

# Strategic Plan 2016-2021







# Vision

Healthy People; Healthy North

# Mission

The Northern Health Region is dedicated to providing quality, accessible and compassionate health services.

# Values

TRUST	We are honest and reliable in fulfilling our		
	commitments.		
RESPECT	We treat people and organizations with dignity and consideration.		
INTEGRITY	Our beliefs, behaviours, words and actions are honestly, ethically and morally aligned.		
COMPASSION	Our interactions are rooted in empathy and sensitivity.		
LLABORATION	We work with others to enhance service delivery and maximize resources.		

# **Our Strategic Directions**

- 1. Improve Population Health
- 2. Deliver Accessible, Quality Health Services
- 3. Be a Sustainable & Innovative Organization
- 4. Be an Employer of Choice

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### Introduction

Over the past three years a true picture of the Northern Health Region has begun to emerge and as a Region we are excited about the direction we are heading. While we still have many challenges as a new Region, we continue to make substantial inroads toward the priorities set out in our 2013-2016 Strategic Plan. The 2016-2021 Strategic Plan for the Northern Health Region is a continuation of the work and progress we have made as a recently amalgamated Region.

### **Overview of the Northern Health Region**

With a total of 396,000 square kilometers and a population of 74,983, the Northern Health Region has the unique challenge of planning and providing health care services and programs to a small population over 60 per cent of Manitoba's total land mass.

The Northern Health Region consists of:

- > 2 cities (Thompson and Flin Flon)
- 6 towns (The Pas, Gillam, Grand Rapids, Leaf Rapids, Lynn Lake, Snow Lake)
- 1 Rural Municipality (Kelsey)
- 1 Local Government District (Mystery Lake)
- Multiple hamlets and cottage settlements making up "unorganized territories"
- 26 First Nations communities
- ▶ 16 Northern Affairs Communities

The Northern Health Region continues to be a younger population compared to Manitoba with a greater percentage of people under age 19. The differences are particularly stark in the youngest age categories, 9 years and younger. That said, the Northern Health Region is becoming older over time. The highest population increases came in the 65-69 (51.3% increase from 2004-2014), 60-64 (45.3%) and 70-74 (40.2%) year age categories.

More than two-thirds of people living in the Northern Health Region self-identify as Aboriginal (70.0%) compared to the provincial average of 15.5%. About half (50.7%) of Northern Health Region residents live on reserve. 10.8% of our residents moved within the province in the last 5 years compared to 7.2% of Manitobans. According to this data, the Northern Health Region has a relatively transient population. A population projection report published by the Manitoba Bureau of Statistics states that the Northern Health Region will grow up to 104,300 residents by 2042, an increase of 40.6%.

Almost a quarter (24.4%) of Northern Health Region residents speaks a non-official language at home. The most predominant language is Cree (59.1%) and Oji-Cree (32.2%). Approximately 37% of the Northern Health Region population reports a mother tongue other than English or French. These proportions are much higher than in the rest of Manitoba (21.5%)

## **Environmental Scan**

This section is based on a synthesis of the key findings from the 2014 Northern Health Region Community Health Assessment (CHA) and it is informed by the Northern Health Region 2013-2016 Strategic plan.

Many of the areas identified as challenges in the 2014 CHA were also highlighted in the previous two Community Health Assessments. Although in some areas there has been improvement, the Northern Health Region must continue to work with community members to achieve more optimal health outcomes.

### **Demographics**

Data on key demographic issues support the comments and concerns of community members:

- Isolation and Remoteness The Northern Health Region's rural and remoteness and the number of widely scattered communities and jurisdictional issues impacts resident's access to services. Some communities are accessible only by air or winter roads, and many homes do not have a telephone or running water. Factors such as weather can impact accessibility to health services when health teams are required to fly into communities and flights are delayed or cancelled due to weather conditions. In addition, affordability is an issue when residents must leave the community at their own expense to access health services that are not available in the community.
- Jurisdictional Issues As stated, at least 40 per cent of Northern Health Region residents live on reserve. However, residents frequently travel on and off reserve and access health services in both locations. Having more than one provider of health services (FNIH for onreserve services and the Northern Health Region for off-reserve services) can cause confusion for our residents in terms of accessing care. It can also create issues with gaps in follow up with patients and on-going continuity of care. It is imperative that the Northern Health Region continue to strive towards seamless services with all stakeholders involved.
- Education 49.6% of Northern Health Region residents have no degree, certificate or diploma.



