



Moving Upstream

Partner

Process

People

Client

Planning

Leadership

**Leeds, Grenville
& Lanark District**

HEALTH UNIT

Strategic Plan

2006 - 2012

ACKNOWLEDGEMENTS

The completion of *Moving Upstream*, the Strategic Plan of the Leeds, Grenville and Lanark District Health Unit for 2006 to 2010 (extended to 2012), required considerable work on the part of many people, both internal and external to the Health Unit. Consultation was sought from all of the Health Unit's staff and Board of Health members. Partner agencies and Health Unit clients were surveyed and their input was essential to the Plan's creation.

Commendations are also extended to the members of the Health Unit Strategic Planning Task Force. The membership of this group was selected to be representative of the entire Health Unit and to include external representation. Members were as follows:

- Heather Bruce, Administrative Assistant MOH (initial recorder)
- Lori Cleverdon, Assistant to the Director, Family Health
- Brent Dalgleish, Director of Health Promotion
- Heather Deegan, Public Health Nutritionist (former employee)
- Jane Fitcher, Director of Clinical Services
- Henry Garcia, Director of Health Protection (former employee)
- Charles Gardner, Medical Officer of Health and CEO (initial chair, former employee)
- Shani Gates, Planning and Evaluation Consultant (current chair)
- Denise Gaulin, Public Health Nurse
- Wanda Goodridge, Computer Support Specialist
- Jane Hess, Director of Family Health
- Jane Lyster, Director of Health Protection
- Joan Mays, Supervisor of Health Protection
- Peter McKenna, Merrickville District Community Health Centre
- Keith McPhee, Community Representative
- Piotr Oglaza, Public Health Inspector
- Joanne Pearce, Director of Corporate Services
- Kerri Smith, Program Assistant (current recorder)
- Anne Taylor Barnett, Epidemiologist
- Anne Warren, Board of Health
- Kerrie Whitehurst, Quality Improvement Planning Consultant (facilitator)
- Ed Wilson, Board of Health

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INTRODUCTION

Upstream thinking. Upstream interventions. Moving upstream.

What does it mean? How does it relate to strategic planning? And what does it have to do with public health?

There is a story told in health circles that involves a river. In the story, a physician is standing at a river's edge and hears a cry for help coming from the water. The physician jumps in, brings the drowning victim ashore, and resuscitates him. Then, the physician hears another cry and successfully repeats the same strategy. This goes on all day.

The physician is so busy pulling people out of the river, he does not have time to go upstream and find out why all these people are in the water in the first place. Have they fallen in because there isn't a bridge? Possibly there is a bridge, but perhaps the railing is broken and needs to be repaired. Is there no sign posted to warn pedestrians of the danger?

The moral of the story? We should be looking and moving upstream, to determine and address the reasons why people are falling into the river. In other words, the intent of public health is to get to people first, before they are in over their heads.

“By upstream interventions, I mean those interventions that are intended to help people maintain or improve their health before it is compromised..... While it has often been argued that today's health care system is threatened by the aging of the population, I believe it is threatened more by a failure to move “upstream” to address the factors and conditions that can prevent disease and improve health. Health promotion activities have a significant potential to impact positively on the well-being and quality of life of Canadians, and that is why we need to ensure they are as effective as possible.”

Dr. Robert McMurtry
Former Assistant Deputy Minister of the Population and
Public Health Branch, Health Canada

Consistent with upstream thinking, the Health Unit uses the population health approach - an approach that aims to improve the health of the entire population and reduce health inequities among population groups by embracing the full range of protection, prevention and promotion strategies.

Using a population health approach ensures that the health needs of individual clients will be addressed. It also addresses the determinants of health – namely, factors, that when combined together, can affect our health. Determinants of health include where we live, the state of our environment, our income and education level, and relationships with friends and family.

This approach is articulated clearly in the agency's new vision of “Healthy People in Healthy Communities”, and is equally reinforced through its values: integrity, respect, caring, accountability, fairness and excellence.

Public health units in Ontario derive their mandate from the Health Protection and Promotion Act (1989) and the related Mandatory Health Programs and Services Guidelines. Under this legislation, the Leeds, Grenville and Lanark District Health Unit provides public health programs and services for the 159,101 residents of the tri-county area.

The business of public health is defined by legislation. What is not defined is how the health unit administers public health programs and services. This is where strategic planning comes in.

MOVING UPSTREAM WITH A STRATEGIC PLAN

Strategic planning involves anticipating issues, identifying potential problems, and devising strategies to address them.

A solid strategic plan establishes a common purpose, clarifies the future direction of an agency and makes its priorities clear. This in turn supports evidence-based planning, sound decision-making, and the effective management of resources.

By linking upstream thinking with strategic direction, the Health Unit is displaying a proactive and responsible approach to the public health mandate, which will identify the root causes of issues and look upstream for solutions.

