

Advancing cardiac, stroke and vascular care

2017-22 STRATEGIC PLAN C

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"The development of our strategic plan represents a unique opportunity to define a clear organizational framework and set of goals and outcomes that will become the foundation for future planning and decision making. It truly does illuminate the core direction of our organization, the business we are in and the population we serve."

> DR. KEVIN SMITH CHAIR OF THE BOARD OF DIRECTORS

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MESSAGE FROM THE CHAIR AND INTERIM CEO

The past year has been one of many changes. In April 2016, the Cardiac Care Network and the Ontario Stroke Network came together to form one organization, with a mandate spanning cardiac, stroke and vascular care.

Our enhanced mandate represents a chance to do things differently and better. Since the merger, we have been working hard to evolve into an integrated entity that builds on our existing strengths and embraces innovative opportunities to create an optimal future for cardiac, stroke and vascular care in Ontario.

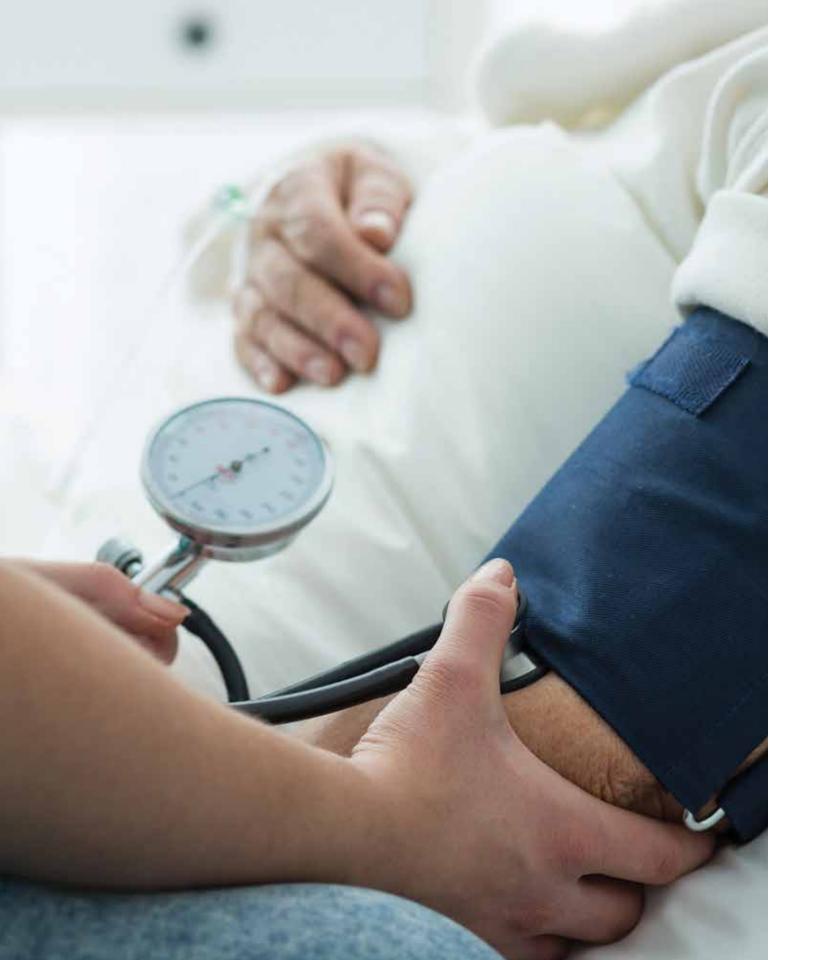
Speaking with a diverse range of stakeholders, we heard that bringing together cardiac, stroke and vascular care will help Ontario transcend silos of planning and move towards a more patient-centred, system-focused and resource-effective approach. We heard that creating a platform for initiatives that span cardiac, stroke and vascular care will allow healthcare planners and providers to address common risk factors and common care needs in a more integrated and comprehensive way. We heard that our organization is uniquely qualified to provide the system-level insights and advice that are highly valuable in advancing the quality of cardiac, stroke and vascular care for all Ontarians. In short, we heard that now is the time to be a leader, a unifier and an authoritative voice for the cardiac, stroke and vascular care system, and we are committed to delivering continuing improvements to care.

Today we have emerged as CorHealth Ontario—a reimagined and integrated organization with a collaborative culture and a clear, cohesive and forward-looking mandate to lead the improvement of cardiac, stroke and vascular care in Ontario.

