

PRHC Vision 2014

Engaging. Planning. Inspiring.



**Summary of PRHC Planning Retreat Break-Out
Session Notes from Saturday, May 7th, 2011**

PRHC Strategic Planning Retreat Break-out Session Summary

PRHC held a Strategic Planning Retreat on May 6th and 7th at Trent University with partner health care providers, agencies, and staff as part of its strategic planning process. In the Break-out sessions on Saturday the 7th, retreat participants were split into groups to discuss one of PRHC's ten draft Organization-Wide Goals. Break-out groups commented on 'what the goal means and should accomplish' and 'how the participants can contribute to helping PRHC achieve the goal'. Many of the desired outcomes articulated by the break-out groups were common across the strategic goals as listed below. The summary results of this engagement exercise are presented in the following pages by strategic goal and will be used to assist the PRHC Board, Senior Management Team and Programs to further refine PRHC's Strategic Goals.

Summary of Common Desired Outcomes

Maintaining a Patient Focus:

- Provide services as close to the home of the patient as possible
- Focus on patients from a population health perspective
- Better patient discharge strategies: smooth transition from PRHC to home – reduce readmits
- Focus on “customer service” voice: patients are customers

Developing Leadership Across the Organization

- Empower everyone at all levels to be a leader, work to overcome perceived hierarchy
- Leadership at every level in the organization

Collaborating to Support a Focus on Excellence

- Teamwork and collaboration; other staff knowing what each person does; well coordinated and aware of external roles.
- Interdisciplinary centres of excellence for the services that PRHC can excel at

Nurturing Community Relationships and Partnerships

- Level playing field with Hospital and partners; true partnerships with real recognition
- Strong regional partnerships
- Community Participation
- Community relationships can enhance programs to keep the community healthier

Ensuring Staff Can Succeed

- Staff who feel empowered to correct and address patient needs
- Appropriate time and resources provided for staff to succeed
- Positive staff - staff are satisfied, have high morale and are customer service oriented

ORGANIZATION-WIDE GOALS

A Strong Regional Centre: Collaborative Leadership

What Does the Goal Mean?

- Strong management; especially with a flat organization structure
- Building a health system in the NE Cluster that transcends individual organizations
 - Need to leverage Virtual potentials and have shared ownership of processes
- Focus on Clinical Leadership in the disciplines where PRHC can make a difference
- Home grown leadership starting with frontline staff in informal leadership roles
 - Leadership empowering the staff to provide the patient care and services
 - Ensuring all staff have the knowledge and skill to enable partnerships

Where Should PRHC Focus?

- Need to align focus of goals with LHIN goals ie. Geriatric Programs, Vascular Disease, ED wait times and leverage current regional programs ie. GAIN, Renal
 - GAIN clinic challenges: LHIN dictates standardize processes but must reflect specific needs of the NE Cluster
- Involve everyone in projects, bring them outside of their day jobs
- Creating a climate of trust both internally and externally

What are the Desired Outcomes?

- Provide services as close to the home of the patient as possible
- Champions at the bedside providing patient care
- Empower everyone at all levels to be a leader, work to overcome perceived hierarchy

In the Year 2014...

- Managers become mentors
- Level playing field with Hospital and partners, true partnership with real recognition
- Opening up the door to allow conversations related to the best way to deliver patient care, true patient service focus at all levels: frontline and even at board level
- Common administration, one regional board for NE Cluster and HR plan (ie. Nursing union for the NE cluster)
- Common agreement on the best way to meet local needs
- Look at outcomes from the perspective of the NE cluster population health

How Can We Work Together?

- Improve communication with partners (ie. when posting information ensure partners are notified)
- Flowchart visual depiction of how things fit together
- Build trusting relationships to support effective regional planning

Where does PRHC Needs Support and Help

- Initiate Performance Summits for partners in the NE Cluster
- Create a dashboard to look at the performance of the System from a population health perspective – basis for planning and collaboration

How Can Staff and Stakeholders Help/ Participate?

- Create a template to monitor and understand patient transfers to other facilities and community
- Need vehicles to facilitate human interaction across the NE cluster

What Are The Critical Success Factors?

- Need to take the risk of asking others how are we doing accept the input and go forward and make the changes
- Need to be inclusive in planning before PRHC makes decisions/changes

ORGANIZATION-WIDE GOALS

A Strong Regional Centre: Centers of Excellence

What Does the Goal Mean?

