HURON PERTH HEALTHCARE ALLIANCE

Board of Directors

Thursday, September 4, 2025

Huron Perth Healthcare Alliance
Seaforth Community Hospital

Huron Perth Healthcare Alliance
Land Acknowledgement

We acknowledge and give thanks for the land on which we gather as being the traditional territory of the Haudenosaunee/People of the Long House and the Anishinaabe.

We recognize the First Peoples' continued stewardship of the land and water, and that this territory is subject to the Dish with One Spoon Wampum under which multiple nations agreed to care for the land and resources by the Great Lakes in peace.

We also acknowledge and recognize the treaties signed in regard to this land including Treaty #29 and Treaty #45 1/2. Our roles and shared responsibilities as treaty people mean we are committed to moving forward in reconciliation with gratitude and respect with all First Nations, Metis, Inuit and Indigenous Peoples. We commit to the following action: sharing resources that explore the rich and diverse cultures, voices, experiences and histories of First Nations, Inuit and Metis people.

Huron Perth Healthcare Alliance Land Acknowledgement

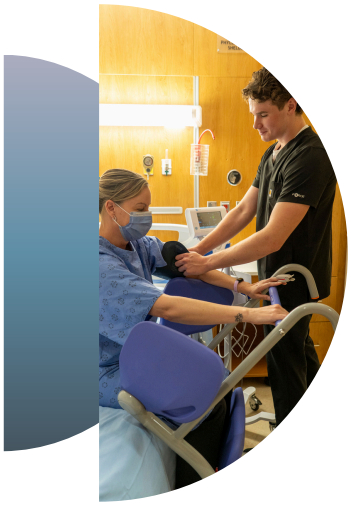
Schedule

2025-2026

Meeting Date	Director Assignment
September 4, 2025	Barry Hutton
November 6, 2025	Kathy Lewis
December 4, 2025	Bill Whetstone
February 5, 2026	Kim Ross Jones
March 5, 2026	Franklin Famme
April 9, 2026	Kerri Ann O'Rourke
June 4, 2026	Ron Lavoie

Note: If you are unable to present, please switch with some on the schedule.

Strategy at a Glance



Values

Compassion, Accountability, Integrity

Mission

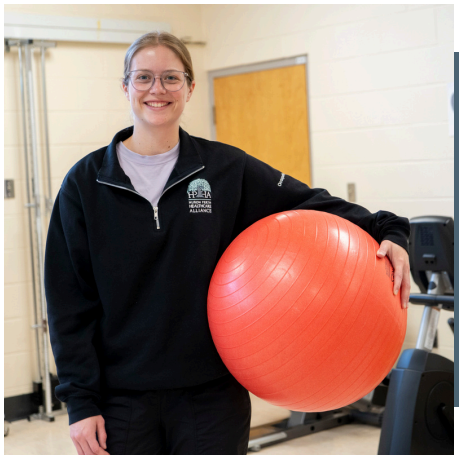
Collaborating for Exceptional Care

Vision

Innovating for Exceptional Health

Guiding Principles

These guiding principles ensure that our organization stays focused on what matters most: engaging with compassion and purpose, building strong and inclusive relationships, and continuously improving the quality and efficiency of care. They reflect our deep commitment to the individuals and communities we serve, and to creating a healthcare system that is equitable, innovative, and sustainable for the future.



People

Engaging with Passion

Partnerships

Collaborating with Purpose

Performance

Exceeding Expectations

PEOPLE
engaging with passion

We are guided by a simple but powerful principle: “Nothing for you, without you.” This applies to everyone—patients, families, caregivers, staff, physicians, and volunteers. By centering people in our work, we build meaningful partnerships in both care delivery and service design.

Our highest priority is providing a safe and healthy workplace. In addition to delivering compassionate, high-quality care, HPHA is committed to environmental sustainability by reducing our operational impact.

To those who live and work in the communities we serve, we commit to being transparent, engaged, and bold advocates for the changes needed to support both a healthier population, and high-quality care—now and in the future.

STRATEGIC GOALS

- Advance Social Accountability: Focus health priorities on marginalized or underserved populations.
- Drive Exceptional Experiences: Deliver timely, equitable, culturally safe, and collaborative person-centered care.
- Foster Proactive Engagement: Engage patients, caregivers, staff, partners, and communities in health promotion, illness prevention, and service design.

STRATEGIC COMMITMENTS

- Kindness First: Empathy and kindness will guide our actions in a culture that values equity, inclusion, diversity, and anti-racism.
- Values-Based: Compassion, Accountability, and Integrity will be evident in all that we do.
- Listening Intently: Feedback from patients, families, caregivers, volunteers, staff, partners, and community members will drive continuous improvement.
- Developing All: Staff and volunteers will be supported through ongoing learning and development.
- Communicate Clearly: We will promote transparency and ensure all voices help shape the organization’s direction and tone.

PARTNERSHIP
collaborating with purpose

Partnerships are central to transforming healthcare into a truly person-centered system.

HPHA recognizes that we are stronger together. Many of the most significant improvements occur when providers collaborate across traditional boundaries. This ensures care is delivered at the right time, in the right place, and by the right provider.

Whether in primary care, public health, long-term care, home and community care, hospital services, mental health, or emergency response —our collective impact is greatest when we work together, united in service to those we care for.

STRATEGIC GOALS

- Foster Collaborative Relationships: Build trusted partnerships grounded in mutual respect and shared accountability.
- Advance Integrated Care: Improve coordination across the care continuum to enhance access, quality, and experience.
- Drive System Transformation: Serve as a catalyst for innovation and alignment across the healthcare system.

STRATEGIC COMMITMENTS

- Population Health-Centered Decisions: Focus on improving community health outcomes.
- Inclusive Governance: Engage all stakeholders in decisions that impact them.
- Shared Capability: Contribute HPHA’s knowledge and expertise to build system-wide capacity.
- Barrier Reduction: Identify and eliminate obstacles to accessing high-quality care.
- System Alignment: Align goals, processes, and protocols with partners to enable seamless care.

PERFORMANCE
exceeding expectations

Strong performance is critical—not only for HPHA but for the entire health system.

Healthcare is a vital public service and one of Canada’s largest sectors. It must be grounded in responsible business practices that protect financial sustainability and ensure timely, appropriate care.

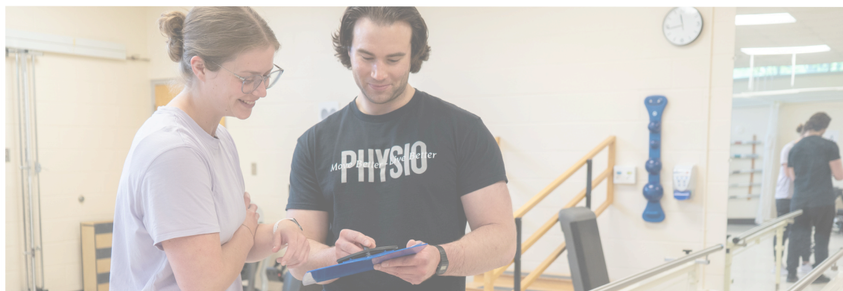
Above all, healthcare must be accountable. At HPHA, we evaluate our work through this lens—ensuring services are grounded in engagement, innovation, evidence, and best practice, and are delivered in the most efficient and effective setting.

STRATEGIC GOALS

- Foster Responsible Resource Management: Use human, financial, physical, and technological resources ethically, efficiently, and effectively.
- Advance Digital Innovation: Use technology to enhance care delivery and system performance.
- Drive Exceptional Quality Care: Provide care that is person-centered, safe, timely, equitable, and continuously improved.

STRATEGIC COMMITMENTS

- Clear, Transparent Priorities: Align resource allocation with organizational and system goals.
- Aligned Performance Indicators: Set annual goals that support strategic objectives.
- Timely Access: Place priority on investments that improve access to appropriate care.
- Leading Practices: Apply evidence-based standards and best practices.
- Exceptional Performance: Equip staff with tools and information to meet high standards.



	Strategic Goals	Corporate Objective	Program Objective	Board Subcommittee for Reporting	Corporate Lead (Director)	Indicator	Quarter	Milestone Description	Target
People	*- Creating exceptional patient, family and staff experiences* *- Advancing knowledge, skill & ability* *- Engaging patient families, our team & communities*	Advance Social Accountability Strategy	Engage with Perth and Huron County Safety and Wellbeing Committees	Quality & Social Accountability Committee	Jacqui Tam	Strengthen community partnerships to enhance support for HPHA patients through a Social Determinants of Health approach	Q1	Create or establish HPHA representation on Working Group to support advocacy.	25%
							Q2	Identify needs and gaps in the community to support initiatives from an HPHA lens; identify how the hospital can better support patients in the community.	25%
							Q3	Partner with community collaborators to advance support in the community and engage/leverage resources.	25%
							Q4	Evaluate ongoing needs of patients within HPHA and the impact of support in the community; share back to hospital members for recognizing future needs.	25%
People	*- Creating exceptional patient, family and staff experiences* *- Advancing knowledge, skill & ability* *- Engaging patient families, our team & communities*	Foster Inclusive Workplace at HPHA	Improve Workplace Culture with Equity, Inclusion, Diversity and Anti-Racism Education	Quality & Social Accountability Committee	Mary Cardinal	Increase staff and leadership awareness and knowledge of diversity and inclusivity, fostering a more equitable workplace	Q1	1) Communication and assignment of Equity, Inclusion, Diversity and Anti-Racism (EIDA-R) e-Learning to all HPHA staff by April 1, 2025. 2) Communication and educational offerings related to Anti-Discrimination to leadership team by April 1, 2025.	10%
							Q2	1) Notification sent by July 31, 2025 to complete education. 2) Quarterly reports on number and nature of EIDA-R and Anti-Discrimination responses and quality improvement opportunities available by July 31, 2025.	25%
							Q3	1) Notification sent by October 31, 2025 to complete education. 2) Quarterly reports on number and nature of EIDA-R and Anti-Discrimination responses and quality improvement opportunities available by October 31, 2025.	25%
							Q4	1) Notification sent by January 5, 2026 to complete education. 2) Quarterly reports on number and nature of EIDA-R and Anti-Discrimination responses and quality improvement opportunities available by January 31, 2026. 3) Goal to increase of EIDA-R e-Learning completion rate by staff to 50% by February 28, 2026. 4) Goal that 85% of Leadership complete a minimum of one Anti-Discrimination educational opportunity by February 28,	40%
People	*- Creating exceptional patient, family and staff experiences* *- Advancing knowledge, skill & ability* *- Engaging patient families, our team & communities*	Strengthen HPHA Staff Communication and Engagement	Enhance HPHA Staff Engagement Opportunities Through Detailed Needs Assessment	Governance, Community Relations & System Transformation Committee	Mary Cardinal	Development and implementation of an internal communication strategy aimed at enhancing staff engagement	Q1	Conduct employee survey regarding current communications methods and opportunities for enhancement.	20%
							Q2	Create Communications Working Group to enhance employee engagement.	30%
							Q3	Develop Internal Communications Strategy and present to Senior Team.	30%
							Q4	Implement enhanced engagement and feedback channels.	20%

Partnerships	*- Developing & strengthening relationships* *- Driving care coordination* *- Lead system development*	Advance Collaborative Partnerships to Support Patient Flow	Refresh Patient Flow Policy *Right Person, Right Location, Right Time*	Quality & Social Accountability Committee	Sarah Harmer	Establishment of improved patient flow pathways through enhanced communication and partnership accountability	Q1	HPHA implementation of weekly Joint Decision Rounds in collaboration with Ontario Health atHome, ONECARE, and Perth County Mobile Integrated Health.	25%
							Q2	Implementation and establishment of the Patient Flow Navigator position.	25%
							Q3	Involvement of collaborator engagement to promote internal and external patient flow.	25%
							Q4	Update and roll out of refreshed Patient Flow Policy.	25%
Partnerships	*- Developing & strengthening relationships* *- Driving care coordination* *- Lead system development*	Advance Partnership Opportunities	Increase Formal External Partnerships (HPHA and OHT/Huron Perth Partners)	Governance, Community Relations & System Transformation Committee	Ruixu Wang	Develop a Partnership Implementation Plan	Q1	Current State Review of Marketed Services and Partnerships.	25%
							Q2	Business Development and Market Expansion Analysis.	25%
							Q3	Explore and Develop New Partnership Opportunities.	30%
							Q4	Develop a Partnership Implementation Plan.	20%
Partnerships	*- Developing & strengthening relationships* *- Driving care coordination* *- Lead system development*	Advance the Huron Perth & Area Ontario Health Team	Participate with Regional Partners in the Development of Integrated Clinical Services Plan in Huron Perth	Resources, Audit & Digital Innovation Committee	Lori Merner	Develop a Clinical Service Plan with partner organizations to establish a future healthcare service delivery model within Huron Perth	Q1	Complete the RFP process and hire a consultant to provide Clinical Service Plan recommendations based on the data gathered.	25%
							Q2	Establish planning parameters, assumptions and guiding principles.	25%
							Q3	Engagement of key partners to provide feedback and input for innovative delivery of service.	25%
							Q4	A completed Clinical Service Plan with future healthcare service delivery model recommendations for Huron Perth hospitals.	25%

Performance	*- Managing resources responsibly* *- Delivering exceptional care* *- Providing a safe environment*	Improve Access to Care	Develop and Implement Standardized Processes to Facilitate Decrease in Ambulance Offload Times in Emergency Department (SGH)	Resources, Audit & Digital Innovation Committee	Jacqui Tam	Maintain standardized process to facilitate decrease in Ambulance Offload Time in HPHA Emergency Departments with a goal to meet or exceed provincial target of 30 mins	Q1	Evaluate the impact of the ambulance offload role and Emergency Department (ED) Flow Nurse (Stratford ED). Identify key strategies that improved AOT; advocate for funding with Perth EMS to continue for the ambulance offload role.	25%
							Q2	Review and consider strategies to reduce ambulance offload times in Clinton, St. Marys and Seaforth Site Emergency Departments.	25%
							Q3	Compile data and compare ambulance offload times across all HPHA sites; Pay For Results (P4R) Working Group to support data review and recommendations.	25%
							Q4	Consider alternative strategies for overall Emergency Department quality improvement that will indirectly impact ambulance offload times and other quality improvement performance indicators; ensure alignment with P4R ongoing quality improvement initiatives.	25%
Performance	*- Managing resources responsibly* *- Delivering exceptional care* *- Providing a safe environment*	Improve Patient Experience & Outcomes	Optimize Completion of Qualtrics Patient Experience Survey for Feedback on Hospital Discharge	Quality & Social Accountability Committee	Michelle Jones	Determine if HPHA patients feel they received adequate information about their health and their care at discharge. Focus: HPHA Inpatient Units / Emergency Room	Q1	Ensure 100% of staff responsible for patient registration are aware of and follow standardized process for collection of patient email addresses.	25%
							Q2	- Provide Volunteer training and implement assistance for patients to complete Patient Experience survey by July 1, 2025. - Provide leaders with monthly program specific Patient Experience reports and quarterly dashboards by July 31, 2025. - Introduce quarterly corporate report to Quality & Social Accountability Committee on response rate and quality improvements as informed by Patient Experience survey data by July 31, 2025.	25%
							Q3	Repeat campaign to educate staff and raise awareness of Patient Experience Survey.	25%
							Q4	Continue development of patient reported experience measurement (PREMs) reports.	25%
Performance	*- Managing resources responsibly* *- Delivering exceptional care* *- Providing a safe environment*	Improve and Streamline Human Resources Processes for Staff	Implementation of UKG Project to Enhance Payroll, Benefits and Human Resources Functions	Resources, Audit & Digital Innovation Committee	John Brennan	Implementation of the UKG System to include: online scheduling, automated shift fills, electronically signed timecards and Human Resource applications such as Talent Acquisition, Attendance, Performance Management, eLearning, Analytics, Employee Assist, Employee Voice	Q1	Complete system build and data conversion for Phase 1 modules (Schedules, Shift Notification, Timecards, Payroll).	25%
							Q2	Complete system testing, staff training and Go-live activities for Phase 1 modules (Schedules, Shift Notification, Timecards, Payroll).	25%
							Q3	Phase 1 Go-live (Schedules, Shift Notification, Timecards, Payroll). Phase 2: Build Human Resource modules (Talent Acquisition, Attendance, Performance Management, eLearning, Analytics etc.).	25%
							Q4	Phase 2: Complete build, test and training for Human Resource modules - Go live March 2026.	25%