The development of our 2017–22 Strategic Plan represents our first opportunity to articulate our renewed commitment to Ontarians. Our new Vision, Mission, and set of Values and Principles define our enduring promise to Ontario's healthcare system and its patients. Our Plan provides a structured prioritization of aspirations given by the cardiac, stroke and vascular community that will shape our work over the coming five years.

We hope you find inspiration in our path ahead and we look forward to future collaborations with you—our community—as we strive for the best cardiac, stroke and vascular care for all Ontarians, now and into the future.

Dr. Kevin Smith Chair, Board of Directors **Ms. Sheila Jarvis** Interim CEO



Our Focus

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The core of our work is to advance cardiac, stroke and vascular care for patients.

ARDIAC CARE	
'hat is it? onditions of the heart, including chemic heart disease, heart failure nd other forms of heart disease.	Why is it 1.3 millio with hear are living
TROKE CARE	
' hat is it? isruption of blood flow to the brain.	Why is it 750,000 (the effect disability
ASCULAR CARE	
'hat is it?	Why is it

Conditions of the blood vessels throughout the body. Many other Canadians are affected by vascular

diseases of the heart, brain and body.

800,000 Canadians live with peripheral vascular disease alone⁴ and there is increasing recognition of the role of vascular disease in cognitive impairment.⁵

COMMON RISK FACTORS

What are they?

Smoking, physical inactivity, poor diet, being overweight or obese, diabetes, high blood pressure, low socioeconomic status.

and stroke.⁶

important?

on Canadians are diagnosed art disease¹, of which 600,000 g with heart failure.²

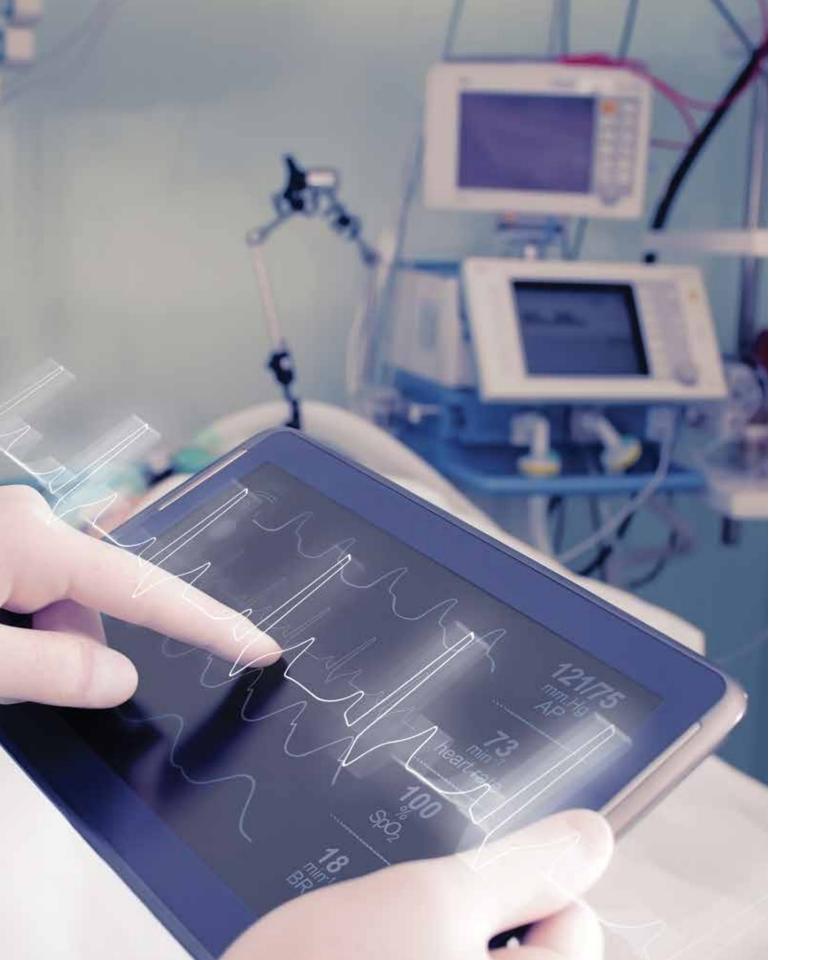
important?

Canadians are living with cts of stroke³, including physical y and cognitive impairment.

t important?

Why are they important?

