- Development of a regional Ethics Framework, Patient Safety Framework, and an Integrated Risk Management Framework
- Development of workplace, safety and health programs ( e.g. Lifts & Transfers Champions)
- Development of regional staff safety procedures to meet legislated requirements
- Development of standardized emergency color codes across the region
- Development of standardized response to Disasters following the Incident Command Structure
- Development of regional Pandemic Preparedness Plan
- Regionalization of Support Services – Finance, Materials Management
- Establishment of six Telehealth sites in the region
- Expansion of information technology services (Intranet development, Information Management Plan)
- Development of a regional staff education plan
- Development of a Disability Management Program
- Establishment of a human resource recruitment program; participation in an international recruitment strategy
- Development of Human Resources Office for Aboriginal Employment and Recruitment.
- Development of a regional Workplace Wellness framework

Major Infrastructure projects have included:

- Manitoba Telehealth Network at six sites (Swan River, Dauphin, Roblin, Ste. Rose, McCreary, and Grandview).
- Upgrading of the CT Scanner – Dauphin
- Development of two Primary Healthcare Centres – Camperville and Waterhen
- Construction of Corporate Offices - Dauphin
- Construction of the Community Health Services Site – Dauphin
- Construction of the Emergency Medical Facility in Swan River
- Construction of the Emergency Medical Facility in Winnipegosis
- Construction of the Swan Valley Health Centre

While much has been accomplished, we know more needs to be done to move us closer to our Vision. Our Environmental Scan highlights key areas requiring focus.



## ENVIRONMENTAL SCAN

The Community Health Assessment completed in 2009 identified several key themes:

### Chronic Disease and Injury

Parkland Region has significantly higher rates of chronic disease compared to the Manitoba average. Cardiovascular disease, respiratory illnesses, and diabetes are placing a heavy burden of illness on our population. As well as being the main causes of hospitalization, these conditions are a major cause of mortality and early death. The data also suggests that these illnesses are not well-managed in the community setting. Parkland residents are being hospitalized for these conditions at a greater rate than the Manitoba average. Given the nature of these long-term chronic conditions, many in our population experience a reduced quality of life. People living in lower income areas experience higher rates of these conditions.

The incidence of chronic illness is affected by personal health behaviours. Prevalence of risk behaviours is often associated with income. Our chronic disease rates are impacted by our high overweight and obesity rates, high smoking rates, low rates of fruit and vegetable consumption, and low physical activity rate. Addressing chronic diseases means continued and renewed efforts at reducing modifiable risk factors, common to these chronic diseases.

After cardiovascular diseases, cancer is the second leading cause of death. Lung cancer and prostate cancer rates are increasing in our Region. The incidence of colorectal cancer was high in Parkland. It appears that five-year all cancer survival rates have stabilized. Screening for early detection and addressing risk factors are important health promotion actions.

Hospitalizations due to injury are high in Parkland for both the general population and for children. Major causes of injury hospitalization are falls, assaults, and motor vehicle accidents. Most injuries are preventable; we need to better understand the root causes of injuries and work toward their elimination.

### Maternal, Child and Youth Health

Parkland Region continues to have high rates of childhood immunization, low rates of low birth weight, and low pre-term births. These contribute to the health and well being of our population. Programs that focus on prenatal and postnatal care help to ensure that infants get a good start in life. Data indicate that Parkland has high rates of smoking and drinking during pregnancy. The Region has consistently high rates of infants born with a high birth weight. Parkland has high Caesarean-section rates and low rates of 'vaginal birth after c-section'. Breastfeeding rates are variable across the region. We have a greater proportion of mothers without high school education and a greater proportion that indicates financial difficulty compared to Manitoba mothers overall.

High rates of Chlamydia and teen pregnancies persist in our Region, indicating our youth are continuing to engage in unprotected sex. Chlamydia rates are increasing at a greater rate than the Manitoba trend and while teen pregnancy rates have dropped they remain well above the Manitoba and Canadian average.

### Access to Services

Quantitative data continues to show that most Parkland residents have relatively good access to ambulatory and acute care services. Ninety-two percent (92%) of Parkland residents were able to access a General Practitioner (GP) within the region and of those residents who required hospitalization, 72 % were able to receive the needed service in Parkland. However, residents living in the Central and East districts do not enjoy good continuity of care. Receiving the majority of primary care from the same provider is known to relate to better health outcomes. Qualitative data



collected through community consultations suggests that access remains an issue for some in the Parkland. Access issues relate to transportation availability and the financial costs associated with travel to access health services. Residents are requesting more services be provided closer to home. Our lower than average consultation rates and visit rates to specialists may be linked to transportation and cost issues. Ongoing development and increased utilization of Telehealth as a tool to improve access may alleviate some of the burden Parkland residents' experience.

