


### 2026\_2027 TACTICAL PLAN

STRATEGIC PILLAR	STRATEGIC DIRECTION	INITIATIVE	DESCRIPTION	MOST RESPONSIBLE	MEASUREMENT	TARGET
<b>CARING</b> 	<b>Ensure a safe and healthy environment for all</b>	Develop Action Plan for HSO Global Workforce Survey	As part of our Accreditation Canada accreditation cycle, all service areas will complete a self assessment of their service area standards manual. This will allow service areas to identify gaps in their areas and begin identifying remediation steps to take over the next 2 years leading up to our onsite assessment at the end of 2028. Identify 1 action plan of order of Governance Survey, 1 gap from HSO Global Workforce Survey, and 1 action plan from gap based on unit self assessment.	Chuan	1. Create and submit Quality Improvement Action Plan to Accreditation Canada by end of 3rd quarter 2. All Service areas complete first round of self assessment by end of September	Plan submitted to Accreditation Canada by the end of Q3, All services areas to complete the first round of self assessment by end of September 2026
			Provide equitable health and culturally competent training to all staff. This was identified as a gap in the HSO Global Workplace Survey completed by staff in 2025.	Chuan	1)Number of staff trained 2)Benchmark with 2027 HSO Global Workplace Survey	Training complete the end of fiscal
			Offer Introduction to Health Equity Course by The National Collaborating Centre for Determinants of Health to all Board of Trust, Directors, Patient Family Advisors & Volunteers - self paced learning (5 modules online).	Chuan	1) Number that complete the course	By the end of fiscal
			Board of Trust self performance assessment as identified in the Governing Body Assessment .	Chuan	Once assessments are complete	By the 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. Carried over from 2024/2025 Tactical Plan.	Nicole	1) Achieve enrollment in the study 2) Complete initial data collection within 12 months from start of study	By the end of fiscal
	<b>Foster a culture of compassion that aligns with the guiding principles of people-centred care</b>	Implement RNAO Best Practice Spotlight Pre-designation Project	3 year project with the implementation of 3 RNAO Best Practices : People-Centred Care, Engaging People who Use Substances, and Transitions in Cares.	Chuan	1. Create an RNAO BPSO Steering Committee 2. Create working group for each Best Practice 3. Recruit and Train 62 staff from across all disciplines to be RNAO Best Practice Champions 4. Begin implementation of all 3 RNAO Best Practice by end of fiscal year	By the end of fiscal
	<b>Promote equitable access to resources and care</b>	Approval and development of Integrated Stroke Unit	Carried over from previous 2023/2024 , 2024/2025, and 2025/2026. Moving from the exploration phase into opening phase. The integrated stroke unit would deliver timely assessment and intervention for suspected stroke patients, including rapid imaging, thrombolysis and thrombectomy pathways (where applicable), standardized stroke protocols, and early rehabilitation.	Michelle/Jenn D	1) Measuring and monitoring best practices, staffing, training, education, diagnostics, etc.	Proposal targeted for submission June 2026. Possible Q4 implementation

		Implement Regional Central Intake for Diagnostic Imaging	This is an HHS run project of centralizing requests for CT and MRI to a central intake.	Libby/Jenn D	Reliant timelines of HHS. September all new requestions will be sent to central intake. Any new requisitions received directly to the hospital must be faxed back to the provider	September
		Implement Hypoactive Delirium and Hyperactive Delirium Education	In collaboration with the Senior Friendly Committee , Provide education on hypoactive and hyperactive delirium to improve early identification, patient safety, and clinical outcomes. Delivered through Learning Management System (LMS) to inpatient and ED nursing staff.	Chuan/Michelle/Marie	1. Track number of staff that receive the training. Goal to have 95% of all inpatient and ED nurses complete LMS module by the end of Q2 2. 95% CAM positive patients to have relevant interventions documented within the Electronic Health Record (EHR)	Training complete Q2
<b>EMPOWERING</b> 	<b>Enhance well-being and resilience of our hospital team, by investing in staff learning and development</b>	Implement Healthcare Simulation Training	1-2 day training for educators and physicians about hoe to design Healthcare Simulation Training. The goal is to increase our internal capacity to facilitate Simulation based education events, decreasing our reliance of expensive external providers.	Chuan	1. Course delivered to staff and physicians by end of June 2. Educators/Physician Leads host cross department and interdisciplinary simulation event(s)	Course delivery to staff by end of June.
		Develop Departmental Business Continuity Plans	Diagnostic Imaging Downtime Reporting and Communication Framework. Includes equipment failures, PACS/RIS downtime, network outages, power disruptions, and vendor-related issues. Supports communication to ordering providers, inpatient units, and ED.	Chuan//Dave O/Stacey	Quarterly tracking of areas that have completed	By the end of fiscal

