


2025_2026 TACTICAL PLAN

STRATEGIC PILLAR	STRATEGIC DIRECTION	INITIATIVE	DESCRIPTION	MOST RESPONSIBLE	MEASUREMENT	TARGET
CARING 	Ensure a safe and healthy environment for all	Implement the HPI Safety Event Classification (HPI SEC) and Serious Safety Event Rate (SSER) Patient Safety Measurement System	Patient Safety Measurement System to enhance patient safety and improve healthcare outcomes at Woodstock Hospital. Plan to form a multidisciplinary implementation team, conduct staff training sessions, and integrate the system into existing patient safety protocols within the first 6 months.	Nicole F	Quarterly progress reviews to ensure milestones are met.	End of fiscal
		Join the Harm Evaluated Study	Enroll in the Canadian Institute of Health Research (CIHR) funded national study, HARM, to assist in identifying hospital level factors impacting patient safety in Canada.	Nicole F	Achieve enrollment in the study and complete initial data collection within 12 months from start of study.	Complete initial data collection within 12 months
		Provide Gender Based Violence (GBV)/Intimate Partner Violence (IPV) training	Gender based violence is the harm faced by individuals solely based on their gender, gender expression, gender identity or perceived gender. With increasing numbers, GBV is now deemed an epidemic in Ontario.	Diane/Christa/Jenn H	GBV specialist training x 6, LMS to all staff, the Board of Trust and Patient Family Advisory Council.	End of fiscal
	Foster a culture of compassion that aligns with the guiding principles of people-centred care	Submission to be recognized as a Best Practice Spotlight Organization (BPSO)	Healthcare and academic organizations selected by the Registered Nurses of Ontario (RNAO) to implement and evaluate the RNAO's best practice guidelines. It is a dynamic partnership that focuses on making positive impacts for patient care through evidence-based practices.	Chuan/Clinical Directors	Plan to implement at least 3 best practice guidelines.	End of fiscal
		Implement meal tray delivery for M300/2100	Carried over from 2023/2024 and 2024/2025 plan. This initiative is to address ongoing patient complaints about meals arriving to M300 and 2100 unit cold. Moving from bulk to tray delivery.	Trish/Michelle/Honeywell	Track patients satisfaction once Burlodge unit implemented	End of fiscal
		Implement armbands and consent identification for hearing/visual impairment	Carried over from 2024//2025 Tactical Plan. Planning to roll out the identification armbands in conjunction with the Falls Risk Initiatives.	Chuan/Janis/Marie/AOD A Committee	Track screening	Completion by Q2

	Promote equitable access to resources and care	Implement bronchoprovocation challenge testing (methacholine challenges testing)	The patient inhales increasing doses of methacholine (a substance that can cause airway constriction in sensitive individuals) followed by spirometry to measure lung function. Provide this service will allow our patients to receive care closer to home.	Mike H	Phase 1: Complete standard operating procedures/medical directives , train respiratory therapists. Phase 2: update referral form and inform our community of this new service/ change of an existing service. Track success by running statistics on the number of bronchoprovocation challenge tests we complete per month.	End of fiscal
		Explore the possibility of adding Acute Stroke/Integrated Stroke Unit	Carried over from 2023/2024 and 2024/2025 Tactical Plan. WH currently cares for acute care stroke patients. Woodstock Hospital has been identified in the South West Ontario Stroke Network (SWOSN) workplan for 2025/2026.	Michelle/Jenn D	Carried over from previous tactical plan, measuring and monitoring best practices, staffing, training, education, diagnostics, etc.	2027, Ongoing work
EMPOWERING 	Enhance well-being and resilience of our hospital team, by investing in staff learning and development	Provide trauma informed care education to Maternal Child Women's Health (MCWH) staff	To be provided internally to all MCWH, to equip healthcare providers with the knowledge and skills to understand and respond to impact of trauma on individuals health and well-being, fostering a healing environment and improving patient outcomes.	Diane/Shelley	Track number of staff that receive the training.	Fall 2025
		Illicit substance/macro dosing power plan training to acute care staff (best practice management of patients that use substance during acute care stay)	Providing nursing staff on acute care units the training on how to care for patients who use illicit substances, training on micro dosing power plans for managing substance withdrawal during acute hospitalization.	Chuan/FLIP/Physician Lead	95% of staff on acute care units to complete training.	End of fiscal
		Offer high fidelity simulation training	1. Two Inter-departmental in person high fidelity simulation event facilitated by Staff Development and Physician leads. 2. Incorporate VR simulation into Skills Days, focusing on dealing with Delirium and Violent situations.	Chuan/Staff Development	Track number of staff trained.	Fall 2025
		Mental Health Speciality Program Training	WSIB MH Speciality Program, and development mastering advanced CBT for Insomnia (CBT-1),Trauma Treatment Transformed: Integrating Polyvagal Theory and Somatic Work, CBT Addictions, Schema Therapy: An Effective Approach for Challenging Treatment Issues, Harnessing Neuroplasticity to heal Traumatic Stress and Build Resilience.	Shelley	Track number of staff trained.	End of fiscal