90 per cent of Canadians have at least one risk factor for heart disease



Our Approach

Our 2017–22 Strategic Plan reflects a culmination of input from more than 175 stakeholders—including staff, partners and key informants from across the healthcare system—regarding how our organization can best contribute to the improvement of cardiac, stroke and vascular care in Ontario. It presents a unified Vision and Mission, Values and Principles, and three Strategic Directions out of which come six Goals and six associated Outcomes that will guide the work of our organization. It also presents three overarching Themes that serve as the foundation for our entire Plan. These Themes will be integral to informing the specific actions we will take to meet our Strategic Directions, Goals and Outcomes over the coming five years.

Given that this is the inaugural Plan of our new organization, our Strategic Directions have been tightly aligned to our organization's Mission. We believe that this approach will serve to focus, clarify and reinforce our redefined role in the cardiac, stroke and vascular care community, and assist us in evolving our organization along a united path.



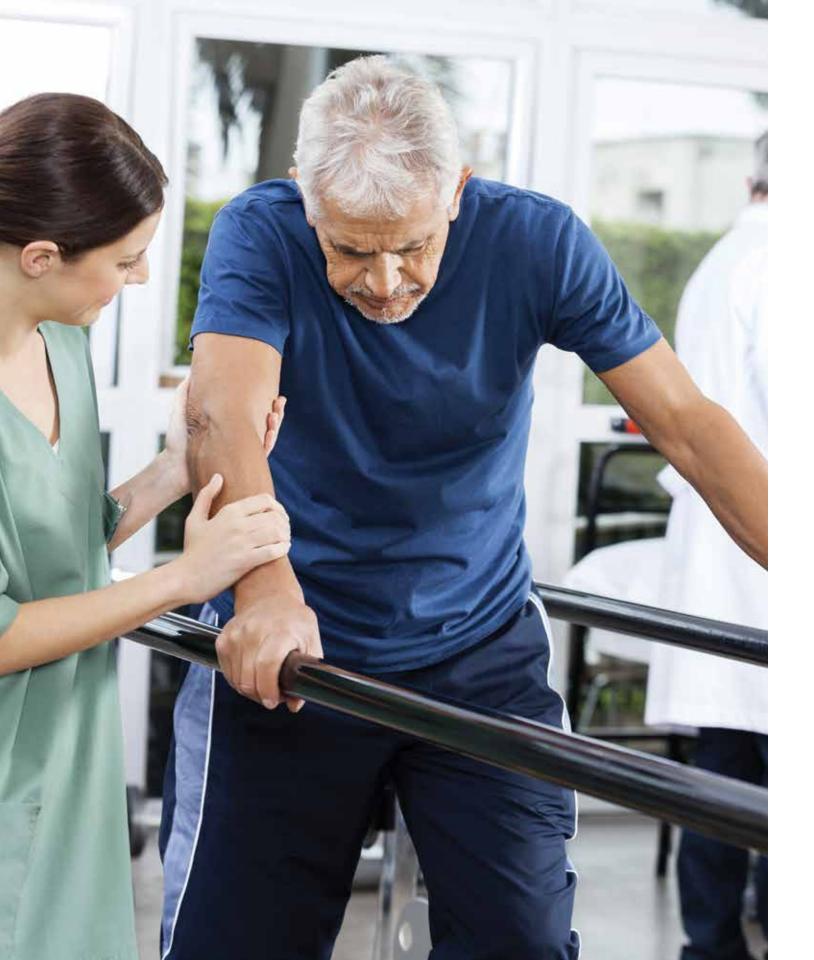
Vision

The best cardiac, stroke and vascular care for all Ontarians

Mission

Together, we provide strategic leadership to improve cardiac, stroke and vascular care for Ontarians by:

- Driving evidence-informed practice
- Informing planning, access and resource allocation
- Measuring and reporting on quality and outcomes



Principles & Values

PATIENT-CENTRED

We will consider the needs of the person as a whole, their experience and their outcomes in everything we do. Patients and families will be partners and key advisors in helping us shape cardiac, stroke and vascular care services in Ontario.

EVIDENCE-DRIVEN

We will use data and evidence as the foundation for our decision making and the advice we provide to the healthcare system.

SYSTEM-FOCUSED

We will provide a strategic, holistic and balanced understanding of the cardiac, stroke and vascular care needs of both patients and providers as the basis for provincial planning and resource allocation.

COLLABORATIVE

We will join our partners, including patients and families, to accomplish more than we can achieve alone.

TRUSTED

We will demonstrate a resolute commitment to integrity in our work and in our relationships.