HOW WE GOT HERE

The Health Unit started its work on the new strategic plan in September of 2004, when a task force met for the first time. The task force – comprised of representatives of the Board of Health, management and staff, along with partner and community representatives – met regularly over 16 months. Undeterred by the challenges of planning in a public health system characterized by uncertainty and impending change, the group remained focused on the task to identify strategic issues facing the agency and to collaboratively develop strategies to address them.

The task force obtained feedback from clients, partners and staff throughout the entire process. The input received shaped the direction and content of the final product.

The result is a progressive, evidence-based, comprehensive and creative five-year strategic plan that includes clearly defined organizational goals, objectives and performance indicators. It also includes a new vision, mission, and statements of values and beliefs for the agency.

BUILDING ON A SOLID FOUNDATION

The Health Unit's previous strategic plan established a commitment to the principles and practice of continuous quality improvement, or CQI. The commitment to achieving ongoing excellence through CQI is further evidenced by the agency's past experience with continuous accreditation.

To enhance this commitment, the new 2006-2010 plan is founded on the quality principles of organizational excellence.

The Health Unit has partnered with the National Quality Institute (NQI) for several years. The NQI is a Canadian organization that uses quality principles and best practice to support the pursuit of excellence. The NQI's "Framework for Excellence" is a comprehensive and practical structural tool for achieving ongoing improvement and effective client-focused service. It is based on the Canadian Quality Criteria for Public Sector Excellence.

Using the NQI Framework as a foundation, the task force constructed the strategic plan around its six quality drivers, or themes:

1. Leadership;
2. Planning;
3. Client/citizen focus;
4. People focus;
5. Process management;
6. Suppliers and partners.

Every strategic issue is assigned to one of these drivers.

The principles of excellence are appropriate, meaningful and timeless. Building the strategic plan around them, and using the NQI Framework as a foundation, provides a solid base on which to sustain future planning.

WHERE DO WE GO FROM HERE?

There is no doubt that the Health Unit's 2006-2010 strategic plan is ambitious. The changing health care system calls on us to be bold, and we have responded with an innovative plan that is equally bold.

The strategic plan provides the framework for the development of annual operational plans and the other key internal and external plans. There is no doubt that a strong and viable commitment to implementation of the strategic plan, and to the quality principles that support it, will be necessary to ensure that the 2006-2010 strategic plan remains viable and meaningful.

This new strategic plan is meant to be a "living document" that is comprehensive and flexible enough to respond to changing needs for the years to come.

HEALTH UNIT IDENTITY

VISION

Healthy people in healthy communities

MISSION

We work with the community to enhance, promote and protect health

VALUES

Integrity

To act with honesty, and in keeping with our values and beliefs

Respect

To honour the individuality of others by acting with sincerity and consideration

Caring

To serve with compassion, dedication and empathy

Accountability

To accept responsibility for our decisions and actions

Fairness

To courageously challenge injustice and inequity

Excellence

To be the best that we can be

BELIEFS

We support the definition of “health”, as put forward by the World Health Organization and the Ottawa Charter for Health Promotion:

“Health: a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity”

“Health is a resource for everyday life.....a positive concept emphasizing social and personal resources”

We are committed to the concept of population health - an approach that aims to improve the health of the entire population and reduce health inequities. In doing so, we strive to respect the key determinants of health: physical, psychological, environmental, economic, social, cultural and spiritual aspects¹.

We, the Leeds, Grenville & Lanark District Health Unit, believe:

- We are leaders and ambassadors for health in the community
- Individuals, organizations and communities share responsibility for health
- We lead by example by striving to be a healthy workplace
- Programs and services must be accessible, effective, and meet the needs of the communities we serve
- Our approach must be evidence-based, proactive, comprehensive and creative
- Meaningful communication is fundamental to fulfilling our mandate
- Our primary resource is our people
- Fostering a supportive workplace encourages people to reach their full potential
- Continuous learning is vitally important to professional and personal growth

We are committed to a philosophy of excellence through continuous quality improvement.

As evidence of this commitment, the Health Unit has adopted the National Quality Institute’s Framework for Excellence and strives to model its quality principles:

- Promoting leadership through involvement
- Supporting a factual approach to decision-making
- Maintaining a primary focus on the client
- Encouraging co-operation and teamwork
- Managing processes efficiently
- Honouring obligations to partners and to society

¹ As defined by the Public Health Agency of Canada

WHAT YOU'LL FIND

The first part of the document contains the Health Unit's identity and philosophy, and exists of a vision, mission, values and beliefs.

