Strategic Plan

2018-2021

Updated: September 6, 2019

Leaders in exceptional care,
supporting those who need us most

Message from Dwight Nelson, Chief Operating Officer

Carewest has a proud history of providing high-quality continuing care services to the Calgary area for over half a century. As Calgary's publicly owned, not-for-profit provider of continuing care, we have supported thousands of individuals over the years. We anticipate having an ongoing and significant role to play in the years ahead for Calgarians needing our services. We also envision taking on a more specialized role in meeting the needs of those we serve.

Over the past year, we have invested considerable time and energy on the important questions of where Carewest is today….and where it should be tomorrow. The conversations and dialogue have been rich and I am grateful for the level of engagement around our future. We have refreshed our Vision, Mission and Values and articulated a number of key strategies that will help move us forward.

We are mindful that major change brings both challenges and opportunities to organizations and people. We are, however, ready to embrace the exciting future of Carewest in a spirit of optimism and enthusiasm. With the support of our talented staff, engaged family and friends, and many valued partners, we are confident about all that we can achieve together.

In the following pages of our three-year Strategic Plan, we outline how Carewest will meet the increased demand that Calgary has experienced in the areas of mental health services, transitional care from hospital, and enhanced community programming.

We invite you to read on to learn more about how Carewest plans to position itself to add even greater value to the lives of the special people we are privileged to care for.

Note to August 2019 Update

In June of 2019, Carewest's Executive Leadership Committee (ELC) reviewed progress on its Strategic Plan. The executive team reaffirmed the plan's vision to: support those who need us most. It also reasserted its commitment to strategically position Carewest to maximize the value of its service delivery to clients, and the health system at-large in the Calgary Zone.

ELC believes that Carewest has a role to support the growing need for Calgarians to live independently at home or in community. As such, stronger emphasis is needed on community-based services, such as C3 programs and day hospital programs that allow Carewest to support clients to live in community longer. To this end, a new deliverable (#9, see page 12) was added to update the strategic plan to enhance its focus on community services.

The executive team also made minor wording revisions to several of the deliverables in order to sharpen their focus. In addition, deliverables that were naturally related to each other were consolidated – such as, developing a technology roadmap merging with Connect Care and online training, and quality outcomes and framework merging as well. All of the deliverables and rationale for changes have been summarized in Appendix 4.

Executive Summary

Carewest's 57-year history as the largest public provider of long-term care in the Calgary Zone has forged a strong legacy of service and trust. A record that will be built on as Carewest continues to evolve its service delivery model to respond to the shifting needs of residents and clients. As the population in the Calgary Zone continues to grow, changing demographics have also impacted the demand for health services.

Carewest will continue to serve the growing seniors population by providing safe, client-centred care for those with complex medical needs. In addition, Carewest will further diversify its service delivery model to support the Calgary Zone in its efforts to flow patients from acute care to community. In doing so, Carewest will pull more patients from hospital who require specific sub-acute services. Adapting its delivery model will better position the organization to accept and proactively manage the growing demand for specialized complex and hard-to-place clients. The introduction of the Bridgeland facility and the Connect Care information technology platform will add to the strong foundation that Carewest is building to be a resource to the greater Calgary Zone.

The Strategic Plan demonstrates a commitment to the Vision, Mission, and Values underlying all the services Carewest provides. The plan defines a roadmap of how Carewest will continue its focus on client and resident needs, yet adapt its services to meet the changing needs of the larger Calgary Zone population in the coming years.

Carewest will continue to learn and grow as an organization. Recognizing that in order to serve the Calgary Zone with exceptional care, Carewest must continue to make organizational improvements that will bring about a more client-centred, safe, efficient and financially responsible organization.

Framing our future

Carewest's Vision, Mission and Values were refreshed in 2018.

When choosing a new path, it is important to know what your destination is. When an organization sets a new direction, it is guided by its Vision (where we want to be), its Mission (what we do) and its Values (how we do it).

Looking to the future, Carewest envisions a more specialized role in serving the residents of Calgary. Health care needs are changing. There is a greater demand for complex mental health care, sub-acute rehabilitation and recovery services, and community-based programs. As the public provider of continuing care services, Carewest's role is to provide exceptional care that enables people to stay in their homes longer, and support transitions between acute care hospitals and community-based environments.

Values are important in guiding organizational culture, beliefs and behaviour toward clients, staff and physicians. Carewest staff and physicians provide exceptional care, they nurture and build relationships, embrace learning, and act responsibly.

Vision

Carewest: leaders in exceptional care, supporting those who need us most.

Mission

At Carewest, we support all clients in maintaining their quality of life as they transition through their health care journey. As the public provider of continuing care specialized services in Calgary, our staff work together to partner with clients, families and the community, to provide:

- Programs to enable community living;
- Rehabilitation services to enable return to the community, and;
- Residential and support care services for complex medical and mental health needs.

Values

***Caring**: We care about all individuals.* We see the qualities that contribute to the whole person and honour them with kindness, respect and dignity.

***Relationships**: We are stronger together.* We gain a better understanding of our clients and each other by listening as well as sharing.

***Learning**: We are open to change and we encourage new ideas and thinking.* We learn from evidence, experience and each other.

***Responsibility**: We lead with integrity and accountability.* We are responsive to our clients, and are trusted to use resources wisely.

Introduction & Overview

Background

Carewest is Calgary's largest publicly funded provider of long term care (LTC) services. Alberta Health Services (AHS) relies on Carewest to accept its most clinically complex clients, including those who are financially unable to afford private services; are difficult to find placement for in LTC; or because of the combination of services they need.

Yet as an organization, Carewest is positioned to offer greater value to the health system. Its bed infrastructure, trained and experienced staff, 57-year history of service to the community, and an economical business model for service delivery, provide opportunity for Carewest to view itself differently over the next three years.

Clients and residents are at the heart of Carewest. Over 1000 residents call Carewest facilities their homes. Hundreds more come to Carewest for periods of time to receive treatment, therapy, and participate in day programs. It is central to Carewest's core values that programs and services are always designed around the needs of clients and residents.

Carewest's strategic planning process was undertaken to identify options that would better position it to meet the challenge posed by the changing demand for health services. Led by Carewest's Executive Leadership Committee (ELC), an inclusive consultative process began with some 60 frontline managers and staff, the Board of Directors, and senior leaders from AHS.

