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## Strategic Planning Environmental Scan

March 5, 2018

## Health Sciences North and Health Sciences North Research Institute

HSN & HSNRI Strategic Plan 2019-2024 - Consultation Process  
Plan stratégique 2019-2024 d'HSN et de l'IRHSN - Processus de consultation

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## Looking Back, Looking Forward

As Health Science North (HSN) and the Health Science North Research Institute (HSNRI) embark upon their Strategic Plan for 2019-2024, there is value in reflecting upon how they have evolved, how they are currently meeting the needs of patients and northern communities in today's health care system and research environment, and in outlining some of the future trends that will require full consideration in the context of strategic planning.

HSN touches the lives of hundreds of thousands of northerners each year. In 2016-17, nearly 24,000 patient admissions, 17,000 surgeries, 6,000 cardiac procedures and 350,000 outpatient visits took place at HSN. The Hospital performed nearly six million lab tests, 80,000 cancer treatments and 190,000 imaging procedures. HSN delivered 1,800 newborns, saw nearly 74,000 patients in the Emergency Department and performed 900 hip and knee replacement surgeries. Over 2,000 patients participated in research. These numbers alone don't tell the story about impact. What matters most is how HSN and HSNRI profoundly and positively impact health outcomes to improve the quality of life of northerners. Each year, HSN receives patient feedback formally and informally which helps drive continuous improvements in health service delivery and health service research. One of their Patient Advisors, Charles Ketter summarizes it best. *"As a participant in several improvement projects, I have been impressed with the dedication and compassion of staff. I hope to be able to continue to support their efforts to provide quality and compassionate care in an ever-changing, complex and challenging health care system"* (PFAC Annual report 2014).

Winston Churchill once said *"Kites rise highest against the wind, not with it"*. This sentiment is descriptive of HSN's first 20 years. Both HSN and HSNRI have endured many twists and turns in their journey and are beginning to take their place as a globally recognized academic health science centre while continuing to strive in their efforts to provide quality patient-centred care.

## Clinical Services

Health Sciences North was originally formed as Hôpital régional de Sudbury Regional Hospital in July 1997, and began operating as a single corporation on December 18, 1997. Building on more than 100 years of compassionate health care in Sudbury, going back to the opening of the very first hospital in 1896, HRSRH brought together the expertise and commitment of Board members, leaders, staff, physicians and volunteers from the former Sudbury Memorial Hospital, Sudbury General Hospital and Laurentian Hospital. Building upon a rich history of innovation, as the first Canadian centre to perform cardiac by-pass grafting successfully under the expertise of Dr. Paul Field, the integration of Sudbury's Hospitals held promise for a state-of-the-art hospital system. The HRSRH's Board, leadership team and medical staff quickly got down to business with developing plans to integrate all services on a single site in a modern referral centre that would meet the needs of northerners. However, due to mounting fiscal challenges and escalating construction costs in its first few years, the capital plan that would bring all staff and services together onto a single site was halted in 2001, and an operational review was conducted to bring HRSRH's finances into a more sustainable position. Despite the skill and commitment of their people in these early years, HRSRH struggled to meet patient care requirements on three sites in

a constrained fiscal environment and with aging facilities. They encountered challenges with forming a unified organizational culture, but persevered, developing interim consolidation plans that would better align regional services within a multi-site operation in a way that would minimize impacts on patient care and still meet the expectations of patients and regional partners, until the dream of a one-site hospital could become reality.

Amidst this consolidation, in January 2004, the Northeast Regional Cancer Centre integrated with HRSRH and in June 2007, acute and community-based mental health and addictions services were transferred to HRSRH from the former Northeast Mental Health Centre. In 2009, the Hospital divested 64 Continuing Care beds to the newly -constructed St. Joseph's Continuing Care Centre, who were moving into their own new facility. It wasn't until March 2010, nearly 13 years after the hospital was originally formed, and with a scaled back capital plan with fewer beds, and less square footage than the original plan, that the building now known as the Ramsey Lake Health Centre was fully occupied and open for business. HRSRH had finally arrived onto a single site – sort of – while continuing to integrate five organizational cultures into one.

Why sort of? HSN continues to provide services in other locations in Greater Sudbury and throughout the region. In Sudbury alone, HSN has clinical programs operating at the:

- Sudbury Outpatient Centre at 865 Regent Street;
- Sudbury Mental Health and Addictions Centre at 680 Kirkwood Drive;
- Sudbury Mental Health and Addictions Centre at 127 Cedar Street;
- YMCA Centre for Life at 140 Durham Street;
- Withdrawal Management Centre at 336 Pine Street;
- Voices for Women Sudbury Sexual Assault Centre at 96 Larch Street;
- Northeast Specialized Geriatric Centre at 960 Notre Dame Avenue;
- North East Joint Assessment Centre at 2120 Regent Street;
- Sudbury Vascular Lab at 2140 Regent Street.

HSN also has support staff in Sudbury, located at 363 York Street, 7 Cedar Street and 56 Walford Road.

HSN staff also provides services at over twenty-five sites throughout the Northeast including in Chapleau, Elliot Lake, Espanola, Gore Bay, Little Current, Massey, Mindemoya, North Bay, New Liskeard, Kapuskasing, Kirkland Lake, Parry Sound, Sault Ste. Marie, St. Charles and Timmins. Since 2016, HSN has also provided nursing and mental health services on the James Bay coast through a Northern Outreach partnership with the Weeneebayko Areas Health Authority.

HSN is indeed a Hospital without walls providing services in a variety of settings; from their acute care units located in Sudbury, and satellite dialysis and oncology units in host hospitals throughout the region, in community-based office and clinic settings in both urban and rural communities, in outpatient areas, in schools, in long-term care facilities, with Family Health teams in parts of the region, and directly in the homes of the people they serve. Today HSN provides a robust complement of specialized acute, rehabilitative, palliative and outpatient services and community-based programs, supported by state-of

the art diagnostic facilities. In October 2012, HRSRH was rebranded to become Health Sciences North; a name that reflects *what they do* (Health) *how they do it* (from an evidence-based perspective in an academic health science centre) and *for whom* (Northerners).

## HSN's Academic Mission

HSN's founding hospitals have been training sites for health care professionals for over 100 years. The St. Elizabeth School of Nursing opened in 1911, training nurses onsite at the former St. Joseph's Hospital and other hospitals that have evolved to become HSN, graduating 870 Registered Nurses over the years. HSN now supports learners of all health disciplines, partnering with post-secondary diploma, degree and post-graduate degree programs throughout the province to train midwives, laboratory technologists, pharmacists, respiratory therapists, physiotherapists, social workers, radiation therapists and advanced practice nurses to name just a few. In the past year, HSN hosted over 1,800 learners from 38 different academic institutions studying in 77 different health-related programs. These learners had support from 428 staff preceptors and touched over 120 departments at HSN. Many of HSN's clinical staff is also faculty at Laurentian University, Cambrian College or Collège Boréal.

