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March 12, 2024

HSN and HSNRI

Strategic Planning – Environmental Scan

THE DOCUMENT HAS BEEN CREATED TO PROVIDE CONTEXT AS HEALTH SCIENCES NORTH AND THE HEALTH SCIENCES NORTH RESEARCH INSTITUTE LAUNCH THE PLANNING AND DISCOVERY PHASES OF THEIR 2025-2030 STRATEGIC PLAN



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Environmental Scan and Background Document

Land Acknowledgement

Health Sciences North (HSN) and the Health Sciences North Research Institute (HSNRI) acknowledge the Robinson-Huron Treaty of 1850 and recognize that they are located on the traditional lands of the Atikameksheng Anishnawbek and that the Greater City of Sudbury also includes the traditional lands of the Wahnapiatae First Nation. As descendants of settlers we extend deepest respect to all Indigenous Peoples. Miigwech.

Purpose and Perspective

HSN and HSNRI are preparing for the development of their next strategic plan for 2025-2030. In thinking about those things that will shape their future, this environmental scan will consider HSN and HSNRI's history, their current service profile, the changes anticipated in the community, and future trends that will require full consideration in the development of their next strategic plan. Development of this strategic plan will be driven through engagement sessions with internal (staff, medical staff, students/learners, patients and families) and external (local, regional, Indigenous, priority population) groups. These sessions will focus on what HSN and HSNRI are doing well, where they could improve, and where focus could be placed in the next strategic plan. Through open-ended dialogue they will aim to understand the needs of all groups and uncover themes to support the development of the next strategic plan. There will also be thematic questions available on www.yourhsn.ca to gather additional information. Suggestions received will be reviewed using a qualitative research approach to formulate goals and outcomes.

HSN's History (Appendix A)

Sudbury has a rich history of healthcare in Northeastern Ontario. With two acute inpatient locations in Sudbury hosting 556 acute care beds, 11 local sites, 25 regional locations across Northeastern Ontario in host hospitals and community locations, and onsite and virtual support provided to the Weeneebayko Area Health Authority, HSN is truly a regional Academic Health Sciences Centre. HSN and HSNRI provide care to hundreds of thousands of Northerners each year. In 2022-2023, HSN had 23,221 patient admissions, and performed 15,133 surgeries, 4,481 cardiac procedures and 579,458 outpatient visits. HSN performed over 6 million lab tests, 392,472 diagnostic exams and 94,908 cancer treatments with 111,619 cancer centre visits. HSN also delivered 1,525 newborns, saw 73,491 patients in the Emergency Department, and there were over 5,000 individuals participating in research.

With teams of dedicated staff, medical staff (physicians, dentists, midwives, etc.) and volunteers, as well as patient and family advisors, HSN and HSNRI strive to deliver high quality, evidenced based patient-centred care, innovative teaching, and research. At the 2023 HSN Annual Meeting, Lauri Petz, Chair of the Patient and Family Advisory Council stated that "there is one theme that runs through all of the work that I've been privileged to be involved in: caring and compassion to make a positive difference for patients at all levels." HSN is in the process of developing its capital master plan to reduce the number of sites operating in Sudbury, and to bolster the Ramsey Lake Health Centre (RLHC) with the consolidated expansion of inpatient services, Northeastern Ontario (NEO) Kids and mental health and addictions. Let's see what the next 30 years brings.

HSNRI's History (Appendix B)

Research was cultivated and celebrated at HSN and has grown since its humble beginnings. In 2005, the need to expand its reach in research occurred as a result of the opening of NOSM University (then known as the Northern Ontario School of Medicine). This new medical school, now medical university, made it essential for HSN to be on the cutting edge of discovery, and in 2011, the Advanced Medical Research Institute, now HSNRI, was formally established. Today, HSNRI has 67 staff, 38 affiliated scientists, six learners, 139 researchers conducting research at HSN and HSNRI and over 5,000 individuals (patients) participating in research. HSN is also proud to have been ranked among Canada's Top 40 Research Hospitals.

Academic Mission

The integrated mission of an Academic Health Sciences Centre is to:

- Provide evidenced based patient care;
- Facilitate integrated and innovative patient-centred teaching;
- Create and translate knowledge to improve health outcomes (research);
- Ultimately integrate research and education for the benefit of patients and society.¹

As an Academic Health Sciences Centre, HSN, in collaboration with HSNRI, has an obligation to train students from various health disciplines to enable them to address the priority health concerns of Northerners. This collaboration between HSN and HSNRI creates a special relationship that enables knowledge creation and translation which supports clinical care and outcomes.

HSN’s founding hospitals have been the training sites for healthcare professionals for over 100 years. Starting with onsite nurse training, HSN expanded its academic reach to support learners from all health disciplines through partnerships with post-secondary diploma, degree and post-graduate degree programs throughout the province. In September 2005, NOSM University became Canada’s newest medical school. As a Northern Ontario medical university, it provides education to the future physicians and other health professional students of Northern Ontario. The affiliation with the new medical school in 2005 enabled HSN to become one to two Academic Health Sciences Centres in Northern Ontario, and in 2022-2023, it advanced its academic mission by training 578 medical learners and hosting 736 learners from other health professions. In June 2020, HSN and NOSM University updated their affiliation agreement to further align and strengthen academic work in clinical settings by enhancing education and research in support of patient care. With shared academic missions and commitments to integrating accountability and support for academic work in clinical settings, they provide the community and its patients with broader resources, advanced clinical treatments, “greater access to population-based clinical studies, cutting-edge research, and a broader range of care, while also fostering innovative medical research.”²

Significant growth is underway at NOSM University. By 2028, the number of entry seats available for medical students in their MD program will increase to 108 and the post graduate entry positions will increase to 123.³ In addition, the University will offer residency opportunities in more specialities. According to Dr. Sarita Verma, President, Vice Chancellor, Dean and CEO of NOSM University, “This is another important step in transforming the health-care system in Northern Ontario to eliminate the gaps in health human resources and create equitable access to care.”⁴ This will also create opportunities for physician recruitment. It is an exciting time for NOSM University and for the future of HSN and HSNRI.

In 2022, the Labelle Innovation and Learning Centre, which includes a state-of-the-art Simulation Lab, officially opened to further enhance HSN and HSNRI’s ability to meet the training, education and research needs of healthcare students and professionals. As of January 2024, the Sim Lab logged over 11,344 hours for the fiscal year so far, and provided educational/training events to 1,917 staff and learners. Many staff and managers have given praise to the experience they have had in the Sim Lab. To further demonstrate its academic reach, HSN has 43 affiliation agreements with colleges and universities and in 2022-2023, over 700 student learners, including nursing students, allied health and non-allied health professionals completed placements, training, and simulation activities at HSN and HSNRI. However, consultations revealed that the meaning and impact of HSN’s status as an Academic Health Sciences Centre are not well known.

Clinical, Education and Research Services

To meet patient care needs, as a full service Academic Health Sciences Centre, HSN, in collaboration with HSNRI, offers health services, programming, education and research in the following areas:

Clinical Services		Academic and Research Impact
Birthing Centre	Medicine Program	Academic Affairs
Cancer Care - Shirley and Jim	Mental Health and Addictions	Cancer Solutions Research
Fielding Northeast Cancer Centre	NE Ontario Stroke Network	Cardiovascular Health Research
Cardiac Care	NE Specialized Geriatric Services	Clinical Trials and Research Solutions
Community Care and Rehabilitation	Northeastern Ontario (NEO) Kids	Health Sciences Library
Critical Care	Nephrology	Healthy Aging Research
Emergency Department	Northern Outreach	Institute for Clinical Evaluative Sciences North
Family Medicine & Hospitalist	Nursing Professional Practice	Indigenous Health Research
Heart Disease	Palliative Care	Labelle Innovation and Learning Centre – Simulation Lab
Indigenous Health	Pediatrics	Mental Health and Addictions Research
Infection Prevention and Control	Pharmacy	Research Capacity and Health Innovation
Laboratory and Pathology	Quality and Patient Safety	Research Compliance
Medical Affairs	Respiratory Therapy	
Medical Imaging	Surgical Program	
	Trauma Services	

Support Services and Foundations

The delivery of care to patients and the ability of HSN and HSNRI to achieve their purpose would not be possible without the services that support clinical care, academics and research. The various supportive departments, the three Foundations of HSN, the HSN Volunteer Association and Volunteer Services are pivotal to the success of all operations.

Support Services		Foundations and Volunteers
Access and Flow	Information Technology/Privacy	Communications and Community Engagement HSN Foundation HSN Volunteer Association NEO Kids Foundation Northern Cancer Foundation Volunteer Services
Cultural Training	Materials Management	
Decision Support and Reporting	Occupational Health and Safety	
Equity, Diversion, Inclusivity, and Anti-Racism	Leadership and Learning	
Ethics	Organizational Excellence	
Facilities Management	Patient Relations	
Finance	Social Accountability	
French Language Services & Translation Office	Spiritual and Religious Care	
Governance	Support Services	
Human Resources		

The ecosystem at HSN and HSNRI is dependent on their clinical, academic, research and support services, the Volunteer Association and Foundations. The support of all departments across organizations the size of HSN and HSNRI are what makes them what they are today.

A History of Strategy (Appendix C)

The 2019-2024 Strategic Plan had five Key Goals and 19 Outcomes. In consultation with internal stakeholders and Patient and Family Advisor Council members, the following table provides a summary of the combined opinions of HSN and HSNRI's achievements towards these Outcomes:

Key Goals	Outcomes	Achieved			HSN and HSNRI Values
		Yes	Partial	No	
Patient and Family Focused	1. Capital Plan, Wayfinding, Health Food		x		Respect Accountability Quality Transparency Compassion
	2. Satisfaction: Involved in Care Decision		x		
	3. Wait Times MRI, CT, PET-CT, Procedures	x			
	4. Virtual Care	x			
	5. External Reviews		x		
	6. Satisfaction: Admission, Discharge, Transitions		x		
Digitally Enabled	7. Regional EMR (June 2024)	x			Legend Complete Certain Likely Partial Incomplete
	8. Patient Portal			x	
	9. Human Capital Management System (My HSN)		x		
Socially Accountable	10. Senior Friendly Care Framework	x			
	11. Access to Mental Health and Addictions		x		
	12. Cultural Safety an Diversity Training		x		
	13. Alternatives to Hospitalization		x		
	14. Indigenous Health Action Plan		x		
Support and Develop our People	15. Staff and Physician Wellness		x		
	16. Staff and Leadership Development		x		
Strengthen Academic and Research Impact	17. Learning Culture		x		
	18. Regional Innovation Cluster			x	
	19. Support Research		x		

The 2019-2024 HSN and HSNRI Strategic Plan was intended to be bold and to set the stage for the transformation of the organization. However, feedback suggests that the completion of outcomes was not well communicated. While some goals were achieved and others are in progress (see table above), a detailed report outlining outcome achievement would be beneficial; especially an explanation as to why certain objectives were not achieved would aid in determining what may need to continue into the next strategic plan. During their 2025-2030 strategic plan preparation phase, it was noted that transformation has not occurred but the “hole has been dug” to build a foundation that will make HSN and HSNRI

transformational. In consideration of the next strategic plan, and for years to come, HSN and HSNRI will continue to be essential components of the healthcare ecosystem in Northeastern Ontario. With their regional reach and growing programs and services, their people are and will continue to be their greatest and most valued asset.