It was important to the Carewest senior team that the strategic plan not only met the changing needs of clients, but that it also supported the system-wide strategic direction AHS set out for the Calgary Zone. Through collaboration and consultation, this plan accomplishes both goals.

Alignment with AHS and Calgary Zone planning

Concurrent to the development of the Carewest strategic plan, AHS was undertaking its own long-term strategic direction setting. The timing of these planning cycles provided an opportunity for Carewest to ensure alignment with the Calgary Zone system-wide direction.

Specifically, Carewest is relied upon to support two of the Calgary Zone strategies:

- Strategy #2: Enhancing Care in the Community – revise and enhance Regional Community Transition Program (RCTP) to allow for increased rehabilitation and restorative services, and;
- Strategy #5: Acute Care Sustainability – work in collaboration with the Seniors, Palliative and Continuing Care (SPCC) portfolio and Calgary Zone System Wide Capacity Committee in capacity planning.

System pressures

Seniors can experience physical functional decline the longer they stay in hospital. The growing number of seniors in society will further challenge the current structure of the health system if acute care hospitals continue to be used as the main instrument to manage this population. A portion of the senior population will continue to have long lengths of stay at high bed per day cost, and will "bottleneck" patient flow in hospitals. Acute care is often not the right setting, and the system cannot sustain the current model.

The hospitals in Calgary are designed and staffed to care for patients with the most acute medical conditions. Lengths of stay should be short and focused on the immediate treatment needs of patients. However, patients often remain in hospital for periods longer than required to treat their original acute episodes. In many of these cases, patients are clinically too ill, physically too frail, or lack social supports to manage safely at home. While they are not considered acute enough to stay in hospital, they often do because there is nowhere else for them to go and still maintain their health and well-being. In fact, community programs such as Home Care view hospital Emergency Departments as a key resource when a client's health starts to fail at home.

Extended lengths of stay for frail elderly populations expose them to in-hospital risks that can have long term impact on their lives – such as nosocomial infections, falls and delirium. Hospital environments are also not well suited to assess patients for placement in long-term care or other more independent living options. The impact to the patient is that they functionally decline as they wait in hospital. Furthermore, the additional cost of maintaining this patient population in Alternate Level of Care (ALC) or medicine inpatient units is significant. There is opportunity to slow the economic growth of an overspent acute care system, and provide better outcomes and experiences for clients by using a more community-based model.

Leading practice indicates that the sooner this client population is transitioned to community-based care, the better their chances are for positive outcomes and a more independent lifestyle.

Shift in client demand

Both Carewest and AHS are seeing a significant growth in certain client populations that are driving a need to shift service delivery. Demand for long-term care (LTC) is shifting as distinct client populations emerge that require Chronic Complex Care (CCC) specializing in dialysis treatment and ventilator dependence. Due to the complex nature of this client population, specialized equipment and trained staff are needed. Carewest is currently the only provider of these unique community-based beds that serve clients in Calgary.

The number of clients who require complex mental health services is expected to grow over the next three years and beyond. Carewest must adapt its bed configuration in order to meet the changing demand for these services. For many of these clients, Carewest will be their only recourse for service, as few other operators in Calgary currently offer these types of specialized services.

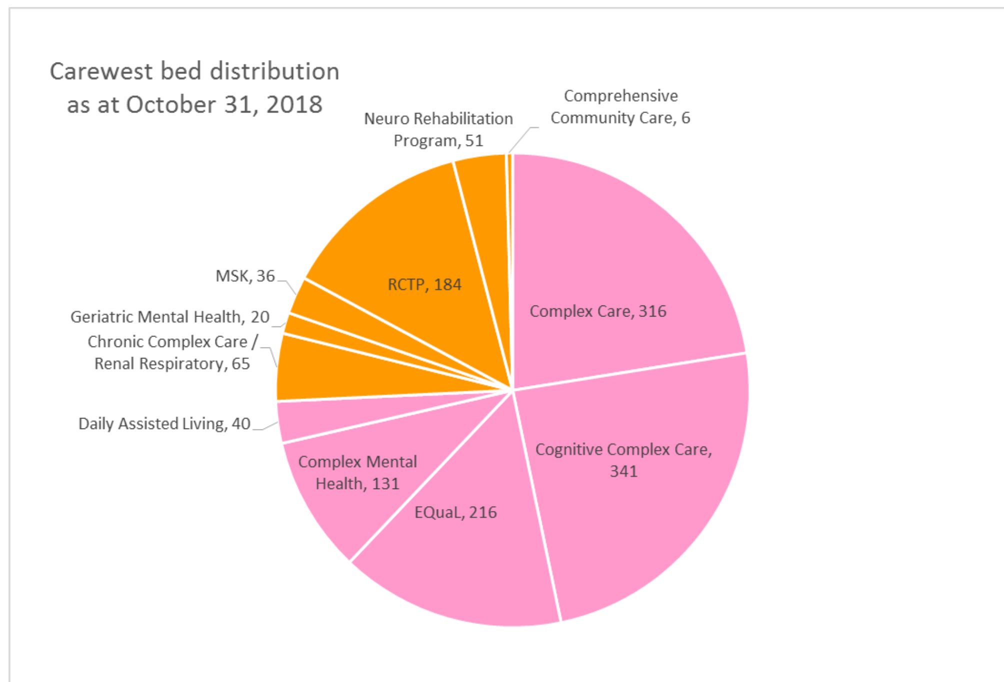
The growing need to support people to live more independently at home or in community is shaping a greater demand for community-based rehabilitation and restorative services. Community-based services that allow Carewest to interact with clients in their home environment will require further growth and development to serve this population.

Rather than reacting incrementally to the demand that the growth of these emerging populations place on the system, Carewest must plan to strategically reposition itself to maximize value for these clients and the health system at-large in the Calgary Zone. Creating capacity for these growing client populations is a challenge that must be overcome if Carewest is to continue to be the first-choice destination for the most clinically complex and difficult-to-place clients in the system.

