STRATFORD GENERAL HOSPITAL Foundation

"People Caring for People"

NOTICE OF MEETING AND AGENDA SGH FOUNDATION BOARD OF TRUSTEES and FINANCE/AUDIT COMMITTEE

A meeting of the members will be held on
Wednesday, September 25th, 2024
11:45 am lunch served in the SGHF Board Room

A G E N D A

			A C T I O N S
12:00 pm	**1.**	**Board Chair Welcome –** Josef Frank	**FYI**
12:05 pm	**2.**	**Discussion Items** – Josef Frank • **Meeting Schedule 2024-2025** • **SGHF Annual Confidentiality Statement**	**FYI**
12:20 pm	**3.**	**Consent Items** – Josef Frank • **Foundation Board Minutes:** June 12, 2024	**Discussion/ Motion**
12:30 pm	**4.**	**Finance Update –** Phil Buxton • **Financial Statements** Statements ending August 31, 2024 • **Investment Statements** Statements ending August 31, 2024	**Discussion/ Motion**
12:40 pm	**5.**	**Reports:** • **Executive Director's Report** – Cheryl Hunt • **HPHA Report** – Andrew William	**FYI**
1:00 pm	**6.**	**Adjournment**	**Motion**

Mrs. Cheryl Hunt, CVA
Executive Director
RSVP to 519-272-8210 Ext. 2627 or by e-mail to cheryl.hunt@hpha.ca

STRATFORD GENERAL HOSPITAL FOUNDATION
BOARD OF TRUSTEES AND COMMITTEE MEETINGS FOR 2024-2025

	FINANCE/ INVESTMENT/ AUDIT COMMITTEE Monday (4th) Lunch 11:45 a.m. Meeting 12:00 p.m.	**STRATEGIC PLANNING / NOMINATING COMMITTEE** Wednesday (2nd) Lunch 11:45 a.m. Meeting 12:00 p.m.	**RESOURCE DEVELOPMENT COMMITTEE** Wednesday (4th/5th) Lunch 11:45 a.m. Meeting 12:00 p.m.	**BOARD OF TRUSTEES** Wednesday (4th/5th) Lunch 11:45 a.m. Meeting 12:00 p.m.
September				**25th - Includes Finance**
October		**9th**	**23rd**	
November	**25th**			**27th**
December		**11th**	(N/A)	*Christmas Event TBA*
January	**27th**			**29th**
February		**12th**	**26th**	
March	**24th**			**26th**
April		**9th**	**23rd**	
May	**26th**			Day of AGM
June				AGM June: TBA

- Location for meetings unless indicated otherwise: Foundation Board Room.
- Executive Committee meetings will be held at the call of the Chair.
- Lunch will be provided for the noon meetings at 11:45 a.m.
- Annual General Meeting – Date and Time to be determined.

STRATFORD GENERAL HOSPITAL/FOUNDATION

CONFIDENTIALITY AGREEMENT

I,_____ , recognize that during the course of my involvement and/or employment at the Stratford General Hospital Foundation, I may come into contact with or be in receipt of information that is confidential to the affairs and operations of the Foundation.

I agree that any donor, medical, and/or private information which I become privy to relating to the affairs and operations of the Foundation is confidential, and during the term of my involvement at the Foundation, or after termination thereof, such information shall not be released or disclosed to any person, or used by me in any manner, without the prior written and signed consent as described in the Confidentiality Policy.

Name (Print)	Signature	Date
Witness (Print)	Signature	Date

DATE: January 2010 (0)

STRATFORD GENERAL HOSPITAL Foundation

"People Caring for People"

MINUTES OF THE MEETING OF THE FOUNDATION BOARD OF TRUSTEES HELD WEDNESDAY, JUNE 12, 2024 at 4:30 P.M. IN THE CURLING LOUNGE, STRATFORD COUNTRY CLUB.

PRESENT:
Mrs. B. Thibeault, Chair
Mr. P. Roulston
Mr. H. McDonald
Mrs. J. Smelski
Mr. M. Rees
Mr. F. Steigmeier
Mr. M. Ritsma
Mr. J. Frank
Ms. A. Conrad
Mrs. C. Hunt, Executive Director
Dr. A. Smith
Mr. A. Williams
Ms. M. Clarkson, Recording Secretary

REGRETS:
Mr. P. Buxton, Treasurer
Mr. R. Orr

MEETING PROPERLY CALLED:

Mrs. B. Thibeault called the meeting to order.

CONSENT ITEMS:

There were no questions arising from the consent agenda items: Foundation Board Minutes-March 27, 2024, Strategic Planning/Nominating Committee Minutes-April 10, 2024, Resource Development Committee Minutes-April 24, 2024, Finance/Investment Minutes-June 03, 2024, the Finance Statements for period ending March 31, 2024, and the Investment Statements for period ending March 31, 2024.

It was **MOVED** by Mr. H. McDonald, **SECONDED** by Mr. P. Roulston, and **RESOLVED** to approve the following consent agenda items:

- Foundation Board Minutes: March 27, 2024
- Strategic Planning/Nominating Committee Minutes: April 10, 2024
- Resource Development Committee Minutes: April 24, 2024
- Finance/Investment Minutes: June 03, 2024
- Finance Statements for period ending March 31, 2024
- Investment Statements for period ending March 31, 2024

CARRIED

AUDIT COMMITTEE REPORT:

Audited Statements for period ending March 31, 2024

Mrs. C. Hunt referenced the *Audited Statements for period ending March 31, 2024,* which were included in the meeting package, and would also be referenced during the Annual General Meeting taking place later that afternoon. There were no questions or concerns.

It was **MOVED** by Mr. J. Frank, **SECONDED** by Mrs. J. Smelksi, and **RESOLVED** to approve the Audited Statements for period ending March 31, 2024.

CARRIED

BUSINESS ARISING:

Nominating Committee Update

Mrs. B. Thibeault read out the 2024 Slate of Names that will be voted upon during the Annual General Meeting.

It was **MOVED** by Mr. F. Steigmeier, **SECONDED** by Mr. M. Rees, and **RESOLVED** to approve the 2024 Slate of Names, to be voted upon during the Annual General Meeting.

CARRIED

MOTION TO ADJOURN:

It was **MOVED** by Mr. M. Ritsma, **SECONDED** by Mr. M. Gould and **RESOLVED** to adjourn the meeting.

CARRIED

ADJOURNMENT: The meeting was adjourned at 4:39 p.m.

Mrs. B. Thibeault, Board Chair

Ms. M. Clarkson, Recording Secretary

Stratford General Hospital Foundation
Balance Sheet
August 31, 2024

		July 2024	Actual
ASSETS			
CURRENT ASSETS:			
01-1000	Bank-Bank of Montreal	4,838,211.70	4,866,105.54
01-1005	Bank-Lottery Account	48,371.42	48,371.42
01-1015	Bank-Raffle Account	17,583.68	17,583.68
01-1020	Petty Cash	200.00	200.00
01-1025	Petty Cash DR - Bank of Montreal	997.50	997.50
01-1100	Investments	2,456,731.56	2,465,415.76
01-1105	Investments (Endowment)	1,122,764.31	1,128,308.39
01-1310	HST Paid on Purchases	4,977.87	8,623.26
	TOTAL CURRENT ASSETS:	**8,489,838.04**	**8,535,605.55**
PROPERTY, PLANT & EQUIPMENT			
01-1400	Equipment-Purchased	47,364.42	47,364.42
01-1499	Accum Depreciation	(36,637.41)	(36,947.01)
	TOTAL PROPERTY, PLANT & EQUIPMENT	**10,727.01**	**10,417.41**
	TOTAL ASSETS	**8,500,565.05**	**8,546,022.96**
LIABILITY & EQUITY			
LIABILITIES			
CURRENT LIABILITIES			
01-2000	Accounts Payable	81,963.23	88,967.11
	TOTAL CURRENT LIABILITIES	**81,963.23**	**88,967.11**
	TOTAL LIABILITIES	**81,963.23**	**88,967.11**
EQUITY EARNINGS			
	Building Redevelopment	78,085.92	78,085.92
	In Our Hands	5,927,783.63	5,981,680.07
	General Restricted	302,384.36	307,225.90
	General Unrestricted	922,433.02	920,569.52
	McNair Endowment Fund	1,122,764.31	1,128,308.39
	Special Events Holding	65,150.58	41,186.05
	TOTAL EQUITY EARNINGS	**8,418,601.82**	**8,457,055.85**
	TOTAL LIABILITY & EQUITY	**8,500,565.05**	**8,546,022.96**

Stratford General Hospital Foundation
Statement of Continuity of Equity Earnings
August 31, 2024

	Beginning Balance April 1, 2024	Revenue	Net Interfund Transfers	Total to be Accounted For	Expenditures/ Disbursements	Ending Balance 8/31/2024
Building Redevelopment	$78,085.92	$0.00	$0.00	$78,085.92	$0.00	$78,085.92
In Our Hands	$4,285,683.31	$1,765,741.78	$0.00	$6,051,425.09	$69,745.02	$5,981,680.07
General Restricted	$292,913.67	$17,545.12	$0.00	$310,458.79	$3,232.89	$307,225.90
General Unrestricted	$984,036.08	$227,402.36	$0.00	$1,211,438.44	$290,868.92	$920,569.52
Gifts In Kind	$0.00	$934.65	$0.00	$934.65	$934.65	$0.00
McNair Endowment Fund	$1,090,552.00	$44,343.75	$0.00	$1,134,895.75	$6,587.36	$1,128,308.39
Special Events Holding	$5,655.00	$0.00	$0.00	$5,655.00	($35,531.05)	$41,186.05
Total	$6,736,925.98	$2,055,967.66	$0.00	$8,792,893.64	$335,837.79	$8,457,055.85

Stratford General Hospital Foundation
Statement Of Operations
August 31, 2024

	Current Month Actual 8/31/2024	YTD Actual 8/31/2024	YTD Budget 8/31/2024	YTD Variance Actual/Budget	2024/2025 Budget
REVENUES:					
Donations					
Donations - Building Redevelopment Fund	0.00	0.00	0.00	0.00	0.00
Donations - In Our Hands	78,838.00	1,765,741.78	0.00	0.00	0.00
Donations - General Restricted	5,085.00	17,545.12	0.00	0.00	0.00
Donations - General Unrestricted	14,428.53	92,788.92	0.00	0.00	0.00
Donations - Gift-in-Kind	0.00	934.65	0.00	0.00	0.00
Total Donations	**98,351.53**	**1,877,010.47**	**0.00**	**0.00**	**0.00**
Interest					
Investment Income	28,630.46	134,656.37	0.00	0.00	0.00
Investment Income - McNair Endowment	186.73	5,297.50	0.00	0.00	0.00
Total Interest	**28,817.19**	**139,953.87**	**0.00**	**0.00**	**0.00**
Net Gain/Loss on Investments					
Gain(Loss) on Unrestricted Investments	0.00	(42.93)	0.00	0.00	0.00
Gain(Loss) on Endowment Investments	5,357.35	39,046.25	0.00		
Total Net Gain/Loss on Investments	**5,357.35**	**39,003.32**	**0.00**	**0.00**	**0.00**
Other Revenue					
Gain(Loss) on Disposal of Assets	0.00	0.00	0.00	0.00	0.00
Other Revenue	0.00	0.00	0.00	0.00	0.00
Special Events Revenue	0.00	0.00	0.00	0.00	0.00
Total Other Revenue	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
Total Foundation Revenue	**132,526.07**	**2,055,967.66**	**0.00**	**0.00**	**0.00**
EXPENSES:					
Operating					
Regular Salaries	24,482.94	130,479.83	156,660.42	(26,180.59)	375,985.00
Regular Benefits	5,882.41	36,262.07	36,042.50	219.57	86,502.00
Termination Benefits/Severance	10,231.20	14,616.00	0.00	14,616.00	0.00
Office Supplies	0.00	992.30	1,125.00	(132.70)	2,700.00
Postage	187.22	1,645.11	2,250.00	(604.89)	5,400.00
Advertising	4.50	18.00	416.67	(398.67)	1,000.00
Telephone	274.64	1,140.17	1,750.00	(609.83)	4,200.00
Subscriptions & Memberships	1,495.00	1,495.00	1,666.67	(171.67)	4,000.00
Bank Service/Broker Charges	440.96	4,337.63	3,625.00	712.63	8,700.00
Audit & Accounting	0.00	9,874.30	10,800.00	(925.70)	10,800.00
Direct Mail	0.00	23,239.72	25,000.00	(1,760.28)	65,000.00
Monitor Newsletter	0.00	11,278.83	19,500.00	(8,221.17)	32,400.00
Travel & Conference	1,717.13	6,981.75	4,166.67	2,815.08	10,000.00
Computer Maintenance/Training	0.00	38,831.98	47,100.00	(8,268.02)	47,100.00
Donor Recognition/PR/Staff/Memorial	90.00	860.98	2,083.33	(1,222.35)	5,000.00
Catering	0.00	185.50	1,791.67	(1,606.17)	4,300.00
Depreciation	309.60	2,562.17	1,250.00	1,312.17	3,000.00
Annual Meeting Expense	0.00	4,872.67	10,000.00	(5,127.33)	10,000.00
Computer Equipment	0.00	202.33	416.67	(214.34)	1,000.00
Furnishings	0.00	0.00	208.33	(208.33)	500.00
Miscellaneous	58.97	234.81	208.33	26.48	500.00
Professional Fees - Board Development	0.00	0.00	1,250.00	(1,250.00)	3,000.00
Service Contracts/Accreditation	0.00	0.00	500.00	(500.00)	1,200.00
Internet Service Charges/Website	(252.08)	757.77	833.33	(75.56)	2,000.00
Endowment Investment Management Fees	0.00	6,587.36	6,750.00	(162.64)	13,500.00
In Our Hands	20,439.30	65,242.76	181,458.33	(116,215.57)	435,500.00
Special Events Holding	23,964.53	(35,531.05)	0.00	(35,531.05)	0.00
Total Operating	**89,326.32**	**327,167.99**	**516,852.92**	**(189,684.93)**	**1,133,287.00**
Disbursements					
Building Redevelopment	0.00	0.00	0.00	0.00	0.00
In Our Hands	4,502.26	4,502.26	0.00	0.00	0.00
General Restricted	243.46	3,232.89	0.00	0.00	0.00
General Unrestricted	0.00	0.00	0.00	0.00	0.00
Gift-In-Kind	0.00	934.65	0.00	0.00	0.00
People of Stratford Bursary	0.00	0.00	0.00	0.00	0.00
Total Disbursements	**4,745.72**	**8,669.80**	**0.00**	**0.00**	**0.00**
Gross Expense	**94,072.04**	**335,837.79**	**516,852.92**	**0.00**	**0.00**
Excess of Revenue over Expenses	**38,454.03**	**1,720,129.87**	**516,852.92**	**0.00**	**0.00**