During HSN's early years in the late 1990's, northern Ontario was deemed to be underserved by the Ministry of Health and Long Term Care and HSN faced critical shortages of physicians. In the Hospital's report to the Community in 1998, there were estimated to be up to 40,000 people without timely access to quality care by a physician or specialist in the City of Greater Sudbury. To meet the needs of local patients and its regional mandate, the hospital put forth recruitment efforts, through the Ministry of Health's annual Physician Recruitment tour, and retention efforts through exploring and introducing new models of hospitalist services. In consultation with a wide variety of medical groups and disciplines, reports were submitted by former Chief of Staff, Dr. David Boyle, to the Ministry of Health in 1999, entitled "*From Crisis to Stability: a Northeast Proposal on Health Human Resource Recruitment and Retention Strategies*". This report sparked intensified engagement with the government and community advocacy for a medical school in Northern Ontario. Despite these shortages, HSN's medical staff committed to teaching responsibilities with medical residents who were training in specialities through the Northeastern Ontario Family Medicine Program (a partnership with McMaster University and the University of Ottawa), and in partnership with the Northern Ontario Medical Education Corporation (NOMECE) located at Laurentian University. HSN's medical staff participated in the planning for Canada's newest medical school which provided hope for the future of training and retaining physicians in the north. In September 2005, the Northern Ontario School of Medicine (NOSM) enrolled its first students, and since then HSN has benefited from a steady stream of learners and new medical staff, training over 300 medical learners each year. With HSN's innovative Simulation Laboratory which logged over 12,000 hours in 2017, faculty appointments of HSN staff and medical staff with Laurentian University and NOSM, and plans actively underway for a new 28,000 sq. ft. Learners' Centre to be completed in 2019, HSN is well-positioned for the future as an Academic Health Science Centre. HSN is active in the 23-member Council of Academic Hospitals of Ontario (CAHO) and has benefited from several project grants through CAHO'S Adopting Research to Improve Care (ARTIC) program to advance the adoption of evidence-based clinical protocols into practice.

## **HSNRI's Evolution: Current and Future Priorities**

Research was part of the hospital's culture, as far back as when HRSRH formed in 1997. In the late 1990's, the Acute Care Research Group (ACRG) made up of local practising clinicians, formed a partnership with HRSRH to support clinical trials in Emergency care, Trauma, Critical care, Respiratory and Cardiac care. The Cancer Centre conducted epidemiological studies, clinical trials and research supporting oncology care. HIV Clinical trials were also conducted through the HAVEN Program. The opening of NOSM in 2005, the sixth medical school in Ontario, created new expectations and new obligations for HSN to be on the cutting edge of discovery. With existing and robust research capacity at Laurentian University and HSN, there was fertile ground to germinate further advancements in basic health research, health system research and cancer research. However, HSN lacked the infrastructure to focus on research, while integrating it with its clinical and academic missions.

Health Sciences North Research Institute (HSNRI) was established in 2011 as an independent not-for-profit corporation. Designed to bring together researchers, clinicians, regional partners and industry, it was founded on the basis of fostering translational research. In February 2013, a business case was developed to strengthen health research links between HSN, Laurentian University and NOSM. The business case contained ambitious and visionary research goals that would address northern health priorities with an emphasis on geriatrics, cancer, chronic disease and infectious disease, all framed to deliver better health care solutions for northern and indigenous health.

HSNRI has 85 staff, and has secured research grants totalling \$23 million with over 2,000 individuals participating in research. For the past four consecutive years, HSN has been ranked among Canada's Top 40 Research Hospitals. HSNRI's research facilities are located at HSN's Northeast Cancer Centre and at the new \$21 million HSNRI facility at 56 Walford Road which was opened in June 2017.

## **Enduring Vision, Mission & Values**

Reflecting on its first 20 years as a corporation, and reviewing previous annual reports and strategic plans, there is no doubt that HSN and HSNRI have, as Churchill mused, risen against and above the winds of change, entirely because of its people. HSN's and HSNRI's highly skilled, dedicated and resilient employees and medical staff continue to be the driving force for change, supported by patient and family feedback that keeps them focused on why they are here.

Over the years, HSN's vision for health care, its mission to achieve key goals, and its organizational values have seen subtle but meaningful shifts. Looking back on previously published strategic plans there are some enduring themes.

	Vision	Mission	Values
1997	To provide <b>quality patient-centered care</b> that respects multicultural, linguistic and religious diversity and responds to the changing needs of the communities we serve.	<p>Our task: <b>Patient-Focused Health Care</b>, including a commitment to <b>wellness, health promotion and disease prevention</b></p> <p><b>Our people:</b> A Key to Excellence– we will foster their <b>ongoing development with opportunities</b> to achieve our vision</p> <p>Our work environment: <b>Supportive and Collaborative</b>– we will align our resources with the health care needs of our communities in a <b>proactive, cost-effective, open and accountable</b> manner</p> <p>Our <b>connection with the community</b>– building <b>linkages and networks</b> that enhance our role as a resource and referral centre. Supporting <b>education and research</b>.</p>	We are committed to being recognized by our patients as <b>caring, committed and attentive</b> . We will strive to demonstrate <b>respect, integrity and ethical decision-making</b> . We will <b>recognize individual contributions</b> towards enriching the Hospital environment. Through <b>teamwork</b> , we will foster an internal culture where <b>innovation and continuous improvement</b> are key. And, we value <b>open and honest communication</b> .
2004	<b>Leading and innovation for excellence</b> in patient care	<p>As a regional hospital serving the residents of the City of Greater Sudbury and northeastern Ontario we:</p> <p>Delivery high quality patient-<b>and family</b>-centered care in both official languages</p> <p>Provide <b>reliable and timely access</b> to care</p> <p>Support the development of <b>employees, medical staff, volunteers and students</b></p> <p><b>Participate in research</b> and the development and <b>application of evidence-based practices</b></p> <p>Respond to the changing needs and <b>advocate for resources and services</b> that promote health and wellness in the communities we serve</p>	<p>We value:</p> <p><b>Compassionate care</b></p> <p>Our employees, medical staff, volunteers and students and their <b>quality of work life</b></p> <p>Respect for <b>diversity</b></p> <p>Teamwork, collaboration and <b>partnerships</b></p> <p><b>Learning, research</b> and professional development</p> <p><b>Wise use</b> of our resources</p> <p><b>Accountability within an integrated regional system</b></p> <p>A <b>safe</b> environment</p> <p><b>Open, honest and ethical</b> communication and decision-making</p>
2013	<b>Globally recognized for patient-centred innovation</b>	<b>Improve the health of northerners</b> by working with our partners to <b>advance quality care, education, research and health promotion</b>	<p>Excellence</p> <p>Respect</p> <p>Accountability</p> <p><b>Engagement</b></p>

Reflecting on the first 20 years, certain themes resonate. Most certainly HSN’s mission of providing quality patient care remains at its foundation. More than ever, HSN and HSNRI are an essential part of the region’s health system, which continues to become more integrated and more collaborative. Their people are their greatest asset, and there is an ongoing need to develop and support them so that they can be well-positioned to provide world-class care and train and educate the leaders and researchers of the future. They continue to operate in a constrained fiscal environment and will need to make tough decisions in the years ahead in order to balance competing interests and demands.

## Health Sciences North: Past and Present

	<u>1997</u>	<u>2007</u>	<u>2017</u>	<u>Change</u>
Employees	2,700	3,100	3,900	+44%
Medical Staff	260	250	492	+89%
Volunteers	1,000	600	696	<b>(-31%)</b>
Student placements (non-medical)		854	1876	+119%
Medical Learner trainee days na		9,886	25,293	+156%
Operating Expenses	\$160M	\$309M	\$467M	+191%
Financial Margin (deficit)	(\$3M)	(\$1M)	(\$4.9M)	+63%
Inpatient beds in operation	623	500	458	<b>-26.5%</b>
Patient days	185,426	174,271	136,931	<b>-26.5%</b>
Admissions	23,396	22,686	23,945	+2.4%
Occupancy rate (average)	81.50%	92.03%	99.79%	+22%
Average Length of Stay (acute)	7.9 days	5.3 days	4.9 days	<b>-38%</b>
Emergency Visits	97,713 (2 sites)	65,526 (1 site)	73,913	<b>-25%/ +12%</b>
Surgical cases (includes day surgery) na		15,973	16,954	+6.2%
Outpatient Visits	224,160	258,075	347,415	+55%

HSN's number of Alternate Level of Care patients occupying acute care beds has been an ongoing concern for years. At the beginning of this current fiscal year of April 1, 2017, HSN had 129 patients in its 458 acute care beds waiting for an alternate level of care (28% ALC rate). This has decreased to 82 patients by the end of February 2018 (18% ALC rate), however overcrowding remains a quality and safety concern with the occupancy rate at the end of February remaining overcapacity at 110%. Operating consistently at overcapacity levels in the past year has profound impact on patient, staff and physician satisfaction and the quality of care that can be consistently delivered.