		Implement a professional practice leader in Diagnostic Imaging	1 year contract. Focusing on updating policies and implementing research based protocols.	Jenn D	Survey staff, track all of our policies that are being updated, track all projects that the person in this role takes on and completes in order to show if there is metric to making it a FT position in our department.	Fall 2025
		Implement delirium education to Staff	Education to roll out to all clinical areas, the intervention and treatment of delirium. Working with the Senior Friendly committee to develop.	Michelle/Marie/Chuan	Measure the number of staff completing education. Measure pre and post knowledge to determine success.	May, 2025
	Provide patients and caregivers with tools for self-management and informed decision-making	Implement CBORD meal ordering on patient televisions	Carried over from 2024/2025 tactical plan. CBORD app implemented for wireless devices, working with CBORD working to integrate into patient bedside televisions.	Dave O/Trish	Once implemented track patient use of CBORD ordering using patient entertainment systems.	May/June 2025
		Creation of "What is a Resuscitation Decisions" video	To create a video to help empower patients and their families while making informed decisions about their resuscitation wishes.	Chuan/Chelsea/Resuscitation Committee	Survey physician staff to see effectiveness, and decreasing the time physician spent explaining the process.	Completion by Q2
	Recruit and retain highly skilled staff	Recruit high need physician to adapt to growing community needs	Psychiatrist	Executive Team		Ongoing
			Anesthesiology			Ongoing
			Pediatrician			Ongoing
			Obstetrician			Ongoing
			Surgical Assistant			Ongoing
		Implement Residency & Clerkship Program	Increasing experience and exposure to different medical fields in a community hospital setting. Assisting with future recruitment and retention.	Executive Team	4-6 (TBD)	End of 2026

EVOLVING



Grow with our community while adapting to the changing needs and demographics

Reduce the age for pulmonary function testing (spirometry only) to 6 years of age	Feedback from our community and staff indicated the desire to for expanded paediatric services. Requested by Dr. Sohaib and Dr. Aslam.	Mike H	Phase 1: Complete standard operating procedures/medical directives , train respiratory therapists. Phase 2: update referral form and inform our community of this new service/ change of an existing service. Track success by running statistics on the number of challenge tests that are completed each month on patients 6-11.	End of fiscal
Develop a Maternal Child Women's Health (MCWH) plan to support transition from level 1 to level 2a nursery (34 weeks and above)	Critical Care Services Ontario (CCSO) is an integrated critical care system, ensuring timely, appropriate and equitable access to critical services for patients. The Level 2a supports neonates 34 weeks and above.	Diane	Pre- assessment - review current infrastructure, staff and readiness, assess costs.	End of fiscal
RPG Spatial Planning initiatives	Paediatric Office at the Athlone building	Executive Team/Chris	Phase 1: Engage architect and engineer and work through design development Phase 2: Permit /tender drawings. Phase 3: Construction	10 months from approval
	OBGYN offices at the Finkle Street building	Executive Team/Chris	Phase 1: Engage architect and engineer and work through design development . Phase 2: Permit /tender drawings Phase 3: Construction	1.5 years from approval time
Renovation of Chemotherapy and Infusion Clinic	Continue with renovation of current clinic space expanding from 8 treatment chairs and 3 stretchers to 15 treatment chairs and 3 stretchers, ensuring patients have access to care in their community. Renovation began June 2024.	Chris/Fatima	Continue to engage patient advisors during the renovation.	June, 2025
Explore the addition of dietitian support in our Chemotherapy Unit.	During chemotherapy, dietitians play a vital role in helping patients maintain optimal nutrition, manage side effects, and improve overall well-being by providing personalized dietary guidance and support.	Diane	Evaluate the number of patients that would benefit from having a dietitian during their treatment through surveys. If there is a large uptake, consider implementing at WH.	End of fiscal

