



SouthWestern  
Academic  
Health Network

# **STRATEGIC PLAN**

## **2013 - 2018**

December 2013

# Table of Contents

Introduction .....	3
Our Beginnings .....	3
Our Partners .....	4
Barriers & Critical Success Factors .....	5
Potential Barriers .....	5
Critical Success Factors .....	6
A Snapshot of Southwestern Ontario .....	7
SWO Capacity .....	7
SWO Profile .....	8
Looking Forward .....	10
SWAHN Values .....	11
How Will We Achieve our Vision? .....	11
The Strategy Map .....	11
SWAHN Strategic Objectives .....	14
Stakeholder Pillar – What Do Our Stakeholders Need And Expect From Us? .....	14
Operations Pillar – At What Processes Do We Need To Excel? .....	15
Capacity Pillar – What Capacity Do We Need To Excel? .....	16
Financial / Resources Pillar – What Resources Do We Need And How Will We Utilize Them? .....	17
Strategic Plan Implementation .....	18
Closing Words .....	18

***“SWAHN has the power to change the health of Southwestern Ontario by integrating health education and research into all aspects of the health continuum.”***

Dr. Margaret Steele, Vice-Dean, Hospital & Interfaculty Relations, Schulich School of Medicine & Dentistry, Western University

***"The creation of SWAHN provides unique opportunities for researchers, clinicians, educators, and citizens to collaborate on a wide range of new initiatives that enhance the translation of scientific knowledge into more effective health care for the residents of Southwestern Ontario. It has the potential to transform the ways in which we address the health care needs of our region."***

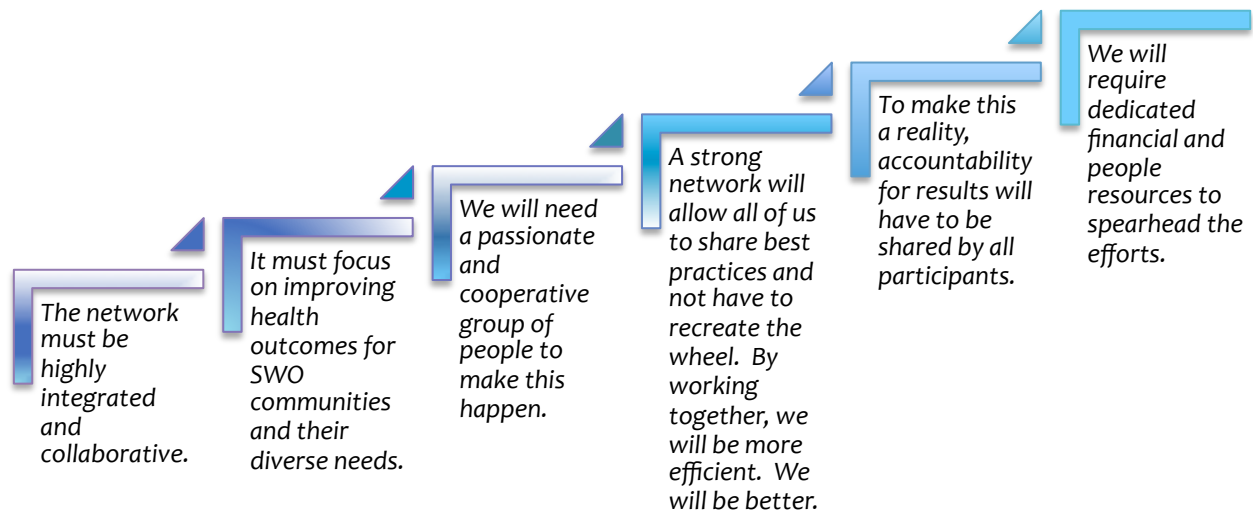
Dr. William R. Avison, Assistant Director,  
Lawson Health Research Institute

# Introduction

Through the establishment of the **Southwestern Ontario Academic Health Network (SWAHN)**, we have the opportunity to positively transform health outcomes and the delivery of healthcare in Southwestern Ontario (SWO). By bringing together partners in healthcare delivery, health education and health research, we can improve the identification, adoption and spread of innovative health services across our region. Ultimately, through the power of unprecedented collaboration we can accomplish extensive, sustainable and evidence-based outcomes for SWO communities and residents.