Due to the changing methodologies used over the years, it is not possible to derive comparisons over the twenty year period on measures such Quality of the Patient Experience, Patient Safety indicators or Quality of Worklife for staff, although HSN routinely surveys patients and staff related to their experience at HSN and strives to make improvements. In the most recent Quality of Worklife survey conducted in 2016, there was a 1% decrease in staff response to whether they would recommend HSN to friends and family requiring care, compared to the 2014 survey result. There was a 6% decrease in overall staff job satisfaction from 2014 to 2016. Physician and staff satisfaction with senior management's transparency, communication and









engagement declined from 2014 to 2016 by approximately 10% for physician respondents and 6% for staff respondents.



Methodologies for calculating and reporting Patient Experience changed provincially in 2016. With the new methodology of reporting, patient overall satisfaction with acute care services has increased from 68% in 2016-17 to 73% in the current year of 2017-18. HSN's current Quality Improvement Plan focuses on specific improvement activities associated with improved information sharing with patients. Information-sharing satisfaction has increased from 57.2% in April 2017 to 61.3% in January 2018. Currently five Quality Indicators are reported to Health Quality Ontario. At the end of December 2017, HSN reported improvement on three of these measures: Emergency Department length of stay for patients with complex conditions, lost time frequency for work-related injury, and as noted above, patient experience and satisfaction with information sharing. Improvement is required on the remaining two measures of hospital surplus/deficit and patient medication reconciliation at admission.

## Wait time Analysis

Wait times are an important indicator of the quality of the health system, and a measure of health equity differences across the province. HSN tracks and reports its surgical and diagnostic imaging wait-time data to Health Quality Ontario. Generally, HSN is performing well with surgical wait times, exceeding provincial targets in all categories.

Type of surgery	Provincial target (days)	HSN wait (days)	Ontario average (days)
Cancer surgery	28	14 	17
Cardiac surgery	7	0 	1
Cataract surgery	182	97 	95
Knee replacement surgery	182	139 	135
Digestive-Gall Bladder surgery	182	81 	47
Pediatric Ear Nose Throat surgery	182	98 	64

HSN, along with most of the hospitals in the province, is not performing as well in the area of access to diagnostic imaging for either CT scans or MRI's. Access to these imaging procedures is critical to diagnose and track progress of health conditions that may require surgery and other specialized interventions. Delayed access can mean delayed treatment.

Diagnostic imaging	Provincial target (days)	HSN wait (days)	Ontario average (days)
CT scan	28	172 	51
MRI scan	28	104 	97

The mental health and addictions reporting system in Ontario is not as well developed and wait-time information is not publicly reported in the same manner to Health Quality Ontario. Although HSN cannot compare its wait times regionally or provincially, there are a few key measures worth noting from Health Quality Ontario’s report *“Taking Stock: A Report on the Quality of Mental Health and Addictions Services in Ontario”* published in December 2015. The number of psychiatrists per 100,000 residents varies widely in Ontario and northerners who need to see a mental health and addictions specialist, such as a psychiatrist, face challenges with accessing them at the right place and time. The North East LHIN region has 8.3 Psychiatrists per 100,000 population compared to a high of 62.7 per 100,000 in the Toronto Central LHIN region. In areas where there are more psychiatrists (high supply areas), each psychiatrist, on average, sees fewer patients more often. For example, psychiatrists in the Toronto Central LHIN region see half as many patients as psychiatrists from low-supply areas like the North East LHIN region. Psychiatrists in the Toronto Central LHIN region see 8.3% of their patients more than 16 times per year, while psychiatrists in low-supply LHIN regions see just 0.3% of their patients more than 16 times per year.

Currently, northerners accessing mental health and addictions services through HSN’s community based programs and clinics can expect to wait on average, five months to see a psychiatrist for an adult outpatient consultation and four months for a child or youth psychiatric consultation. Urgent appointments for specialists are available through the Crisis Intervention and Rapid Access Addictions Clinics. For psychotherapy and structured counselling, individuals can expect to wait:

Average Wait time-Sudbury	Average Wait time-	HSN Rural clinics
Intake Assessment	14 days	25 days
Addictions Counselling and Psychotherapy	11 days	22 days
Mental Health Counselling and Psychotherapy	37 days	69 days

## Community Health Profile

As the tertiary care facility for northeastern Ontario, HSN serves a population totalling 571,645 people, across a geographic region of approximately 400,000 square kilometers. This represents only 4.2% of Ontario’s population, but covers 44% of the landmass of the province. HSN relies heavily on non-urgent transport providers and ORNGE, the province’s air ambulance provider to transport patients to and from HSN. Approximately 30% of the population served live in rural communities, 23% are Francophone and nearly 11% are Indigenous. The following data were compiled from [www.ontariohealthprofiles.ca](http://www.ontariohealthprofiles.ca) where further details are available. Generally, northeastern Ontario is older, less educated, has higher unemployment rates and higher rates of chronic disease. There is less uptake of preventive health screening, higher injury rates and teen birth rates, and higher rates of hospitalization. There are also higher smoking, obesity and heavy drinking rates compared to the rest of the province. More data is also available at [www.nelhin.on.ca/Page.aspx?id=5FD89C26C80048128E19BEC134EC3F12](http://www.nelhin.on.ca/Page.aspx?id=5FD89C26C80048128E19BEC134EC3F12))

Indicator	Ontario	NE LHIN	NE compared to Ontario
<b>Demographic Characteristics</b>			
Age 65+	15.7%	18.6%	■
Age 0-18	22.1%	20.3%	■
Employment rate	7.4%	7.6%	■
Post-secondary education	55.9%	50.8%	■
<b>Prevention Screening</b>			
Mammogram screening	63.2%	62.0 %	■
Pap smear screening	54.7%	47.3%	■
Colorectal screening	58.9%	58.2%	■
Colonoscopy screening	37%	38.3%	■
<b>Adult Chronic Conditions (age 20+)</b>			
Age standardized rate Diabetes (per 100 pop)	9.8 %	10.5%	■
Age standardized rate Asthma	14.3%	15.4%	■
Age standardized rate Hypertension	21.3%	23.1%	■
Mental Health visits	9.7%	11.1% (highest of all LHINS)	■
COPD	10.7%	15.1% (highest of all LHINS)	■
<b>Childhood Health Indicators (0-19)</b>			
Asthma rate( per 100 population)	18.1%	17.7%	■
Mental Health visits	2.7%	4.6% (2 <sup>nd</sup> highest of all LHINS)	■
Injury rate	14%	20%	■
<b>Hospital Utilization</b>			
Age standardized ED visits rate /1000	476.4	775.6	■
Age 75+ ED visits rate/1000 population	841	1241.3	■
Age standardized hospitalization rate/1000	75.7	98.3	■
Mental Health Admissions / 100,000 pop	677	1241 (highest of all LHINS)	■
Admissions for ambulatory-care sensitive conditions	269	380	■
Birth rate/1000 population	10.1	9.6	■
Teen birth rate/1000 population	8.2	21.7 (2 <sup>nd</sup> highest of all LHINS)	■

## Environmental Scan- SWOT

In the Fall of 2017, HSN conducted an internal environmental scan of its strengths, weaknesses, opportunities and threats. The new President and Chief Executive Officer, Dominic Giroux, seized the opportunity during his “First 100 days of Listening”, through more than 330 unit huddles and department meetings, to do the same. Key points from the SWOT are outlined here.

