

# STRATEGIC PLAN 2016-2020

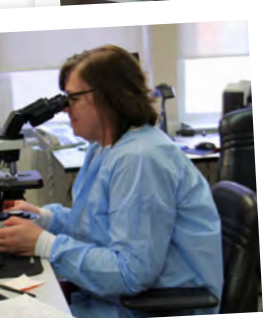
CANCER PROGRAM  
STRATEGIC OBJECTIVES  
UPDATED: 2019





 **WINDSOR  
REGIONAL  
HOSPITAL**  
OUTSTANDING CARE—NO EXCEPTIONS!

“ The success of our organization is a direct result of our dedicated, compassionate and caring people. We strive to provide the best quality healthcare services to our patients and their families always. ”



# OUR VISION

OUTSTANDING CARE – NO EXCEPTIONS!

# OUR MISSION

DELIVER AN OUTSTANDING PATIENT CARE EXPERIENCE DRIVEN BY A PASSIONATE COMMITMENT TO EXCELLENCE

## OUR VALUES

### C – COMPASSIONATE

- keeping the patient at the centre of all we do;
- demonstrating compassion for patients and their families;
- supporting staff, professional staff, and volunteers so they are able to care for patients and each other; and
- operating as a team, both within WRH and with our partners, to provide exemplary care.

### A – ACCOUNTABLE

- striving for accountability and transparency to those we serve and to ourselves;
- driving fiscal responsibility;
- stimulating effective two-way communication at all levels; and
- facilitating timely access to care and service.

### R – RESPECTFUL

- treating those we serve and each other with empathy, sensitivity and honesty;
- upholding trust, confidentiality and teamwork;
- communicating effectively; and
- welcoming individuality, creativity and diversity.

### E – EXCEPTIONAL

- promoting a culture of quality and safety;
- embracing change, innovation, and evidence-based practice;
- encouraging learning, discovery, and knowledge sharing; and
- fostering dynamic partnerships.

COMPASSION is our  
PASSION



## STRATEGIC DIRECTION 1: STRENGTHEN THE CULTURE OF PATIENT SAFETY AND QUALITY CARE

- i) Integrate standardized best practices to achieve quality care and outcomes.
- ii) Lead in the development and performance of patient safety initiatives and measures.
- iii) Lead in the development of strategies that support timely, sustainable, and appropriate access to care.



## STRATEGIC DIRECTION 2: CHAMPION ACCOUNTABILITY AND TRANSPARENCY



- i) Utilize the results from the performance indicators to achieve excellence.
- ii) Cultivate and sustain a “Just Culture” across the organization.
- iii) Strengthen systems that clearly identify, support, and measure accountability throughout the organization.

## STRATEGIC DIRECTION 3: DEVELOP A SUSTAINABLE CORPORATE FINANCIAL STRATEGY

- i) Maximize revenue opportunities while providing quality care in the most cost efficient way.
- ii) Provide ongoing education to the organization and community about how the hospital is funded through the health based allocation model, quality based procedures, and global funding.
- iii) Engage the organization to identify and implement best practices within financial realities.
- iv) Identify, support, and sustain core services.



## STRATEGIC DIRECTION 4: CREATE A VIBRANT WORKPLACE

- i) Foster a respectful and safe work environment across all disciplines.
- ii) Create a culture of pride that establishes WRH as an employer of choice.
- iii) Provide experiences and opportunities that facilitate professional development, advancement, and succession planning.
- iv) Develop strategies to optimize attendance and support an engaged workforce.



## STRATEGIC DIRECTION 5: STRATEGICALLY ENGAGE WITH EXTERNAL PARTNERS



- i) Collaborate with community partners to deliver an innovative, seamless system of care.
- ii) Work with Erie Shores Healthcare and regional partners to identify and act on opportunities for collaboration.
- iii) Create opportunities for education and research to build an academic healthcare system that attracts and retains professionals from all disciplines.

## STRATEGIC DIRECTION 6: CONTINUE THE PURSUIT OF NEW STATE-OF-THE-ART ACUTE CARE FACILITIES

- i) Design the facilities to allow for best possible patient outcomes and experience.
- ii) Ensure the design incorporates leading edge technologies and equipment.
- iii) Design the facilities to support excellence and innovation in healthcare research and education.
- iv) Ensure effective and meaningful participation of staff, professional staff, volunteers, patients, academic partners and the community.
- v) Maintain and sustain current facilities until relocation to the NEW acute care facilities.