## Our Beginnings

In October 2011, we hosted the first SWO Academic Health Network retreat. The purpose of the retreat was to explore the opportunities, challenges and potential benefits and value of a network model. Over 150 people attended the retreat from across our region, representing education, healthcare delivery, research and many other community stakeholders. The retreat generated significant discussion, collaboration and energy and much interest in proceeding with a SWO network. The retreat produced constructive building blocks for the next phase of development, including:



***"SWAHN will facilitate an interdisciplinary approach to health research in Southwestern Ontario, which will allow a comprehensive strategy for tackling health issues."***

Dr. Marlys L. Koschinsky, Dean, Faculty of Science, University of Windsor

Ultimately, collaboration, synergy and cooperation resonated in all discussions. Participants felt that the core of a vibrant network would include innovation, information exchange, shared learning and decision-making and the translation of knowledge into practice. “It is all about coordinating our efforts to be a catalyst for meaningful change in the complex SWO landscape.”

Since that milestone meeting in October 2011, we continued our efforts to understand the needs of stakeholder groups and how a SWO network could add value. We conducted over 20 community hospital meetings, over 50 key stakeholder interviews and facilitated ten group meetings. Additionally, we created a governance and operational framework, including representatives from across the SWO region, to support the establishment of a Southwestern Ontario Academic Health Network (SWAHN). This structure encompasses:

- Steering Committee comprised of senior leaders from partner organizations across SWO
- Implementation Coordinating Committee
- Communications Committee
- Four Working Groups:

- Research
- Education
- Health Outcomes
- Community Participation

The committees and working groups have evolved over the last two years and have already made positive progress. Some achievements to date include:

- Designed and facilitated innovative Simulation Consortium on September 21<sup>st</sup> 2013
- Currently, developing a survey to identify community health networks and academic health networks across SWO
- Developed SWAHN brand strategy and wordmark logo
- Presently, updating a program logic model for SWAHN
- Invited to speak at several conferences / meetings and present SWAHN vision and model

## Our Partners

---



SWAHN brings together and harnesses the ideas, talents and efforts of partners from across SWO in a united and collaborative way to improve health outcomes. Partners include:





## Barriers & Critical Success Factors

Over the last 24 months, we have learned a great deal from our collaboration, research and due diligence processes. We are certain that a truly effective integrated academic health network could play a significant role in powering and sustaining SWO's health system. However, in order to build a network that thrives and maximizes our impact we must take stock of the barriers to success and translate them into critical success factors. Potential barriers and critical success factors are listed below.

### Potential Barriers

- Leaders and participants are busy, stretched and overcommitted and accordingly, it is challenging to harness consistent allocation of time, energy, support and resources.
- Developing and implementing information systems is time-consuming, complex and costly.
- Resources are not dedicated to the development, growth and sustainability of a network.

- Barriers to inter-professional collaboration are ample. For example, confusion about roles, focus on self / organization, lack of clarity about the benefits of collaborative practice, opposing philosophies and wavering trust, challenge the collaborative process.
- Geography and organizational silos create roadblocks to timely, two-way and clear communication and dialogue.
- Time, money and resources are scarce, therefore participants would need to understand that there is a significant return-on-investment to fully engage in an academic health network.
- Fear of change.

## Critical Success Factors

- Responsible, focused and representative governance structure and approach.
- Leadership with vision and commitment to realizing the strategic plan.
- Community stakeholder engagement and participation that inspires and drives the work of SWAHN.
- A network culture that is aligned to the vision and inspires participants to get committed and take action.
- Visible leadership and teams with clear project management and communication processes.
- A flexible and responsive structure with diverse communication means that break down organizational and functional boundaries.
- Robust performance assessment and management systems that encompass performance outcomes and indicators to demonstrate progress and success.
- State-of-the-art system-wide computerized information systems that enable and facilitate data and knowledge management.
- Appropriate funding and infrastructure to ensure adequate resources and capacity to facilitate the creation and sustainability of an academic health network that achieves the strategic vision and directions.

***“Together as we engage clinical, educational and research leadership in Southwestern Ontario we can improve the health outcomes of the population of the region. By integrating new knowledge, enhancing education of the next generation of health care providers and ensuring best practices, we can make a difference.”***

Dr. Gillian Kernaghan, President and CEO, St. Joseph's Health Care London

# A Snapshot of Southwestern Ontario

A key facet of the process to build our strategic plan was to understand the Southwestern Ontario region that we serve and participate in. Following is a summary of key highlights from this review.