- Unemployment Unemployment remained high in the Northern Health Region; 15.2% for men and 12.7% for women.
- Income Inequality Census data shows substantially lower income experienced by lone parent families as compared to two parent families.
- **Government Transfers** There is a high dependence on government transfer payments with higher rates observed in our outlying communities.
- **Families** There is a higher rate lone parent families; 30% compared to 17.1% in the province overall.
- Housing Issues of affordability, quality and shortage of housing are concerns, particularly in outlying communities.
- Healthy Foods Access to affordable nutritious food is a concern in particular in the outlying communities.
- Transportation and communication infrastructure are not as extensive as in other parts of the province and can limit the access to specialty health services.

#### **Health Issues**

Health and health care issues that are identified as key priority areas for the Northern Health Region include:

- Chronic Disease Treatment and Prevention While some progress was noted on the incidence levels of some chronic diseases, the number of those living with diabetes, arthritis and high blood pressure remains very high. Increased efforts to promote healthier living strategies to reduce the incidence of chronic disease remains a regional priority.
- Disparity in Health Status In many cases, there have been significant gains in our direct service communities, such as improved immunization rates and reductions in rates of some STI's. However, when combined with data for residents living on-reserve, these improvements are masked. Aboriginal residents, and residents living on-reserve more specifically, are more likely to have higher rates of acute care stays as well as longer days spent in hospital. Lower rates of immunization and higher rates of diabetes, teen births, high birth weight babies, STI's and tuberculosis are noted for residents living on-reserve. This underscores the need for the Northern Health Region to work to cross any jurisdictional

barriers and work closely with FNIH and First Nations stakeholder groups toward the goal of improving the health status of all residents of the Northern Health Region.

- Maternal, Infant and Child Health The Northern Health Region continues to see high birth rates and poorer outcomes for births for low birth weights and preterm births. Given the concerns expressed about the level of maternal health support, more attention needs to be paid in this area to ensure improved outcomes for mothers and their infants.
- Mental Health and Addictions While the incidence levels of some mental health conditions are lower in the north, there does appear to be widespread concern about the availability of mental health supports for residents. While the proportion of Northern Health Region residents diagnosed with substance abuse declined to 9.2% in 2007/08-2011/12, it was still almost double the Manitoba rate of 5.0%.
- Injury, Premature Death and Life Expectancy Premature mortality and injury rates continue to be very high in Northern Health Region. It underlines the point that to make measurable progress in improving life expectancy and reducing the number of premature deaths, injury prevention strategies need to be effective and communities need access to safe and healthy activities, particularly for youth. Engaging youth in organized and productive activities was an important theme for community consultation participants. Although injury is a very important contributor to premature death, it is also important to note that cancer is the leading cause of death in the Northern Health Region.
- Youth Health Based on the findings of the youth health survey in the Northern Health Region, particular attention will need to be focused on the high school grades to build greater awareness of risky behaviours around drinking, smoking, drugs and sexual activity and information.
- Communicable disease prevention The north continues to struggle with very high rates for communicable diseases, particularly for chlamydia, gonorrhea and tuberculosis. The Northern Health Region continues to work on providing greater awareness and information campaigns along with improved monitoring and surveillance
- Accessibility and Effectiveness Access to primary care providers, which is necessary in providing ongoing chronic condition management outside of a hospital setting, continues to be an area of concern for the Northern Health Region. The Northern Health Region continues to struggle with high levels of unattached residents who have no regular primary care provider. Although currently the Northern Health Region is fully staffed with primary care Physicians, the physicians are generally working at capacity while there remains a need for more providers.



- Health System Utilization Indicator results showed that the Northern Health Region had improved its performance with lower hospital and physician use due to injury and poisoning. Increasingly though, the region has seen long term care resources under strain which is impacting accessibility to PCHs. More efforts will need to be directed to independent living strategies for seniors and home care to reduce the reliance of PCHs. This is particularly important as the senior population continues to increase.
- Social Determinants of Health The disparity of the Northern Health Region in terms of the social determinants of health increases the need for partnerships outside the scope of the Northern Health Region's influence. In order to improve the health status of the Northern Health Region, partnerships with education, industry, housing and others will be key in effecting change.

#### **Strengths**

Areas of Strength include:

- Quality Health Services We provide quality health care and services. Client and staff feedback continue to be monitored for suggestions to improvement in quality. Accredited status was received June 2014 through Accreditation Canada.
- Responsiveness We are responsive to client's needs. Through Aboriginal Liaison Staff, Patient Safety, and committed Managers and Physicians, suggestions, concerns and complaints from patients are quickly explored with follow-up with families through the Patient Safety portfolio and/or individual Managers, Executive Directors, VP or CEO.
- Programs and Services Based on fiscal realities, we are providing an appropriate number of programs and services to residents of the Northern Health Region.
- Our staff Our staff is caring, committed, experienced and knowledgeable. Although recruitment and retention challenges exist, staff demonstrate commitment to the patients/clients/residents they care for. In times of staff shortages, staff support care by working additional hours all in an effort to sustain care and services.
- Teamwork Is valued and modeled in the organization. As we have re-structured aspects of our programs and services under the umbrella of amalgamation, teams have adapted, accepted new colleagues and are excited about gaining synergy through the delivery of services in a more robust Regional model.