- Establish clear areas of focus - can't be everything to all
 - Establish interdisciplinary teams
 - Build it, communicate it, measure by market share
- Episodes of care can be excellent but excellence requires coordination and consistency
 - Move from community based to regional
- Identify and articulate strengths (branding and reputation with clinicians and patients)
- Consider how access plays a role
- Partner with medical school

Where Should PRHC Focus?

- Consider building Cancer Care, Geriatrics, Adolescent Mental Health, Angiography/Vascular, Interventional Radiology
- Centres of Excellence as part of establishing regional programs
 - Partner for success

What are the Desired Outcomes?

- Focus on Patients
- Inter-professional Respect
- Core Competencies

How Can We Work Together?

- Look at LHIN data, identify and address gaps
- Identify all partners and develop trust with partner hospitals
 - Bring in oncologists from Durham- example of bringing the expertise- then can recruit your own specialists
- Need creativity and program level leaders
- Try to decentralize care as long as services can be delivered with competency- this is important for geriatric care- accessibility
- Closer to home for geriatrics- telehealth etc to improve access to expertise

Where does PRHC Needs Support and Help?

- Have to be able to measure the results to see if we are doing it right
 - Need to find the data and the data has to be accurate
 - Need to ask for the best measure not just what is available

Summary of PRHC Planning Retreat Break-Out Session Notes From Saturday, May 7th, 2011

- Need executive sponsors (talking money) geriatrics, oncology, intervention radiology, adolescent MH

How Can Staff and Stakeholders Help/ Participate?

- Community advisory committees reinstate them and also expand beyond just Peterborough

What Are The Critical Success Factors?

- Need to be on the radar of the LHIN and have geriatrics as a high priority need
 - Teams to travel out to where the need is; not the geriatric patient having to travel to us
- Building volumes from elsewhere – tertiary care
- Revenue streams- is there a business case - need to look at alternate funding

ORGANIZATION-WIDE GOALS

A Strong Regional Centre: Coordination and Integration

What Does the Goal Mean?

- High quality care across the Region
 - Consistent standards across continuum of care – good care anywhere you go
- Seamlessness - Good transitioning between all the players
 - Don't duplicate services provided by outside providers
- Clarifying roles and responsibilities of the partners
 - Need an accountable "Integration VP"
- Willingness to communicate and develop partnerships
- Recognition of the LHIN being a purchaser versus a funder

Where Should PRHC Focus?

- Take lead as regional centre to mend fractured relationships – build trust
 - Leadership out in the community more
- Understanding of where and when to refer patients and where to refer them to
 - Better use of all services

What are the Desired Outcomes?

- Good integration of programs and systems within the hospital
- Need to have all the appropriate players in the room – determination of how to distribute the money
 - Stronger partnerships with external partners
 - Cultural change – ability to see opportunities for integration – no threats – encouraged to integrate
- Integration of EMR/eHealth solutions across region

What are the Progress and Success Measures?

- Patient focus – referrals versus waiting for care
- Increased trust – relationships at leadership levels

How Can We Work Together?

- Work with partners – how to address metrics on dashboard
 - Equal partnership roles
- Rewarded by LHIN for integration and coordination
- Objective assessment of population needs
- See fewer free standing services

ORGANIZATION-WIDE GOALS

High Quality Patient Care: Health Outcomes

What Does the Goal Mean?

- More than just outputs, improving the whole patient experience
 - The treatment patients receive results in the best possible outcomes
- Need to consider the aspiration, needs and meeting regional expectations

Where Should PRHC Focus?

- Resources to reach critical mass, set up to meet the needs of Peterborough
- Have the support to help regionally - how can we serve the 300,000 and support our regional partners?
- Create a tool or model for patient and/or family care plans

What are the Desired Outcomes?

- Smooth transition from PRHC to home – reduce readmits
- Making the experience comfortable and accepting different life styles choices
 - Bridge the difference between lifestyle and understanding of healthy lifestyle when determining health care plan, meeting the health needs and explanations of expectations
- Having the right resources available to handle the issue(s) presented
 - Correct coverage all the time

What are the Progress and Success Measures?

- Access to care measures,
- Provide top quality of care for the needs required for the services we provide for the region
- Measure the hand off of care to regional partners
 - Need to build trust among different facilities, look at the impact on other partners when receiving the patient

How Can We Work Together?

- Development of advisory councils – external partners, patient, community
- Invite broader planning groups
- Team base approach – multi-disciplinary approach – extend beyond the hospital
- Early adopter of best practices to provide the best possible outcome
- Integration of care from the patients view with the use of coordinator

Where does PRHC Needs Support and Help?