Additionally, to support ongoing communication and updates regarding the 2025-2030 strategic plan, the following could be considered:

- Keep the plan as a living document with check and adjust cycles.
- Identify the strategic implementation teams for each goal/outcome.
- Develop annual Key Performance Indicators.
- Provide annual updates to staff and the community.
- Have feedback loops for individuals to share their thoughts on the achievement of goals.
- Further identify and communicate progress with new goals and outcomes (i.e. achievement).
 - What goals have been achieved?
 - Where is there work to do?
 - What are the barriers?

COVID-19 Impacts

In March of 2020, the world shut down. The COVID-19 pandemic changed the way the world operates and forced hospitals across the globe, including HSN, to pivot and focus their attention on the growing global emergency at hand. HSN and HSNRI focused their attention on addressing the global crisis at home, and worked diligently with the community, regional providers, as well as regional and provincial government to support the communities they serve. The pandemic strained the healthcare system and impacted HSN and HSNRI. There were challenges related to staffing, isolation placement for patients, workload pressures, the need to open new programs to support patient care, and constant policy changes, which resulted in a significant drop in morale and increased burnout. These impacts are still being felt throughout HSN and much of the healthcare system.

During the pandemic, equity and access challenges were significant in the North. Even things like ensuring access to personal protective equipment and infection prevention guidance required communities to work together to develop innovative solutions. There was a backlog in hospital procedures, increased wait times for surgical and diagnostic procedures, growing mental health and problematic substance use challenges.⁵ The pervasiveness of certain social determinants of health, including challenges with food security, ethnic based harassment, feelings of isolation and physical abuse, were magnified.⁶ There were increased deaths resulting from delayed care, hesitation in seeking care, mental health challenges, and problematic substance use. The toxic drug supply circulating throughout Ontario worsened the situation in Sudbury, which already had the highest rates of overdose related deaths in Ontario. Chronic disease management “plummeted” as did homecare assessments and cancer screenings. There was also financial strain placed on hospitals due to increasing needs for personal protective equipment and lost revenues from reduced surgical procedures. To add to the challenge, health human resources issues started to surface due to the “added demand and pressures that came when healthcare workers were already burned out.”⁷ This resulted in a growing need for health human resources as staff retired and others left the healthcare profession altogether. The COVID-19 pandemic had a myriad of other impacts on the healthcare system.

The pandemic was also an enabler of positive change. HSN led important Northern, regional, and local responses which saw community partners come together like never before to develop innovative solutions in response to system barriers. This collaboration supported communities across the region through many initiatives, some of which are listed below.

- The development and implementation of the COVID-19 Assessment Centre, among the first to be opened in Ontario.
- Development of a COVID-19 Supported Isolation Centre operation for people who are unhoused, in partnership with the City of Greater Sudbury, Homelessness Network, Canadian Mental Health Association, Sudbury and District Nurse Practitioner Clinic, HSN’s Emergency Department and the Mental Health and Addictions Program.
- The Northeast Specialized Geriatric Centre was the recipient of the 2022 Luminary Award for its response to the COVID-19 pandemic and outstanding contributions to digital health in Ontario.
- A COVID Response Team was developed in Partnership with City of Greater Sudbury Paramedics to respond to the unique healthcare needs of older adults during the pandemic, providing virtual assessments and monitoring to support seniors who had tested positive for COVID-19. The Northeast Specialized Geriatric Centre was also awarded the City of Greater Sudbury Partnership Award for this innovative, patient-centred and collaborative work.

- Virtual care surfaced as the enabling force to continue to support patient care needs from the comfort of patient homes. It also served as a platform to expand communication opportunities with external partners and supported work from home arrangements.
- Mental health and addictions issues were highlighted (opioid crisis) resulting in more services being provided virtually and in hospital with the addition of the Addictions Medicine Unit. The Addictions Medicine unit was named as a Leading Practice by Health Standards Organization for its innovative approach to inpatient addictions care.

In 2022, as the world started to re-open, HSN began to see increasing utilization of its services, which is a positive sign of growth and hope that the healthcare system was returning to “normal”.

Health Sciences North: Past and Present By the Numbers

	2017	2018	2019	2020	2021	2022	2023	Change %
Staff Count	3900	3,766	3,920	4,053	4,202	4,381	4,560	+17.5
Employees by Affiliation								
Canadian Union of Public Employees (CUPE)	1,210	1,175	1,237	1,291	1,325	1,375	1,438	+22.4
Management	242	220	226	232	240	255	272	+23.6
Non-Union	367	334	358	421	494	559	577	+72.8
Ontario Nurses Association (ONA) Nurses	1,250	1,223	1,252	1,258	1,267	1,271	1,315	+7.5
ONA Paramedical	830	808	841	846	871	915	951	+17.7
Professional Institute of the Public Service Canada	6	6	6	5	5	6	7	+16.7
Physician Count	492	529	618*	592	588	586	593	+21.1
Volunteers	696	N/A	N/A	N/A	N/A	N/A	356	-48.9%

* Introduction of reciprocal privileges and real-time contracts with radiology.

	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	Change (%)
Operating Expenses	\$ 501,773	\$ 517,651	\$ 569,070	\$ 598,063	\$ 616,609	+22.9
Financial Margin (Deficit)	\$1,836,000	\$338,000	\$ 2,956,000	\$ 1,936,000	\$ 4,525,000	+246.5
Inpatient Beds in Operation	478	471	512	528	556	+16.3
Emergency Department Visits	75,538	70,879	62,047	70,074	73,491	-2.7
Total Patient Admissions	24,531	23,818	22,829	22,853	23,221	-5.3
Intensive Care Unit Visits	1,588	1,722	1,646	1,650	1,597	+0.6
Babies Delivered	1,649	1,622	1,577	1,591	1,525	-7.5
Acute Patient Days (excl. Newborns)	137,675	141,861	130,905	148,441	160,410	+16.5
Occupancy Rate (Average)	104.1%	106.7%	97.8%	101.9%	102.3%	-1.8
Average Length of Stay (Acute)	5.02	5.18	5.09	5.78	5.98	+19.1
Average Expected Length of Stay	5.64	5.53	5.75	5.94	5.92	+5.0
Acute ALC Rate on March 31 st	14.02%	16.99%	15.43%	21.59%	21.94%	+56.5
Alternative Level of Care (ALC) Days	28,900	34,847	29,981	33,662	41,075	+42.1
% ALC days of Total Days	21.0%	24.6%	22.9%	22.7%	25.6%	+22.0
Surgical Cases	16,608	15,846	13,320	14,310	15,133	-8.9
Cardiac Priority Procedures	N/A	5,007	4,604	4,059	4,481	-10.5
Diagnostic Exams	374,120	372,525	330,716	379,879	392,472	+4.9
Outpatient Visits	498,006	495,557	659,997	716,231	579,458	+16.4
Virtual Care Visits	N/A	15,001	43,794	44,949	46,585	+310.5
Unhoused Rates (Visits in ED)	0.38%	1.17%	1.59%	1.73%	1.92%	+501.1

Note: Please see HSN's financial position including working capital compared to all Ontario hospitals in **Appendix D**.

Since 2017, the data indicate that the number of HSN staff and medical staff grew at a rate of 17.5% and 21.1% respectively. This is a clear demonstration of the growth that has occurred as a result of increased inpatient beds, patient admissions and surgical cases returning to near pre-pandemic volumes. HSN has also seen a decrease in overall occupancy by 1.8%; however, that is primarily due to increases in inpatient beds in operation as demonstrated by the increasing acute patient days. With this growth, there has been an increase in the total number of alternate level of care days, which has been an ongoing concern at HSN for years. Additionally, readmission rates have risen in the Northeast, creating increased

demand for acute care beds. The hospital was built too small, the aging population in the region is growing, and a significant portion of these patients are awaiting long-term care beds.⁸ Other impacts to long-term care facilities include nursing and personal support worker shortages which impact the hospital's ability to facilitate patient transitions from hospital to long-term care. There was also a staggering increase in the number of visits to the Emergency Department for people of no fixed address. This represents approximately 1,411 visits where the patient was either unhoused or precariously housed. What considerations need to be made with respect to these demographic changes?

Quality Improvement and Quality of Work-life

Quality Improvement

HSN's current Quality Improvement Plan focuses on specific improvement activities including improved information sharing with patients. Patients receive the Canadian Patient Experiences Survey on Inpatient Care. One question asks if patients receive enough information from hospital staff and if they know what to do if they are worried about their condition or treatment after leaving the hospital. In 2021-2022, 62.5% of respondents indicated that they were completely satisfied with information sharing. As of December 31, 2023, 63.58% of respondents indicated they were completely satisfied with information sharing.

HSN's annual quality improvement plan contains other quality indicators that are priorities for HSN and reported to Health Quality Ontario. For the 2024-2025 Quality Improvement Plan, the HSN Board of Directors' approved indicators are: rates of medication reconciliation at discharge, patient information transfer, time to inpatient bed, and health human resource retention.