Stratford General Hospital Foundation

Project Activity Report - GENERAL RESTRICTED

Year-to-Date As of August 31, 2024

Project ID	Project Description	Beginning Balance	Adjustments	Net Change	Ending Balance
0006	General Restricted/Special Purpose	$215.00	$0.00	-$2.52	$212.48
0007	Giggle & Getwell Service	$596.30	$0.00	$0.00	$596.30
0008	Palliative Care	$15,010.76	$0.00	$0.00	$15,010.76
0016	Diabetes	$17,624.36	$0.00	$2,300.00	$19,924.36
0119	Elderly Patient Support	$3,341.02	$0.00	$0.00	$3,341.02
0202	Volunteers - General	$17,331.66	$0.00	$6,165.12	$23,496.78
0203	Volunteers - HELLP Lottery	$1,198.90	$0.00	$0.00	$1,198.90
0205	Volunteers - Raffle	$5,884.85	$0.00	$0.00	$5,884.85
0206	Community Stroke Rehab Team	$6,109.72	$0.00	$0.00	$6,109.72
0234	Huron Perth Addiction & Mental Health All	$28,855.38	$0.00	$80.00	$28,935.38
0235	Mental Health - Eating Disorder Program	$785.00	$0.00	$0.00	$785.00
0240	Historical Fund	$266.56	$0.00	$0.00	$266.56
0245	Postpartum Mood Disorders	$1,995.15	$0.00	$0.00	$1,995.15
0246	Nursing Recognition Award for Exceptional C	$1,000.00	$0.00	-$1,000.00	$0.00
0247	PAIL (Pregnancy and Infant Loss)	$136.00	$0.00	$0.00	$136.00
0261	Spiritual Care Fund	$200.00	$0.00	$0.00	$200.00
0262	St. Marys - Healthcare Heroes	$210.00	$0.00	$0.00	$210.00
152	Mental Health - Special Purposes	$8,395.85	$0.00	$0.00	$8,395.85
ACTT	ACTT	$1,862.22	$0.00	$0.00	$1,862.22
Chemo-Gen	Chemo Unit - General	$5,149.33	$0.00	-$243.46	$4,905.87
EF-Diabete	Education Fund - Diabetes	$36,685.84	$0.00	$850.00	$37,535.84
EF-E1500	Education Fund - E1-500	$3,850.00	$0.00	$50.00	$3,900.00
EF-Educato	Education Fund - Educators	$375.00	$0.00	$0.00	$375.00
EF-HHT	Education Fund - HHT	$2,500.00	$0.00	$0.00	$2,500.00
EF-Lab	Education Fund - Lab	$600.00	$0.00	$0.00	$600.00
EF-Lead	Education Fund - Leadership Program	$359.02	$0.00	$0.00	$359.02
EF-MatChil	Education Fund - Mat/Child Education & Sp	$36,148.85	$0.00	$6,310.00	$42,458.85
EF-Med Im	Education Fund - Ultrasound/Diagnostic Ima	$5,701.15	$0.00	$0.00	$5,701.15
EF-NEWS	Education Fund - NEWS	-$0.42	$0.00	$0.42	$0.00
EF-Nut	Education Fund - Clinical Nutrition	$8,883.12	$0.00	$0.00	$8,883.12
EF-OR	Education Fund - OR	$8,989.81	$0.00	$0.00	$8,989.81
EF-OT	Education Fund - Occupational Therapy	$3,602.81	$0.00	-$608.31	$2,994.50
EF-Paeds C	Education Fund - Paeds - CME Day	$5,857.83	$0.00	$990.00	$6,847.83
EF-Pharm	Education Fund - Pharmacy Education & Sp	$6,858.35	$0.00	$0.00	$6,858.35
EF-Psych	Education Fund - A Day In Psychiatry Fund	-$2.10	$0.00	$2.10	$0.00
EF-Speech	Education Fund - Speech Language Patholog	$1,100.00	$0.00	$0.00	$1,100.00
EF-Stroke	Education Fund - District Stroke Centre	$18,071.43	$0.00	-$581.12	$17,490.31
GAP Fund	GAP Fund/Special Services Unit	$863.59	$0.00	$0.00	$863.59
Mindruta H	Mindruta Hetcou Memorial Fund	$1,400.00	$0.00	$0.00	$1,400.00
Novartis	Novartis	$25,455.45	$0.00	$0.00	$25,455.45
Nursing Ed	Nursing Education	$234.61	$0.00	$0.00	$234.61
OT Camp	OT Camp	$100.00	$0.00	$0.00	$100.00
StrokePrevn	Stroke Prevention Clinic	$9,111.27	$0.00	$0.00	$9,111.27
	Totals:	**$292,913.67**	**$0.00**	**$14,312.23**	**$307,225.90**

Wealth Management
Dominion Securities

RBC Dominion Securities Inc.
CANADIAN DOLLAR ACCOUNT STATEMENT

AUG. 30 2024

Your Account Number: 588-24660-1-3

Date of Last Statement: JULY 31, 2024

STRATFORD GENERAL HOSPITAL
FOUNDATION
46 GENERAL HOSPITAL DRIVE
STRATFORD ON N5A 2Y6

ADVISORY TEAM

Investment Advisor(s):
BRYN/SCRIM/GRAHBSP
519-271-4075

Branch Address:
187 Ontario Street
Stratford, Ontario
N5A 3H3

ASSET SUMMARY

	MARKET VALUE AT AUG. 30	PERCENTAGE OF MARKET VALUE
Cash	$34.90	0.00 %
Fixed Income	$1,673,582.97	67.88 %
Preferred Shares	$0.00	0.00 %
Common Shares	$0.00	0.00 %
Mutual Funds **	$791,797.89	32.12 %
Foreign Securities	$0.00	0.00 %
Managed Assets	$0.00	0.00 %
Other	$0.00	0.00 %
Total Value	**$2,465,415.76**	**100.00 %**

INCOME SUMMARY

	THIS MONTH	YEAR-TO-DATE
Dividends	$0.00	$0.00
Interest	$5,363.08	$101,552.14
Other	$0.00	$0.00
Total Income	**$5,363.08**	**$101,552.14**

CASH BALANCE

ACCOUNT TYPE	OPENING BALANCE AT JULY 31	CLOSING BALANCE AT AUG. 30
Cash	$71.82	$34.90

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Wealth Management
Dominion Securities

RBC Dominion Securities Inc.
U.S. DOLLAR A + STATEMENT

AUG. 30 2024

Your Account Number: 370-73490-1-9

Date of Last Statement: JULY 31, 2024

STRATFORD GENERAL HOSPITAL
FOUNDATION
46 GENERAL HOSPITAL DRIVE
STRATFORD ON N5A 2Y6

ADVISORY TEAM

Investment Manager:
RBC DOMINION SECURITIES
A+ CUSTOM MODEL

Investment Advisor(s):
BRYN/SCRIM/GRAHA+/A B
519-271-4075

Branch Address:
187 Ontario Street
Stratford, Ontario
N5A 3H3

ASSET SUMMARY

	MARKET VALUE AT AUG. 30	PERCENTAGE OF MARKET VALUE
Cash	$4,308.23	5.61 %
Fixed Income	$0.00	0.00 %
Preferred Shares	$0.00	0.00 %
Common Shares	$38,925.61	50.70 %
Mutual Funds **	$0.00	0.00 %
Foreign Securities	$0.00	0.00 %
Managed Assets	$0.00	0.00 %
Other	$33,537.59	43.69 %
Total Value	**$76,771.43**	**100.00 %**

INCOME SUMMARY

	THIS MONTH	YEAR-TO-DATE
Dividends	$55.45	$922.12
Interest	$5.97	$39.73
Other	$0.00	$0.00
Total Income	**$61.42**	**$961.85**

CASH BALANCE

ACCOUNT TYPE	OPENING BALANCE AT JULY 31	CLOSING BALANCE AT AUG. 30
Cash	$4,258.62	$4,308.23

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Wealth Management
Dominion Securities

RBC Dominion Securities Inc.
CANADIAN DOLLAR A + STATEMENT
AUG. 30 2024

Your Account Number: 370-73490-1-9

Date of Last Statement: JULY 31, 2024

STRATFORD GENERAL HOSPITAL
FOUNDATION
46 GENERAL HOSPITAL DRIVE
STRATFORD ON N5A 2Y6

ADVISORY TEAM

Investment Manager:
RBC DOMINION SECURITIES
A+ CUSTOM MODEL

Investment Advisor(s):
BRYN/SCRIM/GRAHA+/A B
519-271-4075

Branch Address:
187 Ontario Street
Stratford, Ontario
N5A 3H3

ASSET SUMMARY

	MARKET VALUE AT AUG. 30	PERCENTAGE OF MARKET VALUE
Cash	$61,942.19	6.05 %
Fixed Income	$600,681.59	58.71 %
Preferred Shares	$0.00	0.00 %
Common Shares	$339,500.76	33.18 %
Mutual Funds **	$20,268.00	1.98 %
Foreign Securities	$738.99	0.08 %
Managed Assets	$0.00	0.00 %
Other	$0.00	0.00 %
Total Value	**$1,023,131.53**	**100.00 %**

INCOME SUMMARY

	THIS MONTH	YEAR-TO-DATE
Dividends	$358.40	$5,618.48
Interest	$178.55	$8,817.54
Other	$27.54	$813.29
Total Income	**$564.49**	**$15,249.31**

CASH BALANCE

ACCOUNT TYPE	OPENING BALANCE AT JULY 31	CLOSING BALANCE AT AUG. 30
Cash	$61,377.70	$61,942.19

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STRATFORD GENERAL HOSPITAL Foundation
"People Caring for People"

Executive Director's Report – September 25th, 2024

- **Campaign Report:**
  - The In Our Hands campaign is at 97% of its goal—$29 m in cash and pledges!
  - For strategic reasons, Core Cabinet has recommended we communicate with the community that we are currently at 95% of our goal - until our Major Donor engagement is complete.
  - Major Donor Engagement: Case for Support created to act as a tool for fundraising engagement.
    - Municipal Asks:
      - Completed presentations: Perth East, Perth County, West Perth, North Perth and Perth South
      - Coming up next: East Zora/Tavistock and Town of St Marys.
    - Past Individual Major Donors:
      - Core Cabinet Members are engaging with past major donors to identify potential giving interest.
    - Financial Institutions:
      - The concept of engaging our Financial Institutions with a case for support focused on transitional youth initiatives must pivot due to a refocus from the HPHA. The engagement will support the campaign in general and will be implemented this fall/winter.
  - Donor special mention: between June 1st and Sept 3, 2024

Donor Name	**Donation $**	**Allocation**
Dwight Stacey	$100,000	Cancer and Medical Care Clinic
Breen Bentley	$25,694.29	Bed Fund Pledge paid in full
City of Stratford	$250,000	General 5 m, pledge first payment
Stratford Medical Staff	$15,000	General
Doris Ryan	$45,000	Maternal Child Unit
Rotary Club of Stratford	$300,000	Mental Health Unit – Naming Maintaining
Strickland's Auto Mart	$5,705.05	General
Anonymous donor	$60,000	in support of the Rotary $300,000 pledge
Joyce Fischer	$10,000	Cancer and Medical Care Clinic
Estate of Sheralyn E. Yundt	$7,000	General
Perth Flying Club	$3,800	General

John Donaldson	$70,454.45	toward improving dementia care in our Mental Health & Medicine Units
Estate of Mary (Peggy) Heinbuch	$50,000	General
Royal Canadian Legion Branch #532 (New Hamburg)	$5,000	General
Estate of Marjorie Britton	$10,000	Integrated Stroke Unit
Estate of George Lantz	$150,000	Capital Equipment
Estate of Lois Lantz	$14,124.27	General
Estate of Doreen Caroline Gardiner	$133,100	General
Rotary Club of Festival City	$10,000	Cancer & Medical Care Clinic
W.G.Young Funeral Home	$40,000	General
The Rutherford Group	$50,000	General
Estate of Lois Webb	$700,991.11	Foundation General
Optimist Club of Stratford	$10,000	Maternal Child
Peter Mansbridge & Cynthia Dale	$100,000	Maternal Child

- **Mail-out and Monitor:**
  - Spring mail out and monitor: "Growth *Springs* HOPE"
    - *Growth Springs Hope! $38,660*
    - *General donations* $33,130
    - Total of $71,790 (an increase of $6,595 from last spring)
  - Fall/Winter mail out and monitor: being planned
    - The focus will support IOH in general, not on a specific piece of equipment.

- **Physician & Midwives Giving Campaign**: Theme: Hand in Hand
  - Dr. Alistair Smith, Chair of the campaign.
  - A presentation to the MAC (Medical Advisory Council) was completed on June 19th, identifying the launch of the Physician & Midwives Giving Campaign this fall. Rick Orr and Paul Roulston, IOH Campaign Co-chairs, were in attendance.
  - A case for support is being created, specific to the physicians' and midwives' interests, highlighting the various ways they can support and the benefits of giving from a financial standpoint.
  - We will host several drop-in breakfast events at the hospital to share the information package with the physicians and midwives.

- **Foundation Team:**
    - Restructuring:

      As identified in the email shared with the board on August 28th, 2024, the Office Coordinator position has been posted through the HPHA HR recruitment process. We are undergoing interviews and hope to have a successful candidate for this role by the end of October.

    - Continuing Education:

      In July, Amanda Dobson and Cheryl Hunt attended the Association for Healthcare Philanthropy, Maddison Institute. Amanda completed the Fundamentals of Healthcare Development, and Cheryl attended Charitable Gift Planning.

      Cheryl has completed the Fundraising Management certification through the Toronto Metropolitan University.

    - ***** Special Note*** Partnership with Seaforth Community Hospital Foundation.**

      SCH Foundation has approached the SGH Foundation to inquire about the possibility of a partnership. This partnership would allow the SCH Foundation to purchase services provided by the SGH Foundation's dynamic and professional fundraising team.

      This concept will help the SCH Foundation access fundraising professional skills and abilities that they currently lack. The SCH Foundation is a volunteer board responsible for all aspects of fundraising, both governance and operational. They do not have paid staff and currently receive services in-kind through the HPHA regarding their administrative needs.

      The benefits to the SGH Foundation include savings in our staffing budget, as the current request can be absorbed within our team's current work day.

      The SGH Foundation Executive met to discuss this possibility. Permission was granted to continue to seek an agreement between SGHF and SGH.

      Conversations have continued between the SGHF Executive Director and the SCH Foundation Board.

      An agreement is being drafted in partnership with the HPHA HR team's existing partnership agreement template, which the hospital uses when developing partnerships.

      Once the agreement is drafted, the SGH Foundation Executive team will reconvene to review the Service Agreement to ensure our foundation is comfortable moving forward.

- **Cancer & Medical Care Clinic and Pharmacy Project Update**:
    - The project handover date from the developer to the hospital is October 2nd!
    - Project celebration and grand opening subcommittee have been formed to plan:
        - Major Donor Celebration – formal event
        - Ribbon Cutting Event
        - Community Open House

      Estimated date: mid to late November

- **Recognition:**
    - Donor Recognition- Brook Global continues to be in progress.
        - The installation date for the Cancer and Medical Care Clinic and Pharmacy project and the June Blanch Lobby is set for the week of October 15th.
        - See the attached draft of the June Blanch Lobby temporary display in support of the In Our Hands Capital Campaign.
- **Proposals:**
    - **Rotary Club of Stratford's donation of $300,000** for Inpatient Mental Health - has been accepted by the Rotarians! Two anonymous donors have supported this vision. The anonymous donors will support $100,000, and the Rotary will fundraise $200,000.

    - **Farm Credit Canada – AgriSpirit Grant - $30,000** towards the Cancer & Medical Care Clinic and Pharmacy Project – we hope to hear by the end of October.

- **Community Engagement:**
    - Every Story Matters
        - New community engagement method. The Foundation will highlight donor stories under the caption “Every Story Matters.” Our first story is Lorene and John Donaldson, a donation made through love, commitment, honour, and community. Stories will be shared via social media channels, our website and our monitor newsletters. Click the link below to see Lorene and John’s story.
        - Every Story Matters. Lori-Jo: Lorene & John Donaldson - (sghfoundation.org)

    - 50/50 Draws are back!!! Please ensure you are sharing on SM platforms – help share the message! **sgh5050.ca**
        - The first draw opened on September 2 and will be drawn on October 1st.
        - The contract is for a three-year term. The fee structure is as follows:
            - one dollar ($1.00) per Raffle Ticket sold at the ten dollar ($10) Ticket Tier;
            - two dollars ($2.00) per Raffle Ticket sold at the twenty dollar ($20) Ticket Tier;
            - four dollars ($4.00) per Raffle Ticket sold at the forty dollar ($40) Ticket Tier;

            OR

            - a minimum of fifteen thousand dollars ($15,000) per Year, whichever is greater, plus any applicable taxes.
        - Two early bird draws are included – this allows more touch-points for promotional opportunities.
        - The agreement is with the same company we worked with in 2021, Ascend.
        - Media release went out, newspaper interview request from Stratford Time and Post Media, radio ad, social media messaging, email blasts.

        - We can sell tickets online, in the Foundation office, or take the ticket point-of-sale system off-site.
        - Remember, as a board member, you are not able to purchase a ticket, however, you are encouraged to share on social media, and talk about this with your family, friends, community and contacts!

    - Radio Ads:
        - Summer ad: Josef Frank was our spokesperson, introducing himself as our new Foundation Board Chair, discussing his reason for supporting the foundation, and the importance of our IOH capital campaign.,
        - Fall ad: Cheryl Hunt promoting the 50/50 draw.