Our Strategy for 2017-22

Themes

FOCUS ON QUALITY AND PATIENT OUTCOMES

While procedure-based outcomes will remain important indicators of diagnostic and acute care quality, stakeholders are asking for a more robust view of quality, performance and patient outcomes across the continuum to guide planning, improve care, and better understand the value of care. A focus on quality and patient outcomes better reflects the purpose of the cardiac, stroke and vascular care system. Moving forward we will ensure that the performance of the cardiac, stroke and vascular care system is considered in the context of the Institute of Medicine's domains of healthcare guality and the associated outcomes of morbidity, mortality and quality of life of patients. Measuring quality along these six domains aligns with the approach adopted broadly by organizations across Ontario.

EMPHASIS ON SECONDARY **PREVENTION, REHABILITATION** AND RECOVERY

There is strong evidence that a comprehensive approach to cardiac, stroke and vascular care—that includes the consideration of population health, the patient experience, and clinical quality-can significantly improve patient outcomes and decrease the growth of healthcare costs. While Ontario has historically focused the majority of its effort and resources in diagnostic and acute care, moving forward we will increasingly look to opportunities to integrate efforts across disease states and to address the patient's entire course of care, including secondary prevention, rehabilitation and recovery.

Secondary prevention is an attempt to reverse or mitigate further disease progression by intentional activity to reduce risk factors and apply proven treatments to patients with established disease. Intentional activity can include risk reduction as well as the early detection and treatment of underlying conditions. Approximately 80 per cent of cardiovascular disease has been attributed to potentially modifiable risk factors.8 Moving forward, there is an opportunity to align our secondary prevention activities with cognitive health, as increasingly evidence points to the possibility that both stroke and heart attack are associated with depression and dementia.^{5,9}

DOMAINS OF HEALTHCARE QUALITY⁷

Safe Avoiding harm to patients from the care that is intended to help them.	Eff Pr kn an to
Patient-centered Providing care that is respectful of and responsive to individual patient preferences, needs and values and ensuring that patient values guide all clinical decisions.	Tii Re ha re
Efficient Avoiding waste, including waste of equipment, supplies, ideas, and energy.	Eq Priva ch etl so

ffective

roviding services based on scientific nowledge to all who could benefit nd refraining from providing services those not likely to benefit.

imely

educing waits and sometimes armful delays for both those who eceive and those who give care.

quitable

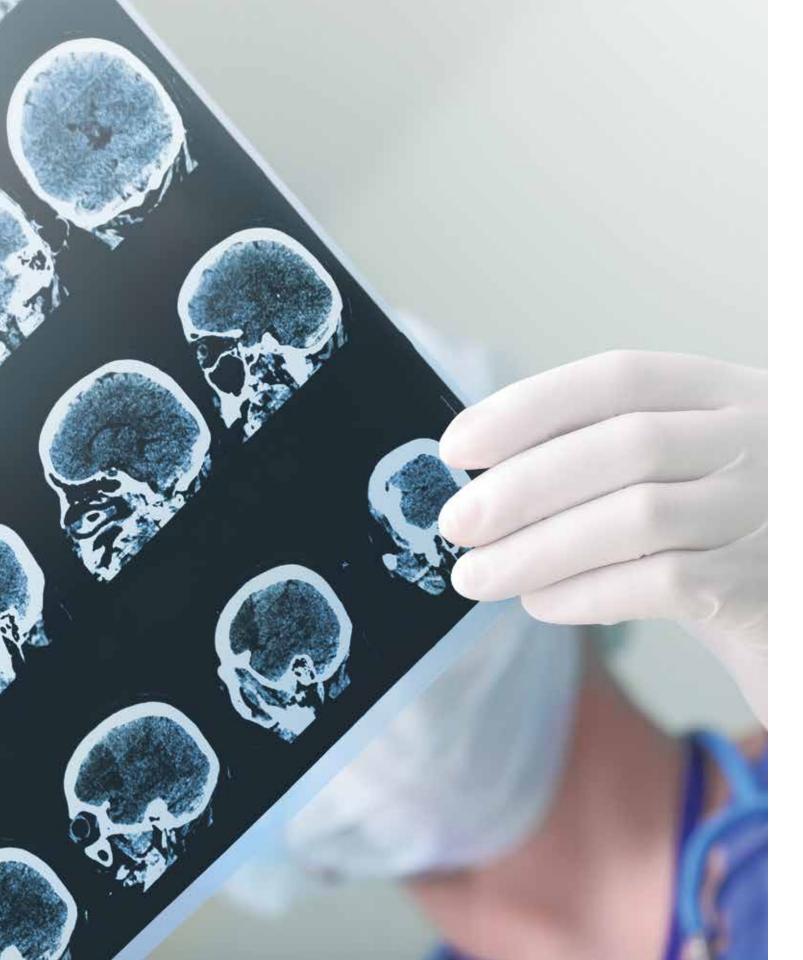
roviding care that does not ary in quality because of personal naracteristics such as gender, thnicity, geographic location and ocioeconomic status.