Quality of Work-Life (Appendix E – Quality of Work-life Hospital Based Comparators)

HSN and HSNRI moved to Metrics @ Work as its quality of work-life survey platform to evaluate staff and medical staff satisfaction rates. The 2023-2024 survey results did not reveal anything that HSN and HSNRI were not expecting given the challenges that the healthcare industry has faced in recent years. Two positive and negative staff responses were:

- 69.1% of staff are satisfied with communication with their supervisor vs. 66.1% of comparator hospitals.
- 60.1% of staff indicate they have work-life balance vs. 58.8% of their comparator hospitals.
- 58.3% of staff would recommend HSN for care vs. 67.2% of their comparator hospitals.
- 42.5% of staff have trust in the leadership team vs. 60.2% of their comparator hospitals.

Staff indicated that the three areas identified for improvement include workload, culture/morale, and communication.

From a medical staff perspective, two positive and negative responses were:

- 77.5% of medical staff strive to improve quality of work-life vs. 70.7% of comparator hospitals.
- 79.5% of medical staff treat each other with respect vs. 78.9% of their comparator hospitals.
- 56.3% of medical staff would recommend HSN to practice vs. 71.3% of their comparator hospitals.
- 48.5% of medical staff have support to provide excellent care vs. 63.8% of their comparator hospitals.

Medical staff indicated that the top three areas identified for improvement included culture/morale, technology/equipment, and physical environment.

Wait Time Analysis (Appendix F)

Wait times are an important indicator of the quality of the health system, and a measure of equity differences across the province. In 2018, HSN's wait time data demonstrated strong health system performance in terms of surgical wait times, but lower performance when it came to diagnostic imaging tests. The COVID-19 global pandemic did not help. Across Canada, the health system response to COVID-19 resulted in decreased surgical volumes including cancellations. Shortages in health human resources (mental health, early retirements, leaving healthcare), also prevented hospitals from reducing surgical backlogs.⁹ It is important to note that more-urgent procedures, including hip fracture repair, radiation therapy and cancer surgeries were prioritized, which resulted in those volumes not generally being impacted by the pandemic.¹⁰ Scheduled surgeries are reaching pre-pandemic levels; however, without exceeding pre-pandemic volumes, the ability to clear the backlog and improve wait times is limited. Stabilizing the workforce, and increasing surgical volumes to greater than pre-pandemic levels will be necessary to help clear the backlog and improve wait times.¹¹

"While wait times for procedures such as cancer surgery and joint replacements paint an important picture of the impact of COVID-19 on healthcare systems, this data does not tell the full story from both a patient and health system perspective. Pandemic-related delays in access to preventive care, specialist consultations and pre-surgical testing and imaging are expected to add to the backlog of surgeries created by efforts to mitigate the impact of COVID-19 waves."¹² These impacts

were also felt for diagnostic imaging and Emergency Department wait times. The data presented in Appendix F provide insight into HSN wait times compared to the Ontario average.

From a mental health and addictions perspective, the average wait time to see a psychiatrist remains at approximately five months for adult psychiatry and four months for pediatric psychiatry. That said, “the demand for mental health supports has been exacerbated by the COVID-19 pandemic. In 2022, approximately 20% of Ontarians ages 15 and older reported having fair or poor perceived mental health and 30% reported their current mental health is somewhat worse or much worse than before the pandemic.”¹³ The addition of Psychiatrists, Ontario Structured Psychotherapy, Mobile Crisis Response Teams, Rapid Access Addiction Medicine clinics, Addictions Medicine Consult Services, and Mobile Withdrawal Management Services have likely provided relief in terms of wait times; however, wait times for other services have increased. Demand for mental health and addictions services continues to grow and outpace efforts in program and capacity development.

Community Health Profile (Appendix G)

Northeastern Ontario

HSN is a tertiary healthcare facility, serving a population of 557,200 people across a geographic region of approximately 400,000 square kilometers. This represents approximately 4% of Ontario’s population; however, it covers 30.6% of the landmass in the province.¹⁴ HSN relies heavily on non-urgent transport providers and ORNGE to transport patients to and from HSN. In 2022-2023, there were a total of 1,776 transports by ORNGE, which is greater than several comparator hospitals in Southern Ontario and the cohort of other hospitals in Northeastern Ontario.¹⁵ Access to equitable services in a region this large is challenging. For consideration, approximately 30% of the population live in rural communities, 13.7% identify as Indigenous, 18.5% are Francophone and 4% identify as a visible minority.¹⁶ The population of Northeastern Ontario is aging, with 23.3% of the population being 65+ and that number expected to reach 30% in the next 10 years.¹⁷ Compared to the province, Northeastern Ontario is older, less educated and has higher rates of chronic disease. Preventative health screening is lower, and injury rates and mental health visits are higher. There is also a higher prevalence of smoking, obesity and heavy drinking.

Sudbury

The 2021 census data shows that Sudbury is home to 170,605 individuals and 20.3% of the population is over the age of 65 – an increase from 2011. The population is also comprised of 11.3% Indigenous Peoples, 22.5% Francophone, and 6% of individuals entered the population through migration. The aging population will continue to rise, which will have important implications for the local public health services. Sudbury is a vibrant community and proud to have some of the best sense of community (76.1%) and life satisfaction (93.1%) rates in the country. Ninety-four percent of individuals also report that they have a regular healthcare provider, which is greater than the Ontario and Canada rates of 90.6% and 85.6% respectively. Though Sudbury may be one of the best places to live in Canada, the people of Sudbury face serious threats to their health including obesity, arthritis, diabetes, asthma, high blood pressure, mood disorders, heavy drinking, and smoking. There is also a high prevalence of cancer, substance use, infectious diseases, Chronic Obstructive Pulmonary Disease and mental health issues. These factors will have an impact on life expectancy and quality of life for people living in Sudbury and the North East.

The health factors identified for Northeastern Ontario and Sudbury also have an impact on admissions to HSN. This is demonstrated in Appendix E, which illustrates the change in HSN’s top Case Mix Groups for acute care presentations and DSM-5 mental health admissions since from 2018-2019 to 2022-2023. The demographics appear to be shifting, with a higher prevalence of Chronic Obstructive Pulmonary Disease, substance use, and convalescent care in the acute care presentations, and increased admissions for mental health in relation to serious mental illness, substance use, and personality and anxiety disorders.

Strengths, Weaknesses, Opportunities and Treats

In the fall of 2023, David McNeil returned to HSN and HSNRI as the President and Chief Executive Officer. During his first 90 days, he spoke with staff, managers, directors, Board members, partners, and the public to collect key information on HSN and HSNRI’s strengths, weaknesses, opportunities and threats. Those key points are summarized in the table below and have considered political, economic, social, technological, and environmental aspects.

STRENGTHS	WEAKNESSES
- Accreditation with Exemplary standing achieved	- Ongoing human resource shortages and heavy clinical demands

<ul style="list-style-type: none"> - Development of new partnerships with various organizations across the North East to better improve services within communities - Exceptional and recognized work in cancer care, virtual critical care, Northeast Specialized Geriatric Centre, leading practices, learning centre to advance inter-professional communication, Addictions Medicine Unit, orthopedic and same day joint surgery, etc. - Future introduction of Critical Care Pediatric Beds - Ranked among Canada's Top 40 research hospitals - Staff and medical staff who have been recognized and/or nominated for provincial awards - Strong regional perspective with a broad scope of services available to meet the needs of Northeastern Ontario. - Exceptional medical staff and clinical leaders - Growing expertise and knowledge in Indigenous health issues and population health focus - Improved access to mental health and addictions care - Pediatric surge planning (regional planning) - Researchers have a clinical mindset - Sense of optimism for the future - Skilled, engaged and committed staff who are adaptable to change that are providing great care - Staff take pride in their work - Strong leadership - The President and Dean of NOSM University has called HSN a "gem" which is a tribute to the capabilities of the teams who are committed to improving the health of the people of Northeastern Ontario - Collaboration with other hospitals in the region - Simulation Lab provides great opportunities for teaching emerging and existing healthcare professionals - Strong Decision Support team 	<ul style="list-style-type: none"> - Population is relatively small, which creates challenges with economies of scale (efficiency) - Recovery from the impacts of COVID-19 - Capacity of staff / medical staff to participate in the strategic planning process - Lack of strategic direction – too many #1 priorities - Priorities downloaded in isolation create an impression of leadership silos - Bed capacity issues that result in bed flow challenges - Infrastructure challenges with respect to available beds and patient flow through organization – need to get people out of the Emergency Department - Limited education funds and not enough resources to go around for everyone to obtain educational reimbursements - Not enough funding to support staff training - Leadership culture and limited succession planning - Difficulties with communication and a perceived lack of transparency are making people less trusting - External impact and internal capacity for change management - Patient perspective re: access to care; perspective could present a challenge with engagement - Staff participation in improvement work, and safety event management issues is limited - Staff unaware of what the capital master plan looks like - Wellness, morale, safety, recognition, work-life balance, and culture challenges - Impacts to the social determinants of health living in a northern community - Vast geography and expectations for regional care - No formal dashboard to highlight strategic plan progress re: what has been achieved and what has not been achieved; could result in expertise/capability doubts - Not doing the great things promised - Concerns re: Meditech Expanse implementation - Significant IT resources pulled to various projects creating capacity gaps - MyHSN could result in issues re: staff engagement to deliver on major strategic initiatives; inaccurate financial data; budget planning; reliable/information; management; technology. - Significant amount of waste products created in the hospital environment (i.e. disposables) - Low value interventions (i.e. unnecessary bloodwork, imaging, etc.)
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> - Alignment with Northeastern Ontario communities, Ontario Health and the province to support the capital planning process - Expansion of NOSM University will increase learners and further support academic and research missions - Planetary health – opportunities to collaborate with Public Health Sudbury and Districts, NOSM University to include as a pillar of the plan - The current political landscape aligns with existing strategies 	<ul style="list-style-type: none"> - Upcoming election in 2026 - Privatization of healthcare - Rising costs (capital, insurance, etc.) - Erosion of primary care resulting in increased acuity in patient presentations; opportunity to support community with long-term view - Hospitals are underfunded and under-resourced, will funding models change? (Inflationary pressures) - Lack of multi-year funding commitments - Erosion of trust in the public healthcare system