- Having the information available in plain language for the public

Summary of PRHC Planning Retreat Break-Out Session Notes From Saturday, May 7th, 2011

- Need to develop trust with the low level data before providing high level of knowledge
 - Provide measure of the outcomes to external partners
- Need to involve the external partners in helping to provide the best possible outcomes
 - Have clinical service plan for 300,000 with external partners assistance

How Can Staff and Stakeholders Help/ Participate?

- Provide satellite care with a multi disciplinary team
- Utilizing community base care
- Support evidence-based treatments that enable the best possible health outcomes

What Are The Critical Success Factors?

- Meeting the needs of the patient where the needs are not already met in the region

How will Patients, Partners and Staff Experience the Changes?

- Patient not falling through the crack if we all took responsibility for the care of the patient
- Patient feeling reassured that they are fully taken care of from all care provided
- The entire family feeling included in the coordination of care

Other?

- Looks provincially then looks for PRHC information
- Type of information wanted by the public – patient chart accessibility
- Need culture change with all involved parties

ORGANIZATION-WIDE GOALS

High Quality Patient Care: Patient Experience

What Does the Goal Mean?

- Addressing the patient experience at all levels - Includes care in the hospital as well as care for the patient waiting for a bed
- Clarity throughout the patient experience
 - Clear communication with the patient and families throughout stay and upon discharge
- Acknowledgment that we are a service industry
- Patient experience highly dependent on the staff experience
- Optimize outpatient clinics giving control back to the patient

Where Should PRHC Focus?

- Consistent messages
- Concentrate on PRHC being a great place to work and the rest will come
 - Education of staff to ensure best practice
- Give some control to patients
- Discharge patients with a plan
- Create a robust feedback system for patients, possible before discharge
- Improve access to information for patients and family and leverage technology for health care education

What are the Desired Outcomes?

- Meeting the needs and expectations of the patient
- Respect and compassion and dignity
- Improved Communication
- Improved patient experience will impact the culture among staff driving high quality care

What are the Progress and Success Measures?

- Improved patient satisfaction and health outcome measures
- Better connectivity to outside services

In the Year 2014...

- Better patient discharge strategies
- Better connectivity to outside services
- Staff who feel empowered to correct and address patient needs
- Shared care – patient is a patient of the hospital not just a particular program

How Can We Work Together?

- Improve access to information for patients so they know the best/appropriate place to go for their care
- Holding ourselves accountable instead of passing the buck - we are shared care

Where does PRHC Needs Support and Help?

- Know who are partners are and build relationships with them
- Increase the number of patient navigators
- Be more explicit in patient and family centered care

What Are The Critical Success Factors?

- Reduce patient handoffs
- Do not over commit and under deliver - be realistic in what when can achieve
- Have the proper tools to empower staff
- When developing solutions all players need to be at the table
 - Identify the journey and plan accordingly
- Share our success stories

ORGANIZATION-WIDE GOALS

High Quality Patient Care: Access

What Does the Goal Mean?

- No Waiting: in Emergency, in Outpatient clinics, Centralized Patient Scheduling could assist
- Cost analysis should be done with our outpatients services (increase revenue) versus other community outpatient services to consider reducing parking costs
- Patient registration and orientation
 - Registration kiosks in the main entrance, reduce time in lines for registrations, provide instructions to find kiosks (enter designations and printing of the map)
 - Have someone in Emergency to answer questions, help the patients/families find their way, personal touch would go a long way.
 - If front desk cannot be staffed 24/7, have an intercom to improve access with information
- Break down silos to improve access within departments, community partners.

Where Should PRHC Focus?

- More Seniors friendly
- Build customer service culture
 - Focusing on building on culture of welcoming people in the building “the Disney welcome”

What are the Desired Outcomes?

- Every professional to become educated and work with best practices for our identified populations (hearing impaired, dementia patients, blind patients, etc)
- Looking at the patient as a whole to place them in areas of need (rehab services, etc)

In the Year 2014...

- Positive article in the Examiner, good responses to Patient Picker survey
- Zero orphan patients
- Walk-In clinics in the community
- Working capital to advance capital projects
- Patients in the hospital have a ‘bedside helper’ during their stay who acts as a ‘dawn to dusk’ family member, no restricted visiting hours
- Hospital Elder Life Program is instituted at PRHC

How Can We Work Together?

- Upgrading the interface between Hospital and Family Health Teams, Specialists, etc...

