

MHCP 2004-2008 Strategic Plan INDEX

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Planning Process

Over the last several months, the Mental Health Centre Penetanguishene has been engaged in a collaborative planning and visioning process to develop strategic directions to guide the operations of the hospital for the next several years.

The staff and clients of the hospital were broadly represented by the membership of the strategic visioning task group. The planning process was designed to ensure consultation with our internal and external stakeholders at several key points.

A survey was sent to our external partners asking for input on our performance and requesting comments and suggestions to assist us in the development of this plan. The response to the survey was excellent. The information was incorporated into the strategic plan and shared with the staff and clients of the hospital for follow-up with their individual stakeholders.

The external partners were sent the draft strategic directions for additional comments and these were included in our final plan. Individual planning team members provided information to the internal stakeholders throughout the planning process and their comments and suggestions were included in the plan.

The annual operational plans of all teams, services and departments will be based on our new strategic directions. Our planning process resulted in an electronic format for these plans that will enhance our ability to share our goals hospital wide and provide ongoing documentation of outcomes. This integration and sharing of information will provide enhanced support for individual program and department goals and will provide comprehensive information for review at regular intervals throughout the duration of the plan.

The Mental Health Centre Penetanguishene thanks our staff, clients and community partners for their input into this plan and we look forward to working with you as we focus on the achievement of these strategic directions.

OUR VISION OF CARE

To Maximize Client Wellness and Quality of Life

MISSION STATEMENT

The Mental Health Centre Penetanguishene will:

- Assist adults with serious mental disorders to attain the best possible quality of life.
- Provide specialized assessment, treatment and rehabilitative services to meet the needs of our clients.
- Offer our services in the least intrusive manner possible, with a focus on the safety of our clients, their families and communities.
- Work with our partners to enhance service and strengthen the mental health system at the local, regional and provincial levels.
- Conduct research that improves processes and contributes to scientific knowledge, best practices and a better understanding of mental illness.

Values

The employees of the Mental Health Centre Penetanguishene are committed in their service to these values:

Caring, Respect, Accountability, Innovation



Guiding Principles

The MHCP supports an environment that:

- builds strong community partnerships;
- is healthy, safe and secure;
- promotes innovation and welcomes positive change;
- promotes the value of research and learning;
- values open communication;
- treats people with dignity and respect;
- promotes continuous improvement through quality and risk management activities;
- uses resources in a responsible manner;
- is participatory
- establishes personal responsibilities and promotes individual accountability
- values creativity and contributions

Strategic Directions

- **Advocacy**
MHCP will continue to advocate for systemic improvement to mental health services. (see page 5)
- **Clinical/Therapeutic Practice Excellence:**
MHCP will demonstrate high quality client and community focused care utilizing best practices standards in the development and delivery of complex mental health services. (see page 6)
- **Communication and Information Management**
MHCP will develop a comprehensive information management infrastructure that will enhance decision making and support the implementation of the strategic communication plan. (see page 7)
- **Enhancing Patient Safety and Security:**
MHCP will develop a comprehensive Risk Management Program focusing on identification, risk prevention, mitigation and reduction. (see page 8)
- **French Language Services**
MHCP will offer French Language Services in a convenient, accessible manner. (see page 9)
- **Learning and Development**
MHCP will develop systems and processes based on a learning organization philosophy that will promote and enhance our corporate culture of clinical and service excellence. (see page 10)
- **Physical Plant**
MHCP will rationalize space for hospital and community based services to maximize efficiency. Complete all necessary planning for the replacement of the Oak Ridge building. (see page 11)
- **Pre Divestment Planning**
MHCP will initiate a planning process to prepare the organization and it's clients for divestment. (see page 12)
- **Technology and Equipment**
MHCP will acquire technology and equipment to enhance business efficiency and promote innovations in service delivery. (see page 13)
- **Workforce Planning**
MHCP will develop an integrated, proactive workforce plan that will provide a framework for making human resource decision. (see page 14)

Strategic Direction: Advocacy

MHCP will continue to advocate for systemic improvements to mental health services.

