2022-2027 Strategic Plan

Innovating Together for Better Health

Final version September 2022
SLOHT – Strategic Planning Timeline 2022

March
- Initial engagement with Strategic Plan Committee
- Launch planning process and communication with partners
- Determine scope of work
- Assess work that has been already completed
- Identify key themes/priorities that are already emerging

April
- Review and synthesize Strategy work completed to date
- Initiate key informant interviews (Municipal Leadership, Economic Council, OH, MOH, HCSS, Lambton College)
- Consult with OHT committees and other groups; Monthly meeting with Collaboration Council
- Determine outcomes and format for the planning session; identify pre-reading prep package

May
-Full partner planning session
- Stakeholder consultations
- Host partner planning retreat – identify draft strategic themes and priorities
- Prepare draft report for review and refinement with partners

June
-Writing and Final Strategy Production
- Review, confirm and finalize SL OHT strategic plan

July-Aug
- Approval and Launch

Sept
- Final approval and launch of strategy

Launch and Design
Engagement and Development
Refine
Approve
2022-2027 Strategic Goals for Sarnia-Lambton OHT

**ACCELERATE OUR INTEGRATION**
Strengthen our capacity to deliver integrated care by partnering with patients and caregivers and advancing community governance.

**REIMAGINE COMMUNITY-BASED CARE**
Increase access to local primary care and community-based services by expanding team-based care, modernizing home care, and integrating care delivery.

**CREATE HEALTHIER COMMUNITIES**
Improve population health outcomes and well-being for residents by focusing on emerging health and social care issues and reducing health inequities.

**RENEW AND SUSTAIN OUR WORKFORCE**
Support our front-line care providers with effective and caring leadership (values driven, compassionate, humanistic) by fostering mental health and well-being, creating greater opportunities for development, and expanding recruitment.

Innovating Together for Better Health
Increase access to local primary care and community-based services by expanding team-based care, modernizing home care, and integrating care delivery.

- Support primary care to co-lead the re-design and implementation of a true integrated care model to increase access to care in the community
- Explore options to centralize intake and streamline access to care by ensuring patients/clients “belong” to the system
- Scale up our existing mental health and rural health hub models to provide greater access for existing and new priority populations with expanded community infrastructure
- Re-envision and expand in-home care and supports, focus on comprehensive support for older persons and people with chronic diseases
- Test and implement new approaches and standard care pathways with primary care and community partners to support more seamless transitions from hospital to home

Strengthen our capacity to deliver integrated care by partnering with patients and caregivers and advancing community governance.

- Evolve our OHT community governance to strengthen our partnership, including shared regional goals, more distributed leadership across partners, and improved clarity of direction and decisions
- Partner with patients/clients, caregivers and community members to co-design system change
- Work with Ontario Health to advance our Access/Navigation and Digital/IT strategies to better communicate with and connect our clients and our care teams, including a shared community-based electronic health record and increased access to virtual care
- Identify and leverage opportunities to create greater efficiencies across partners, such as shared back-office, shared roles, collaborative use of space, and group purchasing
- Streamline OHT communications support and back-bone infrastructure across organizations to advance our collective work and make our progress more visible

Improve population health outcomes and well-being for residents by focusing on emerging health and social care issues and reducing health inequities.

- Identify a shared definition and holistic approach to population health management
- Leverage data and analytics to drive a population health approach that proactively plans for our changing demographics, including a community aging strategy with support for caregivers and expanded services for youth and adult mental health and substance use
- Work with Indigenous partners to implement a health policy framework for the specific health and social care needs of our First Nations communities
- Work with Ontario Health to implement priority requirements to improve access to care for Francophone residents
- Adopt an OHT health equity framework to tackle health inequities and system racism
- Connect and align resources designed to address housing and homelessness to maximize our impact

Support our front-line care providers with effective and caring leadership (values driven, compassionate, humanistic) by fostering mental health and well-being, creating greater opportunities for development, and expanding recruitment.

- Develop a regional HHR strategy to support greater recruitment, retention, and capacity across our partners and teams, including flexible and shared work opportunities for front-line staff, back-end administration and leaders, as well as collection of HHR data
- Work with partners to ensure providers are working to our full scope of practice
- Partner with post-secondary institutions to build pathways to healthcare employment for local residents, First Nations communities, and newcomers
- Share resources across partners for continuing education for professional development