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The University of Ottawa Heart Institute (UOHI) has come a long way since its creation, in 1976, by our visionary founder Dr. Wilbert Keon. Over the last decades, the UOHI has evolved as a leading cardiovascular centre bringing together patient care, education and research within the same building. Many have worked hard to achieve this, and continue to do so. There is something here that does not exist anywhere else. Our patient satisfaction is second to none, survey after survey. Our research success compares with the top research institutes in the world. We have a real passion for delivering world-class compassionate care through innovation.

BUILDING ON OUR CULTURE: PUTTING THE PATIENT FIRST AND TEAMWORK

This is who we are, a Heart Institute with a strong legacy. Still we are a “young” Institute, which continues to grow. In this regard, the next five years will be among the most exciting of our history as an institution.

In the coming years, we will grow considerably in size, expanding our infrastructure by 50 per cent. We will attract new staff. New programs will be deployed. The UOHI will have better tools to face the challenges of the future and seize the opportunities. As people are more important than buildings, the UOHI must continue to relentlessly recruit and retain the best and the brightest and to promote leadership opportunities. I see the UOHI as a “dream team” of top-notch cardiovascular specialists and talented researchers, working together, without walls between basic science and clinical science, working as dedicated Heart Teams breaking down borders between specialties.

We must grow with the same esprit de corps, the same culture and same dedication for deeply integrated patient care with the best outcomes, offering hope, and compassion when there is no hope, making our community proud for having Canada’s best Heart Institute here in Ottawa, Canada’s capital city.

The objectives of this five-year strategic plan are, first, to define our fundamental directions towards a vision, while keeping with our mission as a leading academic cardiovascular centre, and, second, to generate both engagement and alignment towards these directions within the boundaries of our core values.

This is what you will find in this document which I hope you will read carefully, enjoy and share.

Thierry Mesana, MD, PhD
President and CEO
As chair of the Board of Directors, and on behalf of my fellow directors at the Heart Institute, I am proud to welcome the Institute’s new 5-year strategic plan developed by Dr. Thierry Mesana and his senior management team. The Board is committed to working closely with Dr. Mesana and his team in making this vision for the Institute’s future a reality.

Upon his appointment as the third CEO of the Heart Institute, the Board asked Dr. Mesana to prepare a strategic plan that would guide the Institute through the next phase of its evolution. The Institute has achieved pre-eminence in cardiac care, research and education and accordingly, its leadership faces the challenge of preserving that legacy while being prepared and able to innovate, to excel, and to be a dynamic world leader in its field. I believe that the Institute’s leadership has met this challenge fully and that Dr. Mesana’s vision will lead the way to accomplishing these objectives.

This document is a blueprint for the future of the Institute. It is a promise of continued excellence to its patients, supporters, volunteers and our entire community. We thank Dr. Mesana and his senior management team for this contribution.

Lawrence Soloway
Chair of the Board
A WORLD-CLASS, PATIENT-CENTERED HEART INSTITUTE IN CANADA

VISION
To be a world-class, patient-centered Heart Institute in Canada.

MISSION
Inspired by a unique culture of excellence and innovation, we promote heart health and lead in patient care, research and education.

VALUES

PATIENTS COME FIRST
By relentlessly demonstrating a strong commitment to world-class care and health promotion, our team creates a unique environment for our patients and their families, exceeding their expectations, and offering the best care through integrated clinical practice, education and research in a bilingual setting.

TEAM WORK
We build and foster interdisciplinary teams with blended skills that work well together, and improve outcomes and efficiency, while recognizing the contributions of all.

EXCELLENCE
We are committed to uncompromised excellence, which means believing in the power of innovation, achieving the highest standards by continually measuring quality, seeing change as opportunity, and being a resource to influence health care, education and research beyond our borders.

INTEGRITY
We are committed to transparency, adhering to the highest moral principles and standards of professionalism, making our Institution accountable and worthy of trust.