Current Perspective

- MHCP actively participated in all aspects of Mental Health Implementation Taskforce (Central East).
- MHCP actively participated in all aspects of the Expert Panel (Forensics) Taskforce.
- No action by Ministry on report or recommendations of Mental Health Implementation Task Force.
- No action by Ministry on report or recommendations of the Expert Panel (Forensics).
- Planning underway for new Provincial Forensic Hospital.
- Planning initiated for the development of new interim acute care beds for North Simcoe.
- Lack of appropriate long-term care placements.
- Lack of affordable housing.
- Simcoe County per capita mental health care funding is lowest in province.
- New technology required to support current and future service delivery.
- No decision on divestment.
- Lack of support from Ministries due to perceived “pending divestment”.
- Service needs increasing – acuity, aging with greater life expectancy and continued depopulation of institutions.

Balanced Scorecard Information (impacts)

Financial Perspective:

- Infusion of funds into community is required.

Innovation & Learning Perspective:

- Establish advocacy platform (speakers/briefing notes) to be used by MHCP staff.

Customer Perspective:

- Mental health services insufficient to meet needs of population.

Internal Business Processes Perspective:

- Continued presence in forums, with partners, to advocate and support further development of mental health services.

Strategic Direction: Clinical/Therapeutic Practice Excellence

MHCP will demonstrate high quality client and community focused care utilizing best practices standards in the development and delivery of complex mental health services.

Current Perspective

- Well developed in-patient services.
- Increasing capacity in community support in areas of outreach teams, OPSP, rehabilitation and other support services.
- Enhanced programs for dual diagnosed and concurrent disorders.
- Continue to develop service delivery partnerships with community service providers.
- Program evaluation conducted to ensure services targeted to improving patient outcomes.
- PSR principles embedded in care delivery systems.
- Care delivery is multidisciplinary team approach.
- Best practice consultants are supporting the development of Program/Service evaluation, Transitional Discharge Model, best practices and clinical education in a number of program areas.
- MHCP has embedded AIMS standards and developed indicators for outcome evaluation.
- CQI principles are utilized to develop innovations and improvements.

Balanced Scorecard Information (impacts)

Financial Perspective:

- Increased acuity, bed pressures, lack of community resources, increased costs.
- Continued pressure to decrease number of inpatient beds in favour of community development.
- Adequate funding has not been allocated for community development.
- Continue to develop processes that use program evaluation and indicator data to support business cases to secure funding for program development.

Innovation & Learning Perspective:

- Developing and enhancing community partnerships to enhance patient discharge care planning and transition support.
- Continue to develop program and patient care evaluation processes.
- Continue to explore and implement best practices in patient care and service delivery.

Customer Perspective:

- **Employees** will be engaged in the evaluation of current services and program/service enhancements.
- **Managers** – will have a monitoring and evaluation system in place to inform decision making process to enhance the quality of patient care and care delivery systems.
- **Partners and stakeholders** –frustrated with inability of MHCP to deal with community funding issues - expectation that MHCP will develop, with community partners, discharge and transition plans that can be supported in community.

Internal Business Processes Perspectives:

- Continue to support development of community based services and service partnerships.
- Continue to enhance multidisciplinary team effectiveness.
- Further develop least restraint policies.

Strategic Direction: Communication & Information Management

MHCP will develop a comprehensive information management infrastructure that will enhance decision-making and support the implementation of the strategic communication plan.

Current Perspective

- Electronic communication infrastructure is constrained.
- Strategic communication plan is ready to implement.
- Information management infrastructure has not been developed.
- MHCP shares knowledge and expertise with partners and stakeholders through conferences and seminars.
- MHCP is required to provide ministry and others with accurate, timely, comprehensive data to support funding and service development.

Balanced Scorecard Information (impacts)

Financial Perspective:

- Resources (fiscal, human and material) required to determine, develop and implement an information management structure.
- Resources (fiscal, human and material) required to implement the strategic communication plan.

