WOODSTOCK HOSPITAL STRATEGIC PLAN 2016-2019

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I. Introduction

A. Introduction Letter from Board Chair and CEO

Letter from Ken Whiteford, Chair, Board of Directors
and Natasa Veljovic, President and Chief Executive Officer

Woodstock Hospital (WH) delivers high quality healthcare to the community in a state-of-the-art facility with exceptional healthcare providers. We hold ourselves accountable to our patients for safe, quality healthcare, while meeting the challenges of the economic realities and the growing needs of our community. We strive to continue our role as a regional support and advocate for our community and we have committed to working closely with our community and health system partners to develop an integrated health system. We have framed our strategy within the context of the Patients First: Ontario Action Plan for Healthcare to work towards a sustainable, patient centered healthcare system.

WH's Strategic Directions for 2016-2019 are:

This plan was developed with input from our patients, providers, community partners and provincial agencies. Our staff, physicians, volunteers, and Board of Directors were exceptionally well engaged, demonstrating the commitment and dedication of the people of Woodstock Hospital. Our process was guided by the importance of transparency, ethics and fairness in decision-making. When implementing the Strategic Directions, we must carefully balance quality, safety, access to care and financial sustainability in order to deliver effective and efficient health care.

The Strategic Plan 2016-19, approved by the board on January 26, 2016, is OUR plan and we must work together to successfully implement it. Every individual at Woodstock Hospital has a role in this plan, whether it is in direct patient care, administration, support services, or in a volunteer capacity. We have outstanding staff, physicians, volunteers, and leaders whose dedication and skills have created a foundation for our shared success. Each day, we want to come to Woodstock Hospital proud of the fact that we are providing exceptional care to our patients, supporting them as they move through the health system. Our environment is evolving and the Strategic Plan 2016 to 2019 provides us with the necessary direction to continue moving forward and creating positive momentum in our organization.

Committed to Patient Safety & Quality Care

Ken Whiteford	**Natasa Veljovic**
Chair, Board of Directors	President & CEO

B. Woodstock Hospital Today

Opening its doors in 1895, Woodstock Hospital (WH) has evolved to become one of the major providers of healthcare in Oxford County servicing a population of at least 105,700 residents[1]. Below is a listing of WH's service complement:

Core Hospital Programs: • General Medicine • Surgery • Emergency • Mental Health • Complex Continuing Care • Rehabilitation • Obstetrics and Gynecology • Ambulatory Services	**Regional Programs:** • Renal Program (nine chair dialysis) • Oncology (six station regional systemic therapy satellite of London Regional Cancer Program) • Ontario Breast Screening **Clinical Supports:** • Pharmacy • Laboratory Services • Diagnostic Imaging (MRI/CT Suite)
Other Services: • Regional Support Associates • ProResp Home Oxygen Therapy • Woodstock Rehabilitation Clinic • Lifeline	The Medical Office Building is comprised of additional square footage to accommodate physician turnkey offices

Woodstock Hospital is committed to delivering the highest quality healthcare for its patients and community. The hospital moved into its current state-of-the-art facility in 2011, with $25 million worth of new capital equipment, to ensure that the right tools are being used for the right care at the right time. WH is dedicated to recruiting and retaining the best talent to serve the community as the staff, physicians and volunteers of this hospital are at the core of the organization's operations and successes. Accredited with an Exemplary Standing in 2012, the hospital will be participating in the Accreditation process once again in December 2016 with the hopes of maintaining our top rating.

WH is an organization that has enjoyed success in providing excellent quality patient care. Quality can be measured and tracked in patient wait times for services, infection rates, as well as by patient satisfaction. In areas such as laboratory and diagnostic imaging services, WH's wait times are much shorter than the provincial average. Additionally, WH's patient satisfaction rates are consistently higher than the provincial average, with some areas enjoying 100% satisfaction reported by patients. WH is proud of its accomplishments to date and looks forward to continued progress in providing high quality care and excellent service.

[1] 2011 Statistics Canada Census, http://www.oxfordcounty.ca/Business-in-Oxford/Planning-and-Development/Demographics

C. Woodstock Hospital in the Future

In order to accomplish its mission to deliver quality-based patient centered hospital care directly and through collaborative partnerships, some critical changes must be made to the way the hospital operates. WH must change its current practices to adapt to the changing environment and more effectively meets its patients' needs. To do this, WH must change its focus.

Current

- Providing episodic patient care
- Operating under traditional, clinician centered structures
- Operating as a local community hospital serving traditional municipal boundaries
- Accommodating all types of inpatient and outpatient services

Future

- Providing an integrated approach to patient care along the continuum, closely linked with the management of chronic diseases
- Operating in a patient centered and patient-driven structure, including family and other supports when requested
- Being an active leader and partner within a regional system and a larger community catchment area
- Focusing on best practices, delivering care directly where we can be clinical leaders, and linking to other healthcare services, where appropriate

Measuring key performance indicators will enable WH to track its progress towards its long term vision and identify areas of improvement:

Hospital Performance Measures	
Patient Access and Outcomes	**Financial Health**
• Patient Satisfaction • Service volumes (e.g. ER visits, day surgery) • Readmission rates • Average Length of Stay	• Total margin (Return on Investment) • Post Construction Operating Plan (monitor) • Administration expenses as a percentage of total expense • Current ratio
Organization Health	**Innovation and Development**
• Staff satisfaction • Staff turnover • Staff ratio (full time to part-time ratio) • Safety record	• New capacity building • Research collaboration • Continued fundraising (equipment replacement) • Number of system integration projects

Building a patient centered health system involves the structuring of all components to support the needs of the patients and their families. WH commits to a service model to ensure efficient processes and effective delivery of the quality agenda, based on the Ontario Public Service Organizational Excellence Framework:

Our Processes: - Designing Effective Processes - Ensuring Value - Timely Access to Information - Safe and Reliable	**Our Planning:** - Proactive Environmental Scanning - Prioritizing Resources - Measurement and Evaluation	**Our Leadership:** - Collaboration with Partners - Service Excellence - Participation - Value Creation
Our People: - Talent Management - Life Long Learning - Inter-Professional Respect	**Our Partners:** - Patient Focus - Seamless Care - Appropriate Navigation	**Our Results:** - Safety - Quality Care - Timely Access

WH also ascribes to the Triple Aim Framework in alignment with the quality agenda within the legislated Excellent Care for All Act (ECFAA):

Quality	Access	Sustainability
Responsiveness to community through addressing diverse needs and improving the patient experience Learning and improving through increasing patient and employee safety standards Investing in the quality of our staff by providing opportunities for continuous skills development	Improving access to services throughout the continuum of care, including primary care and mental health Decreasing wait times, particularly in surgery and emergency department Focus on that which only hospitals can do and link patients to other providers, where appropriate	Living within our means by adhering to our budget and adding value Fostering a work environment that provides the conditions for success to all staff and physicians Aligning with strategic directions while optimizing employee skills with needs

II. Mission, Vision and Values

The three dimensions of Mission, Vision and Values define the purpose of the organization, describe what it aspires to be and detail the guiding principles by which it strives to achieve its goals. The following are the organization's three dimensions:

Service Excellence:

The Components of Service Excellence encompass everything we do at Woodstock Hospital and are an essential part of our future vision and how we will get there. The leadership, staff, physicians and volunteers at Woodstock Hospital are all committed to the six components of Service Excellence in day to day work as well as in building towards a progressive future.

Strategic Alignment Model:

Woodstock Hospital's Strategic Alignment Model represents the way the different components of the hospital work together to support the overall corporate strategy. It also shows how the strategy is aligned to the mission, vision and values of the hospital:

III. Strategic Plan Overview

A. About the 2016-19 Strategic Plan

A strategic plan is required to continue moving towards our organization goals and our future state. This strategic plan will be WH's tool with which short-term plans and courses of action are constructed. This strategic plan will enable WH to position ourselves effectively to reach our maximum potential, while constantly adjusting according to the changing environment. The plan will also support change initiatives while strategically aligning, maximizing and sustaining resources in a fiscally challenging environment. This plan will also be used as a framework to strategically allocate WH's resources to play a key role within the Southwest Local Health Integration Network.

WH's vision, mission, and values are the guiding principles of success with the intent to continuously support the components of Service Excellence. The benefits of implementing these objectives/goals will be the establishment of a coordinated, accountable facility in Oxford County which provides effective and efficient patient and family focused care.

B. Strategic Planning Process

Environmental Scanning:

Constantly scanning our surroundings allows WH to survey a variety of elements that affect our performance, and which are necessary in order to conduct subsequent pieces of the planning process. There are several specific areas that should be considered, including the overall environment, legislation, funding market share and the internal environment of the organization. The resulting consequence of regular inspection of the environment is that our organization readily notes changes and is able to adapt our strategy accordingly. WH continually addresses its environment in order to:

- Understand its market share - specifically the demand, supply and distribution of services
- Focuses on areas of greatest need and other regional disparities
- Understand unique geographic characteristics and the impact of geography on core service delivery and outcomes
- Consider known barriers and challenges
- Consider the availability of resources
- Consider the collaboration and voluntary integration opportunities with Oxford Hospitals and other service providers
- Understand primary care weaknesses and opportunities to strengthen
- Recognize provincial and regional strategies to building a sustainable, accountable healthcare system

The environmental scan conducted prior to building this Strategic Plan included the most recent organization, regional and provincial strategies, along with detailed population health data to gain an in-depth understanding of the environment in which we are operating. This information will help WH navigate the challenges of the healthcare system today and in the future.

A summary of our environmental scan is as follows:

- The face of community care is changing, and we are experiencing the effects of increasing chronic disease burdens and an aging population
- There is an increased need and opportunity to improve health technology and to provide our patients with state of the art medical technology to enable safe, high quality care
- WH recently completed its Post Construction Operating Plan (PCOP) funding period and will now be receiving an increased proportion of funding from volume based funding allocations
- The Oxford Hospitals' Joint Services Plan, which includes Woodstock Hospital, Alexandra Hospital in Ingersoll and Tillsonburg District Memorial Hospital in Tillsonburg, continues to play an important role in integrating acute services to better serve the region

Stakeholder Engagement

WH believes in the value of consulting our stakeholders to ensure effective strategic planning for the future. As part of developing this Strategic Plan 2016-19, we engaged almost 200 staff, over 40 volunteers, the Management team, our active physicians, community partners, as well as interviewing over 50 patients and their families. The Board of Directors and the leadership team were actively driving the strategic planning process, finalizing it by participating in an intensive Strategic Planning Retreat to review and evaluate the Plan. Involving all these groups in the process not only ensures our future plan is well informed, but is also well supported by those who will be doing the work to achieve our goals.

