



Lakeview Family Health Team

Professional Partners in *your* Primary Care

Strategic Plan 2018 – 2022

Prepared by:



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1.0 Background

In 2006, the Ministry of Health and Long Term Care (MOHLTC) approved the Brighton Quinte West Family Health team (BQWFHT) as one of the first Family Health Teams in Ontario. The model put into practice the vision of an inter-professional team delivering primary healthcare at a local level. Originally, the team which was comprised of three family physicians, one nurse practitioner and one registered nurse and supported by two staff of reception and administration, served Brighton and the surrounding community.

Significant growth has occurred since then to include the broader catchment areas of the City of Quinte West and the Town of Colborne. In 2009, the organization expanded to include the Quinte West Medical Centre which now has six physicians, two nurse practitioners, registered nursing staff and administrative support. In 2011, the team grew to include a third site in Colborne including a physician, nurse practitioner, registered nursing and administrative staff. Overarching the service provision at the three locations is the interdisciplinary team of social work, pharmacy and registered dietician who are allocated at each site based on patient need.

At present time the Brighton Quinte Family Health Organization is comprised of thirteen physician partners with the Family Health Team. The interdisciplinary team is comprised of Nurse Practitioners, Social Workers, Registered Nurses, a Registered Dietitian, and a Pharmacist, in addition to a full administrative team of reception, finance and decision support. The Executive Director has accountability to the Board of Directors.

In 2018, the BQWFHT was rebranded as the Lakeview Family Health Team to be more inclusive of our communities. In addition to a robust and supportive team, the Lakeview Family Health Team has a strong place in the communities it serves, as a primary health organization with solid partnerships and a successful and ongoing physician recruitment program.

2.0 Process

The Strategic Plan 2015-2018 for the Family Health Team was the inaugural document to guide the organization. The process that involved the team and its partners began early in 2018 to lay the foundation for the Lakeview Family Team's subsequent strategic plan inclusive of the four year period of 2018 – 2022. The following steps were undertaken to ensure a thoughtful and inclusive process:

- Research of all relevant studies, plans and background documentation
- Administer a team-wide online survey (May 2018) to solicit opinions and input into the 2018 – 2022 strategic goals as well as a critical and constructive review of the 2015 – 2018 strategic plan and activities to date. The results of this survey are presented in Appendix C.
- Outreach to the Patient Partnership Committee (May 2018) for their input via an online survey as well as consideration of their regular meetings and resulting outcomes. The Community Health Centre was also invited to participate and be part of the ongoing efforts to garner as many viewpoints as possible.
- Convene a strategic planning session (August 2018) to consider the organization's Mission, Vision, Core Values, Strategic Goals and Priorities, as well as an updated and current SWOT Analysis (Strengths, Weaknesses, Opportunities and Threats) to guide decisions and recommendations on key initiatives moving forward. This session was coordinated by the Executive Director and attended by the Board of Directors, the Quality Improvement, Information Management Committees and senior management. A list of the session's attendees is attached in Appendix B.
- Develop a Workplan (August 2018) to build on the outcomes of the strategic planning session including key activities, timelines, partners and performance measures. The Workplan involved the administrative team of the Lakeview Family Health Team including the Executive Director.
- Present the Lakeview Family Health Team's Strategic Plan 2018 – 2022 (December 2018) and subsequent approval by the Board of Directors.

3.0 Vision

The importance of an aspirational, inspirational and motivational Vision of the Lakeview Family Health Team led the organization to the following Vision:

‘To Partner with our communities to provide compassionate and professional primary care.’

4.0 Mission

With an understanding that the Mission Statement of the Lakeview Family Health Team explains what the organization must do day-to-day to make the Vision statement a reality, the following Mission was thoughtfully considered and felt to embody the purpose of the organization:

‘The Lakeview Family Health Team will continue its leadership role in providing comprehensive health care services. Through quality improvement, good governance and community engagement, we will support mental and physical wellbeing.’