Innovation & Learning Perspective:

- Organization requires effective communication and information management system to facilitate decision support, learning organization and provision of leadership in mental health services.
- Foster a culture in keeping with the philosophy of a learning organization.
- Need to develop better strategy to manage innovations.

Customer Perspective:

- **Employees** – require timely access to information to support professional growth and excellent.
- **Managers** – require timely access to information to develop innovation and leadership in program/service delivery.
- **Consumers** – stakeholders and partners will be well informed of services offered, employment opportunities, education and research.
- **Ministry** – requires information to support Ministry decision-making processes.

Internal Business Processes Perspectives:

- New technology will be required.
- Information technology and information systems training will be required.
- Electronic security systems will be embedded to protect Ministry, organization and consumers.
- Need to review how change processes are utilized and managed in the organization.
- Organizational structure updated based on new requirements.

Strategic Direction: Enhancing Patient Safety and Security

MHCP will develop a comprehensive Risk Management Program focusing on risk identification, prevention, mitigation and reduction.

Current Perspective

- MHCP has extensive policies and procedures guiding employees' safety practices in the provision of patient care.
- Dedicated FTE's to staff/patient safety (Quality Coordinator, Employee Health, Rehab. Coordinator).
- Hospital-wide Risk Management Program has not been developed.
- Documentation at the service/ department and program level does not interface with a central data base.
- MHCP has recently developed a database for tracking employee incidents.
- MHCP has comprehensive infection control policies.
- MHCP has a comprehensive emergency plan.
- MHCP has two Occupational Health and Safety Committees serving Oak Ridge and Regional geographical areas.
- Joint Security Committee at the Oak Ridge Site.
- CQI principles are utilized to develop innovations and improvements.

Balanced Scorecard Information (impacts)

Financial Perspective:

- Resources (fiscal, human, materiel) required to develop and implement risk management program (data collection, research into best practices, development of database, monitoring tools, evaluation criteria and implementation tools).
- Technology required to support program.

Innovation & Learning Perspective:

- Developing competencies (targeted training and focusing on clinical and service delivery outcomes) at all levels of organization.

Customer Perspective:

- **Employee** – need healthy and safe environment and need to provide healthy and safe environment for patients, family and public.
- **Managers** need system to identify, investigate, monitor, evaluate and mitigate risk.
- **Consumers** – need safe and healthy environment.
- **Public** –need to be protected when in our environment and in community.
- **Stakeholders and Partners** –need information about quality of services.
- **Organization and Ministry** – need to reduce liability and manage risks.

Internal Business Processes Perspective:

- Accreditation and legislated standards provide information to direct development of plan.
- Develop monitoring system to inform decisions – focused on improvement.

Strategic Direction: French Language Services

MHCP will offer French Language Services in a convenient, accessible manner.

Current Perspective

- designated positions are being filled with employees proficient in both English and French.
- Services can be provided in both official languages.
- Written materials and signage are provided in French and English.
- Current labour market conditions make it difficult to meet targets.

Balanced Scorecard Information (impacts)

Financial Perspective:

- Costs associated with training and recruitment.

Innovation & Learning Perspective:

- Education required for current staff to acquire French Language fluency.

Customer Perspective:

- Internal stakeholders perceive inequities in organization's processes to reach targets.

Internal Business Processes Perspective:

- No issues have been brought forward from consumer perspective.

Strategic Direction: Learning and Development

MHCP will develop systems and processes based on a learning organization philosophy that will promote and enhance our corporate culture of clinical and service excellence.

Current Perspective

- Organization is committed to the principles and philosophy of a “learning organization”.
- Need to enhance the corporate culture of “How can I help you?”.
- Organization has allocated funding to support individual and corporate learning.
- Organization has corporate and legislated standards guiding our services.

Balanced Scorecard Information (impacts)

Financial Perspective:

- Funding decisions based on evidence of enhanced outcomes for patients and staff.

