TRENT HILLS

FAMILY HEALTH TEAM

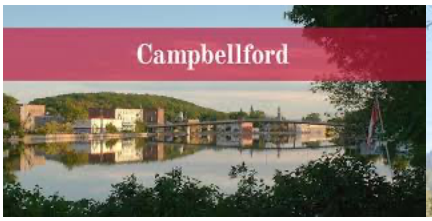
STRATEGIC PLAN 2024-2028

Vision Statement

We will be leaders in the provision of comprehensive rural primary care through an integrated team of caring professionals.

Mission

To provide timely access to a full spectrum of high-quality primary health care services. To educate and and support our patients to better care for themselves. To create a supportive, sustainable and professionally rewarding workplace environment.



Introduction

The Trent Hills Family Health Team (THFHT) is an interdisciplinary primary health care model affiliated with the Trent Hills Family Health Organization (6 physicians). Provincial funding is provided for Nurse Practitioners, Mental Health personnel, Registered Nurses, Registered Practical Nurses, Executive Director, and support staff. Our main site is located at 119 Isabella Street in Campbellford, Ontario, with two additional sites in Trent Hills (Warkworth and Hastings). The THFHT provides a full range of primary care services and programs. Approximately 11,700 patients complete our roster in the Municipality of Trent Hills and adjacent areas.

The THFHT was one of the first 52 Family Health Teams approved in Ontario by the Ministry of Health and Long Term Care (MOHLTC) in 2005. Incorporated in May of 2006, the THFHT is governed by a Board of Directors, the membership of which currently includes two physicians and five community members. The THFHT has an annual operating budget of approximately $2.3 million.

In April of 2022 we worked the Ministry of Health and introduced our new enhanced FHT model in which Nurse Practitioners started rostering their own practices. THFHT Nurse Practitioners continue to enroll patients.

We switched to a hybrid model of primary care and offer both virtual (telephone) and in-person appointments and virtual mental health educational groups (since the pandemic started in 2020). The FHO physicians offer extended hours to their patients Monday through Thursday and Saturday mornings. Recently our programs and services have been revised to best align with our patient population needs and our funder's (Ministry of Health) expectations.

Current patient programs offered include: Women and Children's Health, Adult Screening and Prevention, Older Adult Primary Care, Cancer Survivorship, Virtual Mental Wellness Educational Groups. We also provide Memory Clinics and a Mental Health Helpline for system navigation that is open to any community member. Two other new programs still to commence are Heart and Lung Health and Back and Joint Health. Please visit our website for more details: www.trenthillsfht.ca

In 2018 we became a signatory member of the OHT-N (Ontario Health Team- Northumberland). We were one of the first 24 OHTs announced in the province in 2019. We strive to aim towards the common quality improvement indicators as the OHT-N which include: preventive cancer screening, reducing ALC days for hospital patients and reducing emergency room visits in regard to mental health issues. Although fully aware more funding is needed, we tailor our programs and services to assist with these indicators as best we can.

Our Community

Trent Hills has 13,861 (2021 Census) residents and covers 511.90 sq. km. in the northeast section of Northumberland County. We are deemed as 'rural'. Trent Hills is a growing community that embraces social, economic, and cultural diversity. Residents take pride in their villages, towns and rural areas that offer an active and healthy lifestyle that appeals to them, businesses, and visitors. Trent Hills continues to be a welcoming and inclusive community that embraces all people.

Total patient population at the Trent Hills Family Health Team indicates that we are an aging community with 34% of our patients age 65+. With physician numbers down from 11 to six, there are many unattached patients in our catchment area. One small rural hospital (34 beds) is located in Trent Hills. Many outpatient services, including visiting specialists have declined over the years at the Hospital.

Our Strategic Framework Process

Over the past several months, we have been gathering valuable information by engaging with the community, external partners, physicians and staff. As part of this strategic planning process, we heard from various sources that proved top priorities included:

- Attaching residents who do not have a primary provider
- Assistance in identifying and navigating community services and programs
- Mental Health support and navigation and inclusion of short term, solution focused counselling
- Improve communication channels to residents in the community about healthcare access/programs while keeping in mind services for those who remain unattached to a primary care provider

This plan reflects our growing and aging community. It also reflects on the changing landscape of Health Human Resources issues. We will continue to work with our external partners for support in advancing some of these priorities and will always strive to improve the care and service we provide to our patients. Using the Quintuple Aim framework, we will follow the four goals that are:

- Improving population health
- Improving patient and care-giver experience
- Improving provider satisfaction
- Reducing costs
- Health Equity

Strategic Objective 1: Improving population health

Goals:

- Add clinical personnel as funding allows with an aim to attach those without a primary care to a nurse practitioner.
- Using our internal EMR data base we will run gap analysis that will identify diagnoses and tailor our Nursing Programs to this data.
- Offering our Older Adult Program for patients age 75+with the focus on supporting them to live and age well at home.
- Continue to revise and tailor our Mental Health Department to better service our patients with the addition of a casual Mental Health Manager and counselling professionals.
- Continue to offer cancer screening to those in appropriate age groups in collaboration with Cancer Care Ontario.
- Offer preventive screening for cardiovascular, respiratory disease and diabetes, as per the Canadian Task Force on Preventive Health Care guidelines.
- Working with external partners, we will collaborate on projects and programs within Northumberland as to identify the right care at the right time, with the right provider.
- Engage partners to assist us in enriching patient services.

Strategic Objective 2: Improving patient and caregiver experience

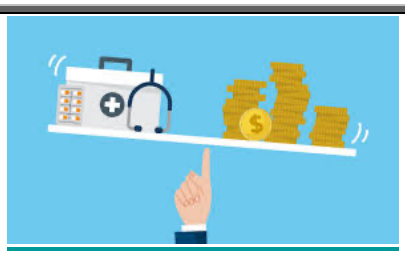
Goals:

- Continue with monthly meetings with OHT-N whereby the 'Experienced Partners Council' shares stories, ideas and information from the patient and care-giver lens.
- Introduce and advance technology ie: online appointment booking, patient secure messaging
- Offer our /Older Adult primary care program.
- Through our Quality Improvement Committee, keep patient and care-giver experience top of mind and share valuable stories or lessons learned to do better.
- Invite a patient representative and/or a care-giver representative to the Quality Improvement Committee.
- Use feedback from patient surveys to guide our programs and services to better meet the needs of patients and their caregivers.

Strategic Objective 3: Improving provider satisfaction

Goals:

- Monitor work-life balance throughout each year to ensure this is respected. Bring forward suggestions for improvement as a group.
- Value and acknowledge providers in aim to deflect provider burnout.
- Have active representation from the organization at community tables ie: The Trent Hills Healthcare Providers Recruitment and Retention Committee.



Strategic Goal 4: Improving Financial Constraints

Goals:

- Develop a 3-year financial plan recognizing increasing costs and revenue constraints.
- Communicate with the Ministry on short and long term funding levels to meet current and future community requirements, and to ensure the financial sustainability of the Family Health Team.
- Apply yearly via 'Budget Submission' for increased expenses incurred.
- Encourage understanding and practice of time management within all aspects of the organization.
- Work with external partners to build meaningful partnerships to serve our communities while being mindful of duplication of services
- Management to review budgets quarterly to access and amend any overspent areas.
- Work with community representatives around provider recruitment and retention efforts.

Strategic Goal 5: Health Equity

Goals:

- Ongoing team engagement and education regarding the significance of addressing social determinants of health.
- Implementing preventive measures to promote wellness within communities via website, outreach, etc.
- Work with community partners/Municipality with an aim to ensure all community members have equal opportunity to be as healthy as possible.
- Strive to manage population health effectively, thus reducing the burden of chronic diseases and improve overall community well-being.

Data collection for this Strategic Plan

- Trent Hills Community Survey – March 2022
- OHT-N Collaboration Council – ongoing monthly meetings (includes Experienced Partners Council)
- OHT-N Strategic Plan – Core areas of focus (Improving access to primary care and specialty care and services in our region. Supporting older adults with complex conditions to live and age well at home. Improving access and services for those who have mental health and addiction needs)
- THFHT Board of Directors
- Consultant's report re: Mental Health
- THFHT affiliated physicians/Municipality of Trent Hills meetings
- Quality Improvement Clinical team at THFHT – review gap analysis of diagnoses and revise nurse-led programs as warranted.
- Community data gathered for submission of the Expression of Interest for expansion of Primary Care.
- HPKR Health Unit
- The Trent Hills Healthcare Provider Recruitment and Retention Committee
- External Mental Health Consultant report
- Ministry of Health & Long Term Care THFHT representative
- OH (Ontario Health) – The Path Forward Framework
- AFHTO (Association of Family Health Teams of ON)
- THFHT Clinicians