<b>Strengths</b>	<b>Weaknesses</b>
<ul style="list-style-type: none"> <li>-Highly resilient, collaborative and committed teams, adaptable to change and a strong cadre of managers and directors</li> <li>-Strong advocacy for patients, and commitment to engaging them in patient-focused care and clinical excellence. There is a growing patient voice in decision-making at all levels with a robust group of Patient and Family advisors</li> <li>-Skilled workforce with dedicated, enthusiastic and hard-working staff</li> <li>-Growing expertise and knowledge in Indigenous health issues and population health focus</li> <li>-Ranked in the top 10% of 680 North American Hospitals for Surgical Quality Improvement Program</li> <li>-Ranked among Canada’s Top 40 Research Hospitals</li> <li>-Clinical leadership respected by partner hospitals. There are areas of clinical excellence</li> <li>-Strong decision-support and analytics capacity</li> <li>-Award-winning Virtual Critical Care program via OTN</li> <li>-Meditech &amp; IT collaboration with most north-east hospitals</li> </ul>	<ul style="list-style-type: none"> <li>-Lack of an IT strategic plan that will enable digital transformation</li> <li>-Poor collegiality and engagement among physicians in some areas</li> <li>-Lack of a long-term capital plan. Capital resources are insufficient to meet demands. Aging owned and leased infrastructure. HSN’s North Tower was constructed in early 1970’s and Sudbury Outpatient Centre constructed in 1950’s. No capacity for program expansion or additional beds.</li> <li>-Unsustainable workload for staff and managers, competing priorities</li> <li>-Current strategy work is not directly linked to 2013-18 Strategic Plan</li> <li>-Lack of professional development resources for staff</li> <li>-Largest financial deficit (currently \$5.9 million) among CAHO Hospitals</li> <li>-Competing fundraising efforts through the three Foundations and Volunteer Association with relatively low fundraising performance</li> <li>-Increasing sick time and legal costs. Relatively high number of grievances</li> <li>-Poorly integrated clinical, academic and research missions. Organizational culture and resources are lacking in support of academic and research work.</li> <li>-Lack of academic health science centre experience among senior leaders</li> <li>-Inefficiencies due to multi-sites and weather-dependent transport systems</li> </ul>
<b>Opportunities</b>	<b>Threats</b>
<ul style="list-style-type: none"> <li>-HSN has revenue-generating and funding potential through provision of IT, decision support</li> </ul>	<ul style="list-style-type: none"> <li>-Lack of advancement of clinical IT system to support clinical, research and academic mission</li> </ul>

<p>and back-office services, Co-generation plant, improved case costing, marketed services, repatriation of patients accessing care in other hospitals and future research grants</p> <p>-Northern Outreach- there are increasing benefits of HSN in supporting Indigenous health care initiatives. Broaden organizational efforts in terms of Indigenous engagement and cultural safety training at HSN</p> <p>-IT and Digital Health optimization would address many weaknesses</p> <p>-Alternate Level of Care (ALC) is being actively addressed as a priority by system partners. We are seeing results but more needs to be done.</p> <p>-Strengthen education mandate and partnerships with Thunder Bay, Laurentian University and NOSM to address staff development needs. Engage new generation of medical staff in academic work</p> <p>-Play a leadership role provincially in policy-making and service delivery with regards to French-language health services</p> <p>-Clarify and simplify organization focus and key metrics through new Strategic Plan for HSN &amp; HSNRI</p> <p>-Celebrate and showcase success at provincial, national and international levels</p> <p>-Revise capital to address space needs and aging owned/ leased buildings</p>	<p>puts us behind others. Gaps in transfer of patient information at point of care transition creates quality threats. Lack of agreement on an approach for IT integration across the LHIN</p> <p>-Aging population- increased demands on utilization of hospital services with no certainty of additional long-term care capacity development in the Sudbury area</p> <p>-Funding challenges- not keeping up with rate of inflation, funding model (HBAM) is not friendly to the North due to lack of North's population growth, lack of multi-year funding commitments creating uncertainty from year to year</p> <p>-Increasing prevalence of Mental Health and Addictions needs across all age groups with no funding or resource increases to meet demand</p> <p>-Have not invested to keep up with equipment and technology innovation. Many anticipated replacement needs, with no funding source</p> <p>-Lack of focus, too many priorities</p> <p>-Region's population is declining, aging and facing poorer health outcomes</p> <p>-Absence of succession planning and leadership development plan to address retirements in next five years</p>
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## Strategic Planning Context

There is no health system in the world performing as well as it could. There will always be a desire to improve the quality of care, the patient experience, and the integration of the system to promote more seamless care. Other health systems provincially, nationally and internationally are experimenting with quality improvement initiatives, advanced safety systems, innovative funding models, integrated governance systems and advancement of research and information technology to become high reliability organizations, accountable-care organizations and more innovative and sustainable health systems. As HSN and HSNRI embark upon their strategic plan for 2019-2024, there is a desire to focus on the right things and improve in areas that will differentiate them in ways that advance clinical, academic and research excellence. There is also recognition that this planning cannot happen in isolation of the

rest of the system. For this reason, it is worthwhile understanding the strategic directions of other health and social service system partners provincially and regionally.

## Provincial Context

With a provincial election on the horizon later this spring it is important to consider the Ontario policy landscape. Recent data available from the Canadian Institute for Health Information identifies that per capita funding for Ontario hospitals is now the lowest in the country. This will undoubtedly be an issue that all political parties will need to address in their election platforms.

The Progressive Conservative Party of Ontario released its platform in November 2017, *The Peoples Guarantee*. They make five key pledges: to increase mental health spending, decrease income tax, provide partial refunds for daycare, reduce hydro rates and pass a Government Accountability Act. Longer term pledges include reduction in hospital wait times, funding for take-home cancer drugs, a dental program for low income seniors, and increasing long-term care beds.

The Liberals are holding public town halls in their policy development process, called *Common Ground*. Increasing support for youth mental health and seniors' dental care are popular policy suggestions. The Liberal policy platform is yet to be released. In the interim, hospitals have mounted a lobby of the current Liberal government through the Ontario Hospital Association to relieve hospital overcrowding by investing in additional beds to alleviate ALC pressures and address the impacts of influenza. This past fall an additional \$140 million was awarded to hospitals to address these pressures, on top of the \$518 million increase to hospital budgets earlier in 2017. The OHA has asked for another \$815 million investment in the 2018 budget. HSN is at its limit for additional bed space and will need to decant non-bedded areas and office, conference room or clinic space if these additional funds are allocated. With the planning grant of \$500,000 recently announced for HSN to initiate formal space planning for NEO Kids and with the Learner's Centre construction about to begin, it will be imperative to take a broad view of options with the current space pressures and overcrowding. In December 2017, Ontario's Auditor General highlighted that the majority of cancer drugs now being developed can be taken orally and outside of a hospital setting, but because they are expensive and unaffordable for most Ontarians, they continue to be administered in hospitals. In all Canadian provinces west of Ontario, these drugs are publicly funded regardless whether they are taken at home or in hospital. With HSN's retail pharmacy on site at the Cancer Centre, dispensing these medications could become an attractive revenue stream if these policy changes are realized. Health Minister Hoskins continues to advocate for a national pharmacare plan that would make this possible. (At time of print, Dr. Hoskins had resigned his position as provincial Health Minister to lead a national advisory council on pharmacare).

