

Caring for our Patients

We will provide high quality patient and family-centred care.

- Provide exceptional care for all who come through our doors.
- Monitor and measure our performance using quality metrics.
- Be laser-focused about caring for our patients, their families and our community.

EMBRACING EQUITY, DIVERSITY, AND INCLUSION IN EVERYTHING WE DO

ANNUAL INITIATIVES (WHAT WE WILL ACHIEVE)	SUCCESS METRICS (HOW WE WILL MEASURE SUCCESS)	SUPPORTING PARTNERS (WHO DRIVES RESULTS)
<p>1 Continue to monitor and measure our performance through the Pay for Results (P4R) Funding Model</p>	<ul style="list-style-type: none"> • 90th percentile emergency department wait time to physician initial assessment (QIP) • Daily average number of patients waiting in the emergency department for an inpatient bed at 8 a.m. (QIP) • Percentage of patients who visited the ED and left without being seen. (QIP) • 90th percentile ambulance offload time • 90th percentile emergency department length of stay for nonadmitted patients with high acuity • 90th percentile emergency department length of stay for nonadmitted patients with low acuity • 90th percentile emergency department length of stay for admitted patients • 90th percentile emergency department wait time to inpatient bed • Reduce Emergency Department time to bed for admitted patients by improving discharge efficiency, by re-enforcing an 11 a.m. discharge time. • Complete 40 audits including the development and implementation of a Quality Improvement action plan as part of the Emergency Department Return Visit Quality Program (EDRVQP) requirements 	<p>Senior Leader: VP of Patient Care Services/CNE</p> <p>Staff & Physicians</p> <p>Patient and Family Advisors</p> <p>Emergency Services</p>

Strategic Plan Quality Goals & Objectives 2026-27

2	<p>Progress towards a long-term target of achieving a 25% reduction in Conservable Bed Days, defined as bed days saved by reducing avoidable admissions, unnecessary length of stay, and non-clinical discharge barriers</p>	<ul style="list-style-type: none"> • Improved accuracy and utilization of Estimated Date of Discharge (EDD) through spot audits. • Achieve ALC target (OH West Target = 6) by using a standard escalation process and checklist. • Interdisciplinary bed rounds involving community partners (Ontario Health atHome/Home and Community Support Services) • Collecting and monitoring baseline of delirium onset during hospitalization. (QIP) • Implementation of evidence-informed order sets for high-impact case groups (HIG) including Heart Failure without Coronary Angiogram and Arrhythmia without Coronary Angiogram • Strengthen Home First approach to discharge planning beginning at admission to support safe, timely transitions to the most appropriate next level of care. • Improvement in patient-reported experience: Did Acute Care patients feel they received adequate information about their health their and their care at discharge in? (QIP – will include Acute Care, ED, Surgical Services and OB) 	<p>Senior Leader: VP of Patient Care Services/CNE</p> <p>Staff & Physicians</p> <p>Patient and Family Advisors</p> <p>Ontario Health atHome</p> <p>Home and Community Support Services</p>
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Valuing our People & Teams

We will continue to value, invest in and recognize our teams.

- Continue to value, invest in and recognize our people and teams.
- Prioritize the growth and well-being of our people and teams.
- Strategically use our resources to achieve our goals.

EMBRACING EQUITY, DIVERSITY, AND INCLUSION IN EVERYTHING WE DO

	ANNUAL INITIATIVES (WHAT WE WILL ACHIEVE)	SUCCESS METRICS (HOW WE WILL MEASURE SUCCESS)	SUPPORTING PARTNERS (WHO DRIVES RESULTS)
1	Embracing Equity, Diversity, and Inclusion in everything we do	<ul style="list-style-type: none"> • 100% of executive-level who have completed relevant equity, diversity, inclusion, and antiracism education (QIP) 	Senior Leader: President & CEO