HURON PERTH HEALTHCARE ALLIANCE

Huron Perth Healthcare Alliance
Board of Directors Meeting

September 4, 2025

Huron Perth Healthcare Alliance

Seaforth Community Hospital

AGENDA
PACKAGE

Huron Perth Healthcare Alliance
Board of Directors Meeting

Thursday, September 4, 2025
7:00 p.m.
Conference Room – HPHA Seaforth Community Hospital

AGENDA				
Item	**Agenda Item**	**Lead**	**Outcome**	**Time**
1.	**Welcome & Call to Order**	John Wilkinson, Chair		7:00 pm
2.	**Land Acknowledgement**	Barry Hutton		7:05
3.	**Approval of Agenda**	John Wilkinson, Chair	Decision	7:10
4.	**Declaration of Conflict of Interest**	All		
5.	**Patient Story**	Jim Battle	Information	7:15
6.	**Approval of Minutes** 6.1 HPHA Board of Directors Meeting (June 5, 2025) ★ 6.2 HPHA Organizational Meeting (June 25, 2025) ★	John Wilkinson, Chair	Decision	7:30
7.	**Business Arising from the Minutes**	John Wilkinson, Chair	Discussion	7:35
8.	**In-Camera Session** 8.1 Motion to Move to In-Camera Session 8.2 Report from In-Camera Session	 John Wilkinson, Chair John Wilkinson, Chair	 Decision Information	 7:40 8:30
9.	**Consent Agenda** 9.1 Leadership Reports 9.1.1 Chief Nursing Executive★ 9.1.2 Chief of Staff 9.1.3 President & Chief Executive Officer★ 9.2 Patient Relations/Engagement Report★ 9.3 HPHA Commitments to Our Communities 2025/2026 Corporate Quarter 4 Review★	John Wilkinson, Chair	Decision	8:35
10.	**Governance** 10.1 Fiscal Advisory Committee 10.2 Governance, Community Relations & System Transformation Committee★ 10.3 Medical Advisory Committee★ 10.4 Quality & Social Accountability Committee★ 10.5 Resources, Audit & Digital Innovation Committee★	 Tricia Wilkerson Steve Hearn Dr Kevin Lefebvre Kim Ross Jones Franklin Famme	 Information Decision Information Information Information	8:40
11.	**Directors Roundtable**	All	Information	9:05
12.	**Upcoming Meetings/Events:** ➢ HPHA Board Committee Quarter 2 Meetings o Week of October 27, 2025 ➢ Huron Perth Hospitals Joint Board & Senior Leadership Team Advance o November 1, 2025 ➢ HPHA Board of Directors Meeting o November 6, 2025 - Clinton	John Wilkinson, Chair	Information	9:10
13.	**Adjournment**	John Wilkinson, Chair	Decision	9:15 pm

★*Attachment*

Huron Perth Healthcare Alliance
Board of Directors Meeting

Thursday, June 5, 2025
7:00 p.m.
Room E1-609 - HPHA Stratford General Hospital

M I N U T E S

Present: John Wilkinson, Chair (virtual)
Jim Battle, Franklin Famme, Steve Hearn, Barry Hutton, Ron Lavoie (virtual), Dr. Kevin Lefebvre, Kathy Lewis, Lynanne Mason, Kerri Ann O'Rourke, Kim Ross Jones, Greg Stewart (virtual), Bill Whetstone, Tricia Wilkerson, Andrew Williams Mary Cardinal, Iris Michaels, Sue Davey

Guests: Dan Moutte, Director Health Information & Regional Information Technology, Huron Perth Healthcare Alliance
Keith Lawson, Chief Information Security Officer, London Health Sciences Centre

Regrets: Dr. Chuck Gatfield, Dr. Ali Kara, Dr. Heather Percival

---

1. Welcome & Call to Order

John Wilkinson, Board Chair called the meeting to order and quorum was confirmed.

Appreciation was extended to Dr. Chris Tran, Medical Program Director, and Camerra Yuill Robar, Technical Manager, for the pre-meeting tour of the Laboratory.

2. Land Acknowledgement

Kathy Lewis shared the Land Acknowledgement.

3. Approval of Agenda

The agenda was amended as follows:

- Cybersecurity Presentation moved to Agenda Item 5
- Patient Story moved to Agenda Item 6

It was moved by Steve Hearn, seconded by Franklin Famme:

THAT the Huron Perth Healthcare Alliance Board of Directors approve the meeting agenda as amended.

CARRIED

4. Declaration of Conflict of Interest

There were no conflicts declared.

5. Cybersecurity Presentation

Iris Michaels introduced Keith Lawson, Chief Information Security officer at the London Health Sciences Centre and Daniel Moutte, Director of Health Information and Regional

Information Technology at the Huron Perth Healthcare Alliance. Keith holds the lead role for the Local Delivery Group (LDG) and has been working closely with Dan Moutte to transition the Huron Perth Healthcare Alliance into the LDG.

Keith presented an overview of the evolution and current state of the LDG cybersecurity program in Ontario. He explained the LDG model which began as a pilot program in 2021 and expanded to 32 health services providers from 2023/2024 to 2025/2026. LDG provides access to cybersecurity experts and 24/7/365 monitoring for participating healthcare providers. The expansion recognized $2.1m/year in savings and formation of a Cybersecurity Executive Governance Committee with an emphasis on roadmap development, budget planning and self-sustainment. Details for the South West LDG Governance and Executive Governance Committee structures were presented. The slide deck is attached to the minutes.

Keith and Dan were thanked and left the meeting following the presentation.

6. Patient Story

The Patient Story was deferred to the Fall.

The Patient Experience & Engagement Report was included in the Consent Agenda as part of the meeting package. It provided a summary of impactful patient stories received by the Board over the past 10 months, highlighting both successes and challenges that have led to meaningful learning opportunities.

Looking ahead, Jim Battle and Michelle Jones are seeking input from the Board on strategies to further strengthen patient experience at the governance level, with emphasis on the importance of people-centred care and effectively responding to patient feedback to enhance patient and family experiences.

It was noted that Patient Experience reporting is conducted through the Quality & Social Accountability Committee. As the Qualtrics patient feedback system evolves, more robust reporting capabilities are expected. The *Excellent Care for All Act* mandates the implementation of patient relations processes within healthcare organizations. This includes a structured framework for patient relations, quality improvement, public reporting, and standardized responses to patient concerns and complaints.

Following discussion, the Board agreed that offering structured patient rounding opportunities for interested members would be beneficial. This initiative will bridge the gap between governance and patient experience, and to visibly demonstrate the Board's commitment to compassionate, patient-centred care.

7. Approval of Minutes of Previous Meeting

7.1. April 3, 2025

It was moved by Kerri Ann O'Rourke, seconded by Barry Hutton:

THAT the Huron Perth Healthcare Alliance Board of Directors approves the minutes from the meeting held April 3, 2025.

CARRIED

8. Business Arising from the Minutes

There was no business arising from the minutes.

9. In-Camera Session

9.1. Motion to Move to In-Camera Session

It was moved by Kathy Lewis, seconded by Kim Ross Jones:

THAT the Huron Perth Healthcare Alliance move in-camera at 7:53 p.m.

CARRIED

9.2. Report from In-Camera Session

During the In-Camera Session the Board received reports from the Governance, Community Relations & System Transformation, Medical Advisory and Resources, Audit & Digital Innovation Committees. Updates were provided on the Clinton Public Hospital Emergency Department and upcoming Board Advance, and Ontario Health Reporting was received.

10. Consent Agenda

It was moved by Barry Hutton, seconded by Kim Ross Jones:

THAT the Huron Perth Healthcare Alliance Board of Directors approve the June 5, 2025 Consent Agenda that included reports from the:

- **Chief Nursing Executive**
- **President & Chief Executive Officer**
- **Patient Experience & Engagement Report**

CARRIED

Governance

10.1. Governance, Community Relations & System Transformation Committee

Steve Hearn presented highlights from the Committee meeting held May 27th for informational purposes.

The Terms of Reference for the Community Council were presented. This body will report to the Governance, Community Relations & System Transformation Committee. Two Directors from the catchment area served by the Hospital Corporation will sit on the committee.

It was moved by Steve Hearn, seconded by Bill Whetstone:

THAT the Huron Perth Healthcare Alliance Board of Directors approve of the Huron Perth Healthcare Alliance Community Council Terms of Reference.

CARRIED

Board Members were asked to review and provide feedback on the current format and content of Leadership Reports, and whether the information being provided continues to meet the Board's needs. It was noted that reports from Dr. Lefebvre are submitted through the Medical Advisory Committee.

The Committee received an un update on the Huron Perth & Area Ontario Health Team Accreditation Collaborative. Following the Board Meeting, elected Board Members will be receiving a link to complete the Governance Body Assessment Survey. This survey

will evaluate the performance of the governing body and identity opportunities for improvement. Board Members were encouraged to complete this survey as an 80% completion rate must be achieved.

10.2. Medical Advisory Committee

The Medical Advisory Committee met on April 24th and May 22nd and Dr Lefebvre presented the reports for information. He noted that Dr. Parackal, Child and Adolescent Psychiatrist is leaving the Huron Perth Healthcare Alliance (HPHA) at the end of July. Psychiatry patients above age of 16 will continue to receive care at the HPHA; patients under age 16 will require a referral to London. Two offers have been made to physicians to fill the gaps for anaesthesia recruitment.

10.3. Quality & Social Accountability Committee

Kim Ross Jones presented the report from the Quality Committee meeting held May 28th. Highlights included one level 6 critical incident where a detailed quality of care review was undertaken. The Huron Perth & Area Ontario Health Team Accreditation Collaborative welcomed two new members – the Happy Valley Family Health Team and the Listowel Wingham Hospitals Alliance. The Committee heard a trans patient's positive experience that demonstrated inclusivity and respectful affirming care, highlighting the benefits for patients of the Equity, Inclusion, Diversity and Anti-Racism education being undertaken across the organization. The Ethics Committee discussed proposed gender-identify enhancement in the electronic patient record linked to the patient story mentioned.

10.4. Resources, Audit & Digital Innovation Committee

The Committee met on May 29th and Franklin Famme presented the highlights circulated with the agenda package. This included the year-end results which were reported by the Auditors.

It was moved by Franklin Famme, seconded by Kerri Ann O'Rourke:

THAT the Huron Perth Healthcare Alliance Board of Directors approves the year-end March 31, 2025 financial statements and associated reports.

CARRIED

Franklin presented the 2025/2026 budget update, highlighting the following:

- Clinical Service Volumes: Budgeted to remain consistent with 2024/2025 actuals.
- Deficit Projections:
  - Hospital Service Accountability Agreement (HSAA) - $7.7m
  - Multi-Sector Service Accountability Agreement (MSAA) - $1.3m
  - Combined Service Accountability Agreement Deficit - $9.0m
  - Total Margin - (4.5%)
- Key Budget Assumptions:
  - 3% increase in HSAA base funding; no increase for MSAA.
  - Salary and benefit increases of 3% and 4%, respectively.
  - Inflationary adjustments to non-salary expenses.
  - No service or program cuts; all funded beds remain operational.
  - Only confirmed one-time Ministry of Health funding carried forward.
- Deficit Drivers:
  - Funding increases do not match rising compensation costs.
  - $2.8m in prior year one-time funding not confirmed for carryover.
- Labour Contracts:
  - All three union contracts up for renewal in 2025/2026:

    - ONA & OPSEU expired March 31, 2025.
    - CUPE expires September 28, 2025.
- Capital Budget: $12m total
    - $4m for building-related projects.
    - $8m for equipment and IT, including $2.2m for Health Information System project initiation.
- Capital Planning:
    - A comprehensive equipment plan is essential for aligning with Ministry reporting and funding opportunities.
    - Without additional funding, $4.3m in capital (Health Information System and equipment) will be deferred.
- Financial Position:
    - Planned net debt use: $2.1m
    - Total consolidated debt: $24.8m
    - Adjusted current ratio: 0.09 (improves to 0.31 if $4.3m is deferred)
- Estimated cash position: ($11.6m)

It was moved by Franklin Famme, seconded by Tricia Wilkerson:

That the Huron Perth Healthcare Alliance Board of Directors approves the 2025/2026 Operating Plan and associated reports.

CARRIED

Bill S-211, the *Fighting Against Forced Labour and Child Labour in Supply Chains Act*, received royal assent on May 11, 2023, and came into effect on January 1, 2024. This legislation imposes annual reporting obligations on many Canadian entities, including Ontario hospitals, to help prevent and reduce the risk of forced and child labour in supply chains. The Huron Perth Healthcare Alliance's (HPHA) procurement policy has been updated with support by our legal team to meet the requirements. The 2025 reporting cycle marks the second year of compliance reporting for the HPHA). The Annual Report is posted on the HPHA website.

It was moved by Franklin Famme, seconded by Greg Stewart:

THAT The Huron Perth Healthcare Alliance Board of Directors approves the Bill S-211 Annual Report for May 31, 2025 and associated reports.

CARRIED

It was noted that the HPHA no longer maintains a mandatory COVID-19 Immunization Policy although highly recommends that all Team Members – including staff, physicians, midwives, students and volunteers – remain up to date with their COVID-19 vaccinations. This was fully endorsed by the HPHA's Medical Advisory Committee.