## Pharmaceutical Use

The Parkland Region's high rates of chronic illness are reflected in the high use of pharmaceuticals. The data points to specific areas of concern with regards to our drug use patterns. These include:

- Higher than average use of benzodiazepines by both community dwelling seniors and PCH residents.
- Above average drug costs per PCH resident day.
- Above average percentage of our population that is being prescribed at least one antibiotic per year. Children's rates decreased but remain well above Manitoba average.
- Higher than average number of different drugs prescribed per Parkland resident and the higher than average percent of residents with at least one prescription per year.
- Concern expressed by Parkland residents regarding perceived use and distribution of prescription drugs in their communities.

## Demographic Considerations

Key demographic factors were identified which will impact planning for health services in our Region. These factors include:

- Our population is projected to continue to experience a slight decrease to 2036 with a shift in the age distribution. The percentage of the population aged 64 years and older will grow; the population 85 years and older shows the greatest increase. An older population brings the potential for more pressure on every facet of the health system.
- In 2006, twenty-eight percent (28%) of our population self-identified as being of Aboriginal descent. This was an increase of 4% over the 2001 Census. Aboriginal people experience higher illness and injury rates. The Aboriginal population is much younger than the non-Aboriginal population; in 2006, 48% of non-Winnipeg First Nations people (which includes Parkland First Nation communities) were between the ages of 0 to 19 years.
- Parkland has the highest dependency ratio among all RHAs. This means a higher proportion of people are economically dependent relative to the number of people available to work.

These demographic factors will challenge the Region with a greater illness burden in our aging population and in the potential of poorer health status of Aboriginal peoples. At the same time the Parkland Region may have a smaller available workforce to provide the required health services.

In discussions with the Board, Advisory Councils and staff, other challenges were identified that also need to be addressed or mitigated:

## Human Resources

The Region is experiencing significant recruitment difficulties. Vacancies and absenteeism because of illness or injury, impact our ability to provide consistent service. The average age of staff in the Parkland Regional Health Authority is 47.3 years. The Region has the highest average employee age in the province and many PRHA employees will be eligible for retirement in the next few years.



Physician resources are fragile in some Parkland communities where one retirement or resignation would result in the inability to provide timely medical care. Recruitment of specialists to the Region is an on-going challenge.

The Human Resources Aboriginal Recruitment Office recognizes the potential of accessing professionals within the region, province and country who self-identify as Aboriginal.

In the Worklife Pulse Survey conducted in 2010, 38.4% PRHA staff indicated they were very satisfied with their job, and another 53.4% indicated they were somewhat satisfied. Budget pressures and change have created a workplace that is often stressful.

## **Financial Pressures**

Managing within allocated resources continues to be a challenge. Financial pressures continue to increase as the provision of health care becomes more sophisticated. Drugs, new technologies, and wage and benefit costs are rising. Opportunities identified to address cost pressures include service re-design, standardization towards best practice, utilizing staff to fullest scope of practice and ensuring appropriate staff mix, and utilizing technology to achieve efficiencies.

Approximately, 76% of our resources are currently spent on acute care and long-term care. This has remained fairly consistent since 1998 when 74.5% of the budget was spent in these two areas.

## **Regionalization**

Several PRHA programs and services are regionalized. Policies, processes, equipment and training have been standardized. Building on these strengths and working towards full integration across the region will provide a solid foundation for client centered service.

While much has been accomplished, more work is required to fully realize the benefits of a regional system. Through regionalization we expect to realize efficiencies and improve effectiveness.

In consultations with residents throughout the Region, we heard that in order to sustain our health system, more emphasis must be placed on keeping people well. We need to achieve a better balance between health promotion and providing care and treatment.