Carewest service delivery

Carewest's service delivery and bed configuration has remained the same for the past five years (**Figure 1**). Operating a total of 1406 beds throughout Calgary, the majority of Carewest's services, programs, and beds (73 per cent) are dedicated to LTC. Many of these LTC beds are specialized based on the needs of clients; for example, 131 beds are specialized for residents who require mental health programs. Twenty six per cent of Carewest's beds offer sub-acute programs (e.g., Neuro-rehab, Musculoskeletal, and Regional Community Transition Program units).

Figure 1 Carewest bed configuration, current state (1406 beds)



Note: MSK refers to Musculoskeletal Program

There is an opportunity for AHS to utilize Carewest as a community-based resource that can more appropriately manage the client population currently maintained for long periods of time in acute care. To do so, Carewest must ensure that its bed capacity is prioritized for the most clinically complex and hard to place clients. This will require a transition of some of the less clinically complex clients to other owner operators in Calgary. However, Carewest already has a track-record of repurposing beds to respond to system needs, as well as staff experienced in areas of projected client growth.

Note: see Appendix 1 for a more detailed description of Carewest programs and services.

Workforce – Our people overview

Carewest's workforce continues to evolve and diversify. Staff are from many cultures and backgrounds with a significant variety of professional designations, credentials and work experience. For many staff, English is their second language. Staff demographics includes an aging (current average age of 46) and predominately female workforce, working in part time roles with Carewest.

As Carewest has evolved and grown, staff have been called upon to provide more complex care. The organization has also adapted by changing and growing client and program needs (e.g. sub-acute, renal, complex mental health programs). Although, staff are trained and orientated to clinical and technical topics, they are provided little support and development in the areas of team building, effective practices, collaboration and leadership.

Carewest has many loyal staff who stay with the organization throughout their careers. However, Carewest has not provided tools and supports to help staff develop and grow their careers in a deliberate and planned manner.

Growth in complex mental health programs has brought with it an increased risk to staff safety due to the more unpredictable nature of the clientele. Continuing care has had historically high employee injury rates due to the physical nature of care roles that support the activities of daily living of clients. These two issues combined with the impact of an aging workforce makes employee safety and both physical and mental health particular risks.

Capital infrastructure overview

Carewest staff work in 13 sites across Calgary. Care is provided to clients and residents within 12 of these locations, and many of them represent the homes of long term care residents. The majority of the facilities are owned by AHS and operated by Carewest. This requires joint collaboration and responsibility between Carewest and AHS for maintenance and renovations. With four facilities over 40 years old, and another four approaching 20 years, significant maintenance and major capital investments will be required by Carewest and AHS in order to continue to operate these facilities.

Carewest is the future operator of the new 198 bed Bridgeland care facility, announced by the Alberta government in 2017. AHS and Carewest have been working together on both the functional planning and design of the facility. This new complex continuing care facility is expected to be operational by 2023.

Financial overview

As a publicly funded continuing care provider, Carewest's largest source of funding is provided by its parent organization, Alberta Health Services. These contributions total approximately $160 million of the close to $200 million in total annual revenue (March 31, 2018 Audited Financial Statements). This funding supports the direct care needs for over 5400 resident and clients annually, as well as contributing to some support services and administrative costs. As such, any long term strategic goals with financially implications must be done in collaboration between Carewest and its sole shareholder, AHS.

Client fees cover program and accommodation costs such as food, laundry utilities, facilities maintenance, transportation and housekeeping services. Although donations make up a small percentage of revenues, they are crucial in allowing flexibility in meeting the quality of life and equipment needs of our residents and clients.

Information Technology overview

Although technology is present throughout Carewest's operations, information technology (IT) infrastructure has been identified by staff and leadership as an area that needs significant improvement and advancement. Contemporary IT infrastructure and applications are continuing to advance the delivery of care and services at a rapid speed, of which Carewest has been slow to adopt. This is especially apparent in comparison to many private and non-profit organizations in Calgary who have made significant investment to advance their technology over the recent years. It is recognized that many Carewest clinical and business processes that are manually intensive could be delivered more effectively and efficiently through the investment of resources in IT.

Under a shared services agreement, Carewest relies on AHS to support its IT infrastructure and operations, requiring alignment of Carewest with AHS IT systems and applications. This partnership and alignment will be increasingly important over the next few years with the implementation of Connect Care to ensure that Carewest is considered in the planning and development of the new province-wide system. Overall, Carewest needs to continue to plan and improve in the area of technology while living within the structure established by AHS.

Quality and Safety overview

Carewest addresses quality through a three-pillar approach: Quality Assurance, Quality Improvement and Quality Outcomes. Quality Assurance is well established through the multiple requirements related to standards compliance, including Accreditation Canada surveys, Continuing Care Health Services Standards and Accommodations Standards compliance audits. Quality Improvement has been embedded in Carewest's *Frame of Reference* historically, but there is opportunity for more consistent practice related to Quality Improvement and broader sharing of learning from projects to improve overall practices across the organization. Quality Outcomes are reflected in the Corporate Balanced Scorecard (e.g., Client Experience, Staff Experience) and in program specific performance measures such as using RAI MDS Quality Outcomes for LTC.

Safety is integral to quality and addresses both client and staff safety. There is a reporting system to track and trend safety incidents as well as a model that supports safety learning from incidents which can translate into quality improvement efforts. The reporting process is manual which supports an ease of access from a frontline staff perspective but could be streamlined and provide more in-depth analysis with an automated system. From a performance perspective, staff and client feedback indicates that we are doing well in these areas but there are growing risks and concerns related to an increasing number of clients admitted with behavior that can lead to altercations. While safety investigation training is provided, it is not well internalized to provide robust data with a systems learning focus.