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- Care plans between Hospital, retirement homes, LTCH, CCAC
- Improve people's awareness to refer patients to outside organizations that would help
- Organizations to work together to improve credentialing of physicians

Where does PRHC Needs Support and Help?

- Need technology to effectively support staff
- Dementia support - patients with dementia need a different support system
- Patient advocate/navigator of the health system
- Retail space to assist patients ie. wheelchairs, walkers, etc
- Start the conversation early about end of life decisions - start in the community before the crisis occurs

How Can Staff and Stakeholders Help/ Participate?

- Service coordination agreements between organizations
 - On discharge to set appointments with family health teams, specialists, diabetic outpatient clinic.....
- Advisory councils developed between services (internal and external)
- Flagging of issues and putting in place a standardized approach across the community

Other?

- We need to look outside of health care for improvements ie. Hotels, Disney, etc
Subsidized income from advertising, ie. in parking lots, hospital corridors ie. Sick kids
- Let people know how much tests and consultations cost
- Process and paper work standardization for all service providers across the LHIN - same paper work and referral patterns within hospitals, CCAC.
- Renewed focus on the OTN network between PRHC and external partners

ORGANIZATION-WIDE GOALS

High Quality Patient Care: Safety

What Does the Goal Mean?

- Embed safety and quality in everything we do
 - All day everyday in everything we do, where ever we work in all capacities
- Culture of maintenance of competence and expectations – start with medical staff
 - Culture of zero incidents – eg nosocomial infections
- Safety is built in – process driven & designed in from the beginning, not a ‘safety’ person to take it on, it is built in from the start
- Define expectations

Where Should PRHC Focus?

- Process should be a focus - LEAN forces addressing process
- Infection control
- Establish protocol for flagging unsafe conditions
- Communication & education
 - When we do make a change that provides a positive change we need to promote ourselves & our good news stories better
- Courage (or time) to follow the embedded process & not make due diligence a chore

What are the Desired Outcomes?

- Make safety as automatic as safety switch on piece of equipment
 - Safe reliable equipment available for use where we need it when we need it – eg wheelchair
- Quality care, patient & staff safety delivered in a healthy workplace
- Do we narrow the focus somehow ie. we are the safest hospital to receive medications, prevent falls
- Are we ‘striving towards’ this & a staff are allowed to ‘stop the line’ if they feel it is unsafe

In the Year 2014...

- PRHC is branded as ‘safest’
- PRHC is a place that people want to come to for care
- People in rehab have safe equipment (evidence)

How Can We Work Together?

- Have very specific goals to support the process ie. medication administration
- Marketing/Branding - Apply for & win awards re: safety
- Regular media & press re our positives & good moments ie. opening new courtyard

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- Community ambassadors
- College can help with learning & teaching for PRHC

Where does PRHC Needs Support and Help?

- Communication is key – opinions are based on perceptions
- Need to incorporate post discharge of care – continuum of care outside of hospital - care maps that move beyond hospital doors & include partners
- Outcomes measurement - try to focus on how many times outcomes go right versus how many times they go wrong
- Conduct a targeted review to remove narcotics and benzodiazepines from the order sets. Another option is to have alerts identifying sensitivities with aging patients.

What Are The Critical Success Factors?

- Education is key – forcing functions that require us to be ‘safe’
- Evaluation is very important and not always done well
 - Ability to report and respond to a failure when safety is potentially at risk
- Invest in process that makes safety automatic
- Invest in basics ie. wheelchairs & preventive maintenance for safety re equipment

How will Patients, Partners and Staff Experience the Changes?

- Patient – shouldn’t even see it as an issue – they should not be hearing poor stories – expect a safe environment – number of complaints will decrease
- Sidebar: Bariatric safety issue – side issue but needs perhaps a deep dive – related to care that includes community partners – rehab & ob & surgery
- Medical staff have no documentation if they have gone off track – re: safety or off care map for example
- Need a way to do deal with near misses more quickly

ORGANIZATION-WIDE GOALS

A Great Place to Work: ~~Earning Trust~~ Build Trusting Relationships

What Does the Goal Mean?

- Earning Trust through support, credibility, rewards and reciprocal relationships
- Nurture external involvement: audience is largely external, weight on community, patients, families – able to acknowledge and provide accountable service
 - Hard to develop trust in community if only have a few links - should see PRHC everywhere based on size of organization
- Play a role in coordinating interaction- at least play a part for existing programs

Where Should PRHC Focus?