5.0 Core Values

In 2015, Five Core Values were established to lay the foundation for the organization through its professional practice and conduct. The Core Values and associated behaviours were considered to have remained relevant and with minor adjustments are presented as follows:

Core Value	Behaviour
Accountability	<ul style="list-style-type: none">• Timely access to services and care• Professional knowledge and translation to improve services and outcomes• Resourcefulness - effective use of human talent and financial accountability• Commitment to continuous improvement
Collaboration	<ul style="list-style-type: none">• Dialogue with team members, partners and patients• Include others in process• Communication• Share ideas and work load• Flexibility to meet needs of team and patients• Creativity within limited resources to deliver care
Innovation	<ul style="list-style-type: none">• Proactively plan for patient and community needs• Embrace change and technology in organizational program development• Allow to fail safely
Integrity	<ul style="list-style-type: none">• Honesty with constructive criticism and feedback acknowledged• Attentiveness towards patients at visits• Demonstrate professionalism in actions and speech
Respect	<ul style="list-style-type: none">• Listen to each other and patients• Appreciative inquiry• Open respectful communication• Equality and selflessness in treating staff and patients

6.0 Strengths, Weaknesses, Opportunities and Threats (SWOT)

In the (May 2018) online survey, respondents were asked their views on the Strengths, Weaknesses, Opportunities and Threats (SWOT) of the Lakeview Family Health Team. Recognizing that each has its own unique characteristics of being positive versus negative and internal versus external, the following summary was presented to consider when developing the goals, priorities and strategies. A complete report on the SWOT analysis obtained from the online survey can be found in Section 2.4 – 2.7 in Appendix C, Survey Results.

<p style="text-align: center;">Strengths</p> <p style="text-align: center;"><i>Positive, Internal – positive attributes or assets present</i></p> <p>Fast access to appointments High level of patient care and focus on patients Professional knowledge, quality, reliability & integrity Outstanding IHPs</p>	<p style="text-align: center;">Weaknesses</p> <p style="text-align: center;"><i>Negative, Internal and External – local issues or characteristics that limit the current or future growth opportunities</i></p> <p>Lack of adequate working space Lack of team engagement between FHT/ physicians Issues surrounding distinct sites Lack of internal and external communications</p>
<p style="text-align: center;">Opportunities</p> <p style="text-align: center;"><i>Positive, Internal and External – areas where weaknesses can be remedied</i></p> <p>More collaboration with community services Integration with community programs Physician recruitment SHLHIN sub-region investments Better utilization of government stats Greater promotion of programs and services</p>	<p style="text-align: center;">Threats</p> <p style="text-align: center;"><i>Negative, Internal and External – trends that threaten future growth</i></p> <p>Changes to funding structure Changes affecting areas of service to community Limited office space Lack of collaboration</p>

7.0 Strategic Goals and Priorities

After detailed consideration of all data mentioned previously in this report, the strategic planning team reviewed the relevance and validity of each of the existing 2015 – 2018 Strategic Goals and Priorities. The following is recommended as a blueprint for the Lakeview Family Health Team and its strategic initiatives in 2018 – 2022. Planned Actions and work strategies are included in Section 8.0 Workplan and Appendix A.

Goal	Priority
1. Promote a Culture of Quality & Safety	1. Ensure quality service provision that responds to the needs of the community
	2. Optimize technology for effective service delivery
2. Cultivate Partnerships	1. Improve collaboration and integration with partners
	2. Enhance programs and services
3. Demonstrate Accountability to Patients & Community	1. Maintain accountability through effective fiscal management
	2. Improve effective (external and internal) communications
4. Enhance Organizational Effectiveness	1. Mature organizational performance through effective governance and collaborative partnership with the Family Health Organization (FHO)
	2. Optimize support and resources for staff to effectively fulfill their roles and responsibilities

8.0 Work Plan

The features of the Workplan (Appendix A) have been developed based on the Goals and Priorities established at the Strategic Planning session of August 23, 2018. The Workplan includes the following:

1. Planned actions to meet the established goals and priorities
2. Success measures to ensure targets are met
3. Timeline for the individual actions in the four year period of the strategic plan
4. Partners to work with to ensure all goals and priorities are met with the support and participation of various local, regional and provincial partners

This Workplan will be reviewed quarterly by the Board of Directors and revised as required to provide the highest level of health care for the communities served by the Lakeview Family Health Team.