COMPASSION is our  
PASSION



# STRATEGIC OBJECTIVES

STRATEGIC DIRECTION	STRATEGIC INITIATIVE #	OBJECTIVE: WHAT ARE YOU TRYING TO DO?
2. Champion accountability and transparency.	1c) Lead in the development of strategies that support timely, sustainable, and appropriate access to care.	Create a Rapid Daytime Oncology triage with the goal to reduce visits to our Emergency Department (ED). Creating Medical Directives and guidelines for staff.
2. Champion accountability and transparency.	2a) Utilize the results from the performance indicators to achieve excellence.	Consistently achieve performance targets mandated by Cancer Care Ontario and as outlined in 17/18 GPO contract.
6. Continue the pursuit of NEW state –of- the-art acute care facilities.	6b) Ensure the design incorporates leading edge technologies and equipment.	Provide a Chemotherapy Suite Dashboard that shows Patient Flow and allows staff and management to see wait times and opportunities.
1. Strengthen the culture of patient safety and quality care.	1a) Integrate standardized best practices to achieve quality care and outcomes.	All RN's that work in Chemo Suite have both DeSouza and CON® certification.
4. Create a vibrant workplace.	4c) Provide experiences and opportunities that facilitate professional development, advancement, and succession planning.	Radiation program opportunities for implementing Best Practice and Right Person Right Task in order to increase clinic availability for patients.
1. Strengthen the culture of patient safety and quality care.	1a) Integrate standardized best practices to achieve quality care and outcomes.	Achieve targets for Hand Hygiene compliance within our Outpatient Program.
1. Strengthen the culture of patient safety and quality care.	1a) Integrate standardized best practices to achieve quality care and outcomes.	Decrease falls through compliance with our new falls risk assessment initiative for our Outpatient program.
1. Strengthen the culture of patient safety and quality care.	1a) Integrate standardized best practices to achieve quality care and outcomes.	Decrease length of time to tissue diagnosis for suspicious for lung cancer clients.
5. Strategically engage with external partners.	5c) Create opportunities for education and research to build an academic healthcare system that attracts and retains professionals from all disciplines.	Strengthen and sustain a multidisciplinary community of practice across Erie St. Clair with all partner facilities to enhance and optimize cancer treatment options, while creating opportunities for Physician education and learning (Multidisciplinary Cancer).
1. Strengthen the culture of patient safety and quality care.	1a) Integrate standardized best practices to achieve quality care and outcomes.	Implement SOP teams to standardize and document ambulatory oncology processes.

## CANCER PROGRAM – UPDATED: 2019

MEASURE/INDICATOR DESCRIPTION	OUTCOME TARGETS FOR 2017/2018	STATUS 2017/2018	OUTCOME TARGETS 2019 / 2020
Increase in ED avoidance to our chemo suite and decrease visits to ED.	WRCP Data Team tracking ED and Chemo Suite visits.	Other	8/week.
Achieve CCO/WRH targets for all performance indicators.	WRCP Data team tracking through various data software/warehouse systems.	Other	Targets are outlined in Cancer Program Scorecard(s) & GPO contract.
Patient flow / wait time trends.	WRCP Data Team pull reports.	Other	Waits > 5 mins to be brought into Chemo Suite.
Review certifications yearly.	RN certificates.	Other	Achieve 95%.
Number of available clinic spots for certain oncologists Pre and Post work.	QCL's to be booked for physicians.	Other	Increase approximately 100 clinical patient spots per month.
Hand hygiene auditing.	Program Score card.	Corporate	95% compliance.
Decrease in falls reported in RL6.	RL6.	Corporate	2 per year.
Decrease in # of days to diagnosis (target <28 days).	Access Database.	QIP	65% diagnosed with 28 days.
Alignment with CCO concordance standards.	Mindmerge/CCO reports.	Other	80%.
Number of SOPs developed.	WRCP Shared Drive.	SOP	20/year.



OUTSTANDING CARE – NO EXCEPTIONS!

[www.wrh.on.ca](http://www.wrh.on.ca)   

[www.wrhstrategicplan.ca](http://www.wrhstrategicplan.ca)