10.5. HPHA Commitments to Our Communities -2024/2025 Corporate Quarter 4 Review

The detailed Quarter 4 status update was pre-circulated and presented for informational purposes.

10.6. HPHA Commitments to Our Communities -Refresh

Andrew Williams presented the refreshed *Commitment to Our Communities*, the Huron Perth Healthcare Alliance's (HPHA) overarching strategic plan originally established in 2018. He outlined the recent refresh process, which included engagement with both internal and external stakeholders. Feedback supported the existing Vision, Mission,

Values, and Guiding Principles. As the Board is aligned with the intent of the refresh, the HPHA team will proceed with exploring effective ways to present the updated content.

It was moved by Barry Hutton, seconded by Kathy Lewis:

THAT the Huron Perth Healthcare Alliance Board of Director approves the refreshed Commitments to Our Communities.

CARRIED

11. New Business

11.1. HPHA By-Law

The Huron Perth Healthcare Alliance By-law has been updated to reflect the new names for the HPHA Board Committees. Based on review by legal, no legislative changes were required this year.

It was moved by Franklin Famme, seconded by Ron Lavoie:

THAT the Huron Perth Healthcare Alliance Board of Directors approves the By-Law revisions to be brought to the Huron Perth Healthcare Alliance Annual & Special Members Meeting on June 25, 2025 for approval by members.

CARRIED

12. Directors Comments/Roundtable

Tricia Wilkerson was congratulated by the Huron Perth Healthcare Alliance Board of Directors and leadership for being recognized by Digital Health Canada and receiving the 2025 Community Care Leader of the Year Award for her work with Amplify Care.

13. Upcoming Meetings and Events

- HPHA Board Advance – June 20, 2025
- HPHA Annual & Special Meeting – June 25, 2025
- HPHA Organizational Meeting – June 25, 2025

14. Adjournment

The meeting was adjourned on a MOTION by Kerri Ann O'Rourke at 9:52 p.m.

Huron Perth Healthcare Alliance
Board of Directors Meeting
Organizational Meeting

Thursday, June 25, 2025
Mitchell Golf & Country Club

M I N U T E S

Present: John Wilkinson, Chair
Jim Battle, Franklin Famme, Steve Hearn, Barry Hutton, Ron Lavoie, Dr. Kevin Lefebvre, Kathy Lewis, Lynanne Mason, Dr. Heather Percival, Kim Ross Jones, Greg Stewart, Tricia Wilkerson, John Wilkinson, Andrew Williams
Sue Davey

Regrets: Kerri Ann O'Rourke, Bill Whetstone, Dr. Chuck Gatfield

---

1. Welcome

John Wilkinson welcomed everyone to the 2025-2026 Organizational Meeting of the Huron Perth Healthcare Alliance Board of Directors.

2. Approval of Agenda

It was moved by Tricia Wilkerson, seconded by Kathy Lewis:

THAT the agenda be approved as presented.

CARRIED

3. Appointment of 2025/2026 Board Officers

It was moved by Greg Stewart, seconded by Steve Hearn:

THAT John Wilkinson be appointed as the Chair of the Huron Perth Healthcare Alliance Board of Directors.

CARRIED

It was moved by Steve Hearn, seconded by Kim Ross Jones:

THAT Greg Stewart be appointed as the Vice Chair of the Huron Perth Healthcare Alliance Board of Directors.

CARRIED

It was moved by Barry Hutton, seconded by Tricia Wilkerson:

THAT Franklin Famme be appointed as the Treasurer of the Huron Perth Healthcare Alliance Board of Directors.

CARRIED

4. Professional Staff Leadership – 2025/2026

4.1. Chief of Staff

It was moved by Greg Stewart, seconded by Ron Lavoie:

THAT the Huron Perth Healthcare Alliance Board of Directors confirms Dr. Kevin Lefebvre as the Alliance Chief of Staff 2025/2026.

CARRIED

4.2. Professional Staff Leadership

It was moved by Tricia Wilkerson, seconded by Kathy Lewis:

THAT the Huron Perth Healthcare Alliance Board of Directors approves the Professional Staff Leadership for 2025/2026.

CARRIED

5. Board Committee Membership – 2025/2026

The Huron Perth Healthcare Alliance Board Committee Membership for 2025/2026 was included in the agenda package.

It was moved by Kim Ross Jones, seconded by Barry Hutton:

THAT the Huron Perth Healthcare Alliance Board of Directors approves the HPHA Board Committee membership for 2025/2026.

CARRIED

6. HPHA Board of Directors & Board Committee Meeting Schedule – 2025/2026

It was moved by Franklin Famme, seconded by Steve Hearn:

THAT the Huron Perth Healthcare Alliance Board of Directors approves the HPHA Board of Directors and Board Committee Meeting Schedule for 2025/2026.

CARRIED

7. Annual Director Declaration & Consent

The Annual Director Declaration & Consent policy was circulated.

Board Members (including ex-officio), are to complete, sign and return to Sue Davey.

8. Adjournment

The meeting was adjourned on a MOTION by Greg Stewart at 8:24 p.m.

Huron Perth Healthcare Alliance
CHIEF NURSING EXECUTIVE REPORT
for Huron Perth Healthcare Alliance Board Meeting

September 4, 2025

Purpose

The purpose of this report is to provide the Board an update on nursing practice and standards at the Huron Perth Healthcare Alliance (HPHA) and beyond.

Addressing the Global Nursing Shortage

Ontario continues to experience significant pressures related to nursing shortages across hospitals, long-term care, and community health sectors. The province is short by several thousand nurses compared to pre-pandemic staffing levels. Staffing gaps are leading to increased overtime, higher absenteeism, and, in some cases, temporary closures of emergency departments, particularly in rural and northern regions.

To further address these shortages, the provincial government has launched several initiatives, including fast-tracked licensing for internationally educated nurses, increased funding for nursing education and training seats, and financial incentives such as signing bonuses and retention pay for nurses willing to work in underserved communities. In April 2025, the Ministry of Health announced an additional $100 million investment to expand bridge programs and support clinical placements, aiming to bring more nurses into practice by the end of the fiscal year.

As has been shared through other reports, the Huron Perth Healthcare Alliance's (HPHA) turnover and retention rate continues to improve for nursing positions. Recruitment efforts have been positive, and while some nursing vacancies remain, we continue to actively recruit and show fewer vacancies overall. Full-time positions are now filled with limited posting time, with some continued work and focus on exploring part-time positions and how to attract candidates to those roles.

The HPHA works closely with nursing schools to support students' learning. Starting in September 2026, Western University's School of Nursing and Fanshawe College will dissolve their current partnership and operate separate programs, aligning with trends across Ontario. As both institutions increase their student intake, clinical placement demand is expected to rise by 30% for the 2026/2027 Fall and Winter terms. Additionally, the Ministry is shortening the BScN program to a maximum of 3.5 years, which will result in two cohorts graduating simultaneously in 2029.

To address these needs, HPHA is engaged with Western University and several regional hospital partners in reviewing peer-to-peer learning models for clinical placements, placing more than one student per preceptor, and piloting these models where capacity is identified. Studies have shown that both preceptors and students find peer learning beneficial for learning in primary care settings. They find the model stimulating, challenging, and conducive to the development of professional identity and nursing skills. However, the physical environment can be demanding, with issues like limited opportunities for using computers and small examination rooms (*Jassim et al. BMC Nursing*). Due to the need for student engagement and learning, as well as preceptor education and expectations, HPHA will need to form potential placement partnership committees with all hospitals within Huron and Perth to accommodate a larger

number of students and provide valuable learning opportunities, building our workforce of the future.

Clinical Extern Program Success and Continued Goals

The Clinical Extern Program continues to serve as a strategic pipeline for HPHA to attract and retain emerging talent as students advance in their education and pursue career opportunities after graduation. Of the seven clinical externs recently hired into permanent nursing positions, only two eligible graduates chose not to accept positions with HPHA. Their decisions were primarily motivated by the pursuit of full-time employment opportunities elsewhere; however, one remains on a casual basis with HPHA and has expressed interest in returning should suitable positions become available.

In the Spring and Summer of 2025, 46 clinical externs were recruited, with 36 remaining in casual roles, while continuing their studies, in order to sustain their connection with HPHA. Among these 36, 26 are expected to graduate between September 2025 and May 2026 and have indicated an interest in continuing with HPHA post-graduation where possible. The remaining 10 externs anticipate completing their programs within the following one to two years.

The expansion of the program in 2025 ensured representation of externs across all inpatient and emergency departments and included students from a variety of disciplines such as nursing, registered respiratory technician, pre-medicine, and paramedicine. This growth supports broader recruitment initiatives—including those for Paramedic services—and fosters early interdisciplinary collaboration and understanding among diverse healthcare roles.

Modernization of Nursing Education

Academic institutions have implemented curriculum changes to equip nurses for the evolving complexities of health care. Simulation-based instruction, interprofessional education, and mandatory training in digital health are now integral components of most nursing programs. The CNO has updated continuing competence requirements, requiring annual education on equity, diversity, inclusion, and the provision of culturally safe care for Indigenous peoples. Furthermore, HPHA's collaboration with Western University remains instrumental, as our involvement in curriculum development continues to shape educational outcomes. Notable advancements include the reinstatement of early placements in long-term care homes for second-year nursing students, enhanced simulation training focused on transition-to-practice scenarios, and the incorporation of real-world discussions regarding the necessity of around-the-clock patient care early in the program.

Introducing HPHA's new Clinical Scholars

We are pleased to announce the addition of four new Clinical Scholars to our amazing team. A brief overview of these new members is provided in the image below. Theses new scholars join the already established scholars which include Candace Riehl, Amanda Van Nynatten, Sarah Barber, and Anita Natywary introduced in an earlier report. This group represents our most diverse background of scholars to date, contributing expertise from all aspects of acute care. Together with our Clinical Educators, our Scholars continue to advance nursing excellence across our hospitals, offering mentorship and professional development opportunities for nurses at every stage, from novice to expert.

Welcome to the Team

Clinical Scholars 2025/26

Anne Marie Rock

Anne Marie brings over 30 years of nursing experience to the Clinical Scholar team, having started her career at HPHA in 1990. With 14 years in Maternity and more than two decades in Emergency care, she offers deep clinical insight. Anne Marie is also a seasoned nursing professor with Conestoga College and McMaster University, where she has led curriculum development and championed diverse teaching modalities. Her Master of Nursing and passion for mentorship make her a valuable asset to nurse learners across the Alliance. We are delighted to welcome Anne Marie as she brings her deep knowledge, teaching expertise, and enthusiasm to support nursing teams across the Alliance.

Linsey Van Kooten

Linsey joins the Clinical Scholar team with over 20 years of experience in Maternal Child Health, Long-Term Care, and Medical-Surgical nursing. She is an RN, IBCLC, and Nursing Instructor with a strong focus on mentorship, hands-on learning, and critical thinking development. Linsey has served as a charge nurse, supported student learning at Conestoga College, and continues to pursue professional development through advanced certifications. Her calm, inclusive approach will be a great support to learners across HPHA. We are thrilled to welcome Linsey as she continues to inspire and guide the next generation of nurses.

Brittany Paton

Brittany brings eight years of dedicated service to HPHA, where she has consistently pursued advanced education and clinical excellence. A Critical Care Nursing Certificate graduate from Durham College, Brittany has also completed specialized training in Peer Support, ACLS, PALS, TNCC, 12-lead ECG and Cardiac Rhythm Interpretation, CTAS, and Code White. Her leadership shines through in her roles mentoring students and new hires, stepping into Team Lead responsibilities, and serving as a Clinical Practicum Preceptor for third-year RN students on the Inpatient Surgical floor. With a strong foundation in Emergency and Critical Care nursing, Brittany is passionate about education and professional development. We are excited to welcome her to the team as she continues to grow her teaching and mentorship capabilities across the Alliance.

Rebecca McLean

Rebecca joins the Clinical Scholar team with over a decade of diverse nursing experience and a strong commitment to patient-centered care. Her clinical background spans Medical/Surgical nursing, Post-Anesthetic Care (PACU), Endoscopy, and most recently, Dialysis—where she has excelled in both inpatient and outpatient settings. Rebecca is known for her collaborative approach, critical thinking, and dedication to evidence-based practice. Rebecca is passionate about advancing nursing practice and education. We are looking forward to welcoming her to the team this August as she continues to support and mentor nurses across HPHA, fostering a positive and engaging learning environment.

Conclusion

The current environment for nursing in Ontario is one of transformation, challenge, and hope. The profession has demonstrated remarkable resilience and adaptability in the face of ongoing pressures. Strategic investments in education, workforce integration, and practice modernization are essential to meet the needs of patients and communities.

As Chief Nursing Executive, I remain committed to ongoing engagement with staff, stakeholders, and the community to advance the profession and deliver exceptional patient care in Ontario.

Respectfully submitted,

Lynanne Mason
Vice President Partnerships, Transformation
& Chief Nursing Executive

Huron Perth Healthcare Alliance
CHIEF OF STAFF REPORT
for Huron Perth Healthcare Alliance Board Meeting

September 4, 2025

As discussed previously, I have not provided a Board Report for some time as much I would need to inform you of is contained within documentation you have received elsewhere in this package. Typically, this would be through the Resources Report supplied by Laurie Roberts, Corporate Lead Medical Staff, and the reports from the Medical Advisory Committee.

There are however a few highlights I felt important to mention outside of those sources.

Hospitalist Service

As discussed previously there is a need for increasing support for hospitalist coverage at Clinton and Seaforth, and ongoingly potentially in St. Marys. As such we have moved to a model of payment as a per diem with the hospital recovering physician billings for services provided.

We are currently finalizing a draft of a contract that we are going to engage with our Stratford hospitalist group which contains inherent accountabilities on both sides.

There are some site-specific differences in the way this service is provided at Clinton, Seaforth and St. Marys. As such, we are looking into how to incorporate those differences to allow for the service to be truly Alliance wide.

Emergency Departments

Of late I have had some unsettledness regarding our Clinton Emergency Department (ED). I assure you I am aware of our responsibilities to all the communities we serve. I am aware of the political/public quagmire we find ourselves in with the ED in Clinton being open less than 24h. That being said, our learnings over the past number of years at reduced hours would suggest that most people are used to said reduction, and patient care and care to our community has not suffered to any truly significant extent, nor has it been as negatively impactful as some would have suggested.

I fully appreciate the need to explore our options regarding reopening the department 24/7 and currently, nursing is not our limitation. Physician human resources have been, and continues to be, the issue.

Our Clinton physicians are doing all they can to cover shifts. Other ED docs in the Alliance are likewise helping where they can. Even with that support, we are significantly limited in our ability to recruit physicians to work shifts in Clinton, as they are not paid under the same formula as other EDs given the fact it is not a 24/7 Emergency Department. Discussions have been had with the Ministry and with HealthForceOntario (our locum “supplier”), but to date our department needs to be self-sustaining with the need for “help”, not be dependent on these supports to make the move to 24/7.

