

## Services de santé de Chapleau Health Services Planning for Our Future

### Our Commitment to You

We are committed to providing safe, high quality and effective health care for the residents of Chapleau and District.

We will make sure that we stay focused where we should be by regularly communicating with you and engaging you.

We will ensure that our operations are sustainable, so that the services you need remain available for years to come.

And we will collaborate with our partners in health care and social services to ensure that the services that we provide to you are coordinated and to ensure that your experience meets your expectations.

### The Process of Planning

In June, 2016, the Board of Directors began the process of strategic planning by engaging people in conversation - French and English speaking residents, people of First Nations, Board members and employees, physicians and other health service providers. They were asked to tell us about the key challenges and opportunities that they saw. They were asked what we do well and what we can do better. They were asked about services that we need more of, and they were asked about services that don't exist in our community and that they need. We thank everyone who shared their thoughts so generously in support of developing this strategic plan.

In July, the Board of Directors reviewed what people said in answer to these questions. They also reviewed information about our health care and planning environment, including the priorities of the Ministry and the North East Local Health Integration Network. We looked at local demographics, and the health conditions and health behaviours of the people we serve. We also looked at our organization, including relevant indicators relating to human resources, corporate performance, service volumes, quality and patient satisfaction.

Based on all of this information, we developed a list of the organization's strengths and weaknesses, and another list of the opportunities and challenges created by outside forces.

Services de santé de Chapleau Health Services has developed this strategic plan to serve as a touchstone to the choices we will make and the actions that we will take over the next four years.

To develop this plan, we talked to the people who use our services. We also listened to our employees, managers and Board members, physicians and people from other health service organizations. Through this experience, we learned about a number of key challenges that our organization will face over the next few years.

## Challenges and Opportunities

### The Challenge: An Aging and Declining Population

The population of the Township of Chapleau decreased by 25% from 2001 to 2011.<sup>1</sup> At the same time, the people who choose to remain here are getting older. In 2011, the median age of local residents was 44.5 years, compared to 40.4 years for the average Ontarian. Fifteen percent of local residents are over the age of 65 years, with another 15% between the ages of 55 and 64. Assuming that current trends continue, by 2021 one in every three local residents will be over the age of 65 years.

Generally, as people age they require more health services, usually as a result of chronic diseases like diabetes and heart disease.

The aging demographic also has an impact on our workforce. Currently, 21% of our employees are 55 years of age or older. Many of them are eligible to begin collecting pensions and potentially are able to leave employment to begin enjoying retirement. Assuming that all of these employees remain at work for another five years, at the end of this time 30% of our staff will be 55 years or older.

*Complex patients represent up to five per cent of Ontario's population, but use two-thirds of the health care budget. Patients with complex conditions include seniors, those with multiple chronic diseases, and those with mental illness and addictions.*

*Source: Ministry of Health and Long Term Care,  
December 2012*

As retiring employees leave, we will be challenged to replace them and to address the loss of organizational knowledge and memory that they will take with them when they go.

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<sup>1</sup> The timing of the release of information from Statistics Canada means that demographic data was only available to the year 2011 at the time of the publication of this document.

## The Challenge: Fiscal Restraint

Our government is challenged to fund the public services that we rely on to a greater degree now than ever before. In 2015-2016, Ontario incurred a \$5.7 billion deficit, resulting in total accumulated provincial debt of \$308 billion. A budget deficit of almost this much again is forecast for 2016-2017.

Health care currently accounts for 39% of program spending incurred by the Ontario government, with one-third of this \$52 billion total used to fund hospital operations.

In an effort to minimize deficits and pay off our provincial debt, the historical rate of increase in health spending overall has been flat-lined for the past four years. In 2016-2017, Ontario's hospitals received a 1% funding increase.

Over the past three years, Ministry funding to Services de santé de Chapleau Health Services has increased by an average of less than 2% per year. The organization has struggled with deficits throughout these years, with some as high at \$500 thousand.