- Innovative Partnerships We value our team approach & innovative partnerships (i.e. Opaskwayak Health Authority). Numerous organizational relationships are being developed. Our relationships are producing outcomes. Through community engagement, community support in welcoming newly recruited health care professionals, and joint planning we aim to have a greater impact on the overall health status the people and families that we serve.
- Chronic Disease Prevention Work being done in Chronic Disease Prevention is excellent and will continue. Community level initiatives were praised by many focus group participants; these initiatives can have a lasting impact in health outcomes, system costs and involvement of community members at the grass roots level.
- Primary Health Care Centres Our Primary Health Care Centres are very important resources and positive for the region. Expanded services and same day appointments will have ongoing impact in improving access to care.
- Telehealth Is highly regarded and the need to expand services was noted (both in Winnipeg and in the Northern Health Region). It is believed that telehealth is vehicle that can continue to significantly increase access to services and reduce travel time, travel inconvenience as well as travel costs.
- **Representative workforce policy** Noted as positive.
- Good administrative systems We have robust mechanisms in place to deal with issues/complaints.
- Flexibility We make every effort and are increasingly flexible and adaptable to the changing environment.
- **Our Reputation** We are well respected locally and provincially.
- Leadership We have strong leadership doing innovative work. While there are times wherein we experience challenges in filling leadership positions, we have recruited some key individuals that are creating energy in their respective work sites/programs.
- Governance We have a supportive board that is committed to the organization and its leadership. The board continues to receive governance education, maximize technology, and develop governance principles and policies.



# **Strategic Framework**

In October 2014, The Northern Health Region Board of Directors held their inaugural Northern Health Summit. Stakeholders came together from First Nation Communities, Municipalities, Education, Industry and Government to discuss the health concerns of the Northern Health Region. This was a continuation of the Board's consultations for the development of the new strategic plan. Extensive consultations with the Northern Health Region Management Team and staff were also held over the past year. Community consultations through the Community Health Assessment put the community's voice in the forefront as the Board began the undertaking of developing a new Strategic Plan.

Through the aid of a consultant, the Board reviewed the key themes from the community and stakeholder consultations, the 2014 Community Health Assessment and the Northern Health Region staff feedback in order to define their vision for the Northern Health Region. Through this process, the Board determined that the 2013-2016 Vision, Mission, Values and Strategic Directions of the Northern Health Region are still relevant for the 2016-2021 Strategic Plan.

#### Vision

Healthy People; Healthy North

#### **Mission**

The Northern Health Region is dedicated to providing quality, accessible and compassionate health services.

#### **Values**

#### Trust

We are honest and reliable in fulfilling our commitments.

#### Respect

We treat people and organizations with dignity and consideration.

#### Integrity

Our beliefs, behaviours, words and actions are honestly, ethically and morally aligned.

#### Compassion

Our interactions are rooted in empathy and sensitivity.

#### Collaboration

We work with others to enhance service delivery and maximize resources.

### **Criteria for Priority Setting**

Due to the short duration of the 2013-2106 Strategic Plan bridge document, careful consideration was given to the investment of resources and continued work that is ongoing focused around the current Strategic Plan. The Board of Directors then, through a visioning exercise with the consultant, determined the continued relevance of the 2013-2016 Vision, Mission, Values and Strategic Directions through analysis of the following:

- 1. Does it align with Provincial priorities, goals and health objectives?
- 2. Was it a direction or priority identified by one of consultation groups (community, staff, and stakeholders)?
- 3. Is it supported by the 2014 Community Health Assessment findings?

#### **Strategic Directions, Priorities & Performance Measures**

In order to achieve the vision of the Northern Health Region, the Board of Directors has set out four strategic directions and eight strategic priorities to guide the organization over the next five years.

As with the Vision, Mission and Values, the strategic directions of the Northern Health Region have remained status quo. Based on supporting evidence from the findings of the 2014 Community Health Assessment and the themes and feedback from the consultation process, it was determined by the Board of



Directors that continued focus on the current Strategic Directions is still required in order to meet our Vision. Collectively the Vision, Mission, Values and Strategic Directions of the Northern Health Region Strategic Plan give focus and direction in alignment with Manitoba Health, Healthy Living and Seniors' Vision, Mission, Strategic Priorities and Objectives.