Innovation & Learning Perspective:

- Need to further develop common corporate culture based on learning organization principles.
- Need to support employee efforts in personal and professional growth (learning plans, education and training).
- Develop process that ensures personal learning is applied to clinical practice and shared with others.

Customer Perspective:

- **Employees** – enhance ability to provide culturally sensitive care - need to incorporate best practices into care processes.
- **Consumers** - expect best practices in service delivery.
- **Stakeholders and Partners and Public** – MHCP to provide information/ education to enhance awareness of Mental Health issues, services and best practices.

Internal Business Processes

Perspectives:

- Develop processes to identify and respond to learning needs and knowledge gaps.
- Continue to develop competencies for all job classifications in organization.

Strategic Direction: Physical Plant

MHCP will rationalize space for hospital and community-based services to maximize efficiency. Complete all necessary planning for the replacement of the OakRidge building.

Current Perspective

- Completed functional plan and initiated master planning for replacement of Oak Ridge building.
- Completed Facilities Management Plan – Strategic Directions 2003-2008.
- Completed space analysis and planning for employment and educational services both hospital and community based.
- Brebeuf and Bayfield buildings have been devalued by Ministry– operational and health and safety repairs only.
- Support services are being moved from Toanche to make room for additional clinical space (services currently in Brebeuf and Bayfield).
- Awaiting decision for location of acute care beds.

Balanced Scorecard Information (impacts)

Financial Perspective:

- Maintenance and upkeep of older physical plant.
- If Oak Ridge building not replaced increased renovation and maintenance costs.
- Community space re-development.

Innovation & Learning Perspective:

- No capacity for effective learning environment.
- Operational efficiencies cannot be realized due to age of multi-building physical plant .
- Skill development required to support physical plan services.

Customer Perspective:

- **Employees** – negative impact – working conditions within older physical plant.
- **Consumers** – quality of life negatively impacted by structural limitations of physical plant (i.e. air exchange, air conditioning, temperature control, building construction materials, accessibility, etc).
- **Organization** – physical plant requires extensive risk management to ensure a healthy and safe environment for all users.

Internal Business Processes Perspective:

- Program development constrained by physical plant.
- Business efficiencies constrained by physical plant.
- Divestment – lack of decision negatively affects funding allocations.
- Not conducive to delivery of services and treatment.

Strategic Direction: Pre-Divestment Planning

MHCP will initiate a planning process to prepare the organization and it's clients for divestment.

Current Perspective

- No decision/ date of divestment.
- Planning required for current operations and divested organization.
- Staff state they have high level of anxiety, frustration, stress related to the uncertainty of future divestment decisions.
- Organization has some knowledge of the operations of divested hospitals providing specialized mental health services.
- Corporate identity subsumed under the identity of MOHLTC.
- Divested facilities have enhanced or protected funding base.

Balanced Scorecard Information (impacts)

Financial Perspective:

- Initiate process of developing a budget for divestment.
- Establish criteria for due diligence in preparation for divestment.
- Create budget for investigation of best practices of divested hospitals (benchmarking process).

Innovation & Learning Perspective:

- Develop technology plan to support divestment.
- Continue to develop corporate culture to support divestment.
- Explore best practices and benchmarking of other hospitals.
- Post divestment financial processes education for managers.

Customer Perspective:

- **Employees, patients and families** – enhance individual employees, patients and families knowledge regarding what hospital would be like when divested.
- **Managers** –give managers information package (electronic) to allow them to respond to employee questions in a timely manner.
- **Organization** – continue to develop partnerships that would support divested hospital operations.

Internal Business Processes Perspectives:

- Continue to advocate for divestment date and service/governance model.
- Develop planning process.
- Develop corporate identity – branding.
- Evaluate governance model in terms of supporting divested hospital.
- review current operating processes in light of standards of Public Hospitals Act.
- Develop divestment information package for employees.

