

Outcomes	Strategic Directives	Strategic Objectives	QIP	Drivers	Key Initiatives	Measures
Effective Community 	<ul style="list-style-type: none"> Improve the health of the diverse community we serve Advance Humber River Hospital (HRH) as a community academic hospital 	<ul style="list-style-type: none"> Formalize partnerships within the Northwestern Toronto Ontario Health Team framework, other healthcare organizations and primary care providers to meet the needs of the community Advance the partnership with Runnymede Healthcare Centre through the development-in-care model Grow targeted specialty programs that are responsive to the needs of our community Complete the development and implementation of the Command Centre's Generation 3 Establish a Comprehensive Medical Education Program Establish a HRH Digital Healthcare Research Institute 	<ul style="list-style-type: none"> Improve medication reconciliation at discharge Measure first-time emergency department visits for mental health and addictions-related care 	Process/Systems <ul style="list-style-type: none"> Sensitivity to operations 	<ul style="list-style-type: none"> Continue physician's electronic med rec education and training Consistently refer discharged ED/EPU patients to ARCS Develop and implement care plans in collaboration with ED for high repeat users Continue collaboration with Runnymede Integrate Healix with Command Centre and complete HRH preparation activities Develop timelines and complete requirements to launch the Family Medicine Teaching Unit Complete affiliation with TAHSN and integrate associated policies Formalize a medical fellowship program and expand additional clinical services Establish a REB and define the governance structure Prepare to complete a qualitative research study to show impact of the Command Centre 	<ul style="list-style-type: none"> 81% of patients to have medications reconciled at time of discharge 100% new ED mental health patients referred to ARCS 27% of ED visits as first point of contact for mental health and addictions-related care Integrate a Patient Manager tile with OHT community partners currently engaged in MH and COPD clinical pathways by March 31, 2023 Launch the Family Medicine Teaching Unit by March 31, 2023 Accept residents to the Family Medicine Teaching Unit by Q2 FY2023/24 Signing of the TAHSN contract and adoption of the associated policies by December 31, 2022 Formalize a medical fellowship program and add two additional clinical services by March 31, 2023 Establish the REB and define the governance structure by September 30, 2022 Launch the Research Institute by October 1, 2023
Patient-Centered/Equitable People 	<ul style="list-style-type: none"> Foster a culture of engagement and inclusivity to make a positive difference every day 	<ul style="list-style-type: none"> Champion a people-centered workplace with excellent staff and physician engagement and experience Develop and implement an Equity, Diversity and Inclusivity Program 	<ul style="list-style-type: none"> Improve patient experience 	Direct Care/Service <ul style="list-style-type: none"> Staff / physician / patient engagement Deference to expertise 	<ul style="list-style-type: none"> Monitor PDCC and provide specific performance and patient feedback to respective departments Continue involvement of patients and family members in decision-making and treatment options Track the number of lost days due to illness/injury related to the workplace and immediate provision of modified work based on standard restrictions coupled with a Safe Return to Work program Continue providing annual safety de-escalation training for staff Continue N95 respirator fit testing for staff Promote staff and physician engagement using the 2022 Corporate Engagement Survey Prioritize a corporate employee & physician wellness initiative Promote a culture of patient safety Establish an EDI advisory committee Prepare for implementation of the organizational strategic plan 2023–2025 	<ul style="list-style-type: none"> 100% compliance of PDCC reports posted monthly 80% of patients and family members involved in decision-making and treatment options Less than 100 Lost Time incidents and more than 95% with offers for Modified Work 80% of staff complete the annual safety de-escalation training 85% of staff fit-tested for N95 respirator every 2 years Achieve participation rate of 73% for employees and 50% for physicians in the 2022 Corporate Engagement Survey In response to the Corporate Engagement Survey results, develop and implement engagement action plans by October 31, 2022 In response to the Accreditation Canadian Patient Safety Culture Survey results, develop and implement engagement action plans by October 31, 2022 Develop a corporate employee & physician wellness strategy and begin to implement approved initiatives by September 30, 2022 Develop and launch a new 3-year strategic plan by March 31, 2023 Launch an EDI advisory committee by March 31, 2023 Identify and implement one EDI initiative in alignment with TAHSN or Toronto Region EDI activities by March 31, 2023