Implementation

The first step to implementing the Strategic Plan is to establish goals and initiatives with specific targets and indicators to help deliver maximum value within the organization. The "Program/Service on a Page" tool will serve this purpose. The tool is a collection of goals and objectives for each individual program or service, along with performance measures that indicate progress towards these goals. The tool provides a well-rounded view of what is happening and keeps score of the success or failure of the strategic goals. It adds insights, refocuses internal operations, energizes internal stakeholders, strengthens customer relations and improves ease of access to relevant data.

Additionally, all further organization strategies will be informed by and aligned to the corporate Strategic Plan. The Quality Improvement Plan, developed annually for submission to the Ministry of Health and Long Term Care, the Human Resources Strategic Plan, and the I.T. Strategic Plan are just some examples.

The final Strategic Plan 2016-19 represents this organization's commitment to delivering high quality care and excellent service. The accompanying Tactical Plan 2016-19 helps break down the high level goals into smaller tasks that are more reasonable to accomplish.

WOODSTOCK HOSPITAL

C. Accomplishments from the Strategic Plan 2012-2014

Woodstock Hospital's previous Strategic Plan provided guidance for two years during which the organization enjoyed many accomplishments. As a result of the recent move into the new facility, WH was able to expand its portfolio of services offered to the community. In alignment with the Strategic Directions of the previous Plan, WH implemented many initiatives to improve care delivery:

Strategic Priority #1: Safe, Quality Patient Care

- WH successfully met the targets for 7 out of 10 performance indicators on the Quality Improvement Plan
- WH also publicly reports hospital acquired infection rates, which are also well below provincial benchmarks
- As of February 2014, WH is one of ten regional hospitals that are participating in the HUGO project (Healthcare Undergoing Optimization). HUGO allows the sharing of current and historical patient information within the organization and with partners, allowing for the right care at the right time.

Strategic Priority #2: Patient Centered Care

- In 2013/14, WH ranked above the 90th percentile for our patient satisfaction ratings on overall care and likeliness to recommend to others; these ratings are consistently above the provincial average
- WH is ranked second out of 74 P4R hospitals in two categories: ED length of stay for admitted patients and time to inpatient bed from ED
- WH takes a leadership role in implementing best practices to improve patient experience, such as being the first hospital in the LHIN to introduce pharmacy technicians in the Emergency Department to support medication reconciliation

Strategic Priority #3: Leadership, Partnership & Integration

- WH was awarded Exemplary Standing by Accreditation Canada in 2012 as a result of our strong safety and care delivery practices
- WH is a partner of the Oxford Hospitals' Joint Services Committee, providing leadership in creating an integrated health system in Oxford County
- As a leader in innovative solutions, WH's IT staff successfully developed the i-Dot, a new platform providing real time patient information to facilitate decisive action and safe discharge for patients in a timely manner
- Along with being the first hospital facility to achieve a Silver LEED certification, WH has also been nominated as a finalist for the Ontario Hospital Association's Green Hospital Award rewarding best practices in environmental sustainability two years in a row

Tactical Plan 2012-2014

The Tactical Plan 2012-2014 supported the Strategic Plan 2012-2014 by outlining clear action items that work towards each of the Strategic Directions. All 47 items from the Tactical Plan 2012-2014 have been successfully completed or are in progress (see: Appendix B). The organization is now primed and ready for a new set of initiatives to continue moving forward.

IV. Plan for the Future

A. Strategic Directions 2016-2019

The strategic directions identified below were developed through an extensive process consisting of a current state assessment, environmental scan and comprehensive stakeholder engagement. To support WH in achieving its mission, three strategic directions will allow the organization to adapt its practices and make positive changes to its operations:

Strategic Direction 1: Patient and Family Centered Care

Promoting Service Excellence at Woodstock Hospital

Patient and family centered care is a guiding principle for all Woodstock Hospital planning and operations. We recognize that our patients and their families are at the heart of everything we do here at the hospital. We will support our staff, physicians and volunteers to enable them to deliver high quality, patient-centered care.

We will support Patient and Family Centered Care by:

1. Providing a patient-centered experience that focuses on the relationship with the patient and family at all points of interaction
2. Continuing to build a corporate culture that focuses on service excellence and patient and family centered care
3. Exploring operational efficiencies to maximize the value for money and ensure clinical sustainability
4. Actively engaging patients and families on quality improvement initiatives through the Patient and Family Advisory Committee and continuing to collect and utilize feedback on their experiences
5. Understanding the clinical needs of the patients and families we serve and allocating resources to those priority programs
6. Fostering innovation and continuing to explore new technologies to enhance patient experience and quality of care

Strategic Direction 2: Safe, Quality Patient Care

Promoting Service Excellence at Woodstock Hospital

Delivering safe and high quality care is Woodstock Hospital's primary commitment to the community. We are guided by the principles of continuous quality improvement and we continue to uphold patient safety best practices as the basic standard of care.

We will support Safe, Quality Patient Care by:

1. Monitoring key safety and quality indicators and utilizing this evidence to identify opportunities for improvement
2. Continuing to hold ourselves accountable by reporting our outcomes and targets to governance and the public
3. Working towards a "Just Culture" in the hospital to promote reporting of safety incidents and system-level incident analysis
4. Engaging patients and families by providing education and collecting feedback on safety and quality improvements
5. Providing patient safety education training for all staff, and enabling innovation, collaboration and sustainability in quality improvement activities
6. Aligning the Patient Safety Plan with the corporate Strategic Directions and implementing the Goals and Objectives outlined in the Plan

Strategic Direction 3: Leadership, Coordination & Integration

Promoting Service Excellence at Woodstock Hospital

Woodstock Hospital recognizes the value of partnerships in creating a more accessible, integrated healthcare system for our patients. We acknowledge the positive impact of care coordination on patient outcomes and we strive to improve the transitions of care across the continuum.

We will support Leadership, Coordination & Integration by:

1. Continuing to play a leadership role in developing opportunities for integrated care delivery at the regional level via the Oxford Hospitals' Joint Services Committee

2. Implementing standardized common care protocols and best practices through Quality Based Procedure (QBP) alignment and standardization with our LHIN partners

3. Leading improvements in access to appropriate care in specialized clinical areas, such as surgical and maternal and child health, to address the growing needs of Oxford County and surrounding areas

4. Continuing to partner with London Health Sciences Centre as a teaching hospital in other clinical areas, such as renal and systemic therapy, to promote access to quality patient care

5. Focusing on educating our staff, patients and families on available community services and supports to ensure resources are utilized effectively

Detailed Strategic Directions

	#1 Patient and Family Centered Care	#2 Safe, Quality Care	#3 Leadership, Coordination & Integration
Description	• Focus on improving the patient experience at WH • Focus on the attributes of a successful patient (NRC Picker Dimensions*) • Focus on developing a stronger regional support model for the community	• Improve and enhance our inpatient services to best practice • Link and integrate with others to advance quality • Link with partners to develop a stronger Senior Friendly hospital • Monitor and assess where improvements may need to take place	• Lead partnerships for regional delivery • Partner with leaders for services that are provided outside of WH • Integrate with partners and provide efficiency of support services
Priorities	• Increase direct 1-on-1 care time with patients and families to establish and strengthen relationships • Align performance and recognition to improve patient centered care • Drive progressive improvement for the patient experience • Actively engage patients and families in patient safety initiatives and support enabling people to manage their health.	• Strengthen and align surgical program through increasing capacity and partnerships • Continue actualizing WH designation as a regional centre • Strengthen emergency department care • Align outpatient services to inpatient services • Strengthen mental health services • Strengthen women's and children's services	• Establish operating structures that support regional and system management with clear governance • Integrate and leverage administrative platforms to support more effective and efficient delivery • Strengthen clinical integration as an active leader and member of the LHIN • Develop further relationships with the SWLHIN and SWCCAC to build capacity and support long term system delivery

Strategic Foundations:

The strategic directions will be supported by a clinical foundation, enabling an infrastructure framework. These will ultimately drive the organization to achieve its mission.

Foundational Enabling Services: Infection control, human resources, risk management, service departments, information technology and management and decision support.

Implementation:

This strategic plan provides context around change management and project management. It outlines a high level implementation plan which will serve as the organization's framework from which to develop a more detailed plan. Each strategic direction has been identified with a number of initiatives as priority implementation tactics. Following these tactics will provide the organization with the momentum required to achieve WH's mission.

Patient Experience in the Future:

As the strategic directions are implemented over time, patients and their families will begin to experience the positive impacts of those changes. Successful and timely implementation will lead to improvements in patient care and coordination, including:

- Better coordination of information and care across various providers in the regions;
- Increased interdisciplinary care and reduced visits to hospital;
- Better navigation through the health care system, ensuring that patients have the right care at the right time;
- Reduced wait times for laboratory and diagnostic results after visits;
- Increasing patient empowerment and self-management;
- New state of the art technologies and processes, connecting patients to additional supports outside of the hospital in the community.

In order for patients to realize these important benefits, WH must build momentum as we implement the strategic priorities.

Looking Beyond 2019: In addition to the strategic directions identified in this plan, the organization has longer term aspirations beyond 2019, in two major areas:

- Focusing on chronic disease management to meet the increasing population demand that is associated with the increasing prevalence of chronic diseases and;
- Enhancing services for women and children that provide seamless navigation through various phases of care for this unique patient subset.

It is evident that there is a need for change within WH in light of the changing environment and population and as such, the hospital has set out its goals for the future. Concerted effort and significant work will be required from everyone in the organization to seamlessly realize the strategic directions outlined in this plan and to ultimately realize success.

V. Context for Change

Located in central Oxford County, Woodstock Hospital (WH) is a community hospital, which is fully accredited under the national standards of the Canadian Council on Health Services Accreditation (CCHSA). It serves the secondary care needs of 54,000 residents of Woodstock and surrounding area and provides both inpatient and outpatient care to up to 105,700 residents of Oxford County. Strategically, WH is located close to three hospital centers (Alexandra Hospital - 15 km to the west, Tillsonburg District Memorial Hospital - 35 km to the southwest and the London Health Sciences Centre - 45 km to the west).

This section will present the environmental scan that was conducted to inform the strategic planning for WH for the next three years. This current state assessment identifies expected challenges and obstacles in the areas of population demographics, financial landscape, resource capacity, and quality and safety performance over the next few years. By proactively identifying issues, WH can plan strategically to create solutions and align resources to best address them when they occur.

1. Regional Priorities

The WH Strategic Plan 2016-19 is aligned to the strategies at the provincial and regional levels, an important few have been summarized below:
The *Excellent Care for All Act* (ECFAA): This Ontario legislation represents the government's commitment to providing high quality care that is centered around the needs of the patients. Quality of care should be measured by patient outcomes and patient satisfaction rates, which can also be used to identify areas for improvement. Additionally, coordination and integration have been identified as top priorities by the Ministry of Health and Long Term Care.

In accordance with ECFAA, WH publishes the Quality Improvement Plan (QIP) annually with the purpose of monitoring key quality indicators and using them to assess organization performance. In September 2015, new regulation on standards for managing patient complaints was released. WH is already in accordance with these standards.