Rates of recurrence or progression after an initial vascular event are amenable to reduction by a variety of treatment and rehabilitation approaches, such as drugs, procedures, formal rehabilitation and lifestyle modification. In fact, rehabilitation and recovery programs alone are associated with a 20 per cent reduction in mortality, decreased morbidity and increased quality of life. Despite this, only 35 per cent of people who have a major cardiovascular event get rehabilitation support.¹⁰

Secondary prevention, rehabilitation and recovery represent significant areas of opportunity to decrease the burden of cardiac, stroke and vascular disease and improve the quality and outcomes of cardiac, stroke and vascular care in Ontario.

INCREASED ENGAGEMENT OF PARTNERS, CLINICAL LEADERSHIP AND PATIENTS

The scope of cardiac, stroke and vascular care is vast and no one organization can tackle the entirety of these domains alone. As we move forward with our expanded mandate, we will focus mainly on actions that draw on the strengths of our organization and reinforce the priorities set out in our Plan. We will increasingly call on our partners and the expertise of our clinical community to collaborate in areas that are of joint interest, and to lead in areas that are beyond our mandate but that ultimately benefit patients, the community and the healthcare system. This will include engaging and involving patient and family advisors in issues that matter to them. Wherever possible, we will look to align our efforts to existing regional systems to ensure a cohesive and integrated approach to cardiac, stroke and vascular care across the province.



Strategic Directions

STRATEGIC DIRECTION 1: DRIVE EVIDENCE-INFORMED PRACTICE

Goal 1: Identify, develop and adapt practice standards, guidelines and programs to support integrated evidence-based care.

Evidence-based standards, guidelines and programs set the foundation for the delivery of high-quality care. Their creation is rooted in a depth of knowledge about international best practice trends and the factors and issues that affect patient outcomes.

Our leadership in the provincial healthcare system, our mandate for quality improvement, our access to clinical expertise, and our commitment to patients and families uniquely qualify CorHealth Ontario to act as Ontario's guiding platform for cardiac, stroke and vascular evidence-based practice. We are committed to working with our partners and the clinical community to continuously review, synthesize, disseminate and apply evidence-based standards, guidelines and programs that support the delivery of safe, effective, patient-centred, timely, efficient and equitable care.

Over the coming five years, our focus will expand beyond support for evidence-based procedures to standards, guidelines and programs that support the patient's entire course of care, from the acute phase to secondary management of risk factors through to rehabilitation and recovery. Out mur stan supj acro Goa guid Evid prog lated

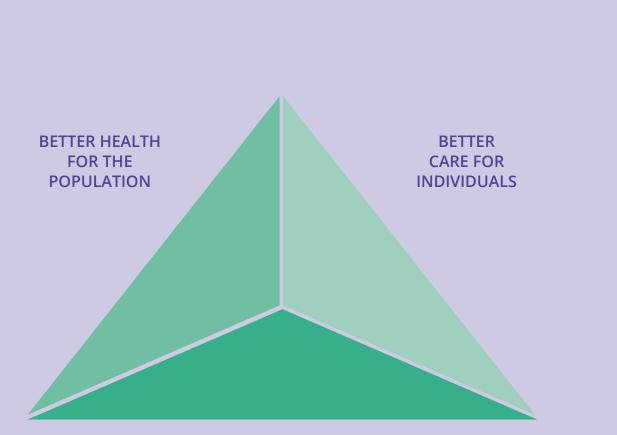
We are committed to fostering and strengthening clinical and administrative partnerships across the province to lead the widespread adoption of this activity. We will work to develop and deliver a knowledge translation program that includes strategies such as synopses, decision support tools, events, marketing, courses and training programs. It is essential that this program be informed and delivered by the clinical community, leveraging opinion leaders, existing networks and related dissemination programs. Success will also be determined by our ability to assess the impact of our program and make adjustments.

Outcome 2: Patients receive a consistent and high-quality standard of care across the province

Outcome 1: An engaged practice community is involved in the application of standards, guidelines and programs that support improvements in patient care across the continuum.

Goal 2: Optimize the use of standards, guidelines and programs.

Evidence-based standards, guidelines and programs are useful only if they are translated into clinical practice.