Reflecting these cost pressures and the desires of Ontario residents, the Ontario Ministry of Health and Long Term Care has committed to a plan called Patients First. This plan focuses on four key areas:

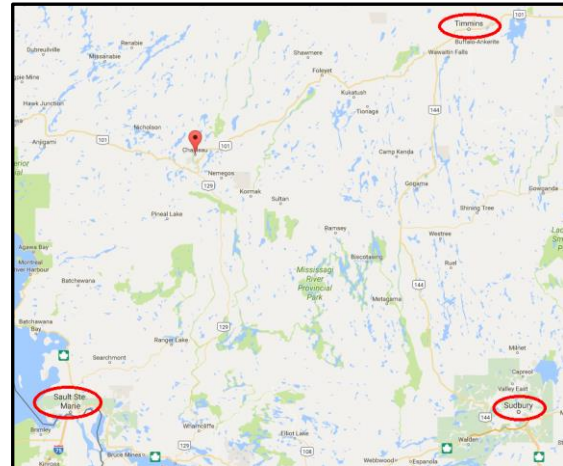
- Improving access
- Connecting services
- Informing people and patients
- Protecting the universal public health care system

The first point reflects a commitment by the Ministry to provide faster access to the right care. The second point speaks to better coordinating and integrating care in the community and closer to home. This continues the transformation of the health care system to move care from higher cost centres (hospitals) to lower cost centres (the community) whenever this can be done safely and with similar results. Even though the demand for hospital services has never been greater and will grow as we all age, funding for these services will continue to be restricted, and expectations will increase for organizations to work more closely together.

## The Challenge: Geographic Location

The residents of the Township of Chapleau are part of the 14% of Ontarians who live in locations considered to be rural, remote or northern communities. Chapleau is both rural and northern, although it is not considered to be remote because it does have year-round road access and does not rely on other means of transportation to reach a larger centre.

It takes two hours, in good weather, to drive to Timmins (population 43,000), almost four hours to drive south to Sault Ste. Marie (population 75,000), and five hours to reach Greater Sudbury (population 160,000). This is where the next level of hospital services is located, along with the specialists associated with them. It's also where a person goes to link with air transportation to other places in Ontario and beyond. The colleges and universities that education and train the nursing and professional staff, and the medical staff, that work with us are located in these centres as well.



The small size of our community, as well as its distance from larger centres makes recruitment and retention of nursing, professional and medical staff a challenge. It creates cost inefficiencies, through the relatively higher cost needed to serve smaller numbers of people. There are fewer community based services available, including spaces for assisted living. There are also fewer resources available to serve local people, meaning that they have fewer service options and less choice. This makes the role that we play and the services that we offer even more important.

## The Opportunity: Greater Coordination with Others

In Chapleau and District, we already benefit from coordination of services across service sectors. Hospital care, long-term care, community mental health and addictions, subsidized housing. These services are typically offered by separate organizations in other locations. Here, they are all offered by Services de santé de Chapleau Health Services.

There are also benefits to having fewer partner organizations than larger urban centres. Here, there is one Family Health Team, including three of the four area physicians are associated. There are another six organizations serving local Aboriginal people.

We can work more closely with these health service partners to better coordinate the services that we provide, and to share knowledge and even human resources. As a result, we should be

able to serve you better. There should be fewer gaps and overlaps in service. We should also be able to offer more attractive employment opportunities. We can all work together to bring new services to the area.

Looking beyond the health sector, by engaging with organizations in the municipal sector, education, and industry, we can better understand their needs and challenges, and share ours with them, so that we can collectively look for opportunities that can only be found through these broader partnerships.

We will all be working together to better serve everyone.

## **Our Four Year Strategic Plan: 2017-2020**

As part of the strategic planning process, we reviewed our statements of Vision, Mission and Values, to see whether they were still relevant, and we made changes to them. We also chose three Strategic Directions that we thought would best guide us to achieve our vision.

Collectively, the statements of Vision, Mission and Values, and these three Strategic Directions form a plan that will guide the actions of Services de santé de Chapleau Health Services' Board of Directors and employees from now through to 2020.

### **Vision Statement**

**A sustainable isolated rural health care hub  
focused on safe, quality, effective, patient centred care.**

By achieving this vision, we will provide the best care and service possible for the people who rely on us.

The Mission Statement defines what the organization exists to do in the present day. It is the foundation upon which strategic planning occurs.

### **Mission Statement**

**A rural integrated health care model  
providing a full spectrum of services in English and French.**

This Mission Statement reflects our commitment to serve the community in both official languages. It also demonstrates the work that has been done to date to go beyond the walls of a conventional hospital to support you with the community-based health and home support services that you need.

The choices that we make in selecting actions to move us closer to achieving our vision are defined by our values and beliefs. These are documented as our Statement of Values:

## Statement of Values

- ▶ **Engagement** – We will engage clients, patients, staff, partners and stakeholders in our decision-making process.
- ▶ **Inclusiveness** – We will respect the promotion of social inclusion, individual choice, independence, dignity and individual rights.
- ▶ **Integrity** – We say what we mean and we mean what we say.
- ▶ **Compassion** – We show concern and care for others in all that we do, and are especially mindful of the needs of our elders.
- ▶ **Health and Safety** – We care about the health and safety of patients, clients and employees.