Appendix A – Workplan

GOAL 1. Promote a Culture of Quality & Safety			
PRIORITY 1. Ensure quality service provision that responds to the needs of the community			
PLANNED ACTIONS	SUCCESS MEASURES	TIMING	FHT PARTNERS
1. Conduct forums for patient and/or family input through Experience Based Design (EBD) including the Patient Partner Council	% of patients feedback regarding individual and group experiences	Year 1 - 4	Patients Community partners
2. Implement group sessions for programs that promote non-enrolled patients and family participation	# of non-enrolled patients attending group sessions	Year 1 – 4	Community partners
PRIORITY 2. Optimize technology for effective service delivery			
PLANNED ACTIONS	SUCCESS MEASURES	TIMING	FHT PARTNERS
1. Optimize mobile technology and expansion of capabilities for clinical management	% of primary care providers implementing mobile technology	Year 1 - 2	Primary care providers Third party vendors
2. Implement e-Health initiatives	# of new e-Health initiatives	Year 1 – 4	MOHLTC OTN TELUS

GOAL 2. Cultivate Partnerships

PRIORITY 1. Improve collaboration and integration with partners

PLANNED ACTIONS	SUCCESS MEASURES	TIMING	FHT PARTNERS
1. Expand opportunities for shared programs with other healthcare agencies	# of shared programs with community partners	Year 1 – 4	Community partners
2. Maximize the QIDSS partnership [Quality Improvement Decision Support Specialist]	# of new quality improvement strategies and patient uptake	Year 1 – 4	MOHLTC PEFHT CHFHT Bancroft FHT NHFHT Health Quality ON

PRIORITY 2. Enhance programs and services

PLANNED ACTIONS	SUCCESS MEASURES	TIMING	FHT PARTNERS
1. Develop a strategy for 'end of life' services	Formalized 'end of life' program	Year 2	FHO RPCN SE-LHIN Hospitals
2. Improve patient/family access to mental health and addictions services	# of new partnerships	Year 1 - 4	Community mental health and addictions services
3. Facilitate access through Enhanced After Hours Clinics (AHC)	Reduction in the % of patients Best Managed Elsewhere	Year 1	MOHLTC FHO

GOAL 3. Demonstrate Accountability to Patients & Community

PRIORITY 1. Maintain accountability through effective fiscal management

PLANNED ACTIONS	SUCCESS MEASURES	TIMING	FHT PARTNERS
1. Engage board leadership to ensure fiduciary responsibility	Quarterly financial reporting	Year 1 - 4	Board of Directors LHIN MOHLTC
2. Equitable access to standardized programs across all sites in partnership with the Family Health Organization (FHO)	% of utilization by providers	Year 1 - 4	Patients Primary care providers FHO

PRIORITY 2. Improve effective (external and internal) communication

PLANNED ACTIONS	SUCCESS MEASURES	TIMING	FHT PARTNERS
1. Develop a shared portal to facilitate communications and team access to information	Development of shared portal	Year 2 – 3	Third party vendor FHT and Physician teams
2. Promote FHT services and programs on the website	Update of website and website analytics	Year 1 – 4	Web host FHT and Physician teams

GOAL 4. Enhance Organizational Effectiveness

PRIORITY 1. Mature organizational performance through effective governance and collaborative partnership with the Family Health Organization (FHO)

PLANNED ACTIONS	SUCCESS MEASURES	TIMING	FHT PARTNERS
1. Active physician participation in programs, services and initiatives	% of FHO members participating in FHO and/or FHT committees	Year 1 – 4	Board of Directors FHO
2. Optimize physician accountability outlined in the Shared Agreement	Annual evaluation of physician performance within the FHO agreement	Year 1 – 4	FHO

PRIORITY 2. Optimize support and resources for staff to effectively fulfill roles and responsibilities

PLANNED ACTIONS	SUCCESS MEASURES	TIMING	FHT PARTNERS
1. Promote and encourage professional development among staff by promoting a learning organization	% of staff completing professional programs annually	Year 1 - 4	FHO and FHT staff
2. Participate actively in community recruitment and retention of physicians	# of new physicians recruited	Year 1 - 4	Municipality FHO