		Implement Breast Program	New Breast Program. Phase 1 - Tomosynthesis (3D mammography to create 3D images of the breast, providing a more detailed mammogram). Phase 2/3- Contrast Enhanced Mammography (using IV contrast in addition to the regular mammogram) and Vacuum Biopsy (using a needle that is attached to the vacuum to remove the tissue automatically).	Jenn D	Measurement during each phase completion	Fall 2025
	Incorporate innovative solutions by embracing technology and adapting to emerging trends	Upgrade O.R Integration systems, OR 2, 3 & 4	Install up-graded integration systems in OR 2, 3, and 4. It will lead to room efficiencies and improved quality of care as the equipment (monitors, cameras, etc.) will be controlled through a centralized system.	Leslie/Chris/Honeywell	Once each room is complete	September, 2025
		Implement a new coagulation analyzer	Assist in detecting preanalytical issues like hemolysis, icteric and turbid shambles that affect coagulation testing and improve result accuracy.	Dave R	Reliant on equipment approval	Reliant on equipment approval
		Implement Oracle Staff Scheduling	This project involves the deployment of Oracle Fusion Workforce Scheduling, a cloud-based and integrated scheduling solution, designed to support workforce planning and optimization, real-time scheduling changes, compliance with labor and union rules, labor forecasting, and employee self-service. The goal of the project is to improve operational efficiency by reducing manual scheduling efforts, improve compliance by reducing inconsistencies in scheduling practices, and improve employee experiences through better visibility and control over employee's own schedules.	Ying	2)Project Phases: a.Requirements Gathering – understanding current scheduling practices, identifying pain points, defining compliance requirements, and outlining organizational workforce management goals b.Solution Design – collaborating with implementation partner to configure the system and redesign processes c.System integration – confirming that data flow between other Oracle modules such as Absence, OTL, and Payroll, as well as external applications are seamless d.Testing – functional and user acceptance testing e.Data Migration f.User Training g.Go Live and Support – official launch and post live fixes	End of fiscal
		Implement Oracle Learning Management (OLM)	This will replace our current Learning Management System (LMS). This system will automate reminders, assignment and tracking of education while also eliminating cyber risks by using multi factor authentication.	Chuan/Imtiaz	Phases: 1)Planning and requirements, 2)system configuration,3) content migration, 4)user onboarding and 5)post implementation assessment.	End of fiscal

