



PRAIRIE MOUNTAIN HEALTH SANTÉ PRAIRIE MOUNTAIN

Strategic Plan 2016-2021

(EXTENDED UNTIL 2022)

A Roadmap to Health and Wellness for All



PRAIRIE MOUNTAIN HEALTH STRATEGIC PLAN 2016-2021

OVERVIEW

Established in 2012 through the amalgamation of Assiniboine, Brandon, and Parkland Regional Health Authorities, Prairie Mountain Health is responsible for delivery of health promotion, prevention, and care in the southwestern quadrant of Manitoba.

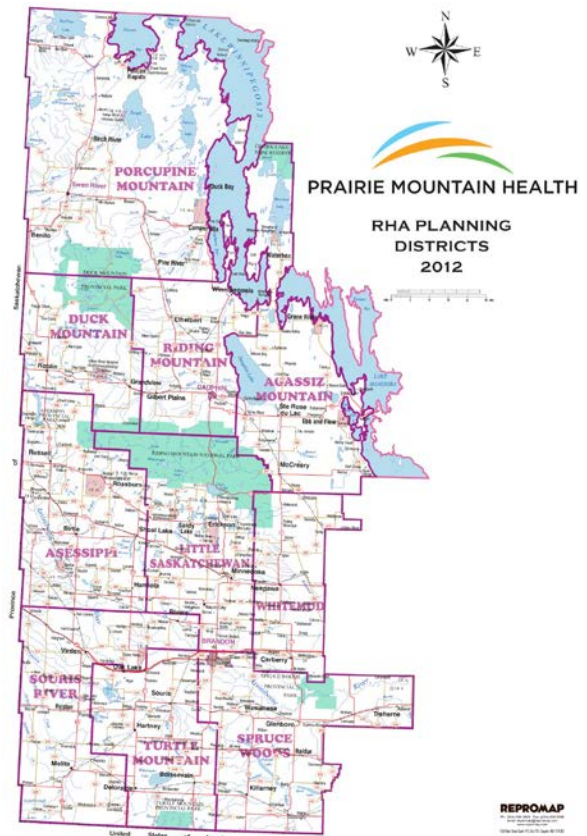
Prairie Mountain Health (PMH) spans an area from the 53rd parallel in the north to the United States border in the south and reaches from the Saskatchewan border across to the lakes and central Manitoba. We employ over 8,500 people through a network of health centres, personal care homes and community based services. We deliver acute care, long term and transitional care, rehabilitation and therapy services, mental health care, home care, public health and primary health care, emergency medical services. There are many other programs and departments that fall within and support these areas.

Encompassing parkland, prairies and urban trading centres, the Prairie Mountain Health region is growing in population and diversity. The population of PMH is over 167,000 residents. A substantial increase in the proportion of seniors in PMH is projected over the next 20 years. Prairie Mountain Health has one of the oldest populations in Manitoba, many of whom need more support than can be offered in the home. In recent years, delivery of health care has become more complex, with increasing acuity noted in many settings.

Within this large and thriving area, there are differences in health status across Prairie Mountain Health. While people in some areas are very healthy, social and economic circumstances negatively impact the health of others. Social and economic factors influence the composition of our communities. In some areas of the region, such as the South and Brandon, there are many newcomers, while in the North a high proportion of people are First Nation or Métis. The staff and resources of Prairie Mountain Health are intricately woven into the fabric of our communities.

Through the strategic planning process, a SWOT Analysis was completed with Board and leadership of PMH. A comprehensive Community Health Assessment, which included analysis of indicators, trends, and other information sources describing the health, burden of illness, and health care use of PMH residents also provided the groundwork for this process.

This Strategic Plan is the product of extensive consultation with teams in Prairie Mountain Health as well as the community health assessment process. As a result, the Board has been provided with a firm foundation upon which to shape the future of this new region.



OUR VISION, MISSION AND VALUES

VISION: Health And Wellness For All

MISSION: Together, we promote and improve the health of people in our region through the delivery of innovative and client-centered health care.

VALUES: Integrity, Accountability, Equity, Respect, Responsiveness, Engagement

Our values define what we believe in; what we stand for. They provide us with a common understanding of what's important and provide us with a framework for our actions.