## A Vision for the Future

### Our Vision:

*Individuals, families and communities achieving the best possible health and wellness.*

### Our Mission:

**The Parkland Regional Health Authority provides safe, person centered health services. We work with our partners to achieve:**

- Optimal Quality of Life
- Healthy Lifestyles
- Healthy Environments
- Quality Treatment and Care of the Ill & Injured

### Our Values:

**Values are the foundation for client and service interactions.**

**Our Values guide the actions and the decisions of all those associated with the PRHA.**

#### **DIGNITY:**

- We respect the rights and beliefs of individuals.
- We recognize the needs of diverse populations.
- We treat all people with empathy, care, compassion and kindness.

#### **FAIRNESS:**

- We give those affected by our policies and actions a voice in shaping them.
- We provide health services based on need to reduce inequities in health.

#### **TRUST:**

- We ensure the communication of rights, responsibilities and information to foster informed decision-making.
- We respect the confidentiality of information.
- We follow-through on decisions.
- We hold ourselves to the highest ethical standard.
- We communicate with openness and honesty.

### Our Philosophies:

#### **We believe that people are our most valuable asset**

- We recognize everyone's contribution and commitment.
- We demonstrate pride in self and organization.
- We support team work and partnerships.
- We provide a work environment where people are empowered.

#### **We are committed to:**

##### **Excellence & Innovation**

That fosters continuous improvement and effective decision-making to better meet client needs.

##### **Accountability & Sustainability**

That is transparent and ensures responsible management for the resources entrusted to us.



## **PRHA STRATEGIC DIRECTION and Priorities 2011-2016**

The Strategic Plan will be implemented as resources allow. Progress in moving the Strategic Plan forward is articulated through our Annual Health Plan which is provided to Manitoba Health. Every year, we update these Plans, the associated funding available and specific activities to be implemented.

Our Five-Year Strategic Plan identifies one primary Strategic Direction – Primary Health Care.

*Primary Health Care is not a single program that can be designed, developed and implemented. Primary Health Care is about fundamental change across the entire health care system. It is about transforming the way the health care system works today. In fact no other initiative holds as much potential for improving health and sustaining the health care system.*

Romanow, 2002

### **STRATEGIC DIRECTION: PRIMARY HEALTH CARE**

A Primary Health Care (PHC) system involves health professionals working together and delivering care within the context of the broader determinants (e.g., education, environment, and other socio-economic factors) that affect the health of individuals, families and their communities. A PHC system coordinates and integrates services to respond to the health status of the population. It includes illness prevention, health promotion, diagnosis and management of health concerns. It encourages the use of the health professional(s) from the most appropriate health discipline(s) to maximize the potential of all health resources.

#### **PILLARS OF PHC**

- **Population health focus**
- **Accessibility/  
Appropriateness**
- **Continuity of Care**
- **Intersectoral**
- **Affordability**

The pillars of PHC include:

#### **Population Health Focus**

A range of inter-related socioeconomic factors, or “determinants of health”, impact on the health of a population. Research has consistently validated that the health services sector as a determinant, has about a 25% influence on the health of the population in relation to the full range of determinants. The main determinant is income and social status, where relative wealth, or the gap between the richest and poorest in a society, results in poorer health outcomes for those at the lowest gradients on the socioeconomic scale.

Community Health Assessment findings demonstrate health disparity across the Parkland Regional Health Authority; interestingly, those areas with the poorest health outcomes have the greatest barriers to accessing service, and regional services are not aligned with areas of greatest need. In planning services, a client-centered approach needs to be adopted to mitigate barriers to access and to shift greater resources to the areas demonstrating greatest need.

PHC is sustained by integrated, functional and mutually-supportive referral systems, leading to the progressive improvement of comprehensive health care for all, and giving priority to those most in need.



### **Accessibility/Appropriateness**

Clients are provided with the ability to obtain appropriate services by the most appropriate provider, making the best use of technology. This does not mean that all services are available in every community; what is important is that there is ease of access to the necessary services. For example, every community cannot have a fully functioning operating room, or a 24-hour emergency department. What is necessary is that there is a good referral system to connect community members with a surgeon when that is required and in the case of emergency care, that there is a well-functioning Emergency Medical Service.

### **Continuity of Care**

A Primary Health Care system requires that services are integrated across the continuum of programs, providers and levels of service. The continuum includes health promotion, disease prevention, curative, rehabilitative, long-term care and palliative care across the life span.

Continued efforts towards regional integration of services are essential within a strengthened Primary Health Care approach, with clients moving seamlessly through the system as required by their health needs. As well, Primary Health Care requires that emphasis be placed upstream within the system, with resources targeted towards health promotion and illness prevention.