Ontario Patients First- Action Plan for Health Care: Released in 2015, this strategy is a follow up to the Action Plan for Health Care 2012 and represents the government's continued commitment to improving the patient experience. The core of this strategy is to improve the transparency, accountability and sustainability of the health system. The high level strategic directions in this Plan are:

- Improving access to health services
- Coordinating services to deliver care closer to home
- Supporting patients through education and transparency
- Protecting the sustainability of our universal public health system

Southwest LHIN Integrated Health Services Plan (IHSP):

The Local Health System Integration Act, passed in 2006, established the 14 LHINs across Ontario to manage health care priorities and services in their local communities and to promote better system integration in Ontario. The Southwest LHIN is one of the largest LHINs in Ontario, covering the area from Tobermory to Long Point and Stratford to Newbury. The LHIN is home to around 200 health

service providers including hospitals, long-term care homes, mental health and addictions agencies, community support services, community health centres, and the South West Community Care Access Centre (CCAC).

As a Health Service Provider in the Southwest LHIN, Woodstock Hospital is accountable to the LHIN for its operations and services. As such, the Woodstock Hospital's Strategic Plan aligns with the regional priorities identified by the LHIN. The Integrated Health Services Plan (IHSP) 2016-2019 prioritizes the following areas of focus for the Southwest LHIN:

- Mental Health and Addictions Services
- Home and Community Care
- Chronic Disease Management
- Hospice Palliative Care
- Hospital Based Care
- Primary Care
- Rehabilitation.

Oxford Hospital Joint Services Plan (OHJSP): This Plan was developed through the collaboration between Woodstock Hospital, Alexandra Hospital and Tillsonburg District Memorial Hospital in Oxford County. The objective was to explore opportunities to integrate care between the hospitals and to create Centres of Excellence at each site. Centres of Excellence enable a hospital to develop expertise and improve the efficiency and effectiveness of the specialized procedure. According to the OHJSP, WH is working towards creating a Centre of Excellence for Paediatric and Children's Health to service the region. The OHJSP has been successful in integrating care across multiple services such as Laboratory and Mental Health & Addictions, and is focused on creating a sustainable, quality health system in Oxford County.

Legislation changes: WH continues to stay current on changing legislation and ensuring that processes at the hospital are in accordance with regulations. The *Health Information Protection Act, 2015* is currently in process in the legislature. The Act will re-introduce the *Electronic Personal Health Information Protection Act*, which will lay the foundation for secure sharing of patient information through the province-wide Electronic Health Record.

2. Population Profile

Like many healthcare facilities in Ontario, WH is faced with a multitude of challenges related to human resources, patient safety, primary care, wait times, rapid changes in technology, pharmaceutical management, chronic disease management and many others. These challenges and priorities figure prominently in the provincial and Local Heath Integration Network's (LHIN) priorities. Health Service programs, services and budgets are being impacted by changes in the community and in the health system by factors such as:

- Population growth
- Increasing ethno cultural diversity
- Aging population
- Increased transparency and accountability
- Privacy concerns with the use of new technology
- New legislative requirements

Population Challenges:

The health care system is facing unprecedented challenges, most prominently demographic and fiscal challenges. Our population age structure is changing. We're living longer and baby boomers are reaching the age where they'll need more health care. Because people are living longer, it is projected that there will be increases in surgery and emergency services. Just as our education system responded decades ago to the baby boom, today's health care system must now prepare for the demographic shift that will double the number of seniors living in Ontario over the next 20 years. Of course, the older we are, the more we depend on our health care system. The cost of care for a senior is three times higher than for the average person. Today, health care expenses account for 42 cents of every dollar spent on provincial programs. The aging of the population has become a challenge for all Ontario Hospitals, and particularly for WH.

In review of the Statistics Canada 2013 Population Health Profile, residents of Oxford County practice poorer lifestyle habits than the average Ontarian. The prevalence of daily smoking, substance abuse, and physical inactivity is higher than that in Ontario. The level of education attainment by adults in Oxford County is lower than the rest of Ontario. Noteworthy also, are the higher rates of premature mortality and deaths in all causal categories (cancer, circulatory, respiratory, unintentional injuries, and suicides and self-inflicted injuries) per 100,000 people compared to the rest of Ontario. The following is a snapshot of the population characteristics of Oxford County:

- a higher proportion of people aged 65 and older (with fewer longer term care beds)
- a higher proportion of individuals facing increasing chronic disease management issues
- a higher proportion of individuals who practice poor lifestyle habits resulting in an increase in chronic disease illness
- a higher proportion of injury, self-injury and number of reported deaths
- a higher number of hip and knee replacements and hospitalized hip fracture event rate
- a higher 30-day stroke in hospital mortality

Demographic Characteristics:

Oxford County hosts 105,719 residents, as of 2011, with a population growth of 13.8% in the period between 1991 and 2011. The Oxford County Health Unit, as outlined by Statistics Canada, is host to the following communities:

- Norwich (Township)
- Tillsonburg (Town)
- South-West Oxford (Township)
- Ingersoll (Town)
- Zorra (Township)
- East Zorra-Tavistock (Township)
- Woodstock (City)
- Blandford-Blenheim (Township)

As WH's immediate service region, this is an area in the province with a relatively high proportion of elderly citizens. WH is also an area of the South West LHIN where the population density is high. Population density is the number of persons per square kilometre. The calculation for population density is total population divided by land area. Land area is the area in square kilometers of the land-based portions of standard geographic areas.

Population Density Summary of Oxford County	
Land (Oxford County)	2,039.56 km^2 (787.48 sq mi)
Population Total	105,720
Density	51.8 persons/km^2 (134.3 persons/sq mi)

Data Source: 2011 Census Statistics Canada

The health of those who live in the more densely populated areas is of interest and concern for two reasons: (1) the large numbers of persons involved, and (2) the fact that the population density of an urban area changes the potential for both public health problems and public health solutions. The potential for problems includes increased exposure to a large number of individuals who can spread infectious conditions, larger volumes of waste products at risk of poor handling, the presence of pollutants, an apparent increase in stress, and a concentration of more serious mental health problems. Solutions are influenced by economies of scale in providing services, a more varied array of resources, and the potential for closer proximity to others with similar interests and needs.

The population and population density in Oxford County has been steadily growing, as evidenced by the results from each of the last few censuses conducted (table below). Additionally, it is noted that the median age in the County is also increasing.

Oxford County	2011	2006	2001
Population	105,719	102,756	99,270
Percentage change in population	2.9% from 2006	3.5% from 2001	2.2% from 1996
Land area	2,039.56 km^2 (787.48 sq mi)	2,039.56 km^2 (787.48 sq mi)	2,039.56 km^2 (787.48 sq mi)
Population density	51.8 /km^2 (134 /sq mi)	50.4 /km^2 (131 /sq mi)	48.7 /km^2 (126 /sq mi)
Median age	41.2 (M: 40.0, F: 42.4)	39.8 (M: 38.6, F: 40.9)	37.7 (M: 36.6, F: 38.7)
Total private dwellings	43,367	40,625	38,555

Data Source: 2001, 2006, 2011 Census Statistics Canada

Future Projections:

The data below presents the 2014 and 2024 population projections for Oxford County and Ontario by age group. It is estimated that the population in 2024 will be 116,874 (Source: MOHLTC Intellihealth). The most noteworthy development expected over the next 10 years will be the rise in the proportion of population made up by the elderly (over 65 years: from 17% of the total population in 2014 to 21% in 2024). The population group aged over 65 is collectively expected to increase by 36%, with the highest increase expected in the age group over 85 (43% increase).

Of the Oxford population, Woodstock represents the largest and fastest growing population in all age groups. According to Statistics Canada in 2011, the population of Woodstock (37,754) has experienced a +6.4% growth.

Population projection of Oxford County[2] compared to Ontario by age group:

Age Group	Oxford					Ontario				
	2014		2024			2014		2024		
	Pop. No.	% of total	Pop. No.	% of total	% change	Pop. No.	% of total	Pop. No.	% of total	% change
0-18 years	25,303	23%	25,304	22%	0%	2,867,012	21%	3,045,167	20%	6%
19-44 years	35,303	32%	34,266	29%	-3%	4,811,552	35%	5,113,717	34%	6%
45-64 years	31,235	28%	30,587	26%	-2%	3,855,401	28%	3,937,685	26%	2%
65-74 years	10,493	9%	14,131	12%	35%	1,186,943	9%	1,684,089	11%	42%
75-84 years	6,425	6%	8,746	7%	36%	665,579	5%	989,396	7%	49%
85+	2,687	2%	3,840	3%	43%	286,231	2%	411,563	3%	44%
Total	**111,446**	**100%**	**116,874**	**100%**	**5%**	**13,672,718**	**100**	**15,181,617**	**100%**	**11%**

Data Source: Ontario Ministry of Health and Long Term Care: IntelliHealth Ontario

Socioeconomic Characteristics: Examining data about income, employment and education in Oxford County is relevant as these represent the socioeconomic determinants of health that affect our population and therefore, their use of the health system. The table below highlights the socioeconomic characteristics of Oxford County and the province of Ontario:

[2] Projections based on 2011 Statistics Canada Census

2013 Health Profile	Oxford County	Ontario	Variance
Unemployment	6.9%	7.8%	0.9 ↓
Low income	9.3%	14.5%	5.2 ↓
Post-secondary graduates, aged 25 to 54	55.6%	67.2%	11.6 ↓
Seniors, 65 and over, as a proportion of total population	14.1%	12.7%	1.4 ↑
Elderly dependency ratio (%)[3] (2011)[4]	28.4%	23.7%	4.7 ↑

Data Source: Statistics Canada: Oxford County Health Profile 2013

Health Characteristics: Understanding Oxford County's population health status enables WH to anticipate the needs of the community and plan accordingly. The table below highlights relevant population health statistics with a comparison to provincial numbers:

2013 Health Profile	Oxford County	Ontario	Variance
Overweight or obese	57.5%	52.6%	4.9% ↑
Current smoker; daily or occasional	27.1%	19.2%	7.9% ↑
Heavy drinking	19.1%	16.9%	2.2% ↑
Hospitalized acute myocardial infarction event rate (per 100,000 population)	265	198	67 ↑
Injury hospitalization (per 100,000 population)	513	409	104 ↑
Cancer incidence (per 100,000 population)	438.8	398.8	40 ↑
Self-injury hospitalizations (per 100,000 population)	80	63	17 ↑
Mental illness patient days (per 10,000 population)	376	547	171 ↓
Hip replacement (per 100,000 population)	135	112	23 ↑
Knee replacement (per 100,000 population)	258	192	66 ↑
Hysterectomy (per 100,000 population)	546	306	240 ↑

Data Source: Statistics Canada: Oxford County Health Profile 2013

Access to Services: Additionally, evaluating Oxford County's population access to services helps us understand the gaps in health services within the community. The table below identifies relevant statistics that reflect the level of access to health services in Oxford County, with a comparison to provincial levels:

2013 Health Profile	Oxford County	Ontario	Variance
Doctors rate - General/family physicians (per 100,000 population)	66	95	29 ↓
Doctors rate - Specialist physicians (per 100,000 population)	28	99	71 ↓
Wait time for hip fracture surgery (Proportion with surgery within 48 hours)	72.8	81.3	8.5 ↓
Caesarean section (proportion)	24.4	28.6	4.2 ↓
Patients with repeat hospitalizations for mental illness (%)	7.2%	10.7%	3.5% ↓

Data Source: Statistics Canada: Oxford County Health Profile 2013

[3] Elderly Dependency Ratio is an indicator of the population over the age of 65 that is dependent, economically or otherwise, and typically represents greater needs from the healthcare system.
[4] Community Health Profile, Southwestern Ontario 2015 – Southwestern Academic Health Network (SWAHN)

Key Messages:

A. Senior's Health

When compared to the province, the Woodstock Hospital's catchment area (Oxford County) has a larger proportion of seniors over the age of 65. Age is the greatest predictor of increased illness and use of health care services. Seniors account for 40% of hospital discharges in Ontario, 63% of acute inpatient days, 25% of all ED visits and 75% of all ED admits (Source: MoHLTC, Health Data Branch, PDST). The average length of time that seniors stay in the hospital increases with age and subsequently, this population accounts for a higher proportion of costs. Over the next ten years, Oxford County will experience a significant increase in population within the age groups 65 and over. WH has a role in the provision of geriatric care, from the perspective of an acute care hospital. With a significant number of our inpatients being over the age of 65, it is essential that the hospital develops an elder-friendly model of care with expertise in the unique care needs of the elderly population. WH continues to work with its LHIN partners such as the SW CCAC to connect to a robust system of community care, which is part of the South West LHIN's Integrated Health Services Plan. The hospital also has a Senior Friendly Committee that is linked with Public Health and hosts many initiatives like Falls Prevention month, Medication reconciliation awareness, etc.

B. Mental Health

WH recognizes the urgent need to address the increased demands of mental health support services. The aim as a Schedule 1 mental health facility with specialized mental health supports is to ensure that appropriate services and supports are provided for people with mental health and addiction needs. Overall, strategies will be required to meet the needs of this unique and growing population where social determinant factors such as education, health (lifestyle/condition), social support and income result in a higher utilization of acute admissions. Taking into consideration the unique needs of adult and children in the areas of chronic disease management and mental health will be important components of planning for this population. Also on the rise are youth mental health issues which are expected to increase by 50% from 2009-2020[5]. Approximately 80% of all psychiatric disorders emerge in adolescence. Sufficient resources and supports are not currently available for these children within the Southwest LHIN.

C. Children's Health

Not only are adults affected by the prevalence of certain diseases, there are diseases amongst children that are increasing. The combination of unhealthy eating habits, lack of exercise, genetics and other factors have led to increased cases of childhood obesity, diabetes and other life-long diseases. Childhood obesity is particularly troubling because the extra weight often starts children on the path to health problems that were once confined to adults such as diabetes, high blood pressure and high cholesterol. It has been suggested that early preventative measures and education can significantly decrease acute admissions and promote a healthy lifestyle. Hence, WH is taking steps to recruit a paediatrician to support a growing Maternal, Child and Women's Health program. WH taking a greater role in paediatric care in the County of Oxford will mitigate the burden on residents having to travel to London for treatment and follow-up. Children's health is a priority at all levels of health in Ontario.

[5] 2009 Status Report from the Canadian Paediatric Society

3. Financial Landscape

The health sector in Ontario is currently the largest funded provincial program, comprising 42% of the total provincial budget of $120.5 billion. This amounts to $50.8 billion province-wide, of which 48% or $24.5 billion is allocated to the Local Health Integration Networks (LHINs). The LHINs distribute this funding to their local Health Service Providers such as hospitals, community support services, long term care homes, mental health and addictions agencies, and more.

The Ontario provincial government has committed to a balanced budget by 2017/18 and, as a result, levels of hospital funding in the province have been held constant for the past five years. Moving forward, funding for hospitals is not expected to increase as the government continues to reduce its deficits. At the same time, the demands on healthcare services are expected to continue to increase with the aging population and rising chronic disease rates. The challenge for hospitals over the next few years is to navigate the financial landscape while meeting the needs of their communities and maintaining a balanced budget.

Health System Funding Reform

The Ontario government's Action Plan for Health Care is the basis for the Health System Funding Reform (HSFR), which was introduced in 2012 to drive patient focused services and ensure sustainability in a resource limited environment. The new model structures funding to follow the patient's needs and the services they receive, evolving from the traditional provider focused or global funding model.

There are two key components to the HSFR:

The **Health Based Allocation Model** (HBAM) currently comprises 30% of the total funding at WH and identifies expenses based on demographics (age, gender, growth projections, socio-economic status and geography) as well as clinical data associated with complexity of care and type of care.

The **Quality-Based Procedures** (QBPs) make up 10% of total WH funding and are a set of clinical quality groupings aimed to accelerate quality improvement and enhance system value. Each QBP is based on types and quantities of patients that are treated using rates based on efficiency and best practices that are adjusted for each procedure. The model targets price and volumes to create an incentive for providers to adopt best practices in the care delivery model.

As of 2015/2016, the HSFR comprises 40% of the total funding envelope provided to hospitals with the remaining 60% based on global funding. The aim is to allocate 70% of hospital funding through HSFR once the funding reform is complete:

Current State (2015/16)	Future State
60% Global Funding 40% Health System Funding Reform, broken down into: • 30% Health Based Allocation Method • 10% Quality Based Procedures	30% Global Funding 70% Health System Funding Reform, broken down into: • 40% Health Based Allocation Method • 30% Quality Based Procedures

Impact on Woodstock Hospital

Multiple Quality Based Procedures have been rolled out since 2012, and WH is now being funded for these procedures based on the volumes of patients that undergo each procedure at the hospital. Each QBP requires significant planning for care delivery to meet the evidence based quality guidelines included in the QBP. The proposed QBPs that are currently in the pipeline are listed below:

Proposed Future QBPs
1. **Shoulder Surgery – Osteoarthritis Cuff**
2. **Paediatric Asthma**
3. **Paediatric Sickle Cell Anemia**
4. **Cardiac Devices**
5. **Cardiac Prevention Rehab in the Community**
6. **Cancer Surgery: Breast**
7. **Cancer Surgery: Thyroid**
8. **Colposcopy**
9. **Lower Back Pain**
10. **Mental Health**
11. **Corneal Transplants**
12. **Maternal and Child Newborn**
13. **Hysterectomy**
14. **Emergency Department Work**

The Quality Based Procedures (QBP) model poses a challenge for the organization in aligning its resources with the QBP volume criteria. Specifically, QBP volume requirements are at odds with the service expansions at WH after our move into a new facility; they fall short of the volumes WH resources are capable of performing. As such, procedures under QBP funding have to be restricted, which not only underutilizes the manpower, but also increases the wait times for patients.

The HBAM funding model uses an evidence based funding formula that estimates future expenses based on past service levels and population health information. WH's volume and service expansions over the past few years are expected to result in favourable HBAM funding estimates due to the formula's reliance on past volume levels.

Post Construction Operating Plan

The Post Construction Operating Plan (PCOP) provided limited time funding for WH as the result of an agreement with the ministry and the LHIN to support WH after the move into the new facility. The PCOP supports the hospital through volume and service expansions by setting target volumes for funding eligibility. WH is expected to successfully complete the target volumes for 2015/16, which is also the final year of PCOP funding. WH not only dealt with the challenges of meeting these target volumes, but will also have to address the increased costs of our Public-Private Partnership (also known as P3) Agreement. WH entered into a P3 Agreement with Ellis Don as the builder of our new facility and Honeywell for the maintenance.

Integrated Funding Model

In May 2015, Ontario announced the Roadmap to Strengthen Home and Community Care, a 3 year plan to improve and expand care in this area. As part of the plan, the bundled care approach was prioritized and the Integrated Funding Model (IFM) was introduced. This is an initiative to implement innovative approaches to integrate funding over a patient's episode of care. Hospitals will partner with other health care providers to determine a single payment to cover all the care needs of an individual patient's hospital and home care. The aim is to enhance the coordination of care from hospital to home care, ensure collective accountability and deliver patient centered care.

The first wave of IFM has been selectively rolled out to 6 teams and is currently in the implementation and evaluation phase. Results from these evaluations will inform the policies of the Integrated Funding Model across the province and how it will affect Woodstock Hospital in the future.

4. WH Resources

- Woodstock Hospital has many assets, including a state-of-the-art physical space, automated technology systems and exceptionally skilled and dedicated health human resources and physicians.
- The volume of patients and the community of Oxford County is growing with specific needs, primarily an aging population with chronic diseases, a special needs population requiring supports in mental health and addiction, and children's health. WH must account for this when planning for a sustainable future.
- Existing partnerships are strong, but there are opportunities to further strengthen them and to re-establish new relationships with key organizations to improve collaboration across the region.
- WH can continue progress by leveraging better use of data and resources to enable healthcare organization growth opportunities.
- WH should continue to incorporate new partnerships and strengthen existing partnerships with Fanshawe College and the University of Western of Ontario to increase medical student volumes.

Human Resources at WH:

As of October 6th 2015, Woodstock Hospital employs 919 staff, of which 488 are full time, 386 are part time, and 45 are casual staff. A significant proportion of WH staff are members of one of three unions: the Ontario Nurses' Association (ONA), Unifor Service Workers and Unifor Clerical Workers. About 31% of WH staff is non-unionized. WH continues to maintain good relations with its labour unions. The Unifor Clerical group was most recently unionized in November 2014 and ratified their collective agreement in November 2015. The collective agreement for ONA will expire in March 2016 and local negotiations will begin prior to that in January. The Unifor Service collective agreement will expire in March 2017 and the HR team will be heavily involved in that process as well.

The following represents the breakdown of union affiliation but excludes employees on disability:

	ONA	UNIFOR – Service	UNIFOR – Clerical	Non-Union
Full Time	145	102	38	203
Part Time	120	137	57	72
Casual	31	0	0	14

Staff Recruitment and Retention:

Recruiting and retaining the best talent is a challenge for any organization. WH continues to have a very strong and much respected reputation as a community hospital. It brings together a tradition of excellence in clinical care and a commitment to innovation and delivering the highest standard of care to patients. HR Services supports the recruitment of talent in a variety of ways, such as through the facilitation of Strategic Workforce Planning, which is a very complex activity, especially when it is multidisciplinary and involves formalizing the assessment of need, skill mix, and numbers for a given service. The HR department utilizes an approach to workforce planning with line managers and service heads that is aligned with Accreditation Canada standards, departmental goals and objectives, and hospital-wide opportunities for improvement, while being aligned with the corporate Strategic Directions of WH. WH routinely updates its website, job application processes, staff information and student information. WH continues to be in growth mode and will remain so until all 178 beds are opened.