Integrity

- Putting words into action
- Demonstrating ethical behavior
- Doing the right thing based on the PMH Ethical Framework
- Communicating honestly and transparently



Respect

- Earning the trust of our patients and co-workers
- Treating others with compassion and dignity
- Appreciating each other
- Demonstrating genuine caring and empathy in all we do
- Accepting of differences



Accountability

- Accepting and ensuring responsibility for our actions
- Demonstrating professionalism
- Ensuring our organization is fiscally accountable
- Maintaining transparency in all we do
- Supporting evaluation of our services



Responsiveness

- Being proactive, receptive and open-minded
- Responding to and planning for the needs of our patients, families and staff
- Supporting our patients and each other
- Promoting innovation and continuous improvement
- Improving safety and effectiveness of our services



Equity

- Being inclusive and fair
- Supporting improvements based on needs
- Working with partners to address disparities and social determinants of health



Engagement

- Involving community, clients and staff
- Listening to and considering ideas and concerns in decision-making
- Using a team approach in the work we do

ENVIRONMENTAL SCAN

2015 Community Health Assessment Results

Prairie Mountain Health is home to over 167,000 people, with a projected increase of 21% over the next 30 years. The most significant increase is projected to occur among residents aged 65 and over. An increase of this magnitude is expected to have a significant impact on demand for health services.

Prairie Mountain Health has the highest proportion of seniors (age 65 and older) in the province, which has significant implications for planning programs and services, and facility use. The proportion of PMH residents 75 years and older admitted to personal care homes was higher than the provincial average but decreased over time. Just over 13% of PMH residents 75+ were living in a personal care home. The lack of designated chronic care beds for clients whose needs exceed the capacity of personal care homes was noted, with acute care or transitional beds being the only alternative available.

Benzodiazepine use among residents age 75+ living in the community and in Personal Care Homes in PMH remains a cause for concern with rates significantly higher than the province. PMHs rate of hospitalizations due to unintentional falls were higher than Manitoba which supports the need for the regional falls prevention initiative that is currently underway.

Health Status is Improving for Some, But Not All

The health of PMH residents improved for some indicators of mortality, disease, and health conditions while others worsened.

Getting Better	Getting Worse
• Male life expectancy	• Total respiratory morbidity prevalence
• Premature mortality rate	• Diabetes prevalence
• Osteoporosis prevalence	• Hypertension prevalence
• Congestive heart failure prevalence	• Arthritis prevalence
• Heart attack rate	• Mood and anxiety disorder prevalence
• Stroke rate	

Inequities in health status exist across PMH, with some segments of the population experiencing a higher burden of illness. Health status of Prairie Mountain Health residents is largely driven by the social determinants of health, particularly income. There is a significant relationship between income inequities and the incidence/prevalence of mortality, diseases and health conditions. Some examples of the inequities in health status are:

- Cardiovascular disease is more prevalent among northern PMH residents. While there has been a significant decrease in the rate of strokes among PMH residents overall, the rates have remained high among residents in the North Zone. The proportion of residents living with ischemic heart disease in the North Zone is almost twice that of residents in the South and Brandon zones.

- Just over 10% of PMH residents are living with diabetes. The prevalence of diabetes and the rate of lower limb amputation for residents with diabetes were significantly higher than the provincial average for residents in the North Zone of PMH.
- The prevalence of substance abuse was significantly higher in the North and Brandon zones, and both the South and North zones experienced significant increases over time.
- The increase in total respiratory morbidity seemed to be largely driven by residents of the Brandon Zone where some districts reported rates which were double the provincial average.

Access to and use of Healthcare Services

There is variable utilization of primary health care services across the Prairie Mountain Health region; utilization is impacted by health status, comorbidity, income, and availability. Transportation to access services was identified as a challenge for residents in First Nation communities.

Supply and demand for primary health care remains an issue for PMH, highlighting the need to continue to focus on building capacity within the region. Ongoing staff shortages (EMS, nursing, therapy, diagnostic, etc.) and physician resources are a significant challenge for PMH, and recruitment initiatives continue to be a top priority. Many innovative primary health care initiatives are underway in PMH. Monitoring outcomes to determine impact on access, quality of care, and health status will provide the region with needed information for ongoing planning for program implementation and service delivery.