Strategic Plan Quality Goals & Objectives 2026-27

		<ul style="list-style-type: none"> Increased staff awareness and engagement in EDI through participation in learning opportunities, events or initiatives. 	<p>Health Equity Committee</p> <p>Staff & Physicians</p> <p>PFAC</p>
2	Encourage a culture of listening through intentional engagement and information-gathering	<ul style="list-style-type: none"> 95% of full-time and part-time staff will be rounded on quarterly by the management team. Support a culture of continuous improvement by systematically tracking staff-driven initiatives identified through rounding and team huddles. Enhanced feedback loop including refreshed education on effective rounding, quarterly “Rounding Round-Up” featuring staff-initiated improvement projects. 	<p>Senior Leader: President & CEO</p> <p>Staff</p>
3	Create an organizational mindset that values openness, reflection and shared learning	<ul style="list-style-type: none"> Improvement in the Global Workforce Survey question, “My manager considers my suggestions for improving patient safety?” (Increase positively by 5%) Rebranding of incident reporting to emphasize learning and growth by reframing shared reports as <i>Learning Moments</i> with a positive, improvement-focused tone. 	<p>Senior Leader:</p> <p>JHSC</p> <p>Patient Safety Committee</p> <p>PFAC</p>

Innovating for a Sustainable Future

We will advance a forward-thinking culture into our operations to ensure our sustainability.

- Ensure fiscal responsibility and financial stability.
- Identify innovative solutions to ensure our sustainability.
- Advocate for enhanced resources to strengthen our ability to care for our patients and community.

EMBRACING EQUITY, DIVERSITY, AND INCLUSION IN EVERYTHING WE DO

ANNUAL INITIATIVES (WHAT WE WILL ACHIEVE)		SUCCESS METRICS (HOW WE WILL MEASURE SUCCESS)	SUPPORTING PARTNERS (WHO DRIVES RESULTS)
1	Strengthening cybersecurity to protect information, systems, and organizational trust	<ul style="list-style-type: none"> • Development of comprehensive cybersecurity plan outlining organizational priorities, risks, safeguards and response process. • Formalize relationship with the LDG - Cybersecurity Southwest. • Completion of required cybersecurity training for all full-time and part-time staff to promote safe digital practices and reduce preventable cyber risks. 	Senior Leader: VP of Finance and Operations IT Manager All Staff and Physicians
2	Align financial performance with planned operational budget	<ul style="list-style-type: none"> • Report actual budget compared to planned budget. 	Senior Leader: VP of Finance and Operations All Staff and Physicians
3	Advance revenue-generating initiatives to strengthen financial sustainability by optimizing existing assets, expanding service offerings and pursuing new funding opportunities.	<ul style="list-style-type: none"> • Implementation and optimization of parking lot revenues through new parking gates and layout. • Launch Bone Density services to increase clinical revenue and fill a need in the community. • Offer external partners training conducted by HDH inhouse trainers. • Apply to all applicable grants and one time funding opportunities. • Increase Non-OHIP Uninsured Fees and Supplies to align with regional and provincial benchmarks. 	Senior Leader: VP of Finance and Operations All Staff and Physicians PFAC

Anticipating & Responding

We will actively engage with our community and partners to understand and address community needs.

- Lead with purpose.
- Align our efforts with those of Ontario Health and our local health care partners.
- Anticipate and respond to the needs of our community through active engagement and partnerships.

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ANNUAL INITIATIVES (WHAT WE WILL ACHIEVE)		SUCCESS METRICS (HOW WE WILL MEASURE SUCCESS)	SUPPORTING PARTNERS (WHO DRIVES RESULTS)
1	Enhance Senior Friendly Care by strengthening partnerships and increasing community engagement to better support older adults.	<ul style="list-style-type: none"> • Exploration of an Age Friendly Certification in collaboration with the Town of Hanover • Participation in select Town of Hanover Seniors’ Events to provide education and promote hospital services. • Implementation of the Identifying Seniors at Risk (ISAR) tool in the Emergency Department and develop associated action plan to improve early identification and support for at-risk seniors. 	Senior Leader: President & CEO Human Resources Manager Town of Hanover PFAC Health Equity Committee

Strategic Plan Quality Goals & Objectives 2026-27

2	Advocating for resources, policies, and partnerships that enable care close to home	<ul style="list-style-type: none"> Continued advocacy for the ED Renovation Project. Ongoing communication with the local MPP, Ontario Health and Ministry of Health to ensure HDH priorities remain visible and understood. Sustained collaboration with the Grey Bruce Ontario Health Team to advance shared regional initiatives 	<p>Senior Leader: President & CEO</p> <p>Grey Bruce OHT</p> <p>Local MPP and government partners</p> <p>Community and Municipal Leaders</p>
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