<ul style="list-style-type: none"> - Connections with partners and ability to develop more connections with academic network - Engagement with partners through the Ontario Health Team, home and community care, homelessness support services, Indigenous Communities to build pathways to care that will reduce hospital visits and improve discharge planning - Partner with academic and regional health services providers across the North East to strengthen academic and research impact - Community needs – partnerships re: rural communities, healthy aging, Indigenous health, 2SLGBTQIA+ - French Language Services active offer to be improved - Inclusivity, Diversity, Equity, Accessibility and Anti-Racism – opportunity to strengthen social accountability - Working towards and organizational wellness strategy - Creating and developing planning standards for strategy deployment - Implementation and Optimization of Meditech Expanse - Implementation of a regional electronic medical record as the foundation for one patient record that will lead to better patient experiences - Optimization of MyHSN - Use and implementation of Artificial Intelligence and expanding Information Technology capabilities - Expansion of virtual care / education for all 	<ul style="list-style-type: none"> - Healthcare is changing rapidly. Will following a costly model like the last strategic planning process result in increased buy-in? - Increasing prevalence of mental health and addictions needs across all age groups with limited funding resource increases to meet demand - Is a 5-year strategic plan too long? - The healthcare system under great stress with changing demographics and COVID-19 impacts on system - Aging population and increased demands on utilization of hospital services with no certainty of additional long-term care capacity development in the Sudbury area - Health Human Resource challenges – generational changes, not committed to HSN for life, and 1,237 staff eligible to retire by 2027 (25% of workforce) - Sec Region's population is aging and facing poorer health outcomes - Imperative to keep up-to-date with newest evidence based treatments and care provision (i.e. Cancer Care) - Unnecessary Polypharmacy - Advancement of cybersecurity threats are prominent across healthcare and in Ontario. Need to ensure we have IT infrastructure to protect information. - Threat of not knowing where artificial intelligence is heading and what that will mean for healthcare. - Have not invested to keep up with equipment and technology innovation. Many anticipated replacement needs, with no funding source.
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Provincial Context

The Ontario Health annual business plan for 2023-2024 highlights reducing health inequities, transforming caring with the person at the centre, enhancing clinical care and service excellence, maximizing value by applying evidence, and strengthening Ontario Health's ability to lead. Its intent is to achieve these goals through a quintuple aim, which includes enhancing patient experience, improving population health outcomes, improving value, enhancing frontline and provider experience and advancing health equity.¹⁸ Further, in February 2023, the Canadian government and the Province of Ontario announced an "agreement in principal to invest \$73.97 billion in federal funding over 10 years in Ontario." The intent of the funding is to improve access to high-quality family health services (including in rural and remote areas, and underserved communities), create a resilient and supported health workforce, access to mental health and addictions services (timely, equitable and quality), and people have access to their own electronic health information.¹⁹

Other considerations from a provincial context include: the advancement and integration of Ontario Health Teams; the development of Independent Surgical and Diagnostic Centres (threat); utilizing frameworks created by Ontario Health regarding Indigenous Peoples and Equity, Diversion, and Inclusivity to aid in supporting care needs for priority populations; and the December 2023 Auditor General recommendations regarding access to care in Emergency Departments in Ontario.

Regional Context

HSN is a regional referral centre, and its presence in the region is growing as years pass. Demand for timely access to specialized care is increasing at HSN. As identified in the table below, HSN provides care to residents of Greater Sudbury, across Ontario Health North, and to other regions across the province and the country.

	Greater Sudbury	Ontario Health North	Other
Total Admission %	69%	27%	4%
Mental Health Admission %	75%	13%	12%
Rehab Admission %	65%	32%	3%
ICU Admission %	39%	52%	9%
Cardiac Only	39%	59%	2%

HSN is also a regional provider for quality-based procedures for cancer treatment, dialysis, hip fractures, stroke care and life-and-limb care. Serving a region as vast as Northeastern Ontario presents transportation challenges, bed flow issues, and adds to the capacity issues already being felt at HSN and across the region. With a 102% average occupancy rate, the ability to manage local and regional demand is challenging. HSN also has responsibilities to Ontario Health and other provincial bodies that drive its work, as well a provincial strategy. These include but are not limited to Cancer Care Ontario, Critical Care Services Ontario, Mental Health and Addictions Centre of Excellence, Ontario Bariatric Network, Ontario Palliative Care Network, Ontario Renal Network, Ontario Stroke Network, etc. Consultation, engagement and alignment with regional partners is also important to understand the current landscape in Northeastern Ontario and how regional partnerships can be cultivated and maintained to support all people of Northeastern Ontario. From cancer care, dialysis, genetics, mental health and addictions, outreach, and beyond, these partnership are enablers of care networks across the North East. Additionally, with the advancement of Ontario Health Teams, implications in terms of the HSN and HSNRI’s regional involvement will need to be considered as three Ontario Health Teams in Northeast Ontario are in development.

Local Context

HSN and HSNRI are headquartered in the City of Greater Sudbury. Greater Sudbury is the home to Public Health Sudbury and District and four academic institutions that provide post-secondary education at Cambrian College, Collège Boréal, Laurentian University, and NOSM University, all of which are seeing increases in academic enrollments.

There are common themes amongst the published strategic plans for Public Health Sudbury and District, Laurentian University, Cambrian College, Collège Boréal, NOSM University, and the City of Greater Sudbury, as follows:

- Creating healthier communities and building up the communities we serve
- Developing and maintaining a healthy and resilient workforce (valuing and supporting people and students)
- Developing impactful relationships
- Economic capacity and business development
- Energizing academic (innovative education) and research (strengthen research capacity) missions
- Environmental sustainability
- Equal opportunities for health and developing excellence in public health
- Managing resources and investments in infrastructure
- Social accountability (respecting Indigenous culture, all cultures, equity, diversity and the 2SLGBTQIA+ communities)
- Supporting wellness

Given the provincial landscape, as well as the local and regional context, how will these factors impact the direction of the next strategic plan? What are some key areas for HSN and HSNRI to consider?

Shifting Demographics

The population and diversity landscape of Northeastern Ontario is changing when looking at 2030 and beyond. The Ontario Ministry of Finance and Statistics Canada population projections indicate that the population in 2046 will grow to 675,726.²⁰ Based on this data, the population of the North East is expected to grow by 16.7% by 2046.

	0-14	15-24	25-64	65+	Total
2022	82,994	66,333	295,052	134,850	579,229
2046	99,005	89,831	315,559	171,331	675,726
% Change	+ 19.3%	+35.4%	+7.0%	+27.1%	+16.7%

The growing population will have impacts on the healthcare system. This includes providing individuals moving to the North East with the care they need where they need it. These changes will also have a growth impact on the City of Greater Sudbury. The City’s current population is estimated at 170,000 and by 2051, will grow to between 188,510 and 200,000 people. Migration (international, inter-provincial, and intra-provincial) will also serve as catalyst of population growth in Sudbury. Total growth will result in an annual net migration of approximately 700 people.²¹ For context, by 2041, the racialized population could reach upwards of 22.3 million people and account for up to 43.0% of the Canadian population. In 2016, this proportion was 22.2%, and in 2021, the visible minority population in Sudbury grew from 3.7% to 6.5%.^{22, 23} By 2051, this growth will result in an increased number of residences and 11,400 new jobs in Sudbury, with a portion of those being in healthcare.²⁴ This represents population and economic growth in the city and positions HSN and HSNRI as economic drivers in the city.

Local colleges and universities are also seeing increases in annual enrollment. As students enter the workforce and join organizations like HSN and HSNRI, the workforce will become increasingly diverse and will be a reflection of the growing diverse community. The shifting demographics in Sudbury, including the Francophone, Indigenous, multi-cultural, youth and a growing senior's populations will require HSN and HSNRI to shift the way they provide care. A physically, psychologically and culturally safe environment that promotes a positive working, caring, and learning environment for all will be needed. How can HSN and HSNRI be enablers of change to help meet the needs of priority populations including the highly acute, socially disadvantaged, racially profiled, marginalized, unhoused, and complex need populations in its acute care and outpatient settings?

Capital Planning

The changing demographics in the North East will have a major impact on future hospital capacity and HSN's ability to serve the needs of the future population. That said, HSN is already faced with capacity and bed flow challenges, with an average occupancy rate of 102%. Even with the addition of over 100 beds since the opening of the Ramsey Lake Health Centre, space is at a premium and more acute care space is needed. In November 2023, the Ontario Minister of Health announced that the Ontario government would be providing HSN with a one-time grant of \$5M to support the early planning for HSN's future capital expansion project to support patient care for the next 30 years.²⁵ The first phase of the plan is intended to include expansions to the Emergency Department, NEO Kids, Mental Health and Additions, Acute Medical and Community Based Ambulatory services, as well as a parking garage. This is a promising first step in the future of what HSN could not only look like, but a step in the right direction to support the community, region and beyond.

The capital planning process occurs in five stages, with each stage having multiple phases. Construction would not begin until Phase 3 and HSN is currently in Phase 1. Before moving to the next phases, HSN needs to secure capital development dollars, including a community share, which will require significant community engagement. The provincial government will generally allocate funding for capital redevelopment projects based on their established priorities and available resources. This makes the process for capital planning very competitive considering there are 140 public hospitals in Ontario, many with aging infrastructure. When considering where funding will be allocated, the province will look at factors like population growth, demographic changes, potential to improve patient care, enhanced clinical outcomes, utilization, service area demands, infrastructure needs, innovations, strategic alignment with healthcare priorities, etc.

Economic Benefit

The province will also consider the economic benefit as a factor in the capital redevelopment approval. Economic prosperity is what the government is looking for. HSN needs to demonstrate the "gem" that it is to the province, region and community. HSN is an economic powerhouse as one of the largest employers in Sudbury (4,000+ employees) and the largest hospital in Northeastern Ontario. As a regional hospital and an Academic Health Sciences Centre, its services provide the furthest reach of any hospital in Northeastern Ontario. People travelling to Sudbury for care supports travel and tourism; and with capital expansion, there will be an increased skilled labour force that will drive economic growth during construction that will contribute to the \$8.47B²⁶ GDP (gross domestic product) in Sudbury. HSN also has access to two colleges and two universities where future healthcare workers and physicians will be trained and retained. With a growing population and the need for more healthcare services, HSN will enable and drive economic development in Sudbury through the needs created by the changing landscape and the continued need to improve healthcare.

HSN has also demonstrated its ability to garner support from the community through record donations in the past few years. The philanthropic efforts through HSN's three Foundations have been pivotal in securing these funds. Additional support from the Foundations will be imperative in reaching donors not only in Sudbury but also across the province to continue their efforts as a fundraising powerhouse and to support acquiring the local share of the next capital plan.