There are high numbers of mental health clients living in Brandon, Dauphin, and Swan River. Many of these clients are living in these communities in order to access the services and supports available. Access to safe, supportive housing is a challenge for clients of the Mental Health program.

Residents of Prairie Mountain Health received over 95% of their general and family practitioner visits within the region. Residents of Prairie Mountain Health received 64% of their visits to specialists within the region, and around 34% in Winnipeg. Provincially, Prairie Mountain Health residents had the second highest proportion of hospitalizations and hospital days in their home region at 81% and 90%, respectively.

Poorer access to primary care may lead to increased hospitalization. Hospitalization rates for ambulatory care sensitive conditions (ACSC) are strongly related to income and overall health status. Hospitalization rates for ACSC in Prairie Mountain Health decreased; however the rate was still significantly higher than the provincial average.

As with health status, inequities related to access and use of health care services were also seen across PMH, as shown by the following examples:

- Hospitalization rates for ambulatory care sensitive conditions for residents in the North Zone were almost double that of the other zones in PMH.
- Residents of the North Zone had significantly higher rates of hospital use and readmissions than other PMH residents.

- Residents of the South Zone of PMH had higher rates of hospitalization for waiting PCH placement compared to other PMH residents.
- A significantly higher proportion (almost a quarter) of pregnant women in the North Zone of PMH did not receive adequate prenatal care, which can place both the mother and infant at risk. This correlated with a significantly higher rate of antenatal hospitalization and infant hospital readmission in the North Zone. Among women in the North Zone of PMH the proportion of infants considered large for gestational age was significantly higher than the provincial average, while breastfeeding initiation rates were significantly lower.
- The North Zone and Brandon experienced significantly higher rates of pre and postnatal psychological distress and there was a high prevalence of maternal depression in the South Zone and Brandon.
- Alcohol consumption during pregnancy (significantly higher than the Manitoba average in the South zone and Brandon) and smoking during pregnancy (significantly higher in the North zone and Brandon) have the potential to lead to adverse outcomes for both the mother and child.

SWOT Analysis

	Helpful to achieving strategic priorities	Harmful to achieving strategic priorities
	Strengths	Weaknesses
Internal origin (attributes of PMH)	<ul style="list-style-type: none"> • Amalgamation, collaboration • Leadership • Communication and technology (IT, Telehealth) • Innovation (Mobile Primary Care, Advanced Access, MyHealth Team, Lean Six Sigma) • Navigation (Cancer Care Manitoba, Primary Care Connectors) • Skilled staff • Regional referral centre • Education system (on-line learning, advanced cardiac life support) 	<ul style="list-style-type: none"> • Human resource challenges (vacancies, retention, succession planning) • Social determinants and equity • Access and wait times • IT infrastructure and linking patient information • Communication • Early intervention/prevention • Limited use of online education
	Opportunities	Threats
External origin (attributes of the environment)	<ul style="list-style-type: none"> • Partnerships to address Social Determinants of Health • Advocacy on behalf of our population • Transportation • Connectivity (IT, Telehealth, electronic health records) • Interprofessional teams • Locally focused recruitment and retention • Prevention-focused activities • Evidence to drive decisions 	<ul style="list-style-type: none"> • Demographics (aging and vulnerable populations) • Geography (remoteness, transportation) • Lack of control over socioeconomic factors • Expectations of stakeholders • Recruitment challenges • Financial and jurisdictional challenges • Response to disasters (pandemic, flood)

PRIORITIZATION PROCESS

This plan was developed in consultation with the Board, regional and physician leadership, and Local Health Involvement Groups. Teams representing all sectors of PMH engaged in facilitated discussions about their current state, future plans, and priorities. Based on these discussions, themes were developed in order to capture common activities and priorities across PMH. These themes formed PMH's overall goals. The priority activities identified by regional programs and services provided the basis for the operational strategies.

Throughout the strategic planning process it was essential to develop themes that align with the provincial priorities and goals. Throughout conversations with PMH teams, the actions and priorities were framed within the context of the provincial priorities. The operational strategies also needed to be realistic and relevant for teams. For this reason, the operational strategies for PMH were created based on the priority activities of these teams.