- Community Development: work on giving back to the community
- Collaborating with Municipality so individuals have an alternate access point
- Promotion of Partnerships: building communication goals, profile, and increasing openness in support
- Morale of hosp staff is important to quality of care and community perception

What are the Desired Outcomes?

- Community Participation

What are the Progress and Success Measures?

- Create Utilization and Management Program: outputs of care to outcome of care, work flow across the journey
- Hand off: based on relationships, follow up services and education for hospital staff

In the Year 2014...

- Listed as a Top 25 Organization: Teamwork and Collaboration; Other staff knowing what each person does; well coordinated and aware of external roles.
- The hospital is not the center of the universe, but a community member with a variety of services available. Filling mandate, as a part of the continuum.
- Municipalities are responsible for funding health units, needs to be close and vibrant relationship between hospital and health unit
- Community relationships can enhance programs to keep the community healthier rather than focus on reparative healthcare
- Sometimes difficult to find the “customer service” voice: patients are customers
- Large disconnect between GPs and hospital - need to re-introduce physician privileges
- Board members need to be advocates for the hospital rather than limit community connections to the CEO

How Can We Work Together?

- CEO & MD Leaders – regular attendance at municipal council –at least annually
 - Leadership needs to support their role in community leadership
- Listening forums - use existing structural committees – populated with PRHC leaders
- Reciprocal relationships on boards - promote partnerships
 - Needs to be strategic and part of bigger plan, with broader regional relationships
- Focus groups - Program advisory council – focused and purposeful – time limited
- Task force or workshop approach – to resolve specific issues

Where does PRHC Needs Support and Help?

- Community agencies need to extend invitation to PRHC for participation
- Patient handoffs between organizations need to be improved – don't say "You are discharged," but rather make sure they are going to the next step
- Education about other agency opportunities
- Expand the Utilization Management processes beyond the doors of the hospital and make them regional

How Can Staff and Stakeholders Help/ Participate?

- The words that staff use..."Is someone coming for you?" "Do you have a place to go?"
- Continue to promote partnerships such as CCAC for discharge planning
- Introduce/ensure formal information protocols can get past FOI barriers in particular
- Need regular tables for resolving problematic situations – small tables

What Are The Critical Success Factors?

- Add community development department to the communications function with a focus on building relationships!
- Early engagement of patient who are afraid/needs help in demystifying the experience

How will Patients, Partners and Staff Experience the Changes?

- Create link with patients – ie Card from Hospital with info about patient
- Introduce patient welcoming functionality – ie card swipe when patient enters, provide patient with map and alert clinic to their presence in the building

Other?

- Job Description and Performance Appraisal to include community expectations/relations
- Focus on longitudinal patient record rather than episodic
- Need to understand the expectation of the logical sharing of the information relative to the patient journey
- Nurture existing and build new relationships - reword goal - ie Build Trusting Relationships

ORGANIZATION-WIDE GOALS

A Great Place to Work: Value our People

What Does the Goal Mean?

- Apply our skills and talents and take care of people to the fullest
 - Feel supported through re-organization. EAP reflects mostly home-life issues
- How does change affect workload, what can we do to support staff through this?
- Voice gets smaller and smaller, people feel undervalued. What is the countermeasure?
- Need clear methods for raising concerns

Where Should PRHC Focus?

- Structure where people can be involved and concerns can be expressed
- Need to focus on culture (interactions between humans)
 - Culture of conflict needs to be broken - focus on the positive to build a positive culture and mutual respect. Healthy hospital group will help this.
- Nurturing leaders, education and empowerment
 - Ensuring that commitment to change and improvement are followed through
- Acknowledgement of staff and physician stresses - integrate into management system

What are the Desired Outcomes?

- Strong team and sense of community, between departments and units. [Everyone feels as if their ideas are heard, not necessarily accepted, but allowed to have input]
- Staff members feel that their work is important, is affecting change
 - Want our work experience to be a positive one
 - Respected, valued, not put-down, not next to get walked out the door
- Hierarchical mgmt structure linked to staff satisfaction - need 100-1000 leaders, not one

What are the Progress and Success Measures?

- Staff and physician satisfaction data, absenteeism indicators, other HR data
- People understand that the work they do has an impact on the experience of the patient
- Critical that staff have performance appraisals that give an opportunity to look back at performance and forward to career goals - succession planning
- Staff feel like they WANT to go to work, not feeling regularly overworked
 - The feeling that we are covered, someone has our back - Can safely ask for help

In the Year 2014...

- Appropriate time and resources provided for staff to succeed
- Top-down fair treatment for everyone
- Better communication from top-down

How Can We Work Together?