    - Allman Arena ad:
        - For fall, winter and spring, a new ad promoting the IOH capital campaign will be installed at the Allman Arena to catch a new potential donor demographic.

- ***Upcoming Special Events:***
    - **Ladies Night – Mitchell Legion, Saturday, October 19th**

      Mitchell Cancer Fundraiser - SGHF Personal Fundraising Page (akaraisin.com)

      This link is to the group's 3rd party event page through our SGH Foundation's website. It is meant for those who cannot attend but wish to support their cause. The Foundation will attend and speak about the new Cancer & Medical Care Clinic and Pharmacy project.

    - **Festival School of Hairstyling – Breast Cancer Awareness Event for October.** A percentage of proceeds from the Festival School of Hairstyling will be donated towards our Cancer & Medical Care Clinic.

Respectfully submitted,

Cheryl Hunt, CVA
Executive Director
Stratford General Hospital Foundation

Without You, We Have Nothing

STRATFORD GENERAL HOSPITAL Foundation

In Our Hands

Every piece of patient care equipment is at our hospital because donors cared.

"We think of our Huron Perth Healthcare Alliance (HPHA) - Stratford General Hospital like an insurance policy. We know we need the policy, but we hope we never need to use it! Life has been good to our family and the Stratford General Hospital Foundation's In Our Hands Capital Campaign is the perfect way for us to give back to the community while ensuring we can receive the best quality care close to home, if ever needed. This has also been an opportunity for us to teach our grandchildren about giving and helping others."

~ Richard & Maxine Cook & Family

Bridging the Funding Gap

While our partner, the Province of Ontario, pays for certain aspects of healthcare, it does not cover the cost of purchasing new and replacement medical equipment and technology that keep us on the leading edge of care. And when it comes to projects like building our new Cancer & Medical Care Clinic, with co-located Pharmacy, only a small percentage is funded.

Because of this funding gap we rely on the generosity of community members, like the Cook Family, to help keep the latest tools and technologies in the hands of the healthcare professionals at HPHA - Stratford General Hospital so that they can continue to provide exceptional care.

Our $30 Million In Our Hands Capital Campaign, our most ambitious campaign to date, represents a collective effort to build a healthier future for our community. Key investment priorities include:

$15 Million New Cancer & Medical Care Clinic with co-located Pharmacy	**$8.5 Million** New & Replacement Medical Equipment	**$4 Million** Lab Improvements
$1 Million Transformation Initiatives (Such as Mental Health Technology)	**$1 Million** Staff Training & Education	**$0.5 Million** Redevelopment of Communication Stations in Patient Care Units

Paul Roulston & Rick Orr

"The In Our Hands Capital Campaign is about providing the highest level of care possible here for the people of Stratford and area. It helps with the recruitment and retention of healthcare professionals as people want to work in the best environment possible."
~ Paul Roulston, In Our Hands Capital Campaign Co-chair

"What people don't realize is that the government pays for some of the bricks and mortar and operations. They don't pay for any of the equipment in the building, so all the beds, the MRI, the CT Scanner, none of that is funded by the government. It's all paid for by you and me and our generous community."
~ Rick Orr, In Our Hands Capital Campaign Co-chair

STRATFORD GENERAL HOSPITAL Foundation

Cancer Can Affect Anyone

Dr. Janis MacNaughton

"Cancer can affect anyone. It doesn't care who you are or what you think; whether you're rich or poor, male or female, whether you take care of yourself or not," says Dr. Janis MacNaughton, an Internal Medicine Specialist at the HPHA - Stratford General Hospital site.

"Our current Chemotherapy space is very crowded. We don't have adequate rooms to discuss things where others can't overhear it. There's no privacy or confidentiality," notes Dr. MacNaughton. "And the confined space is a very difficult environment in which to work. Typically our chairs are filled with reclining patients…and there are pumps, IVs and monitors to constantly work around. At times, it's so crowded that staff are forced to ask patient support persons to temporarily leave - a decision that's made reluctantly, but out of necessity. Not only are numbers of patients steadily growing, but so is the complexity of treatment regimens."

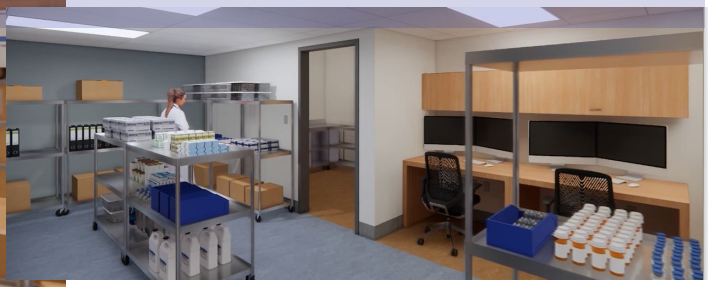
Cancer & Medical Care Clinic with Co-Located Pharmacy

The New Cancer & Medical Care Clinic will be bright with natural light and increased space to care for more patients close to home.

Clinic Highlights:

- Additional patient consult and treatment space with upgraded chairs and beds.
- Interior renovation of 16,000+ square feet of the fourth floor of the West Building.
- Improved medication compounding facilities.
- New mechanical and electrical systems.
- Enhanced security, data and Wi-Fi systems.
- A new negative pressure room to provide care for high risk patients.
- Expanded support service areas including new staff break and change rooms.
- Replacement of windows along with exterior building repairs including new roofing.

$15 Million Investment Priority



STRATFORD GENERAL HOSPITAL Foundation

In Memory of Jack & Teresa Van Nes, a Transformational Donation supports the Cancer Care & Medical Clinic

Jack and Teresa Van Nes were local farmers who cared about their community. They actively supported many local organizations focused on building a better future for everyone. They understood the importance of giving, especially to their local hospital, knowing there was no government funding for new and replacement medical equipment. Jack and Teresa wanted to invest in the healthcare system, strengthening it not only for themselves but for the entire community.

Exceptional Care Provided by Exceptional People

In addition to the 2,099 chemotherapy visits that occurred in the 2023-2024 fiscal year, the following care was provided at HPHA - Stratford General Hospital:

- 34,763 patients were cared for in the Emergency Department
- 804,370 Lab tests were performed
- 9,253 Outpatient (day) surgeries and 2,073 Inpatient surgeries were performed
- 1,049 babies were delivered
- 149 babies were treated in the Maternal Child Special Care Nursery
- 474 children received care on the Maternal Child Pediatric Unit
- 849 patients were treated on the Critical Care Unit
- 610 patients were cared for on the Mental Health Unit
- 29,953 X-rays and 16,526 CT scans were completed
- 20,549 Ultrasounds, 3,289 Nuclear Medicine and 1,530 Echocardiograms were performed
- 4,691 MRI scans were performed
- 4,475 Mammography exams were completed
- 3,360 Dialysis visits occurred

STRATFORD GENERAL HOSPITAL Foundation

40+ Years of Community Generosity

STRATFORD GENERAL HOSPITAL Foundation

Incorporated in 1983, the Stratford General Hospital Foundation is governed by a volunteer board of directors. The Foundation, through the support of our community, has raised millions of dollars to purchase equipment and enhance facilities at the HPHA - Stratford General Hospital, touching the lives of countless patients and their families.

$85 Million

Invested since inception

<6%

Annual operating costs

Recent Investments - Donor Dollars Making a Difference!

Neonatal Ventilation x2

The Hamilton C1 Neonatal Ventilation unit supports our tiniest patients. When a baby is born with breathing difficulties, they may require mild intermittent positive pressure (NIPPV) support to help them start breathing on their own, to a more aggressive support that offers constant positive pressure into the lungs (CPAP), to a ventilator that breaths for them. This unit allows a seamless transition to all three phases while keeping the same head gear and circuitry. This saves valuable time when a baby's condition worsens and timely airway support is crucial.

Centrella Bed x7

A bed is a safe place of healing and our patients' "home" while in hospital. The fact that every inpatient requires one means they are one of the most used pieces of equipment. Upgraded beds are made of specially constructed surface materials, so they are easy to keep clean. Designed to regulate a patient's temperature and wick away moisture, they lessen the chance of painful bed sores. Touch screen technology can move patients into various positions. This improves comfort and assists patients when getting out of bed. It's also a plus for care providers, reducing the incidence of back injuries and helping during the examination and treatment of patients.

Portable Ultrasound Unit x5

Philips EPIQ Elite ultrasound features an exceptional level of clinical performance, workflow, and advanced intelligence to meet the challenges of today's most demanding practices. The EPIQ Elite platform brings ultimate solutions to ultrasound, with clinically tailored tools designed to elevate diagnostic confidence to new levels. An incredible increase in resolution and sensitivity aids in much earlier diagnosis, therefore increasing the chance for better patient outcomes. The portability of these machines enables effortless scanning and easy transitions from patient care unit to unit and exam to exam.

Our Future is In Your Hands

Your investment helps guarantee the highest quality of care, close to home, both now and for future generations.

You may consider:

- ☐ Making a one-time gift that will put your support and generosity to immediate use
- ☐ Pledging your gift over a period of time, for example two to five years
- ☐ Making a personal gift, or one on behalf of a business or corporation
- ☐ Recognizing the Stratford General Hospital Foundation in your will or estate
- ☐ Planning and hosting a fundraising event, with proceeds supporting the Foundation

We are dedicated to working closely with our Major Gift Donors to identify a recognition journey that is personal and meaningful. We offer recognition options based on the following donor giving levels:

Transformational Gift Society	$1,000,000 +
Visionary Society	$500,000 - $999,999
Builders Society	$200,000 - $499,999
Major Benefactors	$100,000 - $199,999
Benefactors	$50,000 - $99,999
Patrons	$10,000 - $49,999
Supporters	$5,000 - $9,999

Every donation makes a difference and will bring us closer to reaching our $30 Million In Our Hands Capital Campaign goal.

On behalf of our patients and healthcare professionals, we wish to express our sincere gratitude for your consideration of support.

We're Here to Lend a Hand

Together, we have the power to transform lives and make a lasting impact on the health and well-being of our community. We are here to support you in your donor journey. Please reach out.

519-272-8210 extension 2626
sgh.foundation@hpha.ca
46 General Hospital Dr, Stratford, ON N5A 2Y6
(West Building Annex - Corner of John & West Gore St.)
www.sghfoundation.org / www.inourhands.ca

STRATFORD GENERAL HOSPITAL Foundation

HPHA HURON PERTH HEALTHCARE ALLIANCE

Municipality of West Perth

In Our Hands Capital Campaign Municipal Ask

In Our Hands

STRATFORD GENERAL HOSPITAL Foundation

HPHA HURON PERTH HEALTHCARE ALLIANCE

Huron Perth Healthcare Alliance - Stratford General Hospital

- Accredited with Exemplary Standing as a proud member of the Huron Perth & Area Ontario Health Team
- Acute & Continuing Care Hospital
- Huron Perth District Stroke Centre – Accredited with Distinction in Stroke Services
- Training site for the Schulich School of Medicine & Dentistry at Western University and a number of high school and post-secondary institutions

In Our Hands

STRATFORD GENERAL HOSPITAL Foundation

HPHA HURON PERTH HEALTHCARE ALLIANCE

Exceptional Care Provided by Exceptional People

In the 2023/2024 fiscal year:

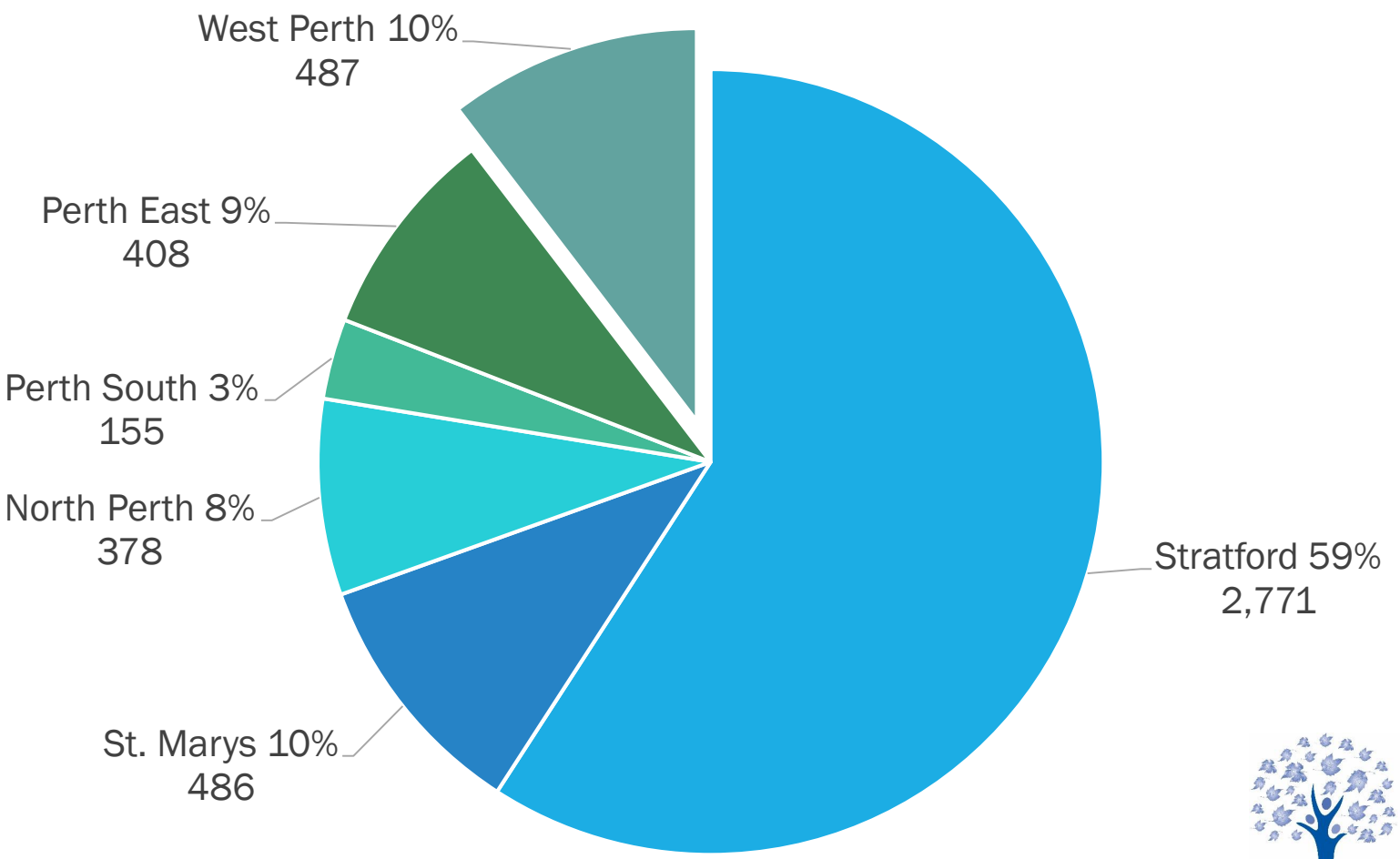
- 1,049 babies were delivered
- 149 babies were cared for in the Special Care Nursery
- 474 children received care on the Pediatric Unit
- 34,763 patients were seen in the Emergency Department
- 9,253 outpatient (day) surgeries and 2,073 inpatient surgeries were performed
- 81,013 imaging exams were performed
- 804,370 lab tests were performed