Operationalizing the actions within the plan will be an iterative process. As the operational strategies are carried out by teams, the timing of activities will be prioritized based on alignment with provincial direction as well as critical factors such as magnitude of the issue, importance to clients, feasibility, equity, and adherence to standards.

STRATEGIC DIRECTIONS

Recognizing we are part of a provincial health system, Prairie Mountain Health developed the following goals through a process that was based on alignment with Manitoba's strategic health priorities, goals, and health objectives. Each of the goals contributes to one or more of the provincial priorities.

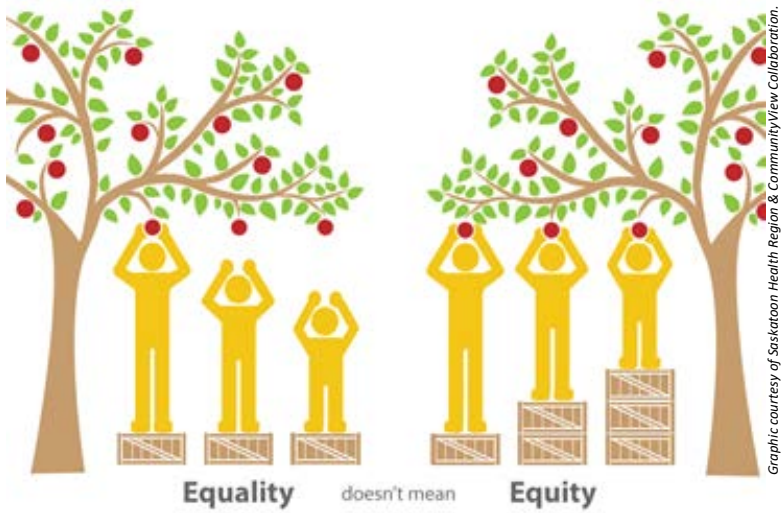
A core principle of planning within PMH is incorporating an assessment of equity into planning processes in order to meet the needs of our residents. This aligns with the Mission of Manitoba Health, Healthy Living and Seniors. Throughout the foundational work of the community health assessment, equity was considered wherever possible. Health disparities were identified within PMH. These were discussed with teams during the strategic planning process and incorporated into their activities in an effort to contribute to the provincial mission of providing the *right care, in the right place, at the right time*.

Ultimately, the inclusion of activities that strengthen delivery of client-centered health promotion, prevention and treatment through innovation, evidence-informed planning and improved access will contribute to the Vision of Manitoba Health, Healthy Living and Seniors.



PRIORITY / GOALS	RATIONALE
<i>Improved Service Delivery</i>	
Improve client safety throughout the region	Safe care was a common thread across all teams in PMH. There is a major focus on client safety in PMH through patient safety education and work that contributes to the Accreditation process
Develop client-centered optimal models of service delivery	Teams continue the work of amalgamation, as they review the design and delivery of regional programs and services in order to meet the needs of individuals, families, and communities.
<i>Improved Access to Care</i>	
Facilitate client-centered flow through the entire health care system	There are opportunities to review and expedite the way clients move through the system. Teams described situations in which there was a lack of appropriate alternatives available to clients. This may lead to long term stays in health centres or inappropriate placement in personal care homes, limiting capacity to meet the needs of other clients. In some cases clients are waiting a long time to access services.
Reduce barriers to access for remote and/or vulnerable populations	There are many remote communities within PMH. Often residents of these communities lack the resources to access health and social services. There are opportunities to consider ways in which we can facilitate access to care.
<i>Capacity Building</i>	
Establish workforce planning processes that meet future needs of PMH	Human resources remain our most vital resource and one of our most significant challenges. Efforts to recruit and retain staff that can work within the full scope of practice have been and will continue to be a priority for PMH.
Create a positive and safe work environment	A supportive work environment is an essential determinant of health. As a health care organization we value the health, safety, and mental wellbeing of our employees.
<i>Health System Innovation</i>	
Develop a culture of quality improvement	There has been a significant investment in building capacity for quality improvement within PMH. Continued emphasis on innovation and safety will improve service delivery and health outcomes for clients.
Plan based on experience, evidence and best practice	Teams identified the importance of learning from the experience of others. Our aim is to use evidence to identify current needs, forecast changes that will impact services in the future, and use proven methods in planning and priority setting.
<i>Health System Sustainability</i>	
Develop regional infrastructure and processes	There are many facilities in PMH with aging infrastructure. Long range capital planning occurs in conjunction with the province in order to determine investments that contribute to viability.