The table below outlines the Northern Health Region's Strategic Directions, Priorities, and Performance Measures. In the table it has also been identified which of the Provincial priorities, goals and health objectives the Northern Health Region's strategic direction aligns with.



STRATEGIC DIRECTION	STRATEGIC PRIORITIES	KEY PERFORMANCE MEASURES	LINK TO PROVINCIAL PRIORITEIS, GOALS & HEALTH OBJECTIVES
1. Improve Population Health	<ol> <li>Focus on prevention and Promotion activities</li> </ol>	<ol> <li>Premature mortality rate</li> <li>Breastfeeding initiation rate</li> <li>Community Mental Health Services Wait Times</li> </ol>	Priority 6 – Improving health status and reducing health disparities among Manitobans
	2. Improve health equity throughout the region	<ol> <li>Referral rate of clients newly diagnosed with diabetes into the diabetes program, comparing the referral rate from our non-direct service communities to the rate of our direct service communities</li> </ol>	

STRATEGIC DIRECTION	STRATEGIC PRIORITIES	<b>KEY PERFORMANCE MEASURES</b>	LINK TO PROVINCIAL PRIORITEIS, Goals & Health Objectives
2. Deliver Accessible, Quality Health Services	<ol> <li>Improve access to health services.</li> <li>Promote a culture of Patient Safety</li> </ol>	<ol> <li>Attachment to a primary care provider</li> <li>PCH median wait times</li> <li>Cancer Patient Journey Navigator Referral Turnaround Time</li> <li>Pain Management wait times</li> <li>Average Length of Stay: Expected Length of Stay</li> <li>Third next appointment available</li> <li>Patient Safety Culture Survey</li> <li>Occurrence reporting data</li> </ol>	<ul> <li>Priority 4– Improved access to care</li> <li>Priority 5 – Improved service delivery</li> <li>Priority 6 - Improving health status and reducing health disparities among Manitobans</li> <li>Objective – Family Doctor for all by 2015</li> <li>Objective – Wait Times and Access</li> <li>Objective – Continuing Care Strategy</li> </ul>



STRATEGIC DIRECTION	STRATEGIC PRIORITIES	KEY PERFORMANCE MEASURES	LINK TO PROVINCIAL PRIORITEIS, Goals & Health Objectives
3. Be a Sustainable & Innovative Organization	<ol> <li>Increase services closer to home as appropriate</li> </ol>	1. # of Non-Core Specialist patient encounters	Priority 3– Health system sustainability
	2. Ensure fiscal responsibility	<ol> <li>Corporate Cost</li> <li>Year to Date variance as % of budget</li> </ol>	Priority 4 – Improved access to care Priority 5 – Improved service delivery
4. Be an Employer of Choice	1. Enhance recruitments	<ol> <li>Turnover rate</li> <li>Vacancy rate</li> </ol>	Priority 1– Capacity building Priority 2 – Health system innovation
	2. Enhance employee engagement	<ol> <li>Patient Experience rates</li> <li>Sick time as a % of eligible employee salary expenses</li> </ol>	Priority 3– Health system sustainability

# **Capital Infrastructure Planning**

The Northern Health Region has the oldest acute care facilities in the province. In order to provide accessible, quality health care to address the burden of illness to the residents of the Northern Health Region, a review of capital infrastructure is a necessity. The longer this is delayed, the more costly capital replacement solutions will be.

Both the Flin Flon General Hospital and St. Anthony's Hospital in The Pas are near the end of their useful lifespan. As well, Thompson General Hospital is over 50 years old in some areas. These facilities have insufficient space to have integrated services in a single site, do not lend themselves to operational efficiencies and have significant on-going maintenance costs in order to simply maintain the facilities.

In order to achieve healthy populations and improve access to health services, the Northern Health Region has identified several Major Capital projects.

- > The Pas Primary Care Clinic
- Northern Consultation Clinic
- Medical Device Reprocessing Department Redevelopment in Flin Flon & The Pas
- Thompson General Hospital Diagnostics
- Thompson Shipping, Receiving and Storage Department
- Major Redevelopment of Physiotherapy, ACIU and Emergency Departments of The Pas Health Complex
- EMS Facilities in Lynn Lake, Wabowden, Leaf Rapids and Easterville
- Pikwitonei Health Centre
- Gillam Hospital Renovation

This investment in capital infrastructure allows the Northern Health Region to provide improved access to services, services closer to home which reduces travel and build relationships with communities and key partners, such as First Nations Bands and Councils. It is the Northern Health Regions ongoing commitment to Healthy People; Healthy North.