In Our Hands

STRATFORD GENERAL HOSPITAL Foundation

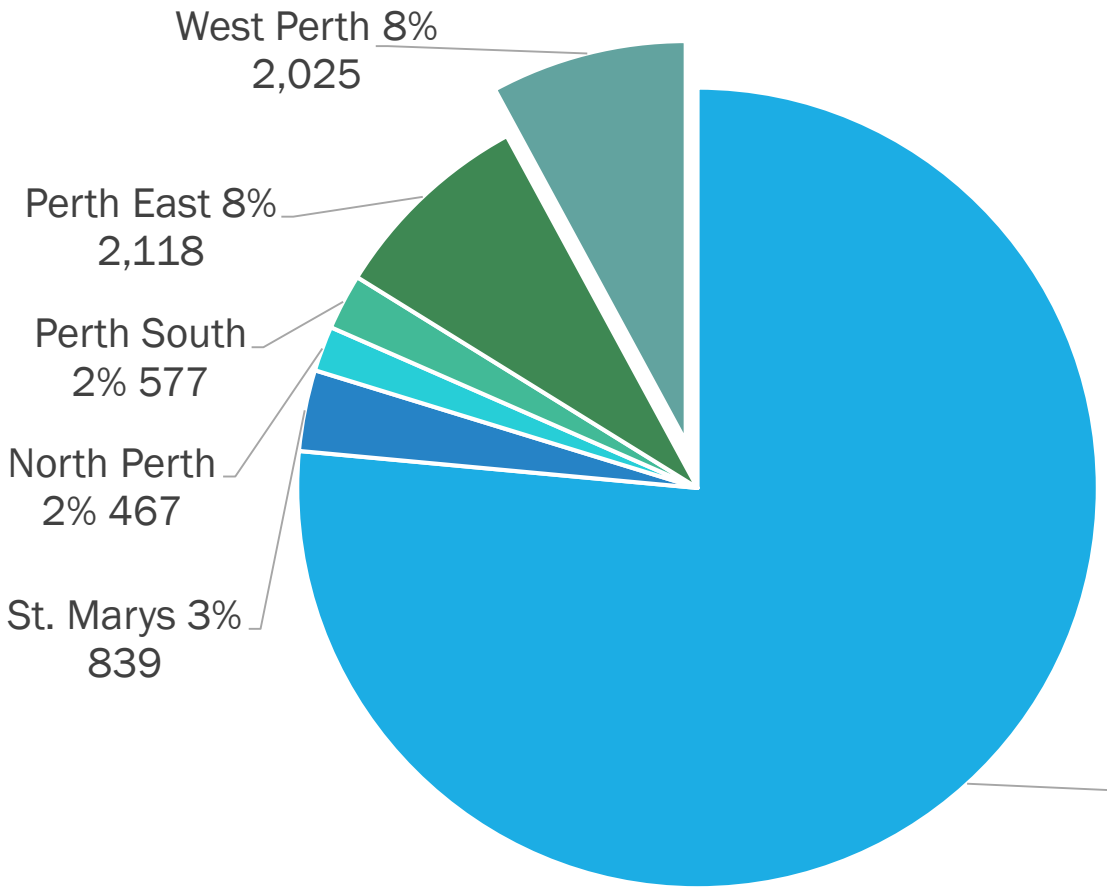
HPHA HURON PERTH HEALTHCARE ALLIANCE

Inpatient Care Received by West Perth Residents



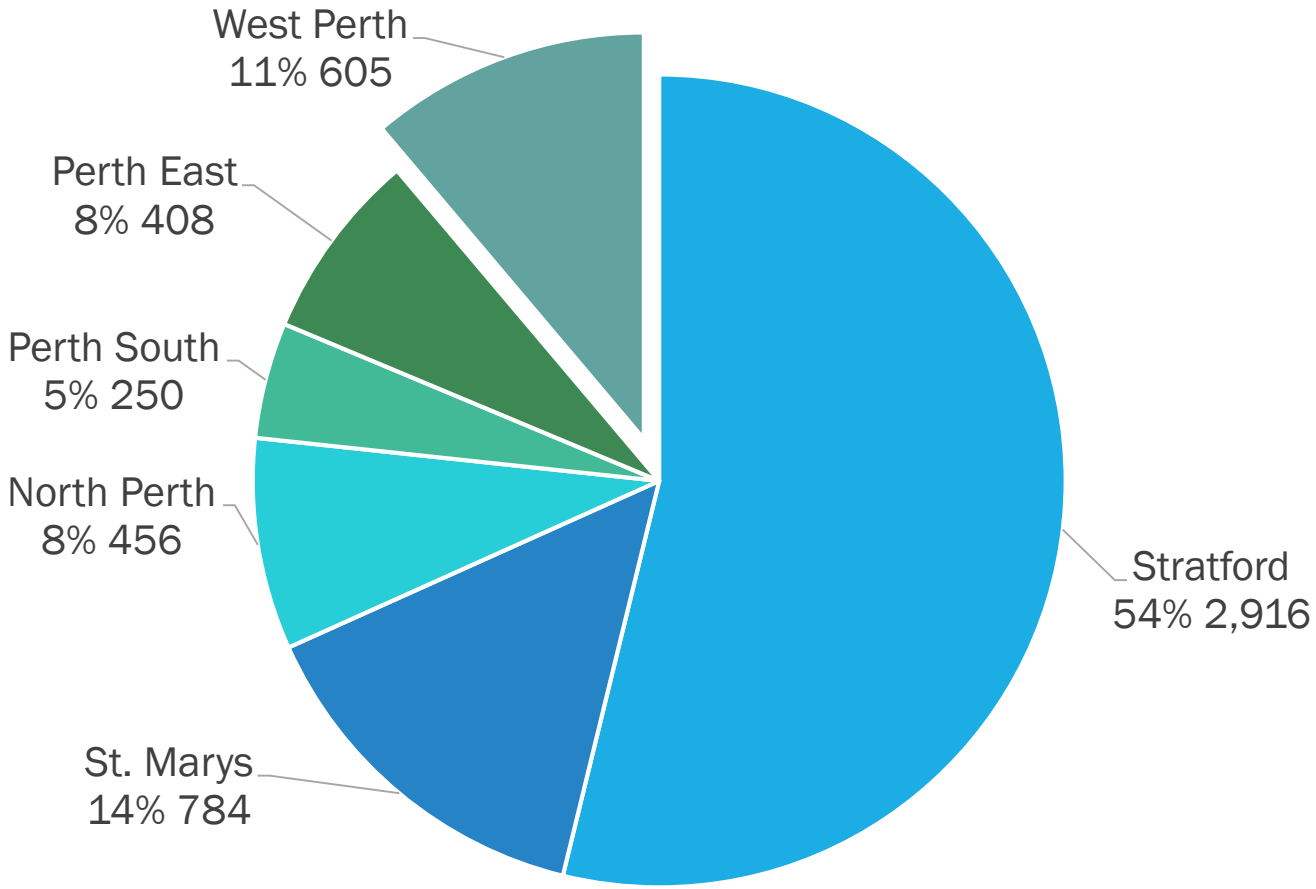
*Number of Inpatients

Emergency Care Received by West Perth Residents



*Emergency Department Visits

Outpatient Surgical Care Received by West Perth Residents



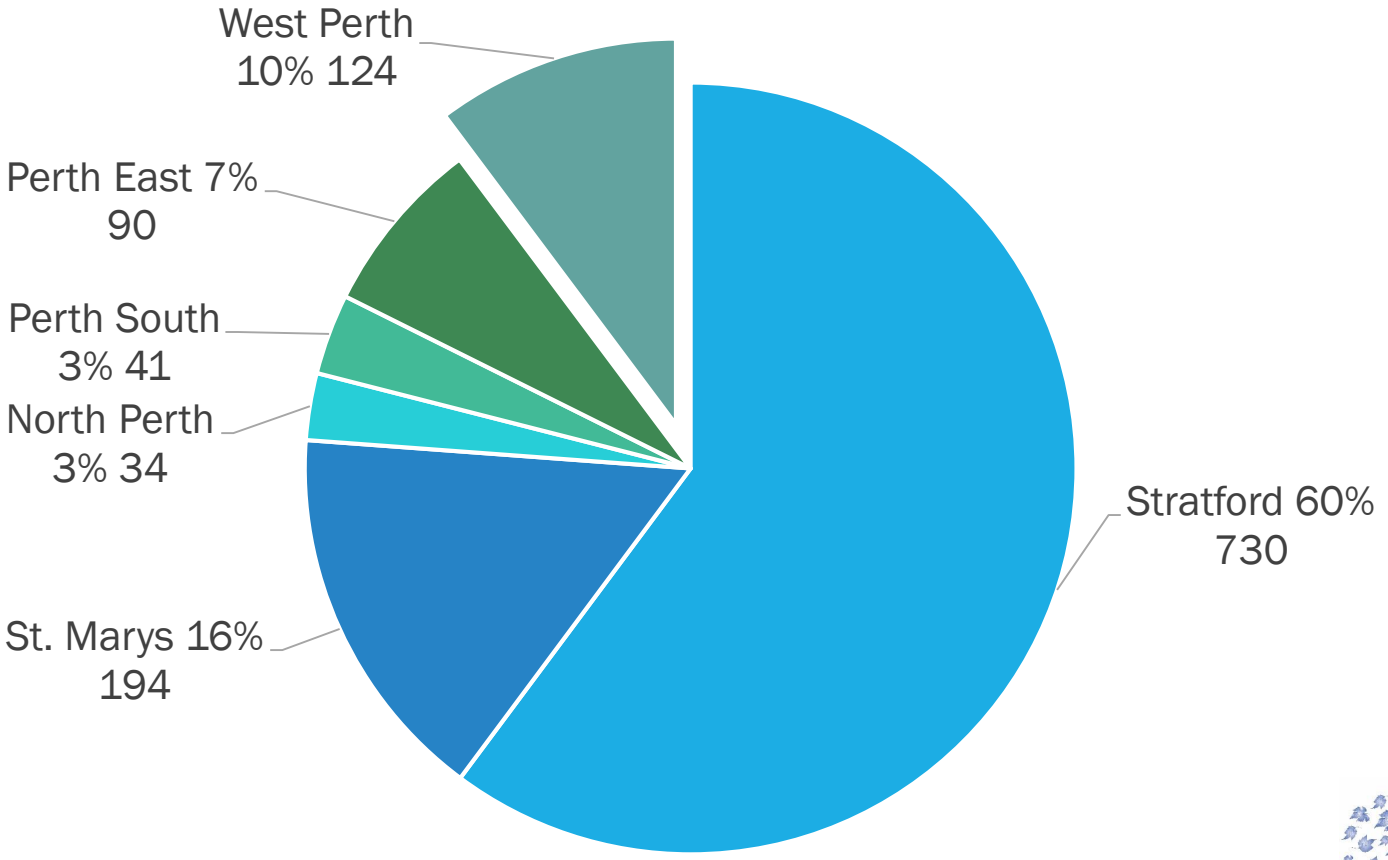
*Number of Outpatients

In Our Hands

STRATFORD GENERAL HOSPITAL Foundation

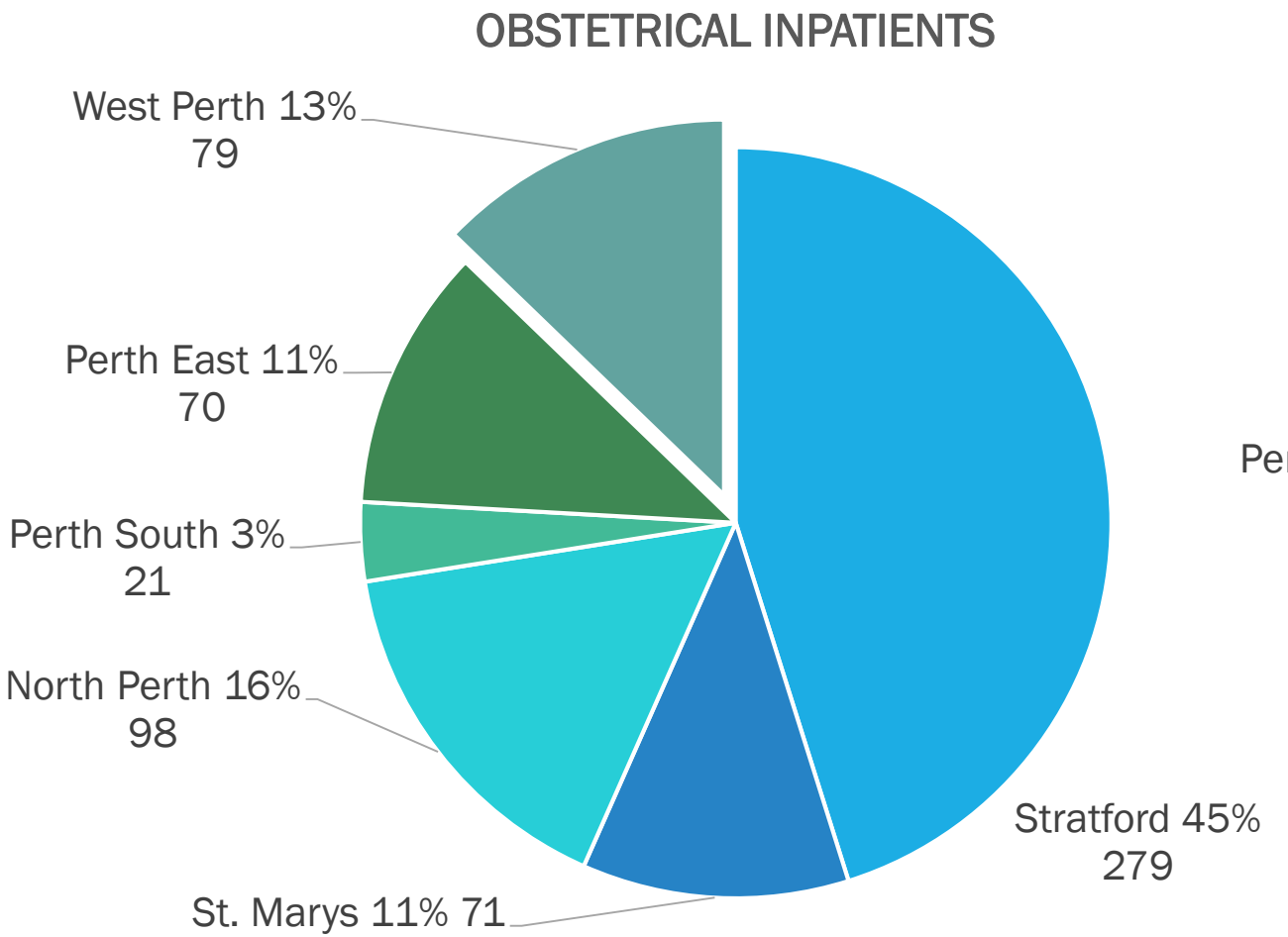
HPHA HURON PERTH HEALTHCARE ALLIANCE

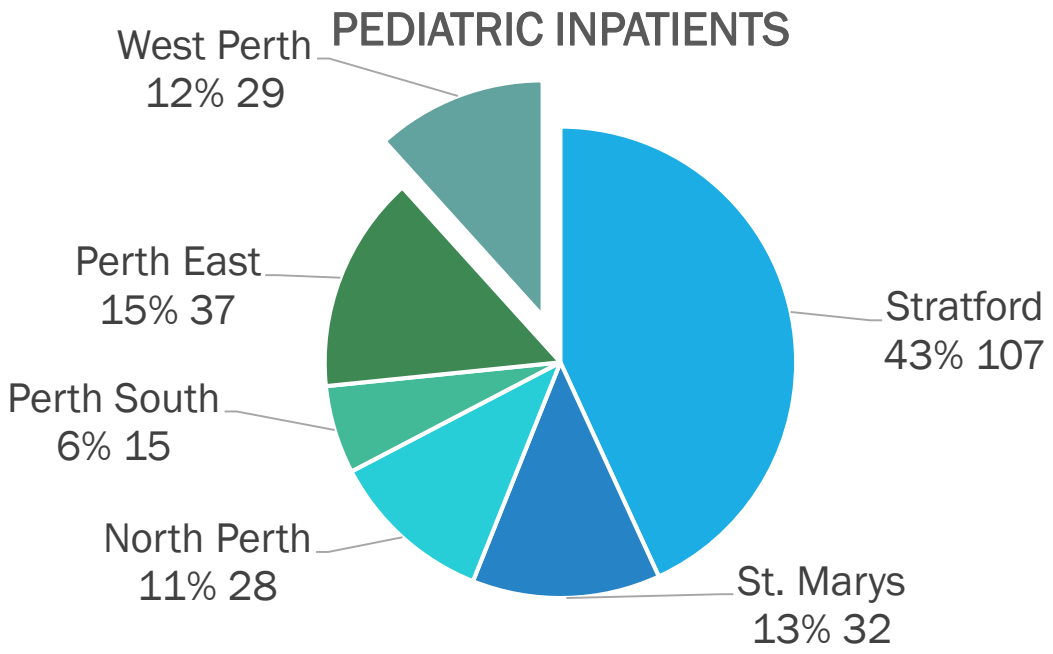
Cancer Care Received by West Perth Residents



*Number of Patient Visits

Maternal Child Care Received by West Perth Residents





In Our Hands

STRATFORD GENERAL HOSPITAL Foundation

HPHA
HURON PERTH HEALTHCARE ALLIANCE

Our Future is In Your Hands

We rely on the generosity of community members to help keep the latest tools and technologies in the hands of the healthcare professionals at the Huron Perth Healthcare Alliance – Stratford General Hospital so that they can continue to provide exceptional care.