The strategic direction is outlined in the second part of this document. This section is structured around the National Quality Institute's Framework for Excellence and the six quality drivers. For the purposes of *Moving Upstream*, we have modified the language of the drivers to fit the Health Unit, as follows:

1. Leadership
2. Planning
3. Client
4. People
5. Process
6. Partners

For each driver, there is:

1. A description of the issue
 - a. Provides background on the importance of the issue and suggestions for moving forward
2. Goals and objectives
 - a. Provides long-term, strategic outcomes to guide the identification of annual activities
3. Performance indicators
 - a. Provides for measurement of the objectives, and focus for development of annual activities and ongoing environmental scanning

For ease of reading and reference, all of the descriptions and goals and objectives are listed concurrently.

The third part of the plan contains the performance indicators for each driver. These performance indicators have been linked to the appropriate goals and objectives.

The final part of the document contains a glossary of terms that have been used throughout *Moving Upstream*.

STRATEGIC DIRECTION

1. LEADERSHIP

This driver focuses on those who have primary responsibility and accountability for an organization's performance. Good leadership is based on a foundation of ethics and values that reflect quality principles.

Adopted from the National Quality Institute

► 1.1 Goal: An organizational model and culture that support leadership

Statement of the Issue

In accordance with quality principles, the Health Unit needs to fully recognize the potential of its staff by promoting and encouraging accountability and leadership at all levels.

To accomplish this, the Board of Health, management and staff must have a clear and unified understanding of the concept and responsibilities of leadership: what leadership means and how it is defined; the importance and scope of its role; how accountability is shared; and how effective leadership is linked to the culture, strategic direction, values and beliefs of the agency.

The Health Unit's internal structure needs to be aligned to support the concept, principles and consistent practice of shared leadership.

Objectives

We will have a clearly articulated organizational model that supports and promotes leadership and accountability.

We will foster a Health Unit culture that supports leadership at all levels.

► 1.2 Goal: Public health leadership in the community

Statement of the Issue

To be effective in building a healthy community, the Health Unit must be a visible leader on public health issues.

As leaders of the agency, the Board of Health and senior management need to demonstrate cohesion and strong leadership in carrying out the Health Unit's vision and mission to the people they serve.

The Health Unit must be aware of, knowledgeable about, and fully committed to, the public health mandate.

Objectives

We will demonstrate leadership in public health and promote the Health Unit's vision and mission to the community.

► 1.3 Goal: Ongoing excellence through quality improvement

Statement of the Issue

The Health Unit strives to maintain a good and positive reputation with its clients and partners, and is proud of its status of being a fully accredited organization for over 15 years.

To build on its successes, and to support its goal of being an “organization of excellence”, the Health Unit has embraced the concept of continuous quality improvement as a guiding philosophy in the workplace.

To achieve ongoing excellence, QI principles and practices need to be understood and accepted across the agency and consistently encouraged and practiced at all levels.

The Board, senior management and staff need to be knowledgeable and fully aware of the quality improvement concept - most specifically, the National Quality Institute Framework for Excellence (upon which this strategic plan is based).

Objectives

We will adopt continuous quality improvement as a management philosophy for the agency.

We will promote, model and support the principles of continuous quality improvement.

We will practice QI activities consistently throughout the Health Unit.

► 1.4 Goal: Leadership in health reform

Statement of the Issue

The changing role of public health and the dynamic nature of the health service environment within which public health programs and services are delivered will affect the Health Unit during the life of this strategic plan and beyond.

The Health Unit can play an active role in guiding the future of public health. Its effective participation in provincial and national public health reform initiatives can ensure that the agency has a “voice” around the table, and help to fully realize the agency’s scope of influence during the planning phases.

To ensure that the Health Unit can continue to effectively carry out its mandate during times of change, we should understand the current issues, respond as appropriate, and anticipate and plan for future adjustments.

Making sure that communication is open and effective – internally and externally – as changes occur will reduce the uncertainty that accompanies change.

Objectives

We will demonstrate leadership as a participant in health reform and influence changes to the health system in Ontario.

We will communicate to clients, partners and staff as changes occur.

2. PLANNING

This driver examines the improvement planning process, linking planning to strategic direction and intent, and measuring and evaluating performance to assess progress.

Adopted from the National Quality Institute

► 2.1 Goal: Evidence-based decision-making

Statement of the Issue

The aim of evidence-based decision-making (EBDM) is to ensure that decisions about health and programs and services are based on the best available knowledge. It is important for the Health Unit to make its key decisions using a factual approach, rather than basing decisions simply on instinct, authority or anecdotal data.

Evidence-based public health (EBPH) involves the development, implementation, and evaluation of effective programs and policies in public health through application of principles of scientific reasoning, including systematic uses of data and information systems, and appropriate use of behavioural science theory and program planning models. It is also important that the Health Unit regularly evaluate its programs and services, and that the evaluation results are used to make improvements.

To ensure that evidence-based decision-making is implemented effectively, our resources (financial, material, and human) need to be allocated appropriately to support goals and desired outcomes.