Where is Healthcare Heading by 2040 – Future Trends:

All healthcare leaders and healthcare workers are feeling the pressure to provide quality care, attain strategic objectives, plan for the future and manage day-to-day operations with unsustainable funding models. There are also changing demographics, an aging population, burnout, and technological advancements that will alter the healthcare landscape. Some future trends that have been identified include:

- 1,237 employees (approximately 25% of HSN's workforce) will be eligible to retire by 2027. As a result, there will be a loss of experienced healthcare workers and the need to provide knowledge translation to the next generation.
- An ever-changing demographic landscape (i.e. aging population, increased migration, etc.).

- The climate crisis means that threats from the natural environment will negatively impact the health of the population and healthcare organizations will need to minimize their carbon footprint and operate more sustainably.
- Embracing social accountability as part of healthcare and showing compassion for the most vulnerable and marginalized.
- Reducing burnout and building resiliency as essential components to support the current and future workforce.
- Unsustainable funding structures that will require investment or changes in models of care.
- A competitive employment market to attract future healthcare workers and medical staff to HSN and HSNRI. There will be a need to be on the cutting edge of care provision, research and academics. There will also be a need to demonstrate trustworthiness and corporate citizenship to attract top talent.
- Expanding digital health revolution will transform healthcare like it has banking and retailing.²⁷ Including:
 - A focus on the community and the continuum of care by academic healthcare facilities
 - A shift from acute care in hospital to acute and chronic care provided in the home
 - The opening of independent surgical centres
 - A shift away from reactive care to prediction and prevention
 - The expansion of tele-medicine, virtual care, and remote care²⁸
 - An enabler of access to care in rural and underserved areas.
- Further expansion of digital health will include centralized electronic medical records, the use of wearables, sensors and cloud technology to support remote patient monitoring, and the use of big data, machine learning, and AI. These will aid in diagnosis and treatment recommendations.
 - There are challenges associated with new technology, especially AI, as the development of modernized privacy legislation will be required to support the protection of personal information and personal health information.
 - The introduction and use of new technologies will also result in the need for new specialties and advanced academics/training to support its use.²⁹
- “Regenerative medicine will be applied based on artificial intelligence and wireless data exchange, soft intelligence biomaterials, nanorobotics, and even living robotics capable of self-repair.”³⁰
- Robotics, precision surgery, and personalized medicine will all see advances up to and beyond 2040.
- Building sustainability in supply chains.

HSN, in collaboration with HSNRI, wants to be a cutting edge Academic Health Sciences Centre, and both want to be employers of choice. In considering the future, what trends could be looked at to expand their abilities in clinical care, teaching and research?

Emerging Themes and Questions to Guide Development

As they embark on their strategic plan for 2025-2030, HSN and HSNRI want to improve in areas that matter to the people who work, learn, research and receive care at their facilities. Through preliminary consultation sessions with nearly 200 internal stakeholders and Patient and Family Advisor Council members, themes have started to emerge as areas for consideration. These include:

Academics and Research	Alignment (No Silos)	Capital/Space Planning	Change Management
Diversity, Equity, Inclusion	Education	Francophone Health	Health Human Resources
Indigenous Health	Leadership	Mentorship	Organizational Culture
Partnerships	Patient Experience	Quality of Work Life	Regional Support
Social Accountability	Technology/Innovation	Transparency	Values

HSN and HSNRI recognize that the development of the 2025-2030 strategic plan cannot, and will not happen in isolation of the rest of the ecosystem of which they are part. Relationship building and consultation with internal, community, and regional partners will be of critical importance. As such, they will be providing engagement opportunities through internal and external focus group consultations, an online web portal (www.yourhsn.ca), electronic brainstorming, mobile kiosks, speaker series, and validation sessions. Through this engagement, HSN and HSNRI will build a plan with which people can identify.

The emerging themes identified can also serve as the jumping off point to collect more feedback from staff, medical staff, patients, visitors, community members, regional partners and more. The following questions will be used to support active engagement through the online web portal, and mobile kiosks to drive potential goals and outcomes.

Themes and Questions		
Patient Care		<ul style="list-style-type: none"> How can we improve care for patients and families? What can we do to promote care that is safe and does not harm the patient? What does a positive patient experience look like? <ul style="list-style-type: none"> How do we achieve that?
Values		<ul style="list-style-type: none"> Respect, Quality, Transparency, Accountability, and Compassion are our values. Do these values resonate with you? Values should not change as the wind does and should be steadfast in an organization. If you were to decide what values the organization should promote for 2025-2030 and beyond, what would they be and what do they mean to you?
Social Accountability	Fair and Equitable Care	<ul style="list-style-type: none"> How can we provide fair and equitable care to all regardless of where they live, their age, gender, language, cultural identity, religious beliefs, colour, mental or physical abilities, socioeconomic status or personal connections?
	Diversity, Equity, Inclusion	<p>We have heard that good work is being done at HSN and HSNRI with respect to Diversity, Equity and Inclusion. Inclusivity, Diversity, Equity and Anti-Racism are important factors in supporting the entire population served at HSN.</p> <ul style="list-style-type: none"> How do we grow cultural safety in all that we do as HSN and HSNRI? What could we be doing at HSN or HSNRI to ensure inclusion, fairness and respect for people identifying as part of the 2SLGBTQIA+ community? What are the three things that you think staff, medical staff, and learners will require as essential skills, attitudes and knowledge to support the needs of patients and families who have increasingly complex health and socio-economic barriers?
	French Language Services	<ul style="list-style-type: none"> How do we improve experiences for Francophone patients, families, learners, medical staff, staff and volunteers? How do we ensure the delivery of active offer of French Language Services?
	Indigenous Health	<ul style="list-style-type: none"> How can we improve the experiences of Indigenous Peoples, inclusive of Indigenous Patients, Families, Learners, Volunteers, Staff, and Medical Staff? What are the healthcare priorities HSN and HSNRI need to focus on to support Indigenous Health?
	Partnerships	<ul style="list-style-type: none"> What internal partnerships can be cultivated to advance clinical care, academics and research? What external partnerships can be cultivated to support the advancement of clinical care, innovation, teaching and an Academic Health Sciences Network?
Academic Mission	Academic Mission	<ul style="list-style-type: none"> How can we integrate clinical care, education and research into our daily work? How can we provide inclusive experiences for future healthcare workers, researchers, and medical staff? What can we do at HSN and HSNRI to use education/teaching and research to support better patient outcomes?
	Access to Education	<ul style="list-style-type: none"> What can we do to further support the education needs of staff, medical staff, researchers, and learners across the organization? How will we know we are doing a good job? Where could we make strategic investments to support the advancement of equitable education, teaching and research?
Professional Development	Leadership	<ul style="list-style-type: none"> How can we better onboard, develop, and integrate leaders to our management team? What strategies can be put in place to build leadership skills, abilities, and competencies among existing and emerging leaders? What do we want to be known for as leaders in healthcare?
	Mentorship	<ul style="list-style-type: none"> How can we support the development of new and internationally trained staff?

		<ul style="list-style-type: none"> • What strategies would you suggest for improving mentorship opportunities?
Organizational Sustainability	Health Human Resources	<ul style="list-style-type: none"> • Where should we focus recruiting efforts to attract top talent from national and internationally trained professionals? • Where could we make equitable investments to attract and retain talent at HSN and HSNRI?
	Technology & Innovation	<ul style="list-style-type: none"> • Wearables, regenerative medicine, sensors, remote patient monitoring, robotics, and artificial intelligence are helping to advance healthcare. What do we need to do to make with technological advancements in the next five years? • Innovation is simply taking knowledge learned and applying it in a different way. What innovative suggestions do you have for HSN or HSNRI to consider over the next five years? • Sometimes barriers prevent new ideas from moving forward. How can we move from a “No” to a “How” culture, to support the development of new ideas.
	Alignment (No Silos)	<p>We have heard that teams are working in silos and departments are not aware of work in other areas</p> <ul style="list-style-type: none"> • How can we align strategic work both vertically and horizontally to eliminate silos and to ensure we execute our strategies with purpose? • What strategies can we use to make everyone feel like they are part of HSN and HSNRI regardless of their physical work location?
	Strategic Priorities	<p>We heard through internal consultations that there are many priorities in flight. It is said that “if you have too many priorities, then you have no priorities at all.”</p> <ul style="list-style-type: none"> • If there were three things that you would prioritize as key areas of focus for the next five years, what would they be?
	Regional Role	<p>HSN is more than just a service provider. We also provide contracted services to support other healthcare systems across the region with back office support in areas like IT, Ethics, Payroll, Lab, Privacy, etc.</p> <ul style="list-style-type: none"> • How can we work with our partners to better support their delivery of services?
Organizational Culture	Organizational Culture	<p>We have heard mixed reviews regarding the culture at HSN and HSNRI.</p> <ul style="list-style-type: none"> • What is your impression of the culture in our organization? • What strategies or actions would you recommend to support a culture that is psychosocially and physically safe, that creates an environment where everyone is excited to work or learn? • What actions would you recommend to support positive morale across the organization?
	Quality of Work-life	<ul style="list-style-type: none"> • What we do to ensure staff, medical staff, volunteers and learners have a good quality of work-life that promotes balance, wellness, resilience, and positive morale? • What else can we do to improve the quality of work-life for all at HSN and HSNRI?
	Transparency	<ul style="list-style-type: none"> • How can we better improve transparency? • What information do you not receive that you would like to know more about?
	Change Management	<ul style="list-style-type: none"> • How can we effectively engage and support staff through change? • How do we make sure staff are aware of changes happening and the need for that change?

Closing Remarks

HSN and HSNRI have evaluated the past and are looking forward to a bright future through a joint mission to serve and improve the care of the people of Northeastern Ontario. Join us as we embark on our next five years and plan with us for what it can look like. Follow us at www.yourhsn.ca for updates and to participate in various engagement platforms. If you have any questions regarding this document or would like to provide additional feedback please contact us at strategicplan@hsnsudbury.ca

Approved for use by the 2025-2030 Strategic Planning Steering Committee

Appendices
Appendix A – HSN’s History

In 1896, the first hospital in Sudbury opened. This was followed by many years of change and development that resulted in the opening of the Sudbury General Hospital (1950), Sudbury Memorial Hospital (1956), and Laurentian Hospital (1975). The shaping of HSN as we know it began in 1997 with the amalgamation of these three hospitals resulting in the formation and operation of a single corporation called the Hôpital régional de Sudbury Regional Hospital (HRSRH).

