

Strategic Plan 2023-2026

Updated April 1, 2023





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Our Vision

Shaping the Health of Our Community Together

Our Mission

Two Rivers Family Health Team is dedicated to delivering excellent, inter-professional health care to meet the diverse needs of our community

Our Key Values

Innovation

2

Teamwork

=

Accountability

2

Collaboration

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Our Overview

Two Rivers Family Health Team (Two Rivers) is a non-profit, primary care facility caring for the Cambridge and North Dumfries Community and surrounding areas. Since establishment in 2006, Two Rivers has grown and evolved through a constantly changing environment. Though the various clinics, staff and physicians have grown and changed over the years, several successful clinical programs have been established, and progressively more patients have received high-quality care and support through the interdisciplinary team at our organization. However, it has been recognized that health care within Ontario is evolving and that Two Rivers needs to adapt its practices as it moves forward.

Two Rivers employs staff who have extensive training in a variety of disciplines including mental health, diabetes education, nutrition, specialized clinical nursing, occupational therapy and physiotherapy.

To meet the changing needs of our community, Two Rivers provides the following range of services to both rostered patients and non-rostered patients, as well as other patients within the community:

- INR Clinic
- Registered Dietitian
- Counselling Services
- Psychiatry Services
- Psychological Services
- Occupational Therapy
- Case Management Nursing
- Clinical Nursing

- Diabetes Education
- Memory Clinic
- Clinical Pharmacy Services
- Newborn Support
- The Last Cigarette Program
- Registered Physiotherapist
- Wellness Group Sessions
- Nurse Practitioner

Our Vision

Two Rivers Family Health Team is a primary care leader in the community 'Helping to Shape our Community Together.'

Our Mission Statement

Two Rivers Family Health Team is dedicated to delivering excellent, inter-professional health care to meet the diverse needs of our community.

Our Strategic Success Factors

- Two Rivers Family Health Team is dedicated to Enhancing Our Patients' Experience
- Our team is instrumental in Engaging with Our Community
- Two Rivers strives to be a leader by Encouraging Innovation & Leveraging Technology
- As a leader in our community, we are Excelling Through Governance & Leadership
- As an employer, we pride ourselves by Empowering our People & Teams



Our Strategic Success Factor Goals

These goals are in relation to the 2023-2026 strategic success factors previously identified.

Enhancing Our Patients' Experience

- We will provide patients with appropriate and timely access to care.
- We will provide high-quality care that respects the needs of each patient.
- We will listen, collect and respond to patient feedback to continuously improve patient care.
- •We will encourage and support patients and caregivers to be active participants in their care.
- We will promote a fully inclusive environment without barriers to any group.

Engaging With Our Community

- We will continue to bridge gaps in our services through regular engagement with community agencies to share innovative ideas and programs that will reflect and support the changing needs of our patients.
- We will collaborate with providers within our Ontario Health Team and the broader community to provide coordinated and comprehensive care.
- •We will consider the enviornmental impact of our work on the global community.

Encouraging Innovation & Leveraging Technology

- We will continue to embrace and utilize technologies that will improve accessibility, communication, delivery of care and health promotion for both healthcare providers and patients.
- We are committed to ongoing training that supports the successful implementation of technology.
- We will effectively use technology to measure success, report key metrics, and sustain quality improvement initiatives.

Excelling Through Governance & Leadership

- Through the Ontario Health Team, the Two Rivers Family Health Team will continue to be a leader to help shape patient care within our community.
- We strategically follow best practices in organizational governance which promote a transparent and accountable environment.
- We encourage and provide leadership opportunities for our staff to facilitate change, develop patient-centred care champions, and enhance the cohesiveness of our interdisciplinary primary health care team.

Empowering People & Teams

- We actively support equity and inclusion by recruiting and retaining a diverse team who embody our values.
- We encourage autonomy and innovation among our team members by supporting active participation in shaping patient care.
- We provide and support opportunities for professional development to maximize and enhance each team members' scope of practice.
- •We recognize and celebrate excellence in our team members.

Key Performance Workplan

These workplan indicators are in relation to the 2023-2026 strategic success factor goals previously identified. The initiatives in this workplan will be implemented over the lifespan of this strategic plan.

Success	Goals	Initiatives	Yr 1	Yr 2	Yr 3	Yr 4
Factor						
Enhancing Our Patients' Experience	1. We will provide patients with appropriate and timely access to care. Output Description:	 1.1 Increase access to programming by accepting self-referrals. 1.2 Promote the Choosing Wisely campaign and embed principles into daily practice. 1.3 Educate patients on the use of same day and after-hour appointments. 1.4 Identify name pronunciation and pronoun choice in chart to demonstrate individualized patient care. 1.5 Promote after-hours services to patients (FHO/Saturday clinics) 				
	2. We will provide high-quality care that respects the needs of each patient. 3. We will listen,	 2.1 Expand after hours appointments for FHT programs and services. 2.2 Offer virtual visits for all programs, services and triage nurse services. 2.3 Offer access to translation and sign language services. 2.4 Utilize hand held hearing boosters for patients that are hearing impaired. 3.1 Provide and encourage 				
	collect and respond to patient feedback to continuously	patients to fill out the satisfaction survey so we can collect patient feedback and meet the				