Strategic Direction: Technology and Equipment

MHCP will acquire technology and equipment to enhance business efficiency and promote innovations in service delivery

Current Perspective

- Ministry can override re technology acquisition and utilization decisions.
- Ministry has mandated financial, statistical and clinical data requirements (MIS, Workload Measurement, RAI-MH etc.).
- MHCP has technology to monitor and control a variety of hospital services.
- No excess technology capacity due to geographical location, physical plant and funding.
- Video conferencing capacity – North Network – capability to expand services
- Have developed equipment replacement database.
- Consumer access to Ministry technology is constrained.

Balanced Scorecard Information (impacts)

Financial Perspective:

- Lag between the announcement of mandated programs (MIS, Workload Measurement, RAI-MH) and funding
- MHCP has limited control over selection or purchase price of equipment due to vendor of record contracts
- Ministry mandated technology requires resources that must be managed with the budget allocation thereby reducing funding for patient care, equipment purchases and physical plant upgrades
- Resources (fiscal, human and materiel) required to implement new technologies

Innovation & Learning Perspective:

- Develop and implement training plans (programs) related to new technology utilization
- Training IT, IS, Workload Measurement staff, clinicians and others to support new technology

Customer Perspective:

- **Employee** – require equity of access to technology to support learning and clinical and business practices.
- **Managers** – require better access to technology to support program delivery and manage resources.
- **Organization** – requires sufficient technology to support business planning and Ministry reporting requirements.
- **Consumers** – require access to information to support learning, personal development and wellness information resources.

Internal Business Processes Perspective:

- Require technology to support data collection to enhance service quality and business effectiveness.
- To enhance networking ability and linkages with like organizations.
- Determine future services and needs re diagnostic and treatment equipment.

Strategic Direction: Workforce Planning

MHCP will develop an integrated, proactive workforce plan that will provide a framework for making human resource decisions.

Current Perspective

- No HR/ workforce plan.
- Several data sources to support the development of a workforce plan have been developed. (Budget report, strategic plan, current FTE chart, organizational chart).
- HR is an under-resourced corporate service – not integrated within hospital business planning.

Balanced Scorecard Information (impacts)

Financial Perspective:

- Will require fiscal resources to develop plan.

Innovation & Learning Perspective:

- Learning plan needs to be developed to educate stakeholders on components of workforce plan and utilization of plan information in individual program/service areas.

Customer Perspective:

- **Employees** – need information re future career opportunities, retirement planning, reward and recognition programs and career development.
- **Managers** – need information for right-sizing workforce, succession planning and to respond to changing consumer needs and changing client base.
- **Consumers** – sufficient qualified and experienced staff to meet client needs.

Internal Business Processes Perspective:

- Comprehensive, timely, accurate information to support workforce management decisions, recruitment and retention, career development, training and education planning etc.
- Developing and maintaining database.

Services Offered by Program in 2004

The Mental Health Centre Penetanguishene has 296 inpatient beds in three divisions. The following is a description of the programs and services offered in all three divisions.

The Acute and Community Care Division

1. The Admission and Assessment Program is a 26-bed acute care psychiatric program that functions in a manner similar to a general hospital/psychiatric program. The Program is divided into two separate components: A constant care area of six beds, where acutely disturbed psychiatric patients are kept for more intense observation and assessment; and an assessment area of 20 beds, which is an open-door ward, utilizing a multidisciplinary team approach to assess and offer short-term treatment of acute psychiatric problems.

2. The Outpatient Services Program (OPSP) is a community-based program providing services to individuals with a serious mental illness who live in the hospital service area, and aftercare to individuals who have been inpatients at the Mental Health Centre. OPSP operates according to the principles and values of psychosocial rehabilitation. As a program, OPSP recognizes the capacity of the individuals and organizations to grow and change. In addition to direct service, we are active in systemic advocacy and community development.