We also struggle to fill the 24h service at Seaforth with physicians. There is only a finite pool of physicians available, and lack of comparable funding in Clinton for physicians compared to other EDs is a significant issue.

Here is a look at our physician vacancies for both Seaforth and Clinton.

- Seaforth:
  - June 15 was ALMOST a closure. We did report the near miss to OH. Dr. Schieldrop (Medical Program Director, Emergency) covered to avoid closure.
  - June – We asked HFO to cover 20 shifts. They covered 7/20.
  - July – We asked HFO to cover 23 shifts. They covered 3/23
  - August – We asked HFO to cover 8 shifts. They covered 3/8.
  - September – We did not need HFO. 3 New locums providing good support each month, in addition to the regular locum pool.
  - October – We have asked HFO to cover 4 shifts. These may still get covered internally, but HFO is a fall back.
  - NEW physician Dr. Elham Nikravesh (PRO) will join Seaforth in September 2025. Dr. Nikravesh is confident with ED work and intends to start in hospital within 3 months, following ED Mentorship.
  - 3/6 FHT physicians provide ED coverage. Dr. Nikravesh will make 7 in the group, so 4/7 providing ED. Drs. Kluz depart the group the end of August 2025. Dr. Kluz previously provided up to 8 shifts per month and is no longer on this schedule.

- Clinton:
  - The following vacancies were reported to OH as potential closures. I noted some did get filled at the last minute. Four did not and were closures.
    - June 2 (did get filled by Dr. Kargbo)
    - June 14 CLOSED
    - June 15 (did get filled by Dr. Ennett)
    - June 28 CLOSED
    - June 29 (did get filled by Dr. Armstrong/Dr. Kargbo)
    - June 30 CLOSED
    - July 11 (did get filled by Dr. Chan)
    - Aug 12 (did get filled by Dr. Woodcock/Dr. N. Potvin)
    - Aug 23 CLOSED
    - Aug 29 (did get filled by Dr. Ni Potvin)
    - Dr. Farzaneh Ebrahimi Fard (PRO) joined in October 2024. There has been a slow integration to hospital (no ED and virtually no hospitalist) due to lack of confidence/competence (work in progress). Therefore, I don't anticipate support in the ED in the near future.
    - 2/6 FHT physicians provide regular ED coverage. Have solid regular ED with newer locums – providing 6-8 shifts per month.

As a comparator, here are the stats for St. Marys.

- St. Marys:
  - No closures or near misses.
  - New recruit, Dr. Sina Mehraban Far (uCalgary grad) has been a good fit and we anticipate will transition to a full member of the FHO. In process of buying a house. Currently providing clinic, hospitalist and ED coverage.
  - 9/11 FHT physicians provide ED coverage. Dr. Mehraban will make 12 in the group, so 10/12 providing ED. Have solid regular ED coverage with locums.

The reasons for these differences between sites are multifactorial, but it does highlight that we have a very finite pool of physicians available to work in our EDs.

We are attempting to be more efficient in our scheduling, to standard the approach allowing available shifts to be posted in a timelier manner. Even so, there is still a great deal of tenacity in attempting to staff those EDs with physicians.

As we move forward with our exploration of reopening the ED in Clinton 24/7, we need to factor in these realities and their potential solutions if any.

Respectfully submitted,

Kevin Lefebvre, MD, FRCSC
Chief of Staff

Huron Perth Healthcare Alliance
PRESIDENT & CHIEF EXECUTIVE OFFICER REPORT
for Huron Perth Healthcare Alliance Board Meeting

September 4, 2025

I am pleased to share my latest Board Report, focusing on issues and accomplishments over the past number of weeks, as well as looking ahead to the fall. To begin however, I want to formally welcome you to our new Board Committee year – it is hard to believe that our summer has melted away as quickly as it has, and I trust all were able to take some time to enjoy.

I had the opportunity in early July to present to the Masters of Health Administration Program at University of Ottawa's Telfer School of Management. It was a great opportunity to engage with students aiming to enter health leadership and discuss career planning as well as focus on the environment they will be entering as their careers commence. Topics discussed included communication and trust building; health equity and access; collaboration across the system; public trust and brand recognition; workforce resilience and support; and, supply chain vulnerabilities. I was heartened by the enthusiasm and engagement of this "next generation," and look forward to working with a number of them in the coming years.

Our Quarterly Staff Forums fell the week of July 28th and it was another great opportunity to engage and update on a number of important topics. Two key discussion points included our in-year goals stemming from the Commitments to Our Communities (CtoC), and the financial challenges faced by hospitals as we look ahead to the next 24-36 months. As the Board is aware, we introduce new indicators each year that align with the intent of our CtoC, while continuing to advance the Huron Perth Healthcare Alliance (HPHA). Reinforcing these with staff and importantly seeking input is key and helps ensure the corporate areas of focus are translating to the front line. While all were shared, speaking directly to our efforts to strengthen overall communication, notably the survey that at the time was still receiving input was informative.

At each Forum, I do a detailed update on the financial position of the organization, including activity levels driving operations. In light of ongoing deficit concerns, not only at the HPHA but also across most hospitals in the province, we had a good discussion on the realities we are facing. In an effort to reinforce the roles we all play in the financial realities of the organization, I shared and discussed a number of 2024/2025 efficiency indicators, including impact, as follows:

- We had 7,134 days where patients were classified as alternate level of care (ALC)
    - *ALC is a designation for patients in a hospital who no longer need the intensity of care provided in that specific setting, and are waiting for a more appropriate care environment or service*;
- We had 9,630 days where patient stay was considered conservable
    - *Conservable days refers people who no longer require any car*e;
- We spent $3.5 million on overtime;
- We spent $3.2 million on sick time, excluding replacement costs; and
- We spent $1.4 million on non-urgent transportation costs, particularly after-hours increased significantly.

I highlighted the benchmarking efforts we undertake, and to which we are held to account provincially, and concluded by reinforcing that we all play a part in the overall fiscal integrity of

the organization and that addressing same is fundamental to the HPHA's ability to continue to meet and exceed the needs of those we serve, and of our team.

I am pleased to advise the Board that I have been appointed to the Board of Directors of Healthcare Collaborative Benefits (CO). CO's mandate is to develop, provide and manage a comprehensive, sustainable, and responsive employee health benefits strategy and program, co-created with and for the benefit of not-for-profit participating healthcare organizations in Canada. Participating organizations benefit from an improved employee experience, better health outcomes, sustainable and stable costs and greater efficiency. The HPHA is a Member of CO, with our experience to date being very positive. The goal of CO in the coming years is to continue to expand in a manner that will bring ever-increasing benefits to the employees we represent, something I believe will be a key strategic advantage for the sector moving forward.

On November 1st, the Boards of Directors and Senior Leadership Teams of the HPHA, Huron Health System and the Listowel Wingham Hospitals Alliance will be holding a Joint Advance, to be held at the Mitchell Golf and Country Club. While we have held regular meetings across the three organizations over the past number of years, including the Board Chairs, Chiefs of Staff, Chief Nursing Executives and President/CEO's, this will be the first time the full Boards have come together. Kudos to John, and the other two Chairs for advancing this – it will be very timely in light of the ongoing changes we are witnessing across the health care system and will help ensure that we are making informed, system decisions at the hospital level that will strengthen care delivery through ongoing service coordination and integration.

One of the key areas of focus will be a status report on the Regional Clinical Planning currently underway. We are in the final stages of identifying a consultant who will work with our three organizations to undertake a detailed analysis of current service deliver against referral patterns, and identifying with us, opportunities to strengthen clinical service delivery for those we serve in the context of the reality in which we operate. While work will not be completed by the Advance – we anticipate a 4-6 month process, it will definitely be informative to the conversation.

For me, the highlight of the past few weeks has been the soft relaunch of our Commitments to Our Communities, or to most organizations, a strategic plan. As Board members know, as the HPHA has evolved over the years, it has sharpened its focus on key priority areas. Notably, in 2018 we launched the inaugural Commitments to Our Communities after extensive internal and external engagement. The process resulted in the introduction of new Values, Mission and Vision, as well as directional focus through Guiding Principles of People, Partnerships and Performance.

Coming out of the pandemic, and over the past 18 months we have been assessing our CtoC against the current and evolving environment in which we are operating. We determined that the directional focus of our 2018 Plan continues to be very appropriate today and therefore did not require extensive change. We did however, embed three additional strategic drivers – System Transformation, Digital Innovation, and Social Accountability into this public facing document. As all know, this formal relaunch was prefaced by an updating of Board Committee assignments, and senior leadership accountabilities aimed at further supporting the directional changes we need to continue to make if we are to continue to meet and exceed the needs of those we serve now and into the future. Moving forward, this refreshed Commitments to Our Communities will continue to play a key role in ensuring we advance as an organization and, as much as we can control and influence, ensure we remain an innovator in the delivery of appropriate system-focused care.

On August 13th, I was pleased to participate in the Stratford General Hospital Foundation's In Our Hands Capital Campaign Celebration. Kudos to Campaign Co-Chairs Rick Orr and Paul Roulston for their tireless leadership and enthusiasm throughout the campaign, and to the Foundation Board Members under the leadership of Josef Frank for committing personal time, passion and energy to strengthening our community. A special shout-out to the Foundation Staff, led by Cheryl Hunt for the impressive approach taken throughout the campaign, and how nice was it to have Andrea Page, Cheryl's predecessor attend and receive accolades for the key role she played in the campaign's success. There is not a single part of any of the HPHA's sites not impacted by the generosity of our communities as brought to life through our Foundations, with this campaign no different. While the new Chemotherapy and Medical Clinic, and Pharmacy were the centrepieces of this campaign, its broader impact on staff, patients and families has been outstanding. Special thanks to HPHA Board Chair John Wilkinson for his participation in the event, and to Matthew Rae, MPP Perth-Wellington, and John Nater, MP Perth-Wellington for attending, bringing greetings and for supporting our efforts. With a goal of $30 million, the final total raised, in cash and pledges was a staggering $31,428,674.40.00, an outstanding total, and we cannot say THANK YOU enough!

Still with Foundations, on August 20th and 21st I had the opportunity to participate in the inaugural Clinton Public Hospital Foundation and the 32nd Annual St. Marys Healthcare Foundation Golf Tournaments. I use the word "participate" very loosely as those kind enough to golf with me – Peter Williams, Lori Merner, Andrew Barton, Jacqui Tam, Francesco Sabatini and Randy Huitema may say it was a stretch. Regardless, both days were outstanding, with funds raised going towards an Ophthalmic Microscope in Clinton, and Digital Imaging equipment replacement in St. Marys – kudos to all who were involved in hosting these events and what outstanding reminders of how our communities rally around our hospitals.

In concluding this Report, I do want to share a personal reflection stemming from experiences I and my family have had with care over the summer, not only through the HPHA, but also with Home Care, Hospice, Primary Care, EMS and Fire. Despite a lot of family stress, I was reminded time and time again of how kindness sets the tone for how we live the actual experiences, and how we remember our experiences. While I was not surprised with the incredible treatment and support provided at every turn, to say I was humbled as a member of the broader health system is an understatement. To all involved in our journeys, I want to thank you!!

As always, I will welcome discussion around this Report, and thank you for your ongoing leadership.

Respectfully submitted,

Andrew Williams, B.Sc.(Hon), MHSA, CHE
President & Chief Executive Officer

Huron Perth Healthcare Alliance
PATIENT EXPERIENT & ENGAGEMENT REPORT
for Huron Perth Healthcare Alliance Board Meeting

September 4, 2025

Purpose

To update the Board of Directors on HPHA's initiatives that enhance patient and caregiver experience, including storytelling, collecting feedback, data reporting, engagement activities and their impact on continuous care improvement.

Patient Experience Storytelling

Why it matters: Stories bring the lived experiences of patients and caregivers into focus.

This month's story: A daughter's perspective as the primary caregiver for her 93-year-old mother. She will share their hospital journey of care and the challenges they faced.

Impact: This story reflects the vulnerability of patients and families navigating the healthcare system. It reinforces how every action, word and clinical protocol can shape the care experience for patients and caregivers. By learning directly from this experience, HPHA can better support patients and their caregivers while driving improvements that matter most to them.

Patient Experience Feedback – Digital Survey Tool (Qualtrics)

- OHA launched new surveys to address current feedback gaps June 2025:
  - ICU Experience
  - Addictions & Mental Health (Inpatient / Outpatient & Virtual)
  - Outpatient Care (In-person & Virtual)
- **HPHA Go-live:** Late September / Early October 2025 (slight delay due to the high volume of hospital uptake).

Data & Reporting

- Patient Experience Team established to develop dashboards and reports that will track:
  - Survey response rates
  - Unit/site trends (strengths + opportunities)
  - Staff recognition & compliments
  - Process improvements linked to patient and caregiver feedback
  - Exploring Qualtrics AI capabilities

Engagement Activities

Recruitment

- Continued recruitment over the summer resulted in a full complement of Patient & Caregiver Partners (PCPs) joining the refreshed Program Councils in September 2025.

Education & Training

- New Patient & Caregiver Partner Program e-learning module launching Fall 2025.
  - Covers: PCP Program, People-Centred Care, and Building Relationships.
  - Audience: leaders, staff, physicians, and new PCPs.
  - Will support new hire orientation, onboarding and serve as a PCP recruitment tool.

- Initiative responds directly to 2024 Leadership Planning Day feedback, where leaders shared the need for greater support in engaging patients and caregivers.

In Summary

HPHA continues to strengthen the patient and caregiver voice through storytelling, real-time digital feedback, actionable reporting, and deeper engagement. These initiatives ensure care is compassionate, data-informed and co-designed with those we serve. HPHA remains a leader in advancing patient and caregiver experience and engagement.