SWOT Analysis

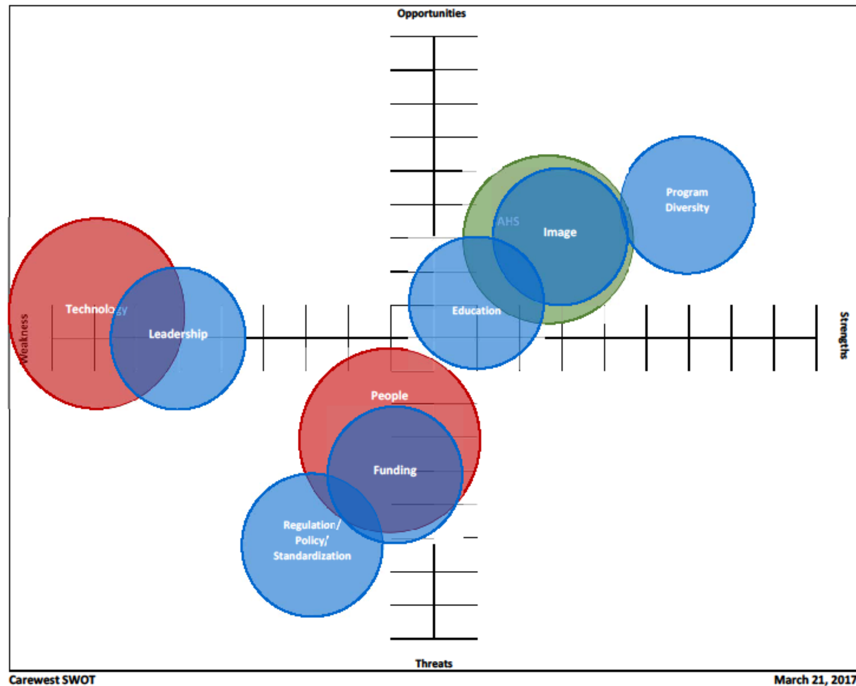
Carewest leadership conducted a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis with its Management Forum in 2017 (see Appendix 2 for detailed results).
The diagram below (**Figure 2**) highlights program diversity, image, relationship with AHS, and education to be viewed as not only strengths, but opportunities that Carewest could leverage as it plans for the future. Sufficient program funding, and unpredictable regulatory policy were viewed as having the greatest potential of posing risk to the organization's plans.

Inasmuch as one of Carewest's greatest strengths is a workforce whose talent and commitment drives organizational creativity and resilience, the people dimension raised concerns for different reasons. An aging clinical workforce, and Carewest's ability to recruit clinical staff with the skill diversity to match the organization's ambition for the future were flagged as areas that needed focus in the coming years.

At the time of the SWOT analysis, there had been frequent and significant turnover in senior leadership and middle management, which contributed to how it was viewed at the time. Stability in leadership positions (particularly less turnover on the senior leadership team) will contribute to this dimension being viewed as a strength for the organization in the future.

Carewest's reliance on manual paper processes and documentation, and the general inability of the organization to leverage its relationship with AHS to access technology was viewed as a significant and important weakness.

Figure 2 SWOT analysis diagram



Note: The size of the bubbles in the chart represent its relative importance to the group that participated in the SWOT analysis. The larger the bubble the more important. A red colour was viewed with a higher sense of urgency, whereas blue and green were respectively less urgent.

Strategic Issues, Goals and Strategies

Future state – service delivery

It is clear that defining Carewest's future state is based on how best to adapt and transition its service delivery to meet the changing demands of Calgary's aging population (within its current bed capacity). Moreover, Carewest's leadership team believes that the current service delivery model, bed capacity and client flow are not optimally configured to meet future demand.

To continue almost six decades of service, Carewest will focus on being a key part of the public healthcare system that accepts the most clinically complex clients, and support clients to live independently at home or in community. In doing so, a priority is to facilitate patient flow, to effectively pull patients from hospitals to a community environment more suited to their care needs, and more appropriately resourced by the health system.

Carewest and AHS have identified program areas that will need to increase capacity to effectively serve the Calgary Zone over the next three years:

- Chronic Complex Care - clients with complex renal or respiratory needs who require long-term care;
- Complex Behavioral and Mental Health Care - clients who require long-term care placement in a secure environment with suitable staffing and programing to manage aggressive behavior arising from mental illness;
- Restorative and Rehabilitative Care - clients requiring additional time and therapy to optimize functional ability prior to returning to community settings;

- Wrap-around community-based programs such as C3, as well as day hospital programs to support individuals to continue to live independently at home. Also, Carewest's OSI clinic outpatient program plays prominently in community-based service delivery.

Chronic Complex Care

Carewest, AHS's Seniors, Palliative and Continuing Care (SPCC), the Southern Alberta Renal Program (SARP) and the Calgary Zone Respiratory Program will assess the ability to expand the number of chronic complex care spaces (including required dialysis and tracheostomy / ventilator services) at the Dr. Vernon Fanning facility. There are complex renal and respiratory clients in acute care waitlisted for placement to long term care. The Fanning facility will explore the possibility of adding capacity and repurposing existing long term care beds to accommodate additional residents requiring dialysis treatment.

Deliverable #1: In consultation with SPCC and SARP, create and implement a plan to expand complex care and maximize space and efficiency of care towards the most needed both medically and socially.

Complex Behavioral and Mental Health Care

Carewest and SPCC are assessing the ability to create additional capacity for clients who require complex behavioral and mental health care. This population represents a significant and growing proportion of clients in the Calgary Zone waiting in acute care for placement to long term care. Within Carewest's existing infrastructure, an assessment is being made of the potential to repurpose beds to increase capacity for these clients. This population is expected to grow over the next three years. Even with the added capacity of the Bridgeland facility, projected to open in 2022/23, a waitlist for behavioral and mental health clients is still forecasted.

Deliverable #2: In consultation with AHS SPCC, create and implement a plan to expand capacity to better meet the needs of a client population that require mental health LTC and community-support services, prior to building of the Bridgeland facility.

Rehabilitation and Recovery Care

Carewest and SPCC are examining how to better facilitate the flow of clients from acute care to the Regional Community Transition Programs (RCTP). Identifying clients in acute care who may be overlooked for RCTP but may benefit from completing their rehabilitation in a sub-acute setting will be a key objective. A focus on promoting the RCTPs clinical expertise and availability will improve communication links between acute care sites and RCTP team members to improve referrals and client transfers.

Deliverable #3: In consultation with AHS SPCC, improve the flow of clients from acute care hospitals into our Carewest programs. This includes expansion of areas that are beyond our current capacity (i.e. rehab and sub-acute programs).

Bed configuration

There were clear lines of convergence that emerged from Carewest's internal and external environmental scan. Staff, physicians and Board members who participated in Carewest's strategic planning exercises, all expressed a desire for Carewest to adapt its service delivery model to one that continues to serve a changing client population over the three year scope of this plan.