The Tertiary Care Division

1. Psychosocial Rehabilitation Program (PSRP): The goal of psychosocial rehabilitation is to ensure that the person with a serious psychiatric disability possesses those physical, emotional and intellectual skills needed for him/her to live, learn, work and socialize in his/her own particular environment. The PSRP provides in-hospital treatment and rehabilitation with 36 beds as well as community-based treatment, rehabilitation and support to those people who are experiencing persistent impairment and disability resulting from psychiatric illness.

2. Geriatric Services Program (GSP) is a 26-bed inpatient service located in the Bayfield Building. It provides a Multidisciplinary Team assessment, treatment and discharge planning for older adults meeting our criteria. The Program endeavors to provide a safe and secure environment for our clients. The unit features a large day room, a large secured patio area, a dining room and rooms available for therapy, activities and visiting. **Outreach Team:** As part of a tertiary care hospital, the role of the Geriatric Services Program Outreach Team (GSPO) is to provide psycho-geriatric assessment and consultative services to community health agencies regarding

3. The Bayview Dual Diagnosis Program is a client-centered specialty care program with a 25-bed inpatient unit that offers psychiatric assessment and treatment to individuals with a developmental disability and mental health problems. It offers a continuum of multidisciplinary team services, including: referral, consultation, inpatient assessment, treatment/stabilization and community follow-up.

The Tertiary Care Division Continued

4. Georgianwood Concurrent Disorders Program (GCDP) is a multi-service treatment program, which provides comprehensive assessment, treatment and continuing care to both individuals and families who are experiencing problems related to substance abuse and mental illness. Its core program is a 12-bed residential unit. The GCDP is located on the grounds of the Mental Health Centre and accepts voluntary referrals from the Counties of Simcoe, Grey-Bruce, Dufferin and the southern portions of the districts of Parry Sound and Muskoka.

Forensic Division

1. The Forensic Assessment Program is a 20-bed admission ward that provides comprehensive, multidisciplinary assessments for each patient admitted to the maximum-security building Oak Ridge from the Courts, Provincial and Federal Correctional Facilities, and Provincial Regional Psychiatric Hospitals. Assessment procedures are designed to examine issues relevant to the courts (e.g. fitness for trial, mental state at the time of the offence, potential danger to society, post-trial disposition), diagnosis and future treatment disposition.

2. The Structured Intervention Program (SIP) provides high quality programs for males with a serious mental illness or who may be dually diagnosed, within a highly structured maximum-security environment. Activities on the SIP, which has two wards of 20 beds each, are aimed at decreasing risk, elimination of suffering and increasing quality of life.

3. The Independent Living Program (ILP) is focused on meeting the long-term care needs of higher functioning Oak Ridge patients with Axis I (major mental illness) and Axis II (personality disorder) diagnoses. These clients display low levels of misbehaviour within Oak Ridge, but are extremely dangerous if not detained in a secure facility. The Program has two wards of 20 beds each.

4. The Active Socialization Program (ASP) has two wards of 20 beds each and provides care and management to clients diagnosed with schizophrenia (the majority), bipolar disorder, treatment-resistant symptoms and substance abuse. Cognitive problems (i.e. developmental delay or Acquired Brain Injury) will not be a major issue, but some ASP clients may refuse to engage in treatment. All present a high risk to others or themselves and engage in extremely volatile and unpredictable behaviours.

5. The Regional Forensic Services Program is an integral component of the Ministry of Health's co-ordinated Provincial Forensic Network and is designated as a minimum secure forensic program serving the Mental Health Centre service area. This 20-bed co-ed program provides inpatient and outpatient forensic assessments, treatment and rehabilitative programs for patients referred from both the federal and provincial criminal justice system, the Ministry of Corrections and Ministry of Health.

6. The Clinical Security Program provides security services to the patients, visitors and staff in all clinical areas of MHCP. This includes perimeter surveillance, escorting patients and visitors inside and outside the building, ensuring adequate staffing to manage daily operations, controlling the entry and exit of clients, staff, visitors and materiel to the building. Staff in Central Recreational, Vocational, and Educational roles provide secure therapeutic services.