Respectfully submitted,

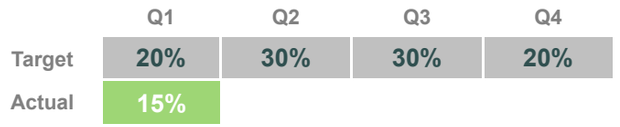
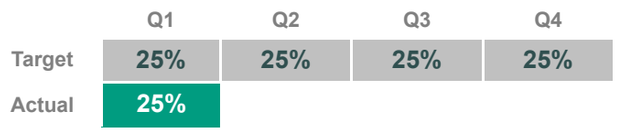
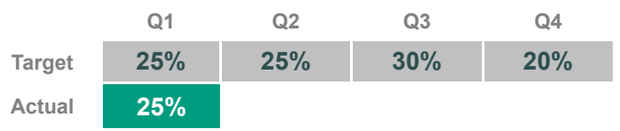
Michelle Jones, Corporate Lead, Patient Experience, Patient & Caregiver Partner Program
Jim Battle, Co-Chair Patient & Caregiver Partner Program & Board Representative

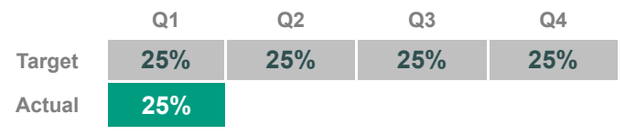
HURON PERTH HEALTHCARE ALLIANCE

Commitments To Our Communities

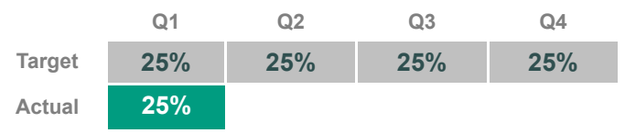
90 Days Action Plan

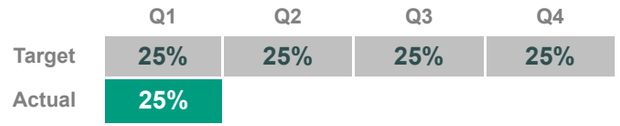
Guiding Principle	Strategic Plan	Objective	Indicator	Corporate Lead	Milestones	Status	Status Update By Lead
People	**- Creating exceptional patient, family and staff experiences - Advancing knowledge, skill & ability - Engaging patient families, our team & communities**	Advance Social Accountability Strategy	Strengthen community partnerships to enhance support for HPHA patients through a Social Determinants of Health approach	Jacqui Tam	**Q1**: Create or establish HPHA representation on Working Group to support advocacy.	Q1 / Q2 / Q3 / Q4 Target: 25% / 25% / 25% / 25% Actual: 25%	Working Group has met 3 times, moving initiative forward
		Foster Inclusive Workplace at HPHA	Increase staff and leadership awareness and knowledge of diversity and inclusivity, fostering a more equitable workspace	Mary Cardinal	**Q1**: 1) Communication and assignment of Equity, Inclusion, Diversity and Anti-Racism (EIDA-R) e-Learning to all HPHA staff by April 1, 2025. 2) Communication	Q1 / Q2 / Q3 / Q4 Target: 10% / 25% / 25% / 40% Actual: 10%	*Communication April 7, 2025 regarding increasing completion rate of HPHA's EIDA-R eLearning module by staff to 50% by February 28, 2026. Current status 47% completion rate. *Communication April 7, 2025 regarding each member of the leadership team

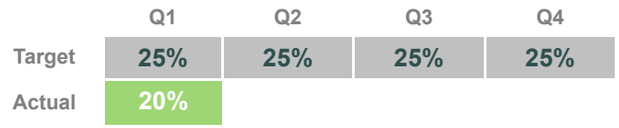
					and education offerings related to Anti-Discrimination to leadership team by April 1, 2025		completing minimum of one learning related to anti-discrimination in healthcare by February 28, 2026. Current status 40% completion.
		Strengthen HPHA Staff Communication and Engagement	Development and implementation of an internal communication strategy aimed at enhancing staff engagement	Mary Cardinal	**Q1**: Conduct employee survey regarding current communication methods and opportunities for enhancement.		To avoid overlap with Accreditation survey, Communication survey launched on July 7th and open to August 8th, hence target not fully met.
Partnerships	**- Developing & strengthening relationships - Driving care coordination - Lead system development**	Advance Collaborative Partnerships to Support Patient Flow	Establishment of improved patient flow pathways through enhanced communications and partnership accountability	Sarah Harmer	**Q1**: HPHA implementation of weekly Joint Decision Rounds in collaboration with Ontario Health atHome, ONECARE, and Perth County Mobile Integrated Health.		Initiated and monitoring for proficiency's and improved outcomes for patients and families.
		Advance Partnership Opportunities	Develop a Partership Implementation Plan	Ruixu Wang	**Q1**: Current State Review of Marketed Services and Partnerships.		A thorough review of all marketed services and external partnerships has been completed, including a detailed financial analysis. All offerings have been

							confirmed to be operating at break-even or better. In addition to confirming financial sustainability, the review identified several strategic opportunities to enhance service value, strengthen partnerships, and increase revenue potential. These insights will inform our next phase of planning and prioritization.
	Advance the Huron Perth & Area Ontario Health Team	Develop a Clinical Service Plan with partner organizations to establish a future healthcare service delivery model within Huron Perth	Lori Merner	**Q1**: Complete the RFP process and hire a consultant to provide Clinical Service Plan recommendations based on the data gathered.			As part of our commitment to advancing a coordinated and sustainable approach to clinical care across the Huron Perth region, we have initiated a formal procurement process to select a partner to support the development of a Regional Clinical Services Plan.An RFP (T-551) was issued jointly with our two partner hospital corporations. We received four (4) proposals that met all mandatory

							requirements and are proceeding through the evaluation process.Although the RFP deadline was extended to accommodate proponent requests for additional time, the project remains on track. A multi-disciplinary Selection Committee—with representation from HPHA, LWHA, HHS, HP&A OHT has now commenced the evaluation phase.The committee will complete scoring and reference checks, followed by virtual proponent presentations scheduled for August 12. We anticipate moving into negotiations shortly thereafter, with the goal of awarding the contract and finalizing an agreement with the preferred proponent by September 2, 2025.This planning effort will help align clinical services across the region with

							population needs, support integration efforts, and inform future service delivery and capital planning.
Performance	**- Managing resources responsibly - Delivering exceptional care - Providing a safe environment**	Improve Access to Care	Maintain standardized process to facilitate decrease in Ambulance Offload Time in HPHA Emergency Departments with a goal to meet or exceed provincial target of 30 mins.	Jacqui Tam	**Q1**: Evaluate the impact of the ambulance offload role and Emergency Department (ED) Flow Nurse (Stratford ED). Identify key strategies that improved AOT; advocate for funding with Perth EMS to continue for the ambulance offload role.		Significant improvements while role is in place; have temporarily put role on hold q2 as awaiting funding

	Improve Patient Experience & Outcomes	Determine if HPHA patients feel they received adequate information about their health and their care at discharge. Focus: HPHA Inpatient Units / Emergency Room	Michelle Jones	**Q1**: Ensure 100% of staff responsible for patient registration are aware of and follow standardized process for collection of patient email addresses.		An inSITES article highlighting the Digital Survey Implementation Project was published in the June 2025 edition, helping build awareness and engagement across the organization.Patient Experience cards were printed and will be distributed across all sites in August 2025, promoting digital feedback opportunities for patients and caregivers.The process of collecting patient emails at registration remains a standing agenda item at the Regional Patient Registration Quarterly Meetings, supporting improvements in digital survey delivery.Implementation of Patient Registration Kiosks is expected to streamline and improve email collection at the point of registration.The previous process where registration clerks printed consent forms for patients is

							being removed. Implied consent for survey participation is covered under our public notice regarding collection and use of personal health information. Individuals have an "opt-out" opportunity when survey is sent.
		Improve and Streamline Human Resources Processes for Staff	Implementation of UKG System.	John Brennan	**Q1**: Complete system build and data conversion for Phase 1 modules (Schedules, Shift Notification, Timecards, Payroll).		Some delay due to internal and vendor side resource scarcity. Payroll is well on track for a Q3 go-live. Scheduling, Shift Notice, Timecards - this work is lagging due to Payroll and Scheduling resource unavailability.

Huron Perth Healthcare Alliance
GOVERNANCE, COMMUNITY RELATIONS
& SYSTEM TRANSFORMTION COMMITTEE
for Huron Perth Healthcare Alliance Board Meeting

September 4, 2025

The Huron Perth Healthcare Alliance (HPHA) Governance, Community Relations & System Transformation Committee met on August 26, 2025.

Governance

Governance, Community Relations & System Transformation Committee Terms of Reference

Governance, Community Relations & System Transformation Committee Work Plan – 2025/2026

- Approved by the Committee.

HPHA Board of Directors Work Plan – 2025/2026★

- Reviewed and approved by the Committee.

Motion

THAT the Huron Perth Healthcare Alliance Board of Directors approves the HPHA Board of Directors Work Plan for 2025/2026

HPHA Board Education/Focused Discussion Plan – 2025/2026★

- Reviewed and approved by the Committee.

Motion

THAT the Huron Perth Healthcare Alliance Board of Directors approves the HPHA Board Education/Focused Discussion Plan for 2025/2026

Huron Perth Hospitals Board & Senior Leadership Team Retreat (November 1, 2025)

- Huron Perth Hospital Boards passed a motion to collaborate on a unified strategy to address shared challenges.
- Joint Board Retreat planned for November 1, 2025 to bring together all Boards and Senior Leadership Teams.
- Retreat focus is to foster relationship building and support working together to support the development of a regional clinical services plan for Huron Perth.

HPHA Community Council

- **Director Appointments and Appointment of Council Chair**

Motion

THAT the Huron Perth Healthcare Alliance Board of Directors approves the appointment of Kerri Ann O'Rourke and Bill Whetstone as Board Representatives to the HPHA Community Council and the appointment of Bill Whetstone as Chair

Accreditation Update

- **Governing Body Assessment – HPHA Results★**
- Survey completed by 100% of elected Directors.
- Results were overall positive and areas of opportunity and improvement were highlighted.
- A small group of HPHA Board Members will review to address one or more priorities with a goal to develop a Quality Improvement Action Plan.

Community Relations

HPHA Communications Report – Quarter 1

- Dashboard format is clear, concise, and effective in presenting key data.
- Communications Strategy developed last year was paused to prioritize staff engagement; efforts are now underway to inform and refine the plan.
- The potential value of tracking and reporting foundation-related social media activity was discussed and will be explored further.
- Emphasis was placed on sharing positive news and strengthening connections with hospital foundations.

System Transformation

Huron Perth & Area Ontario Health Team (HPA-OHT) Update

- Ontario Health Teams are engaged in provincial primary care strategies.

Next Meeting: October 28, 2025 at the HPHA Clinton Public Hospital

★Attachment

HURON PERTH HEALTHCARE ALLIANCE
ALLIANCE BOARD OF DIRECTORS

WORK PLAN
2025-2026

Item	Reporting Body	September	November	December	February	March	April	June	June Org
Board Development									
Board Focussed Discussion/Education	B		x	x	x	x	x		
Patient/Caregiver Story	B	x	x	x	x	x	x	x	
Governance, Community Relations & System Transformation									
HPHA Board of Directors Work Plan	G	x							
HPHA Board Education/Focussed Discussion Plan	G	x							
Evaluations:									
Ontario Hospital Association Board Self-Assessment • Results/Action Plan	G				x				
HPHA Board Self Evaluation • Results/Action Plan	G				x				
President & CEO Performance Evaluation • Results/Action Plan	G							x	
Chief of Staff Performance Evaluation • Results/Action Plan	G							x	
Executive Compensation Framework • Draft Pay-At-Risk indicators tied to Quality Improvement Plan for next fiscal year • Quality Improvement Plan Pay-At-Risk objective(s) met for year-end	G				x			x	

HPHA Commitments to Our Communities • Quarterly Status Updates • Approval of Objectives for next fiscal year	G	x	x		x		x	x	
HPHA Board of Directors – Nominating Process • Identify Gaps and Process • Establish Nominating Committee • Receive/Approve Recommendations of Nominating Committee	G				x			x	
HPHA Community Members on Board Committees – Nominating Process • Identify Gaps and Process • Receive/Approve Report of Nominating Committee	G				x			x	
HPHA Annual General Meeting Planning	G							x	
HPHA Board Advance Planning	G							x	
HPHA Board Officers	G								x
HPHA Board Committee Membership	G								x
HPHA Professional Staff Leadership	G								x
HPHA By-Law Changes	G							x	
HPHA Governance Policies*	G								
Accreditation Update	G Q	x	x	x	x	x		x	
Community Connection Event Planning	G		x						
Huron Perth & Area Ontario Health Team Update	G	x	x		x			x	
Huron Perth & Area Ontario Health Team Plans & Priorities	G				x				
**Per Review Schedule*									
Resources, Audit & Digital Innovation									
Fiscal Health									
Quarterly Financial Statement	R	x	x		x			x	
Hospital Annual Planning Submission Update	R						x		
Capital Planning (2026-2027)	R						x		
Operating Assumptions – Financial and Volume (2026/2027)	R								
Hospital Annual Planning Submission (2026/2027)	R						x		
Community Annual Planning Submission (2026/2027)	R						x		

HPHA Internal Operating and Capital Plans (2026/2027)	R							x	
Year-End Financials	R							x	
Financial Fiscal Year/Forecast	R	x	x		x			x	
Capital Project/Equipment Expenditure	R	x	x		x			x	
Credit Facilities Status	R	x	x		x			x	
Audit Plan	R				x				
Draft Audited Financial Statements	R							x	
Appointment of External Auditors	R							x	
IT and Digital Innovation Roadmap	R	x						x	
Digital Innovation Framework	R				x				
Health Information System Update	R		x					x	
Hospital Service Accountability Agreement**	R								
Multi-Sector Service Accountability Agreement**	R								
***Dependent on timing of when final draft M-SAA & H-SAA documents are received from Ontario Health West*									
Workplace Health									
Human Resources Update	R	x	x			x			x
Recruitment Quarterly Report Staff & Professional Staff	R	x	x			x			x
Union Contract Settlement*	R								
**as required*									
Quality & Social Accountability									
Quality Improvement Plan (QIP) • Review draft Quality Improvement Indicators • Approval of QIP	Q				x	x			
Quality Improvement Plan Close-Out Reports	Q							x	

Legend	Abbreviation
Board of Directors	B
Governance, Community Relations & System Transformation Committee	G
Resources, Audit & Digital Innovation Committee	R
Quality & Social Accountability Committee	Q
Medical Advisory Committee	M

Huron Perth Healthcare Alliance

Board of Directors

Board Education/Focused Discussion Calendar 2025/2026		
Date	**Topic**	**Presenter(s)**
September 4, 2025	None	
November 6, 2025	Framework for and Developing Good Governance	Andrew Williams
December 4, 2025	Board's Role in Overseeing Quality & Enterprise Risk Management	Mary Cardinal
February 5, 2026	HPHA Financial Overview	Iris Michaels
March 5, 2026	2026/2027 Commitments to Our Communities	Mary Cardinal Lynanne Mason Iris Michaels Andrew Williams
April 9, 2026	Board's Role in Credentialing	Andrew Williams Dr. Kevin Lefebvre
June 4, 2026	None	

Accreditation Canada
HSO Governing Body Assessment

Huron Perth Healthcare Alliance
2025

The HSO Governing Body Assessment is an Accreditation Canada tool to assess the performance of the governing body and identify areas for improvement. The assessment was conducted in June 2025 and achieved 100% response rate, with all 11 members of the board completing the survey. Response options with no responses are not shown.

The survey responses are designed to yield actionable results and will aid the board in meeting all of Accreditation Canada's Governance Standards and enhance their role in the organization's governance.