In Our Hands

STRATFORD GENERAL HOSPITAL Foundation

HPHA HURON PERTH HEALTHCARE ALLIANCE

Investment Priorities: In Our Hands Capital Campaign

Campaign Goal: $30 Million

$15 Million	$8.5 Million	$4 Million
New Cancer Care & Medical Clinic with co-located pharmacy	New & Replacement Medical Equipment	Lab Improvements
$1 Million	**$1 Million**	**$0.5 Million**
Transformation Initiatives (Such as Mental Health Technology)	Staff Training & Education	Redevelopment of Communication Stations in Patient Care Units

STRATFORD GENERAL HOSPITAL Foundation

Donations Received from West Perth Residents

From July 22, 2019 to July 22, 2024

1,441

Gifts were made to the Stratford General Hospital Foundation by West Perth residents totaling:

$643,786.85

In Our Hands

STRATFORD GENERAL HOSPITAL Foundation

HPHA HURON PERTH HEALTHCARE ALLIANCE

Thank You for your past support!

2006 - $20 Million Heart & Soul Campaign- $400,000 pledged

Today, we ask the Municipality of West Perth to invest at least $400,000 in support of the Stratford General Hospital Foundation's In Our Hands Capital Campaign.

In Our Hands

STRATFORD GENERAL HOSPITAL Foundation

HPHA HURON PERTH HEALTHCARE ALLIANCE

THANK YOU!

Any questions? Comments?

In Our Hands

STRATFORD GENERAL HOSPITAL Foundation

HPHA
HURON PERTH HEALTHCARE ALLIANCE

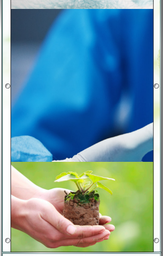
It's In Our Hands

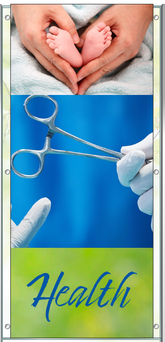
OUR DONORS

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Nunc ut accumsan tellus. Phasellus a lacus sit amet ipsum pharetra ultricies.

Thanks to you

Hope





Health

The Future

is

In Our Hands

STRATFORD GENERAL HOSPITAL *Foundation*

"People Caring for People"

We Can Never Say Thank You Enough

Every piece of patient care equipment is at our hospital because donors cared.

Did you know that Ontario hospitals are responsible for 100% of all medical equipment costs?

Because of this funding gap we rely on the generosity of community members to help keep the latest tools and technologies in the hands of our healthcare providers.

"We think of our HPHA Stratford General Hospital like an insurance policy. We know we need the policy, but we hope we never need to use it! Life has been good to our family and the Stratford General Hospital Foundation's In Our Hands Capital Campaign is the perfect way for us to give back to the community while ensuring we can receive the best quality care close to home, if ever needed. This has also been an opportunity for us to teach our grandchildren about giving and helping others."

~ Richard & Maxine Cook & Family

Donate Today!

Your donation helps guarantee the highest quality of care, close to home, both now and for future generations. From one time gifts, to pledges, to recognizing the Stratford General Hospital Foundation in your will, there are many donation options and each makes a difference.

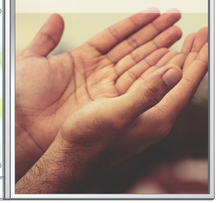
Scan to make an online donation.

STRATFORD GENERAL HOSPITAL *Foundation*

"People Caring for People"

THANK YOU FOR YOUR SUPPORT

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Nunc ut accumsan tellus.



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

June 6, 2024

It is a pleasure to provide you with my Board Report outlining activities of the past month and looking ahead to the coming weeks.

I would be remiss if I did not start this Report focusing on our recent Huron Perth and Area Ontario Health Team (HPA-OHT) Accreditation. As a First in Canada approach to surveying, there was significant anxiety leading up to the survey and, candidly during. Our goal, as previously stated was to assess if we could utilize the accreditation standards to advance integration across and between sectors. While each of the 9 partners were assessed using sector specific standards, as a collective, we reviewed the governance and leadership standards as one. It was this latter point that truly made us unique – separately governed organizations acting as one.

I had the opportunity to attend a Longwoods Publishing Healthcare Rounds event titled **Building a Success Path for Ontario Health Teams** this past week – which I will touch on in more detail later in this Report, however, Leslee Thompson, Chief Executive Officer, Accreditation Canada & Health Standards Organization participated in one of the Panels, specifically referenced Huron Perth in her remarks, and offered the following quote:

> *"Falling through the cracks should not be inevitable ... it is preventable. The highest harm to people occurs between the cracks of health and social care, between providers not working in teams managing care...between hospital and primary care. Integrated Care occurs within an Integrated Health Care System with providers practicing inter-professional care and system planners facilitating inter-sectoral collaboration. Advance the use of standards to support ongoing improvement Highlight primary care integration needed!"*

When I heard this, it validated our approach and clearly reinforces that the path we are on is absolutely the right one when looking at improving the health and wellness of those we collectively serve through the lens of accreditation.

As you will have read, the HPA-OHT was awarded Accreditation with Exemplary Standing, the highest award available through this process. Leslee has asked to join representatives from all the partner organizations and personally deliver our Award Certificates, a recognition that we are very much looking forward to hosting and will give us another opportunity to extend a huge thank you to the entire HPHA and HPA-OHT Teams for the compassion, caring and commitment they brought to preparing, and hosting the survey visit.

I am really excited and pleased to confirm that the HPHA recently received the "Implementation Excellence Award" at Hypercare's first-ever product conference, Hypercare Connect! The following excerpt is from our internal communication and reads as follows:

Hypercare is a texting app which allows Providers to communicate with each other in a timely, efficient and secure manner. It provides for a PHIPA (Personal Health Information Protection Act) compliant, secure messaging platform for communication between members of the patient care team. Since the original roll out, we have implemented the on-call schedule for each specialty which has eliminated the multi-destination faxing of schedules to physician offices and is available in real time across the HPHA/AMGH and on mobile device.

The Hypercare Nursing Support Line at the HPHA is meant to be a safe, respectful and non-judgmental platform that is used by nurses when supports typically provided by Team Leaders, Clinical Educators or designates are not available. They are able to seek peer-to-peer advice or information on non-emergent issues from nurses or respiratory therapists outside of their unit/site. They can speak to an experienced colleague who is able to explain a procedure, provide an answer or identify resources to assist with a clinical question.

L-R: Brenda Murray, Albert Tai (CEO Hypercare), Annette Stelmachuk, Bob Davis

Kudos to Brenda, Annette, Bob and Justin – who was not able to attend, for the incredible work in advancing this important tool for our Team.

As we do at this time each year, we have been refreshing our Commitments to Our Communities, specifically identifying indicators we plan to address in the 2024/25 fiscal year. Key areas of focus, in addition to addressing the key day-to-day activities of the organization include:

- Completion of Environmental Stewardship Plan
- Develop enhanced HPHA Communications Plan to elevate organization's public profile and communicate proactively and strategically both internally and externally

- Develop, finalize and recognize all partnerships between HPHA and community partner organizations strengthening HPHA as system partner and leader
- Positively impact patient Length of Stay by providing opportunities for patients and families to receive care at/or closer to home
- Close out 2024 Accreditation through collaboration with HPA-OHT and ensuring HPHA continues to address unmet standards by March 31, 2025
- Submit one HPA-OHT Quality Improvement Plan by March 31, 2025
- Submit application for Clinton Public Hospital to secure a provincial license to expand surgical out-patient services
- Pre-capital submission for functional program and master planning completed, including advancing a system's plan across multiple organizations
- Completion of IT infrastructure transformation implementation plan (move to the Cloud)

Each Commitment will have specific milestones identified and will be reported up through the Board quarterly. As has been our approach in previous years, we will use these Commitments to advance the HPHA in a way that respects the changing environment in which we operate and ensures we continue to provide the highest quality, accessible care possible, every day for those we serve.

Circling back to the previously mentioned Longwoods Publishing Healthcare Rounds event titled Building a Success Path for Ontario Health Teams, it was a great opportunity to hear from academic and system leaders in this important space. Topics covered, in Panel format included Integrated Care, Collaborative Governance and Funding Reform. As I listened to the presentations and reflected on the HPA-OHT, I could not help but be buoyed by the advances we are making locally in what is, candidly Ontario's answer to Regional Health Authorities. The three key words that were reinforced throughout all Panels and Keynotes were relationships, accountability and trust – absent these, OHT advancement is a massive hurdle, with them, advancement has some very exciting opportunities. I like to think we very much lean to the advancement side of the equation although am not naïve to think that all organizations in Huron Perth are as aligned as needed to truly spring-board our system. Continued leadership from the HPHA therefore will be necessary, as will reinforcing strong, respectful and equal partnerships across and between the various sectors that support the health and wellness of the populations we serve. What I believe however to be most important to the success of OHT's will be Boards recognizing that they have an equal accountability to the integrity of their organizations they lead, and to the overall health and wellness of the populations they serve and represent. On this note, I extend a huge note of thanks and appreciation to the HPHA Board of Directors for so clearly placing equal emphasis on these two key accountabilities.

Finally, I would like to extend a huge thank you to both Gary Austin and Joe Looby who will see their time as Members of the Board of Directors come to an end this Committee Year. Strong Governance is the most important ingredient in successful and sustainable organizations and both Gary and Joe have played a key part in making this a reality for the HPHA – you will be missed.

As with all Reports, I look forward to responding to any questions on the topics presented, or on any other topics of interest at our upcoming Board Meeting.

Respectfully,

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

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

September 5 , 2024

It is a pleasure to provide you with my Board Report outlining recent activities and looking ahead to the coming weeks. First however I trust all have had an enjoyable and relaxing summer – Balzacs coffee to the first person who can explain where the heck it went!!!

I had the opportunity this past week to attend the International Health Surveyor Conference in Ottawa, hosted by Health Standards Organization/Accreditation Canada (HSO/AC). There were 400 Surveyors that attended this 2-day event and I came away remarkably proud of the ongoing, positive impact Accreditation Canada is having both nationally and globally. With 12,500 survey locations across 42 countries, the efforts and work of HSO/AC impacts the lives of over 50 million people – impressive to say the least. Improving quality is foundational to the efforts of HSO/AC and, within that, there is a significant emphasis on advancing integrated care. Areas of focus include:

- Multi-Sector Surveys
- Standards that Forge System Connections
- Patient Pathway Assessments
- Team Based Models of Care – Primary, Home, Virtual, Community
- Integrated Care Criteria for Accreditation
- Maturity Assessments

Of note, Leslee Thompson, CEO, HSO and Accreditation Canada specifically referenced Huron Perth twice in her remarks during the conference, shouting us out as a model of surveying that truly focuses on integration. While certainly early days for us, it reinforced with me that we are definitely on the right path – the path of leveraging standards to improve the health and wellness of the population we collectively support. On this note, I am really excited to confirm that Julie Houben and Kim Van Wyk are presenting the Huron Perth & Area Ontario Health Team (HPA-OHT) Collaborative Accreditation Journey at the North American Conference on Integrated Care in Calgary this October. Locally, we will be hosting Information Sessions with our OHT Partners to determine next steps vis-a-vie participation in the next iteration of the survey. Of note, the survey cycle is changing, moving away from a once in 4-year visit, to an iterative process over 4 years, something we will hear more of from HSO/AC in the coming months.

Closely aligned with the Accreditation Canada philosophy of raising the bar on quality, our Clinical Audit Team started auditing in May 2024 by reviewing documentation and by observation. Some of the audits completed bi-monthly are venous thromboembolism (VTE) prophylaxis, violence assessment, suicide risk, patient identification, falls prevention, pressure injury prevention, transfer of accountability, surgical checklist. Clinical Managers share results with staff and the Clinical Audit Committee will meet quarterly to review and analyze data and discuss opportunities for improvement….kudos to all on this important quality initiative.

I would like to commend to you Camerra Yuill-Robar, Lab Technical Manager who presented in June at LABCON, a prominent conference organized by the Canadian Society of Medical Laboratory Science in St. John's, Newfoundland. Camerra presented on the Huron Perth Healthcare Alliance's (HPHA) unique approach to staffing in response to a nationwide shortage

of Medical Lab Technologists (MLTs), that is particularly challenging for rural labs. MLTs play a crucial role in interpreting and releasing lab results for physicians.

The HPHA's model involves a full-scope Medical Laboratory Assistants/Technicians (MLA/Ts) model at our Clinton, St. Marys and Seaforth sites and remote verification of laboratory test results by MLTs based at the Stratford site. This model has proven effective in filling staffing gaps and ensuring timely patient results. In addition, at our Stratford site, the HPHA has been cross-training MLA/Ts to work across all areas of the lab, allowing for greater flexibility and coverage.

For those who don't know, the HPHA is part of the Inter-Hospital Laboratory Partnership (IHLP), a 16-hospital laboratory system that is the longest standing hospital laboratory system in Canada. Two of our IHLP colleagues also presented at the LABCON as follows:

- Pam VanSteelandt presented the IHLP's project plan to rectify challenges with meeting required cold ischemic times for breast tissue excisions done at 5 regional sites; and
- Rob Kerekes delivered two presentations regarding Accreditation Canada Diagnostics' requirements associated with document control, the risks of having paper documentation at the bench level, and how to formulate a plan to remove uncontrolled documents from a lab; and how to perform an adequate Discordant Findings Investigation to determine the root cause of a failed external quality assessment and corrective actions to prevent reoccurrence.

Kudos to Pam and Rob – they, and the IHLP remind us that we are most certainly stronger together.

The HPHA Team will be very pleased to welcome two new leaders to our regional mix in the coming weeks. Esther Millar has been hired to replace Karl Ellis as the President and Chief Executive Officer of the Listowel Wingham Hospitals Alliance effective September 9th. Stephanie Ellens-Clarke will be replacing Kathy Scanlon as the Executive Director of ONE CARE Home and Community Support Services effective September 12th. While we are very excited to begin working with both Esther and Stephanie, it goes without saying that Kathy and Karl will be sorely missed. They have been pillars of strength and leadership over the years and our local health system, and therefore the health and wellness of those we serve have improved significantly as a result – good luck, and THANK YOU Kathy and Karl.

A great example of the important relationships that exist across our region, notably with ONE CARE Home and Community Support Services is a pilot project between ONE CARE and the HPHA that is looking at linking people earlier to the Let's Go Home (LEGHO) Program: Bundled Community Support Services for Hospital Discharge and Community Stabilization. As a result of the positive outcomes achieved over the last three months Ontario Health West has made one-time funds available to ONE CARE to continue this project until the end of March 2025.

Through this project, ONE CARE has been participating in daily discharge planning rounds on the Medicine Inpatient Unit at Stratford General Hospital to identify opportunities to connect patients with community support services including the LEGHO service bundle, prior to hospital discharge, with follow-through in the community once home. We have seen that meeting with ONE CARE in the hospital and then having ONE CARE visit the patient in the community has resulted in lower levels of client worry and anxiety related to discharge. Feedback shows that the project has also increased knowledge and changed the way discharge planning team partners value both LEGHO's role and community support services in general. Early data demonstrates a positive impact in reducing both Alternate Level of Care and conservable bed

days. Going forward the LEGHO working group members will discuss spread throughout Huron Perth as the LEGHO pilot transitions into a demonstration project.…kudos to all for the leadership necessary to advance this important initiative.