The NDP is claiming the Liberals are not doing enough for mental health care, seniors care and to address the opioid crisis. The Ministry rolled out \$220 million in funding this past fall to address the opioid crisis, investing in Rapid Access Addictions clinics (HSN is leading this roll out in the Northeast), Overdose prevention sites (known in other jurisdictions as Safe Injection sites), naloxone kit distribution and physician education. The Ministry also announced in November 2017, through its "Aging with Confidence: Ontario's Action Plan" a commitment to open 5,000 new long-term care beds over the next

four years and add 15 million more hours of nursing and personal support, equivalent to four hours per day for residents in long-term care. This announcement also included plans to invest more than \$15 million in “naturally occurring” retirement communities with new apartment buildings or housing developments being developed.

Through the debates in question period, it is clear seniors care, hospitals and mental health are emerging as hot spots in the system. The current government is also advancing science and innovation as a chief economic driver of the future, with a Chief Scientist now advising the Premier, and the Ministry of Health creating the position of Chief Health Innovation Strategist. The Ministry is also moving forward on digital health transformation through new online tools to help patients find enhanced wait times information province-wide, expanding online eReferrals, and developing electronic versions of the immunization card, patient portals offering self-care, and expanding technology to offer virtual home visits.

There still remains much debate about how to create and finance seamless Electronic Medical Records (EMRs) throughout the province and there is still significant work to do and investment to occur to move the concept of “One Patient One Record” to reality.

Lastly, tensions continue between the Ontario Medical Association and the MoHLTC. The last Physician Services Agreement expired in 2014 and in August 2016 Ontario’s doctors rejected the latest proposed fee agreement, forcing the OMA’s leadership to resign. Disgruntled physicians impact the health care and hospital system, and these tensions may further impede engagement of HSN’s physicians in future strategy.

## **Regional Context**

HSN is a regional referral centre, and some would suggest it is becoming “more regional” as time passes. As quality standards are implemented in Ontario, requiring timely access to highly specialized care, demands on HSN from within the region are increasing. Examples include timely access to quality-based procedures for cancer treatment, hip fractures, stroke care and life-and-limb care. On any given day, 25-30% of HSN’s beds are occupied by northerners from outside the City of Greater Sudbury, being transferred for specialized treatment. This adds complexity to daily bed flow and transportation challenges at HSN as people are sent to and from HSN’s specialized services. On days when the Hospital and the Emergency Department are at overcapacity, many question whether there are sufficient resources allocated to balance our local and regional responsibilities.

The MoHLTC continues to implement *The Patients First Act* working with the LHINs to navigate their new roles, after having absorbed the Community Care Access Centres in May 2017. The LHIN mandate letters from the Ministry clearly underscore that each LHIN must create integrated service delivery networks that include primary care providers, inter-professional health care teams, hospitals, public health, mental health and addictions and home and community care. The LHIN mandate letters have ten areas of focus, most of which will impact how HSN responds in the future:

- **Transparency and accountability**- working with the Ministry to develop and report on performance targets that measure progress and outcomes of system transformation. Currently there are over fifty mandatory indicators that must be reported to the NELHIN. This number is expected to grow with expanded initiatives planned in future.
- **Improving the patient experience**- establishing a Patient and Family Advisory Council, improving care coordination with more seamless transitions between services and implementing initiatives to reduce caregiver distress.
- **Building healthy communities informed by population health planning**- through sub-regional, community-level planning address the gaps that impact access to services and workup stream to address community needs
- **Equity, quality improvement, consistency and outcomes-based delivery**- Enhance existing and develop new quality improvement frameworks that address regional priorities, work at a community level to implement quality standards developed by Health Quality Ontario, promote health equity and address disparities through identifying and responding to high-risk populations, improve engagement with Indigenous leaders, providers and patients to guide investments and initiatives that will strengthen care provided to Indigenous peoples, and promote active offers of health services in French, to meet the needs of Francophones.
- **Hospitals and partners**-continue to promote the use of the right services at the right time, reduce wait-times for ED and other services, ensuring patients are accessing the right level of care when they need it, and support hospitals to adopt innovative funding models for bundled services
- **Specialist care**-continue to promote reduction in wait times, starting with access to specialists for those with musculoskeletal pain and mood disorders. Note that HSN has been funded in November 2017 to deliver chronic pain services that will address part of this challenge, but no increased resources have been allocated to address wait times for people with mood disorders
- **Primary care**- improve access to primary care and facilitate coordination between primary care and other health system partners, improve access to inter-professional primary care and promote Health Links planning with inclusion of primary care providers
- **Home and community care**-reduce wait-times and improve consistency and coordination of home and community care so that patients and caregivers know what to expect
- **Mental health and addictions**-expand access to structured psychotherapy and supportive housing, implement the elements of the provincial opioid strategy, improve access to community mental health services and establish referral networks with primary care providers
- **Innovation, health technologies and digital health**- champion Ontario as a leading ecosystem for innovative health technology and increase value-based processes of care, support the Ministry's Digital Health Strategy that will include expanding virtual models of care and digital self-care monitoring and health management, expand digital solutions that support navigation and referral coordination across the system.

It is important to note that while the LHIN plays a significant role in driving direction of Hospital care in Ontario, there are still provincially centralized bodies also working with the Ministry of Health and the Ministry of Children and Youth Services that drive provincial strategy. Some examples that have direct



impact on HSN include Cancer Care Ontario, the Ontario Renal Network, the Critical Care Secretariat, Ontario Stroke Network, the Ontario Bariatric Network, the Ontario Palliative Care Network and Regional Geriatric Programs of Ontario. Often HSN has found itself responding to LHIN goals at the same time that provincially-led programs are implementing new initiatives. Remaining vigilant of health system priorities that are being actioned provincially and regionally will continue to be critical, especially as these regional and provincial priorities evolve in the coming years. Alignment of HSN and HSNRI's strategy with provincial and regional plans will be essential.

## Local Context

Equally important to HSN is having the strategic plans of local partners in view, to optimize alignment and leverage activities, while anticipating and creating meaningful partnerships to execute on the strategic plan. Of significance to HSN are the release of strategic plans of three key local partners since the beginning of 2018; Laurentian University, the Greater City of Sudbury's Population Health Community Priorities Plan and Public Health-Sudbury & Districts. Additionally, HSN and Thunder Bay Regional Health Sciences Centre have recently committed to improved clinical and academic integration with NOSM. Highlighted below are the key and relevant areas of focus for each of these system partners.

### Laurentian University Strategic Priorities

**The North is our Advantage:** creating beneficial initiatives for the north, embracing French cultures and language, promoting holistic wellness in our natural environment

**Students are our core:** enhancing leadership development, healthier food options and improved mental health supports, increasing familiarity with indigenous ways of being and principles of reconciliation, offering cultural training to address growing diversity of international students

**Knowledge is our foundation:** supporting faculty peer-mentoring, offering flexible teaching and learning through technology-enabled platforms, becoming a national leader in indigenous curriculum

**Curiosity drives our research/ Creativity shapes the future:** undertaking culturally appropriate research, recruiting four new research chairs to build on our fundamental research base, contribution to social innovation and policy research

**Relationships are our priority/ Together we are stronger:** supporting Truth and Reconciliation Calls to Action, offering cultural safety training, fostering inclusion, acceptance and respect for diversity, increased employee engagement, work with donors to create opportunities for mutual benefit

### Greater City of Sudbury's Population Health Community Priorities

The Greater City of Sudbury has identified 10 areas where they will be working with community partners to focus their actions in a multi-year plan, in terms of promoting and improving the health and safety of residents. These areas include supporting programs for **Indigenous Youth**, supporting resiliency in **Transitional-aged youth**, supporting **Families and Family well-being**, eliminating social stigma and

increasing the sensitivity of the community to **promote inclusion and belonging for improved Mental Health**, promoting welcoming, safe and supportive neighbourhoods in pursuit of a **Compassionate City designation**, promoting **Play opportunities** and equal access to safe play, **creating affordable, safe and suitable housing**, promoting healthy workplaces, progressive health promotion policies, health equity, community based models of care and the promotion of community health and social service hubs for more **holistic health**, promoting socialization, support for caregivers and improving accessibility for an **Age-friendly community** and developing active transportation opportunities, streets that are inviting to walk, cycle and use for **Healthy Streets**.