Appendix B – Strategic Planning Session Attendees

1. Dr. Richard Wiginton, Lead Physician
2. Dr. James Larmer, Physician
3. Dr. Iris Noland, Physician
4. Dr. Nicholas Martin, Physician
5. Dr. Michelle Cohen, Physician
6. Michael Kotsovos, City of Quinte West representative
7. Kim Doxtator, Nurse Practitioner
8. Teresa Stanavech, Pharmacist
9. Catherine Isaacs, Quality Improvement Decision Support Specialist
10. Bonnie Ainsworth, Program Data Administrator
11. Laura Yontz, Finance Administrator
12. Wendy Parker, Executive Director

Regrets:

1. Fraser Pollard, Physician
2. Ashley Minuk, Physician
3. Steven Baker, Municipality of Brighton representative
4. Rebecca Breau, Registered Nurse Quality Committee
5. Julie Page, Registered Nurse, Quality and Information Management Committee
6. Carolyn Campbell, Clerical Administration, Information Management Committee

'I am very pleased and grateful to be a patient of the BQWFHT and to be part of a collaborative team with kind and informed doctors and staff members.'

Patient Partnership Council respondent, May 2018

Appendix C – Survey Results

1.0 Introduction and Methodology

The Brighton Quinte West Family Health Team (BQWFHT) engaged Terra Consulting to assist in a strategic planning exercise to define and refresh its goals and actions for short and long term planning for 2018-2022.

As an important part of the process, BQWFHT stakeholders were contacted to have the opportunity to offer their opinion on the current strategic core values of the organization, as well as its mission, vision, the strengths/weaknesses/opportunities and threats and review the four key goals identified in the 2015-2018 strategic planning process. This invitation was in the form of a confidential online survey.

Forty-one staff were invited to complete an online survey between May 1 and May 18, 2018. The stakeholders invited to participate included thirteen physicians, thirteen physican staff and fifteen Family Health Team Staff. In total, 20 completed surveys were received offering their comments and opinions on a range of questions.

To ensure complete involvement from all stakeholders, including external stakeholders, an additional survey was undertaken with members of the Patient Partner Committee and representatives from the Community Health Centre, during the last week of May. Five additional surveys were gathered throughout this process for a total of 25 participants. Opinions of the five external stakeholders are summarized at the end of each section and not included in the overall survey results.

2.0 Survey Results

2.1 Core Values

Respondents were asked their opinion as to the level of success achieved for each of the five core values of the BQWFHT. These core values are Accountability, Collaboration, Innovation, Respect and Integrity. Overall, all five core values were felt to have achieved success, with highest marks for Integrity and more concern being show for the level of success for Collaboration.

Core Value	Achieved Success	Somewhat Achieved Success	Did Not Achieve Success	DK
Accountability <ul style="list-style-type: none"> • Timely access to services and care • Professional knowledge and translation to improve services and outcomes • Resourcefulness - effective use of human talent and financial accountability • Commitment to continuous improvement 	14	6	0	0
Collaboration <ul style="list-style-type: none"> • Dialogue with team members, partners and patients • Include others in process • Communication • Share ideas and work load • Flexibility to meet needs of team and patients • Creativity within limited resources to deliver care 	8	9	2	1
Innovation <ul style="list-style-type: none"> • Proactively plan for patient and community needs • Embrace change and technology in organizational program development 	11	8	0	1

<ul style="list-style-type: none"> • Allow to fail safely 				
Respect <ul style="list-style-type: none"> • Listen to each other and patients • Appreciative inquiry • Open respectful communication • Equality and selflessness in treating staff and patients 	14	6	0	0
Integrity <ul style="list-style-type: none"> • Honesty with constructive criticism and feedback acknowledged for the diversity of patients and team • Attentiveness towards patients at visits • Demonstrate professionalism in actions and speech 	19	1	0	0

When asked what changes would the respondents recommend to the current core values, the replies were as follows:

- We need to work towards removing the silo effect of the FHT vs FHO teams. While financial structures are different there may be opportunity to bring the two teams together to provide more opportunity for innovation and collaboration (3)
- Possible mention of patients in core values
- A true team approach to providing care might include a change in location to a clinic setting that promotes collaboration.