PRIORITY / GOALS	RATIONALE
	Teams also identified opportunities to create sustainable program and service models that meet the needs of clients.
<i>Improving Health Status and Reducing Health Disparities</i>	
Partner to address social determinants of health and inequities	It was recognized that while many of the factors that influence health are not under the direct control of the health care system, there are opportunities to partner with other organizations and communities to address inequities and the social determinants of health. Health care providers can contribute to this by incorporating advocacy and health promotion into their daily practice.



OPERATIONAL STRATEGIES

The operational strategies have been developed to reflect activities that were identified as priorities by PMH teams and that also contribute to the provincial priorities. Many of the actions from the previous interim Strategic Plan, as listed below, are being carried forward, although there may be different wording in this version:

- Regional Recruitment and Retention
- Regional Management and Leadership Development
- Amalgamation of programs and services (development of regional models)
- Regional coordination of acute care services; regional utilization planning
- Doctor for All – Care Connectors, Attachment Plan; Mobile Primary Health Care; Capital Projects
- Cancer Patient Journey
- Continuing Care Strategy
- Healthy Together Now; Chronic Disease Management

Over the next five years, Prairie Mountain Health will focus on the operational strategies as outlined in the following strategic map.

Prairie Mountain Health Strategic Map 2016-2021

VALUES Integrity, Accountability, Equity, Respect, Responsiveness, Engagement

VISION Health and Wellness for All

MISSION Together, we promote and improve the health of people in our region through the delivery of innovative and client-centred health care

PRIORITIES	Improved Service Delivery	Improved Access to Care	Capacity Building	Health System Innovation	Health System Sustainability	Improving Health Status and Reducing Disparities
GOALS	Improve client safety throughout the region Develop client-centered optimal models of service delivery	Facilitate client-centered flow through the entire health care system Reduce barriers to access for remote and/or vulnerable populations	Establish workforce planning processes that meet future needs of PMH Create a positive and safe work environment	Develop a culture of quality improvement Plan based on experience, evidence and best practice	Develop regional infrastructure and processes	Partner to address social determinants of health and inequities

OPERATIONAL STRATEGIES

- Implement regional patient safety plan
- Redesign services to enhance effectiveness and efficiencies
- Develop service delivery models for clients with unique needs
- Improve health service delivery for First Nation, Metis and Inuit residents through policy and programs with a focus on prevention, primary health care, public health, and education
- Facilitate communication and transfer of clinical information
- Engage with clients, families and communities in the planning and delivery of health services

- Implement processes that facilitate access to primary health care such as Family Doctor for All
- Implement Advanced Access strategies
- Implement IN SIXTY initiative to facilitate access to cancer treatment
- Identify and address barriers to client flow
- Improve access to key services by utilizing wait time indicators
- Realign resources to support equity in service delivery
- Participate in Continuing Care strategy planning

- Recruit and retain staff proud to work for PMH
- Build a diverse workforce that reflects our communities
- Develop and engage a highly skilled workforce that is accountable and works within full scope of practice
- Implement succession planning through regional leadership development
- Support a safe work environment through the implementation of initiatives such as the Workplace Violence Prevention Program

- Forecast needs and set priorities based on evidence
- Utilize effective models of process improvement and evaluation
- Establish accountability mechanisms
- Share lessons learned and replicate success

- Integrate and coordinate delivery of core and supporting health services
- Support efficiency and collaboration by utilizing information and communication technologies
- Standardize policies, procedures, models and tools where appropriate
- Develop a capital plan that meets current and future needs

- Implement proven population health initiatives where possible
- Identify and Implement harm reduction strategies
- Integrate health promotion and disease prevention into all programs and services
- Enhance chronic disease self-management opportunities and resources

PERFORMANCE MEASURES

Key performance measures have been identified to help Prairie Mountain Health determine if results to be achieved by 2021 have been met. The performance measures are identified at the population health level and will be reported in Prairie Mountain Health’s annual report.