Objectives

We will use evidence-based decision-making principles and processes consistently throughout all departments and programs.

We will consistently evaluate our programs and services and make improvements based on results.

We will develop and maintain structures, processes and resources to support the use of evidence-based decision-making and evidence-based public health.

► 2.2 Goal: An integrated planning framework

Statement of the Issue

The Health Unit's strategic plan needs to be reviewed and revised on a regular basis in order to remain viable. The strategic plan is the framework used for the development of the operational plans. Linking processes and activities will create a truly integrated planning framework for the agency, which will in turn help to promote collaboration, reduce the possibility of duplication, and increase the efficient use of resources.

Objectives

We will regularly review the Strategic Plan and revise it as necessary.

We will have a clearly articulated organizational planning model that promotes alignment of all Health Unit plans and planning processes.

3. CLIENT

This driver examines the organization's focus on citizen/client-centred services, accessibility, external communication, and client satisfaction.

Adopted from the National Quality Institute

► 3.1 Goal: Awareness and understanding of public health

Statement of the Issue

To effectively fulfill its mandate, the Health Unit needs to increase its visibility with clients and in the community.

By exploring a wider and more diversified range of communication channels, we will help our stakeholders to better understand what public health is and does. Increasing our visibility will also help to increase familiarity with, and access to, Health Unit programs and services.

The Board of Health, management and staff are seen as ambassadors for the Health Unit and for public health in general. Adopting the concept of common or consistent messaging will improve our ability to convey relevant and timely information to clients. It is equally important that the Health Unit better understand the needs of its clients and its community through meaningful and productive dialogue.

Objectives

We will increase our visibility and accessibility in the community.

We will promote awareness and understanding of the Health Unit and its programs and services to clients and the community.

We will develop, maintain and evaluate effective two-way communication strategies with clients and the community.

4. PEOPLE

This driver is based on the premise that people are the primary resource of any organization. It focuses on ways and means to foster and support an environment that encourages people to reach their full potential.

The “people” driver is based on the belief that treating people with respect and trust – and providing them with the opportunity to contribute ideas or speak out on issues of concern, without fear of retribution – is of paramount importance.

Adopted from the National Quality Institute

► 4.1 Goal: Excellence in the management of human resources

Statement of the Issue

Stability and exceptional quality in staffing will help to ensure a consistent approach and continued excellence in the delivery of programs and services. To do this, and to meet its mandate and support its strategic goals, the Health Unit must attract and retain highly skilled and knowledgeable staff.

The Health Unit has expressed a desire to work towards becoming “an employer of choice in Eastern Ontario”. To help realize this goal, a formal human resources plan is needed for the agency.

The HR plan should include innovative strategies to address the issues of recruitment, retention, stability in staffing, succession planning, mentoring, training, and professional and leadership development. The plan should also reflect the quality principles of maintaining a culture based on trust and respect, and of fostering a supportive work environment that encourages people to reach their full potential. The HR plan needs to be aligned with the goals and objectives of the strategic plan, while still being flexible enough to respond to changing needs.

To support effective evidence-based planning, the agency’s formal HR Plan should include a method to measure and evaluate the agency’s current and projected human resource requirements, as well as a way to assess the effectiveness of its education and development processes.

Objectives

We will have a comprehensive HR strategy and a formal HR plan that is based on quality improvement principles and that supports our strategic goals.

We will determine and address education and development needs to support the goals of the organization and of the individual.

► 4.2 Goal: Supportive work environment

Statement of the Issue

Providing a healthy workplace involves more than ensuring the physical health and safety of workers; it involves showing consideration for staff's well-being by creating and sustaining a culture where employees feel valued, trusted, respected, supported, and encouraged to be the best they can be.

This is accomplished, in part, by ensuring that the workplace culture reflects the agency's values, and that the values are consistently communicated and modeled.

Objectives

We will develop and nurture a workplace culture that supports employees to reach their full potential.

5. PROCESS

This driver examines how work is organized to support the organization's strategic direction. All work is accomplished by a set of processes. Processes involve people, materials, resources and information. Key processes need to be identified and continually reviewed, stabilized and improved.

Adopted from the National Quality Institute

► 5.1 Goal: Excellence in process management

Statement of the Issue

Processes support how an organization works, what it does, and what it accomplishes. Processes, when used effectively, are prevention-based rather than corrective reactions to something that has gone wrong.

Senior management recognizes the positive consequences of managing processes effectively to meet strategic goals and objectives. It is important that the organization as a whole understands the value of effective internal processes and the role that processes play in supporting the efficient delivery of programs and services.

The agency's key processes – those processes that are critical to its success – need to be identified, documented, monitored, and continually evaluated for improvement.

Objectives

We will demonstrate knowledge and understanding of the importance of process management and its relevance to the work of the agency.