SWOT ANALYSIS

Note:

Numbers used for discussion purposes only

| | Strength | Weakness | Opportunity | Threat |
|---|--|--|--|---|
| 1 | Transition to Program Management model complete. | Need to further support Program Management and bolster professional identification. | Strengthen leadership and adjust organizational culture. Solidify Professional Practice Representatives and Council. | Programs/departments can become isolated silos. Lack of service integration and coordination. |
| 2 | Nucleus of experienced/skilled interdisciplinary mental health clinicians working in teams. | Outdated ministry classification standards. Remuneration is not competitive for certain categories. | Promote and nurture relationships with academic institutions. Divestment will provide enhanced opportunities for wage parity and new classification standards. | Hard to recruit and retain certain specialties. Loss of clinicians related to system changes, e.g. divestment uncertainty. |
| 3 | Internationally recognized Research Department. Effective clinical partnerships with Universities/Colleges. | Distance from academic partners. Research primarily focused on risk and violence. Limited active academic affiliation of clinical staff. | Development of applied research and skills capacity for all programs and departments. Integrate best practices research at all levels of organization to promote clinical excellence. | Failure to develop applied research skills and capability – negative affect on ability to deliver service of excellence. |
| 4 | Proactive pre-divestment planning underway. | Uncertainty of divestment leads to “One foot in the canoe, other on the dock. | Divestment provides opportunity for growth outside of Ministry Governance. Greater service flexibility. | Divestment doesn’t happen. Failure to manage uncertainty related to divestment - lower morale. |

SWOT ANALYSIS

Note: Numbers used for discussion purposes only

| | Strength | Weakness | Opportunity | Threat |
|---|--|--|---|---|
| 5 | Promoting, developing and nurturing community initiatives and partnerships. Viewed as active partner in mental health system. | Hospital and agency funding does not reflect community mental health needs. Some MHCP programs inadequately housed in community | Work with partners to implement service and system improvements based on Mental Health Implementation Task Force recommendations. Working with partners will improve system funding and service delivery | Mental Health Implementation Task Force report and recommendations will not be acted on, resulting in erosion and non-integration of services will continue and funding issues will not be addressed. |
| 6 | Recognized provincial leader in forensic services. | Oak Ridge has antiquated and deteriorating physical plant. | To develop state of the art physical plant . Promote unique forensic capacity consistent with excellent clinical services. Become nationally recognised as leader in forensic services. | Continue to provide services in an antiquated environment. MOHLTC revises existing policies concerning provision of forensic services in Province of Ontario. |
| 7 | Committed to increased training and use of technology to enhance service delivery. | Must use Ministry-mandated systems that do not integrate well with hospital/business standards. | To develop information management infrastructure to support efficient business and service delivery processes. Divestment will allow further system capacity development and partnering. | Remain constrained by Ministry governance. Lack of funding for system development. Unable to complete benchmarking due to reliability and availability of data. |

SWOT ANALYSIS

Note: Numbers used for discussion purposes only

| | Strength | Weakness | Opportunity | Threat |
|----|--|---|--|---|
| 8 | Stable, trained work force with learning and development plans in place. | Not doing workforce planning. The Ministry organization structure for Human Resources does not support the needs of the facility. | Make corporate Human Resources responsive to local needs. Develop strategy to support HR needs pending divestment Do workforce planning. | Deterioration of labour relations. Increased staff turnover. Workload fatigue. |
| 9 | Knowledge/skills to maintain aging physical plant. Sufficient real estate to allow for expansion of Mental Health Centre | Aging physical plant. Bayfield and Brebeuf buildings have been devalued. High costs for maintenance. Liability issues. | Rebuild Oak Ridge and link support services. Centralize tertiary care programs in Toanche. Accessibility Planning. | Much of process is controlled externally. Delays in space consolidation and redevelopment will result in further deterioration of program physical space and negatively impact service delivery. |
| 10 | Organization has endorsed program and service evaluation. | Program Coordinators and Department Heads have competing priorities and require training to fully utilize program evaluation process. | Improved clinical and financial decision-making. | Lack of evidence-based service/program outcomes does not foster partner and stakeholder confidence in services offered. Accreditation standards will not be met. Insufficient and/or inadequate information to make reliable decisions and required improvements. |