The diagram included below represents some of the key elements of the Strategic Plan and how they work together in support of fulfilling our Mission.



The background represents all of the people that SSCHS serves. The apex of the triangle shows the vision that we are working to achieve. We move toward this vision by choosing and moving in Strategic Directions – broad statements of the general direction in which we intend to go. To move in these directions, we create increasingly more detailed goals and objectives.



## Our Strategic Directions

Three Strategic Directions support achievement of our single Vision Statement:

- Ensure sustainable operations.
- Better coordinate services.
- Communicate with and engage everyone.

The people that we consulted with – French and English speaking residents, people of First Nations, Board members and employees, physicians and other health service providers – have led us to choose these directions.

These directions also align well with both the Ministry's Provincial Directives and the NE LHIN's priorities.



Thirteen goals support us in moving in these three directions.

### To ensure sustainable operations, we will:

- Resolve funding in relation to Long-Term Care.
- Reduce the interest associated with the Cedar Grove mortgage.
- Work with the Chapleau and District Family Health Team to more appropriately fund the services provided.
- Explore options for providing non-clinical services that will meet needs while saving money.
- Ensure the staff and physician resources needed to support the community.

### To better coordinate services, we will:

- Pursue further development and funding as a rural health hub.
- Clarify the agreed upon responsibility for service planning for Foleyet.
- Investigate re-implementation of outpatient Oncology Services.
- Investigate development of Dialysis Services.
- Explore whether we can establish more suitable accommodation for people who stay long-term in acute care beds.

**To inform and engage everyone, we will:**

- Communicate with the public to ensure that people know about our services and how to access them, and to engage them in relation to key decision and actions.
- Provide education to the people of Foleyet in relation to: the services available in Chapleau; the services that SSCHS is funded to provide through the Foleyet Nursing Station; and service utilization in relation to SSCHS services offered in Foleyet and Chapleau
- Communicate with employees and physicians to ensure that we share information that people need and receive their feedback about what we do.

SSCHS's CEO and Leadership Team will develop detailed action plans for each goal, and will monitor progress in relation to each of the operational goals. The Board of Directors and CEO will determine the milestones and indicators that will be used to monitor progress in relation to strategies priorities by the Board of Directors. Progress will be reported every three months.

This is the path that SSCHS will follow over the next four years in order to meet our commitments to you.

If you would like to read any of the information that supports our Strategic Plan, you will find it in the following Appendices:

- Appendix F            Goals for 2017 to 2020



## Appendix F – Goals for 2017 to 2020

### Direction: Ensure Sustainable Operations

Ref	Strategic or Operational Goal	Goal	When
D1.1	Strategic	Resolve funding in relation to Long-Term Care.	Priority
D1.2	Operational	Reduce the interest associated with the Cedar Grove mortgage.	Jan 2017
D1.3	Operational	Work with CDFHT to more appropriately fund the services provided.	2018
D1.4	Operational	Explore options for providing non-clinical services that will meet needs while saving money.	2018
D1.5	Operational	Ensure the staff and physician resources needed to support the community.	2018

### Direction: Better Coordinate Services

Ref	Strategic or Operational Goal	Goal	When
D2.1	Strategic	Rural Health Hub - Pursue further development (and funding) as a rural health hub.	Priority
D2.2	Operational	Clarify the agreed upon responsibility for service planning for Foleyet.	Nov 2017
D2.3	Strategic	Investigate re-implementation of outpatient Oncology Services.	Mar 2018
D2.4	Strategic	Investigate development of Dialysis Services.	Sep 2018
D2.5	Operational	Explore whether we can establish more suitable accommodation for people who stay long-term in acute care beds.	2018

### Direction: Inform and Engage Everyone

	Strategic or Operational Goal	Goal	When
D3.1	Operational	Communicate with the public to ensure that people know about our services and how to access them, and to engage them in relation to key decision and actions.	Feb 2017
D3.2	Operational	Provide education to the people of Foleyet in relation to: the services available in Chapleau; the services that SSCHS is funded to provide through the Foleyet Nursing Station; and service utilization in relation to SSCHS services offered in Foleyet and Chapleau.	Feb 2017
D3.3	Operational	Communicate with employees and physicians to ensure that we share information that people need and receive their feedback about what we do.	Apr 2017