

Priorities for Better Health			
Provincial Outcome	FHHR Project Title	Why is this important?	We'll know we're successful at the end of the year if
By 2017, people living with chronic conditions will experience better health as indicated by a 30% decrease in hospital utilization related to 6 common chronic conditions (diabetes, CAD, COPD, Congestive Heart Failure, Depression, and asthma)	Self Management Support model for Chronic Conditions	Having multiple chronic conditions at the same time is an emerging characteristic of an aging population and an important consideration in self-management support	Provider referrals and client participation in Live Well programming will have better utilization
	Interdisciplinary Teams	Team based care allows for efficient and innovative approaches to self-management support	3 team processes for integrated patient appointments (Diabetes) in place: Standard Care plan developed, Flows identified and mapped out, Integrated location
	Metabolic Clinic	There is a high prevalence of metabolic syndrome in individuals with serious mental illness	# and % of patients receiving anti-psychotic medication from their primary physician or psychiatrist that are linked to the metabolic clinic
By March 31, 2020, seniors who require community support can remain at home as long as possible, enabling them to safely progress into other care options as needs change.	Early identification and intervention for seniors	When patient's health regression is not identified early, they end up being admitted to LTC. Early identification and appropriate supports will allow them to stay at home longer.	Interdisciplinary patient appointments for Diabetes in one location providing better access, better care, and better teams; Model of integrated care developed for replication in FHHR.
Priorities for Better Care			
Provincial Outcome	FHHR Project Title	Why is this important	We'll know we're successful at the end of the year if
By March 31, 2016, 90% of patients waiting for an inpatient bed (from time a decision is made to admit, to actual admission) will wait ≤ 17.5 hours	Pt receives right service, right place, right provider	There is a group of unattached patients who have ongoing difficulty seeking regular care due to complex case management and care needs. CVC may not be having the intended impact on CTAS 4&5's presenting to ER	Increased utilization of CVC for CTAS 4&5 needs impacts ER visits
	Patient flow control center	Patient flow through hospital services is a complex process impacted by upstream (access to primary care) and downstream (discharge planning, community care resources, access to LTC) factors. ED overcrowding needs to be understood as a symptom of problems elsewhere in the system.	Identified timing and cause of hospital surges and developed appropriate action plans to address. We will minimize times experiencing overcapacity in hospital.

Priorities for Better Value

Provincial Outcome	FHHR Project Title	Why is this important	We'll know we're successful at the end of the year if
By March 31, 2017, as part of a multi-year budget strategy, the health system will bend the cost curve by 1.5% per year.	Implement Standard Operations	Inappropriate variation in things like ordering of tests or the delivery of services results in higher costs. The viability of our system depends on delivering care in line with work standards that produce safe, quality care. Productivity is a measure of time spent in the delivery of care. Often work gets added to roles or done in a way that results in less time delivering care. By identifying and removing those obstacles staff are able to spend more time delivering care. Implementing standard work ensures work is done in the most effective way and results in quality care for patients.	Implemented standard operations in the UCU.
	Improve productivity and resource allocation		Completed productivity analysis on 40% of organization staff. Developed standard work with cycle times, optimized resources according to demand/ takt time and SWIP in departments with RPIW work.

Priorities for Better Teams

Provincial Outcome	FHHR Project Title	Why is this important	We'll know we're successful at the end of the year if
To achieve a culture of safety, by March 31, 2020, there will be no harm to patients or staff	Just and Fair Culture	For some, fear of reprisal and absence of appropriate response to issues perpetuates poor safety experience in our organization. This results in injuries/ harm being perpetuated.	A plan will be developed and implemented to ensure that ownership of "just and fair" culture of safety and owned jointly throughout the organization.
	Safety Integration Team	We see patients and staff injured in similar ways over time. As an organization we need to get better at understanding the root cause in these incidents and sharing that information broadly so that we learn from these situations and don't see them repeated.	We have initiated a regional safety integration team , identified safety champions in each service line and implemented an education plan for these safety leaders.
	Open family presence policy implementation	Isolating patients at their most vulnerable time from the people who know them best places them at risk for medical error, emotional harm, inconsistencies in care, lack of preparedness for the transitions of care, and unnecessary costs.	We will have successfully implemented an open family presence policy and culture across our health region including appropriate education for staff