Year	Fact	Statement
1997	HRSRH Formed	HRSRH began operations as a single corporation bringing together the Sudbury General Hospital, Sudbury Memorial Hospital and Laurentian Hospital as one organization.
2001	Capital plan halted	Escalating fiscal challenges and construction costs led to the halting of the capital master plan for a one site facility. An operational review was conducted to bring HRSRH’s finances into a sustainable position.
2004	Northeast Cancer Centre joins HRSRH	The Northeast Cancer Centre officially becomes part of HRSRH in January of 2004.
2007	Mental health consolidation	Acute and community mental health and addictions services at the Northeast Mental Health Centre were consolidated with HRSRH in June 2007.
2009	Continue Care Beds	HRSRH divests 64 continuing care beds to the newly constructed St. Josephs Continue Care Centre
2010	Ramsey Lake Health Centre	The RLHC opens in March 2010 where acute inpatient services were collocated in one building (exception Kirkwood Site Inpatient Psychiatry)
2012	HSN is born	HRSRH is rebranded as Health Sciences North Horizon Santé-Nord. The name is intended to reflect what the hospital does (Health), how it does it (from an evidenced based perspective in an academic health sciences centre) and for whom (Northerners).
2020	Global Pandemic	COVID-19 ravages the healthcare industry and changes the way healthcare across the world is provided. Major impacts are felt at HSN where they needed to pivot to rapidly include virtual care as part of its daily business and develop rapid policies and measures to protect patients, staff and medical staff receiving and providing care.
2021	New Programs	The Reactivation Care Unit and Addictions Medicine Unit open in March 2021. Formed in the Daffodil Terrace Lodge to provide restorative care for the aging population (Reactive Care Unit) and to provide medical care to people who use substances where their social circumstances prevent a safe discharge (Addictions Medicine Unit). HSN is also named the Network Lead Organization for the Ontario Structure Psychotherapy Program, which was designed to provide free, short-term cognitive behavioural therapy supports to individuals across Northeastern Ontario with support from regional partners. This further expanded HSN’s regional reach and solidified the organization as a regional lead across Northeastern Ontario.
2023	Historic Donation	A \$10M donation is made by the Purdue and Fielding families which supports the capital planning efforts of HSN and led to the renaming of the Northeast Cancer Centre to the Shirley and Jim Fielding Northeast Cancer Centre.
2023	Acute and Reactivation Care Centre Comes Alive	The Reactivation care Unit officially moves out of the Daffodil Terrace Lodge to the West Wing of the RLHC to form the 52-Bed Acute and Reactivation Care Centre, an effort to improve access to care for the aging population in the North.

Today, HSN and HSNRI have expanded their local and regional reach to provide care to Northerners and individuals outside their catchment area, and conduct valuable research to support continued healthcare by Northerners for Northerners. HSN is proud to be a hospital with a regional reach. They provide a robust complement of specialized acute, geriatric, mental health and addictions, rehabilitative, and palliative outpatient services, as well as community-based programs, all supported by a dedicated team of staff and medical staff. This reach would not be possible without them. As HSN looks forward to the future, it intends to continue its support to Northeastern Ontario and to its patients here in Sudbury.

Note: Additional reference material regarding the history of HSN is currently being sought and can be provided as it becomes available.

Appendix B – HSNRI’s History

Since its humble beginnings as a community health centre, HRSRH was engaged in research and research partnerships. The Acute Care Research Group conducted clinical trials in emergency, trauma, critical, respiratory and Cardiac care. The Northeast Cancer Centre also conducted epidemiological studies, clinical trials and research supporting oncology care and HIV Clinical trials were conducted through the HAVEN Program.

Year	Fact	Statement
2011	HSNRI Established	HSNRI was established in 2011 as an independent not-for-profit corporation. Designed to bring together researchers, clinicians, regional partners and industry, it was founded on the basis of fostering translational research.
2017	New Facility	HSNRI moved into its new \$21M facility in June 2017.
2018	Institute for Clinical Evaluative Services North	The “Institute for Clinical Evaluative Services North launched in June 2018 as a strategic partnership amongst HSNRI, Laurentian University and NOSM University to connect their strategic research priorities in health research.” ³¹
2022	Labelle Innovation and Learning Centre	The Simulation Lab officially moved from the Sudbury Outpatient Centre to its new home. This brand new, 28,000 sq.ft., world class facility is where existing and future healthcare professionals train and learn. It will support more than 2,000 learners from 70 post-secondary institutions each year.

“HSNRI supports collaborative research efforts amongst clinicians, researchers, learners, regional and industry partners to generate findings and solutions for the people of Northeastern Ontario. Current research priorities include, but are not limited to, Cancer Solutions, Cardiovascular Health, Mental Health and Addictions, Healthy Aging, Indigenous Health, and Emergency Medicine. These research priorities were identified by extensive community consultations with diverse partners and stakeholders. They represent the health challenges in Northeastern Ontario. Through collaborative research efforts, HSNRI strives to generate research that improves health outcomes for the people in the region.”³²

Appendix C – A History of Strategy

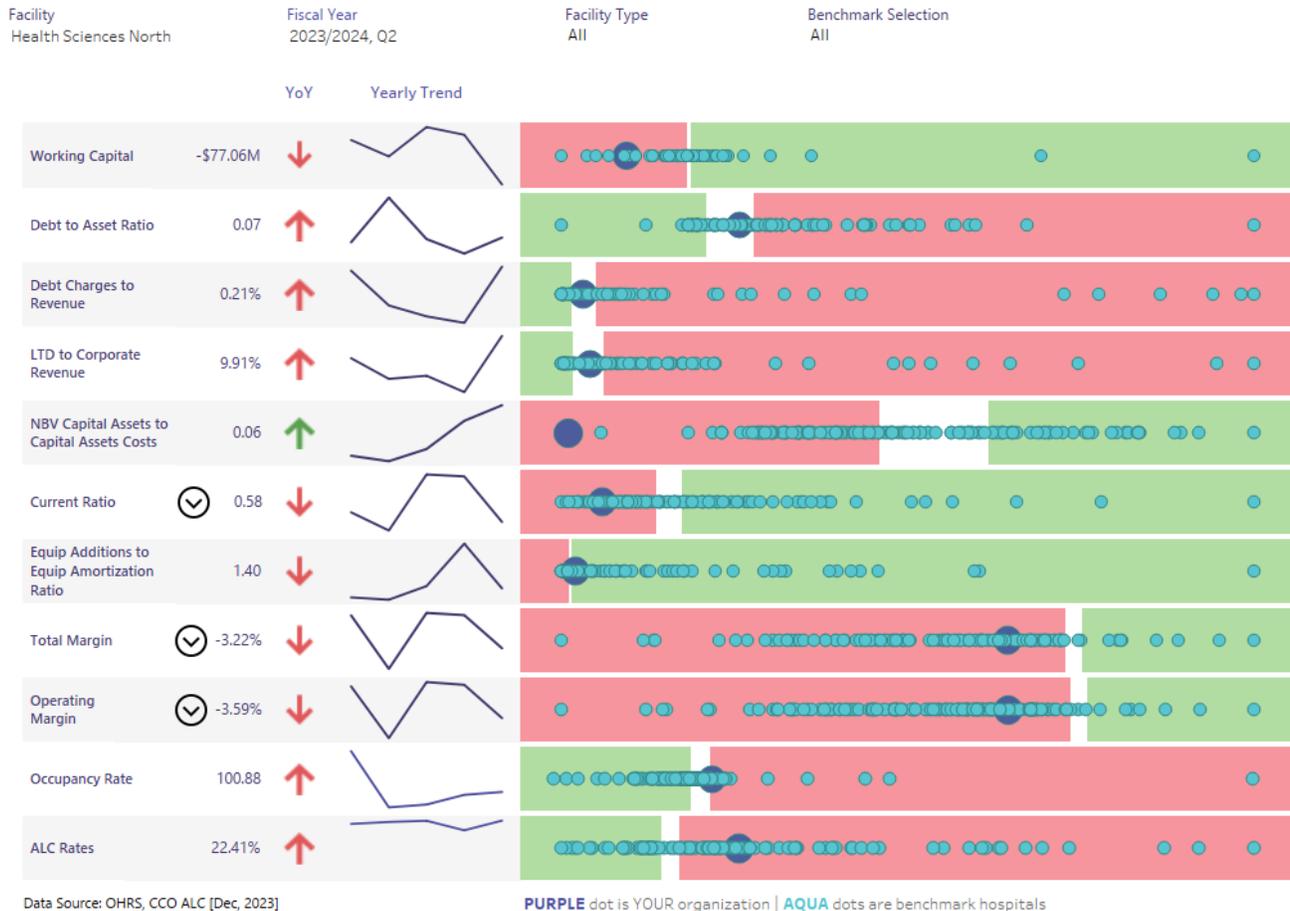
	Vision	Mission	Values
1997	To provide quality patient-centered care that respects multicultural, linguistic and religious diversity and responds to the changing needs of the communities we serve	<p>Our task: Patient-Focused Health Care, including a commitment to wellness, health promotion and disease prevention</p> <p>Our people: A Key to Excellence– we will foster their ongoing development with opportunities to achieve our vision</p> <p>Our work environment: Supportive and Collaborative– we will align our resources with the health care needs of our communities in a proactive, cost-effective, open and accountable manner</p> <p>Our connection with the community– building linkages and networks that enhance our role as a resource and referral centre. Supporting education and research.</p>	<p>We are committed to being recognized by our patients as caring, committed and attentive.</p> <p>We will strive to demonstrate respect, integrity and ethical decision making. We will recognize individual contributions towards enriching the Hospital environment.</p> <p>Through teamwork, we will foster an internal culture where innovation and continuous improvement are key.</p> <p>And, we value open and honest communication.</p>
2004	Leading and innovation for excellence in patient care	<p>As a regional hospital serving the residents of the City of Greater Sudbury and northeastern Ontario we:</p> <p>Delivery high quality patient-and family-centered care in both official languages</p> <p>Provide reliable and timely access to care Support the development of employees, medical staff, volunteers and students</p> <p>Participate in research and the development and application of evidence-based practices</p> <p>Respond to the changing needs and advocate for resources and services that promote health and wellness in the communities we serve</p>	<p>We value: Compassionate care</p> <p>Our employees, medical staff, volunteers and students and their quality of work life</p> <p>Respect for diversity Teamwork, collaboration and partnerships</p> <p>Learning, research and professional development</p> <p>Wise use of our resources</p> <p>Accountability within an integrated regional system</p> <p>A safe environment</p> <p>Open, honest and ethical communication and decision making</p>
2013	Globally recognized for patient-centred innovation	Improve the health of northerners by working with our partners to advance quality care, education, research, and health promotion	<p>Excellence</p> <p>Respect</p> <p>Accountability</p> <p>Engagement</p>
2019	To provide high quality health services, support learning and generate research that improves health outcomes for the people of Northeastern Ontario.		<p>Respect</p> <p>Quality</p> <p>Transparency</p> <p>Accountability</p> <p>Compassion</p>
2025	We are planning for the future now – this is... You Voice – Your Vision – Your HSN and Your HSNRI		

Appendix D – Additional Financial and Efficiency Data

Financial Data

The image below is provided from the Ontario Healthcare Reporting Standards data. This data provides hospitals with the ability to look at cost and service statistics. “Transparent access to OHRS data for all Ontario hospitals allows you to benchmark and compare your organization against peers and identify areas for cost efficiency improvement.”³³

The data below is from 2023-2024 fiscal year at Q2.