LOWER COST THROUGH IMPROVEMENT

STRATEGIC DIRECTION 2: INFORM PLANNING, ACCESS AND RESOURCE ALLOCATION

Goal 3: Support decision making for system design and resource allocation.

Data-informed advice is essential to decision making that reflects a fair and balanced allocation of resources and funding for healthcare services, and that supports the delivery of a consistent quality of healthcare across the province.

With its rich data holdings and partnerships, CorHealth Ontario is well positioned to support the Ministry of Health and Long-Term Care and its local health integration networks by conducting data analysis and forecasting to support future provincial policy and funding programs. We will remain committed to assisting with the development and ongoing refinement of quality-driven funding policies, such as quality-based procedures and bundled services, for cardiac. stroke and vascular care.

Moving forward, we will enhance our role (as a provider of data and analytics) to continually identify new and emerging needs in the healthcare system so as to inform improved cardiac, stroke and vascular care policy. We will support innovative models of care that better address patient needs and increase our efforts to identify and integrate with existing data sources to capture data across the continuum of care.

Outcome 3: Ontario's policy and programs support equitable and efficient delivery of patient care.

Goal 4: Advise on the effectiveness and appropriateness of services and technologies.

Achieving optimal use requires a careful examination of services and technologies for appropriateness and best practice, and an evaluation of their benefit to patients and the healthcare system.

Leveraging our data assets and the clinical expertise across our network, CorHealth Ontario will strive to engage our partners in policies and plans that reduce the use of low-value services in order to optimize the use of finite care resources. We will also work in collaboration with system partners, including the Ontario Health Technology Assessment Committee, to support the managed introduction of new technologies. This approach will help to ensure that our healthcare system reflects an appropriate balance between the optimal use of resources and the quality of patient care and outcomes.

Outcome 4: Services are delivered in a manner that reflects appropriate use and value.

STRATEGIC DIRECTION 3: MEASURE AND REPORT ON QUALITY AND OUTCOMES

Goal 5: Advance a measurement and reporting system across the dimensions of quality that supports improvement.

Measurement and reporting are known to encourage improvements in care simply by bringing an awareness of performance and stimulating discussion amongst leaders and peers.

We are committed to developing a series of quality indicators and delivering reports that accurately reveal the quality of cardiac, stroke and vascular care across the province. These indicators and reports will facilitate the sharing and dissemination of best practices and improvement strategies locally and provincially.

Indicators will be based on system priorities, drive high-quality, evidence-informed practice, and utilize international benchmarks to support improvement activities. Reports will include a combination of routine, specialized and public reports, and an integrated cardiac, stroke and vascular care public scorecard. They will monitor system quality by assessing safety, effectiveness, patient-centredness, timeliness, efficiency and equity.

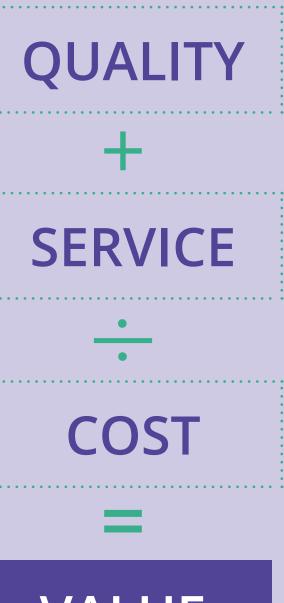
Outcome 5: Comparative indicators create a culture of quality that generates ongoing improvements in patient care.

Goal 6: Support a regional and provincial performance management system.

Measurement and reporting help to drive improvement through awareness and collaboration. Performance management drives action through mutually agreed upon accountabilities and expectations tied to plans, incentives and disincentives.

