

INTRODUCTION

In early 2024, Manitoulin Health Centre initiated a strategic planning process with the Board of Directors and the Strategic Planning Steering Committee, to shape the hospital's first post-pandemic plan.

Strategic planning priorities included defining a refreshed *Vision* and *Mission*, and strategic goal setting aligned with the Quintuple Aim Framework (*Institute for Health Improvement*). The Quintuple Aim is a leading healthcare framework that aims to improve healthcare by focusing on patient experience, population health, improving value, healthcare providers' experience, and advancing health equity.



Healthcare in Ontario is currently in an extraordinary state of multi-sector transformation. In the North, small rural hospitals like Manitoulin Health Centre (MHC) are facing unprecedented challenges as they navigate an evolving healthcare landscape post pandemic. The growing pressures of increasing patient volumes, financial strain and widespread health human resource shortages, have highlighted the need for a strategic plan that addresses both immediate and long-term healthcare priorities.

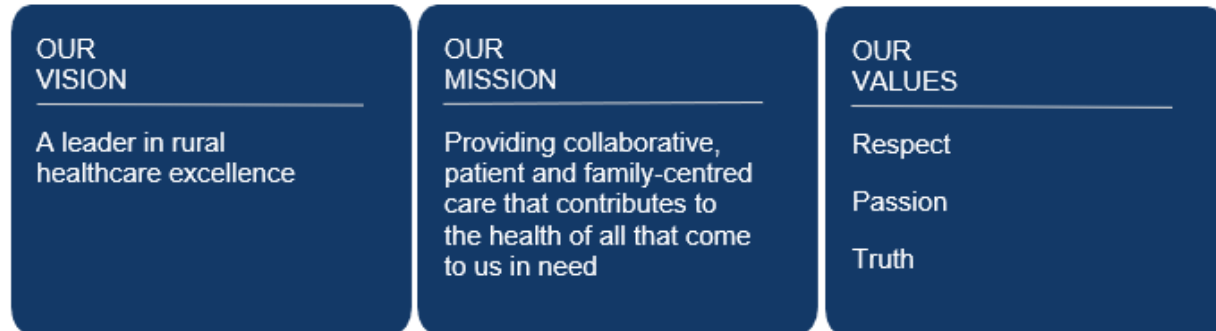
This 3-year plan aims to strengthen the hospital's socially accountable approach to delivering equitable and collaborative patient-centred care, while ensuring the *well-being* of our local healthcare workforce. By building stronger partnerships with our local and regional health networks, MHC seeks to contribute to a more resilient, sustainable, and patient-centred healthcare system for our community.

Our team would like to acknowledge *Paquette Management & Consulting* for their facilitation of this work, and to also thank all who took the time to participate in the engagement sessions and stakeholder consultations. Your feedback and commitment to working alongside MHC for healthcare improvement is truly valued.

Manitoulin Health Centre acknowledges that the hospitals are situated on the traditional, ancestral, and unceded lands of the Anishinaabe peoples, specifically within the Robinson-Huron Treaty territory. We honour the rich history, culture, and ongoing contributions of Indigenous peoples.

MHC remains committed to building respectful relationships with Indigenous communities and working collaboratively to ensure the health and well-being of all who live here. We recognize the importance of cultural understanding, reconciliation, and the inclusion of Indigenous knowledge as essential to our mission. We are dedicated to creating a healthcare environment that respects the rights, traditions, and needs of all Indigenous peoples.

Accompanying the new 3-year plan, the Strategic Planning Steering Committee have redefined and refreshed our *Vision* and *Mission* Statements to better align with the new strategic directions, whilst our existing values of *Respect, Passion and Truth* carry forward.



OVERVIEW

Project Leadership

The Strategic Plan Steering Committee, inclusive of board members and senior management was activated to guide consultation on a new 3-year plan for MHC. This included the development of terms of reference, reviewing and approving of stakeholder engagement and communication plans, assessment of current state, a review of stakeholder feedback and emerging themes.

Environmental Scan/Current State Assessment

The environmental scan was inclusive of a thorough analysis of internal and external factors, system pressures such as provincial hospital funding models, health policies impacting small northern and rural facilities, current Ministry directives/priorities, health human resource shortages and the challenges of delivering care that is reflective of the growing health needs of the local populations served.

Stakeholder Engagement Process

A comprehensive internal and external stakeholder consultation process was designed to obtain feedback regarding care and partnerships with MHC. The Strategic Plan Steering Committee worked closely with the consultant to develop interview/focus group questionnaires and identify individuals/organizations and populations to be engaged as key stakeholders.

Identification of Strategic Goals

Based on the findings and emerging themes of the environmental scan, stakeholder feedback report and dialogue with the project consultant; the Steering Committee then identified strategic goals aligned with the pillars of the *Quintuple Aim Framework*.

