

**Vision**

Optimal Health

**Mission**

To promote wellness and health to transform patients' lives.

**Values**

CHIPER - Collaboration, Holistic, Innovative, Patient-Centered, Excellence, Respect

**Strategic Directions**

1. Foster growth of our clinic to meet community needs.

By prioritizing growth and development, we are investing in the future of our organization and patient satisfaction. Our goal is to build and deploy our resources to favourably impact our staff, patients, and community.

2. Improve access to care through innovation.

With an innovation compass, enhance ACCESS to optimal care in the right place by the right person at the right time.

3. Find new paths in health promotion and disease prevention.

Finding new paths goes beyond simply treating disease and is also about **empowering patients** with the knowledge and skills they need to make informed decisions to enhance their quality of life.

4. Optimize quality, standardization, and business operations.

Comprehensive primary care embraces health promotion, disease prevention and rehabilitative care, and is provided in a financially feasible and sustainable way.

**Goals**

1. By 2023, advocate MOH annually for additional allied health (e.g., physio, dietician, all NPs have hospital privileges).
2. By 2024, lead or participate in regional OHT initiatives to coordinate and integrate care
3. By 2024, build patient roster to 3,200.
4. Measure corporate patient complexity quarterly and assess and integrate processes to maintain safe, quality care annually.
5. Build inclusive environment via annual learning needs assessment and quarterly team building and resource days (e.g., community services knowledge sharing) to address needs.

1. By 2023, create a task force to assess the feasibility of home visits and implement a pilot, if feasible.
2. By 2025, ensure completion of physical space expansion to provide inclusive comprehensive care and add common patient services (physio, phlebotomy).
3. By 2024, propose new technologies to communicate with patients (patient portal).

1. By 2024, integration of services and patient passports.
  - An individualized plan of care, including the development of resources in the clinic for patients to take home (e.g., diabetic kit) and care tools (disease-specific - e.g., one for diabetes, etc.).
2. By 2023, Empower patients with holistic health knowledge by developing a health promotion plan and one online group topic of choice.
  - Implement medical weight management program 2024 and a quarterly support group (e.g., nutritional counselling as a group).
3. By 2024, implement a patient advisory board/committee.

1. Evaluate clinics' performance using QIP indicators to inform effective decision making.
2. Assess and update the performance dashboard monthly, with KPIs on financial value.
3. Attract/retain exceptional human resources.
4. Achieve a balanced budget - monitored on a monthly OR quarterly basis.