## SWO Capacity

Southwestern Ontario is served by the South West LHIN, which includes the counties of Bruce, Middlesex, Elgin, Norfolk, Grey, Oxford, Huron, and Perth; and the Erie-St Clair LHIN, including the counties of Chatham-Kent, Lambton/Sarnia and Essex/Windsor and is located to the south of the South West LHIN.

Remarkably, 98% of the health care needs in Southwestern Ontario are met in SWO. The following organizations play a critical role in delivering healthcare services to residents:

- Hospital Corporations
- Long-Term Care Homes
- Community Service Agencies
- Mental Health and Addiction Agencies
- Community Health Centres
- Private Medical Practices
- Community Care Access Centres
- Public Health Units
- Family Health Teams
- Medical Laboratories
- Social Service Agencies

The delivery of health services is reliant on regulated and non-regulated health human resources across the region. Human resources span a number of disciplines such as physicians, nurses, occupational therapists, speech language therapists, physiotherapists, midwives, chiropodists, pharmacists, audiologists, dieticians, massage therapists, social workers, psychologists, and respiratory therapists. Additionally, non-regulated staff, such as personal support workers, acupuncturists, naturopaths and chiropractors, is vital players along the healthcare continuum.<sup>1</sup>

Proudly, the SWO region possesses a significant number of highly renowned education institutions and research organizations, including:

- Universities and Community Colleges with schools focused on health sciences
- Health Research Centres / Laboratories
- Health Centres of Innovation



<sup>1</sup> SWLHIN Integrated Health Service Plan, 2013

# SWO Profile

---

## Demographics

Southwestern Ontario is home to approximately 1,607,040 people equivalent to 12.5% of the Ontario population.<sup>2</sup> London is the largest urban centre in SWO, followed by Windsor and then Sarnia with greater than 30% of the SWO population living in rural areas. English is the mother tongue of 82% of people living in the region and approximately 78% of residents were born in Canada. There are increases in Aboriginal people and newcomers, both of which are over-represented in the low-income populations of our region.<sup>3</sup> The population is aging and more baby boomers are entering retirement.

## Education

Southwestern Ontario has higher proportions of the population who have no high school equivalent degree (24.4%) or a high school degree (28.6%) than Ontario. In addition, there are lower proportions with university certificates below the bachelor level or university degrees. There is also a slightly higher percentage of population with trade certificates than in Ontario. Southwestern Ontario has a considerably higher percentage of college level educated individuals (20.2%) than Ontario (18.4%).

---

<sup>2</sup> Ontario Ministry of Finance, 2013

<sup>3</sup> Community Services Department, City of London, City of London Social Policy Framework, Income Security Policy Paper, August 2006

## Income & Employment

Southwestern Ontario has a lower average median income (\$25,983) than the rest of Ontario (\$27,258). Furthermore, a greater proportion of resident's income comes from 'Other Money' (15.7%) and 'Government Transfers' (13%) than Ontario (12.9%, 9.8%) as a whole. 'Earnings' make up a smaller percentage of the total income in the region (71.3%) compared to provincial average of 77.4%.<sup>4</sup>

Economic challenges continue to plague SWO, which have resulted in disproportionately high unemployment rates compared to provincial and national averages. For example, the unemployment rate for London Census Metropolitan Area (CMA) was 9.2% in June 2013, the second highest rate in Canada, next to Windsor at 9.4%.<sup>5</sup> Also, worrisome is that the rate of unemployment for Ontarians between the ages of 15-24 is hovering between 16% and 17%, double that of the normal provincial rate<sup>6</sup>. Furthermore, in London and Windsor, nearly 11,000 households and just over 10,000 households, respectively, received Ontario Works Assistance each month in 2011, of which many households had children.<sup>7</sup>

---

<sup>4</sup> Ontario Ministry of Revenue, 2013

<sup>5</sup> Statistics Canada, July 2013

<sup>6</sup> MLA: "Ontario facing "chronic" youth unemployment | canada.com.