We will identify and continually review and improve our key processes.

► 5.2 Goal: Efficient information technology processes

One critical area that the Health Unit needs to promptly earmark for process improvement is that of information technology (IT), recognizing its significance to the internal workings of the organization and its vital importance to achieving efficient internal and external communication. There is a need for the agency to assess and plan for current and future IT needs, and for staff to feel confident and comfortable in using information technology tools efficiently.

Objectives

We will regularly assess information technology needs and develop a plan based on such needs.

We will regularly evaluate and improve IT processes.

We will develop and maintain structures, processes and resources to support the efficient use of information technology.

6. PARTNERS

This driver examines the organization's relationships with other organizations, institutions and /or alliances that are critical to meeting strategic objectives.

Adopted from the National Quality Institute

► 6.1 Goal: Strategically aligned and collaborative partnerships

Statement of the Issue

Through partnering with other agencies that provide complementary services, the Health Unit can build on the strengths of its programs and optimize the use of financial and human resources.

It is important that the Health Unit's partnerships are effective. This includes ensuring that:

- key partners - current and potential – are identified
- partners understand and support the public health mandate
- partners are capable, their work is of high quality, and their contribution is aligned with the Health Unit's mission, vision and strategic direction
- effective two-way communication with partners is fully supported

Objectives

We will identify and evaluate our key partnerships on an ongoing basis.

We will develop, maintain and evaluate effective two-way communication strategies with partners.

We will work effectively with our partners.

PERFORMANCE INDICATORS

1. LEADERSHIP

1.1 An organizational model and culture that support leadership

Objectives	Indicators
We will have a clearly articulated organizational model that supports and promotes leadership and accountability.	<ul style="list-style-type: none"> • Management develops organizational model with input from staff • Management communicates organizational model to staff • Staff report awareness and understanding of the organizational model
We will foster a Health Unit culture that supports leadership at all levels.	<ul style="list-style-type: none"> • Management supports and encourages staff involvement in leadership activities • Staff report satisfaction with amount and nature of leadership opportunities • Staff recognized for involvement in leadership activities • Involvement in leadership activities reflected in performance appraisals

1.2 Public health leadership in the community

We will demonstrate leadership in public health and promote the Health Unit's vision and mission to the community.	<ul style="list-style-type: none"> • Community members report awareness of the Health Unit and its vision and mission • Community members identify the Health Unit as a public health leader
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1.3 Ongoing excellence through quality improvement

We will adopt continuous quality improvement as a management philosophy for the agency.	<ul style="list-style-type: none"> • NQI framework used as a foundation for strategic plan
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1.3 Continued...

Objectives	Indicators
We will promote, model and support the principles of continuous quality improvement.	<ul style="list-style-type: none"> • Management and staff trained in continuous quality improvement • Management and staff report knowledge of CQI principles • Management and staff model the principles of continuous quality improvement • Staff report satisfaction with the support received from management regarding CQI • Knowledge and understanding of continuous quality improvement reflected in performance appraisals
We will practice QI activities consistently throughout the Health Unit.	<ul style="list-style-type: none"> • Management and staff report being actively engaged in QI activities, such as process mapping and training • Quality improvement activities reflected in program operational plans

1.4 Leadership in health reform

We will demonstrate leadership as a participant in health reform and influence changes to the health system in Ontario.	<ul style="list-style-type: none"> • Board and management develop an advocacy document outlining the roles and responsibilities of public health • Advocacy document distributed to all key stakeholders • Board, management and staff report participating in public health capacity review activities • Board, management and staff report participating in Local Health Integration Network (LHIN) activities • Participation in health reform activities documented in health unit operational plan
We will communicate to clients, partners and staff as changes occur.	<ul style="list-style-type: none"> • Clients, partners and staff report satisfaction with communication of health reform activities

2. PLANNING

2.1 Evidence-based decision-making

Objectives	Indicators
We will use evidence-based decision making principles and processes consistently throughout all departments and programs.	<ul style="list-style-type: none"> • Evidence-based decision-making processes developed • Management and staff report knowledge of the use of evidence-based decision-making processes • Knowledge and understanding of evidence-based planning reflected in performance appraisals • Management and staff report using evidence – based decision-making principles and processes • Evidence-based planning processes reflected in operational plans
We will consistently evaluate our programs and services and make improvements based on results.	<ul style="list-style-type: none"> • Programs and services defined and identified • Program monitoring and evaluation targets established • Management and staff report involvement in evaluation activities • Evaluation results used to make program and service improvements • Evaluation activities and results documented in operational plans
We will develop and maintain structures, processes and resources to support the use of evidence-based planning, decision-making and evaluation.	<ul style="list-style-type: none"> • Type and amount of structures, processes and resources required supporting evidence-based decision-making identified • Adequate resources acquired • Resources for evidence-based planning and evaluation processes accessible to staff • Staff report utilizing evidence-based resources