To better position its service capacity for these growing client populations, Carewest will explore opportunities to further diversify its bed configuration, focusing on expanding its ability to deliver sub-acute programs, Complex Mental Health, and community based programs. A key goal will be to ensure program changes maintain Carewest's

current infrastructure of 1406 beds. It should be noted that once operational, the Bridgeland facility will add approximately 200 beds to Carewest's census in 2023.

By adapting its current bed configuration and service delivery model, Carewest will continue to be a key community resource to pull clients from Alternate Level of Care (ALC) and acute care medicine units, and provide them with mobility/therapy, assessment, and placement services (sub-acute). Moreover, the impact of reducing the number of patients waiting in acute care that bottleneck bed capacity will mean more appropriate care to clients, better system flow from acute care to community, and a more sustainable economic operating model for the future. A strategy that aligns well with the Calgary Zone strategic direction.

In transitioning its bed configuration over the next three years, Carewest will also better position itself to absorb the growth of emerging distinctive client populations who require specialized services such as mental health, dialysis and ventilator-assisted breathing.

Constraints to operational/facility change

The following represent key potential constraints to moving forward with any service delivery changes:

1. Facility condition and design – it may require substantial infrastructure investment to change bed configuration in certain facilities.
2. Culture – some facilities may be more open to change than others. A combination of workforce culture and client/family relationships will impact the ability of Carewest to target certain facilities for change.
3. AHS funding and number of beds in the system – any change requiring additional funding to Carewest, and/or that impact a change in beds within the system will need to be negotiated with AHS in order to be realized.
4. Annual accountability letters from AHS may require Carewest to move in a direction that is different from what it has articulated in its strategic plan.

Workforce planning

Realizing operational changes will not be possible without a workforce plan that identifies skillsets, education and training needs, and recruitment and retention strategies that are commensurate with Carewest's ambition. A key part of this plan will be to define how Carewest can engender an organizational culture focused on client-centred care.

Deliverable #4: Carewest will develop and implement a strategic workforce plan to support the changes and direction of the organization's service delivery model. This plan will include aspects of the following:

- A strategy to ensure staff are aware of Carewest's Vision, Mission and Values and understand the importance of their individual contributions to Carewest's success.
- Identification of the number and qualifications of people Carewest will require in its workforce 3, 5, 10 years out, taking into consideration demographics, turnover, estimates of candidate pools and availability and service delivery model evolution.
- Identification of required and emerging workforce skillsets.
- Plans on how Carewest can ensure staff have or gain those skillsets either through in-house training and development; through partnerships with postsecondary institutions; and/or through recruitment approaches.
- Identification of the tools and supports the workforce requires (e.g. technology, frameworks, non-clinical supports) and plans to address those emerging needs.

- Plans to improve and ensure the safety of the workforce.
- Plans for providing adequate opportunities for the workforce to develop as well as plans to grow more future Carewest leaders from within the organization.

Capital planning

Infrastructure planning will be a major consideration as Carewest adapts its service delivery and bed configuration over the next 3-5 years. As such, Carewest will undertake a comprehensive capital/infrastructure planning exercise that will chart the needs of its current facilities, and outline the investments required to achieve its future state.

Deliverable #5: Carewest Facilities will lead the development and implementation of a strategic capital plan that will support the changes and direction of the organization's service delivery model. The plan will include life-cycle analyses of all Carewest facilities, prioritization of capital infrastructure investment, allocation of ancillary and annual capital funds from AHS.

Deliverable #6: Ensuring that the Carewest management team continues to be an integral part of the planning and design of the Bridgeland complex continuing care facility.

Finance

Carewest is mandated to manage operations to a balanced year-end financial position. Over the next three years, Carewest will continue to align its staffing models with its funding formula from Alberta Health Services. The intent will be to create a flexible yet responsible financial model that allows Carewest to continue to manage and maintain its current operation, but also to create and innovate programs for its clients.

Technology

Carewest will continue to rely on AHS to support its technology needs. It is acknowledged that the existing Information Technology (IT) infrastructure at Carewest has fallen behind the standards of AHS and private continuing care providers in Calgary. The implementation of Connect Care in year three of the strategic plan will represent an important step forward in Carewest's use and application of technology in the workplace. In addition, Carewest will develop an IT roadmap that will outline a plan to automate processes that are manually intensive.

Deliverable #7: Develop an IT Roadmap that aligns Carewest's strategic plan with its technology needs for the future (i.e Connect Care implementation, online employee learning and reporting system, etc.).

Quality Improvement and Assurance

Carewest's Quality Framework has been updated to reinforce the organization's focus on quality and safety. There are opportunities for education and system improvements to integrate this focus at all levels. This will be important to enable Carewest to maintain a quality and safety focus that aligns with our changing client populations and to support the workforce to continuously improve processes to support optimal quality outcomes.

Deliverable #8: Quality Outcomes and Quality Assurance measures are used to guide quality improvement projects across Carewest. This includes staff education of the quality framework and how it applies to their roles.

Community-based Service Delivery

Deliverable #9: In consultation with AHS Seniors, Palliative and Continuing Care (SPCC) portfolio, Carewest will explore opportunities to expand current community programs, develop new community programs, and build new services from existing programs – e.g., C3, Day Hospital, and day support programs. Expansion of Carewest OSI clinic in Calgary and development of satellite offices in outreach communities such as Red Deer will support an ability to deliver outpatient services. This further supports AHS's overall vision of bringing services closer to clients within the communities they live.

Next Steps

The Carewest Strategic Roadmap (**Appendix 3**) provides a brief overview of the timelines, and milestones that the organization wishes to achieve during each year of the three-year Strategic Plan. This Strategic Roadmap is a living document which can be updated during the course of the next three years, but that also offers a general guide for leadership to monitor the progress of the organization.

Link to Annual Business Planning Process

The Strategic Plan highlights broad, long-range, organizational goals; whereas the annual Business Plan focuses on high priority, cross-functional initiatives, as well as measures and targets ELC is responsible to lead, monitor and report. Both the Business and Strategic plans operate in tandem to support Carewest's four areas of focus:

- Satisfied Clients,
- Targeted Service Development,
- Cost-effective Organization, and,
- Progressive Work Environment.