	<b>Provide patients and caregivers with tools for self-management and informed decision-making</b>	Implement an Insulin Pump Initiation Program	Woodstock Hospitals Diabetes and Nutrition Clinic will partner with 3 insulin pump providers to offer hospital based pump initiation in response to rising diabetes prevalence and community capacity pressures. Diabetic Educators will be upskilled to support multiple pump platforms, improving timely access, continuity of care, and glycemic outcomes.	Diane/Diabetes Education Program	Track the number of pump starts per month	Summer 2026
		Implement Goals of Care Electronic Screening for Palliative patients	In collaboration with staff education, Flip and palliative care nurse, develop a screening assessment that is completed by the Chronic Disease Specialist about the patient, their goals of care	Marie/Tracy/FLIP/Blair	1. Track the amount of staff trained 2. Track the amount of screenings assessments completed	End of fiscal 2027
		Implement Development of a Medical Directive for the Dispensing of Naloxone Kits by Nursing Staff	Currently nursing staff can only dispense this life saving opioid antidote with a physicians order	Jaime/Staff Education	Track number of naloxone kits dispensed by nursing staff using the directive/number of opioid related visits	End of fiscal
	<b>Recruit and retain highly skilled staff</b>	Recruit High Need Physicians to Adapt to Growing Community Needs	Psychiatrist	Executive Team		Ongoing
			Anesthesiology			Ongoing
			Pediatrician - AFA Expansion			Ongoing
			Obstetrician			Ongoing
Develop a Residency & Clerkship Program in Collaboration with Schulich		Western University will collaborate with Woodstock hospital to increase experience and exposure to different medical fields in a community hospital setting. Assisting with future recruitment and retention.	Executive Team/Dr. Hons/Dr. Howatt	Begin with 3 residents per year, starting in 2027 with the first 3 graduates in 2029	Program start 2027	

# EVOLVING



<p><b>Grow with our community while adapting to the changing needs and demographics</b></p>	<p>Improve parking access for patients and visitors</p>	<p>Expansion of parking to allow more access to parking for patients, visitors and staff. Approximately 100 new staff parking spaces will be created at the Athlone Medical Clinic, relieving pressure during peak times.</p>	<p>Executive Team/Chris</p>	<p>1. Track parking lot capacity 2. Track staff and patient feedback/complaints</p>	<p>Plan to start spring 2026</p>
	<p>Implement an Evidenced -Based Power Plan for the Treatment of Opioid Withdrawal</p>	<p>For Emergency Department and inpatient staff to assists in the treatment of opioid withdrawal.</p>	<p>Jaime/Staff Education</p>	<p>1. Track number of times the power plan was initiated for an opioid withdrawal related visit 2. Track the number of Opioid withdrawal related visits</p>	<p>End of fiscal</p>
<p><b>Incorporate innovative solutions by embracing technology and adapting to emerging trends</b></p>	<p>Implement the Use of Peripheral Nerve Blocks</p>	<p>Nerve blocks are an effective pain management strategy in surgeries involving extremities. Improving postoperative pain control, reducing opioid use and related side effects, leading to earlier mobilization and recovery and an enhanced patient experience.</p>	<p>Karlee</p>	<p>1. Track patient satisfaction surveys and patient outcomes. 2. Feedback from surgeons on patient outcomes.</p>	<p>By December 2026</p>
	<p>Implement Syringe Pump Medication Administration for High Risk Medications</p>	<p>Request from our anesthesiology group for more accurate dosing and better outcomes for our patient receiving general anesthesia. With this implementation, ED, MCWH and Chemo have been included for accurate medication administration, particularly high risk medications.</p>	<p>Karlee</p>	<p>1. Feedback from Anesthesiology/ front line staff</p>	<p>By July 2026</p>
	<p>Build Secondary Data Centre at Finkle Street</p>	<p>This initiative will strengthen our Disaster Recovery capabilities and improve our RTO (Recovery Time Objective) and RPO (Recovery Point Objective).</p>	<p>Dave O</p>	<p>1. Phase One (Build) 2. Phase Two (Operationalize)</p>	<p>By the end of 2027</p>