<sup>7</sup> Profile: London's Ontario Works Participants, 2011 September 27, 2011; Ontario Works Stats, City of Windsor, 2011

## Poverty

Too many people in SWO are living in poverty, a real public health issue, as poverty is a primary determinant of health outcomes. For example, in 2010, the overall poverty rate in the London CMA was 12.3% compared to 8.8% in Ontario and 9.0% in Canada. Furthermore, very concerning is that 17% of London CMA families live below the low-income cut-off with 20% of children living in poverty.<sup>8</sup> As well, 1 in 2 London CMA immigrants live below the poverty line.<sup>9</sup> In Windsor-Essex, 1 in 10 people live in poverty which impacts 1 out of every six children and youth. Additionally, 34% of the Windsor Aboriginal population was living in poverty in 2006.<sup>10</sup> Finally, 1 out of every 6 children in Sarnia-Lambton also lives in poverty.<sup>11</sup>

## Health Outcomes

Southwestern Ontario has disproportionately elevated rates of chronic disease in contrast to other regions within Ontario.<sup>12</sup> Currently, incidence rates of diabetes, cancer, obesity, neurological diseases, respiratory disease and hypertension are among the highest in the province.<sup>13</sup> Furthermore, the prevalence of most chronic diseases is greater in the area

east of the manufacturing and chemical industry zones in Michigan and in the vicinity of Windsor and Sarnia. And, in rural parts of SWO, the trends are also concerning. For example, the rate of diabetes in Bruce County (8.0%) is double the rate of diabetes in London. The incidence of stroke in Bruce County is 51% greater than the provincial average.<sup>14</sup> This high incidence rate in SWO coupled with our aging population places considerable demands on our already taxed health care models of delivery.



<sup>8</sup> The Child and Youth Network 2009 Report

<sup>9</sup> London Community Foundation, 2012 Vital Signs Report

<sup>10</sup> Reality Check, Poverty in Windsor-Essex, 2012

<sup>11</sup> Circles, Ending Poverty in the County of Lambton, 2006

<sup>12</sup> Roberts Research, <http://www.robarts.ca/facing-facts>

<sup>13</sup> Lawson Research,

[https://www.lawsonresearch.com/clinical\\_research/lifecycle\\_research\\_network.html](https://www.lawsonresearch.com/clinical_research/lifecycle_research_network.html)

<sup>14</sup> Gateway Rural Health Research Institute,

<http://www.gatewayresearch.ca/about/facts>



# Looking Forward

As we look to the future and the opportunities ahead of us, we are prepared to put down roots. Together, by working in true partnership, we can come together behind a shared vision and strategic plan and imagine a SWO Academic Health Network that will improve the health of people living in SWO.

To fulfill our mandate, we must be grounded and clear about what we stand for and believe. Our new mission, guiding beliefs, vision and values, all developed through the collaborative processes that we undertook over the last two years, are our compass that will guide us forward.

## SWAHN Mission

- To improve the health of the SWO population and be a national leader in health delivery, education and research.

## SWAHN Vision

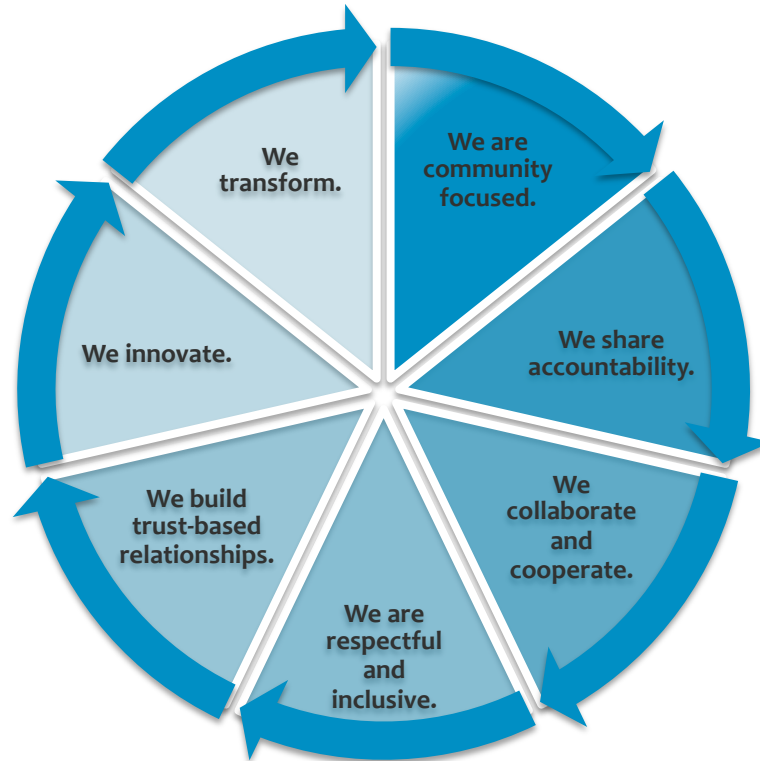
- Transforming health in Southwestern Ontario through integrated excellence in research, education and clinical practice.