Notes to the Finance Committee of the Board on 2021-2022 Financial Data

On an annual basis the Finance Committee receives a benchmarking report comparing HSN to the 35 Largest Hospitals in Ontario. The report summarizes performance based on data obtained from the Canadian Institute of Health Information and the Ontario Ministry of Health. Data presented is for the fiscal 2021-2022 unless otherwise noted.

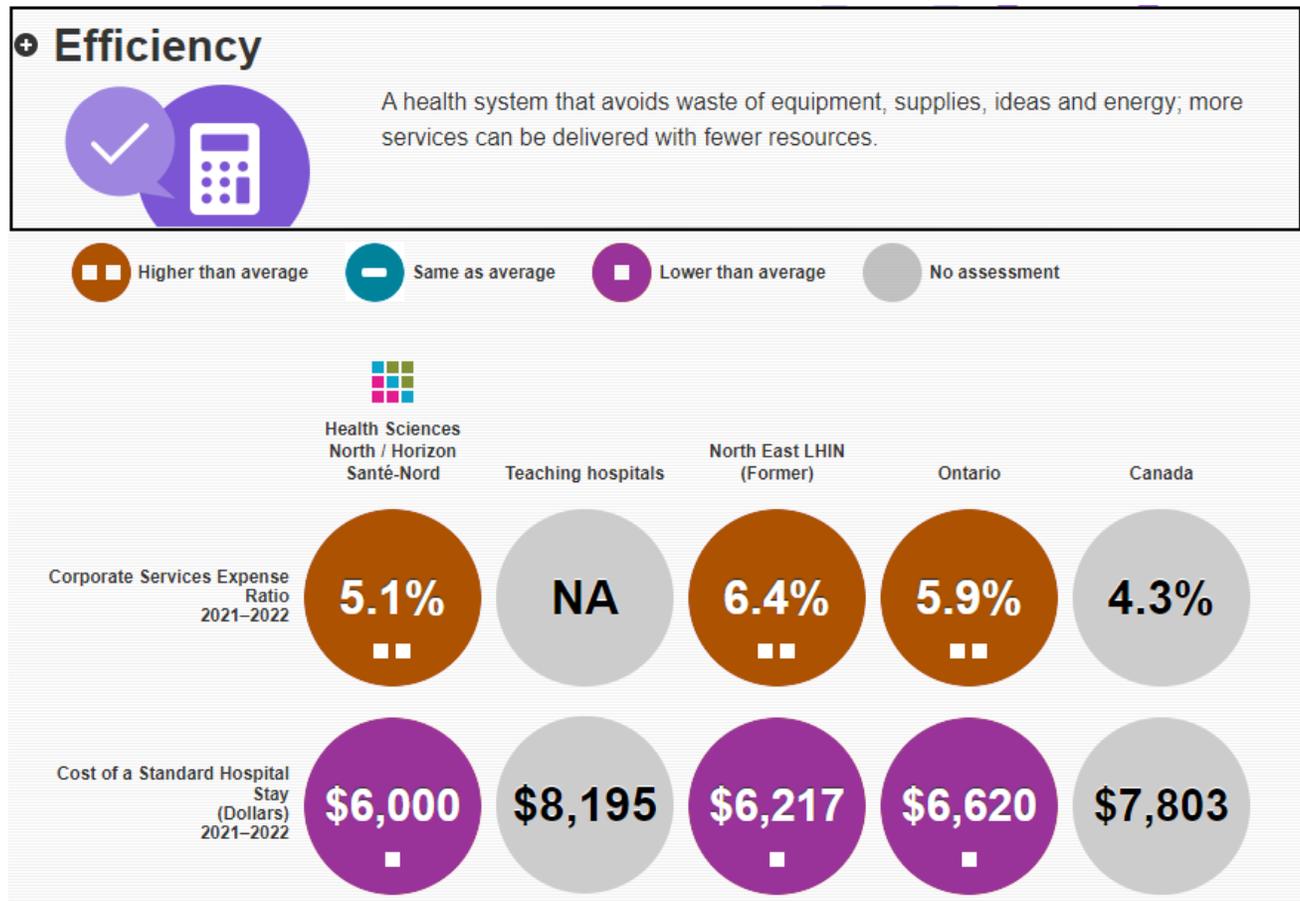
- 1) Based on Total Revenues, HSN is ranked as #19 out of 35 hospitals.
- 2) Overall bottom line inclusive of amortization was a surplus of \$183k compared to a median of \$2.9M. HSN chose a conservative approach to the 2021/2022 fiscal year end where we chose to defer \$5.2M of pandemic revenue.
- 3) Net Asset position at March 31, 2022 was \$14.2M compared to a median of \$95.7M.
- 4) Current Ratio of 0.83 compared to a median of 1.32.
- 5) Working Capital was a deficit of \$(25.3M) compared to a median of \$53.9M. HSN's working capital deficit increased due to an increase in accrued liabilities and deferred revenue associated with pandemic relief funding.
- 6) Average Acute Care Resource Intensity is 9th within this comparator group of 35 hospitals. This speaks to the fact that the documented acuity of our patients is higher than the median. The Average Length of a Hospital Stay (7.4 days compared to a median of 6.4 days) is 6th in this comparator group of hospitals, reflecting the increased patient acuity.
- 7) Emergency Department visits totaled 70k compared to a median of 97k.
- 8) Corporate expenses as a percentage of overall expenses are 5.2% compared to a median of 5.7%.

In 2021-2022 HSN adopted a conservative approach to recognizing Ministry of Health pandemic related revenues resulting in a smaller surplus as compared to peers. This deferral of \$5.2M combined with providing additional financial support to HSNRI in the amount of \$4.5M contributed to a deteriorating working capital deficit. HSN did continue to operate in an overall surplus position and saw continued improvement in its net asset position.

If you are looking for more financial information, HSN's audited financial statements are publicly available on their website: <https://hsnsudbury.ca/en/About-Us/Accountability/Financial-Accountability>

Efficiency Data

According to data available from the Canadian Institute for Health Information, in the 2021-2022 fiscal year HSN's cost per episode of care was \$2195 lower than the teaching hospital average. It was also lower than the Northeast average by \$217.



Source: <https://yourhealthsystem.cihi.ca/> - Accessed March 4, 2024

Appendix E – Quality of Work-Life Hospital Based Comparators (2021-Current)

Hospital Name	Hospital Name
1. Trillium Health Partners	11. Women’s College Hospital
2. Unity Health Toronto	12. Toronto Grace
3. Sunnybrook Hospital	13. Joseph Brant Hospital
4. Michael Garron Hospital	14. Guelph General Hospital
5. Scarborough Health Network	15. West Haldimand General Hospital
6. North York General Hospital	16. Norfolk General Hospital
7. Lakeridge Health	17. Kemptville District Hospital
8. Southlake Regional Health Centre	18. Almonte General Hospital
9. Humber River Hospital	19. Runnymede Health Centre
10. Grand River Hospital	20. Hotel Dieu Shaver and Rehabilitation Centre

Appendix F – Wait Time Analysis

Surgical Wait Times (from iPort)	Provincial Target (days)	HSN 90 th Percentile 2022-2023	Ontario 90 th Percentile 2022-2023
Cancer Surgery	84	44	68
Knee Replacement Surgery	182	334	371
Hip Replacement Surgery	182	356	323
Cataract Surgery	182	422	313
Digestive Gall Bladder Surgery	182	335	176
Paediatric Ear Nose Throat Surgery	182	188	164
Diagnostic Imaging Wait Times	Provincial Target (days)	HSN 90 th Percentile 2022-2023	Ontario 90 th Percentile 2022-2023
CT Scan	28	204	154
MRI Scan	28	188	185
Emergency Department Wait Times	Provincial Target (hours)	HSN 90 th Percentile 2022-2023	Ontario 90 th Percentile 2022-2023
Length of Stay in Emergency for Low Urgency Patients Not Admitted to Hospital	4	5.7	6
Length of Stay in Emergency for High-Urgency Patients Not Admitted to Hospital	8	7.5	8.3
Length of Stay in Emergency for All Patients Admitted to Hospital	8	44.5	45

Mental Health Wait Time Analysis	Average Wait Time Sudbury (days)	Average Wait Time Rural Clinics (days)
As at January 2024		
Adult Psychiatric Appointment	173	
Paediatric Psychiatric Appointment	131	
Intake Assessment	16	15
Addictions Counselling and Psychotherapy	15	34
Mental Health Counselling and Psychotherapy	101	114
Eating Disorders	615	
Ontario Structured Psychotherapy	21	
Rapid Access Addictions Medicine	17	