2.1.1 Patient Partner Committee respondents: Highest marks went to Respect and Integrity with lower ratings for Accountability. The only additional comment was to include accessibility as well.

2.2 Vision

The Vision of the BQWFHT is:

‘The Brighton Quinte West Family Health Team is a multidisciplinary team of professionals working in conjunction with the patients to identify the needs and strengths within the community. These needs will be addressed through a holistic approach and will maintain good health and manage chronic disease through preventative care practice for every age group.’

Respondents were asked if the Vision adequately reflects the goals of the organization and its responsibility to its patients. Most (90% or 18/20) indicated ‘Yes’. Comments included:

- A shorter Vision statement may be more memorable and meaningful as a guiding principle for the team
- Too wordy – needs better wording i.e. ‘conjunction’
- Needs to be clearer i.e. ‘The BQWFHT is a multidisciplinary team of professionals that work with patients to identify its community’s healthcare needs. To help patients maintain good health and manage chronic disease, the team takes a holistic approach that emphasizes preventative care for patients in every age group’
- We manage chronic disease through more than preventative care practices
- We are flexible – if any of physicians or NP are unavailable, you can still get help

2.2.1 Patient Partner Committee respondents: Most respondents indicated 'Yes'. Comments also included:

- Critical to include 'in conjunction with the patients' and 'maintain good health' which are both in the goal
- Physicians cannot use the holistic approach if only one problem can be discussed at one visit! Preventative care is more than smoking cessation programs and testing for bowel cancer. Brighton is an area with an increase in allergies and asthma and it is important to identify the triggers early which means referral to specialist – needs to be done early not when patient is in crisis. Similarly, there is a problem of bad backs and chronic pain in the elderly – a multidisciplinary team approach would work well in the prevention of treatment of these disorders. TMH has a physio centre that could be used as with existing cardio rehab centres

2.3 Mission

The Mission of the BQWFHT is:

'The Brighton Quinte West Family Health Team will develop, promote and deliver comprehensive healthcare services, which emphasize prevention and health living.'

When asked if the Mission adequately describes the purpose of the organization, again the majority of respondents indicated 'Yes' – 75% or 15/20. Comments included:

- We are a comprehensive team that collaboratively has a focus on primary care – disease prevention
- If the patient doesn't ask they don't know what is offered unless they hear from others or are able to go online and see – communication issue?
- Would like to see the inclusion of the social support/mental health/system navigation piece included
- Is still valid, succinct and appropriate
- Patient consultation or collaboration should be mentioned
- The Mission reflects the values of the team players. Many patients need advice and prompting to change their viewpoint of what a health team does
- A letter of information patients of what is happening in our organization and goals yearly or in the local newspaper – suggestion

2.3.1 Patient Partner Committee respondents: All of those responding indicated 'Yes' with the following comments being offered:

- I don't believe the organization emphasizes either preventative or healthy living. It appears to be reactive to ill health by seeing your provider
- Unsure if patients are aware of the non-physician services that are provided – most are exposed only to the assessment/treatment aspects

2.4 Strengths

Respondents were asked what STRENGTHS the BQWFHT can capitalize on to be a more valuable resource in the community as it moves forward into the future. The top four strengths were identified as:

1. Fast access to appointments – 8
2. Level of patient care; focus on patients – 7
3. Professional knowledge, quality and reliable, integrity – 7
4. Outstanding IHPs – 6

Other strengths were identified as:

5. Team approach; team is respected for input and expertise – 5
6. Forward thinking team; new ideas and enthusiasm – 3
7. Excellent leadership – 2
8. Commitment to communities we serve – 2
9. Approachable professionals – 2
10. Communication
11. Preventative care
12. Dedication
13. Confidentiality

2.4.1 Patient Partner Committee respondents: Comments were similar in addition to the following:

- Convenient and accessible locations
- Important place within the community
- Open to changes as needed
- Collaborative – quick to point out other services and resources