## SWAHN Guiding Beliefs

- All governance and committee structures are required to have representation that reflects the regional and interdisciplinary nature of SWAHN.
- SWAHN partners are considered equal and are respected for their contributions, irrespective as to whether they are large or small, urban or rural, etc.
- A fundamental principle of SWAHN is that all residents of SWO are entitled to an optimal standard of care wherever they live, and that we strive to equalize health outcomes throughout the region.
- SWAHN also strives to distribute academic activities throughout the region via research and innovation, education, community participation and advocacy.

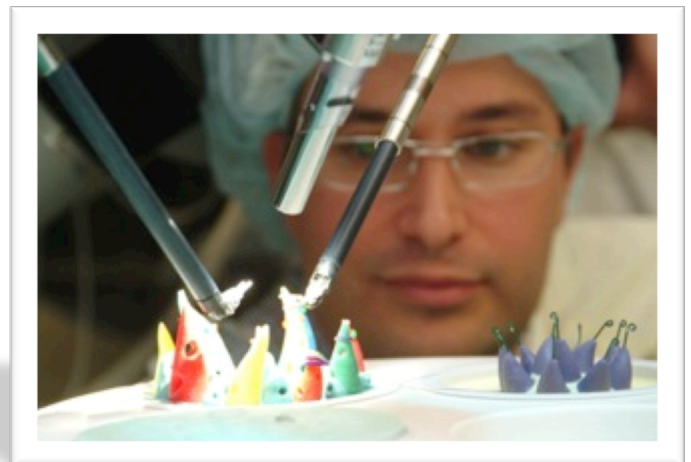
## SWAHN Values

The following values will shape SWAHN's culture and form the character of our network.



## How Will We Achieve our Vision? The Strategy Map

A strategy map is our roadmap. It brings the strategy to life, as an integrated, cause and effect diagram. Our mission and vision are clear, and the map enables us to convert our mission and vision into concrete goals for the stakeholders SWAHN serves and in turn, identifies the processes, people, support systems, technologies and resources that we require to achieve those goals. Ultimately, the strategy map has been shaped by our stakeholders and is a balanced representation of our strategic plan.



Accordingly, through 2014 - 2018, SWAHN will focus on six strategic priorities outlined in the Stakeholder Pillar. Success in these directions will be enabled through:

- ➔ **Excelling at 7 key drivers – Operational Pillar**
- ➔ **Building capacity in 5 distinctive areas – Capacity Pillar**
- ➔ **Using our resources wisely – Financial / Resources Pillar**

The **SWAHN Strategy Map** follows. Rooted in our values and guided by our beliefs, SWAHN will use our resources wisely, and build a strong and prepared foundation, so we can operate with effectiveness and efficiency, and meet the needs of the stakeholders we serve, thus achieving our Mission and Vision.



***“The Southwestern Ontario Academic Network (SWAHN) is filling an important niche in the health care system in our region. From a patient and family perspective it is important that we aim for a seamless continuum both in service provision and in education. The SWAHN helps facilitate this.”***

Beth Lambie, Director ESC End of Life Care Network / ESC Hospice Palliative Care LHIN Lead