SWOT ANALYSIS

Note: Numbers used for discussion purposes only

| | Strength | Weakness | Opportunity | Threat |
|----|---|--|---|--|
| 11 | Organization embraces change focused on innovation and improvement. | May not have sufficient resources to manage change. Potential resistance to change initiatives. | To review change processes and management of change initiatives. To foster learning at all levels of organization. | Change fatigue and burnout of employees. |

Accomplishments of MHCP's Last Strategic Plan – 1997-2001

In 1997, MHCP began following its second five-year strategic plan. By the end of 2001, MHCP had completed 95 of 106 steps outlined in the document called “Work Plans for 10 Strategic Directions.” The following is a brief look at those ten strategic directions and what was accomplished. This section is included here to put the new plan in context.

1. **Psychosocial Rehabilitation (PSR):** MHCP completed its efforts to establish this model of psychiatric care. PSR values are now considered “imbedded” in our hospital culture, although we recognize the need to continue nurturing these attitudes.
2. **Continuous Quality Improvement (CQI) and Program Evaluation:** Much work and education was accomplished around CQI, but efforts to establish true outcome-based program evaluation were stalled by some unforeseen roadblocks. A solid program evaluation effort based on the Logic Model is now underway and will be carried on through the next plan.
3. **Community Interventions:** Much was accomplished in this area around establishing partnerships with allied services, developing common terminology and streamlining assessment and intake between services. Four of MHCP's specialized programs (Geriatric Services Program, Psychosocial Rehabilitation Program, Bayview Dual Diagnosis Program and Georgianwood Concurrent Disorders Program) have joined the Outpatient Services Program in offering community support or outreach teams. MHCP now spends almost 6 percent of its \$63-million budget on community programs.
4. **Multidisciplinary Team:** Progress was made on program-specific education and team principles, but real change came after the organizational review (see number 7).
5. **Physical Plant:** MHCP completed a detailed document outlining the need for a new maximum-security psychiatric hospital and was rewarded with funding to hire consultants to prepare a Master Program, Program Parameters and a Functional Program for the proposed rebuild. Lack of consensus about where to locate Schedule One beds in Simcoe County stalled plans to centralize all Tertiary Care Programs in the Toanche Building. Both initiatives will be carried over as strategic directions in the next plant.

6. **Information Management:** MHCP installed an intranet service (called Penetanguishene's Networked Information Exchange or PenNIE) integrated its voice and data departments and made all computer technology compliant for the year 2000. Steps were taken to improve interpersonal communication and the hospital installed an electronic document storage and retrieval system for Clinical Information Services.
7. **Organizational Design:** MHCP planned an organization review, eventually moving from a matrix model to program management. The new structure places decision-making about resources with the program teams and results in a treatment system that is more responsive to patient needs. Consolidation of this significant change will be part of the next plan.
8. **Family Involvement:** MHCP converted its Patient/Consumer Council to include families as the Patient/Consumer and Family Council. The hospital offers cooperation and support to the Family Mental Health Initiative of Simcoe County. Telephone and personal interactions with families of consumers have been made more consistent and informative within the restrictions of patient confidentiality.
9. **Staff Education:** MHCP identified its information technology training needs, established computer labs and purchased training programs. A Central Education Fund was created to support employee education goals outside of in-house training.
10. **French Language Services:** MHCP developed and implemented a detailed French Language Services Plan that indicated which positions will eventually have to be filled with employees proficient in English and French in order to offer French Language Services in an accessible manner. All exterior and interior signs were replaced with proper English and French terminology. Eventually about 23 percent of MHCP employees will be proficient in English and French, but the process will take several years. The will remain a strategic direction in the next plan.