2.5 Weaknesses

Weaknesses need to be identified and resolved to become a more robust team and a more valuable resource to our patients and communities. The following are the top four identified weaknesses by the respondents:

1. Physical layout poor; lack of space - 7
2. Lack of team engagement from physicians; division of FHT and physicians - 6
3. Three sites instead of one; rivalry between sites - 4
4. Lack of communications between physicians and staff; communication in general – 4

Other weaknesses were identified as:

5. Limited funding/resources - 2
6. Inconsistency of programs between different sites - 2
7. Lack of accountability in roles
8. Ministry rules without negotiation
9. Willingness to have dialogue re weaknesses
10. Resistance to change
11. Some staff don't work as a 'team'; individual approach
12. Accountability for confidentiality

2.5.1 Patient Partner Committee respondents: Comments were similar but focused more on the patient experience with the following comments noted:

- Need of more emphasis on preventative medicine
- Lack of phlebotomy services
- Communication – would like more follow conversations – follow up questions. After physicians sign off on blood/x-rays etc., nurses could call patients and give the results.
- Shortage of doctors due to retirement – Trenton
- Lack of a formalized plan for physician recruitment
- Lack of an after-hours walk in clinic and on weekends/holidays

2.6 Opportunities

Opportunities are external and where the BQWFHT need to invest as an organization leading to greater success in its short and long range planning and helping to achieve its Vision. Respondents identified the top opportunities as follows:

1. Collaboration with other community services/health unit/providers/CHC – 8
2. Integration with community programs i.e. COPD, diabetes, exercise - 2
3. Physician recruitment - 2
4. SHLHIN sub-region investments - 2
5. Utilization of government stats to improve our delivery of care - 2
6. Greater awareness of programs and services to our patients – 2

Other opportunities were identified as follows:

7. Taking on more patients
8. Team building
9. Increased funding – more positions
10. Assisting patients to access services closer to where they live
11. Engaging local service groups and charities in raising funds for equipment
12. Aim for excellence and present it at every opportunity
13. Increased communications within team
14. Electronic communication
15. No duplication of services

2.6.1 Patient Partner Committee respondents: Comments included:

- After hours walk-in clinic
- Formalized succession plan for physicians
- A System Navigator – especially to assist seniors
- Group sessions
- Phlebotomy services
- Improved access by phone, email and off-hours

2.7 Threats

Threats must be identified and mitigated in order for the BQWFHT to reach its maximum potential. The top three threats were identified as follows:

1. Changes to funding structure or areas of service to the community; ministry cuts – 7
2. Limited office space - 3
3. Team members that do not share the team philosophy; lack of collaboration – 2

Other threats were identified as followed:

4. Primary care integration
5. Impact of coming under the LHIN
6. Unable to meet demand for physicians
7. High costs of wages/benefits leading to recruitment/retirement issues
8. Opioid crisis
9. Lack of communications among groups and patient awareness
10. Hypervigilance regarding privacy – may impede ensuring everyone who needs care will have access
11. Staff burnout – higher demands from patients
12. Growing COPD caseload – lack of spirometry resources for early detection
13. Physician commitment
14. Rapid growth

2.7.1 Patient Partner Committee respondents: While respondents agreed regarding limited space, limited funding, doctors leaving or retiring and physician/staff burn out, they also offered the following comments:

- Growing population in the areas we serve – may lose personal care, empathy and compassionate touch that makes you special, if doctors are too busy/rushed
- Communication problems and lack of listening
- Staff turnover – unavailability of town services to attract and retain staff
- Uncertainty of Trenton Memorial Hospital – threats of closure