Final Strategic Plan documents were reviewed and revised by the Steering Committee and ratified and adopted by MHC Board of Directors in November 2024.

Stakeholders

Please see [Appendix A](#) for the full participant listing.

A broad cross-section of internal and external stakeholders was consulted in this process which included: MHC staff, MHC Board, senior leadership, managers, health partners, Indigenous leadership and health providers, primary care providers, mental health/substance use health providers and a patient population inclusive of permanent and seasonal residents. Engagement was conducted over a 6-month period through on-site visits, virtual interviews, focus groups as well as through the completion of online surveys for greater reach and accessibility.

Strategic Direction 1 – Patient Experience

Strategic Goal: Enhance patient satisfaction, communication and culturally safe healthcare.

Emerging Themes

Access to care, Cultural safety, Digital health, and Environmental/facility improvement

Access to Care – Like many populations residing in northern rural communities, there is a desire to have access to health care as close to home as possible. Travel continues to be a barrier for patients to access specialized care throughout the north, as referral centres are located in larger urban areas, requiring extensive travel and often the support of family or travel companions. Patients and families indicated that they would benefit and welcome increased access to care navigators and more locally coordinated specialist services.

Cultural Safety – There is a need to continue dialogue and collaboration with Indigenous partners, as this is vital to improving care and navigation for Indigenous patients, for employee training initiatives, and ensuring MHC’s services are delivered in a culturally safe manner.

Digital Health – Participants also indicated a keen interest to see how technology might be utilized in the future for improving the patient experience. This includes opportunities for providing timely patient feedback, as well as the ability to engage with their healthcare in a more fulsome way with compatible patient portals as they become available for integration.

Environmental/facility Improvement – Patients and employees are seeking a more inclusive facility, visually reflective of the diverse populations we serve; and spaces that are safe and supportive for vulnerable populations like those who might be requiring support for mental health or substance use concerns.

Strategic Direction 2 – Population Health

Strategic Goal- Strengthen integration of population health strategies, to improve the overall health and well-being of the community.

Emerging Themes:

Partnerships and Access to Care

Partnerships– To improve population health, small rural hospitals are vested in community partnerships to support a patient-centred approach to aid in improving health literacy and addressing the social determinants of health. Partnerships between primary care providers, health units, social service agencies and Indigenous health organizations are all integral to driving population health initiatives for key priority populations.

Access to Care – By formalizing partnerships within the Manitoulin Collaborative, participating in Ontario Health Team initiatives, and training on best practices in partnership with lead organizations; MHC is positioned to support the advancement of key population health priorities such as improvements for mental health/substance use health, improving care transitions to and from hospital, and collaboration on more senior’s friendly care initiatives to support independence to safely remain in their homes.

Strategic Direction 3 – Improving Value

Strategic Goal- Increase operational efficiencies and improve patient safety through digital health solutions and optimization

Emerging Themes:

Digital Health Solutions, Shared Resources, and Partnerships

Digital Health Solutions - Significant investments in digital health solutions have been made in this last fiscal year. The ONE HIS Meditech Expanse project brought MHC online with one singular hospital-based patient record alongside 22 other hospitals in the Northeast. This improved digital tool allows hospitals to create efficiencies in care delivery and improvements to patient safety. MHC is now positioned to move into the optimization phase and is poised for further integration of digital health infrastructure, further improving patient safety and experience.

Shared Resources – Health partners have expressed an interest in exploring opportunities to collaborate on procurement of services. An example of successful shared resourcing was the extension of Information Technology (IT) support for the primary care (PC) setting; delivered to primary care through MHC. The partnership supports financial and operational efficiencies for both MHC and PC, a solution achieved through collective proposal writing. A similar approach to

skill development and training coordination for island healthcare teams emerged as a theme in numerous engagement sessions.

Partnerships – Participants also indicated an interest in further advancing collaborations between the hospital and the community organizations to share each other’s expertise. Opportunities to support new program and service development for Manitoulin could be explored through the expertise of Kenjgewin Teg Educational Institute (KTEI), and the Ojibwe Cultural Foundation (OCF) for education and training initiatives that have been designed locally.

Strategic Direction 4 – Provider Experience

Strategic Goal- Foster a healthy sustainable work environment; and the well-being of healthcare providers

Emerging Themes:

Well-being, Recruitment/Retention and Engagement

Well-being – Patient volumes continue to increase year over year, and in recognition of the HHR pressures in the Northeast, MHC is actively recruiting to embed Nurse Practitioners (NP’s) in both emergency departments. The additional resource is meant to bolster the integrated team, improve patient flow, decrease physician load and hopefully improve work like balance.

MHC like other hospitals in Ontario, continues to monitor a significant rise in workplace violence incidents. Engaging Ontario Health (OH) and Ontario Hospital Association (OHA), MHC is actively advocating for resources to support stronger measures, and facility improvements to ensure that employees and patients are provided with a safe and secure environment.