Over the past year, WH's focus has continued to be primarily on retention and wellness. The HR Services team has continued efforts to improve retention and recruitment practices and is continually investigating innovative ideas to improve the quality of work life. WH's ongoing initiatives include monthly Charge nurse meetings, introductions of Nursing Orientation for preceptorship and mentorship roles, orientation pathways and revised manuals.

Employee Separations:

The aging workforce presents a significant challenge for the health care system. The workload issues for physicians, nurses and other allied health staff will become more prominent as the workforce ages. The aging workforce trend for nursing aged 60 and above has more than doubled since 1999[6]. WH recognizes that in order to build capacity to accommodate the growing number of patients, HR must strategically recruit to offset the number of retirees.

In 2014, the average age of WH employees was 41.6 years, with the average age decreasing by one year annually. The average age of a health care worker in Ontario is 44.8 years. The average length of service at WH is 9.08 years, which has decreased from 9.43 years. Currently, 16% of our workforce is eligible to retire, comparable to 31.4% in health care organizations province wide[7]. In the current year of 2015, 136 WH staff are over the age of 55 and eligible for retirement. The additional staff eligible for retirement over the next few years are as follows:

[6] Canadian Institute for Health Information Workforce Trends of RN's in Canada, 2006
[7] OHA Saratoga Benchmarking Survey

The graph below shows the breakdown of employees over the age 55, and therefore eligible for retirement, over the next few years. The graph does not show employees that will actually retire and leave the organization as employees may choose to retire at different ages.

In 2014, the general turnover rate experienced was 10.96%. The highest reason for turnover for full time staff continues to be retirement (44%) with the completion of work term/contract (24%) as the second highest reason. On the other hand, the turnover rate for part time staff is mostly due to personal reasons (42%), with lack of availability (15%) and employment elsewhere (14%) as the second and third highest reasons. The following graph estimates the projected separations over the next few years, based on the current turnover rate of around 11%:

Culture and Wellness:

The HR team at WH is committed to creating a strong culture around the four core components and associated standards of Service Excellence- communication, confidentiality, commitment & competence and caring & compassion. The 2014 Employee Engagement survey indicated a high level of job satisfaction and commitment, validating the focus on a supportive and collaborative approach. WH has been a proud recipient of the Ontario Hospital Association Quality Workplace Silver Award for 3 years in a row. The standards for achieving a Silver award have risen every year and WH has successfully met these challenges by continuing to focus and improve upon quality of work life initiatives.

Moving Forward:

The following strategies are under active development, or in some cases, have been implemented to address the human resources challenges associated with recruitment, retention and separations:

University/College Collaboration: The hospital has established contracts with several colleges and universities to establish opportunities for nursing, practical nursing, prospective nursing students, medical residents and public policy residents to complete the work practicum portion of their programs at the hospital. A complete list of partner schools can be found in Table A.

WH is also a member of the Southwestern Ontario Student Placement Agreement (SWOSPA) between WH, Fanshawe College, Lambton College, St. Clair College, University of Western Ontario, and the University of Windsor. This allows participating students to gain exposure to, and experience in a hospital setting. This collaboration with universities and colleges facilitates recruitment of new medical staff at WH to various departmental positions that may become vacant due to retirements or departmental needs.

New Graduate Initiative: The hospital has used this initiative to provide new nursing graduates with the opportunity to gain experience and exposure to the hospital.

RPN's Scope of Practice: The hospital has undertaken a program of skill enhancement for its RPNs in order to broaden their scope of practice. This program enables the staff to perform a broader range of activities, thereby allowing the hospital to alter its staff mix on several care floors. The net result is the hospital has a broader pool of health care providers with the right skills within the community to recruit from.

Provincial/National Recruiting: The hospital is working with many of the provincial/national bodies of healthcare professionals both to advertise for healthcare professionals and to identify opportunities to attract these personnel to Oxford County.

Health Force Ontario: The hospital continues to post and receive information of medical manpower to address its future needs. HFO's website allows WH to post physician, nurses and all regulated health care professional positions.

The WH Human Resources Department plays an integral role in preparing and implementing the HR strategic plan, which is evaluated annually by HR and by the Board.

Table A: Complete list of schools WH is in partnership with:

List of partner schools
Bloomberg University of Toronto
Brantford Medix College of Healthcare
Cambrian College
Canadore College of Applied Arts and Technology
Canadian Hospital Association
Centennial College
Conestoga College
Confederation College
Fanshawe
Fleming (Sir Sandford) College
Georgian College
Humber College
Lambton College
Laurentian University
McGill University
McMaster University
Medix - London
Medix Kitchener
Medix London
Mohawk College
Northern College
Ryerson University
Sault College
Saybrook University
St. Clair
St. Francis Xavier university

The Canadore College/Nipissing University (North Bay)
Trent University
Trios College
University of Calgary
University of California
University of New Brunswick
University of Toronto
University of Waterloo
University of Waterloo (Renison College)
University of Western Ontario
University of Windsor
Westervelt College
Wilfrid Laurier University
York University

WH Facility: Woodstock Hospital is located within an open, spacious and accessible facility that opened after relocation in November 2011. The hospital is equipped with state of the art medical and diagnostic technology, including Oxford County's first and only MRI. Some of the most notable accomplishments of the new hospital facility have been on the environmental sustainability front. WH has been one of the top five finalists for the Ontario Hospital Association's Green Hospital Award for two years in a row. Additionally, WH was awarded the Recycling Council of Ontario (RCO) Silver Award in 2015 for achievements in recycling and waste diversion.

WH's leadership in environmental stewardship has been ingrained into the construction of the new facility, resulting in WH being awarded the first LEED Silver Certification by a hospital in Canada. Using equipment such as high efficiency boilers and heat recovery ventilators allows the facility to conserve energy usage in its operations. WH continues to excel in reducing the environmental impact of healthcare through various Green initiatives such as diverting plastic waste by transitioning surgical wraps to reusable sterilization wraps and a paperless recruiting process through the HR department.

Investment in Technology at WH: As part of the commitment to safe, quality care, WH employs the latest medical technology to enable care delivery at the front line. Over the past few years, the hospital participated in a large scale project to enable access to patient information across care partners through Healthcare Undergoing Optimization (HUGO). Additionally, the hospital is one of the first six sites in Canada using CareLink nursing carts. WH has invested in 50 of these advanced nursing carts that ensure safe and secure medical administration to the right patient at the right time. Most recently, in November 2015, WH also launched new advanced IV infusion pumps on the nursing units to support patient safety at the hospital. These new "Smart Pumps" are programmed to reduce errors and to ensure safe medication dosages to patients. Moving forward, WH hopes to utilize the ability of these pumps to upload patient information to the electronic patient record in real time.

WH is also a partner and leader in the Southwest LHIN, with membership in the group of London area hospitals that share the medical information system contract. WH is also a leader in this group through the implementation of new cutting edge projects such as the Single Sign-On feature on all computers in the facility. This feature supports staff in focusing on safe, quality care while protecting patient privacy and enhancing ease of workflow by enabling staff to log in to their virtual workstation from any computer in the hospital.

Innovation at WH: WH works diligently to support the effective use of technology at the hospital and often finds innovative solutions to the challenges faced in care delivery. With the help of our clinical team, the IT department created the Interactive Discharge on Time, or i-Dot, platform to facilitate efficiency during discharge rounds. This platform provides access to up-to-date patient information for enhanced communication and decision making by care providers. The i-Dot has played a key role in facilitating smooth preparation for discharge and ensuring barriers to discharge have been addressed by all members of the multidisciplinary team. Additionally, the development process is underway for the i-Flow, which facilitates efficient patient flow in the hospital by showing a real time summary of patient beds. This platform will also assist in maintaining shorter lengths of time to admission from the Emergency Department, or what is known as time to inpatient bed.

Operating and Capital Resources:

Woodstock General Hospital Statement of Expenditures			
Account Description	YTD @ Mar 31/15 Actual	Estimated 2015/16 Budget	Estimated 2016/17 Budget
REVENUE			
MINISTRY OF HEALTH			
APPROVED M.O.H ALLOCATION	$ 67,830,513	$ 70,444,732	$ 71,418,780
FEES FOR INSURED SERVICES	5,963,057	5,913,080	5,981,180
OTHER PROGRAMS	9,131,402	8,674,786	9,200,000
OTHER PATIENT REVENUE	1,042,156	859,500	863,870
PREFERRED ACCOMODATION	522,885	475,000	485,000
OTHER PATIENT SOURCES	5,528,325	3,345,512	4,400,537
TOTAL PATIENT SERVICE INCOME	***90,018,339***	***89,712,610***	***92,349,367***
INVESTMENT INCOME	111,403	87,400	50,000
OTHER REVENUE	2,260,896	1,780,060	1,695,205
PARKING LOT AND RENTAL INCOME	1,178,333	1,205,738	999,739
WORKERS REHAB CLINIC INCOME	1,094,367	988,000	1,152,500
AMORTIZED DONATION/GRANT INCOME	3,851,813	3,984,628	3,059,900
TOTAL REVENUE	**98,515,152**	**97,758,437**	**99,306,711**
EXPENSES			
HOCC	1,498,608	1,635,887	1,601,605
SALARIES AND WAGES	45,107,613	45,935,580	46,118,134
MEDICAL STAFF REMUNERATION	5,636,013	5,596,432	5,939,583
EMPLOYEE BENEFITS	8,621,397	8,813,873	9,322,271
SUPPLIES AND OTHER EXPENSES	15,429,996	15,474,242	16,103,625
MEDICAL AND SURGICAL SUPPLIES	4,245,150	4,383,820	4,461,370
DRUGS	3,133,334	1,588,820	1,583,374
OTHER PROGRAMS	9,153,761	8,674,786	9,200,000
WORKERS REHAB CLINIC	1,016,061	931,265	1,152,500
TOTAL EXPENSES	**93,841,934**	**93,034,706**	**95,482,462**
NET INCOME BEFORE DEPRECIATION	4,673,218	4,723,731	3,824,249
DEPRECIATION ON EQUIPMENT	4,560,026	4,585,416	3,726,000
EXCESS AS RECOGNIZED BY M.O.H	***113,192***	***138,315***	***98,249***
MOH GRANT - INTEREST ON LONG TERM DEBT	(10,950,192)	(10,810,500)	(10,654,029)
INTEREST ON LONG TERM DEBT	10,950,192	10,810,500	10,654,029
	-	-	-
AMORTIZED DONATIONS/GRANTS ON BLDGS	(4,593,046)	(4,397,685)	(4,397,685)
DEPRECIATION ON BUILDINGS	4,536,989	4,536,000	4,495,934
	(56,057)	138,315	98,249
EXCESS OF REVENUE OVER EXPENSES	**$ 169,249**	**$ 0**	**$ 0**

5. Quality and Safety Performance

WGH continues to strengthen its leadership role as the main provider of acute services for the County of Oxford. In order to achieve its goals in wait times, patient satisfaction, quality improvement, and overall excellent quality care, the hospital needs to continue to make investments in many supporting areas. These areas include partnerships and collaboration with neighboring hospitals, medical education, information technology, human resources, facility management and financials. Without the attention to these areas, we will not realize the organization's strategic directions. Hence, the focus is translating strategy into action. Our new goals will: drive the strategic planning; focus energy and resources; strengthen operations; ensure that stakeholders are working towards a common purpose and; access and adjust WH's direction in response to a changing environment.