Appendix G – Community Health Profile and Case Mix Groups

Community Health Profile	Source/Year	Ontario Health North	Ontario	Ontario Health North Compared to ON
Demographic Characteristics				
Ages 0-19	Stats Canada Census 2021-2022	19.9	21.5	↓
Ages 65+		23.3	18.5	↑
Unemployment Rate		10.8	12.2	↓
Completed Post-Secondary Education (age 25-64)		61.3	67.8	↓
Prevention Screening				
Mammogram Screening	Ontario Health Profiles 2019-2021	55.9	54.7	↑
Pap smear screening		53.9	54.5	↓
Colorectal Screening		40.1	42.2	↓
Colonoscopy Screening		35.8	36.1	↓
Adult Health and Disease - all per 100				
Age-standardized Rate of Diabetes	Ontario Health Profiles 2018-2019	9.9	6.6	↑
Age-standardized Rate of Asthma		15.8	15.2	↑
Age-Standardized rate of Hypertension		26.5	25	↑
Mental Health Visits		10.6	9.2	↑
Chronic Obstructive Pulmonary Disease		15.6	10.7	↑
Prevalence of 2+ Chronic Conditions		19.6	17.3	↑
Childhood Health Indicators				
Asthma Rate (Ages 0-19)	Ontario Health Profiles 2020-2021	9.5	12.5	↓
Mental Health and Addictions-related ED Visits Rate per 1000 (Ages 16-25)	intelliHEALTH 2022	64.8	31.2	↑
Hospital Utilizations				
Age-standardized Hospitalization Rate (per 1000)	intelliHEALTH 2022	99.2	80.8	↑
Hospitalization Rates for Ambulatory Care Sensitive Conditions (per 100,000)	CIHI 2022-2023	455	285	↑
Rate of Hospital Days that are ALC		29.4	18.4	↑

*CIHI = Canadian Institute for Health Information

Health Indicators ³⁴	Year	Canada	Ontario	Ontario Health North
30-Day Readmission Rate – Medical	2022-2023	13.6%	13.8%	13.8%
30-Day Readmission Rate – Mental Health	2022-2023	13.2%	13.6%	16.5%
Pediatric Patients Readmitted to Hospital	2022-2023	7%	7.5%	7.8%
30-Day Acute Myocardial Infarction Readmissions Risk adjusted rate/100	2022	9.1	8.9	8.3
30-Day Obstetric Readmissions – Risk adjusted rate/100	2022	1.9	1.6	1.4
30-Day Surgical Readmissions – Risk adjusted rate/100	2022	6.5	6.3	6.7
30-Day Stroke In-Hospital Mortality – Risk adjusted rate/100	2022	11.7	11.3	13.3
Ambulatory care Sensitive Conditions – Age-standardized rate/100,000	2022	275	285	455
Cardiac Revascularization – Age-standardized rate/100,000	2022	222	229	342
Coronary Artery Bypass Graft – Age-standardized rate/100,000	2022	50	54	81
Hip Fracture Surgery Within 48 Hours – Age-standardized rate/100,000	2022-2023	81.9	77.7	78.2
Hip Replacement – Age-standardized rate/100,000	2022	188	201	227
Hospitalized Acute Myocardial infarction event – Age-standardized rate/100,000	2022	214	179	305
Injury Hospitalization – Age-standardized rate/100,000	2022	555	471	574
Knee Replacement – Age-standardized rate/100,000	2022	202	237	273
Percutaneous Coronary Intervention – Age-standardized rate/100,000	2022	173	177	262
Hospitalized Hip Fracture Event – Age-standardized rate/100,000	2022	484	457	505
Avoidable Deaths /100,000	2019-2021	193	193	302
Hospitalizations Caused Entirely By Alcohol /100,000	2022/23	262	214	415
Self-Injury Hospitalizations /100,000	2022/23	62	59	116
Life Expectancy – In Years	2015-2017	82.1	82.6	79.6

Health Status ³⁵

Health Status – 2019-2020 - Stats Canada	Health Region			
	Canada %	Ontario %	PHSD %	Compared
Perceived health, very good or excellent	61.8	61.8	57.7	↓
Perceived health, fair or poor	10.8	11.1	14.7	↑
Perceived mental health, very good or excellent	66	64.7	64.1	↓
Perceived mental health, fair or poor	8.9	9.8	10.6 E	↑
Perceived life stress, most days quite a bit or extremely stressful	20.8	20.9	20.1	↓
Body mass index, adjusted self-reported, adult (18 years and over), overweight	35.7	35.4	32.9	↓
Body mass index, adjusted self-reported, adult (18 years and over), obese	28	28.1	35.5	↑
Body mass index, self-reported, youth (12 to 17 years old), overweight or obese	23.9	22	F	N/A
Arthritis (15 years and over)	19.5	19.1	24.1	↑
Diabetes	7.5	8	10.7	↑
Asthma	8.3	8	8.5	↑
Chronic obstructive pulmonary disease (COPD; 35 years and over)	3.9	3.8	4.6 E	↑
High blood pressure	17.3	17.5	23.1	↑
Mood disorder	9	9.5	11.7 E	↑
Current smoker, daily or occasional	13.9	12.7	20.1	↑
Current smoker, daily	9.5	8.9	14.3	↑
Heavy drinking	17.5	15.6	27.9	↑
Sense of belonging to local community, somewhat strong or very strong	70	71.3	76.1	↑
Life satisfaction, satisfied or very satisfied	93.3	92.7	93.1	↑
Has a regular healthcare provider	85.6	90.6	94.4	↑
Influenza immunization in the past 12 months	36.3	39.5	39.1	↑

Symbol legend: E: Use with Caution F: To unreliable to be Published

PSHD = Public Health Sudbury and Districts

HSN's Top Case Mix Groups

ACUTE CARE: Fiscal Year 2018-2019		
Rank	Case Mix Groups	# of Cases
1	Normal Newborn, Singleton Vaginal Delivery	962
2	Percutaneous Coronary Intervention with MI/Shock/Arrest/Heart Failure	656
3	Unilateral Knee Replacement	620
4	Chronic Obstructive Pulmonary Disease	618
5	Percutaneous Coronary Intervention without MI/Shock/Arrest/Heart Failure	608
6	Vaginal Birth with Anaesthetic and Non-Major Obstetric/Gynecologic Intervention	470
7	Vaginal Birth with Anaesthetic without Non-Major Obstetric/Gynecologic Intervention	429
8	Heart Failure without Coronary Angiogram	395
9	Unilateral Hip Replacement	341
10	Spinal Vertebrae Intervention	334

ACUTE CARE: Fiscal Year 2022-2023		
Rank	Case Mix Groups	# of Cases
1	Normal Newborn, Singleton Vaginal Delivery	847
2	Chronic Obstructive Pulmonary Disease	599
3	Percutaneous Coronary Intervention with MI/Shock/Arrest/Heart Failure	511
4	Percutaneous Coronary Intervention without MI/Shock/Arrest/Heart Failure	458
5	Infectious/Parasitic Disease of Respiratory System	435
6	Vaginal Birth with Anaesthetic and Non-Major Obstetric/Gynecologic Intervention	400
7	Vaginal Birth with Anaesthetic without Non-Major Obstetric/Gynecologic Intervention	392
8	Substance Abuse with Other State	376
9	General Symptom/Sign	325
10	Convalescence	312

HSN's Top DSM-5 Diagnostic Categories

MENTAL HEALTH: Fiscal Year 2018-2019		
Rank	DSM-5-TR Provisional Diagnostic Category	# of Cases
1	Depressive Disorders	603
2	Schizophrenia Spectrum and Other Psychotic Disorders	466
3	Substance-Related and Addictive Disorders	345
4	Bipolar and Related Disorders	252
5	Trauma- and Stressor-Related Disorders	126
6	Personality Disorders	90
7	Neurodevelopmental Disorders	29
8	Anxiety Disorders	29
9	Neurocognitive Disorders	14
10	Disruptive, Impulse-Control, and Conduct Disorders	5

MENTAL HEALTH: Fiscal Year 2022-2023		
Rank	DSM-5-TR Provisional Diagnostic Category	# of Cases
1	Depressive Disorders	512
2	Schizophrenia Spectrum and Other Psychotic Disorders	501
3	Substance-Related and Addictive Disorders	426
4	Bipolar and Related Disorders	186
5	Personality Disorders	168
6	Other Mental Disorders	124
7	Anxiety Disorders	38
8	Trauma- and Stressor-Related Disorders	29
9	Neurodevelopmental Disorders	18
10	Neurocognitive Disorders	18

Appendix H – Guidelines for Strategic Planning

The guiding principles of the Strategic Planning process include:

1. The Strategic Plan will focus on what will be HSN and HSNRI's Purpose, Commitments, Values, Key Goals/Aspirations and Outcomes for 2025-2030, driven by the priority needs of the diverse people that we serve and building on our unique strengths and opportunities:
 - a. Why do HSN and HSNRI exist?
 - b. What are the needs of the diverse populations we serve?
 - c. What do we do now that is core to HSN and HSNRI?
 - d. What may have we lost sight of that we need to be very good at?
 - e. What could we do that is different and is difficult to imitate elsewhere?
 - f. What do we need to put into place to build on our strengths?
2. The process leading to the development of the Strategic Plan, its content and its early implementation shall position HSN favourably for its future reviews by Accreditation Canada.
3. The Strategic Plan will contain measurable outcomes so that its achievement can be measured in 2030.
4. The Strategic Plan will be focused while engaging everyone in discussions about our strategic directions for 2025-2030.
5. The Strategic Plan will be realistic in terms of ambition, recognizing the need for sustainability in terms of the ability of employees and medical staff to fulfill implementation expectations, as well as in light of current and forecasted health human resource and financial resource levels.
6. The Strategic Plan will be informed by social accountability as a framework and the principles of anti-racism. It will engage the people we serve to provide input and validation of priority needs, goals and outcomes with an intentional focus on equity-deserving communities. An intentional equity diversity inclusiveness and anti-racism decision-making process will be employed for the strategic planning process.
7. In doing so the plan should advance equity in health outcomes for its diverse population inclusive of Indigenous, Francophone, Black, People of Colour, 2SLGBTQIA+, people with disabilities, and other equity-deserving populations, and reflect a responsiveness to the communities of Northeastern Ontario.
8. As much as possible, we will use existing structures and committee meetings to inform the Strategic Plan and ensure that the voices of all departments, programs and partners are heard in the process.
9. The Strategic Plan will be informed by updates that may be made in 2024 by the HSN Board to the annual Quality Improvement Plan, as applicable. In turn, the strategic plan may inform further updates by the Board to the Quality Improvement Plan.
10. The Strategic Plan will be informed by developments from the Ontario Ministry of Health with regards to strategic priorities such as Ontario Health Teams and expectations and requirements from Ontario Health, as well as emerging expectations from research funding agencies.

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