### **Intersectoral**

The emphasis on determinants of health requires an intersectoral approach as much of what influences the health of populations resides outside of the traditional health care service delivery system. For the PRHA to positively influence the health of our population, it is necessary to work with other sectors, including municipal governments, Aboriginal leadership, education, housing, family services, justice, etc.

### **Affordability**

PHC operates within the economic realities of government and communities.

Primary Health Care involves health care providers working in teams to provide a range of everyday health services on a regular, ongoing basis to help people stay physically and mentally healthy and prevent injury, get better, manage illness or disease, and cope with the end-of-life.

Over the next five years, PRHA will use Primary Health Care as our framework to transform the way we work. Attention to the pillars of Primary Health Care will help relieve pressure on the acute care system and provide more appropriate services to Parkland residents. Key to our success is finding better ways to manage chronic diseases like diabetes and heart disease. We will build partnerships with individuals, family doctors, nurse practitioners, community groups and governments and create integrated health networks designed to meet the needs of individuals and communities throughout PRHA.



## Strategic Priorities

The Parkland Regional Health Authority will shift towards a strengthened Primary Health Care system by focusing on the following Strategic Priorities:

### Improve the Health of High Needs Populations

We always will focus on improving the health of the whole population by providing prevention and health promotion services and good public health protection. Many people the PRHA serves are in good health, but there are significant differences in how healthy people are in different regions of our Health Authority. In general, the North and East district populations are more likely to experience poorer health.

While continuing to improve the health of the overall population we will also put a focused effort on high needs populations where the need for better health is clear, and where we have the ability to make improvements. In Parkland, these populations are: people with chronic conditions; Aboriginal people; children and youth; and the elderly.

#### Operational Strategies

- To collaborate with communities and governments to reduce disparities in health status
- To develop and implement a Chronic Disease Prevention and Management Strategy
- To develop and implement an Aboriginal Health Strategy in partnership with Aboriginal people.
- To support the development of healthy babies, children and families
- To implement the Regional Breastfeeding Strategy
- To implement a Teen Health Strategy that focuses on reducing risk-taking behaviors
- To develop a Seniors Health Strategy
- To develop a Regional Harm Reduction Strategy
- To build capacity to respond to new and emerging communicable disease

### Improve Access and Client Flow

Our vision is for people to be able to navigate through our health system easily and quickly as their need for services change. Using a philosophy of “every door is the right door” will ease flow and improve access. Recruiting and retaining staff is also fundamental to improving access and enabling flow. While we have developed strategies to facilitate patient flow, we need a system-wide response that provides increased capacity as well as improvements to the way we deliver services. Improving flow is about using available capacity and resources effectively and reducing barriers to movement of patients, clients and residents through the system.

#### Operational Strategies

- To implement and monitor a regional bed management program
- To implement and monitor an organizational structure that supports decision-making closer to the client
- To implement internal communication processes that support client focused care
- To develop a client navigation system
- To increase the utilization of technology that improves access to service
- To collaborate with community partners in facilitating access for clients to appropriate and safe housing options
- To enhance the advance care treatment capability in Emergency Medical Services



### **Develop an Integrated Sustainable Network of Hospitals and Health Services**

A sustainable network of hospitals will ensure that we can continue to meet the needs of PRHA residents as close to home as possible into the future. This involves clearly defining the level of services that can be expected at health centres and hospitals of varying sizes: community and regional. Appropriate infrastructure and technology will support integration. Strong linkages between our hospitals are important and will be facilitated by tools such as the electronic health record and Telehealth. Linkages with other sectors of the health care system, such as long term care, home care, therapy, public health, and mental health are also critical to person centered care.

#### **Operational Strategies**

- To develop client centered health information systems
- To develop a regional network of acute hospital services
- To develop an Outpatient and Ambulatory Services Strategy
- To strengthen the use of alternatives to inpatient care

### **Enhance Quality, Innovation, and Safety Performance**

Improving the quality of our services and keeping clients safe are vital in all areas of health service delivery. Our intent is to focus on fundamental quality and safety processes where we continually improve services and client outcomes. We will support quality improvement and safety collaborations across the Health Authority, including assessment and measurement, standardization of care guidelines and processes, communication and knowledge translation.