- Integrate GPs into the system
- Build informal systems for team building - create informal relationships, without letting patronage take root, and maintaining a level of professionalism
- Build mutual understanding about people roles
 - Peer-to-peer maintenance of professionalism; clear communication to new hires of our expectations of professionalism
- Evaluate the effectiveness of education, new technologies - make sure that we maintain new technologies and procedures
- Built in sustainability to changes and continuous improvement

Where does PRHC Needs Support and Help

- Education to support sustainable and acceptable use of technology
- Educating the public about levels of expectations (too high)
- Education to staff members, potential of community partners harnessed to develop staff
 - Capital investment into education should resume as we pull ourselves out of a deficit position
- Put in mechanisms/structures to receive input from staff and community members, cannot become a political process

How Can Staff and Stakeholders Help/ Participate?

- Staff and leaders should nurture staff from the top down to maintain professionalism
- Staff need a real goal to strive for
- Job one is to develop leaders and build capacity within the organization
 - Every staff member needs an opportunity to lead, aside from the basic functions
 - Instill a sense of leadership stability, as well as succession planning
- Structure that supports performance appraisals to discuss and plan future goals

What Are The Critical Success Factors?

- Ability for PRHC to re-evaluate its changes
- Stability in leadership - succession planning
- Critical that staff have the ability to undergo performance appraisals that give an opportunity to look back at performance and forward to career goals

How Will Patients, Partners & Staff Experience the Change?

- Staff will feel valued, that they have career goals to strive towards
- Patients will get the experience of a more professional staff
- A sense of stability will be instilled in staff

ORGANIZATION-WIDE GOALS

A Great Place to Work: High Performance Culture

What Does the Goal Mean?

- Earning Trust through support, credibility, rewards and reciprocal relationships
- High morale
- Right people doing the right job with the right resources
- Clarifying expectations of the management culture/strategy PRHC wants to have
- Recognizing our management and supporting them to be effective in their roles

Where Should PRHC Focus?

- Hospital wide commitment
- Strong leadership at all levels
- Engaged public
- Caring for patients and the Peterborough community and being proud of it
- Focus on encouragement of staff, earn their trust, staff acknowledgement
- Invest in the training and development of staff so that they are fulfilled
- Need to add a “supportive” culture – need to slow it down

What are the Desired Outcomes?

- Positive staff - staff are customer service oriented
- Valuing people and earning trust
 - Outcomes – positive – hire high performing people
 - Take care of the people who are left
- Metrics that reflect patient satisfaction, customer service
- Centre of excellence for services we can excel at
- Leadership at every level - meet across the organization
- Expectations – high expectation of themselves

What are the Progress and Success Measures?

- Patient satisfaction metrics
- Use evidence to drive performance
- Need to have some measures that are fun

In the Year 2014...

- Center of excellence – focus on what we are good at
- Strong regional partnerships
- Cross departmental connectivity through management support – mechanisms/forums to allow managers to connect to and support each other

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- Customer service culture for staff and patients and external partners
- Innovation & capacity to innovate
- Welcoming atmosphere at every level

How Can We Work Together?

- Creating awareness and linkages between the hospital and community partners
 - Being aware of what services are available in the hospital and the community & understanding roles/accountabilities of hospital & community
 - Building an atmosphere of shared trust: Breaking down the silos between hospital programs and community programs
- Seeking community input and feedback in the planning - on- going engagement at the program level with community partners
- Program Councils should be created with community partner involvement
- Advisory committees with community members to guide specific programs

How Can Staff and Stakeholders Help/ Participate?

- Create a “we culture”
- Staff have to feel encouraged will be engaged to drive the change
- Earn trust of the staff - management is there to support the staff

What Are The Critical Success Factors?

- Measure:
 - Identify and reward good behaviour
 - Internal and external customers satisfaction

How Will Patients, Partners & Staff Experience the Change?

- Our partners support us & feel engaged
- Positive staff, physician, patient, community partner satisfaction
- Strong partnership with family physicians through joint planning
- Physician strategy is a must so that we can retain them
 - Physicians need to be integrated into the hospital teams and across the continuum, they are not stand alone units
- Staff need to see the value added to working in the hospital
- Better IT tools to enable work
- Orientation package to the hospital that outlines the customer culture from the start, including expectations of ongoing training, celebrating each other
- Focusing on key metrics that can drive positive change
- Having the right leadership model, clear management expectations, customer focused approach
- Together with community providing opportunity for engagement and joint planning