2.8 Summary of SWOT

<p style="text-align: center;">Strengths</p> <p style="text-align: center;"><i>Positive, Internal – positive attributes or assets present at BQWFHT</i></p> <p>Fast access to appointments High level of patient care and focus on patients Professional knowledge, quality, reliability & integrity Outstanding IHPs</p>	<p style="text-align: center;">Weaknesses</p> <p style="text-align: center;"><i>Negative, Internal and External – local issues or characteristics that limit the current or future growth opportunities</i></p> <p>Lack of adequate working space Lack of team engagement between FHT/ physicians Issues surrounding 3 distinct sites Lack of internal and external communications</p>
<p style="text-align: center;">Opportunities</p> <p style="text-align: center;"><i>Positive, Internal and External – areas where BQWFHT can remedy its weaknesses</i></p> <p>More collaboration with community services Integration with community programs Physician recruitment SHLHIN sub-region investments Better utilization of government stats Greater promotion of programs and services</p>	<p style="text-align: center;">Threats</p> <p style="text-align: center;"><i>Negative, Internal and External – trends that threaten BQWFHT’s future growth</i></p> <p>Changes to funding structure Changes affecting areas of service to community Limited office space Lack of collaboration</p>

2.9 Key Goals

Respondents were asked to rate the level of success they believe was achieved by the key goals. Highest marks were given to ensuring quality service provision, promoting continued access to primary care and advancing organizational performance through accountable governance. Areas for improvement included optimizing technology and improving collaboration and integration with community partners along with enhancing patient participation in programs and facilitating support, optimizing organizational effectiveness through collaborative leadership and resources for staff to effectively fulfill their roles and responsibilities.

Goal	Achieved Success	Somewhat Achieved Success	Did Not Achieve Success	DK
Ensuring quality service provision that responds to the needs of the community	12	5	0	0
Optimizing technology for the effective delivery of services and programs	6	11	0	0
Improving collaboration and integration with community partners	6	9	1	1
Enhancing patient participation in programs and services	8	8	0	1
Maintaining fiscal accountability through effective financial management	9	5	0	3
Promoting continued access to primary care	11	5	0	1
Advancing organizational performance through accountable governance	11	3	0	3
Optimizing organizational effectiveness through collaborative leadership	8	7	1	1
Facilitating support and resources for staff to effectively fulfill their roles and responsibilities	8	8	1	0

2.9.1 Patient Partner Committee respondents: Promoting continued access to primary care services and advancing organizational performance through accountable governance were considered to be the areas of highest priority success. Areas that achieved success at a lesser degree were ensuring quality service and improving collaboration and integration with community partners. Opinions could not be offered on organizational effectiveness and facilitating support and resources for staff to fulfill their roles.

2.10 Major Achievements

When asked what the top achievements of the BQWFHT were during the past 3 years, the top response was new physicians/recruitment. The list was varied and as follows:

1. New physicians; recruitment – 8
2. Enhanced programs i.e. bp/dm; growth of groups and services offered i.e. HTN, Diabetes, COPD, - 6
3. Increased patient population and outreach – 3
4. Organizational structure; improve balance of services between sites - clarity, improvement - 3
5. Improvements in allowing health care professionals to work to full scope of practice - 2
6. Appropriate financial allocations – 2
7. Team growth - 2
8. Enhanced corporate governance -2
9. Excellent QIP programs – 2

Other single responses included:

10. Good accountability framework
11. Government changes to increase fiduciary responsibilities
12. Provide excellent health care
13. Increased allied health staff
14. Outstanding EMR and Ontario MD innovations
15. Information management and privacy accountabilities
16. Knowledgeable and skilled IHPs
17. Wage stabilization; compensation improvements HOOPP and benefits
18. Increasing use of technology
19. Better partnership with FHO
20. Good leadership
21. Increased community outreach

When asked what helped the organization in reaching these achievements, the following responses were received:

1. Good leadership (ED) and team work - 8
2. Board commitment – 2
3. Dedicated staff
4. Funding
5. Design and use of strategic plan to measure and guide our activities
6. Taking on more patients to meet community needs
7. Changes in organizational structure and integration across the sites through standardization

2.10.1 Patient Partner Committee respondents: This group felt that the top achievement during the past 3 years is recruitment of new physicians. Additional comments included:

- Adding a pharmacist to the team
- Growing multidisciplinary approach – holistic approach and care
- Clinics and preventative health initiatives – support services and health promotional programs
- Renovations to offices to maintain patient privacy
- The NP model of care – highly respected in the community
- Timely appointments
- Excellent volunteers to give time, money and expertise to assist
- Dedicated staff
- Support from the municipality/community