PARTNERING
Guided by openness and good communication, we build solid collaborations with other health care facilities, research institutions, universities, regional stakeholders, industry and government in Canada and abroad.
Developing the Institute as a world-class patient-centered Heart Institute with global research impact will require a comprehensive five-year plan with clear strategic directions and measurable goals. Our aim will be to re-invent cardiac care around Heart Teams, offering those teams a state-of-the-art expanded facility, while growing our Institute model and organization.
The Team concept applied to health care has the capacity to defragment the way care is usually provided. Indeed, the UOHI has a tradition for delivering world-class care with highly skilled and dedicated professionals working together extraordinarily well. We have demonstrated in many instances our capacity to successfully implement innovative clinical programs for advanced diagnosis, treatment and prevention of all cardiac diseases. We are well poised to respond to new challenges and reinvent cardiac care. Based on our exemplary deployment of cross-functional Heart Teams in valve disease (TAVI and MitraClip), we will be expanding the concept of the Heart Team to other domains to disseminate at multiple levels totally integrated patient-oriented solutions.

BETTER AND FASTER ACCESS TO CARE
Heart Teams will ensure better and faster access to care and focus on what is best for each patient by integrating the combined expertise of highly skilled healthcare professionals from various specialties, measuring immediate and long-term outcomes, and looking at results beyond the hospital walls in order to optimize the patient experience. Heart Teams will make decisions that are informed by their patients.

This approach is about providing the right care by the right team at the right time. It eliminates unnecessary competition between physicians, stimulates team spirit, encourages innovation, promotes clinical research, improves efficiency of care delivery and reduces cost.

In the next five years, while expanding our existing valve disease Heart Teams, we will introduce the Heart Team concept in six additional domains: Coronary Artery Revascularization, Complex Cardiac Arrhythmia, Heart Failure, Complex Critical Care, Cardiac Imaging, and Women’s Heart Health. Each of our Heart Teams will be dedicated to 1) measuring performance and benchmarking against the best similar centres, and 2) finding new ways to educate our patients so they will be active partners in managing their disease.

The Heart Institute has built over the years a very robust and highly recognized Prevention and Wellness Centre. The Centre will become an instrumental resource for the Heart Teams as it provides tried and true programs, to patients, family members and the public, such as: the Ottawa Model Smoking Cessation Program, the CardioPrevent Program, Heartwise Exercise, FrancoForme to name a few.

In concert with our clinical teams, our very active Patient Alumni Association has been informing the development of our outpatient programs for decades. The Heart Teams will leverage these highly successful out-patient programs such as the Telehome Monitoring Program, our Prevention and Rehabilitation Program and our One-Year Follow-up Program giving patients access to continuous support, information, and care beyond our hospital’s walls, and following their care at UOHI.

INFLUENCE CARDIAC CARE BEYOND BORDERS
Through the years, the Heart Institute has fostered several research collaborations. However, during the next five years, we will also strive to enhance and formalize our clinical collaborations starting with our unique partnership with the Qingdao Hospital in China. The Qingdao Hospital reached out to us to learn more about the quality of care we provide and the strength of our organizational model. The five-year agreement has three components, a visiting professorship program, a fellowship program, and finally, an observership program.

We have much to share with our colleagues, and we also have much to learn from our international exchanges. These are winning propositions all around.
The UOHI Master Plan, developed in 2007-08, identified several areas of infrastructure that needed to be addressed. The S level (Life Support) and Cardiac Imaging were the first two stages and most urgent areas for redevelopment. The S level, where all procedure rooms are still located, was first constructed in 1976 and was gradually expanded to now hold four operating rooms (ORs), four catheterization labs, two electrophysiology (EP) labs, a small procedure room and 14 Intensive Care Unit (ICU) beds.

There is no further possible expansion within this current Life Support Facility for either procedure rooms or ICU beds. Furthermore, a basement location is not ideal for staff morale and patient’s comfort, especially those who may require an extended ICU stay. Finally, none of the current ORs is wide enough to accommodate modern technology and equipment such as those used in a hybrid OR, for instance (multi-modality intra-operative imaging and robotic equipment). Clearly, without the infrastructure expansion, which is a central component of this strategic plan, the UOHI would not be able to grow and develop top-notch clinical care, hence ceasing to qualify as a world class clinical facility.

**PHASE 1: THE RIGHT NEW SPACE FOR ADVANCED CLINICAL CARE DELIVERY**

With the new building, the overall UOHI square footage will increase by 147,000 sq. ft.