Key Factors for Consideration:

- Patient centered care and service excellence are key strategies within the WH Strategic Plan. Patient and family advisors will provide an approach to care delivery that is grounded in our values
- An aging population with ailing chronic diseases requires a commitment of adequate resources to the hospital's emergency department, senior friendly care, diabetes management, medication management and primary care in order to effectively address alternative level of care needs and to avoid readmissions
- Women and Children's health has unique needs where prevention and education will need to play a greater role in overall health. Anticipated growth in this area will require additional resources and system planning.
- WH will need to work collaboratively with our partners to strengthen mental health and addiction services and supports in the community
- Investments must be made to train our future health care providers and leaders.
- Future development opportunities must align with our resources and enhance our performance

Leadership:

WH is strongly positioned to expand its support role as a regional hospital. With the guidance of the Strategic Plan 2016-19, WH will continue to lead, partner and collaborate on integrated services in the South West region. WH will create further efficiencies and coordinate services more effectively while focusing on key clinical areas to promote client safety and quality health outcomes. In addition, WH will continue to serve the growing demands associated with women and children's health. In other clinical areas such as mental health, surgical services, renal care, rehabilitation and geriatrics, WH will continue to partner with London Health Sciences Centre and other community health care organizations within the South West LHIN. To ensure that the transition of services and care is managed appropriately, partnerships will be developed carefully with the community and other organizations. Establishing strong relationships and communications with partners will also allow WH to ensure that any gaps are addressed. The key is helping with the navigation of patients to the appropriate setting for care.

Strategic Foundations:

Effective delivery of care requires a set of strategic foundations – clinical supports, enabling services, and infrastructure. These support the strategic directions and priorities in a variety of capacities and support

the organization in achieving its mission. WH has excellent services in each of the three areas, including exceptional diagnostic imaging, lab services and pharmacy, which provide support to all clinical areas of the hospital. Such services are essential to the successful operation of the hospital and to high quality patient care. WH also reports very low infection rates, due to the strong infection control program and environmental services supporting the program within the organization. Investments in strategic foundations will be guided by:

- Benchmarking our performance and striving to be "best in class"
- Alignment to our strategic directions and priorities
- Partnering where appropriate or integrating where opportunities exist.

The table below represents our Strategic Foundation:

Clinical Supports:	Enabling Services:	People:
Diagnostic Imaging Laboratory Services Pharmacy Ambulatory Care Diabetes Surgical Services	Infection Prevention & Control Education Services Facility Services Information Management & Technology	Medical Education Interprofessional Learning & Continuing Education Talent Management Recruitment & Retention

Woodstock Hospital Market Share

1. Acute Care:

Market share is a critical indicator of hospital utilization and WH's market share target is 85% or more for the core acute care services. A summary of the acute care services is presented in Graph 1(a). This graph clearly shows that family practice and internal medicine have been meeting the target over the past five years. The market share for Family Practice remained stable at a high market share, reaching 96% in 2014-15, while Internal Medicine experienced growth, reaching 93% market share in 2014-15. General Surgery has remained fairly stable over the years, with a 75% market share in 2014-15. Both Obstetrics/Gynecology and Orthopedic Surgery have experienced overall growth over the years, reaching 75% and 55%, respectively in 2014-15. Otolaryngology was newly offered at WH in 2012-13 and reached a market share of 41% in 2014-15. Finally, Urology's market share shows decline, however, WH recently recruited two urologists and the market share is therefore expected to grow again in the next few years. Overall, the 2014-15 market share for acute care services is 84%, which is consistent with previous years. Please refer to Appendix 1-A for a detailed breakdown of where Woodstock residents are receiving acute care services.

Graph 1(a): Percentage Woodstock Residents treated as acute care patients at Woodstock Hospital in the last five years.

Source: Ontario Ministry of Health and Long-Term Care: IntelliHealth Ontario (Acute Care Service)

It is also noteworthy to consider the Woodstock residents that have travelled outside of the city to receive acute care services that WH does not offer. Identifying the need for these services will enable WH to expand and potentially offer them in the future. As shown in Table 1(a), the highest need is for Cardiology services and the number of patients is seen to grow over the years.

Table 1(a): Adult Services not available at Woodstock Hospital

ACUTE CARE-ADULT	2010-11	2011-12	2012-13	2013-14	2014-15
	TOTAL	**TOTAL**	**TOTAL**	**TOTAL**	**TOTAL**
DOCTOR SERVICE	#	#	#	#	#
CARDIAC SURGERY	27	32	40	41	32
CARDIOLOGY	71	84	68	71	90
NEPHROLOGY	21	34	19	20	27
NEUROLOGY	14	11	17	23	26
NEUROSURGERY	38	51	37	53	54
PLASTIC SURGERY	26	25	31	21	20
THORACIC SURGERY	38	24	35	54	34
VASCULAR SURGERY	28	45	43	29	35
OTHER[8]	142	89	126	152	128
TOTALS	405	395	416	464	446

Source: Ontario Ministry of Health and Long-Term Care: IntelliHealth Ontario

[8] Services with under 10 cases

Although WH is currently seeking to recruit a paediatrician, most paediatrics patients are redirected to the tertiary care center in London for medical care. The number of patients in this category is expected to decrease once a paediatrician is successfully recruited at WH. The actual number of paediatric patients travelling outside Woodstock to access services is shown below in Table 1(b).

Table 1(b): Paediatric Services not available at Woodstock Hospital

ACUTE CARE-PAEDIATRIC	2010-11	2011-12	2012-13	2013-14	2014-15
	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
DOCTOR SERVICE	#	#	#	#	#
CARDIOLOGY	2	9	8	5	5
GASTROENTEROLOGY	0	1	3	6	1
GENERAL SURGERY	7	5	8	10	11
HEMATOLOGY/ ONCOLOGY	3	20	12	0	0
NEPHROLOGY	1	3	2	0	0
NEUROLOGY	0	1	0	0	0
NEUROSURGERY	0	0	0	1	0
OPHTHALMOLOGY	0	2	1	0	0
ORTHOPEDIC SURGERY	0	3	3	4	1
OTOLARYGOLOGY	0	0	1	0	1
PLASTIC SURGERY	0	0	0	3	0
PSYCHIATARY	0	0	0	1	0
PAEDIATRICS	160	160	133	141	145
TOTALS	173	204	171	171	164

Source: Ontario Ministry of Health and Long-Term Care: IntelliHealth Ontario

2. Day Care:

A summary of day care services for Woodstock residents is presented in Graph 2(a). The target market share of day care services performed at WH is 85% or above. Of the twelve day care services presented in this graph, three services reached the market share target in 2014-15; they include General Surgery (91%), Dentistry (85%) and Registered Nurse Flexible Sigmoidoscopy (92%). Registered Nurse Flexible Sigmoidoscopy or RNFS was recently introduced as a new service at WH in 2013. Market share in Internal Medicine, General Surgery and Dentistry has remained stable over the past five years, while it has decreased in Obstetrics/Gynecology, Urology and Ophthalmology. Market share has been increasing, on the other hand, in Orthopedic Surgery and Otolaryngology reaching 70% and 34% in 2014-15, respectively. Overall, day care services at WH have a market share of 78% in 2014-15, which remains comparable to the previous years. Please refer to Appendix 2-A for a detailed breakdown of where Woodstock residents are receiving day care services.

Graph 2(a): Percentage of Woodstock Residents treated as day care patients in Woodstock in the last five years.

Source: Ontario Ministry of Health and Long-Term Care: IntelliHealth Ontario

Once again, an understanding of the day care service needs of Woodstock residents that are not currently being met by WH is relevant and is shown in Table 2(a). These patients travel outside the city to receive their care, and there is potential for WH to expand its services according to need in the future. As seen from the table below, there is an identified gap for day care Gastroenterology services and it is seen to be growing over the years. There is also need for Plastic Surgery and Thoracic Surgery services, although the need has not grown over the past five years.

Table 2(a): Adult Day Care Services not available at Woodstock Hospital

DAY CARE - ADULT	2010-11	2011-12	2012-13	2013-14	2014-15
	TOTAL	**TOTAL**	**TOTAL**	**TOTAL**	**TOTAL**
DOCTOR SERVICE	#	#	#	#	#
ANESTHESIOLOGY	2	2	4	2	-
CARDIAC SURGERY	1	-	1	-	-
CARDIOLOGY	3	7	11	8	19
CARDIOTHORACIC SURGERY	0	0	2	8	-
CRITICAL CARE MEDICINE	0	0	1	4	5
EMERGENCY MEDICINE	-	-	-	1	-
GASTROENTEROLOGY	171	162	207	250	219
GYNECOLOGIC ONCOLOGY	1	1	1	-	1
NEUROSURGERY	4	7	11	13	8
PLASTIC SURGERY	67	69	73	58	68
RADIATION ONCOLOGY	-	-	1	2	-
RESPIROLOGY	18	7	14	17	13
THORACIC SURGERY	18	18	31	40	31
VASCULAR SURGERY	6	3	8	7	8
TOTALS	291	276	365	402	372

Source: Ontario Ministry of Health and Long-Term Care: IntelliHealth Ontario

There is a small number of paediatric patients (fewer than 50 per year) that have to travel outside of the city to receive treatment through specific day surgical procedures. WH will continue to monitor these numbers by year to identify potential high needs in the future.

3. Market Share Over Time:

Tables 3(a) and 3(b) represent the WH market share over the past five years of acute and day care services, respectively. WH held a steady market share of 65% in acute care services until 2014-15, when there was a slight dip to 63%. The share of day care volumes at WH has decreased slightly over the time period, with 50% of day care services for Woodstock residents being performed at WH in 2014-15.

Table 3(a): Percentage and total number of Acute Care breakdown by residence region.