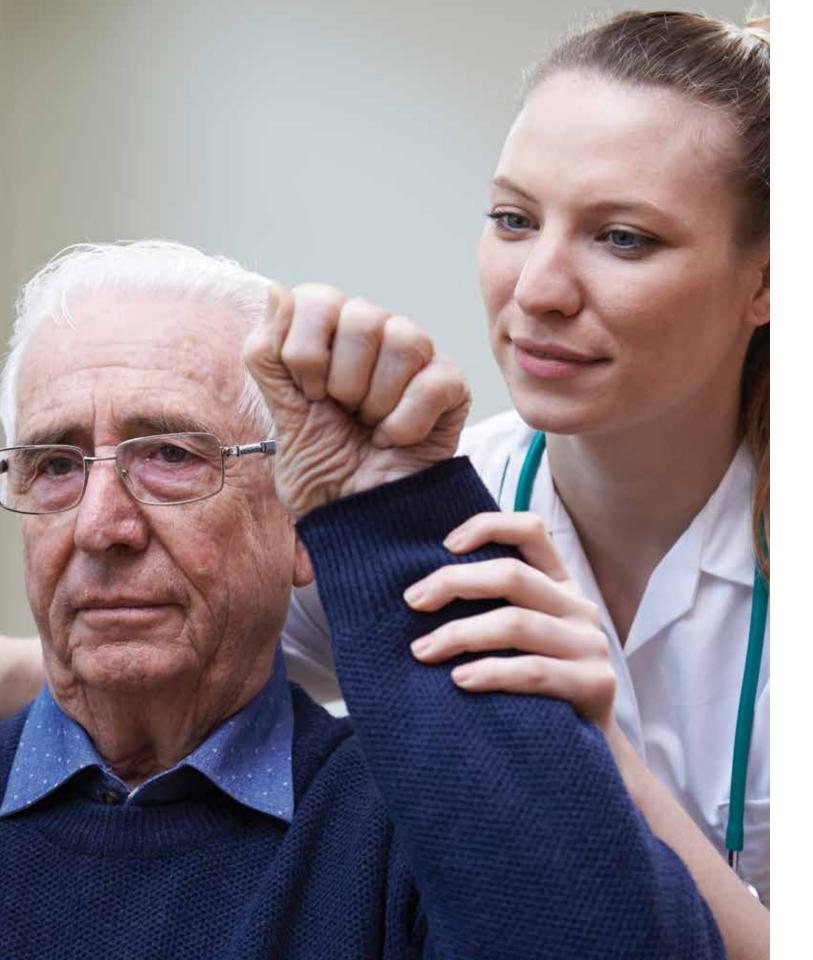
In collaboration with the province, our partners and the clinical community, we will select a set of indicators and evolving performance targets for cardiac, stroke and vascular care across the province. We will also work to embed these accountabilities at the regional and facility-level so as to encourage uptake.

Outcome 6: LHINs, institutions, programs and providers participate in and are accountable for progress against a series of targets



PATIENTS FIRST OUR VALUE EQUATION

VALUE



Enablers

Enablers are the supports required to deliver on our promise to the cardiac, stroke and vascular care community. They are foundational for the organization and its operations. Four key enablers are the cornerstones of our 2017–22 Strategic Plan.

OUR PARTNERSHIPS AND COLLABORATIONS

Our future includes the advancement of activities and relationships that enhance our productivity, impact and reputation as an organization. These activities encompass collaborations with partners, patients and families on initiatives that reflect mutual interest and complementary expertise. CorHealth Ontario is committed to increasing its focus on collaborative partnerships to enable progress towards common goals.

OUR STRUCTURES AND PEOPLE

We are committed to the highly-skilled people who conduct the work of our organization. We will align our new organization, its infrastructure and our human resources to support the implementation of this Plan and to build on the strengths of our legacy organizations. We will deepen a culture of inquiry, collaboration and respect within our organization. We will ensure the continued evolution of our Board of Directors towards a skills-based membership and a more formal approach to clinical governance.

OUR DATA AND TECHNOLOGY

Information is at the heart of the work of our organization. Our future will be based on our ability to identify and translate data into meaningful information. Our selection of data will be driven by use imperatives. We will improve the collaborative and strategic use of data and analytical insights through partnerships with providers and other informational-rich entities. We will also streamline data collection and organization of data by enhancing our tools and infrastructure.

OUR SERVICES AND SKILLS

CorHealth Ontario is committed to enhancing its corporate functions as enablers to its core business. These include the functions and resources that facilitate the day-to-day work of the organization and support rigorous accountability and transparent reporting of progress against commitments to funders. Moving forward, we will embrace new requirements associated with the growth of our organization under the Broader Public Sector Accountability Act, and assume all associated responsibilities.

The Way Forward

Our 2017–22 Strategic Plan marks an essential step towards the unification of our organization and the creation of a cohesive path to improved cardiac, stroke and vascular care in Ontario. With an exciting plan for the future, we are now responsible for the evolution of our organization and its people to meet our vision. As we proceed, we must activate our five-year Plan in a manner that reflects the needs of the patients in the system we serve.

A key next step will be the development and regular management of a detailed operating plan that reflects the goals and outcomes of this strategic plan. Our operating plan will be reviewed and revised annually to reflect the evolution of the organization's progress against its goals and the changing needs of patients, providers and policy makers.