Carewest's Business Plans are one-year work plans that identify operational priorities, and guides the organization to achieve goals and targets approved by the Executive Leadership Committee (ELC) and Board of Directors.

The Business Plan each year will be informed by strategic issues, goals, and deliverables outlined in this document. Business planning projects will be identified at the beginning of each fiscal year. These projects will be aimed bringing Carewest closer to the goals outlined in the strategic plan. The Strategic Plan sets out three-year priorities of the organization; whereas the Business Plan aids in the execution of the Strategic Plan by providing a more specific, time-bound, course of action that will be taken up by the organization in the subsequent fiscal year.

To these ends, the Strategic Plan provides the organization with a broad concept of where we would like to be in three years' time, and the Business Planning process annually provides more concrete objectives on how to execute the strategic plan on an annual basis.

Appendix 1

Carewest programs and services

Over the last 57 years, Carewest has evolved from a provider of long-term care to a diverse organization with clinical programming encompassing complex continuing care, rehabilitation and recovery services, and community programs. Our experience and skills cover a wide range of areas, including an Operational Stress Injury Clinic funded by Veterans Affairs Canada, specialized dementia care, renal dialysis, neurological rehabilitation, geriatric mental health, and day programs for young adults. In fact, Carewest offers more than 20 distinct specialized programs and services to residents and clients of all ages in the Calgary area. Our programs and services in more detail are as follows:

Complex Continuing Care

• Chronic Complex Care – for the residential client living with a complex disease or life threatening illness. The prime populations are individuals on hemodialysis or peritoneal dialysis, as well as people who need specialized respiratory support.

• EQuaL – for adults aged 18 to 64 who have disabilities related to a disease or condition, such as multiple sclerosis or a brain injury, currently requiring the full-time support of a continuing care centre.

• Hospice – a residential unit in a homelike environment providing 24-hour care by an interdisciplinary team of health care professionals and volunteers. The team strives to meet the needs of people who are in their last days to months of life and who can no longer manage at home but do not require the resources of acute care.

• Medically Complex Care – for frail, medically complex seniors whose care needs cannot be met in a supportive living environment and who require professional nursing care on a regularly scheduled and unscheduled basis. Their primary diagnosis is medical and may have a secondary diagnosis of cognitive impairment, providing there are no elopement risks or behaviors that are unable to be managed safely within the environment.

• Cognitively Complex Care – for frail, cognitively complex seniors whose primary diagnosis is dementia and whose care needs cannot be met in a supportive living environment and who require professional nursing care on a regularly scheduled and unscheduled basis in a secure environment.

Rehabilitation and Recovery Services

• Geriatric Mental Health Program – a short-stay program for seniors who have psychiatric disorders and require assessment and rehabilitation, but who do not need to be in acute care.

• Musculoskeletal (MSK) Program – for people over the age of 18 following an acute phase of musculoskeletal illness or who have had a bone or joint surgical procedure and require care and rehabilitation before returning home or to another care setting.

• Neuro-Rehabilitation Program – for people over the age of 18 who have had a neurological injury, such as a stroke, and require rehabilitation once they are over the acute phase of their illness before they return home or to another care setting.

• Regional Community Transition Program (RCTP) – a short-stay program that supports medically stable people who do not need an acute care level of service, but may require additional assessment, recuperation, and therapy before returning home or moving into another care setting.

Community Programs

• Adult Day Support Program – available to adults over the age of 65 who are living in the community and who would benefit from a social, leisure and health promotion program and whose families would benefit from respite care.

• Comprehensive Community Care (C3) Program – a unique, complex continuing maintenance and support program for seniors who live in Calgary. It provides coordinated case management and primary care to frail, elderly clients and allows them to remain at home as long as possible with a higher quality of life. Integrated care is provided by a 24-hour health care team through a medical clinic, day program, home support, transportation, access to designated continuing care beds and emergency telephone response system.

• Day Hospital – a short-term day program for frail seniors who are living at home and experiencing physical, mental, emotional or social concerns. The focus is to promote their well-being, functional abilities and quality of life through comprehensive assessment and treatment by an interdisciplinary team with geriatric expertise.
• Dementia Day Support Program – available to older adults who live in the community and have Alzheimer's disease or other dementias affecting their ability to socialize and interact in community activities.
• Dementia Respite Services – this service offers short-term stays to provide supportive care for people with dementia and respite services for families so they may have a much needed break from caregiving.
• Designated Assisted Living (DAL) – offers assisted living for people who may need extra support such as health monitoring and personal care support, along with meals, bathing and laundry.
• Non-dementia Respite Services – this service offers short-term stays to provide supportive care for people with chronic illness and respite services for families so they may have a much-needed break from caregiving.
• Operational Stress Injury (OSI) Clinic – a clinic funded by Veterans Affairs Canada that helps veterans, current and former Canadian Forces Members and members of the RCMP suffering from an Operational Stress Injury who require specialized, intensive assessment and treatment.
• Regional Seating Services – a specialized community service where individual needs of clients are assessed and special equipment prescribed and fabricated to make clients safer, more comfortable and more independent in their wheelchairs.
• Younger Adult Day Support (YADS) Program – for adults 18 to 65 with chronic illnesses or physical disabilities, who would benefit from a social, leisure and health promotion program and whose families would benefit from respite care.

While we are proud of all of the programs and services in which we are involved and deliver on behalf of Alberta Health Services and Veterans Affairs Canada, our philosophy of care and the organizational culture that shapes how we approach our responsibilities to our residents, clients, staff and community are reflected in the following highlighted program or service areas.

Long-term Care

At Carewest, our philosophy doesn't only describe how we provide care, but also where we provide it. All of our care centres are built and structured in a way that best accommodates the residents. Our residents are grouped in homelike environments according to their needs and ability. This means that every staff member caring for residents does so in a focused, appropriate way and is educated to meet the needs of a specific resident group.

Our philosophy of care represents a substantial shift away from what long-term care looked like in the past. We believe strongly in promoting resident independence and choice. That means we honour our residents' desire to move freely within our care centres – their homes. Residents wake up when they want to, choose how they want to spend their day and take part in the activities of their choice. When we say we are a resident-focused organization, we mean it. We have worked many years to establish this culture and it's one we cherish. It is the essence of what we do.