Acute Care Breakdown by Residence Region (excluding Newborn)	2010/11		2011/12		2012/13		2013/14		2014/15	
	#	%	#	%	#	%	#	%	#	%
Woodstock	2,610	65%	2,541	65%	2,900	65%	3,074	65%	3,200	63%
External	1,382	35%	1,348	35%	1,555	35%	1,656	35%	1,907	37%
Total	**3,992**	**100%**	**3,889**	**100%**	**4,455**	**100%**	**4,730**	**100%**	**5,107**	**100%**

Source: Ontario Ministry of Health and Long-Term Care: IntelliHealth Ontario

Table 3(b): Percentage and total number of Day Care breakdown by residence region

Day Care Breakdown by Residence Region	2010/11		2011/12		2012/13		2013/14		2014/15	
	#	%	#	%	#	%	#	%	#	%
Woodstock	3,278	56%	3,281	53%	3,524	54%	3,461	51%	3,375	50%
External	2,600	44%	2,901	47%	3,018	46%	3,267	49%	3,343	50%
Total	**5,878**	**100%**	**6,182**	**100%**	**6,542**	**100%**	**6,728**	**100%**	**6,718**	**100%**

Source: Ontario Ministry of Health and Long-Term Care: IntelliHealth Ontario

4. Service Volumes Over Time:

Table 4(a) presents the change in volume of services provided by WH over the past five years. From this data, it can be seen that the volume of acute care services has increased over the past four years, with an 8% year over year increase in 2014-15. Additionally, Rehabilitation services were offered at WH for the first time in 2011-12 and experienced strong growth in volumes during expansion and increased by 13% from the previous year in 2014-15. Total inpatient services increased by 10% last year (628 case increase) while day care services have seen an average 3% growth in the past four years with stable numbers last year. When analyzing the total growth of services over the given period, there was an average of 5% growth every year from the previous year.

Table 4(a) WH Services over the past five years:

Woodstock Hospital Service Volumes	2010/11		2011/12		2012/13		2013/14		2014/15	
	#	%	#	%	#	%	#	%	#	%
Acute Care	3,992	36%	3,889	34%	4,455	35%	4,730	36%	5,107	38%
Newborns	631	6%	691	6%	833	7%	790	6%	845	6%
Chronic Care	175	2%	191	2%	189	1%	138	1%	189	1%
Mental Health	414	4%	437	4%	476	4%	399	3%	517	4%
Rehabilitation	0	0%	4	0%	139	1%	211	2%	238	2%
Total Inpatient Services	5,212	47%	5,212	46%	6,092	48%	6,268	48%	6,896	51%
Total Daycare Services	5,878	53%	6,182	54%	6,542	52%	6,728	52%	6,718	49%
Total	11,090	100%	11,394	100%	12,634	100%	12,996	100%	13,614	100%

Source: Ontario Ministry of Health and Long-Term Care: IntelliHealth Ontario

5. Support Services:

In addition to the three hospitals in Oxford County, the population of Oxford County is serviced by the South West Community Care Access Centre (CCAC), nine long term care facilities (excluding one in Norfolk), two family medical centres, one community health centre and several community support services and mental health/addiction services and facilities. The following Table 5(a) lists the current long term care homes within Oxford County.

Table 5(a): Long Term Care Home in Oxford County:

Organization Name	Facility ID	Bed Type	City	10/11 LTC Beds	15/16 LTC Beds
Caressant Care Woodstock	NH2623	NH	Woodstock	156	163
Maple Manor Nursing Home	NH1707	NH	Tillsonburg	102	107
PeopleCare Tavistock	NH1705	NH	Tavistock	100	100
Secord Trails Care Community	NH1698	NH	Ingersoll	80	80
The Maples Home for Seniors	NH1706	NH	Tavistock	43	43
Woodingford Lodge Ingersoll	HF4455	HF	Ingersoll	34	34
Woodingford Lodge Tillsonburg	HF4454	HF	Tillsonburg	34	34
Woodingford Lodge Woodstock	HF4674	HF	Woodstock	160	160
Bonnie Brae Health Care Centre	HF1703	HF	Tavistock	80	0
			Total Beds	**789**	**721**

Source: Provided by the Southwest LHIN on November 11, 2015

NH: Nursing Home, HF: Home for the Aged

Recommended by the Health Services Restructuring Commission's final report, *Looking Back, Looking Forward: A Legacy Report (2000)*, the target number of beds recommended is 99.1 beds per 1,000 of the population that is age 75 and over. Currently, there are 721 long term care beds available within Oxford County for a population of 8,400 (and growing) that is aged 75 and over. Based on this ratio, there is a shortage of beds for the population that exists when looking at the current data. Using the HSRC recommendations, there should be 832 long-term care beds available, meaning there is a current shortage

of 111 beds in Oxford County. This number will continue to rise as the population aged 75 and over increases over the coming years. Since the previous Strategic Plan was written, Oxford County lost around 8% capacity, mostly due to a loss of 80 beds from the village of Tavistock. Additionally, there are no reliable projections of future long term care beds available as the Ontario healthcare environment is predicted to undergo significant change in the community care sector in the near future, with little known about what the changes will look like. Thus, WH faces a significant challenge in caring for the elderly with support from limited community resources.

6. Medical Manpower Resources:

The recruitment of physicians for WH is a key focus for the organization as it enables the hospital to expand its services and better meet the needs of the community. The Medical Manpower Committee (MMP), comprised of senior management and physician leadership from various parts of the hospital, strategically plans the recruitment needs of WH. Additionally, WH is a partner in the Oxford County Physician Recruitment Committee, which is focused on recruiting family physicians to set up community practices in Oxford County. Table 6(a) below highlights the current and future physician recruitment needs, along with current levels of practitioners:

Table 6(a): Medical Manpower Plan *as of December 8, 2015 MMP Committee Meeting

Doctor Service	Current Practitioners			2015/16	2016/17
	Active	Part-Time	Locum/Other	Recruitment Need	Recruitment Need
Family Practice	12	1	4	6-8	6-8
Emergency Medicine	8(1)	10	2	0	0
Internal Medicine	3	0	5	1	1
General Surgery	5	0	3	0	0
Anaesthetists	4	1	8	0-1(2)	0-1(2)
Urology	2	0	0	0	0
Psychiatry	2	3(3)	0	2	2
Orthopedic Surgery	4	0	0	0	0
Obstetrics/Gynecology	5	0	8	0	0
Pathology	3	0	1	0	0
Radiology	3	0	4	0	0
Ophthalmology	2	0	0	0	0
Physiatry(4)	1	0	0	0-1	0
Hospitalist(5)	3	2	9	3	3
Paediatrics	0	0	1	2	2
ENT	1	0	0	0	0
Total	**58**	**17**	**45**	**18**	**17**

Source: Provided by Heather Scherer on December 9, 2015

Please note, there are over 100 physicians with privileges in different categories; however, they are not all full-time practitioners.

1) Emergency Medicine: We now have 8 full time equivalents, plus part-timers and locums
2) Anaesthetists: Depending on circumstances and service expansion
3) Psychiatry: 3 Psychiatry Sub-Specialists have clinics on a weekly or monthly basis
4) Physiatry: Recruitment is for locum Physiatrist
5) Hospitalist: Continue recruiting for 3 full-time Hospitalists

Woodstock Hospital Current Performance

Current Profile of WH:

The following table provides a current profile of the volume and efficiency of services provided at Woodstock Hospital:

Key Facts & Figures of Woodstock Hospital (2014/15)						
Volumes in 2014/15	Outpatient: 12,214 visits	Diagnostic Imaging: 69,551 visits	Emergency: 39,042 visits	Inpatient: 6,909 visits		
	Total: 161 beds					
Bed Mix	Acute/Med/Surg: 61 (22,259 days) Maternal Child/Women's: 14 (1,666 days – 850 births)	Chronic Care: 33 (11,648 days) Rehab: 22 (6,710 days)	Mental Health: 19 (4,527 days) ICU/Critical Care: 12 (2,511 days)			
Staff Mix	• Over 900 staff • Monthly average of 139 volunteers • Approximately 125 physicians on staff					
WH Average Length of Stay (Source: WinRecs CIHI)	**CARE TYPE**	**2010/11**	**2011/12**	**2012/13**	**2013/14**	**2014/15**
	Acute	5.5	5.6	5.2	5.1	4.7
	Complex Care	44.8	39.5	47.8	62.5	49.4
	Mental Health	11	9.7	8.5	11.7	8.06
	Rehabilitation	N/A	14.5	25.7	22.3	28.2
	Emergency (90th percentile- hrs)[9]	5	5.3	5.6	5.2	5.2
Quality – Safety	• Wait times in most care areas are currently lower than the provincial rate, but are expected to increase from the impact of volume restrictions • The rate for all infection rates are all lower than the provincial rate (C. Difficile, MRSA, VRE)					
Hospital Services	• Emergency Department with Fast Track area and a clinical decision unit • Diagnostic Imaging Department with MRI/CT services • Palliative Care unit of 6 beds including a family unit • Satellite Dialysis unit with 9 active chairs and the capacity for 12 chairs • Mental Health CRISIS team implemented in 2014/15 to enhance access in the ED • Satellite Systemic Therapy unit with 6 stations					

Quality Measures Summary

The following scorecard measures strong indicators aligned with the quality dimensions described in the *Excellent Care for All Act.* The scorecard also offers a snapshot of quality performance at WH. Of particular note are the excellent patient satisfaction rates at WH that consistently exceed provincial peer averages.

[9] All CTAS Levels

Legend:

No comparator available	
Tracking positively	
Tracking around/similar to comparator	
Tracking unfavorably against comparator	
No data available	

Improving	⮝
Diminishing	⮟
Stable	±

Quality Dimension	Indicator	Woodstock Hospital Trend 2014/15	Source	Provincial Peer Average	LHIN Average	Hospital Performance 2013/14
Work life	Occupational Incidents	138	WH Human Resources	N/A	N/A	142
Safety	OB Trauma with Instrument	26.6	WH Health Records: 2013/14 Your Health System (CIHI)	14.4	12.9	29.9
	In-hospital Sepsis	1.2		4.4	3.3	2.5
	C-Difficile Rates+	0.23	WH Infection Control 2015/16 QIP ^=Quarterly ~=Annually +=Monthly	0.27	-	0
	MRSA Rate^	0		0.015	-	0
	VRE Rate ^	0		0.004	-	0
	Central Line Infection^	0		0.27	-	0
	Ventilator Associated Pneumonia^	0		1.09	-	0
	Hand Hygiene Compliance – Before ~	77.26%		87.51%	-	83.39%
	Hand Hygiene Compliance – After~	86.95%		91.58%	-	89.65%
Effective	Hospital Standardized Mortality Ratio	89	WH Health Records: 2014/15 (CIHI)	83	89	85
	Medical Readmission Rates	13.2%		13.6%	14.1%	12%
Timely & Efficient	ED Left Without Being Seen	3.0%		-	-	2.6%
	ED Wait Time – Admission to Left ED (90%)	5.36 hrs		-	-	5.6 hrs^
	Wait Time-CT	43 (Target: 28)	Ontario Wait Time 90th %ile CCO iPort 2014/15	60	66	34
	Wait Time –MRI	84 (Target: 28)		91	110	85
	Wait Time-Hip Replacement	151		195	231	251
	Wait Time-Knee Replacement	260		215	225	366
	Wait-Time – Cataract Surgery	120		160	193	134
Efficient	Cost Per Standard Hospital Stay	$5,084 (2013/14)	CIHI(2014/15)	$5,283		$5,256 (2012/13)
Continuity of Service	ALC as a % of Total Patient Days	5		9.46	14.44	9.1
Population Centered[10]	Patient Satisfaction-ED	91.4%	WH Health	57.7%	-	93.4%

[10] For Patient Satisfaction: used responses to key question- "Would you recommend? – Yes, Definitely" and "– Yes, Probably"

Quality Dimension	Indicator	Woodstock Hospital Trend 2014/15	Source	Provincial Peer Average	LHIN Average	Hospital Performance 2013/14
	Patient Satisfaction-Med/Surg	97.8%	Records: April 2014-March 2015 SHoPPS	74.5%	-	97.7%
	Patient Satisfaction-Maternity	100%		74.6%	-	98.7%
	Patient Satisfaction-Daycare	99.6%		83.6%	-	99.5%
	Patient Satisfaction-Rehab	100%		96.7%	-	100%
	Patient Satisfaction-Complex Care	100%		96.7%	-	N/A

Efficiency & Effectiveness: How do we compare with other Oxford Hospitals?