A priority focus will be the identification of opportunities to expand across the continuum of care, with an emphasis on secondary prevention, rehabilitation and recovery. This will include the development of an information management, measurement and reporting framework that monitors the performance of Ontario's cardiac, stroke and vascular care system for administrators, providers and the public. We will work with provincial partners to develop mechanisms for quality improvement and select regional targets that can be embedded within established accountability agreements. Together, these efforts will allow us to better inform investments in cardiac, stroke and vascular programs, infrastructure and technologies, and to recommend innovative funding approaches to optimize their value.

Core to providing oversight and input for our activities will be the transformation of our organization's administrative and clinical governance structures to support a culture of innovation and collaborative improvement. We will ensure the introduction of the patient and family voice in our activities, undertake a corporate structural alignment, and develop stakeholder and partnership relationships. Following the release of this Plan, we will continue to solidify the position of our organization in the community through the application of a cohesive brand and common vehicles for communication. This Strategic Plan provides a critical foun-

This Strategic Plan provides a critical foundation for advancing CorHealth Ontario as a united new entity. It outlines a specific direction for the next five years as well as a set of goals and outcomes that act as the framework for moving forward. We are excited to embrace this next phase of our work and we invite you to join us with your passion, dedication and expertise to improve cardiac, stroke and vascular care in Ontario.

ENDNOTES

- 1 Public Health Agency of Canada. 2009. "Tracking Heart Disease and Stroke in Canada." Retrieved September 2016 at: http://www.phac-aspc.gc.ca/ publicat/2009/cvd-avc/index-eng.php
- 2 Heart and Stroke Foundation of Canada. 2016. "Heart failure." Retrieved January 2017 at: https://www.heartandstroke.ca/ heart/conditions/heart-failure
- 3 Government of Canada. 2015. "Stroke in Canada." Retrieved December 2016 at: http://healthycanadians.gc.ca/ publications/diseases-conditionsmaladies-affections/stroke-accidentvasculaire-cerebral/index-eng.php.
- 4 Evans, R. and G. Papia. 2016. "Peripheral Arterial Disease: A Hidden Danger." Wound Care Canada 14(2): 16-20.
- 5 Alzheimer Society. 2010. "Rising Tide: The Impact of Dementia on Canadian Society." Retrieved January 2017 at: http://www.alzheimer.ca/~/media/Files/ national/Advocacy/ASC_Rising_Tide_Full_ Report_e.pdf
- 6 Maclagan, L.C. et al. 2013. "The CANHEART health index: a tool for monitoring the cardiovascular health of the Canadian population." CMAJ 186(3). DOI: 10.1503/cmaj. 160195.

- 7 Originally conceived by: Institute of Medicine. 2001. "Crossing the Quality Chasm: A New Health System for the 21st Century." The National Academies Press. Adopted by Health Quality Ontario.
- 8 Yusuf S. et al. 2004. "Effect of potentially modifiable risk factors associated with myocardial infarction in 52 countries (the INTERHEART study): case-control study." Lancet 364(9438):937-952.
- 9 Alzheimer Society. 2015. "Depression and Anxiety." Retrieved January 2017 at: https://www.alzheimers.org.uk/site/ scripts/documents_info. php?documentID=139
- 10 Candido, E. et al. 2011. "The relationship Between Need and Capacity for Multidisciplinary Cardiovascular Risk-Reduction Programs in Ontario." Canadian Journal of Cardiology 27(2):200-207. DOI: 10.1016/j.cjca.2011.01.008.

ACKNOWLEDGEMENTS

We are deeply grateful to our Board of Directors and staff for their unwavering passion and commitment to improving cardiac, stroke and vascular care in Ontario. In particular we would like to thank the Ministry of Health and Long-Term Care, the local health integration networks, our clinical working groups, the regional stroke program directors, the leadership of our cardiac and vascular hospitals, and our many partners across Ontario for their generous contributions of time, expertise and insight as we have developed this Plan.

Dr. Kevin Smith Chair, Board of Directors Ms. Sheila Jarvis Interim CEO

With deep appreciation to Heart and Stroke for their generous support.



"This strategic plan represents a unifying document that can be used to bring together the clinical cardiac, stroke and vascular communities and more fully advance our common opportunities. It can be used as a guide to develop plans and actions to improve the lives of the many Ontarians who live with cardiac, stroke and vascular disease."

> DR. SANDRA BLACK MEMBER OF THE BOARD OF DIRECTORS

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