#### **Operational Strategies**

- To develop an organization-wide culture of quality, innovation, and safety
- To develop processes to increase client participation in decision-making regarding care
- To explore innovative solutions to optimize systems, processes and care
- To support leading practice and facilitate the use of evidence and knowledge translation
- To improve information systems to enhance data capture, data quality and information sharing capabilities
- To build capacity amongst staff and physicians in Disaster Management and response to major emergencies / disaster events



### **Cultivate a Positive Innovative Environment**

Our people are our most important asset - it is only with their help that we can meet our goals. Ensuring that we have the right number and mix of staff is by far the biggest challenge we face, and it is vital that we are able to attract and retain qualified people. We are redesigning care delivery models to optimize skills, knowledge, and scope of practice for all health care professionals; introducing alternate care providers; developing forecasting tools to predict future staffing needs; implementing strategies to increase flexibility and career development, and continually looking for opportunities to engage managers and frontline workers in shaping our HR Plan (*People Plan*).

#### **Operational Strategies**

- **To retain and recruit the best people**
- **To enable staff to engage, lead and actively participate in achieving our goals**
- **To ensure the safety and wellbeing of staff**
- **To encourage and support continuous learning**
- **To promote work-life balance**

### **Foster Community Engagement**

A PHC system coordinates and integrates services to respond to the health status of the population. Community members and community leaders must be involved in assessing needs and planning for the right primary health care programs and services and the right approach for that service delivery within their communities. The experience of the community and the knowledge of strengths and barriers, and the sense of what the community already has in place are necessary considerations in order to build towards a healthy population perspective. We will continue to strengthen our relationships with our partners and residents of the Parkland region in order to achieve our Vision.

#### **Operational Strategies**

- **To develop a community engagement framework**
- **To develop a comprehensive Communication Plan**

### **Achieve Sustainability**

We are committed to maximizing efficiencies through thoughtful, evidence-based decision-making as well as to working with our staff to explore new ways of identifying and eliminating inefficiencies in the system. Our annual Health Plan outlines how we will move ahead in achieving our strategic direction within our budget. We will actively seek partnerships to develop health-related innovative business models that may improve patient/client care.

#### **Operational Strategies**

- **To strategically invest in programs, facilities & equipment, and information technology**
- **To develop program and service budgets that reflect effective allocation of resources that align with the strategic direction of the organization**



## STRATEGIC CAPITAL PLAN

Programs and services within the Parkland Regional Health Authority will inform capital planning into the future. The PRHA is faced with the continuous need to update or expand facilities, medical equipment and information technology. The PRHA will continue to prioritize capital projects that have been identified in prior Health Plan submissions.

Several facilities are in need of significant repair or replacement.

- Redevelopment and expansion of the Dauphin Regional Health Centre to address patient safety issues.
- The hospital section of the McCreary Alonsa Health Centre was erected in 1951. This building is now time expired.
- St. Paul's Home is in need of major safety and security related renovations.
- Renovation to the Emergency Medical Services facility in Roblin.
- Community Health Services Offices throughout the region require expansions to accommodate enhanced programming. Primary Health Care Centres have been established in Benito, Ethelbert, Camperville, and Waterhen. Further development of Primary Health Care sites within the region such as Swan River, Roblin and Ste. Rose will be based upon the need to improve access and population health status.
- IT infrastructure needs to be enhanced to support the roll out of provincial systems such as RIS/PACS and other administrative applications and electronic health records.
- Other major Safety and Security projects include:
  - Installation of Negative Pressure Rooms at Dauphin, Roblin and Ste. Rose hospitals, and
  - Window replacement at a number of Personal Care Homes.



## Conclusion

We recognize we must shift from a health care system centered on managing illness, to a system that focuses on helping people stay healthy, and delivers a coordinated, integrated range of services. Our strategic direction of Primary Health Care will help transform how we work. We have identified strategic priorities aligned with the pillars of Primary Health Care that will help us make the necessary shift. Our strategic priorities are:

- Improve the Health of High Needs Populations
- Improve Access and Client Flow
- Develop an Integrated Sustainable Network of Hospitals and Health Services
- Enhance Quality, Innovation and Safety Performance
- Cultivate a Positive Innovative Environment
- Foster Community Engagement
- Achieve Sustainability

The successful implementation of this Plan may be impacted by identified risks, most notably availability of sufficient staff, physicians and financial resources.

Our Strategic Plan guides the development of our Annual Health Plans. We will review and update our Strategic Plan every year and make necessary changes that reflect new information and data, available resources, and emerging priorities.