2.11 Biggest Misses

Respondents were asked to identify the organization's greatest 'misses' or failures to achieve success during the past three years. Responses were all single responses and were as follows:

1. Lack of communication – staff meetings
2. Still struggling to integrate three sites into a common framework and vision

3. Loss of good people
4. Breakdown of team in some areas on occasion
5. Colon cancer screening – not as hoped
6. COPD program issues – early detection – need of spirometry
7. Need more consistent diagnosis coding and documentation in the EMR to facilitate more accurate/comprehensive EMR searches
8. Understanding that we are one team – integration between the members of the FHO and FHT
9. Doctors not buying into the team approach
10. Struggled to work as a FHT member in a collaborative way with FHO staff

When asked why these failures occurred, the following responses were received:

1. Challenge of integrating new physicians with a common vision and team culture - 2
2. Lack of staff appreciation
3. Lack of time to understand the needs of individual sites or lack of knowledge of decision-making processes at each site
1. Financial structure
2. Lack of funding and equipment
3. Reverting to past behaviours and attitudes

2.11.1 Patient Partner Committee respondents: Responses from the Patient Partner Council were noted as:

- Loss of phlebotomy services
- Lack of a formal succession plan for medical staff
- Phone system – although there have been improvements in the kindness and approachability of staff – more friendly and helpful

2.12 Out of the Box Ideas

Respondents were asked to suggest an ‘out of the box’ idea or concept, unrestricted by budget. Responses were as follows:

1. New building – room to expand - 3
2. Rotate staff to different sites occasionally – once a year or so
3. Coordinated process region-wide for each chronic disease program that includes ALL that is available and how to access it
4. ‘Health Hub’ where numerous health organizations are housed in the same building
5. Accessibility/equity for Brighton patients for Phlebotomy services – perhaps a service club could help with transportation
6. One site instead of three

2.12.1 Patient Partner Committee respondents: The following Out of the Box Ideas were offered by this group:

- Update website to include more – points of interest, what’s new, Q/A, advice etc.
- NP clinic in Brighton that covers weekends and after hours so that no one has to visit the ER for routine medical care

- Need a Life Labs or similar service
- Increased social work and education services for families living with dementia and support group/health group for young moms where they can bring their babies
- Assistance to seniors in system navigation filling out forms, organizing appointments and transportation

2.13 Final Thoughts

Below is a list of comments received when asked for final thoughts:

1. *We have a great team of professionals but FHT staff are not always acknowledged or appreciated. We need more team building fun activities. Consistent practices at all sites.*
2. *The team is very dynamic and has experienced significant growth in three years both in the number of patients and number of teams.*
3. *Great group of people! We need to come together to achieve more as a team. This will be reflected in further improvements to services to individuals and the community as a whole. Remember there is no 'I' in team!*
4. *It is a pleasure to be part of this team. At times I feel there is a log jam at the administrative/doctor level in being more efficient in moving suggestions forward. Decisions are made at the working group level and don't seem to be communicated or acted upon.*
5. *It has been an exciting time for BQWFHT, with successes flowing from all the hard work. It has been tough at times, and we have seen staff at their worst and best. But to me the staff is resilient, and in a good place, and are striving to make things better all the time. And this is due to the process. From the Board to the Senior Team to commuting to strategic planning. It is dull and 'pie in the sky' during the process, but it is the backbone of the achievements that have been made. There has been support along the way. We are all human, we all have weak moments. But as a team, if we support one another as I believe we have done in the past 3 years, we can accomplish much. I look forward (with trepidation and enthusiasm) to the next 3 years!*
6. *Leadership team and Program Data Administrator are outstanding! Some team members buy wholeheartedly into quality initiatives and collaborate enthusiastically. Others are less eager, likely because they feel they did not collaborate in quality decision.*

2.13.1 Patient Partner Committee respondents:

- Widely distribute this survey to patients
- Much of the planning and growth of the BQWFHT team is not well known – open forums with citizens of the town could minimize frustration