Attached to this Report are two recent letters focusing on provincial policy. First, we have again provided input to both the Honourable Lisa Thompson MPP, and Matthew Rae, MPP on the Integrated Community Health Services Act (ICHSCA). This Act calls for the expansion of certain clinical services, including MRI, CT, GI Endoscopy and Orthopaedics in private clinic settings. The call to expand private MRI and CT services has already closed, the call to expand GI Endoscopy services has recently been released and the call to expand Orthopaedics is expected later this year. In reading the letter, you will see that the HPHA completely supports improving access to these important services however feels that the emphasis should be on fully utilizing hospital capacity and, subsequently adding net new capacity into the hospital system.

The second letter was sent jointly to the Ontario Medical Association (OMA) and the Association of Municipalities of Ontario (AMO) in response to their request to Ontario Municipalities to adopt and forward resolutions of support on primary care to the government of Ontario. As you would anticipate, the HPHA has been asked to comment on the request and we are asking therefore that the OMA share any metrics they may be advancing when addressing the issue of improved access to primary care. Few health care issues are getting as much media coverage as the increasing numbers of Ontarians who do not have access to primary care, it is certainly an issue that impacts us all and is an issue that needs a comprehensive plan to address.

Also attached to this Report is the Second Edition of an Ontario Hospital Association Paper entitled “Ontario Hospitals – Leaders in Efficiency.” The gist of the Paper is that Ontario hospital budgets reflect the **lowest hospital expenditure per capita by any provincial government** and if Ontario were to fund hospitals at the average rate per capita for all other provinces, it would cost the province an **additional $3.7 billion;** under Alberta’s funding model, **$4.5 billion.** Ontario hospitals therefore, contribute to the lowest:

- health care expenditure per capita by a province; and
- provincial program expenditure per capita by a province.
- And have accomplished this in large part through a relentless commitment to improvement that has resulted in Ontario hospitals having the lowest:
- hospitalization rate in Canada;
- cost of a hospital inpatient stay in Canada; and
- average length of stay in acute care hospitals in Canada, equal to Quebec.

This Paper is an important milestone as we continue to advance and discuss our fiscal reality with Ontario Health and the Ministry of Health.

I look forward to discussing the items in this Report, and other topics of interest with you at our upcoming meeting.

Respectfully submitted,

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

Encl.

HURON PERTH HEALTHCARE ALLIANCE

CLINTON PUBLIC HOSPITAL

ST. MARYS MEMORIAL HOSPITAL

SEAFORTH COMMUNITY HOSPITAL

STRATFORD GENERAL HOSPITAL

August 9th, 2024

Matthew Rae, MPP
Perth-Wellington
55 Lorne Avenue East
Stratford, ON N5A 6S4

Hon. Lisa Thompson, MPP
Huron-Bruce
408 Queen Street, P.O. Box 426
Blyth, ON N0M 1H0

Dear Matthew and Lisa:

Re: Integrated Community Health Services Act (ICHSCA)

First, I trust this letter finds you both well and, hopefully squeezing some down-time into your busy summer schedules.

As you both know, your government, as part of its strategy to reduce wait times in Ontario for MRI, CT, and GI/Endoscopy has initiated a process that will allow for an expansion of these important services in non-hospital settings. While the Huron Perth Healthcare Alliance (HPHA) fully supports efforts to enhance access to care we remain concerned that the current approach may have unintended consequences, notably in smaller communities where local health care is very integrated and already precarious due to a small critical mass of people providing service.

In formally raising our concerns with you, I can confirm that this is not a new position for the HPHA. In fact, in August 2022 we wrote to the Ontario Medical Association in response to their **Prescription for Ontario: Doctors 5-Point Plan for Better Health Care**. In their Plan, they advanced the establishment of stand-alone facilities to off-load lower acuity surgical work. While we absolutely supported, and support improving access to care, we specifically flagged practical concerns to a strategy that in real terms advocated for an increase in parallel delivery systems. I have attached this letter as a refresher, with all points included still concerns today.

Currently, applications for expanded MRI and CT Services will be accepted by August 12th, 2024, with the GI/Endoscopy applications expected to be received by the government later this summer. While the Act does not prevent an Integrated Community Health Services Centre from being located at a public hospital, subsequent eligibility requirements for the MRI/CT call for applications does introduce this restriction. Based on the recent information shared on webinars for the upcoming GI/Endoscopy call for applications, a similar restriction is expected there as well.

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With the above in mind, specific points to consider by expanding non-hospital MRI/CT include:

- Community hospitals with capacity should be supported by government funding before private clinics receive additional funding/approvals – in the HPHA's case, **we could increase by 1,000 and 2,500 scans/year in CT and MRI** respectively;
- Any determination of need should be predicated on all hospital-based MRI and CT services operating at full capacity – in the southwest, in addition to having MRI units operational in London, Stratford, Woodstock and Owen Sound, there are approved although not yet operational MRI Units in St. Thomas, Strathroy, Palmerston, Kincardine and Goderich – these are all being made possible by generous donations from local community members and businesses through Hospital Foundations;
- Private clinics will compete for health human resources which will result in reduced ability to staff hospitals with both technologists and radiologists where the acute patients are scanned 24/7 – in fact, there is no health human resources plan to accommodate Units already approved and under development in hospitals;
- The cases done in private clinics may not involve IV contrast or more complex patients due to expense and required monitoring. This will ultimately result in an untenable mix of cases left to hospitals and will adversely affect recruitment, retention and efficiency; and
- The government should encourage local physicians to settle in rural areas where services are required. Private clinics can be serviced by offsite physicians who do not live in nor actively contribute daily to the health system and communities where these clinics are located. Recruitment of all health care professionals, notably primary care providers is very much influenced by the local health care environment and expertise readily available – advancing strategies that undermine this is worrisome.

With respect to the anticipated call for applications for GI/Endoscopy expansion, it is the HPHA's intention to formally **request a licence be granted for the Ambulatory Program we operate out of our Clinton Public Hospital Site**, notably to allow for an expansion of our high quality, general surgeon run endoscopy program.

The HPHA designated our Clinton Site as a Centre of Excellence for Ambulatory Surgery as part of our VISION 2013 project and we have intentionally grown the program since that time. It is ideally situated to continue to expand services such as endoscopy and our application will reinforce this fact, including:

- Clinton is centrally located in Huron County and readily accessible to the rural populations of Grey, Bruce, Huron and Perth;
- It is a small building, easy to navigate for people accessing care;

- The site has 2 contemporary operating rooms, recently upgraded through the generosity of the Clinton Public Hospital Foundation and our community;
- The operating rooms have the physical capacity to expand services, including a 3 to 4 times increase in endoscopies;
- We have an outstanding team – nurses, surgeons, anaesthetists; and
- An Ambulatory Care Clinic is available on site for pre and post-operative consultation.

Candidly, the only surgery that should be offered in sites like Clinton is low acuity, high volume work like endoscopy and cataracts. Implementing a strategy that removes these from hospitals, or restricts growth, may allow larger hospitals to pivot their operating rooms to offer other surgical work however, small centres will have yet one more service threatened, including the increased risk of losing health care professionals and/or being less able to recruit. In the case of endoscopy, which very much contributes to the HPHA having such a robust surgical service available 24/7, growing its availability will materially contribute to care closer to home across multiple specialties.

In summary, the HPHA respectfully requests that in-hospital expansion of MRI/CT be a priority ahead of private clinic expansion, and that established, high quality ambulatory surgical programs operating in rural environments like Clinton, be considered for licenses on par with non-hospital centres to facilitate enhancement of service.

As always, I am available to speak with you directly on this and, notwithstanding, my Office will be reaching out in the coming days to find a time where we can connect to discuss this, and other important local health care issues.

Sincerely,

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

Encl.

Cc: Matthew Anderson, President & Chief Executive Officer, Ontario Health
Anthony Dale, President & Chief Executive Officer, Ontario Hospital Association
South West Hospital President & Chief Executive Officers
John Wilkinson, Board Chair, HPHA

HURON PERTH HEALTHCARE ALLIANCE

CLINTON PUBLIC HOSPITAL

ST. MARYS MEMORIAL HOSPITAL

SEAFORTH COMMUNITY HOSPITAL

STRATFORD GENERAL HOSPITAL

August 28, 2024

Colin Best, President
Association of Municipalities of Ontario (AMO)
155 University Ave., Suite 800
Toronto, Ontario M5H 3B7

Kimberly Moran, Chief Executive Officer
Ontario Medical Association (OMA)
150 Bloor St. West, Suite 900
Toronto, ON M5S 3C1
Canada

Re: Primary Care Access in Ontario

Dear Colin and Kimberly:

I am writing to you in my capacity as President and Chief Executive Officer of the Huron Perth Healthcare Alliance (HPHA), an organization that includes the Clinton Public Hospital, St. Marys Memorial Hospital, Seaforth Community Hospital and Stratford General Hospital.

More specifically, this letter is in response to the OMA and the AMO's joint efforts to engage municipal governments in advocating to the Province for improved access to primary care. With close to 2.5 million Ontarians without access to primary care this is clearly a top health care priority locally, provincially and nationally and the OMA has an important role to play in charting a course forward that ensures improved access to comprehensive, teams-based primary care.

The HPHA directly and indirectly interacts with 23 municipal governments – 4 Upper Tier, 16 lower Tier, the City of Stratford and the Separated Municipality of the Towns of Goderich and St, Marys, and, as such has been approached a number of times to provide commentary on the draft council resolution jointly prepared by the OMA and AMO, which reads:

> ***NOW THEREFORE BE IT RESOLVED THAT the Council of (the name of municipality) urge the Province of Ontario to recognize the physician shortage in (name of municipality) and Ontario, to fund health care appropriately and ensure every Ontarian has access to physician care.***

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Clearly, timely access to primary care is instrumental to maximizing the health and wellness of Ontarians, with the widening gap between those who have access and those who don't an increasing concern. In the case of the HPHA, erosion of access to comprehensively trained primary care providers impacts both primary care across our communities and hospital-based services, the latter due to the important role primary care physicians play in supporting hospital in-patient units and emergency departments across 3 of our 4 sites. As such, the HPHA is highly motivated to support and where necessary lead local, provincial and national discussions on the steps necessary to strengthening the social and health supports that are foundational to improving the health and well-being of our population.

In helping the HPHA support your efforts with our municipal partners, and as the resolution does not include any specifics, input into the following would be helpful:

1. Is the OMA advancing teams-based primary care, including physicians and other health care professionals as the preferred model for primary care delivery?

2. While it is recognized that standards may vary depending on practice type i.e. urban primary care vs rural primary care/emergency/hospital, is the OMA advancing minimum standards for physicians in areas including roster size and availability? This could include supporting physicians being responsible for a local population as opposed to individual practice rosters;

3. Does the OMA support geographic assignment for physicians to facilitate equitable distribution across the province, notably in rural and northern communities where shortages are presently most acutely felt?

4. Is the OMA advancing national and international licensing discussions to improve responsible access to the Ontario market for physicians? And;

5. Is the OMA involved in discussions with Canadian medical schools in relation to better alignment of demand for, and supply of physicians?

Few issues are more topical to our population than timely access to health care. The reality in which we find ourselves with primary care is the result of decades of decisions/non-decisions by all who directly and indirectly influence the health care file in this province. Changing this reality will require hard work by all of us however, with a commitment to collective accountability we can proactively and quickly begin to move the needle towards comprehensive pan-provincial access.

I look forward to hearing from you and can be reached directly at 519-274-0021.

Respectfully,

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

cc: Matthew Anderson, President & Chief Executive Officer, Ontario Health
Anthony Dale, President & Chief Executive Officer, Ontario Hospital Association
John Wilkinson, Board Chair, HPHA
Dr. Kevin Lefebvre, Chief of Staff, HPHA
Chief Administrative Officers:
County of Huron
Municipality of Bluewater, Municipality of Central Huron, Municipality of Huron East, Municipality of Morris-Turnberry, Municipality of South Huron, Town of Goderich, Township of Ashfield-Colborne-Wawanosh, Township of Howick, Township of North Huron
County of Lambton
Municipality of Lambton Shores, Middlesex County, Municipality of Lucan Biddulph, Municipality of Thames Centre,
Oxford County
Township of Zorra, Township of East Zorra-Tavistock
County of Perth
Municipality of North Perth, Municipality of West Perth, Township of Perth East, Township of Perth South
City of Stratford
Town of St. Marys

Ontario Hospitals - Leaders in Efficiency

Second Edition

August 2024

Ontario Hospital Association

100 Years

Table of Contents

About this Document

This report provides key information and context regarding Ontario hospitals' long track record of efficiency as well as the significant pressures they are facing today.

Through a brief narrative, together with supporting evidence in the form of a series of descriptive charts, the report offers a wider lens view of the hospital sector's past and present state.

Hospital Efficiency in Context

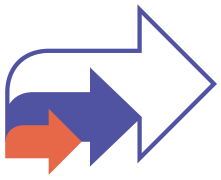
This is the second release of *Ontario Hospitals - Leaders in Efficiency*. First released in December 2019, just prior to the COVID-19 pandemic, this report demonstrates that Ontario hospitals are unquestionably efficient. The sector continues to demonstrate high efficiencies evidenced in the annual "efficiency dividend" results for 2023. In 2023, had Ontario funded hospitals at the average rate per capita for all other provinces, it would have cost the province an additional $3.7 billion.[1] Ontario's efficiency dividend frees up resources for the province to spend on other health and non-health sector priorities.

With a long track record of lean operations, Ontario hospitals have experienced ongoing capacity pressures characterized by frequent bed shortages and hallway health care. The onset of COVID-19 pushed the stress points in hospitals and the health care system to critical levels. This revealed the repercussions of a system highly focused on efficiency but with insufficient planning and resources to ensure surge capacity. With government support, hospitals responded to the crisis, becoming the backstop of the health care system, supporting other sectors such as long-term care, and providing critical services.

Pandemic recovery has not been easy as hospitals have continued to tackle the backlog of care, health human resource (HHR) challenges, labour cost pressures, general price inflation, and higher COVID-19-related operating costs. Compounding these difficulties, in fall 2022, Ontario experienced a significant surge in respiratory illnesses exacerbating HHR challenges and creating further capacity issues – at times even requiring patient transfers between hospitals due to high occupancy. Recovery of the primary care and home care sectors has also been challenged creating greater demand for hospital care. These severe, ongoing pressures highlighted the importance of keeping hospitals financially whole to ensure operational stability, particularly as the continuing impact of COVID-19 on hospitals has now become the new norm.

Today, as the system still struggles to stabilize, Ontario hospitals and health system providers continue to go to extraordinary lengths to maintain access to services for a growing and aging population. The 2023/24 fiscal year brought additional challenges, as hospitals faced tremendous financial

Ontario hospitals' lean operations trace back to over 20 years ago. The then-implemented hospital funding formula successfully controlled costs while promoting fair resource distribution. This approach incentivized hospitals to innovate, leading to more day surgeries, alternative staffing models, and practices reducing admissions. Consequently, Ontario hospitals operate efficiently with fewer beds compared to most other provinces and other developed countries tracked by the Organisation for Economic Co-operation and Development (OECD). This has allowed Ontario hospitals to effectively "bend the cost curve" while maintaining quality. However, throughout this period, while population growth and aging continued, there was a great unmet need for capacity planning at the provincial level. By 2018, hospitals faced severe capacity issues due to systemic shortages, leading to hallway health care and inequitable service access. The allocations provided under the present funding model are insufficient to address modern hospital needs. While hospitals maximized efficiency, this left little room for growth or sudden demand increases, as evidenced during the pandemic.



uncertainty, particularly due to the overturning of Bill 124. In view of such obstacles, the financial and operational outlooks appear uncertain for the 2024/25 fiscal year.

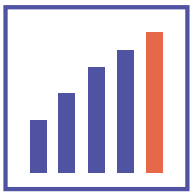
Once again, hospitals are seeing high occupancy rates, record long emergency department (ED) wait times, record high numbers of Alternate Level of Care (ALC) patients and worsening hallway health care. This has occurred even with the government's commitment to make permanent 3,500 beds that were added during the pandemic. On a per capita basis, Ontario still has low numbers of hospital beds, both in comparison to other provinces and other countries. It continues to be the case that the overall health system requires a continual process of capacity planning for beds and spaces, and for essential HHR. This is necessary to ensure an appropriate mix of services across sectors – namely, home and community care, rehabilitation, long-term care and primary care – to help alleviate pressure on hospitals.