Pain and Palliative Consulting Services

Our Pain and Palliative Consulting Services provides consulting services to Carewest programs to help achieve the best quality of life for our residents and clients who are experiencing pain and other uncomfortable symptoms or facing serious illnesses and end-of-life issues. The team works with the care centres' interdisciplinary teams to provide pain and symptom management, grief and loss support, ongoing education about end-of-life concerns for families, residents, clients, staff and volunteers.

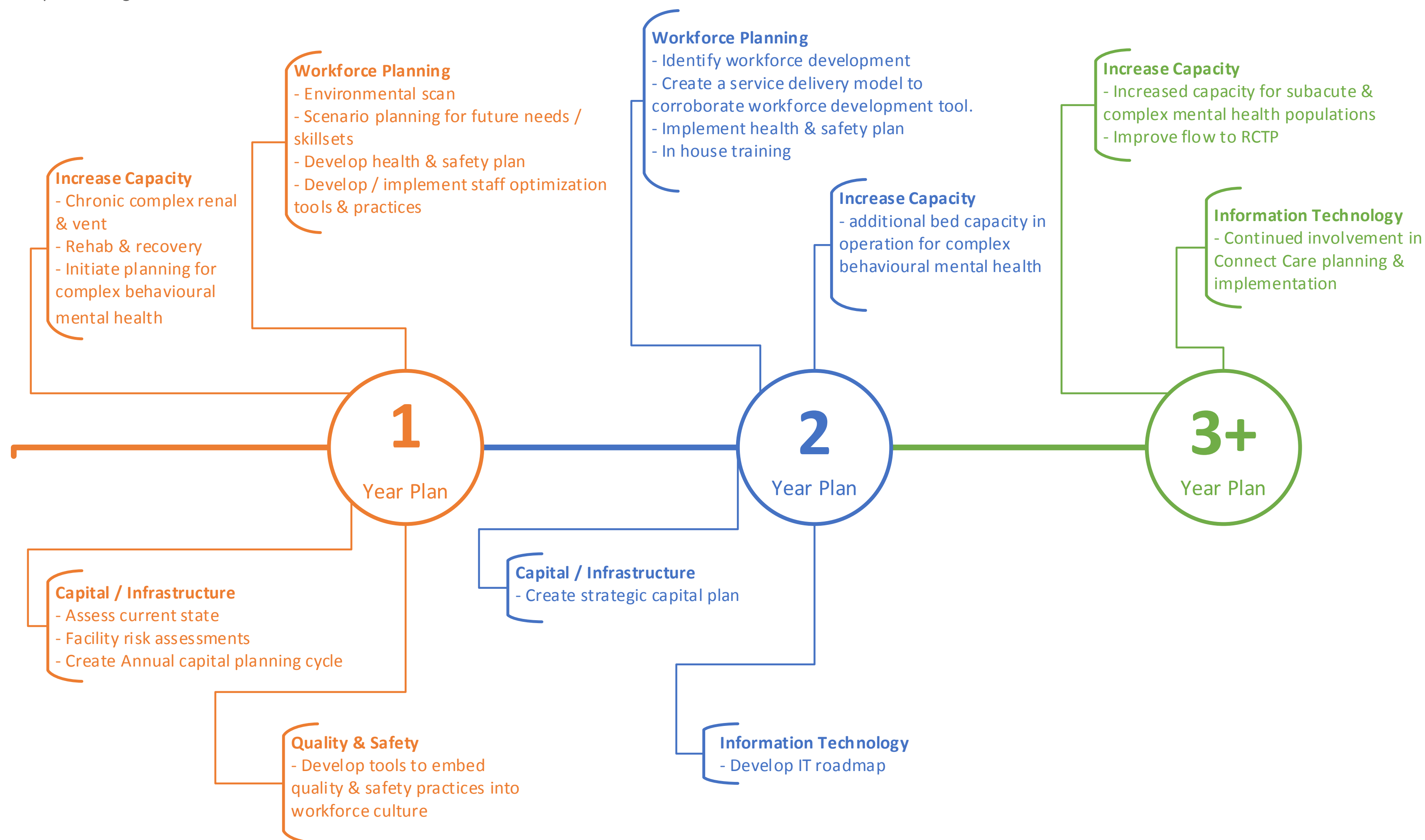
Carewest Manager Team SWOT analysis and scoring – Apr 19, 2017

Table 1 – Major Themes

Description: Listed below are common themes generated from SWOT exercise conducted by CW ELC and their staff. Descriptions of the themes (bullet points) reflect the most common feedback from the SWOT exercise. Scores are assigned based on number of mentions in the SWOT categories. One point positive was given to mentions under "strength" or "opportunities". One negative point was assigned to mentions under "weaknesses" and "threats". A total score was tabulated and a net score was based on whether mentions of the theme were positive or negative.	S	W	O	T	Total	Net
TECHNOLOGY: • Excess of paper intensive processes. Many examples of duplication and inefficiency across CW because of paper-based processes. • Not able to effectively nor timely leverage technology improvements from AHS. • Staff without AHS emails makes it difficult for organization wide communication.	0	9	5	4	18	-8
PEOPLE: • Aging workforce. Will need to look at senior staff who may be retiring soon and understand the impact on CWs workforce. Strong institutional knowledge. • Opportunities to mentor, particularly for more senior staff. • Workforce longevity puts many of CWs managers at the top end of the salary scale. This places a strain on our budget. • Diverse ethnic workforce offer challenges (e.g. language, cultural norms, expectation) • Changing client population has also required a different skillset for CW staff. Must prepare for different workforce / HR needs for the future. • Has been a challenge to recruit the right people for certain positions.	5	6	2	5	18	-4
AHS: • Ability to leverage economies of scale with AHS programs and purchasing power. • Able to support and contribute to AHS strategic direction. • Considerably improved relationship with AHS	3	0	8	5	16	+6
MANAGEMENT CAPACITY AND READINESS: • Has been a lot of turnover and change at senior leadership. Expressed need for stability and longevity at the most senior positions of the organization. • There could be more senior leadership visibility in facilities. • Culture of decentralized decision-making is emerging. • Sharp and focused strategic direction will show where Carewest can add specific value to the system. • Succession planning could leverage CWs aging staff population who have many years of service and experience to coach and mentor a younger generation.	3	9	1	1	14	-6
REGULATION/POLICY/STANDARDIZATION: • Excessive amount of regulations that need to be followed. Excessive audits. • CW needs to work on developing more policies to govern key parts of its operation. • Need more standard work, particularly for frontline clinical and business processes.	2	5	0	6	13	-9
FUNDING: • Activity-based funding (PCBF), chronically underfunds CW. Complexity of patients and resource intensity required to care for them is not accurately measured. • Concerned with impact a soft economy and tighter budgets will have on resident/client care. Need better understanding to manage financial resources. • Need better reporting to inform decision-making and frontline operations. • Need to implement workforce optimization and operational best practices.	0	1	4	8	13	-5
SERVICE DELIVERY DIVERSITY: • CW has evolved with the population care needs it serves. • Clients are requiring more complex medical and psycho-social care. To respond, CW has developed specialized services in both institutional and community setting. • CWs program diversity may be a direction to build on for the future, particularly as AHS long range planning charts looks at more options for specialized care for specific populations.	+6	0	4	0	10	+10
IMAGE: • CW has a strong community image as a preferred provider of LTC and specialized care services in Calgary. • CW has a strong image as a preferred employer in the health care sector in Calgary. • Perhaps CW can do more to leverage its strong image within the community, particularly to recruit the right people into CW positions.	5	2	3	0	10	+6
EDUCATION: • Emerging agenda valuing research and education. • Education does not always connect with programming. • Education development of clinical staff has been a priority and strength. • Administrative staff not always able to take advantage of education opportunities.	5	4	1	0	10	+1