How much do you agree or disagree with the following statements about your role on the governing body?	Agree	Strongly Agree	N/A	Don't Know
I have a clear understanding of my role on the governing body.	18%	82%		
I am confident in raising difficult issues during governing body meetings.	27%	73%		
I can get the information I need to make informed decisions at governing body meetings.	27%	73%		
I fully understand the organization's mission, vision, and values.	9%	91%		
I have a clear understanding of what quality means for the organization.	36%	64%		
I can monitor the organization's actions to improve the quality of care and services for patients/residents/clients.	45%	55%		
I was provided with comprehensive new member orientation when I joined this governing body.	45%	55%		

How much do you agree or disagree with the following statements about the organization and the governing body you participate on?	Agree	Strongly Agree	N/A	Don't Know
Our meetings are conducted in the spirit of open, constructive discussions.		100%		
At our meetings, governing body members show respect to each others.		100%		
We ensure that all governing body members participate in decision making.	18%	82%		
We have an effective quality sub-committee.	9%	91%		
We ensure that the organization's executive leader(s) who report to the governing body have accountability for the quality of care in their performance objectify.	9%	91%		
We actively engage internal stakeholders in reviewing the organization's performance.	45%	45%		9%
We actively engage external stakeholders in reviewing the organization's performance.	55%	36%		9%
We ensure that the organization's quality-of-care action plan is co-developed with internal and external stakeholders.	36%	55%		9%
We support the organization's executive leader(s) to develop a strategy for improving cultural safety for Indigenous patients/clients/residents.	45%	55%		
We support the organization's executive leader(s) on a strategy to address Indigenous-specific racism.	36%	45%	9%	9%

How much do you agree or disagree with the following statements about the organization and the governing body you participate on? *Cont'd….*	Agree	Strongly Agree	N/A	Don't Know
We support the organization's executive leader(s) to publicly review the organization's quality and safety performance annually.	9%	82%		9%
We support the organization to reduce its carbon footprint.	55%	45%		
We regularly review data documenting the experiences of patients/residents/clients and their families.	18%	82%		
We regularly review data from the organization's workforce documenting their health, safety, and overall work experiences.	45%	55%		
We regularly review data showing the organization's performance.	18%	82%		
We regularly evaluate how we can improve our effectiveness as a governing body.	36%	55%		9%
We do not become directly involved in the day-to-day operations of the organization.	9%	91%		
We do not become directly involved in the day-to-day operations of the organization.		100%		
We have a collaborative relationship with the organization's clinical management.	18%	82%		

In the past 12 months have you received education or participated in continuous learning on any of the following topics as a member of this governing body.	Yes	No	N/A	Don't Know
How this organization is addressing systemic racism.	73%	18%	9%	
The importance of the cultural safety in the organization's approach to addressing Indigenous-specific systemic racism.	45%	18%	9%	27%
How to interpret quality and patient/resident/client safety performance information.	100%			
How to be an effective member of this governing body.	91%	9%		
How the organization takes a people-centered care approach to providing care and services.	100%			
Have you received constructive feedback from the chair on your contributions as a governing body member in the past 12 months?	45%	36%	9%	9%

These questions ask for your assessment of the governing body's focus on the organization's quality performance over the past 12 months.	In Most Meetings	In Every Meeting
How frequently was the organization's quality performance on the governing body's agenda?	18%	82%

These questions ask for your assessment of the governing body's focus on the organization's quality performance over the past 12 months.	10% or Less	10-20%	21-30%	31-40%	More than 40%	Don't Know
Approximately what percentage of the governing body's meeting time was spent on the organization's quality performance?	9%	27%	18%	18%	9%	18%

How would you rate the governing body's impact on the following?	Fair	Good	Very Good	Excellent	N/A	Don't Know
Improving the quality of care?			45%	45%		9%
Improving patient/resident/client safety?			55%	36%		9%
Improving occupational health and safety?		9%	45%	27%		18%
Addressing systemic racism in the organization?		18%	27%	36%		18%
Addressing Indigenous-specific systemic racism in the organization?	9%	18%	18%		9%	45%
Ensuring the security of the organization's information management systems?		9%	55%	27%		9%
Improving the sharing of patient/resident/client information with them and their care providers?		18%	45%	27%		9%

Huron Perth Healthcare Alliance
MEDICAL ADVISORY COMMITTEE
for Huron Perth Healthcare Alliance Board Meeting

September 4, 2025

The Huron Perth Healthcare Alliance (HPHA) Medical Advisory Committee met June 16, 2025.

Credentials & Physician Resource Planning Committee
The following updates were provided:

- The COVID-19 vaccination policy has been archived and is no longer a requirement of HPHA.
- Dr. S. Riaz started in Mitchell this week and is taking new patients. She is currently billing "fee for service" until the Ministry approves her application to join the Mitchell FHO.
- Challenges are continuing with staffing the EDs in Seaforth and Clinton with several vacancies over the summer months. It was noted that Clinton has been impacted due to lack of funding (lower hourly rate when compared to Seaforth and St. Marys). A meeting is scheduled tomorrow with Ontario Health to discuss Clinton funding.
- Dr. M. Idris will be joining the Department of Anesthesia full-time in September. A few Locums have committed to providing support over the summer/fall months.
- An impact analysis is underway for Orthopedics to add a 4th member to their department.
- Ophthalmology completed 2 interviews this week with potential recruits. 1 candidate will be completing a site visit next week.

Health Records Committee
The Health Records Committee minutes from June 19, 2025 were attached to the meeting package for review. Dr. A. Kara noted that a meeting is scheduled July 9 to review/update the Photography, Sound Recording and/or Videotaping Patients policy. More to follow.

The Completion of Clinical Documentation policy has been updated to include a process to deal with repeat offenders: *"In the event an MRP receives three (3) 21-day notifications within a cumulative one year period, they will have an in-person meeting with the respective Medical Program Director or Chief or Chief of Staff; Chair, Health Records Committee; VP People, Engagement and Social Accountability; and the Manager, Patient Registration, Health Information & Privacy to discuss issues and barriers to completing documentation within the required timelines."*

Pharmacy & Therapeutics Committee
The Pharmacy & Therapeutics Committee met June 18. Dr. P. Schieldrop highlighted the following have been approved/added to the formulary: 3 COVID-19 medications (Remdesivir, Barcitinib, Tocilizumab) and Indocyanine Green.

Medical Directive – MSK Diagnostic Imaging
The above listed medical directive was approved for use by the Medical Advisory Committee.

Medical Tourism Update
HPHA is developing a Medical Tourism policy and education will take place with staff and physicians. Mat/Child and Stratford ED are currently using the Provincial form (GLJA – Governing Law & Jurisdiction Agreement) within their departments. It is important to have this form in hospital as at HPHA, the initial contact with the patient is not likely to occur in the physician's office.

Award of Excellence – Physician
The award ceremony for the annual HPHA Awards of Excellence took place at the HPHA AGM. The recipient of the Physician Leadership Award was Dr. Gregg Hancock.

2024 CTAS (Canadian Triage and Acuity Scale) Guideline Update and Implementation Project
Training is underway for all ED nurses to start using the updated 2024 CTAS guidelines prior to the eCTAS go live scheduled September 4 (Ministry directed date – not flexible). There may be some changes in CTAS scoring, which will be monitored via audits. It was noted there are implementation challenges with our current HIS system which will require duplication in charting by nursing staff.

Report of President & CEO
A.Williams provided the following updates:

- The HPHA Board of Directors AGM took place last night. Highlights included the Awards of Excellence ceremony and honoring our patient partners.
- Financial Update – HPHA reported a year end deficit of $4.9 million. A focus over the next year will be to identify opportunities/efficiencies to change the expenditure curve. Medical staff will be engaged in this process to find efficiencies within programs.

Next Meeting: September 25, 2025

Huron Perth Healthcare Alliance
QUALITY & SOCIAL ACCOUNTABILITY COMMITTEE
for Huron Perth Healthcare Alliance Board Meeting

September 4, 2025

The Huron Perth Healthcare Alliance (HPHA) Quality & Social Accountability Committee met on August 27, 2025.

Quality & Social Accountability Committee Terms of Reference
Quality & Social Accountability Committee Work Plan – 2025/2026

- Approved by the Committee.

Quality & Patient Safety

2025/26 Quality Improvement Plan Change Plan Progress Report – Quarter 1★

- Emergency Department Return Visit Quality Program
  - Quarter 1 audits underway; intent to prevent return visits where possible and identify quality improvement opportunities.
- Access and Flow
  - Significant improvement in Ambulance Offload Time (AOT); approaching provincial target. Continued funding by Perth EMS for dedicated nurse under consideration; partnership of significant benefit.
- Equity
  - Leadership and staff targets on track (40% of 100% leadership; 47% of 50% staff). Planned survey to include quantitative outcomes related to increased EIDA-R awareness and knowledge.
- Experience
  - Q1 targets met regarding:
    - Communication and implementation of standardized process for patient registration staff to collect patients' email addresses;
    - iPads updated to facilitate completion of patient experience surveys; paper surveys will not be available
    - Communication to increase patient and staff awareness of purpose / benefit of Patient Experience survey.

Operating Indicators Report -Quarter 1★

Report reviewed with respect to unmet targets.

Critical Incidents – Quarter 4★

- No Critical Incidents reported

Accreditation Update

- Global Workforce Survey (replaces Canadian Patient Safety Culture and Worklife Pulse surveys) distributed to staff and physicians; response exceeded 95% confidence level.
- Ontario Health Team Steering Committee to consider if Collaborative Quality Improvement Action Plans are possible in response to surveys results.
- Required Safety Practices teams (RSPs; replace Required Organizational Practices) formed; self-assessment process will begin in near future

Patient & Caregiver Program

- Patient Story
  - eCTAS (electronic Canadian Triage Acuity Scale) project profiled; implementation September 2025 under Pay for Results funding. Standardized application of CTAS Guidelines will improve patient safety and quality of care.
- Patient Relations & Engagement Report
  - Patient Partner membership on all Program Councils; eLearning developed to support and educate Patient Partners, staff, physicians (HPHA first organization to do so).

Environmental Stewardship

- September 9 meeting –
  - Committee webpage (HPHA website) under development to highlight initiatives (e.g., August 2025 implementation in Medical Imaging, CPH/SGH ambulatory surgery - Bring Your Own Recyclable Bag).
  - Participation in user testing of new Environmental Benchmarking Tool for Hospitals (Accreditation Canada based on Canadian Coalition for Green Health Care's Green Hospital Scorecard)

Ethics Committee – no meeting to report

Next Meeting: October 29, 2025

★Attachment

2025/26 QIP PROGRESS REPORT
Priority Issue – Access and Flow

A high-quality health system provides people with the care they need, when and where they need it.

Planned Improvement Initiative (Change Ideas)	Methods	Process Measures	Target For Process Measure	Progress Update for Process Measure	Comments
Huron Perth Healthcare Alliance (HPHA) will develop and implement standardized processes to facilitate a decrease in Ambulance Offload Time (AOT). Note: AOT is the duration (time elapsed) between the time of ambulance arrival at the Emergency Department (ED) and the time the ambulance transfer of care process is complete.	1. To review impact of Pay for Results (P4R) ED Flow Nurse quality improvement strategies on reducing AOT. 2. To review impact of Dedicated Ambulance Patient Offload Position (DAPOP), funded through Perth EMS, on reducing AOT. 3. To implement and evaluate structural supports and process enhancements to reduce AOT. 4. To monitor AOT reports generated for the P4R Working Group with respect to trending.	1. Evaluate the impact of P4R ED Flow Nurse role related to baseline FY2024/25 AOT rate compared to monthly FY2025/26 rates. 2. Evaluate the impact of the DAPOP role related to baseline FY2024/25 AOT rate compared to monthly FY2025/26 rates. 3. Evaluate impact of structural and process enhancements on AOT in the Stratford General Hospital (SGH) ED (e.g. Fit to Sit*, 'care spaces' vs assigned beds/rooms). 4. P4R Working Group will review monthly reports, identify trends, and consult with internal and external partners to inform opportunities for improvement.	To meet or exceed the provincial AOT target of 30 minutes (indicator is 90th percentile)	Q1 Update: Ambulance Offload Time 33 mins (for 90th percentile). April to June ranking reduced to 32 of 76 large volume sites (i.e. goal of reducing offload time very successful with implementation of dedicated offload nurse role). Note: Program paused while awaiting updated funding announcement for role from Perth EMS	Change Idea focused on SGH ED AOT data; this site qualifies for P4R funding due to higher ED volumes. P4R ED Flow Nurse role implemented June 2024 DAPOP Position implemented Dec 2024 <u>AOT Performance</u>: Apr- Nov 2024 = 62 minutes Apr - Nov 2024 ranking = 56 of 75 large volume sites (ED) *Fit to Sit is a provincial program that ensures patients who arrive by ambulance are triaged and based on acuity, and may be placed in the waiting room; ambulance transport to ED does not prioritize one patient over another.

2025/26 QIP PROGRESS REPORT
Equity – EIDA-R

Advancing equity, inclusion, and diversity and addressing racism to reduce disparities in outcomes for patients, families, and providers is the foundation of a high-quality health system.

Planned Improvement Initiative (Change Ideas)	Methods	Process Measures	Target For Process Measure	Progress Update for Process Measure	Comments
Continue advancing a workplace culture that embraces and values diversity, addresses systemic inequities and fosters an inclusive environment, all staff will be encouraged to complete the Huron Perth Healthcare Alliance (HPHA) Equity, Inclusion, Diversity and Anti-Racism (EIDA-R) e-Learning education module.	1. That all HPHA staff will receive communication regarding intent and goal of QIP Equity Change Plan 2. That Learning & Development will assign the EIDA-R e-Learning to all staff 3. That Learning & Development will monitor completion and send reminder emails to complete e-Learning as necessary 4. That Patient Experience Office will monitor surveys and RL Feedback with respect to EIDA-R and communicate opportunities to raise awareness and for Quality Improvement (QI) to leaders and Equity Change Plan lead	1. 1. Communication regarding intent and goal of QIP Equity Change Plan, and EIDA-R e-Learning will be circulated to all HPHA staff by Learning & Development and Corporate Communications Specialist. 2. Learning & Development will assign the EIDA-R e-Learning to all staff 3. Learning & Development will track EIDA-R e-Learning completion rates and eTRAIN reports quarterly and send reminder communication to staff still to complete e-Learning. 4. Patient Experience Office will monitor surveys and RL Feedback with respect to EIDA-R and communicate opportunities to raise awareness and for QI to leaders and Equity Change Plan lead.	1. Communication regarding intent of QIP Equity Change Plan, and EIDA-R e-Learning will be circulated to all HPHA staff April 1, 2025 with the goal to increase EIDA-R e-Learning completion rate to 50% by February 28, 2026. 2. EIDA-R e-Learning will be assigned and communication sent to all staff on April 1, 2025 3. 100% of staff still to complete e-Learning will be sent reminder notifications on July 31, 2025, October 31, 2025 and January 5, 2026 4. Patient Experience Office will provide Equity Change Plan Lead with quarterly report of number and nature of responses received and ensuing QI (July 31, 2025, October 31, 2025 and January 31, 2026)	Q1 Communication sent on April 7, 2025 regarding increasing completion rate of EIDA-R eLearning module by staff to 50% by February 28, 2026. Aug 1, 2025 Completion rate = 47%	EIDA-R e-Learning will be available to all Board and Committee members, physicians, midwives and Patient Partners / Volunteers through guest access to eTRAIN. Note: Guest access does not provide data regarding number of, or specific individuals who complete e-Learning. Baseline completion rate: (as at Feb 15, 2025) 2024/25 QIP Equity Change Plan target 85% EIDA-R e-Learning completion for leaders. Increased completion by staff will raise awareness and provide tools to support an environment in which patients, families and providers feel a sense of belonging, psychological safety and the ability to fully participate and contribute

2025/26 QIP PROGRESS REPORT
Equity – Anti-Discrimination

Advancing equity, inclusion, and diversity and addressing racism to reduce disparities in outcomes for patients, families, and providers is the foundation of a high-quality health system.