Recruitment and Retention – Physician shortages in Ontario, and pressures in local physician recruitment have required heavy utilization of locums. Additionally, provincial nursing shortages have also required an increased reliance on private nursing agencies. MHC is actively participating in local recruitment strategies and is now employing a full-time recruiter to support island centric initiatives to bring both physicians and nurse practitioners to the island. This is a position that is collectively funded through physician practices, Municipalities, and First Nation communities for a Manitoulin centric approach to recruitment. Additionally internal strategies with the human resource team have MHC leveraging provincial incentives for nursing and student nursing recruitment, and re-establishing relationships at the secondary and post secondary level, looking to the future of the local healthcare (nursing and allied health) workforce.

Engagement – Participants expressed an interest in having more opportunities for site-to-site employee engagement, mentorship and skill building. Additionally, many expressed an interest in the ability to participate in more interactive, experiential land-based learning about Indigenous history and cultural safety through local Indigenous partner organizations, indicating a positive educational shift and understanding of the expertise of our community partners.

Strategic Direction 5 – Health Equity

Strategic Goal- Advance diversity, equity and inclusion initiatives, and work collaboratively with social and healthcare partners to reduce health disparities

Emerging Themes:

Access to care, Cultural Safety, and Diversity, Equity & Inclusion

Access to Care – MHC remains an active participant organization with the *Sudbury, Espanola, Manitoulin and Elliott Lake-Ontario Health Team* (SEMEL OHT) and the Manitoulin Collaborative to prioritize rural crafted solutions to health and social disparities within our catchment. Much work needs to be done to improve pathways and deliver equitable programming and supports in rural communities.

In late 2024, MHC was able to establish a multi-sector accountability agreement (MSAA) with Ontario Health (OH), allowing MHC flexibility to explore funding opportunities to better serve prioritized populations.

Cultural Safety – There is more to be done to improve the relationship with local Indigenous populations and to action MHC’s commitment to culturally safe, patient and family-centred care. In addition to formal MOU’s and exploring educational partnerships with KTEI and the OCF, local resource people such as Indigenous elders/knowledge keepers can function as excellent educational resources in healthcare settings. Access to such resources to support organizational projects, and steering committees would be beneficial to both the board and employees. A suggested review of the MHC board skill matrix could also prove beneficial, to ensure the board of directors is truly reflective of the population it serves.

Diversity, Equity & Inclusion – Diversity, Equity, and Inclusion (DEI) is essential to fostering a healthcare environment that reflects the diverse communities we serve. MHC is committed to equitable access to care for all patients and creating an inclusive workplace where all staff feel valued and respected. MHC is prioritizing training and education through external partnerships and internally with the Cultural Safety, Inclusion & Engagement Committee. These efforts aim to reduce healthcare disparities, promote safe delivery of care and promote diversity in both frontline and leadership. Incorporating meaningful DEI initiatives can contribute to positive health outcomes, enhance patient satisfaction and foster a positive, supportive workplace culture.

NEXT STEPS - Operational Planning for 2025-2028

The senior management team, management and front-line staff will coordinate to develop a detailed Operational Plan and determine the key priorities, deliverables and metrics to be used to report on organizational performance. This will guide the work of MHC over the next 3-year period.

APPENDIX A - PARTICIPANT LISTING OF STAKEHOLDER ENGAGEMENT GROUP

Health Care Partner Stakeholders – Mnaamodzawin, Wikwemikong Health Centre, Home & Community Care Support Services, Northeastern Manitoulin Family Health Team, Assiginack Family Health Team, Manitoulin Central Family Health Team, Sudbury Manitoulin Espanola Elliot Lake OHT, Health Sciences North, Espanola Regional Hospital & Health Centre, Gore Bay Lodge, St. Joseph’s Health Centre, Wikwemikong Nursing Home, Public Health Sudbury & District, Ontario Health North East, Manitoulin Sudbury District Services Board, Patient Advisory

Patient and Family Stakeholders – Manitoulin Municipal Association, local and seasonal resident as consumers

Mental Health & Substance Use Health Providers – Gwekwaadziwin Miikan, Noojmowin Teg Health Centre, Wikwemikong Health Centre, M’Chigeeng First Nation, Health Sciences North

Primary Care Providers – MHC Professional Services Group (Little Current & Mindemoya)

Chiefs & Councils of Mnidoo Mnising - Chief and Council members and Administration team

MHC - Departmental staff from nursing, physiotherapy, diagnostic imaging, laboratory services, diabetes program, environmental services, food services, pharmacy, maintenance, information technology, finance and human resources. (53 staff participated in onsite focus groups and additional 20 online surveys were completed), MHC Board of Directors, senior leadership team, management, Chief of Staff, President of Medical Staff