2.2 An integrated planning framework

We will regularly review the Strategic Plan and revise it as necessary.	<ul style="list-style-type: none"> • Strategic plan implementation and review cycle developed • Implementation and review cycle utilized • Ongoing external and internal environmental scanning methods developed • Ongoing external and internal environmental scanning methods implemented • Strategic plan revised based on environmental scan
We will have a clearly articulated organizational planning model that promotes alignment of all Health Unit plans and planning processes.	<ul style="list-style-type: none"> • Comprehensive organizational planning framework developed • All Health Unit plans aligned with strategic plan • Comprehensive organizational planning framework implemented

3. CLIENT

3.1 Awareness and understanding of public health

Objectives	Indicators
We will increase our visibility and accessibility in the community.	<ul style="list-style-type: none"> • Advertising and promotion of Health Unit programs and services increased • Barriers to Health Unit programs and services identified • Barriers to Health Unit programs and services monitored • Strategies developed to eliminate/minimize barriers • Programs and services are accessible
We will promote awareness and understanding of the Health Unit and its programs and services to clients and the community.	<ul style="list-style-type: none"> • Community members report awareness of the Health Unit and its programs and services • Clients report awareness of the Health Unit and its programs and services • Common or consistent messaging researched • Common or consistent messages developed for key programs and implemented
We will develop, maintain and evaluate effective two-way communication strategies with clients and the community.	<ul style="list-style-type: none"> • Communication strategies for clients and the community developed • Satisfaction with Health Unit communication strategies measured • Clients report satisfaction with Health Unit communication strategies • Community members report satisfaction with Health Unit communication strategies
We will deliver programs and services that meet the needs of clients and the community.	<ul style="list-style-type: none"> • Needs assessment targets established • Needs of clients and the community assessed • Clients and the community provide feedback into needs assessments • Results of needs assessments used to inform program planning, delivery and evaluation

4. PEOPLE

4.1 Excellence in the management of human resources

Objectives	Indicators
<p>We will have a comprehensive HR strategy and a formal HR plan based on quality improvement principles and that support our strategic goals.</p>	<ul style="list-style-type: none"> • Formal, comprehensive human resources plan developed • Strategies for recruitment, retention, staff development and succession included in human resources plan • Evaluation plan to assess the effectiveness of the HR strategy developed • Human resources and staff satisfaction indicators of success developed • Human resources and staff satisfaction indicators are monitored • Human resources strategies improved based on the results of monitoring and evaluation • System to measure human resource requirements developed and implemented • Sufficient number of qualified staff in place to adequately meet mandated programs and services
<p>We will determine and address education and development needs to support the goals of the organization and of the individual.</p>	<ul style="list-style-type: none"> • Organizational/public health continuing education and training needs assessed • Employees access continuing education and training opportunities as indicated by the needs assessment • Employees engage in staff development activities on an ongoing basis • Employees report having the skills and tools needed to do their jobs • Management encourages all staff to engage in staff development activities on an ongoing basis • Staff development activities are reflected in performance appraisals • Mentorship program developed

4.2 Supportive work environment

Objectives	Indicators
We will develop and nurture a workplace culture that encourages and supports employees to reach their full potential.	<ul style="list-style-type: none">• Employee input and feedback used to make improvements• Employees report feeling safe to communicate openly without fear of retribution• Employees report feeling valued and appreciated• Employees report that the Health Unit's physical and social environments support health• Employees report increased participation in healthy lifestyle behaviours• Employees report feeling supported to achieve balance between home and work activities• Employees report low levels of work-related stress• Workplace wellness policies and procedures implemented• Employees report awareness and understanding of workplace wellness policies

5. PROCESS

5.1 Excellence in process management

Objectives	Indicators
<p>We will demonstrate knowledge and understanding of the importance of process management and its relevance to the work of the agency.</p>	<ul style="list-style-type: none"> • Concepts of process management incorporated in new staff orientation • Management and staff report knowledge and understanding of process management • Knowledge and understanding of process management reflected in performance appraisals • Staff and management trained in process mapping • Process management reflected in operational plans
<p>We will identify and continually review and improve our key processes.</p>	<ul style="list-style-type: none"> • Mechanism(s) devised and put in place to receive and consider observations of perceived process failures at all levels in the organization • Management establish criteria for what defines a key process • Management identifies, documents, set s priorities and communicates key processes in their departments • Changes to processes documented and communicated to all relevant staff • Formal reviews of identified key processes scheduled and carried out • Results of reviews used to make process improvements
<p>We will regularly assess information technology (IT) needs and develop a plan based on such needs.</p>	<ul style="list-style-type: none"> • An interdepartmental approach to assessing information technology needs is conducted • Coordinated solutions to addressing needs are implemented • Health unit wide approach to identifying common IT training needs implemented to complement individual professional development assessments • Computer training program developed for staff • Staff trained on and supported in the use of appropriate information technology • Staff report adequate knowledge and skills in the use of information technology • Staff report satisfaction with IT tools available to them