The additional funding provided to hospitals throughout the pandemic – and for recent pressures related to increased demand, inflation, Bill 124 impacts and more – has been substantial but critically necessary. In fact, in the five years since 2019, Ontario's population has grown by 10% or approximately 1.4 million. While managing these extraordinary costs, Ontario's hospitals have been fiscally prudent, maintaining their long-standing collective position of having the lowest per capita expenditure by a provincial government.

Most hospital cost pressures are very difficult to control, especially given that almost 70% of expenditure relates to staffing. In response to increases in capacity and demand, hospitals have added 35,000 net new HHR positions, creating unavoidable added expense. Traditionally, hospitals have managed labour cost pressures using finely tuned staffing models to safely respond to patient demands. Current strategies involve maximizing the full scope of regulated health care professionals, introducing teams with a varied skill mix that includes both registered nurses and registered practical nurses, and greater use of nurse practitioners and physician assistants, where possible.

With respect to compensation, hospitals have developed a province-wide central bargaining process that avoids having to conduct almost 400 separate negotiations, also avoiding an additional cost of approximately $33 million. Ontario's highly efficient central bargaining process for hospitals has resulted in wage settlements below those experienced elsewhere in the broader public sector (BPS). The overall hospital bargaining

Bill 124 - *Protecting a Sustainable Public Sector for Future Generations Act, 2019*, imposed temporary wage restraint on health care workers and other public sector employees to a maximum annual increase of 1% for three years. Bill 124 was overturned in November 2022, resulting in renewed labour negotiations that culminated in multiple arbitration decisions providing additional compensation payments to affected staff. An unprecedented and unplanned event, hospitals had to contend with six provincial arbitration decisions over the course of a few months that required that retroactive payments covering two to four years be made over a compressed timeline within the 2023/24 fiscal year. Throughout this process, hospitals were challenged in managing cash flow as they awaited government funding support for these extraordinary expenses. A portion of these reimbursements from government have been made at less than a "dollar-for-dollar" basis with hospitals making up the shortfall, leading to additional financial stress in the face of growing demands. Outstanding reimbursements are still to be calculated for 2024/25.



outcomes for the last 10 years, including those from the Bill 124 reopener arbitration decisions, are lower than the major BPS average by 0.02%.

There are countless instances of hospitals improving and streamlining services. At the macro level, there has been continued consolidation of hospital corporations as well as sharing of senior staff across organizations to achieve greater efficiency. As of 2024, Ontario has 128 hospital CEOs leading 136 hospital corporations – a consistent reduction in corporations from 141 in 2019 and 225 in 1995.

Achieving a lean financial position is not an end in itself. Given the current demographic pressures, without substantial investment in innovation, productivity-improving technology and higher service volumes, quality will begin to suffer and access to care further challenged. Performance measures need to account for factors beyond efficiency and consider the functionality of the overall health system.

While there is room for improvement and a clear need for reinvestment, it should be recognized that Ontario's health system overall is performing well in comparison to other provinces. Out of 37 provincially comparable indicators tracked by the Canadian Institute for Health Information (CIHI) that are designated as "more desirable" (above average performance), same as average or, "less desirable" (below average performance), Ontario performs above average on 16, the same as average on 12 and below average on only nine.[2]

Hospital leaders know they cannot lose ground and are working tirelessly in partnership with other health system partners to transform the health care system, while being highly accountable for their operations. Ongoing collaboration with government to advance and modernize hospitals and the broader system is crucial to meeting Ontario's intense demographic demands and continuing to deliver quality care in a highly efficient manner.

The Evidence

The following sections offer key evidence of Ontario hospitals' current and past record of high-performance, as well as the pressures building over the past few years.

Ontario Hospitals Are Fiscally Responsible

SAVINGS

Ontario hospital budgets reflect the **lowest hospital expenditure per capita by a provincial government**. If Ontario were to fund hospitals at the average rate per capita for all other provinces, it would cost the province an **additional $3.7 billion;** under Alberta's funding model, **$4.5 billion.**

Ontario hospitals contribute to:

- **The lowest** health care expenditure per capita by a province
- **The lowest** provincial program expenditure per capita by a province

HOW ONTARIO HOSPITALS HAVE DONE THIS

CLINICAL INNOVATION

Continuous improvement has led to Ontario having:

- **The lowest** hospitalization rate in Canada
- **The lowest** average length of stay in acute care hospitals in Canada, equal to Quebec

Which results in:

- **The lowest** cost of a hospital inpatient stay in Canada
- **A low rate** of hospital beds per 1,000 population in comparison to most other provinces and other developed countries tracked by Organisation for Economic Co-operation and Development (OECD)

LEADERS

Hospitals have achieved these results while:

- **Maintaining** quality of care over time
- **Ensuring** a responsible approach to compensation

SYSTEM CAPACITY ISSUES

EVEN IN DIFFICULT TIMES

Hospitals face **record setting**:

- Emergency department wait times
- Number of patients waiting in emergency to be admitted
- Number of patients designated as Alternate Level of Care (ALC), waiting in hospital for more appropriate services elsewhere
- Population growth and aging

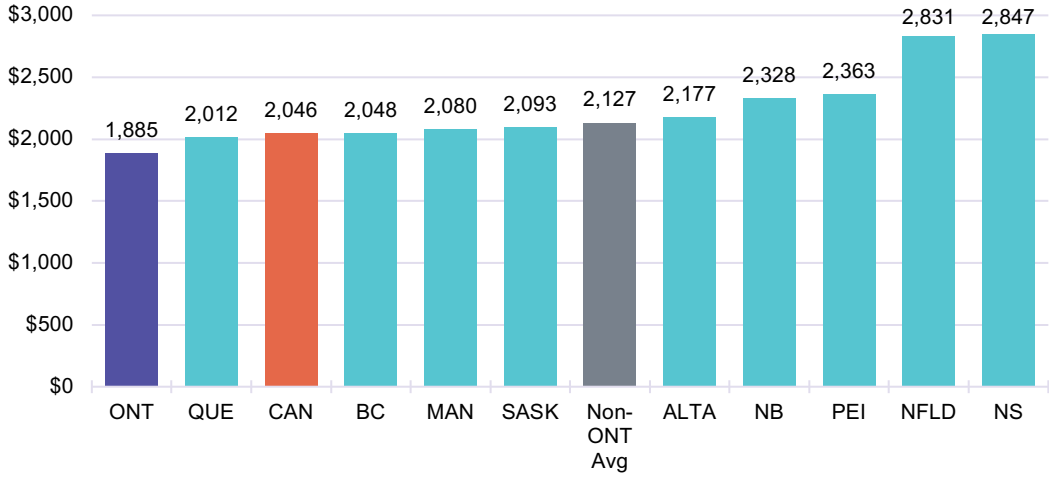
Ontario Government Hospital and Health Spending in Context

Hospital Expenditure

Provincial government expenditure on hospitals is lower in Ontario than in any other province, at $1,885 per capita for 2023. If Ontario were to fund hospitals at the average rate per capita for all other provinces ($2,127), it would cost the province an additional $3.7 billion. This is the Ontario **hospital** efficiency dividend.

Per capita hospital expenditure by provincial governments is lowest in Ontario

Figure 1a
Hospital Expenditure, $ per Capita by Provincial Governments, 2023

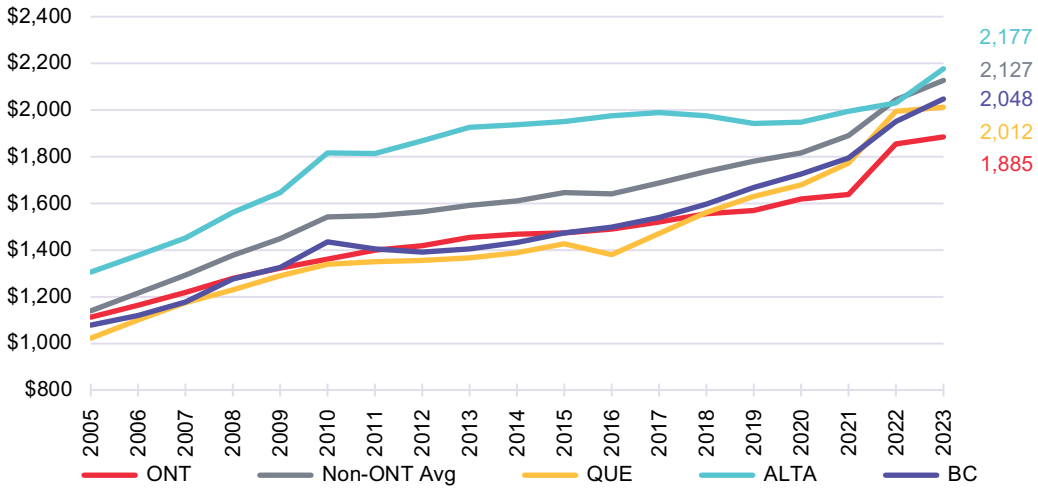


Source: CIHI National Health Expenditure Database, 2023 forecast, Canada includes Territories. Next annual update November 2024.

For the past 18 years, Ontario's hospital expenditure has remained at some of the lowest levels in Canada. Over the last five years, it was consistently lower than the expenditures of the other three largest provinces and the non-Ontario average.

Per capita hospital expenditure in Ontario has been lower than in most other provinces for many years

Figure 1b
Hospital Expenditure, $ per Capita by Provincial Governments, 2005-2023
Four Largest Provinces and Non-Ontario Average



Source: CIHI National Health Expenditure Database, 2022 & 23 are forecast. Next annual update November 2024.

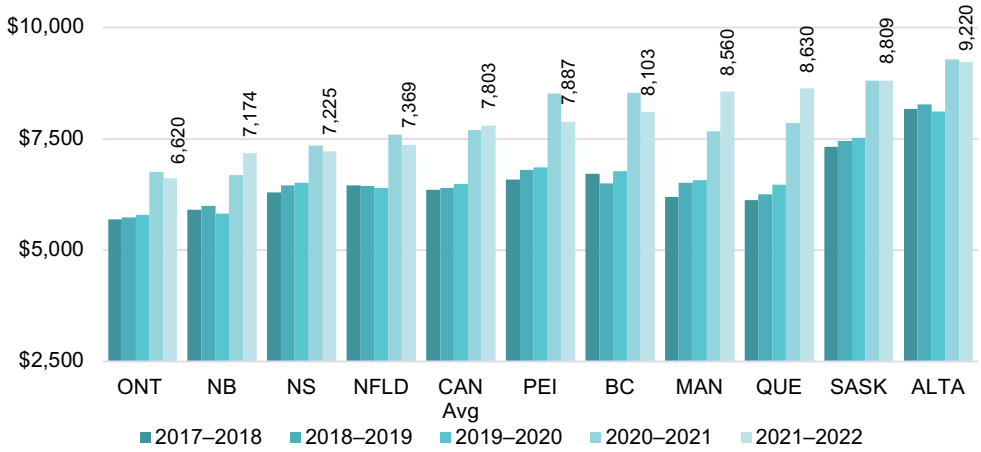
Hospital Unit Cost

Ontario has had the lowest cost of a hospital inpatient stay in four of the last five years. Ontario was 15% lower than the Canadian average in 2021-22 (the most recent year of available data).

In all provinces, hospital unit costs rose significantly during the beginning of the pandemic. Most provinces saw a decline in hospital unit costs from 2020-21 to 2021-22.

Ontario has had the lowest cost of a hospital inpatient stay of all the provinces for several years

Figure 2
Cost of a Hospital Inpatient Stay in $, by Province, 2017-18 to 2021-22



Source: CIHI Your Health System - In Depth. Canada Average includes Northwest Territories and Yukon. Next annual update November 2024.

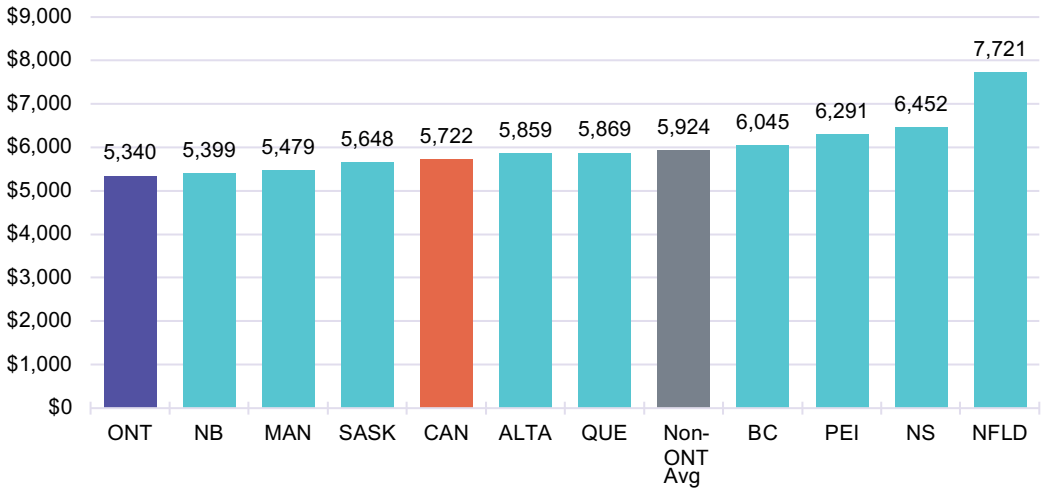
Ontario hospitals have continued maintaining lean operations for many years. During a decade of restraint prior to 2016-17, Ontario hospitals faced four consecutive years of 0% increases in base operating funding – the main funding envelope supporting basic requirements and excluding specialized programs or specific targeted funding – from 2012-13 to 2015-16. As a result, hospitals have absorbed a significant portion of costs related to population growth pressures and annual inflationary costs.

Health Care Expenditure

Ontario's provincial government total health care expenditure for all sectors is the lowest of all the provinces at $5,340 per capita for 2023. If Ontario were to fund health care at the average per capita rate for all the other provinces ($5,924), it would cost the province an additional $8.9 billion. This is the Ontario **health care** efficiency dividend.

Figure 3a
Health Care Expenditure, $ per Capita by Provincial Governments, 2023
All Health Care Sectors* excluding COVID-19 Response Funding

Per capita health care expenditure by provincial governments is lowest in Ontario



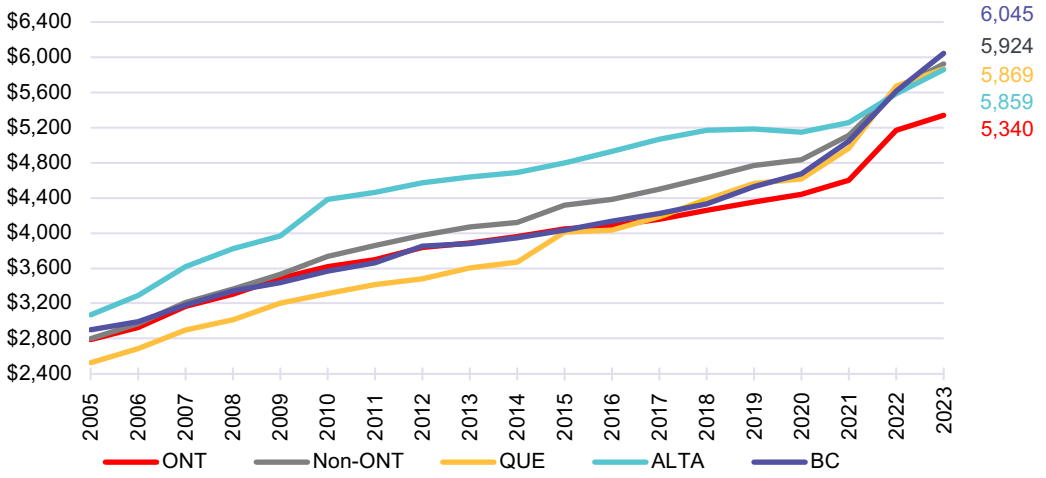
* **Health care sectors include:** hospitals, physicians, drugs, public health, other institutions, other professionals, home and community care, capital, research, health system administration and other. COVID-19 response funding (tracked under "Health Care Expenditures" and not under "Hospital Expenditures") was provided in 2020, 2021 and 2022 and not in 2023. Therefore, figures above reflect the fact that there was no COVID-19 funding in 2023.