Planned Improvement Initiative (Change Ideas)	Methods	Process Measures	Target For Process Measure	Progress Update for Process Measure	Comments
Advance a workplace culture that embraces and values diversity, addresses systemic inequities and fosters an inclusive environment, educational offerings focused on Anti-Discrimination will be made available to members of the leadership team.	1. That Learning & Development will offer Anti-Discrimination education opportunities to members of HPHA leadership team 2. That Leaders will complete at least one educational offering regarding Anti-Discrimination in 2025/26 3. That Learning & Development will monitor completion and follow up with Leaders to complete education as necessary 4. That Patient Experience Office will monitor surveys and RL Feedback with respect to Anti-Discrimination and communicate opportunities to raise awareness and for Quality Improvement (QI) to leaders.	1. Communication regarding intent and goal of 2025/26 QIP Equity Change Plan, and educational offerings related to Anti-Discrimination will be sent to HPHA leadership team by Learning & Development. 2. Each member of Leadership team will complete a minimum of one educational offering regarding Anti-Discrimination education 3. Learning & Development will run eTRAIN reports quarterly on completion (e.g. e-Learning and/or attendance) by members of the HPHA leadership team and notify Leaders as indicated regarding education to be completed. 4. Patient Experience Office will monitor surveys and RL Feedback with respect to Anti-Discrimination and communicate opportunities to raise awareness and for QI to leaders	1. Communication regarding 2025/26 Equity Change Plan and educational offerings related to Anti-Discrimination to be sent to leadership team on April 1, 2025. 2. 85% of Leaders complete a minimum of one educational opportunity regarding Anti-Discrimination education by February 28, 2026. 3. a) 100% of Leaders still to complete education requirement will be sent reminder notifications on July 31, 2025, October 31, 2025, and Jan 5, 2026. b)100% of Leaders still to complete education requirement and their Leaders will be notified of non-compliance by January 31, 2026. 4. Patient Experience Office will provide Equity Change Plan Lead with quarterly report of number and nature of responses received and ensuing QI related to Anti-Discrimination (July 31, 2025, October 31, 2025 and January 31, 2026)	Q1 Communication sent on April 7, 2025 regarding each member of the leadership team completing minimum of one learning related to anti-discrimination in healthcare by February 28, 2026. Aug 1, 2025 Completion rate = 40%	Anti-Discrimination education addressing such topics as anti-Black racism, racism pertaining to various ethnic groups and weight bias, will be available in various formats (e.g. Grand Rounds, in-person sessions and e-Learnings). Anti-Discrimination education opportunities will be available and communicated to all staff, Board and Committee members, physicians, midwives, Patient Partners and volunteers. Note: Guest access does not provide data regarding number of or specific individuals who complete e-Learning. Greater understanding of Anti-Discrimination in healthcare aligns with the Huron Perth Healthcare Alliance (HPHA) Equity, Inclusion, Diversity and Anti-Racism (EIDA-R) priorities for 2025/26.and promotes improvements in the delivery of care and health outcomes for our diverse communities.

2025/26 QIP PROGRESS REPORT
Priority Issue - Experience

Better experiences result in better outcomes. Tracking and understanding experience is an important element of quality.

Planned Improvement Initiative (Change Ideas)	Methods	Process Measures	Target For Process Measure	Progress Update for Process Measure	Comments
Determine if HPHA patients feel they received adequate information about their health and their care at discharge. Focus: HPHA Inpatient Units	1. To optimize collection of patient email addresses to increase the volume of Patient Experience feedback. 2. To develop additional methods to optimize completion of Patient Experience surveys 3. To create and distribute Patient Experience reports and dashboards 4. (a) To analyze feedback and use data obtained from the patient surveys related to patients receiving adequate information about their health and their care at discharge to inform improvements (b) To track and sustain quality improvements related to patients receiving adequate information about their health and their care at discharge	1. Review and revise as necessary a standardized process to ensure collection of patient email addresses 2. (a) Develop printed survey and iPad link (b) Promote and socialize purpose and benefits of Patient Experience survey through staff education and patient information. (c) Offer Volunteer assistance for bedside completion of printed survey or on iPad 3. Create program/Program Council - specific reports (response rate and results) related to patients receiving adequate information about their health and their care at discharge 4. Create a report highlighting response rate and quality improvements as informed by survey data specific	1. 100% of staff responsible for patient registration are aware of and follow standardized process for collection of patient email addresses 2. (a) Complete printed survey and provide iPad link by April 1, 2025 to inpatient units (b) Complete initial campaign to educate inpatient staff and raise patient awareness by June 1, 2025 (c) Complete Volunteer training and implement assistance to complete Patient Experience survey by July 1, 2025 3. Leaders will be provided with monthly program specific Patient Experience reports and quarterly dashboards by July 31, 2025. 4. Corporate Lead, Patient Experience and Privacy will provide quarterly corporate report to Quality & Social Accountability Committee highlighting response rate and quality improvements as informed by Patient Experience survey data specific to QIP.	1. A revised standardized process for collecting patient email addresses was implemented and communicated to all registration staff in August 2025 2 (a) Printed surveys will not be available. iPads will be used to support patients in completing surveys. All devices have been updated with the survey link. (b) To raise staff and patient awareness: Patient Experience Feedback cards have been printed and will be distributed across all HPHA sites to promote digital survey completion. An inSITES article highlighting the Digital Survey Implementation Project was published in the June, 2025 edition.	Total Survey Initiated=1410 Experience Change Plan focused on Qualtrics Patient Experience survey feedback as opposed to RL6: Feedback that focuses on Patient Relations (concerns) Preliminary distribution / completion rates from surveys in the Emergency Departments have improved; distribution / response rates are lower than anticipated for inpatient units. **Qualtrics Baseline Rates:** ED implemented August 2023 Aug 2023-Dec 2024: Distribution = 4929 Completions = 1776 Response rate = 36% Inpatient implemented August 2024 Aug – Dec 2024Distribution = 276 Completions = 136 Response rate = 49.3% Note: OHA does not have a standardized outpatient survey at this time January 2025 - survey available via email and text message link Note: January 2025 training and standard work developed for Volunteers to assist with completion of surveys.

Q1 Critical Incident Report 2025-26: April 1-June 30

		2025/2026				
		Quarter 1 (Apr – Jun)	Quarter 2 (July - Sept)	Quarter 3 (Oct-Dec)	Quarter 4 (Jan-Mar)	2025/26 YTD
MODERATE HARM	Severity Level 4	1				1
CRITICAL INCIDENT	Severity Level 5	0				0
	Severity Level 6	0				0
Total Incidents Reported		426				426
Rate of Incidents Level 4 or higher		0.23%				0.23%

Health Canada Adverse Drug Reaction/Medical Device Problem Reporting:

No reports to Health Canada under Vanessa's Law for Q1 2025-26.

Ontario Health Never Events Reporting:

No Never Events reported for Q1 2025-26.

Improvements made (Levels 5 and 6)

Level 5:

None

Level 6:

None

Incident and Risk Severity Level Descriptions

Critical Incident: Any **unintended** event that occurs when a patient receives **treatment** in a hospital AND that results in death or **serious** disability, injury or **harm** to the patient AND does not result **primarily** from the patient's **underlying medical condition** or from a **known risk inherent** in providing treatment. *As defined by Public Hospitals Act, Regulation 965*

HPHA Severity Level Classification

HAZARD	**Reportable Occurrence** A situation in which there was a significant potential to harm but no incident occurred.
NO HARM	**Severity Level 1 - Near Miss** An incident which did not reach the patient.
	Severity level 2 - No Harm An incident which reached the patient but no discernable harm resulted.
HARM	**Severity Level 3 - Mild Harm** Patient outcome is symptomatic (mild), loss of function/harm is minimal/intermediate but short term, and no/minimal intervention is required.
	Severity Level 4 - Moderate Harm Patient outcome is symptomatic, requiring intervention, an increased length of stay, or causing permanent or long-term harm or loss of function.
CRITICAL INCIDENT	**Severity Level 5 - Severe Harm** Patient outcome is symptomatic, requiring life-saving or major surgical/medical intervention, shortened life expectancy, or major permanent or long-term harm or loss of function is caused.
	Severity Level 6 – Death On balance of probabilities, death was caused or brought forward in the short term by the incident.

Operating Indicators – Quality

Huron Perth Healthcare Alliance – All Sites

April 2025 - June 2025

HSAA

Cancer Surgery: % Priority 2, 3 and 4 cases completed within Target

FY 25/26 - Jun YTD ▼ (1 %)

88.0
Percent

FY 24/25 - Jun	Projection	HSAA Target	HSAA Standard
89.0	88.0	-	-

Cataract Surgery: % Priority 2, 3 and 4 cases completed within Target

FY 25/26 - Jun YTD ▼ (2 %)

98.0
Percent

FY 24/25 - Jun	Projection	HSAA Target	HSAA Standard
100.0	98.0	-	-

Hip Replacement: % Priority 2, 3, 4 cases completed within Target

FY 25/26 - Jun YTD ▲ 39 %

86.0
Percent

FY 24/25 - Jun	Projection	HSAA Target	HSAA Standard
62.0	86.0	-	-

Knee Replacement: % Priority 2, 3, 4 cases completed within Target

FY 25/26 - Jun YTD ▲ 27 %

81.0
Percent

FY 24/25 - Jun	Projection	HSAA Target	HSAA Standard
64.0	81.0	-	-

MRI Scan: % Priority 2, 3, 4 cases completed within Target

FY 25/26 - Jun YTD ▲ 68 %

32.0
Percent

FY 24/25 - Jun	Projection	HSAA Target	HSAA Standard
19.0	32.0	-	-

CT Scan: % Priority 2, 3, 4 cases completed within Target

FY 25/26 - Jun YTD ▼ (5 %)

55.0
Percent

FY 24/25 - Jun	Projection	HSAA Target	HSAA Standard
58.0	55.0	-	-

Readmissions to Own Facility within 30 days for selected HBAM HIG conditions

FY 25/26 - Jun YTD ▼ (13 %)

14.3
Percent

FY 24/25 - Jun	Projection	HSAA Target	HSAA Standard
16.4	0.0	-	-

Rate of Hospital Acquired C Diff

FY 25/26 - Jun YTD ▼ (20 %)

0.39
Cases/ 1000 Pt Days

FY 24/25 - Jun	Projection	HSAA Target	HSAA Standard
0.48	0.39	-	-

% ALC Days

FY 25/26 - Jun YTD ▼ (5 %)

15.92
Percent

FY 24/25 - Jun	Projection
17.57	15.92

ALC Throughput

FY 25/26 - Jun YTD ▲ 11 %

0.99
Ratio

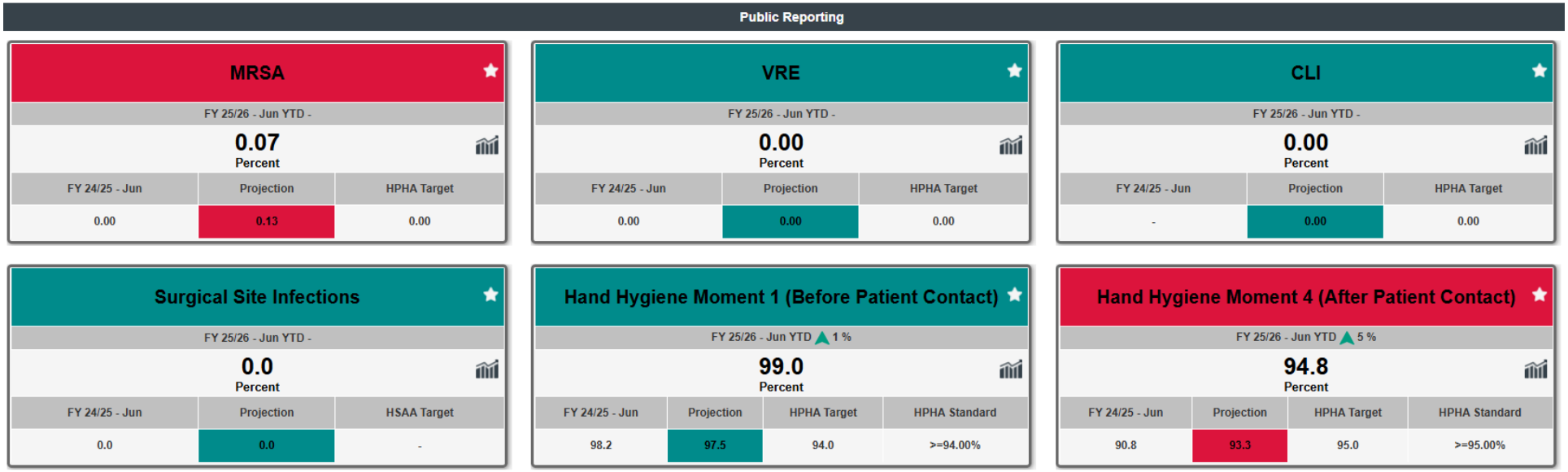
FY 24/25 - Jun	Projection	HSAA Target
0.89	0.99	-

% Long Waiters Waiting for All Surgical Procedures

FY 25/26 - Jun YTD ▼ (30 %)

11.5
Percent

FY 24/25 - Jun	Projection	HSAA Target	HSAA Standard
16.5	11.5	-	-



HSAA Operating Indicators Breakdown

Cancer Priority 2, 3, 4 completed within target (FY 2526 Jun YTD)	Cancer Wait Times
• 1 of 1 P2 cases met target • 26 of 34 P3 cases met target • 31 of 31 P4 cases met target **Total cases completed: 66 (88% completed within target, Target = 90%). Cases that did not meet target included 6 prostate, 2 genitourinary (excluding prostate). An additional 2 cases would have to be completed in order to meet target.	• P2 target is within 14 days • P3 target is within 28 days • P4 target is within 84 days Meeting with urologists, chief of surgery, and senior team to assist with improving wait times. Decision Support will email surgeons and surgeon offices weekly re any cases over target with a response due within 3 business days, and clear expectations for oncology patients to be completed within target.