Thus, achieving our MISSION & VISION.	OUR VISION					
	Transforming health in Southwestern Ontario through integrated excellence in research, education and clinical practice.					
	OUR MISSION					
To improve the health of the SWO population and be a national leader in health delivery, education and research.						
And, MEET the NEEDS THE STAKEHOLDERS we serve.	STAKEHOLDER PILLAR: WHAT OUTCOMES DO WE NEED TO ACHIEVE?					
	Integrated and Holistic Health System	Evidence Informed Practice	Research Excellence Aligned to Community Needs	Distributed Teaching / Education Capacity	Rapid Adoption of Best Practices and Innovation	Reputation as a Leader
So we can operate with EFFECTIVENESS & EFFICIENCY.	OPERATIONS PILLAR: AT WHAT PROCESSES DO WE NEED TO EXCEL?					
	Inter-Professional Practice	Continuous Education and Training	Development and Application of Joint Policies and Protocols	Attracting, Developing and Retaining The Best Talent	Research Participation, Management and Translation	Knowledge Management and Dissemination
We will build a STRONG & PREPARED NETWORK.	CAPACITY PILLAR: WHAT TYPE OF HUMAN RESOURCES, CULTURE, INFRASTRUCTURE AND TOOLS DO WE NEED?					
	Culture of Learning and Innovation	Visionary Leadership	Dedicated Infrastructure	Enabling Partnerships	Collective Information Database, Tools and Technology	
And, using our RESOURCES wisely.	FINANCIAL / RESOURCES PILLAR: WHAT RESOURCES DO WE NEED AND HOW DO WE USE THEM?					
	Cohesive Governance	Fiscal Accountability	Growth and Allocation of Funding	Shared Network Capacity		
By adhering to our GUIDING PRINCIPLES and living our VALUES.	OUR GUIDING PRINCIPLES					
	<ul style="list-style-type: none"><li>All governance and committee structures are required to have representation that reflects the regional and interdisciplinary nature of SWAHN.</li><li>All SWAHN partners are considered equal and are respected for their contributions, irrespective as to whether they are large or small, urban or rural, etc.</li><li>All residents of SWO are entitled to an optimal standard of care wherever they live and we endeavor to equalize health outcomes throughout the region.</li><li>SWAHN strives to distribute academic activities throughout the region via research and innovation, education, community participation and advocacy.</li></ul>					
OUR VALUES						
We share accountability    We collaborate and cooperate    We are respectful and inclusive We build trust-based relationships    We innovate    We transform We are community focused						

# SWAHN Strategic Objectives

In advancing our strategic priorities, the program of work planned for the next four years is reflected in our strategic objectives that align to each pillar. Our objectives provide us with a deeper understanding of what is expected of us. Following are our Strategic Objectives.

## Stakeholder Pillar – What Do Our Stakeholders Need And Expect From Us?

### ***Integrated and Holistic Health System***

- Lead academic health service integration in SWO.
- Promote integrated care models (i.e. bundled care model) aligned with community health priorities, such as mental health, diabetes, cardiovascular disease, obesity and cancer.

### ***Evidence Informed Practice***

- Create, provide and evaluate evidence based care along the continuum.
- Define and share evidence-based care models across the region.

### ***Research Excellence Aligned to Community Needs***

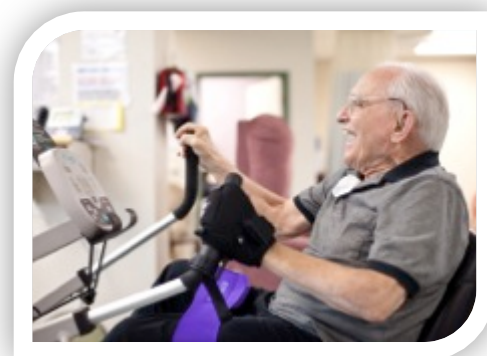
- Increase collaborative research aligned to key priorities in SWO communities, to drive measurable clinical outcomes.
- Translate research outcomes to practice and enable the adoption of best practices and innovations.

### ***Distributed Teaching / Education Capacity***

- Position SWO as the region of choice for healthcare education and training.
- Ensure education is an integral component of all health professional's jobs.
- Facilitate consistent dissemination of healthcare knowledge across the SWO region.
- Increase healthcare professional trainees in rural and underserved communities.

### ***Rapid Adoption of Best Practices and Innovation***

- Collectively respond to new opportunities arising from the Provincial and Federal Government and international initiatives.
- Advance excellence and innovation in practice, education and research.
- Circulate research results to influence health practice in a timely way.





### ***Reputation as a Leader***

- Connect and mobilize stakeholders to build, inspire and lead change.
- Endorse partnerships and collaboration that reinforce health system integration and demonstrate value to our communities and stakeholders.
- Extend our expertise globally by sharing our knowledge and best practices.

## **Operations Pillar – At What Processes Do We Need To Excel?**

### ***Inter-professional Practice***

- Advance the value and benefits of inter-professional practice.
- Identify and leverage new models of inter-professional teaching, learning, and practice transformation.
- Collaborate and partner to develop a leading simulation program as a catalyst for inter-professional education.

### ***Continuous Education and Training***

- Develop an education agenda.
- Enhance access to interdisciplinary training, teaching and resources.
- Spearhead simulation education and technology in health in SWO
- Expand distributed health professional training opportunities.
- Evaluate and initiate advanced models of teaching and learning.



### ***Development and Application of Joint Policies and Procedures***

- Identify and promote best practices in policy and protocols.
- Establish and facilitate policy and operational frameworks for integration between clinical practice, education and research.