**WE WILL SEE THE ADDITION OF:**

- 2 ORs, for a total of 6 (one hybrid OR and one shelled in for the future)
- 2 EP labs, for a total of 4 (one shelled in for the future)
- 1 catheterization lab, for a total of 5
- 7 surgical ICU beds, for a total of 27
- 6 non-surgical intensive CCU beds, for a total of 22

All ORs, catheterization labs and EP labs will be much larger than the current ones, accommodating more equipment and **offering a better work environment**, to optimize staff satisfaction and morale, and most importantly, creating ideal platforms for research and innovation. For critical care beds, private patient rooms will be properly sized with access to natural light and equipped to **provide the very best care and better conditions for clinical research.**
WE WILL REDISTRIBUTE SPACE FOR AN IMPROVED ENVIRONMENT

As a “domino effect,” after the new addition is completed in 2017-2018, all imaging modalities will be relocated to the S level in one large area allowing for greater efficiencies in managing work load. The renovation of the existing building (totaling 59,000 sq. ft.) will accommodate more space for clinical services, research and education on the first and second floors and more space for prevention services on the S level.

In addition, a new front entrance to the building will expand a cramped lobby and provide for better patient flow with a central registration and direct access to Cardiac Imaging. The new front entrance will also provide a new look, with a wider and more attractive space for patients, families and visitors.

WE WILL CARRY OUT THE MEDICAL TECHNOLOGY PLAN

The equipment for the new building has been identified by room and program in the Capital and Equipment Plan. Some equipment will be new and some will undergo staged replacement.

Major items, such as imaging for the hybrid OR, CT, catheterization labs and EP labs, have been tended and contracts issued to fix the cost. New items to be purchased over the next two to three years will be aligned with this plan.

A five-year plan for infrastructure and equipment renewal will be developed in 2015, which will include not only equipment needs but medical technology requirements.

PHASE 2: PLAN FOR FUTURE GROWTH

Phase 2 addresses remaining infrastructure limitations, in particular the lack of space for clinics and offices for physicians and staff.

Rethinking our models of care through Heart Teams will be critical to improving our efficiencies, optimizing our bed capacity and reducing our costs. For instance, the critical care team will have a major impact on overall clinical operations since one third of our total capacity will be critical care beds. The Heart Failure Team will also have a major impact on inpatient and outpatient care, shortening lengths of stay while avoiding readmissions. All Teams will require a strong focus on transition of care from one unit to the other. Developing less invasive procedures will reduce the length of stays only if followed by excellent coordination of care so that we can take full advantage of these innovations and new procedures. This will be of particular importance for our growing population of elderly and very sick patients.

Research space and allocation will be articulated in a synergistic way to support the development of research clusters as identified in the ORACLE (Ottawa Region for Advanced Cardiovascular Research Excellence) Plan and accommodate the various needs of new recruits by pooling research equipment and personnel in designated research areas.

Although our current outpatients clinic space is restricted and imperfectly designed, its utilization will be optimized. We will perform regular full reviews of clinic and office space allocation and evaluate ways to maximize space utilization, such as extending clinic hours to evenings and weekends. We will also consider new partnerships on satellite clinics outside our walls.
The UOHI is often cited as an ideal model and organization to provide excellence in patient care, research and education. The main features of our model are:

1. Powerful esprit de corps among a very skilled staff, working in the same building towards common goals;
2. Control of our resources and ability to raise funds;
3. Well-structured and efficient governance; and
4. Large patient referral and large volume of complex cardiac procedures.

Indeed, the UOHI has garnered an enviable reputation and strong support in the community and is a very successful cardiac program for the Champlain Local Health Integration Network. The Heart Institute is a separate organization, publicly and ultimately funded by the Ministry of Health and Long Term Care. It is at the same time strongly liaised with The Ottawa Hospital. As an academic institution, the UOHI also has strong ties with the University of Ottawa for research and education. Our research output is remarkable for an organization of our size, as demonstrated by the 2014 SCIMAGO international rankings.

While working in a spirit of collaboration and synergy with our partners, we face, at times, challenges. However, these challenges may also create opportunities in the process of achieving new heights that benefit both our organization and our partners. The UOHI will enhance its model and organization while adjusting to the healthcare funding reform and a changing research funding environment.
LEVERAGE BOARD SUPPORT AND ENGAGEMENT
The UOHI governance is unique and provides solid ground to promote organizational development. The main board of the Institute will have an important role in this strategic agenda, through its support of the implementation of care into Heart Teams, its commitment to the measurement of outcomes, and its constant engagement in our pursuit of excellence across all areas of the UOHI. The Ottawa Heart Institute Research Corporation (OHIRC) board will continue its critical role in assessment of research development and alignment to the strategic plan, already being well familiar with the ORACLE plan. Both the CEO and the CSO will be accountable to OHIRC for achieving our research goals.