		<p>Create Best Practice LEAD Requirement</p>	<p>Evidence support discontinuing LEAD shielding in many cases for x-ray imaging. To update and standardize Diagnostic Imaging lead shielding requirements across all modalities using current evidence-based research. This initiative ensures patient safety, reduces unnecessary shielding, improves workflow efficiency, and provides clear communication and documentation for staff, patients, and ordering providers.</p>	<p>Jenn D</p>	<ol style="list-style-type: none"> <li>1. Evidence-based lead shielding guideline update</li> <li>2. Staff education package</li> <li>3. Community &amp; ordering provider communication plan</li> <li>4. Documentation &amp; audit mechanism</li> </ol>	<p>By August 2026</p>
		<p>Implement Oracle Staff Scheduling</p>	<p>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.</p>	<p>Irene</p>	<p>Phases:</p> <ol style="list-style-type: none"> <li>1. Requirements Gathering</li> <li>2. Solution Design</li> <li>3. System integration</li> <li>4. Testing</li> <li>5. Data Migration</li> <li>6. User Training</li> <li>7. Go Live and Support – official launch and post live fixes. Phases 1 to 2 will be completed by KMPG, Phases 3 to 7 will be managed by Novomodus with support from KPMG</li> </ol>	<p>Solution design to be completed by Q2. Go live scheduled to be completed by Q4</p>
		<p>Implement Oracle Learning Management</p>	<p>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.</p>	<p>Chuan/Imtiaz/Dave O</p>	<p>Phases:</p> <ol style="list-style-type: none"> <li>1. Planning and requirements</li> <li>2. System configuration</li> <li>3. Content migration</li> <li>4. User onboarding</li> <li>5. Post implementation assessment</li> </ol>	<p>Completed by Q4</p>

		<p>Implement Community Stroke Rehab (CSR) Data Reporting Initiative</p>	<p>Ontario Health is launching the Provincial Community Stroke Rehabilitation (CSR) Data Reporting Initiative across Ontario. This initiative is critical to improving stroke rehabilitation outcomes by enabling a clearer understanding of access, service utilization, and care gaps. Through standardized data collection, healthcare providers can track patient progress, identify areas for improvement, and refine rehabilitation strategies to drive better health outcomes. The comprehensive data will also support evidence-based decision-making, allowing policymakers and system leaders to allocate resources more effectively and promote equitable access to care across the province.</p>	<p>Sean/Libby</p>	<p>Once Go Live, standardized metrics will enhance system accountability, support continuous quality improvement, and offer benchmarking opportunities to drive innovation in stroke rehabilitation</p>	<p>Go live April 2-26</p>
		<p>Transition from TREAT/MDS to Civica/LTCF for Complex Care</p>	<p>The Canadian Institute for Health Information (CIHI) announced that the RAI-MDS 2.0 Assessment Instrument and Continuing Care Reporting System (CCRS) will be decommissioned by April 1, 2026, and replaced by the new interRAI Long-Term Care Facility (LTCF) Assessment Instrument and Integrated interRAI Reporting System (IRRS).</p>	<p>Sean/Michelle/Libby</p>	<p>Once new instrument is implemented and in use.</p>	<p>Go Live April 2026</p>
		<p>Integrate TREAT into Regional Instance with London</p>	<p>Migrating TREAT to one shared instance between LHSC, STEGH and WH</p>	<p>Libby</p>	<p>Phases, and tracking unknown at this time, reliant on external organizations</p>	<p>Estimated April 2027</p>