### ***Attracting, Developing and Retaining the Best Talent***

- Facilitate the development of a talent management approach focused on attracting and retaining talent across SWO.
- Cultivate leadership capacity and interdisciplinary team development.
- Leverage innovative human resource planning models and tools.

### **Research Participation, Management and Translation**

- Develop a research and innovation agenda.
- Increase receipt of joint SWO research grants (i.e. SPORs) and investment.
- Expand our educational contributions to health publications.
- Develop a process for communities to provide research ideas and connect with SWAHN researchers.
- Improve coordination and collaboration amongst researchers, such as common policies, Ethics Board, application processes, etc.

### **Knowledge Management and Dissemination**

- Facilitate the exchange of knowledge to shape meaningful change.
- Participate in regional, national and global networking opportunities.
- Influence national and international agenda on academic health networks.

### **Community and Partner Engagement and Collaboration**

- Develop a framework for engagement and collaboration to enable dialogue and action on issues aligned to community priorities. Engagement should include community members and groups, such as patients, families, seniors, advocates, associations, etc.
- Employ innovative mediums of communication and engagement, such as virtual networks and webinars.
- Develop internal and external education to expand knowledge about what it means to be an Academic Health Network, its value to stakeholder groups and facilitate the integration of learners.

## **Capacity Pillar – What Capacity Do We Need To Excel?**

### **Culture of Learning & Innovation**

- Build an integrated culture of learning, contribution and accountability for shared goals.

### **Visionary Leadership**

- Mobilize the leadership capabilities and necessary behaviours to foster our desired culture and achieve the strategic plan.



### **Dedicated Infrastructure**

- Establish a dedicated office with primary responsibility and accountability for developing and maintaining the core capabilities required to support the activities of SWAHN.
- Create a permanent organizational structure to support the Academic Health Network.
- Develop and implement SWAHN's brand, engagement and communication strategies.

### **Enabling Partnerships**

- Cultivate coordinated and collaborative links with healthcare providers, educators and researchers; other networks and industry; government and communities across SWO to improve health outcomes.
- Streamline planning and decision making between partners.

### **Collective Information Database, Tools and Technology**

- Develop common collaboration and information-sharing tools, such as apps, SWAHN website, information sites, social media and mobile technology.
- Develop a comprehensive and accessible information infrastructure to transform and synthesize clinical and research data into healthcare interventions.
- Develop a single SWO registry for evidence-based practices and programs.
- Develop an online research database / repository (researchers, capabilities, studies).

## **Financial / Resources Pillar – What Resources Do We Need And How Will We Utilize Them?**

### **Cohesive Governance**

- Transition from informal partnering to a formal network model aligned to our vision and strategic priorities.
- Establish committed, inter-professional Steering Committee and

formal committees and work groups, representative of diverse areas across SWO.

- Provide a forum for joint planning, Key Performance Indicators (KPIs) review and shared decision-making.

### **Fiscal Accountability**

- Prepare and balance annual financial budgets in direct alignment to the needs of SWAHN.
- Implement SWO system-wide Performance Tracking system (i.e. shared KPIs) to assess achievement of shared goals.

### **Growth and Allocation of Funding**

- Market SWAHN value proposition to potential funders.
- Monitor and explore potential funding opportunities and innovative funding models.



### **Shared Network Capacity**

- Optimize synergies and cost savings through outsourcing, coordinated

utilization of resources and shared services initiative.

## Strategic Plan Implementation

Our thorough and balanced Strategy Map provides us with a plan, but even the best strategy poorly implemented will not achieve its full potential. Therefore, in the months ahead, we will shift our attention to implementation and deploy our limited resources to the critical projects and initiatives that create momentum and drive results.

We will also develop a **Balanced Scorecard**, which encompasses meaningful performance indicators for each Strategic Direction and the corresponding outcomes and objectives. Through our Balanced Scorecard, we will monitor the implementation and success of our Strategic Plan, track issues or performance gaps and identify opportunities for improvement and celebration.

## Closing Words

Our Strategic Plan is a bold declaration of what SWAHN is all about and what we aspire to become and achieve. As we begin this next stage of our journey, the strategic plan challenges all of us to bring together our strengths and assets and work collaboratively to achieve our goals and **SWAHN's vision** of:

***Transforming health in  
Southwestern Ontario through  
integrated excellence in research,  
education and clinical practice.***