Hip Replacement P2, 3, 4 completed within target (FY 2526 Jun YTD)	Notes
• no P2 cases completed this quarter • 4 of 10 P3 cases completed within target • 51 of 54 P4 cases completed within target **Total cases completed: 64 (86% completed within target)	• P2 target is within 42 days • P3 target is within 84 days • P4 target is within 182 days • Reducing wait times is challenging because new referrals are received as fast as surgeries are being completed.

	• Over the past several years, HPHA's volume of hip replacements being completed has exceeded the funded volume. • New Orthopedic surgeon started on May 9 (Dr. Hany Asham); another Orthopedic surgeon will start in August (Dr. Vannitamby)

Knee Replacement P2, 3, 4 completed within target (FY 2526 Jun YTD)	**Notes**
• no P2 cases completed this quarter • 0 of 3 P3 cases completed within target • 82 of 98 P4 cases completed within target **Total cases completed: 101 (81% completed within target)	• P2 target is within 42 days • P3 target is within 84 days • P4 target is within 182 days • Reducing wait times is challenging because new referrals are received as fast as surgeries are being completed. • Over the past several years, HPHA's volume of knee replacements being completed has exceeded the funded volume. • New Orthopedic surgeon started on May 9 (Dr. Hany Asham) & another Orthopedic surgeon will be starting in August (Dr. Vannitamby)

MRI Exams P2, 3, 4 completed within target (FY 2526 Jun YTD)	**Notes**
• 50% P2 exams completed within target • 66% P3 exams completed within target • 27% P4 exams completed within target ** Total exams (patients) completed: 1,475 (32% completed within target). Target = 90.1%. An additional 855 exams would have to be completed in order to meet target.	• P2 target: within 48 hours 1 of 2 completed within target • P3 target: within 10 days 137 of 207 completed within target • P4 target: within 28 days 336 of 1,266 completed within target **Completed 1,202 of 4,160 [29%] of funded hours • The ability to use the available MRI funded hours in Q1 has resulted in our predicted improvement in performance (32% this quarter vs 22% last quarter). Further gains anticipated if staffing and operational hours are maintained.

CT Exams P2, 3, 4 completed within target (FY 2526 Jun YTD)	**Notes**
• 99% P2 cases completed within target • 65% P3 cases completed within target • 37% P4 cases completed within target ** Total exams (patients)completed: 2,143 (55% completed within target). Target = 91.0%. An additional 761 exams would have to be completed in order to meet target.	• P2 target: within 48 hours 316 of 320 completed within target • P3 target: within 10 days 467 of 719 completed within target • P4 target: within 28 days 406 of 1,104 completed within target **Completed 2,087 of 3,303 [63%] of funded hours • CT referrals continue to increase without an increase in funded hours. Increased demand for urgent/emergency imaging limits appointment

	availability for P3/P4 outpatient population; primary focus on imaging most critical patients within target, hence 99% P2 complete within target vs. 37% P4 and 65% P3. • CT referrals continue to increase without increase in funded hours. Increased demand for urgent/emergency imaging limits appointment availability for P3/P4 outpatient population; primary focus on imaging most critical patients within target, hence 99% P2 complete within target vs. 37% P4 and 65% P3. P3 results improved since Q4 2024/25 (65% Q1 vs. 55% Q4) with switching some P4 slots to P3 appointments; negative impact on elective P4 exams (37% Q1 vs. 49% Q4). • Funded hours do not align with increasing demand with decreased performance as predicted (Q4 76%, Q1 55%). Anticipated pattern will continue, particularly with respect to P4s.

Readmissions to own facility within 30 days (FY 2526 Apr YTD) **Note: Four months behind due to delays in regional submissions**	**Notes**
• 14% Readmissions • 7 total readmissions of 49 discharges o 1 Congestive Heart Failure o 5 Chronic Obstructive Pulmonary Disease o 0 Pneumonia o 1 Stroke (Ischemic)	• HSAA Target = 13.3% • No cases were outside of confidence levels that warranted investigation. • Average number of days until readmission for April 2025 was 7.

C Diff - 5 cases (FY 2526 Jun YTD)			**Notes**
Month	**C Diff Cases**	**Site**	• Infection Control reviews all C Diff cases with respect to patient comordities, length of stay in hospital, and antibiotics use. • May - Risk factors: antibiotic treatment, history of cancer, advanced age • June - Antibiotic treatment common risk factor in all 4 cases. Prolonged hospitalization and advanced age also risk factors.
April 2025	0		
May 2025	1	SEA	
June 2025	4	1 SEA, 3 SGH	

MRSA - 1 case (FY 2526 Jun YTD)			Notes
Month	**MRSA Cases**	**Site**	• Infection Control reviews all MRSA cases with respect to patient comordities, length of stay in hospital, and antibiotics use. • Admission to SMMH Jan. 2025. Subsequent admission to SGH May 2025, positive for MRSA on admission.Because admission to SMMH in last 12 months, positive results attributed to SMMH. Risk Factors: Immunocompromised, hx of recurrent surgical site infections with MSSA after spinal fusion in 2020 requiring multipe interventons and and courses of antibiotics.
April 2025			
May 2025	1	STM	
June 2025			

ALC Throughput (FY 2526 Jun YTD)	Notes
• FY2526 Jun YTD = 0.99; Target not met	• HSAA Target = 1.00 • Measures the ratio of ALC patients that have been designated ALC vs. those discharged or undesignated ALC in the time period.

Hand Hygiene Moment 4 (After Patient Contact) (FY 2526 Jun YTD)	Notes
• FY2526 Jun YTD = 94.8%; Target not met	• HPHA Target = 95% • Measures the percentage of time in which hand hygiene is performed after patient contact

Huron Perth Healthcare Alliance
RESOURCES, AUDIT & DIGITAL INNOVATION COMMITTEE
for Huron Perth Healthcare Alliance Board Meeting

September 4, 2025

The Huron Perth Healthcare Alliance (HPHA) Resources, Audit and Digital Innovation Committee met on August 28, 2025.

Meeting Highlights:

Workplace Health

Human Resources Report★

- Job market stabilizing, with less turn over
- Recruitment favourably trending with significantly fewer active vacancies; more external hires than departures; decrease in 90 Day and 1 year departures; 7 nursing externs hired; decreased utilization of agency nursing. Consistency in positions identified as difficult to fill, especially regular part time positions. Decreased time to fill vacancies.
- Exit Surveys
    - Satisfaction –work environment, sufficient training, salary/benefits, relationship with immediate supervisor/manager
    - Dissatisfaction – utilization of skills and experience, opportunities to advance/develop, health benefits
- Similar number of ONA grievances; increased number of CUPE (Service) grievances (one area)
- Increased short term disability claims, primarily surgical intervention, mental health and pregnancy.
- Average number of sick days consistent with 2024/25, slightly higher than OHA average. Measures in place to address sick time and replacement costs.
- Performance Review completion increased to 59%; UKG implementation (early 2026) with performance management system will significantly improve process and experience.

Professional Staff Update★

- Hospitalist Program introduced at St. Marys in June; program working well across HPHA with support from SGH Hospitalists.
- Emergency Department Physician and Second on Call coverage in Clinton challenge continues
- Recent success with recruitment of several primary care physicians and specialists.

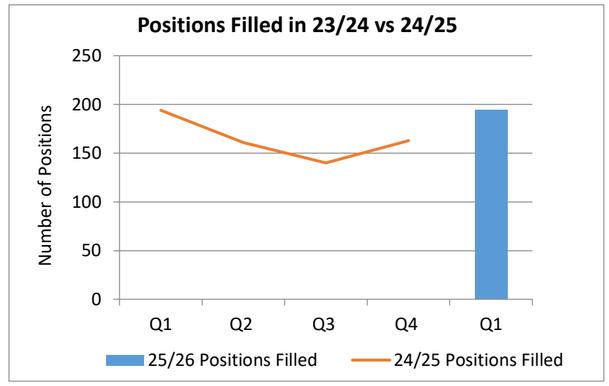
Next Meeting: October 30, 2025 at the HPHA Clinton Public Hospital

★Attachment

Resources Committee Report - Q1

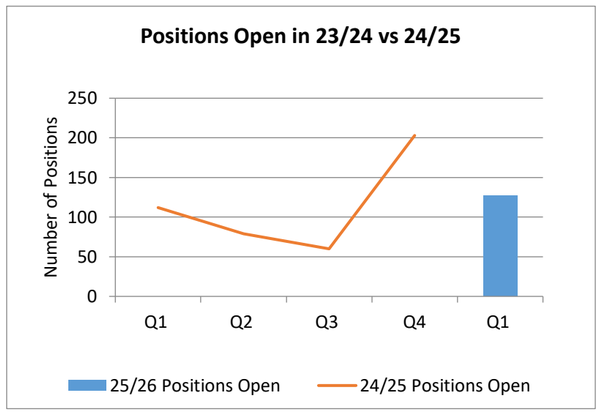
Positions Filled Between April 1, 2025 and June 30, 2025

	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25	Q1 25/26
Team Leader	2	4	0	3	2
Registered Nurse	68	55	42	51	59
Nurse Practitioner	0	0	0	0	0
Registered Practical Nurse	23	25	31	24	32
Personal Support Worker	4	7	7	7	1
Social Worker (Mobile Crisis Worker, Crisis Intervention Worker, Tech 5)	4	3	2	1	2
Service (e.g. Building Services, EVS, Nutrition Support, Pharmacy Technicians, Lab Support)	31	32	33	40	31
Clerical (e.g. Communications Assistant, Unit Clerk, Patient Registration/Bed Allocator, Admin Support)	20	9	12	20	19
Professional (e.g. Technologist, Therapists, Pharmacist, Physiotherapist, Dietitians)	24	16	8	6	13
Administration/Non-Union/Externs	18	10	5	11	35
# of positions filled during Q1	**194**	**161**	**140**	**163**	**194**



Positions Open as of June 30, 2025

	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25	Q1 25/26
Team Leader	1	0	0	1	0
Registered Nurse	46	28	14	51	38
Nurse Practitioner	0	0	0	0	0
Registered Practical Nurse	27	15	12	24	20
Personal Support Worker	0	3	1	0	2
Social Worker (Mobile Crisis Worker, Crisis Intervention Worker, Tech 5)	0	2	0	1	0
Service (e.g. Building Services, EVS, Nutrition Support, Pharmacy Technicians, Lab Support)	15	12	7	33	11
Clerical (e.g. Communications Assistant, Unit Clerk, Patient Registration/Bed Allocator, Admin Support)	6	4	10	15	5
Professional (e.g. Technologist, Therapists, Pharmacist, Physiotherapist, Dietitians)	13	12	13	23	17
Administration/Non-Union/Externs	4	3	3	55	34
# of vacancies as of June 30, 2025	**112**	**79**	**60**	**203**	**127**



Difficult to Fill Positions

RN: CPH & SMMH ED's, OR, CPH, SCH, SMMH Inpatient Units
RPN: SCH, SMMH and CPH Inpatient Units, Medicine/CCC
OPSEU: Medical Laboratory Technologist, Medicial Radiation Technologists, Physiotherapist (CSRT)
CUPE Service: Environmental Services, RPN's SCH, SMMH and CPH Inpatient Units, RPN's Medicine
Clerical: Unit Clerk Inp Unit/Emergency SCH/CPH, Finance Support IV - Payroll

Physician Resources Update–Q1 Resources Committee

August 2025

CLINTON

- Dr. F. Ebrahimi Fard continues to build her practice and accept new patients.
- There were five ED closures between June-August. Clinton's recruitment/retention position is challenging due to inequitable supports from Ministry.
- Hospitalist program is working well with support from the Stratford group.
- The local group continues to cover most second on-call dates. This continues to be a struggle.
- NEW ED locum physicians recruited (Dr. T. Woodcock, Dr. W. Shabbir, Dr. J. Ho)*cover Seaforth also.
- Recruiting: Family physician to provide hospital work (inpatient +/- ED) and ED exclusively.

SEAFORTH

- Two members of the Seaforth FM group relocated their practice to Bayfield and joined the Exeter FHO. Several hundred patients have chose not to follow and will become patients of the new physician, Dr. E. Nikravesh (via Practice Ready Ontario) when she starts in September 2025.
- Hospitalist program is working well with support from the Stratford group.
- ED staffing has stabilized with the new recruits with minimal staffing support from HFO.
- Local group continues to cover most second on-call dates. This continues to be a struggle.
- NEW locum ED & Hospitalist physicians recruited (Dr. M. Saif, Dr. M. Campbell). *cover Clinton also.
- Recruiting: Family physician to provide hospital work (inpatient +/-ED) and ED exclusively.

ST. MARYS

- ED schedule complete until early New Year and well staffed, to include the addition of Dr. S. Mehraban Far who joined in July 2025.
- Hospitalist program commenced mid-June 2025 with support from the Stratford group.
- Recruiting: ER/Hospitalist Locums.

STRATFORD/TAVISTOCK/MITCHELL

Family Medicine

- Dr. S. Riaz joined Mitchell in June 2025 via Practice Ready Ontario and has already accepted 728 previously unattached patients into her practice. She continues to accept new patients.

Hospitalist

- Program currently well staffed and Alliance wide program supporting staffing/gaps across sites. Scheduling just beginning for Jan-July 2026.

Emergency Medicine

- Three new ED physicians joined the SGH ED this summer (Dr. J. Graham, Dr. J. Ross and Dr. Z. Sabaa-Ayoun). All will be providing support to HPHA EDs.

Maternal Child

- Actively recruiting 0.5 FTE in Paediatrics. Interviews/Locum coverage in progress.
- Actively recruiting 1 OB/GYN. Interviews/Locum coverage in progress.
- 3 new midwives starting this summer/fall (K. Turner, K. Eisinga, R. Lund)

Internal Medicine

- Two new Internists joined in July 2025 (Dr. L. Sawka, Dr. R. McDonald).

Anesthesiology

- Actively recruiting 2 FTE's. Retained MedFall Group to assist with recruitment.
- NEW Anesthesiologist – Dr. Mohammed Idris confirmed to join September 2025 (not MedFALL)
- Two offers pending – Initial commitment to locum work in the Fall 2025/Winter 2026.

Surgical Services

- NEW Orthopedic Surgeon – Dr. Kirk Vannitamby joined in July 2025.
- NEW Ophthalmologist – Dr. Rachel McInnis confirmed to join in August 2026.

Pathology

- Fully staffed.

Imaging

- Fully staffed.

Psychiatry

- Actively recruiting a (Child & Adolescent) to replace Dr. P. Parackal who left the Department in July 2025.
- Dr. Joshua Osika joined the department as of July 1, 2025 (previous Locum).