		Develop an Artificial Intelligence (AI) Framework	Create an AI Framework used across the organization by everyone looking to implement or use AI	Libby/Executive Team	1. AI Framework approved and finalized 2. AI incorporated to the Digital Health Committee Terms of Reference	By September 2027
		Data Structure Enhancements to Enable Automated Scorecards	Establish a standardized, automated data structure to deliver real-time scorecards across key hospital operations, improving visibility, decision-making, and performance in patient care, support services, and IT/cyber resilience. A centralized data model will integrate key hospital systems (clinical, operational, and IT) into a single reporting structure. Automated data feeds will populate a governed data repository, where standardized definitions and business rules generate consistent, reliable KPIs. These will be delivered through Department/Unit-based scorecards and dashboards tailored for leadership and operational teams.	Dave O/Libby	Phases : 1.Foundation - Define key performance indicators (KPIs) and confirm data sources 2.Integration - Build automated data feeds and validate data quality 3. Scorecard Deployment - Deliver initial automated scorecards for priority areas 4.Optimization & Scale - Expand across departments and introduce advanced	Phases 1-2 by the end of Q2 Phase 3 by the end of Q3 Phase 4 by the end of Q4
	<b>Commit to energy conservation and sustainable practices, integrating eco-friendly solutions</b>	Completion of One Chart-Wave 1 Project	Decrease the patients paper record for documentation and establish a single, unified electronic health record (EHR) platform across the organization. Carried over from 2025/2026 Tactical Plan.	Chuan	1.Implementation of key expansion modules 2. Ministry mandated referral 3. Expansion of Work Queue to other service areas 4. Begin planning for Wave 2 implementations	By the end of fiscal

COLLABORATING



Build and strengthen relationships with our community partners

<p>Implement Prenatal Breastfeeding Class</p>	<p>Woodstock Hospitals' Maternal Child Women's Health (MCWH) program will partner with Southwestern Public Health (SWPH) to implement a hospital-hosted prenatal breastfeeding class. This initiative will strengthen early education, support informed infant feeding decisions, and improve awareness of community breastfeeding supports to enhance outcomes. Plan to start by fall 2026.</p>	<p>Diane</p>	<p>1. Tracking number of classes 2. Track attendance 3. Track Key performance indicators (KPI) rates to determine success</p>	<p>By Fall 2026</p>
<p>Implement a Partnership with Assertive Community Treatment Team (ACTT)</p>	<p>The Assertive Community Treatment Team (ACTT) is a regional program offered by SJHC in London. There is a satellite team based in Oxford which is dedicated to servicing intensive case management and community treatment order requirements. Woodstock Hospital does not have a service that can meet these chronic acuity needs in community mental health care. The partnership with Oxford ACTT intends to step down ACTT clients who have stabilized within the program and do not require higher acuity care. By transitioning these clients to our schedule 1 facility's outpatient mental health psychiatry clinic, Oxford ACTT will increase their capacity to intake new higher acuity patients.</p>	<p>Shelley</p>	<p>1. Number of ACTT Oxford patients transitioned to outpatient psychiatry caseloads 2. Number of inpatient MH Oxford ACTT referrals accepted to Oxford ACTT care 3. Number of ACTT Oxford patients transitioned to outpatient psychiatry caseloads who do not return to Oxford ACTT care within 1 year</p>	<p>Fall 2026/2027</p>