	improve patient care.	current needs of the patient population 3.2 Update patient survey content to ensure feedback is accurate and relevant. 3.3 Use the patient voice in program and service development through the implementation of patient advisory and focus groups.	
	4. We will encourage and support patients and caregivers to be active participants in their care.	 4.1 Equip patients with selfmanagement tools and resources through the TRFHT website. 4.2 Involve patients in their care case conferences. 4.3 Enhance patient access to health information and data. 4.4 Promote community services and partnerships throughout the FHT. 4.5 Educate patients about accessing the most appropriate care for their needs. 4.6 Remind patients the importance of updating their demographic information. 	
	5. We will promote a fully inclusive environment without barriers to any group.	 5.1 Add signage throughout clinic to promote a fully inclusive environment. 5.2 Include patient preferred identifying information in EMR demographics. 5.3 Health Promoter to complete Equity, Diversity and Inclusion (EDI) training and work with management to begin implementing EDI 	

		initiatives from both a
		patient and employee
		perspective.
Engaging	to bridge gaps in our services through regular engagement with community agencies to share innovative ideas and programs that will reflect and support the changing needs of our patients	Partner with community agencies to offer programs and services we can not offer at the FHT. Utilize space to help offer additional community services to reduce wait times and increase access. Advertise our groups and services to non-rostered patients to provide equitable access to healthcare for our community. We will continue to strive to identify gaps and be open to new partnerships in the community to fill
with Our Community	collaborate with providers within our Ontario Health Team and the broader community to provide coordinated and comprehensive care.	Engage with community leaders to strategize and strengthen patient care. Ensure that our team members are part of various regional leadership committees and round tables. Increase timely access to care by collaborating with other primary care facilities (FHT/CHC) to run group programs. Send communication to all staff regarding the new services offered through the Ontario Health Team to ensure that patients are receiving proper information.

	the environmental impact of our	Work to reducing waste associated with social and educational session at the FHT. Management to continue to explore green initiatives for the clinics and the FHT.	
Encouraging Innovation & Leveraging Technology	to embrace and utilize technologies that will improve accessibility, communication, delivery of care and health promotion for both healthcare providers and patients. 1.2 1.3 1.4	Continue to enhance and improve use of our EMR, website and online portals. Optimize the use of the Ocean tablets and the Ocean platform. Continue use of tablets to ensure correct demographic and medical history information. Add the use of different languages to tablets for accessibility compliance. Continue to collaborate with e-Centre for Excellence. Ensure that our website is updated with interactive health information for patients.	
	committed to ongoing training that supports the successful implementation of technology.	Ensure that staff are attending training sessions to keep current on technology upgrades. Extract and analyze data to support quality improvement initiatives within our team. Hold education sessions for providers to ensure more efficient use of our EMR that will allow for	

		improved quality	
		outcomes.	
	3. We will effectively use technology to measure success, report key metrics, and sustain quality improvement initiatives	3.1 Ensure we are using the right metrics for capturing useful EMR data.3.2 Continue to use questionnaires and surveys to collect data from patients.	
Excelling Through Governance & Leadership	 Through the Ontario Health Team, the Two Rivers Family Health Team will continue to be a leader to help shape patient care within our community. We strategically follow best practices in organizational governance which promote a transparent and accountable environment. 	 1.1 TRFHT to continue to be a key member in the Ontario Health Team 1.2 Hold formal patient focus groups to assess FHT and community services. 1.3 Ongoing assessment of all FHT programs to allow access for community patients. 2.1 Post the organizations Strategic Plan and its progress throughout the clinic and on the TRFHT website for staff and patients. 2.2 Continue to include community members on the Board of Directors. 2.3 Educate staff when new guidelines come out and when medical directives are updated. 	
	3. We encourage leadership opportunities to facilitate change, develop patient-centred care champions, and enhance the cohesiveness of	3.1 Encourage team members and physicians to take professional development opportunities and share experiences. 3.2 Involve all disciplines to provide inter-disciplinary care plans for patients.	

	our	3.3 Create opportunities for	
	interdisciplinary	staff to become more	
	primary health	involved with community	
	care team.	meetings regarding	
	00.10 000.11.11	programming.	
		3.4 Provide additional	
		training for staff and	
		physicians on good	
		governance practices.	
		3.5 Provide allied health	
		professionals the	
		opportunity to develop	
		one on one relationships	
		with complex patients.	
		3.6 Provide staff with	
		opportunities to	
		participate on Ontario	
		Health Team Committees.	
	1. We actively	1.1 Continue to create	
	support equity	opportunities to engage	
	and inclusion by	staff with board of	
	recruiting and	directors' communication,	
	retaining and	FHT newsletters and staff	
	diverse team	meetings.	
	who embody	1.2 Offer and support	
	our values.	specialized training for	
	our values.	physicians and FHT	
		providers and support	
		staff.	
Empowering		1.3 Hold more all staff	
People &		meetings to ensure clear	
Teams		communication to all.	
reams	2. We encourage	2.1 Encourage collaboration	
	autonomy and	between physicians and	
	innovation	allied health.	
	among our team	2.2 Ensure all staff are aware	
	members by	of new team members	
	supporting	and new team members	
	active	are aware of current staff.	
	participation in	2.3 Create an environment	
	shaping patient	where staff feel free to	
	Shaping patient		
	care.	share concerns without	

support opportunities for professional development to maximize and enhance each team members' scope of practice.	 3.1 Provide opportunities for professional development and training within the FHT. 3.2 Update and maintain medical directives that include advanced directives for Registered Nurses. 3.3 Offer lunch education sessions for all scopes of practice within the FHT. 3.4 Increase communication on educational opportunities available within the community. 3.5 Provide up to date resources for debriefing difficult encounters. 	
and celebrate excellence in our team members.	 4.1 Coordinate team building and retreats for staff. 4.2 Hold staff social events outside of work hours to promote socialization amongst staff. 4.3 Create a social calendar and encourage staff to volunteer for social committee. 	