Under our Foundation Board, all opportunities will be seized to promote philanthropy aligned with the UOHI goals for the next five years. The ongoing campaign contains a major focus on the Life Support Facility and Cardiac Imaging expansion, with a local share of $55 million. At the same time, the effort to support research and the ORACLE Plan must be sustained. Constant coordination and alignment of the medical leadership with the Foundation’s fundraising goals, rather than individual goals, will be critical. Novel financial models may need to be considered and eventually supported by the UOHI Boards in conjunction with our campaign.

INVEST IN PEOPLE
The Heart Institute staff is our most important resource. We will invest in our people by offering them the best training, tools, resources and sustainable funding. We want to promote staff inspiration, engagement and a shared sense of purpose so that each member of our staff feels engaged and inspired by the Heart Institute’s mission and vision. This is the only way to strengthen and perpetuate our culture through upcoming generations. We need to build a work environment to retain our staff, promote leadership, inspire the best and the brightest and facilitate their recruitment. We will enhance health education opportunities for health care providers of today and of tomorrow. We want to improve leadership training and mentoring and increase the number of skilled physicians and clinical and basic scientists engaged in our institution to generate new knowledge. These individuals will be tomorrow’s leaders.

ACHIEVE FINANCIAL STABILITY AND SUSTAINABILITY
We must anticipate new trends in the cardiac health of our patient population, track the emergence of relevant technology, and adjust constantly to the workforce environment. We must build on our Institute model and foster key collaborations with our partner institutions while we develop our governance and management structures to deliver on our vision, mission, and strategic plan. We believe in a lean structure in order to stay agile, coordinated and efficient, while avoiding dilution of responsibilities, eliminating redundancies, and keeping a clear and seamless chain of command. We will use external consulting appropriately and cautiously. We want to improve effectiveness in outcomes and safety, reduce costs in our clinical operations and explore business opportunities. To do so, we must take advantage of our model to enhance it and use our reputation to create value-added corporate alliances and global value partnership.

We will invest in our people by offering them the best training, tools, resources and sustainable funding.
Perpetuate our culture through upcoming generations.

MEASURE AND EVALUATE QUALITY AND OUTCOMES

The Heart Teams will fully engage in our patients' cycle of care, encompassing inpatient and outpatient, cardiac rehabilitation and other services. The Heart Teams will also be responsible for patient education, engagement and follow-up, which is important to successful transitions of care and the effective management of chronic conditions. The measurement of quality is an important focus of this strategic plan. Through the heart teams, we will build a strategy for measurement for long term outcomes. The Heart Teams will measure outcomes and assess processes and results to optimize strategies and propose continuous quality improvement plans. We will engage in benchmarking our surgical outcomes against the best US centres through systematic surgical patient enrollment into large international registries such as the STS database, the largest cardiac surgery database in the world.

Finally, few clinicians have a working knowledge of the cost of patient care. We have a plan to increase awareness and engagement around financial and fiscal responsibility during the full cycle of care. When the complex care that is often required for cardiac patients is provided and coordinated through a Heart Team model, savings could be achieved without compromising quality.

REDEFINE INFORMATION TECHNOLOGY, PUTTING PATIENTS FIRST

Redefining information technology (IT) will be a major enabler of our core value of putting patients first. Integrated information systems will allow our Heart Teams to be centred on following patients across services through the full cycle of care, including hospitalization, outpatient visit and follow up. Redevelopment of our electronic medical record (EMR), in collaboration with TOH, and harmonization of our multiple internal clinical databases are key aspects of our IT strategy. The medical information will be accessible to all involved in a patient’s care, including physicians within and outside our walls and patients themselves.

We will develop a new culture of patient-physician relationship around patient portal technology. Each patient will have access to her/his relevant medical information through myottawaheart.ca. Such access will make it easy to survey patients for information relevant to their care and recovery giving patients the ability to report back on outcomes of their care and medication compliance. This interactivity will promote a culture of quality, transparency and accountability and have a dramatic impact on patient engagement and ownership of their care once they return home. This approach aligns with the provincial quality agenda and will help us to champion the patient experience.