		<p>Develop a Core Service Agreement with Child and Youth Mental Health (CYMH)</p>	<p>Woodstock Hospital is currently a core service provider under the Ministry of Child and Youth Services under our lead agency Wellkin. This designation allows our outpatient mental health department to offer 4 core services to children, youth, and their families. Our funded core services include brief therapy, long term therapy, coordinated access and intake, and case management and service coordination. Changes within the system are presenting opportunities to build our program / increase capacity. This opportunity will support our hospital and our growing community with increasing needs for child and youth services; it will also ensure programs are available locally without centralizing to Thames Valley.</p>	<p>Shelley</p>	<p>This will be tracked based on CYMH funding increases and contract renewals</p>	<p>2026-2027 Fiscal</p>
		<p>Operationalize Oxford Wellness Centre Graham Street location</p>	<p>The Oxford Wellness Centre is a key component of the Oxford HART Hub continuum of care. The Oxford Wellness Centre offers 4 service types as defined by the HART Hub initiative. These services include Community Withdrawal Management Beds, Intensive Addictions Treatment - Bed-Based, Supportive Recovery Beds, and Addictions Services (Community Group Therapy).</p>	<p>Shelley/ Jill /OHT, Executive Team, Chris</p>	<p>1. Operationalize each service type: 75% 2. Complete permanent location at 16 Graham Street: 25% 3. Scale up operationalized services at permanent location</p>	<p>The goal for transition to the permanent Oxford Wellness Centre location at 16 Graham Street is Summer 2027</p>
			<p>Fundraising campaign to support the operationalising of the Oxford Wellness Centre.</p>	<p>Jocelyn/Executive Team</p>	<p>Milestones to be developed as the campaign rolls out</p>	<p>Targets to be developed as the campaign rolls out</p>

	<p><b>Strengthen internal cross departmental collaboration</b></p>	<p>Enhance Code Green to Include External Supports and Resources</p>	<p>Ensure the organization has a robust Code Green Plan that is in line with the Business Continuity Plans. This will ensure there is a pre-planned approach the evacuation of patients, staff, and equipment/resources. It will ensure that each department/unit knows their role and allow for the establishment of external agreements with outside organizations for the use of their facilities to continue the provision of care to patients and/or the transfer of care.</p>	<p>Chuan/Stacey/Dave O</p>	<p>1. Establish agreements with outside organizations (Police/Fire/EMS) 2. Complete a draft Code Green Plan by end of the fiscal year</p>	<p>By the end of fiscal</p>
	<p><b>Actively involve patients, families, and caregivers in hospital initiatives and decision making processes</b></p>	<p>Implement <i>SPEAK UP</i>, <i>ASK ME 3</i>, and <i>TEACH BACK</i> Communication Bundle</p>	<p>Implemented a communication bundle across all inpatients units. To strengthen communication and engagement with our patients.  <b>Speak Up</b>  Speak Up encourages patients, families, and staff to voice questions or concerns about care, especially when something doesn't seem right.  <b>Ask Me 3</b> is a patient engagement tool that helps patients understand their care by asking three essential questions:  What is my main problem?  What do I need to do?  Why is it important for me to do this?  <b>Teach-Back</b>  Teach-Back is a communication method where patients are asked to explain information in their own words to confirm understanding.</p>	<p>Nicole</p>	<p>1. Track number/percent of staff trained 2. Patient reported understanding of care and discharge instructions 3. Improve adherence to health outcomes</p>	<p>By Jan 31, 2027, 100% of staff trained</p>

		Install Words of Encouragement Mural in Chemotherapy & Infusion Clinic	In collaboration with the community and chemotherapy advisors. Collect words of encouragement through comment cards, and social media. Design and Install Mural in the chemotherapy clinic reflecting the common words.	Cindy/Jenn L /Chelsea/Fatima	Words of encouragement gathered and common themes determined. Next phase creation and installation	Installation by Q2
		Implement <b>YOU SAID, WE DID</b> Feedback Sharing	External sharing on social media, newsletter, and hospital website, PFAC meeting. Internal: The pulse, individual huddle boards, and during Quality meetings. A way to communicate the changes or initiatives that have been made form direct feedback from our patients & staff.	Jenn L/ Nicole/ Cindy /Chelsea	1. Report improvements or changes made 2. Quantitative # of WE DID , Qualitative: the scenario and information surrounding the YOU SAID	Brainstorming and process discussions Q1

 <b>Caring</b>	6
 <b>Empowering</b>	7
 <b>Evolving</b>	14
 <b>Collaborating</b>	8
<b>Total Initiatives</b>	<b>35</b>