Improved Service Delivery

- Healthcare Associated Infections rates
- Overall Readmission rates
- Culture of safety survey results

Improving Health Status and Reducing Disparities

- Influenza immunization rates
- Perceived health status
- Cardiovascular conditions disparity ratio

Improved Access to Care

- Wait time measures meeting targets
- Ambulatory Care Sensitive Conditions hospitalization rates

Health System Sustainability

- Proportion of budget spent on administration
- Proportion of nursing costs spent on overtime and agency nursing

Capacity Building

- Vacancy rate (hard to recruit positions)
- Staff injuries

Health System Innovation

- Innovation Projects Savings

STRATEGIC CAPITAL PLANNING

Prairie Mountain Health recognizes the need to plan for the future in order to maintain a stable, sustainable infrastructure and system. Strategic investment can promote recruitment, retention, and staff satisfaction. These investments will also promote efficiencies that contribute to sustainability, safety, and improved outcomes. Planning is done within the context of provincial priorities and goals while also emphasizing a client-centered approach. An equity lens is being applied to regional planning processes in order to meet the needs of the community.

The following Capital Projects have been identified as priorities that are necessary in order to continue to provide quality health services:

CAPITAL PROJECT	RATIONALE ASSOCIATED WITH ENVIRONMENTAL SCAN FINDINGS	ALIGNMENT WITH PROVINCIAL PRIORITIES
Neepawa / Minnedosa Joint Health Centre	This project promotes sustainability by addressing existing facility deficiencies at Neepawa Health Centre, which is nearing end of serviceable life and has little or no capacity for expansion. This project will contribute to enhanced service delivery, improved access, and promote sustainable staffing while reducing operating costs of maintaining the two existing facilities. There is potential through this project to optimize specialized	This project contributes to the Family Doctor for All, Wait Times and Access Strategy, Continuing Care Blueprint Objectives, and Priorities 1, 2, 3, 4, and 5.

CAPITAL PROJECT	RATIONALE ASSOCIATED WITH ENVIRONMENTAL SCAN FINDINGS	ALIGNMENT WITH PROVINCIAL PRIORITIES
	<p>services and offer more appropriate care alternatives. This remains the highest priority in order to serve as an important acute care hub within our regional system.</p>	
Brandon Regional Health Centre Pharmacy	<p>This project mitigates risk associated with service disruptions in chemotherapy preparation. The current configuration has resulted in staffing pressures. It is expected that the current infrastructure will not meet Pharmacy standards when these are adopted.</p>	<p>This project contributes to the Cancer Patient Journey Objective and Priorities 1, 2, 3, 4, and 5.</p>
Primary Health Care Centre - Roblin	<p>This project is intended to improve access to a wide range of community services, which has been constrained by space limitations and scattered locations in the community. The North Zone of PMH has a high burden of illness and high hospitalization rates for conditions that may be more appropriately managed through primary health care.</p>	<p>This project contributes to the Family Doctor for All, Wait Times and Access Strategy, and Continuing Care Blueprint Objectives, and Priorities 1, 4, 5, and 6.</p>
Recovery House - McTavish Manor Re-Development	<p>This project involves re-development of an existing transitional housing program that serves individuals with severe and persistent mental illness (SPMI), which has become an alternative to institutional settings in some cases. Housing has been identified as an issue for mental health clients and there are safety concerns with the existing structure and the current space imposes limitations in the therapeutic environment. The re-development holds potential to serve an expanded population (SPMI, physical health issues and addictions).</p>	<p>This project contributes to the Continuing Care Blueprint Objective and Priorities 4, 5, and 6.</p>
Dauphin Regional Health Centre Redevelopment and Addition	<p>This project intends to address issues with physical layout and insufficient space that create frustration amongst clients and staff, program inefficiency, overcrowding, safety hazards, infection control concerns, and increased wait times. The environmental scan identified a high burden of illness among residents of the North Zone, creating demand for services in this regional referral centre.</p>	<p>This project contributes to the Wait Times and Access Strategy Objective, and Priorities 1, 3, 4, and 5.</p>
Biomedical Waste Management Project	<p>This project addresses inadequacies in the current facility structure, which would limit the ability to implement the provincial biomedical waste processing initiative. This initiative would replace existing incinerators with one that uses cleaner, safer technologies.</p>	<p>This project contributes to Priority 2.</p>