Likely of most relevance to HSN and something that HSN staff, physicians and leaders will continue to be engaged in are discussions and planning around community health and social service hubs. Bringing care closer to home in neighbourhood-based hubs is aligned to population health thinking and service delivery and may impact service models for some of HSN's specialized outpatient and mental health programs in future.

#### Public Health- Sudbury & Districts strategic priorities

**Equitable Opportunities:** address a broad range of social and economic factors that impede health, **including mental health**, reduce health inequities, and tailor programs to reflect community voices and needs

**Meaningful Relationships:** establish relationships that lead to successful partnerships, collaboration and engagement, including diverse community engagement for the planning of public health initiatives, engaging **with Indigenous populations** in a way that is meaningful for them

**Practice excellence:** use local data to **adapt programs to neighbourhoods and populations with the greatest needs**, collect, use and generate quality evidence, apply relevant evaluation and research results, deliver population level interventions in partnership with other parts of the health system

**Organizational commitment:** foster a work environment that **supports and sustains mental health and well-being**

#### Northern Ontario School of Medicine, HSN & Thunder Bay Regional Health Sciences Centre renewed commitment

In April 2017, these three academic health science centre partners convened to confirm their desire to redefine their relationship under a single affiliation agreement, supporting synergy and collaboration. Guided by mutually established principles **of social accountability**, active partnerships characterized by transparency, accountability and trust, solidarity among partners, inclusivity of the perspective of learners, patients, researchers and clinicians, **shared academic and strategic planning**, building an environment that encourages risk and innovation and commitment to leadership development, the partners identified four key goals. These goals are:

- Improving patient and population health outcomes in northern Ontario
- Excellence in health professional education

- Knowledge creation and exchange to improve the health of northerners
- Supporting a secure health workforce that meets northern Ontario's needs

To advance these goals will require that the partners advance together in five fundamental areas: leadership accountability for academic and clinical deliverables, protected time for physicians engaged in academic work, supports for research in clinical settings, seamless administrative support for academic work in clinical settings, collaboration and governance.

An academic transformation team comprised of the CEO's of the three organizations, as well as Vice Presidents, Medical and Academic Affairs, and NOSM's Vice-Dean, Academic will create a single collaboration agreement and new governance structure. These activities will impact HSN's and HSNRI's future directions and will be relevant to strategic planning and alignment of strategic goals.

### **Who will HSN and HSNRI's patients be in the future?**

Looking ahead five years to 2024 and beyond, HSN and HSNRI need to think about those whom they will be serving, so that needs can be anticipated and appropriate planning can occur. The Ontario Ministry of Finance has published their projections forward twenty five years (2016 to 2041) and while the rest of Ontario is expected to experience population growth upwards of 30%, from currently 14 million Ontarians to 18.2 million people in the next twenty-five years, northeastern Ontario's population will decline annually by less than 1%, but most dramatically in the 0-19 year-old and 20-64 year old populations at a rate of decline of 9.1% and 17.5% respectively. It is projected that northeastern Ontario will have approximately 10,000 fewer youth, and 57,000 fewer young and middle age adults by 2041 which will impact the tax base in northeastern Ontario, and drive health system planning and the economy in new directions. Meanwhile, the seniors' population aged 65 years and over will increase annually between 2018 and 2038, from 120,578 to 169,706, a 40.7% increase over the next 20 years. The population of the City of Greater Sudbury will increase annually by 2031 by an average of 156 people, and then decline slightly annually through 2041 remaining at an average of 168,000. While approximately 30% of the population HSN currently serves live in rural communities with approximately 23% being Francophone and nearly 11% being Indigenous there are shifts in demographics detected in the last census data in 2016. Further information concerning these projections is available at: <https://www.fin.gov.on.ca/en/economy/demographics/projections/>

According to 2016 Statistics Canada data (<http://www12.statcan.gc.ca/census-recensement/index-eng.cfm>), the number of people who speak French as a mother tongue in Greater Sudbury was identified at 25% of the population, or 40,930 people, a drop of 5% from the previous census in 2011. Of this number, half or 20,500 reported speaking French at home. In Greater Sudbury, French remains widely spoken with approximately 38% of the population or 61,855 identifying as bilingual which is consistent with the 2011 census data.

The 2016 census is one of the first to show an increase in Indigenous languages, with more people speaking Cree and Ojibwe on reserves and in northern cities. Since 2006, the Aboriginal population in Canada has grown by 42.5%, which is more than four times the growth rate of the non-Aboriginal

population over the same period. According to Statistics Canada population projections, the number of Aboriginal people will continue to grow to exceed 2.5 million persons in Canada by 2036. Two main factors have contributed to the growing Aboriginal population. The first is natural growth, which includes increased life expectancy and relatively high fertility rates compared to other Canadians. The other factor relates to changes in self-reported identification. Put simply, more people, especially Métis are disclosing their Aboriginal status on the census. The First Nations, Métis and Inuit populations continue to be significantly younger than the non-Aboriginal population, with proportionally more children and youth and fewer seniors. However, in 2016, those 65 years of age and older accounted for a larger share of the Aboriginal population than in the past as evidence of improved life expectancy. Sudbury now ranks third in the province, behind Toronto and Ottawa, as having the highest number of Indigenous people living in an urban setting. In 2016, these numbers climbed to 14,960 or 9% of Greater Sudbury's population. There has been an increase in off-reserve population growth in Canada since the last census in 2011, currently at 49.1%. This trend of growing urban vs. on-reserve indigenous populations is expected to increase.

HSN's local post-secondary partners, particularly Cambrian College and Laurentian University are increasingly marketing their programs to international students and to Indigenous youth, increasing both the diversity of HSN's future workforce and future patient population.

These changes to the shifting demographics will have significant impact, not only on front-line care providers, but on HSN's three Foundations and the Hospital's Volunteer Association. With projections of a shrinking adult workforce, and growing senior's population, fundraising efforts aimed beyond the local community-giving fundraising campaigns will require full consideration. Over the past decade Laurentian University has raised the bar for philanthropy in Northeastern Ontario by securing four eight-figure naming gifts from generous philanthropists for their Bharti School of Engineering, Goodman School of Mines, McEwen School of Architecture and Harquail School of Earth Sciences, demonstrating that private donors are willing to make investments in the north. Active and engaging partnerships with donors and donor prospects are commonplace in other Ontario Hospitals and HSN's Foundations will need to give chase to these opportunities in future for growth and sustainability of HSN and HSNRI's programs.

Additionally, as funding investments are made elsewhere in the system, as services become more integrated and capacity is developed in home and community care and as inter-professional care teams expand in primary care, HSN should expect that it will see the most acute, the most socially-disadvantaged and the most complex patients being admitted to hospital and cared for by HSN's specialized outpatient teams. Anticipating this increase in acuity, social marginalization and complexity will impact how services are delivered and by whom.