Carewest Strategic Roadmap

Updated August 28th 2018



Satisfied Clients: Achieve client satisfaction, positive outcomes and promote quality of life. **Targeted Service Development:** Providing accessible and sustainable quality care. **Progressive Work Environment:** Promote a respectful, healthy and safe environment. **Cost Effective Organization:** Ensure responsible and sustainable use of resources.

Strategic Plan Deliverables

August 18, 2019

Current Strategic Plan Deliverables	Revised Deliverables	Reason for Change
Deliverable #1: In consultation with SPCC and SARP, create and implement a plan to expand renal dialysis capacity at the Dr. Vernon Fanning facility in order to maximize space and efficiency of the unit.	**Deliverable #1:** In consultation with SPCC and SARP, create and implement a plan to expand complex care and maximize space and efficiency of care towards the most needed both medically and socially.	• Changed to Complex Care terminology to better reflect broader intent of program change.
Deliverable #2: In consultation with AHS SPCC, create and implement a plan to expand Mental Health long term care capacity within Carewest prior to the building of the Bridgeland facility.	**Deliverable #2:** In consultation with AHS SPCC, create and implement a plan to expand capacity to better meet the needs of a client population that require mental health LTC and community-support services, prior to building of the Bridgeland facility.	Changed terminology to mental health LTC and community-based support services to better reflect broader intent of deliverable.
Deliverable #3: In consultation with AHS SPCC, create and implement a plan that better facilitates the flow of clients from acute care hospitals into RCTP programs.	**Deliverable #3**: **In consultation with AHS SPCC, improve the flow of clients from acute care hospitals into our Carewest programs. This includes expansion of areas that are beyond our current capacity (i.e. rehab and sub-acute programs).**	Better anticipates potential opportunity for expansion of sub-acute programs.
Deliverable #4: Carewest will develop and implement a strategic workforce plan to support the changes and direction of the organization's service delivery model.	**Deliverable #4**: Carewest will develop and implement a strategic workforce plan to support the changes and direction of the organization's service delivery model.	No change.
Deliverable #5: Carewest Facilities will lead the development and implementation of a strategic capital plan that will support the changes and direction of the organization's service delivery model. The plan will include life-cycle analyses of all Carewest facilities, prioritization of capital infrastructure investment, and allocation of ancillary and annual capital funds from AHS.	**Deliverable #5**: Carewest Facilities will lead the development and implementation of a strategic capital plan that will support the changes and direction of the organization's service delivery model. The plan will include life-cycle analyses of all Carewest facilities, prioritization of capital infrastructure investment, and allocation of ancillary and annual capital funds from AHS.	No change.

Deliverable #6: Ensuring that the Carewest management team continues to be an integral part of the planning and design of the Bridgeland complex continuing care facility.	**Deliverable #6:** Ensuring that the Carewest management team continues to be an integral part of the planning and design of the Bridgeland complex continuing care facility.	No change.
Deliverable #7: In conjunction with AHS, implement Connect Care in year three of the Strategic Plan.	**Deliverable #7:** Develop an IT Roadmap that aligns Carewest's strategic plan with its technology needs for the future (i.e Connect Care implementation, online employee learning and reporting system, etc.).	Merged current #7, 8, 11 into new Deliverable #7.
Deliverable #8: Develop an IT Roadmap that identifies priorities, goals and milestones to bring Carewest's technology infrastructure closer to AHS standards.	Incorporated into Deliverable #7.	Merged current #7, 8, 11 into new Deliverable #7.
Deliverable #9: Staff have access to, and understand how, the Quality Framework applies to their role.	Incorporated into new Deliverable #8 below.	Merged current #9 and 10 into new Deliverable #8.
Deliverable #10: Quality Outcomes and Quality Assurance measures are used to guide quality improvement projects across Carewest.	**Deliverable #8:** Quality Outcomes and Quality Assurance measures are used to guide quality improvement projects across Carewest. This includes staff education of the quality framework and how it applies to their roles.	Merged current #9 and 10 into new Deliverable #8.
Deliverable #11: Safety learning is guided by a robust, online reporting system that provides timely data analysis to support quality and safety initiatives across Carewest.	Part of Deliverable #7.	Merged current #7, 8, 11 into new Deliverable #7.
Not in original Strategic Plan document.	**<u>Deliverable #9</u>: In consultation with AHS Seniors, Palliative and Continuing Care (SPCC) portfolio, Carewest will explore opportunities to expand current community programs, develop new community programs, and build new services from existing programs – e.g., C3, Day Hospital, and day support programs.**	New deliverable that better anticipates opportunities to expand community-based programs.