SHARE OUR STORY

The world of communications has dramatically changed our way of living and the fundamentals of our society. Today, information is accessible any time, in real time, and anywhere for virtually everyone, including an elderly population who access internet themselves or through their relatives or friends. With such a profound and rapid cultural shift, the way the UOHI communicates internally and externally needs to evolve.

Critical to our five-year plan is the complete rethinking of how we tell and share our story. To do so we will redevelop our website and maximize the use of social media. In the years to come, we will continue to have a vibrant line of communication internally with our staff and our community, informing and recognizing them. At the same time, we will build on our lines of communication to extend our global reach and achieve greater impact.

We will use all available web based communication platforms to promote and disseminate in a fast and powerful way our research successes and further cultivate our reputation of excellence in clinical care and education. We will develop new modes of communicating with our patients through innovative telemedicine programs and move away from paper towards e-learning.
ENHANCING OUR GLOBAL RESEARCH IMPACT

STRATEGIC GOALS

- Invest in and grow our innovation clusters in alignment with the Heart Teams
- Internationalize our research enterprise
- Collaborate with private sector to maximize knowledge and impact
- Engage patients in our research

Today’s research is tomorrow’s treatment. Our model is built for optimal integration of basic science and clinical research with advanced clinical care. Our priorities reside naturally in translational research, a reflection of the natural flow of knowledge from bench to bedside to community, from scientific discovery to new forms of treatment to practice-changing policies. The large volumes of cardiac patients concentrated at UOHI provide unique opportunities for fruitful clinical outcomes research and population health research. The close proximity of basic scientists, clinical researchers and care teams makes UOHI an ideal milieu for translational research. Discoveries can be made in the molecular and genetic laboratories, the cardiac imaging facilities, the ORs and procedure rooms, at the patient bedside and in populations around the Champlain region and worldwide.

COMMITMENT TO THE ORACLE PLAN

The implementation of our research enterprise’s strategic plan, entitled ORACLE (Ottawa Region for Advanced Cardiovascular Research Excellence) will systematically achieve our ambition of significant, sustainable global impact. It will extend our high levels of excellence in research, expand our international outreach by increasing collaborations, and augment our output in high impact journals and our presence at the most prestigious international meetings. An important component of the ORACLE plan is the Innovation Clusters. They are designed to enhance collaboration and knowledge sharing among investigators in different disciplines and provide the research framework for the clinical Heart Teams. The most successful clusters will become specialized Centres of Excellence, leading innovations nationally and internationally.
THE ORIGINAL ORACLE PLAN FOCUSED ON THE FOLLOWING THEMES:

1. Developing new tailored, patient-centered approaches to diagnostic and therapeutic strategies; (Valve Disease, Coronary Revascularization, Atrial Fibrillation, Critical Care)

2. Unlocking novel causes of cardiovascular diseases; (Cardiac Arrhythmias, Heart Failure, Biomarkers and Genetics)

3. Optimizing the technology and human interface in heart and vessel conditions (Cardiovascular Imaging, Minimally Invasive Surgery and Robotics)

4. Fostering community interventions, health systems and health policy innovations in cardiovascular health. (Clinical Outcomes Research, Prevention, Women’s Heart Health)

TAKING UP NEW CHALLENGES THROUGH ORACLE 1.5

Building on the momentum and achievements of the original ORACLE Plan, our research community will achieve the next level of excellence through ORACLE Plan version 1.5, with its focus on international collaboration, building world-class infrastructure, recruiting the best international trainees and partnering with the private sector.

We will continue to invest and grow our innovation clusters in support of the Heart Teams with a new cluster competition which will be held in 2015-2016.

On the internalization front, we will be “partners without borders” with the best private sector leaders for translation and commercialization.

Collaboration with the private sector and partners in innovation will maximize translation and impact.

A key component of research impact is the translation of new ideas into tools and products that can tangibly make a difference for patients and health systems. However, this is not possible without critical partnerships with the knowledge user and private sector. UOHI has already had an excellent track record for engaging private sector partners for product development and commercialization. This will be further built in ORACLE 1.5, with proof of concept programs and active engagement and networking with innovation/private sector partners.

Finally, ORACLE 1.5 identifies the importance of engaging our patient community to assist in research directions, such as in providing input on major clinical gaps and relevancy of research end points.

Starting in 2015, we will be working closely with patient groups, researchers and clinical leaders at UOHI to foster this innovative approach to have patients as partners of research and innovation.