## **Who will HSN's care providers and leaders be in the future?**

Health care systems across the globe are experiencing unsustainable pressure and rising demands. Five major disruptive forces impacting the workforce are at play: aging providers, the lifestyle epidemic of sedentary work and poor lifestyle choices leading to higher absenteeism and chronic diseases, the

information revolution that creates an overstimulated stressed workforce with decreased social connections, the rising impact of technology that threatens jobs, and the rise of consumerism requiring a shift in mindset to putting patients first. As a result, health system leaders and providers are feeling the strain to deliver higher quality at lower cost, assume greater risk in an ever-transforming system and stay on top of strategic priorities like succession planning and talent management while managing day-to-day challenges. Resilience and adaptability have never been more essential qualities in health care. HSN and HSNRI will need to plan ahead and think strategically about the impacts of:

- The retirement of large numbers of Baby Boomers in the coming years, at the same time as a projected shrinking youth and middle-age demographic in northeastern Ontario. HSN has 1345 employees, or 34% of its workforce who are eligible to retire in the next five years. Of this number, 1005 or 25% are eligible to retire in the next two years;
- The differing interests of younger physicians entering the workforce, and the work-life balance they are seeking with clinical, research and academic interest compared to physicians leaving the workforce who have until recent years, held primarily clinical interests with heavy patient loads;
- The impact of training experiences and the learning environment on recruitment and retention efforts;
- The potentials of partnering with other organizations who offer a more diversified workforce, or specialized skills or knowledge to help prepare our workforce of tomorrow
- The ever-expanding scopes of practice in the health professional regulatory environment, and how this might impact future staffing models or resource needs, including team-based inter-professional models of care. Nurse practitioners and Pharmacists stand out as examples of health professionals who are delivering increasing levels of care that have been otherwise provided by physicians;
- The known benefits of inter-disciplinary practice models, especially in an increasing complex and older patient population and how these models will be effectively resourced to ensure access to needed services;
- Labour shortages in both clinical and technical staff, throughout the North East and HSN's possible role in providing staffing and physician resources and/or remote models of access through partnerships, such as how they are currently supporting the James Bay coast in partnership with Weeneebayko Area Health Authority (WAHA) and offering Virtual Critical Care and Crisis Intervention support through technology;
- Stiff competition with other Ontario Health Science centres to recruit and attract care providers, learners and researchers. HSN and local Post-secondary institutions will need to think strategically about offering a competitive advantage or marketing edge to attract top talent in an environment of ongoing fiscal restraint. This could include partnerships among institutions to recruit professional couples who both desire employment opportunities, and/or ongoing recruitment for a northern lifestyle outside of the crowded and highly dense southern Ontario Academic Health Science Centres;
- Ensuring recruitment incentives are transparent and aligned with the public interest;
- Identifying and engaging key influencers in recruiting and retaining top talent to meet

- patient care, teaching and research goals;
- Ensuring recruitment and retention activities are highly aligned to HSN's and HSNRI's strategic goals;
- Clearly identifying the skill sets required to meet HSN and HSNRI's clinical, academic and research mission and ensuring alignment with post-secondary institutions to produce learners with these skill sets.

These impacts present challenges and opportunities for HSN; opportunities to reflect on the workforce of tomorrow as well as an opportunity to reshape the workforce to more accurately reflect and represent the patient population. Selecting and developing talent to meet the demands of the future will be essential, in addition to working closely with post-secondary institutions to forecast the types of health professionals that will remain in high demand.

In terms of front-line service delivery, the increased diversity of HSN's patient population and workforce will require changes to how HSN promotes inclusion and cultural safety. Cultural competency to work with the current and future patient populations will be critical. This goes beyond cultural and linguistic competencies. It needs to consider effectively serving the LGBTQ2S population (lesbian, gay, bisexual, transgender, queer or questioning and two-spirited people). Those who are homeless or street-involved and new immigrants require special skillsets and diversity of our workforce as well. The acuity and complexity of patient care will require new models of inter-professional teamwork in all parts of HSN's system from the Emergency Department to the outpatient clinics that optimize scopes of practice of all health care professionals. Hospitals will likely see a higher proportion of highly acute and highly complex socially and economically disadvantaged patients as community providers increase their capacity to care for patients in the community. Having health care professionals and health care leaders who embrace social accountability and show compassion to society's most vulnerable, and most ill patients will be essential.

Artificial intelligence and innovation such as the use of robotic technology will shape how information is acquired, utilized and how services are delivered. HSN already uses robotic technology in medication delivery. Further examples of the use of robotics and artificial intelligence are apparent in a research partnership between Ryerson University, McMaster's School of Medicine and IBM's Watson Cognitive Services, where they are currently using *Pepper the Robot* to improve outcomes between health professionals and patients. Pepper is meant to "read" emotions, learn, move and adapt and is being tested on the premise that humans will be more open and honest with Pepper about their health and symptoms they are experiencing than they would be with health professionals. Merging artificial intelligence with social interaction for health care is on the horizon and should be considered in future planning.

Nursing and Personal Support Worker shortages are projected in the Conference Board of Canada's *Primer on Nursing Supply and Demand* (March 2017). These shortages are based on two prevailing factors: the growing seniors demographic requiring this care; and the move of care into the community where there are different economies of scale in providing care efficiently, compared to more densely occupied hospital units. Recruiting nurses to replace those who are retiring in large numbers with these

expected shortages will need to be given consideration.

Finally, a word about workplace culture and leadership. In 2015, the Centre for Creative Leadership evaluated the competency requirements most critical for organizational success now and in the future. The most important competencies identified were inspiring commitment, leading others, strategic planning, employee development, self-awareness and change management. It did not matter what discipline you were from and what discipline you were leading; what was important was the skill set. Leaders will require these skills to engage patients, staff, physicians and learners in the future. As one of our Patient and Family Advisors so aptly quipped at a recent meeting, “We need people willing to go above and beyond. This is health-care!”

*“When will all this change end? Hopefully never. Health care should be continuously evolving”.*

*HRSRH Annual Report, 1997-98.*

## Questions to Guide Us as We Envision 2024 and Beyond

Join us as we reflect on the following questions:

- |                                |   |
|--------------------------------|---|
| Academic Focus                 | How could we provide better experiences for our learners to achieve their academic goals?<br>How could we provide better support to our teachers and faculty to fulfill their clinical and academic responsibilities?<br><br>What are the top three areas we should focus on to ensure the development of our staff and the success of our learners?<br>How can we better integrate or leverage the strengths of our academic institutions? |
| Big Changes                    | In what ways do Health Sciences North and Health Sciences North Research Institute need to be substantially different and make big changes within the next five years (by 2024) to improve their effectiveness?   |
| Burning Issues                 | What are the top three biggest issues, challenges or risks that we face? If you were CEO, what would you act upon first?  |
| Collaboration and Partnerships | What possibilities for collaboration and connections should we pursue internal to Health Sciences North and Health Sciences North Research Institute to advance clinical care, teaching and research by 2024?<br>What possibilities for collaboration and connections should we pursue with community and industry partners to advance clinical care, teaching and research by 2024?  |

