

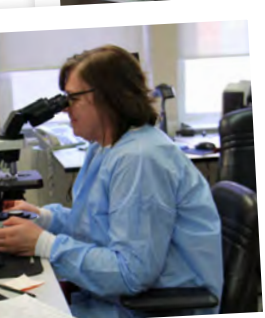
STRATEGIC PLAN 2016-2020

LABORATORY SERVICES
STRATEGIC OBJECTIVES
UPDATED: 2019





“ 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

O
U
R
V
A
L
U
E
S

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?
1. Strengthen the culture of patient safety and quality care.	1A. Integrate standardized best practices to achieve quality care and outcomes.	Integrate lab specimens integrity best practices to front-line clinicians, to achieve quality care and positive patient outcomes and implement mandated CCO Quality Management Program for Pathology.
1. Strengthen the culture of patient safety and quality care.	1C. Lead in the development of strategies that support timely, sustainable, and appropriate access to care.	Efficiently utilize existing resources to meet workload demands. Continue work with Transform and LHIN Laboratory partners to review and negotiate contracts. Audit Laboratory's Quality Management System as part of ongoing IQMH accreditation.
2. Champion accountability and transparency.	2C. Strengthen systems that clearly identify, support, and measure accountability throughout the organization.	Define clear roles and responsibilities of the management team members which promotes a supportive, cohesive, and transparent team. Consolidate Pathologists at the Met Campus to enhance standardization and collaboration. Consolidate Cytology Dept. to the Met Campus as part of the Regional Pathology Program. Implement updated Quality Management Software at Met, Ouellette and LDMH Labs.
3. Develop a sustainable corporate financial strategy.	3C. Engage the organization to identify and implement best practices within financial realities.	To explore the feasibility of a utilization role to ensure appropriate lab testing is being completed, and to reduce costs.
3. Develop a sustainable corporate financial strategy.	3A. Maximize revenue opportunities while providing quality care in the most cost efficient way.	Maximize revenue opportunities while providing quality care in the most cost-efficient way.
3. Develop a sustainable corporate financial strategy.	3D. Identify, support, and sustain core services.	Plan, strategize, review, and edit projects on an ongoing basis. Implement new testing platforms in Chemistry and Pathology.
4. Create a vibrant workplace.	4A. Foster a respectful and safe work environment across all disciplines.	Utilizing SOP and best practices to standardized processes across campuses. Begin with processes related to the death of a patient.
5. Strategically engage with external partners.	5B. Work with Erie Shores Healthcare and regional partners to identify and act on opportunities for collaboration.	To collaborate with regional partners to identify opportunities for lab service realignment in our region.
6. Continue the pursuit of NEW state-of-the-art acute care facilities.	6E. Maintain and sustain current facilities until relocation to the NEW acute care facilities.	Improve system infrastructure to support patient care with implementation of an LIS upgrade.

LABORATORY SERVICES – UPDATED: 2019

MEASURE/INDICATOR DESCRIPTION	OUTCOME TARGETS FOR 2017/2018	STATUS 2017/2018	OUTCOME TARGETS 2019 / 2020
Number of mislabelled, unlabelled and irreplaceable specimens. Compliance with CCO QMP Pathology TAT.	10% reduction in mislabelled specimens. Compliance with CCO QMP.	In progress	10% reduction in mislabelled specimens from current target Compliance with CCO QMP.
Benchmarking efficiencies of Lab departments. Lab Budget Variance. Compliance status with IQMH. Accreditation standards.	HCM Best Quartile. Balanced Budget Compliance with IQMH Accreditation Standards.	In progress	Median or best benchmarking results. Balanced budget within expectations. Successful IQMH Accreditation.
Level of satisfaction in worklife Document Reviews.	10% improvement of worklife improvement scores. 90% compliance with document reviews.	In progress	8 Leadership meetings per year.
OLD - Comparison on ordering practices of identified lab tests. NEW - improve red blood cell utilization for patients transfused. Shift cytogenetic referrals to designated testing center (LHSC).	Creation of an actionable report.	Deleted	10% improvement in RBC utilization. Shift 10% of Cytogenetic referrals to designated center (LHSC).
Amount of new revenue.	Increase revenue by 10%.	In progress	Increase revenue by 5%.
# of projects completed within specified timelines, Work Plans.	New testing platforms implemented.	In progress	Implement Chemistry Platform across all sites.
OLD - Audits. # of QA reported due to not following policy and procedure RL6. # of reviewed and updated policies and procedures. NEW - Standardize process across SPD Departments and cross-train staff to work at either site.	0 incidents of wrong patients being released to funeral home. 100% of policies and procedures related to the death of a patient reviewed and updated.	Completed	Cross train 10 staff in Specimen Processing & Distribution department.
OLD - Increased revenue. Increase in referred in testing. NEW - Assist hospital pharmacies with Microbiology testing for NAPRA Standards.	Increase the number of referred in tests by 10%.	Completed	Completion of Microbiology testing for NAPRA standards, 4 meetings per year with HDGH, 4 meetings per year with ESHC.
OLD - Complete LIS upgrade. NEW - Preparation for HIS deployment.	Upgraded LIS implemented.	Completed	Lab staff participation on working groups.



OUTSTANDING CARE – NO EXCEPTIONS!

www.wrh.on.ca   

www.wrhstrategicplan.ca