5.2 Efficient information technology planning and processes

Objectives	Indicators
We will regularly evaluate and improve IT processes.	<ul style="list-style-type: none"> • Interdepartmental and multidisciplinary committee established to implement evaluation procedures for IT processes • Staff report satisfaction with quality and timeliness of IT resources and assistance available to them
We will develop and maintain structures, processes and resources to support the efficient use of information technology.	<ul style="list-style-type: none"> • Interdepartmental and multidisciplinary committee performs an advisory and consultative role in the planning and development of IT • IT policies and procedure developed • Interdepartmental and multidisciplinary committee develops and monitors efficiency indicators

6. PARTNERS

6.1 Strategically aligned and collaborative partnerships

Objectives	Indicators
We will identify and evaluate our key partnerships on an ongoing basis.	<ul style="list-style-type: none"> • Management and staff report awareness and use of Health Unit wide partnership policy and procedure • Criteria for “key partners” clearly defined and documented • Key partners identified • Quality and effectiveness of partnerships monitored • Management and staff involvement in partnership activities documented in operational plan
We will develop, maintain and evaluate effective two-way communication strategies with partners.	<ul style="list-style-type: none"> • Communication strategies developed in collaboration with key partners • Communication strategies monitored and improved based on feedback from key partners and staff
We will work effectively with our partners.	<ul style="list-style-type: none"> • Staff report satisfaction with partnership activities • Partners report satisfaction with partnership activities

GLOSSARY OF TERMS

Accessible:

The ability of clients to obtain Health Unit services at the right place and the right time, based on respective needs and regardless of their personal characteristics. These characteristics may include but are not limited to: literacy level, language, culture, geography, social factors, education, economic circumstances, mental ability and physical ability (Harrigan, M. (2000). *Quest for Quality in Canadian Health Care. Continuous Quality Improvement. 2nd Edition. Ottawa: Health Canada*).

Community:

A specific group of people, often living in a defined geographic area, who share a common culture, values and norms, are arranged in a social structure according to relationships, which the community has developed over a period of time. Members of a community gain their personal and social identity by sharing common beliefs, values and norms, which have been developed by the community in the past and may be modified in the future. They exhibit some awareness of their identity as a group, and share common needs and a commitment to meeting them (World Health Organization. (1998). *Health Promotion Glossary. Geneva: World Health Organization Press*).

Comprehensive Approach:

A mix of interventions/strategies (health communication, social marketing, health education, social support, community action, supportive environments, healthy public policies) designed to promote change at the individual, community and policy level (Bhatti, T. and Hamilton, N. (2002). *Health Promotion: What is it? Health Policy Research Bulletin. March, pg. 4*).

Continuous Quality Improvement:

A management philosophy and system which involves management, staff and health professionals in the continuous improvement of work processes to achieve better outcomes of patient/client/resident care. It involves the application of statistical methods and group process tools to reduce waste, duplication, and unnecessary complexity in work. The goal of CQI is to consistently meet or exceed the needs of patients, families, staff, health professionals and the community (Harrigan, M. (2000). *Quest for Quality in Canadian Health Care. Continuous Quality Improvement. 2nd Edition. Ottawa: Health Canada*).

Determinants of Health:

The key determinants of health are: Income and Social Status, Social Support Networks, Education and Literacy, Employment /Working Conditions, Social Environments, Physical Environments, Personal Health Practices and Coping Skills, Healthy Child Development, Biology and Genetic Endowment, Health Services, Gender and Culture (Public Health Agency of Canada. Retrieved January, 2006 from <http://www.phac-aspc.gc.ca/ph-sp/phdd/determinants>).

According to the Ottawa Charter for Health Promotion, the fundamental conditions and resources for health are peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity. Improvement in health requires a secure foundation in these basic prerequisites (Ottawa Charter for Health Promotion. (1986). Ottawa. Retrieved from http://www.who.int/hpr/NPH/docs/Ottawa_charter-hp.pdf).

Driver:

See the definition of the term “National Quality Institute’s Framework for Excellence” below.

Environmental Scanning:

Involves routinely monitoring the environments internal and external to an organization, in order to identify strengths, weakness, opportunities and threats. Ongoing environmental scanning can provide information of emerging issues and trends, develop relationships between scanners, and provide useful information for future strategic planning initiatives (Bryson, J.M. (1995). *Strategic Planning for Public and Nonprofit Organizations*. San Francisco: Jossey-Bass Publishers).