Safe Quality 	<ul style="list-style-type: none"> Achieve excellence in patient care by being a high reliability hospital 	<ul style="list-style-type: none"> Achieve consistently high-quality, safe care and exceptional patient and family experience Continue to improve patient care through data driven analytics 	<ul style="list-style-type: none"> Reduce number of workplace violence incidents Improve communication at discharge 	Leadership <ul style="list-style-type: none"> Pre-occupation with failure Reluctance to simplify Commitment to resilience 	<ul style="list-style-type: none"> Increase workplace violence prevention awareness Increase safety measures by flagging violent patients Implement special indicator (violence) in outpatient areas Accreditation preparedness Improve quality and efficiency of operations in outpatient clinics by completing implementation of the e-referral and Care@Distance project Expand the data "lake" beyond MEDITECH Promote predictive analytics within HRH Continue enhancement of evidence based practices and adherence to RNAO's best practice guidelines 	<ul style="list-style-type: none"> Zero Never Events 100% of workplace violence analysed with a root cause analysis 100% reporting of flagged violent patients Less than 120 workplace violence incidents Continuation of implementation of special indicator (violence) in outpatient areas by March 31, 2023 Integrate one additional RNAO Best Practice Guidelines (BPG) by March 31, 2023 Achieve average target of 81.8% or greater for "Would you recommend this hospital" by March 31, 2023 More than 57.5% "Did you receive enough information at discharge?" 100% implementation of revised Corporate Accreditation Readiness plan by March 31, 2023 in preparation for Accreditation in October 2023 Expand the data "lake" beyond MEDITECH by March 31, 2023 Introduce predictive analytics in one area of application by March 31, 2023 Improve quality & efficiency of operations in outpatient clinics by continuing the implementation of the e-referral & RRQ project to meet Annual project timeline to achieve an overall target reduction of cost BU 20% over a 3 year period
Timely Service 	<ul style="list-style-type: none"> Achieve sustainable, responsive, and efficient growth and asset utilization 	<ul style="list-style-type: none"> Provide sustainable, financial security to enable the hospital to achieve organizational priorities Accelerate the momentum of sustainable innovation through spread and scale across local, provincial and global health systems Continue to shepherd the development of a long-term care facility 	<ul style="list-style-type: none"> Reduce ALC rate Improve number of discharge summaries sent to primary care providers within 48 hours of discharge 		<ul style="list-style-type: none"> Improve time to Physician Initial Assessment iPlan and CLHIN's Discharge Planning Pathway to manage ALC Improve the timeliness of discharge summaries Continue to meet construction timelines of the LTHC, establish a LTC corporation, and prepare for operations Complete development of a commissioning and transition plan for the LTC home Review factors contributing to HRH high Cost Per Weighted Case compared to MOH Expected Monitor and reduce acute length of stay Continue the redevelopment of the Finch Campus Assist OHT partners in achieving a level of cyber resilience consistent with HRH 	<ul style="list-style-type: none"> Reduce time (90p hours) to Physician Initial Assessment to 2 hours Review iPlan and discharge planning process to ensure alignment with the provincial definitions of ALC More than 80% discharge summaries sent at 48 hours Monthly creation/circulation of Physician Chart Completion Report from Health Records 100% target dates met in the commissioning and transition plan for the LTC home Develop cost containment strategies to reduce variance by 25% by March 31, 2023 25% reduction of acute length of stay by March 31, 2023 Seek approval from the Board to proceed with a Master Planning exercise for the Finch Campus by March 31, 2023 Deploy a Regional Security Operating Centre with an associated operating model and engage 35% of OHT partners by March 31, 2023