		Endoscopy transition from Pentax to Olympus.	Transitioning our equipment, scopes, processors and supplies to Olympus equipment. This will improve the quality of images and ease of use of our endoscopes.	Leslie	Evaluate surgeon and staff satisfaction.	April, 2025
		Standardize all TREAT (Treatment Registry Evaluation and Trends) data to centralized instance with London	Enhance data collection for reporting new Mental Health & Addictions Provincial data Set (MHS PDS) .	Shelley/Libby	Benchmarking once data reported	December, 2025
		Implement a Closed Critical Care Unit (CCU)	Carried over from 2023/2024 and 2024/2025 Tactical Plan. Stakeholders engagement, admission plan, increase CCU level 3 needs and critical care physician recruitment.	Brad	Monitor and address challenges, mitigate reverting back to previous model,	April, 2025
		Implement IPAC Surveillance System	The automated electronic system assists in the early detection of Hospital Acquired Infections (HAI), improves productivity by reducing workload redundancies, increased timeliness of discontinuing additional precautions as well as alerting the ICP regarding clusters of like pathogens for potential outbreaks which is customized to meet the current needs of our department. This system includes inpatient bed mapping, and customized audit tools such as ATP testing of shared equipment, Endoscopy ,MDRD and PPE which will eliminate the current paper-based forms. The electronic surveillance system will reduce the FTE workload from 1 FTE per day to .5 FTE per day.	Shelby/IPAC	IPAC will analyze the productivity specific to a reduction of time spent on surveillance activities including improved productivity for completing other competing priority projects. Plan to start April 2025	August, 2025
		Scorecard development in Microsoft Power BI	Make changes to the current scorecards, make it more efficient. Optimization of scorecards.	Libby	Once Realtime dashboards are created. Continually measuring and sustaining effectiveness and optimization of scorecards.	Target -End of Q1 for first dashboard to go live
	Commit to energy conservation and sustainable practices, integrating eco-friendly solutions	Standardize form reduction	To reduce paper forms, by decreasing the amount of forms and transitioning to electronic.	Libby/Dave O/Chuan	Phase 1 - pre-work to reduce forms, Phase 2 - Cerner scanning Phase 3 - maintenance phase	Target - Start November Phase 1, April Phase 2
		Implement Work Queue Management (WQM)	Transitioning all faxing to electronic to reducing paper, and standardizing across the organization	Libby	Measuring once referrals and requests all off queues instead of paper	November, 2025
		Transition outpatient documents to electronic - Wave I project charter	Decrease the paper patient record for documents	Staff Development	Implementation of key expansion modules	November 3,2025

COLLABORATING



	Build and strengthen relationships with our community partners	Develop and implement a standardized PREM (Patient Reported Experience Measures) specific to the stroke population	Partner with SWOSN (Southwestern Ontario Stroke Network) and regional partners to create and implement a standardizes patient reported measure tool. This will allow benchmarking. WH has been identified as subject matter experts.	Michelle	Development of tool, Post implementation track use of the PREM and benchmark with other 10 organizations.	Sept 30, 2026
		Implement Oxford Homelessness and Addiction Recovery Treatment (HART) Hub in collaboration with OHT and other community partners	The Homelessness and Addiction Recovery Treatment (HART) Hub is a new initiative designed to address mental health, addiction, and homelessness in Oxford County. By providing individuals with immediate support and an integrated pathway to recovery through system navigation, education, individual programming, group programming an core addiction programming.	Shelley/ Jill /OHT, Executive Team, Chris	During each phase completion. Budget Phase/Budget Implementation April 2025, Client/Family Caregiver Engagement, HART Hub partner engagement April 2025, Wellness Centre Phased approach, Communications & Marketing Strategy, Functional designs and engagement of architect phase.	Phased approach to the opening of Hart Hub
	Strengthen internal cross departmental collaboration	Revamp Maternal Morbidity and Mortality Rounds (M& M Rounds)	Expanding to multiple disciplines. Collaborating across the organization, hosting on a more regular basis, offering virtual options and including all involved multidisciplinary teams.	Diane/OBGYN chief	Measure attendance and participation.	End of fiscal
		Implement a corporate Document Management System	CPC, Management Methods, Medical Directives, HR, Occ Health, IPAC, Diabetes Education, Diagnostic Imaging and Physician Guidelines managed through a new system.	Chuan/Dave O	As each module is complete. Still trying to settle on a platform.	End of fiscal
	Actively involve patients, families, and caregivers in hospital initiatives and decision making processes	Implement standardized Safety Huddles across the organization (including patients and families in the huddles)	Safety huddles to empower staff to openly discuss safety concerns and quality improvement ideas. It has rolled out to all clinical areas.	Nicole F/FLIP Team	Planned implementation phase to non-clinical units. Continue to measure and sustain and make improvements to the huddle process.	June 2025, followed by inclusion of patients/family

		Design and install patient safety poster boards on acute medicine	Design and install patient safety poster boards that effectively communicate key safety concerns and prevention strategies to patients, families, and staff, enhancing overall awareness and education on patient safety.	Nicole F	April - June Print and install poster boards/education. July- September - pilot testing, October - December - final approval and roll our Quarterly surveys to assess staff, patient and family awareness and use.	December 2025 Final Approval and Roll Out
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	Caring	8
	Empowering	10
	Evolving	18
	Collaborating	6
Total Initiatives		42