Cultural Safety	<p>How could Health Sciences North and the Health Sciences North Research Institute improve the experiences of Francophone patients, families, learners, physicians, staff and volunteers? How might we champion the delivery of French-language health services?</p> <p>How could Health Sciences North and the Health Sciences North Research Institute improve the experiences of Indigenous people, inclusive of Indigenous patients, families, learners, volunteers and staff, including medical staff? How might we be trailblazers in the Calls for Action from the Truth and Reconciliation Commission and model a better way to support and respect Indigenous people in the future?</p> <p>What could we be doing at Health Sciences North or Health Science North Research Institute to ensure inclusion, fairness and respect for people identifying as LGBTQ2S (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Two-spirited)?</p>
Envisioning Success	<p>Imagine it is 2024. Health Sciences North and Health Sciences North Research Institute have had a very successful past few years. What does success look like for HSN and HSNRI?</p>
Excellence	<p>What are the established or emerging areas of excellence in clinical care, teaching or research at Health Sciences North and Health Sciences North Research Institute? How should we enhance, spread or build upon areas of clinical, teaching or research excellence?</p>
Impact	<p>If we were to identify areas that we could <b>“be the best”</b> at doing <b>“something that matters”</b> what comes to mind? What should we focus on to have the greatest impact on northerners?</p>
Improving Health	<p>In 2013, our mission statement read: “To improve the health of northerners by working with our partners to advance quality care, research, education and health promotion”. What are the five things we can do in the next five years to deliver on this promise of addressing the unique needs of the North?</p>
Obstacles and Barriers	<p>What is getting in the way of Health Sciences North and Health Sciences North Research Institute fully realizing the vision that was established in 2013- “To be globally recognized for patient-centred innovation”? What are three things we can do to address what is getting in the way of our success?</p>
Organizational Culture	<p>How would you describe the organizational culture at Health Sciences North and at Health Sciences North Research Institute? How does HSN’s and HSNRI’s culture need to change to ensure we foster a workplace culture that supports healthy, respectful and productive relationships between and among employees, medical staff, patients, learners, researchers and volunteers?</p>
Priorities	<p>“If you have more than a few priorities, then you don’t have priorities at all”. What should our top five priorities or goals be in the next five years?</p>



Quality Care	<p>What changes can we make to create a system that will be more responsive to patients and families, ensuring their goals and preferences are respected?</p> <p>What changes can we make to ensure patients and families receive care that is:</p> <ul style="list-style-type: none"> <li>- Safe and does not cause them harm?</li> <li>- Effective, ensuring they receive the right treatment for the desired outcome?</li> <li>- Timely, efficient and accessible?</li> <li>- Fair and equitable and not based on where they live, their age, gender, language, cultural identity, religious beliefs, colour, mental or physical disabilities, socioeconomic status or personal connections?</li> </ul>
Research Opportunities	<p>How could we stimulate enhanced integration of research and clinical care?</p> <p>What social science, technological innovation and /or scientific research opportunities should we pursue in the next three years that will have the biggest impact on northerners?</p> <p>How could we provide better experiences for our learners, physicians and staff to achieve their research goals?</p> <p>How could we provide better support to our staff to fulfill their clinical and research responsibilities?</p> <p>What are the top three areas we should focus on to ensure the development of our scientists and the success of our learners as a research institute?</p> <p>How can we better integrate or leverage the strengths of our academic institutions?</p>
Social Accountability	<p>Hospitals in 2024 will continue to serve as safety nets for our health care system. We will see a disproportionate number of socially and economically disadvantaged patients and families who have difficulty achieving optimum health, navigating care in the community, and accessing services. How can Health Sciences North develop and support its staff, physicians, learners and volunteers to better support people who have increasingly acute and complex needs?</p> <p>Achieving Health Equity in the North will require that we have health professionals, scientists and health leaders who promote health equity, embrace social accountability and show compassion to society's most vulnerable. What are the three things that you think our staff, physicians and learners will require as essential skills, attitudes and knowledge to support the needs of patients and families who have increasingly complex health and socio-economic barriers?</p>
Strengths	<p>What makes you feel proud about the services delivered at Health Sciences North? How could we build upon these strengths to advance patient care, teaching or research?</p> <p>What makes you feel proud about the research occurring at Health Sciences North Research Institute? How could we build upon these strengths to advance care, teaching or research?</p>

Supporting Our People

The accelerated pace of change can seem overwhelming in the “information age” we live in. What should we do to ensure that we face these inevitable challenges of living in a fast-paced world, from a position of stability, while supporting and developing our people?

What are 3-5 ideas you have for a more supportive and supported workplace?

It is 2024 and the vibe at HSN and HSNRI is energized and positive. What has changed or been maintained in the workplace to support a productive, impactful and energized workforce?

HSN has 1345 employees, or 34% of its workforce who are eligible to retire in the next five years. Of this number, 1005 or 25% are eligible to retire in the next two years. What should we focus on in recruiting, supporting and retaining top talent? With the large number of expected retirements and the aging of our workforce at Health Sciences North, how do we ensure the next wave of employees and medical staff are supported for success and/or progression into leadership roles?

Technology and Innovation

Imagine it is 2024 and many of the predictions about technology, artificial intelligence and innovation are being fully implemented. Imagine “iPhone’s Siri” and “Amazon’s Alexa” applied to health care. What prioritized investments should we make in the next five years to keep pace with, or even lead innovation to serve our patients better? What are the 3-5 technology and innovation priorities that we should pursue to ensure our learners and staff are well-positioned to project us forward in a global health care environment?

There very well could be a clash of ideologies in the coming years related to “early adopters” (including staff, learners and patients) expecting high tech innovation with instant feedback from their health care system, butting up against more traditional consumers and providers expecting high touch, personalized care. How do we ensure that we support the needs of both?

Our Values

**“Excellence, Respect, Accountability, Engagement”**. These are the values written on plaques and websites describing what is important to Health Sciences North. They anchor our current Strategic Plan. Do these values reflect your experience at HSN? What values would you like to see promoted in the 2019-2024 Strategic Plan?

Your Voice Your Vision

This is your Health Science Centre and your Research Institute. You influence our future direction by sharing your ideas and your opinions. What other advice do you have for the Strategic Planning Steering Committee about our future direction? What is Your Voice? What is Your Vision?

Describe Health Sciences North as it is today, in one word.

Describe Health Sciences North as you’d like to see it in 2024, in one word.

Describe Health Sciences North Research Institute as it is today, in one word.

Describe Health Sciences North Research Institute as you’d like to see it in 2024 in one word.

## Next Steps- This is your HSN/HSNRI. This is your plan!

- Take part in consultations unfolding until June 1<sup>st</sup> in Greater Sudbury and in other parts of Northeastern Ontario.
- Join us for one of nine electronic brainstorming sessions being held in Sudbury April 10-12, 2018.
- Attend the HSN/HSNRI Speaker Series this Spring (dates and times to be advertised) to inform your thinking about HSN's and HSNRI's future
- Email us your thoughts at [strategicplan@hsnsudbury.ca](mailto:strategicplan@hsnsudbury.ca)
- Participate in online surveys at the HSN/HSNRI Strategic planning website: url to follow
- Take part in the validation process of our draft 2019-2024 Strategic Plan between October 8<sup>th</sup> and November 2<sup>nd</sup>.
- Encourage others to do the same.



Your **Voice.** Your **Vision.**

#YourHSN #YourHSNRI

Votre **Voix.** Votre **Vision.**

#VotreHSN #VotreIRHSN

This “collaboration circle” represents the collective, open and iterative process of the Strategic Plan. The five “Icons” that make up the circle highlight HSN’s blue and orange branding, and HSNRI’s blue and red brand. The blue icons represent HSN’s and HSNRI’s clinical, academic and research partners. Finally, the five “individuals” surrounding the circle represent the final five key goals to be identified through the Strategic Planning consultation process.

*Respectfully submitted to the 2019-2024 Strategic Plan Steering Committee, March 5, 2018*

*For further inquiries, please contact the author:*

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