The following data outlines the clinical workload activity for Woodstock Hospital (WH) in comparison to the two other hospitals located in Oxford County: Alexandra Hospital (AHI) in Ingersoll and Tillsonburg District Memorial Hospital (TDMH) in Tillsonburg.

Oxford Hospital Utilization Report Comparison (2014/15):

Indicator	684- AHI	824-TDMH	890-WH
Total Revenue			
2014/15 Revenue Reported	$17,771,189	$27,038,026	$99,636,164
2014/15 Full-Time Equivalent Staff	116	206	641
Total Beds Staffed and in Operation 2014/15			
Total Beds	**26**	**45**	**161**
Medical/Surgical	17	30	61
Maternal Child	-	-	9
LBRP (Labor Birth Recovery Postpartum)	-	-	5
Critical Care	4 (Special Care)	5	12
Rehabilitation	-	-	22
Mental Health	-	-	19
Complex Continuing Care	5	10	33
Surgical Services 2014/15			
Inpatient Surgical Cases	13	118	1,707
Outpatient Surgical Cases	706	2,279	10,194
Total Surgical Cases	**719**	**2,397**	**11,901**
Ambulatory Care 2014/15			
Emergency Face-to-face In house Visits	17,427	30,020	39,042
Day/Night Face-to-face In House Visits		4,990	9,283
Clinic Face-to-face In House Visits	5,476	2,836	56,296
Total Ambulatory Face-to-face In House Visits	**22,903**	**37,846**	**104,621**
Chronic Care 2014/15			

Indicator	684- AHI	824-TDMH	890-WH
Chronic Care Inpatient Days	1,667	3,518	11,667
Costs (Activity Measures) 2014/15			
Inpatient Food Expense per Patient Day	$62.83	$62.45	$43.25
Inpatient Cost Per Patient Day	$481	$395	$422
Operating Expense/Worked Hours	$80	$74	$94
Average MOS & UPP Hourly Rate	$47	$43	$44
Administration %	12.8%	11.0%	7.9%
Equipment Expenditures %	6.8%	8.7%	7.5%
Hotel/Occupancy %	16.0%	16.1%	13.9%
Support %	2.6%	3.9%	3.2%

2014/15 data source- HSMI through HIT tool by Maria Foster, Health Records Analyst on October 21, 2015

Accessibility: Wait Times

WH continues to monitor wait times for the various diagnostic imaging and surgical procedures. The following wait times were abstracted from the Ontario Wait Times website of the Ministry of Health and Long Term Care for 2014/15 (wait times measured in days). The hospital continues to explore strategies to increase access to services in an environment of limited resources.

Service Area	Provincial Target	Provincial Average (90th percentile)	Woodstock Hospital (90th percentile)
Diagnostic Imaging			
MRI[11]	28	98	85
CT	28	92	50
Surgical Services			
Ophthalmic Surgery- Cataract	182	164	121
Surgical Services			
Hip Replacement	182	210	168
Knee Replacement	182	224	263
Knee Arthroscopy	182	141	79
Surgical Services			
Breast	84	51	32
Digestive-Colorectal	84	51	41
Genitourinary	84	65	19
Prostate	84	88	N/A

Wait Times by Service Area and Hospital (2014/15) Source: Ontario Wait Times

[11] Priority 4- Elective only

Patient Safety and Quality of Care at WH

WH takes pride in the quality of staff, physicians and volunteers that work at the hospital. Each member of the WH team has excellent skills and experience to contribute to the overall success of the organization.

Quality Improvement Plan:

As per ECFAA guidelines, WH annually updates the Quality Improvement Plan (QIP) and publicly reports on certain quality indicators. The QIP monitors indicators within the domains of safety, effectiveness, integration, access and patient centeredness. It is aligned with the Strategic Plan by focusing on Service Excellence initiatives that support our Strategic Directions. As an organization, WH believes in continuous quality improvement; the practice of which means that significant results are the result of many smaller improvements over time.

- WH has successfully collaborated with partners in the Southwest LHIN by participating in working groups such as the Regional Stroke Steering Committee, Wound Care Committee, and Pay for Results ED.
- WH continues to invest in technological solutions that enhance the safety and quality of patient centered care at the hospital, working towards the goal of a comprehensive electronic patient record.
- A focus on evidence based decision making and performance tracking throughout the hospital is facilitated by the sharing of relevant data to monitor and sustain performance.
- Front Line Improving Performance (FLIP) initiatives have worked to standardize processes to enhance efficiency and reduce waste.
- WH has made infection control a key priority for investment and therefore, hospital acquired infection rates are consistently lower than the provincial averages.

Patient Safety Scorecard:

In addition to the legislated QIP, WH has developed a comprehensive Patient Safety Scorecard that evaluates indicators under safety, access, patient and family centered care, and sustainability. Please refer to the attached Patient Safety Plan for more information.

Summary:

WGH continues to strengthen its leadership role as the main provider of acute services for the County of Oxford. In order to achieve its goals in wait times, patient satisfaction, quality improvement, and overall excellent quality care, the hospital needs to continue investing in its people and complementary services to support continuous quality improvement. These areas include collaboration in the areas of regional acute care, medical education, information technology, human resources, facility management and financial planning. By focusing our attentions on these areas, we will be able to realize the organization's strategic directions. Hence, the focus is translating strategy into action. Our new goals will focus our energy and resources, strengthen operations, ensure that stakeholders are working towards a common purpose and adjust WH's direction in response to a changing environment.

APPENDIX A: Data Tables

Appendix 1-A: **Percentage of Woodstock Residents treated as acute care patients at Woodstock Hospital and the surrounding area**

ACUTE CARE	2010-11			2011-12			2012-13			2013-14			2014-15		
	WH	**LONDON**	**OTHER**	**WH**	**LONDON**	**OTHER**	**WH**	**LONDON**	**OTHER**	**WH**	**LONDON**	**OTHER**	**WH**	**LONDON**	**OTHER**
DOCTOR SERVICE	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**
FAMILY PRACTICE	95%	1%	5%	94%	1%	5%	96%	1%	3%	96%	1%	3%	96%	1%	3%
INTERNAL MEDICINE	85%	4%	11%	90%	5%	5%	86%	8%	7%	89%	8%	7%	93%	3%	4%
GENERAL SURGERY	81%	11%	7%	77%	14%	9%	78%	10%	12%	79%	10%	9%	75%	12%	12%
OBS/GYN	70%	20%	11%	67%	19%	14%	79%	11%	10%	74%	11%	10%	75%	14%	11%
ORTHO-SURGERY	48%	32%	19%	40%	33%	27%	49%	31%	20%	55%	31%	22%	55%	26%	19%
OTOLARYNGOLOGY	0%	81%	19%	0%	82%	18%	38%	48%	14%	51%	48%	7%	41%	49%	10%
UROLOGY	73%	19%	8%	76%	21%	4%	71%	21%	8%	57%	21%	16%	39%	40%	21%
TOTALS	**82%**	**10%**	**8%**	**79%**	**11%**	**9%**	**84%**	**8%**	**8%**	**84%**	**8%**	**8%**	**84%**	**9%**	**8%**

Source: Ontario Ministry of Health and Long-Term Care: IntelliHealth ONTARIO.

***** The OTHER column represents patients with residence code 2621 treated anywhere in Ontario, outside of WH or London

Appendix 2-A**: Percentage of Woodstock Residents treated as day care patients at Woodstock Hospital and the surrounding area**

DAY CARE	**2010-11**			**2011-12**			**2012-13**			**2013-14**			**2014-15**		
	WH	**LONDON**	**OTHER**	**WH**	**LONDON**	**OTHER**	**WH**	**LONDON**	**OTHER**	**WH**	**LONDON**	**OTHER**	**WH**	**LONDON**	**OTHER**
DOCTOR SERVICE	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
INTERNAL MEDICINE	81%	4%	15%	83%	7%	10%	84%	3%	13%	80%	6%	14%	79%	4%	17%
GENERAL SURGERY	91%	3%	6%	91%	3%	6%	91%	3%	6%	91%	3%	5%	91%	3%	6%
OBS/GYN	80%	14%	6%	73%	17%	10%	70%	16%	14%	70%	19%	11%	68%	18%	13%
ORTHO-SURGERY	58%	27%	15%	44%	29%	28%	64%	21%	15%	69%	19%	13%	70%	14%	16%
UROLOGY	66%	9%	24%	62%	10%	28%	70%	6%	23%	40%	10%	50%	22%	15%	64%
OTOLARYNGOLOGY	11%	39%	50%	11%	45%	44%	27%	40%	34%	63%	14%	23%	34%	24%	42%
OPHTHALMOLOGY	81%	10%	9%	83%	7%	9%	75%	9%	15%	82%	11%	7%	74%	13%	13%
ORAL SURGERY	55%	-	45%	82%	0%	18%	67%	0%	33%	85%	-	15%	56%	-	44%
DENTAL SURGERY	-	94%	6%	-	100%	-	0%	86%	14%	-	73%	27%	9%	82%	9%
DENTISTRY	80%	4%	17%	89%	7%	5%	89%	5%	5%	83%	0%	17%	85%	9%	6%
RNFS	100%	-	-	-	-	100%	-	-	100%	-	-	-	92%	-	8%
TOTALS	**80%**	**8%**	**11%**	**79%**	**9%**	**12%**	**81%**	**8%**	**11%**	**81%**	**8%**	**12%**	**78%**	**8%**	**15%**

Source: Ontario Ministry of Health and Long-Term Care: IntelliHealth ONTARIO (Day Care Service)

***** The OTHER column represents patients with residence code 2621 treated anywhere in Ontario, outside of WH or London