Evidence-Based Decision Making (EBDM):

The aim of evidence-based decision-making (EBDM) is to ensure that decisions about health and health care are based on the best available knowledge. To use EBDM one must first assess what constitutes evidence, both in relation to health-enhancing interventions and to organizational or policy level decision-making. One also needs to explore the availability and accessibility of reliable information and knowledge that identifies how interventions, practices and programs affect health outcomes (Public Health Agency of Canada. Retrieved January, 2006 from <http://www.phac-aspc.gc.ca/ph-sp/phdd/determinants>).

Evidence-Based Public Health (EBPH):

The development, implementation, and evaluation of effective programs and policies in public health through application of principles of scientific reasoning, including systematic uses of data and information systems, and appropriate use of behavioural science theory and program planning models (Brownson, Ross, C., Baker, E.A., Leet, T.L., and Gillespie, K.N. (2003). *Evidence-Based Public Health*. New York: University Oxford Press).

Health:

WHO defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The Ottawa Charter of Health Promotion (1986) takes this definition further and says, “health is ... a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities” (Ottawa Charter for Health Promotion. (1986) Retrieved from http://www.who.int/hpr/NPH/docs/Ottawa_charter-hp.pdf).

Human Resources Plan/Human Resources Strategy:

A human resources strategy is a comprehensive plan of the relationship between overall corporate strategy and the human resources management component of that strategy. Typically, a human resources strategic plan has a number of objectives, and includes:

- ensuring that the human resource management function supports the achievement of business objectives;
- promoting a working environment and culture that meets the objective of the HR and corporate plan;
- advancing personal and career development for all employees so that they can reach their potential and contribute to the achievement of strategic objectives; and
- strengthening and extending the collaborative process, and other consultative, participative, and communications processes across the organization.

(Human Resources Professionals Association of Ontario. (2005) Ultimate HR Manual. Volume 1, CCH Canadian Limited).

Indicator:

An indicator is a measurement tool, screen or flag, that is used as a guide to monitor, evaluate and improve the quality of client care, clinical services, support services and organizational functions that affect client outcomes *(Harrigan, M. (2000). Quest for Quality in Canadian Health Care. Continuous Quality Improvement. 2nd Edition. Ottawa: Health Canada).*

Mentorship:

Mentoring is a developmental, empowering and nurturing relationship that extends over time. It involves mutual sharing, learning and growth occurring in an atmosphere of respect and affirmation. In the Resource Guide for Implementing Nursing Mentorship in Public Health Units in Ontario, mentoring is defined as “a voluntary, mutually beneficial and long-term relationship where an experienced and knowledgeable leader (mentor) supports the maturation of a less-experienced nurse (mentee) with leadership potential *(Association of Nursing Directors and Supervisors in Official Ontario Health Agencies and Public Health Research, Education and Development Program. (2005). Caring, Connecting and Empowerment: Resource Guide for Implementing Nursing Mentorship in Public Health Units in Ontario. Retrieved March 30, 2006 from <http://www.andsooha.org>).*

National Quality Institute’s (NQI) Framework for Excellence:

The National Quality Institute developed the Canadian Quality Criteria for Public Sector Excellence with assistance from professionals across the public service. The Criteria serves as a framework for effective public service organizations and agencies at all levels. It is a comprehensive and practical framework for improvement and achieving effective citizen/client-focused service or product delivery.

The NQI Framework for Excellence is founded on the Quality Principles, as follows:

- Cooperation, teamwork and partnering
- Leadership through involvement and by example
- Primary focus on clients/stakeholders
- Respect for the individual and encouragement for people to develop their full potential
- Contribution of each and every individual
- Process oriented and prevention-based strategy
- Continuous improvement of methods and outcomes
- Factual approach to decision making
- Obligations to stakeholders, including a concern for responsibility to society

Included in the Framework for Excellence are 6 quality **drivers**: Leadership, Planning, Client/Citizen Focus, People Focus, Process Management, and Suppliers and Partners.

(Perry, J. (2000). Framework for Excellence Participant’s Manual. Toronto: National Quality Institute).

Population Health:

Population health is an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups, by embracing the full range of protection, prevention and promotion strategies. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health (*Public Health Agency of Canada. Retrieved January, 2006 from <http://www.phac-aspc.gc.ca>*).

Process Management:

All work is accomplished by a set of processes. Processes are value-adding transformations involving people and other resources such as materials and information. Process management applies to all activities within the organization, in particular those that are critical for success. (*National Quality Institute. (2002) Canadian Quality Criteria for Public Sector Excellence: Interpretive Guide. Toronto: National Quality Institute*).

System:

A system may be defined as a collection of interdependent elements that interact to achieve a common purpose (*Harrigan, M. (2000). Quest for Quality in Canadian Health Care. Continuous Quality Improvement. 2nd Edition. Ottawa: Health Canada*).