Source: CIHI National Health Expenditure Database, 2023 forecast, Canada includes Territories. Next annual update November 2024.

Ontario is the lowest and has been below the average for all other provinces since 2005 for all health sector expenditures.

Figure 3b
Health Care Expenditure, $ per Capita by Provincial Governments, 2005-2023
All Health Care Sectors, excluding COVID-19 Response Funding
Four Largest Provinces and Non-Ontario Average

Per capita health care expenditure in Ontario has been in the lowest range in Canada for many years



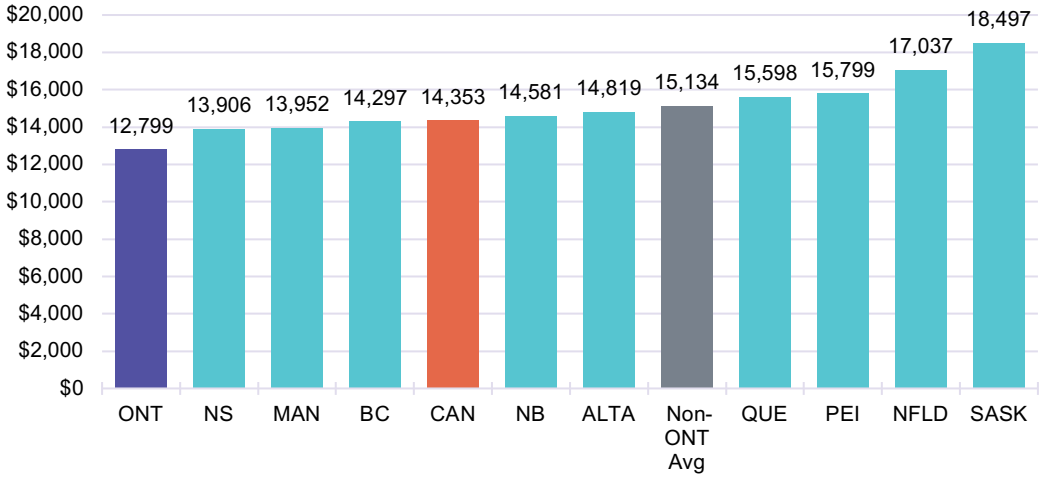
Source: CIHI National Health Expenditure Database, 2022 & 23 are forecast. Next annual update November 2024.

Provincial Government Program Expenditure

Provincial government expenditure for all programs combined (e.g., health, education, transportation, social services, justice and others) is lower in Ontario than in any other province at $12,799 per capita for 2021 (latest year available). If Ontario were to fund provincial programs at the average per capita rate for all the other provinces ($15,134), it would cost the province an additional $34.6 billion.

Per capita provincial government program expenditure is lowest in Ontario

Figure 4a
Provincial Government Program Expenditure, $ per Capita, 2021

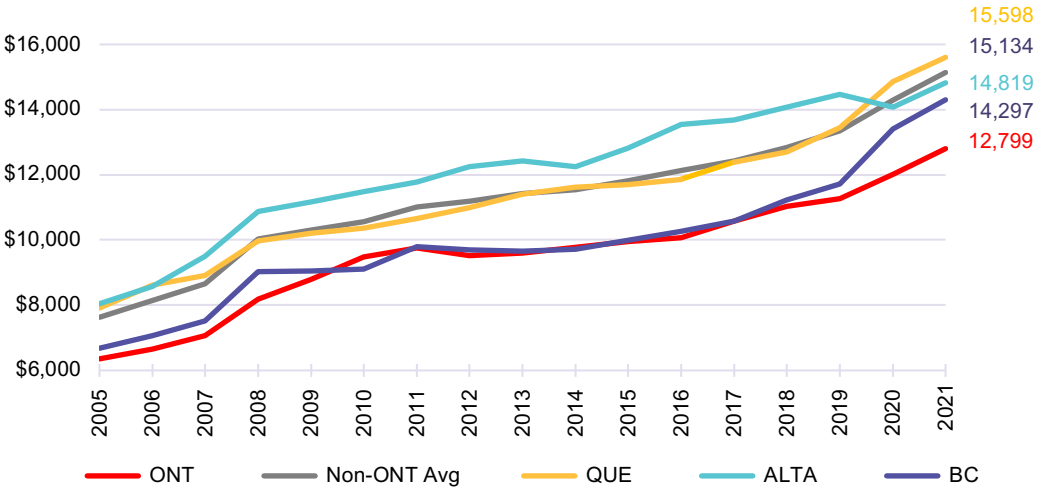


Source: CIHI National Health Expenditure Database, 2021 (latest year available), Canada includes Territories. Next annual update November 2024.

From 2005 to 2021 (latest year available), provincial government expenditure on all programs combined has been the lowest in Ontario in all but two years (including provinces not shown).

Per capita provincial government program expenditure in Ontario has been the lowest in Canada over many years

Figure 4b
Provincial Government Program Expenditure, $ per Capita, 2005 to 2021
Four Largest Provinces and Non-Ontario Average



Source: CIHI National Health Expenditure Database, 2021 (latest year available). Next annual update November 2024.

Hospital Wage Settlements

Recent Collective Bargaining Outcomes

Ontario hospitals have taken a responsible approach to compensation

Health care is a labour-intensive sector. With approximately 70% of hospital costs attributed to HHR, collective bargaining outcomes have a significant impact on future hospital cost pressures.

The highly efficient central bargaining process for Ontario hospitals has resulted in wage settlements below those experienced in the broader public sector (BPS) as is shown in Figure 5.

The overall hospital outcomes for the last 10 years, including those from the Bill 124 reopener arbitration decisions, are lower than the major BPS average by 0.02%.

Figure 5
Trend of Collective Bargaining Outcomes (Hospitals) Compared to Relevant Average Outcomes of Other Major Ontario Broader Public Sector (BPS) Employers

Year	Hospital Average Outcomes	Major BPS Average Outcomes	Hospital vs Major BPS (Negative: hospital outcomes are lower)
2016	1.05%	1.09%	-0.04%
2017	1.05%	1.32%	-0.27%
2018	1.40%	1.85%	-0.45%
2019	1.58%	1.80%	-0.23%
2020	1.68%	1.79%	-0.12%
2021	1.76%	2.48%	-0.71%
2022	4.31%	3.04%	1.27%
2023	3.50%	3.04%	0.46%
2024	3.00%	3.12%	-0.12%
2025	3.00%	2.99%	0.01%
Average/year	2.23%	2.25%	-0.02%

Source: Ontario Hospital Association.

Ontario Hospital Bed Capacity and Usage

Beds vs. Population

Ontario hospital beds have increased in the past several years after almost two decades of virtually no change

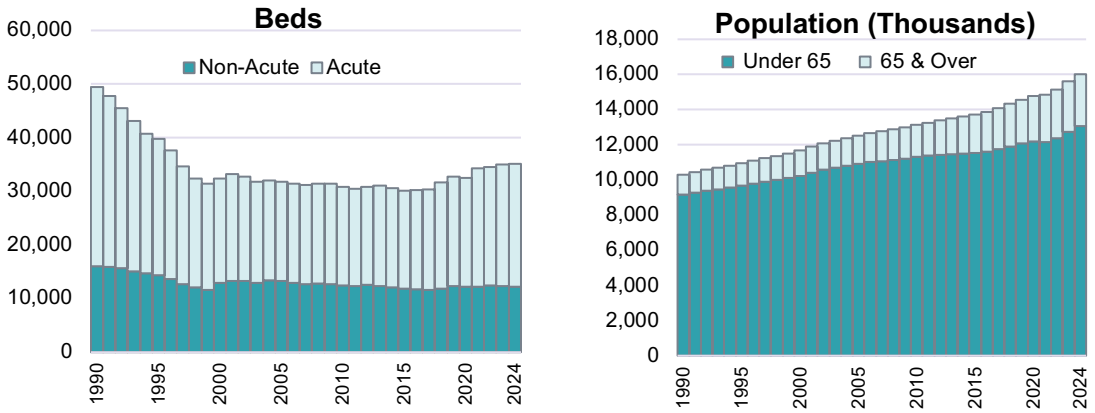
An overall per capita bed reduction occurred worldwide beginning in the early 1990s. In Ontario, bed supply declined sharply in response to fiscal restraint, hospital restructuring and technological change.

From 1999 to 2018, overall bed capacity remained virtually constant while the population increased by 25%. In 2018 and 2019, additional beds were added to relieve extreme occupancy pressures. Additionally, to better manage strained capacity, hospitals were implementing ground-breaking strategies to improve patient flow and surgical scheduling processes.

The pandemic further exacerbated the bed situation. More beds were added to accommodate demand surge and physical distancing protocols. During this period, the government announced the creation of more than 3,500 new hospital beds which have now been made permanent. These beds are essential to managing additional demand due to the high population growth experienced in recent years. Since 2019, Ontario's population has grown by 10% or approximately 1.4 million.

As of March 2024, the total number of hospital beds is approximately 35,000 of which 65% are acute care beds.

Figure 6
Ontario Hospital Bed Capacity vs. Population, 1990 to 2024

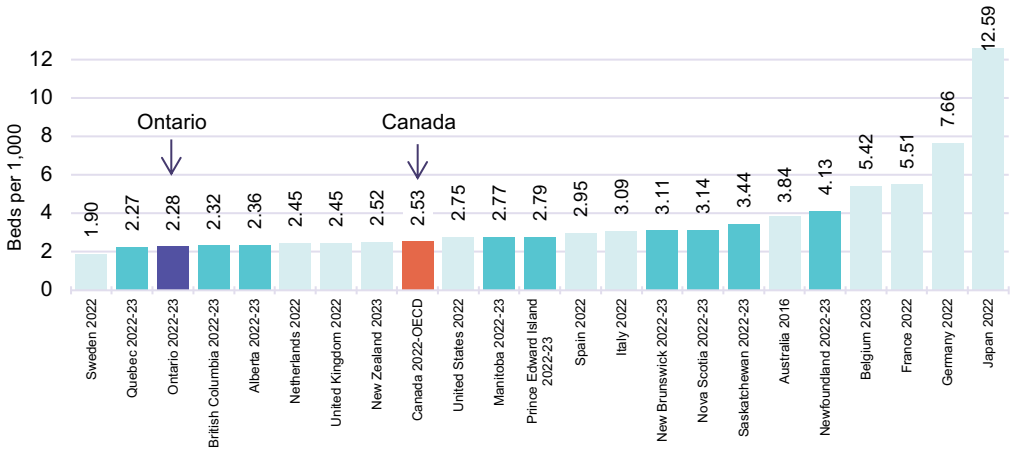


Sources: Ontario Ministry of Health and Ontario Health Bed Data; Statistics Canada Population Data.

Ontario has the second lowest number of total hospital beds (all types) per 1,000 population in Canada, at 2.28. When comparing the province of Ontario with developed countries that are tracked by the OECD, only Sweden has fewer beds.

Ontario continues to have low numbers of total hospital beds per 1,000 population

Figure 7
Total Hospital Beds per 1,000 Population, 2016 to 2022-23
Ontario vs. Other Provinces and Selected Countries



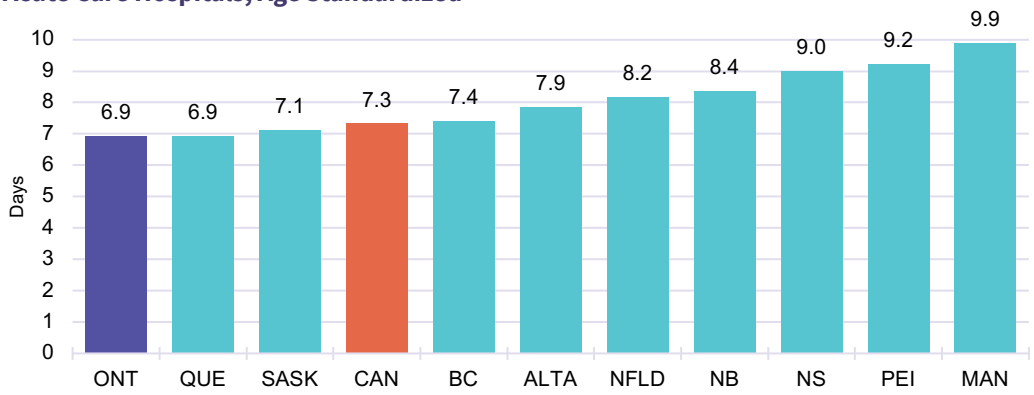
Sources: OECD Health Statistics as of July 2024; CIHI Hospital Beds Staffed and In Operation 2022-23. Beds per 1,000 population calculations made using population data from CIHI National Health Expenditure Database 2022-23 (forecast). Most recent year available for each jurisdiction shown. CIHI notes that bed counts for Saskatchewan hospitals may be overstated due to data quality issues.

How Hospitals Have Managed – Shorter Stays, Fewer Hospitalizations

To accommodate Ontario's growing and aging population while facing a shortage of beds, hospitals continue working to shorten stays, reduce the need for hospitalizations (through greater use of same-day procedures and outpatient services) and a host of other innovative quality and operational improvement efforts.

Figure 8a
Inpatient Average Length of Stay in Days, by Province, 2022-23
Acute Care Hospitals, Age Standardized

Ontario is tied with Quebec for the lowest average length of stay

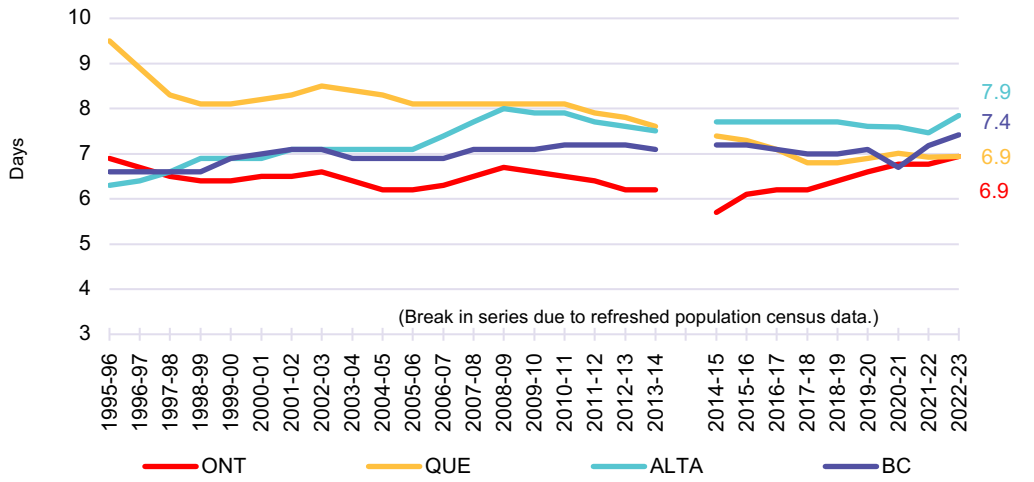


Source: CIHI Hospital Stays in Canada. Next annual update expected November 2024.

There are limits to how much and how fast lengths of stay can be reduced. For some types of patients, the average length of stay (ALOS) may be longer today than in the past. If prevention care or outpatient care is readily available, only the most acutely ill will need hospitalization. Similarly, a shortage of home and community care for those discharged from hospital may contribute to a longer stay. Among the four largest provinces, Ontario had the shortest ALOS in all years but one since 1997-98. Compared to all other provinces (not shown), Ontario has had the lowest rate since 2010-11 apart from 2020-21. To achieve even lower lengths of stay, while avoiding a rise in readmissions, Ontario requires increased coordinated home care, rehabilitation services, long-term care and primary care.

Figure 8b
Inpatient Average Length of Stay in Days, by Province, 1995-96 to 2022-23
Acute Care Hospitals, Age Standardized, Four Largest Provinces

For many years, Ontario acute care hospitals have had the shortest average length of stay

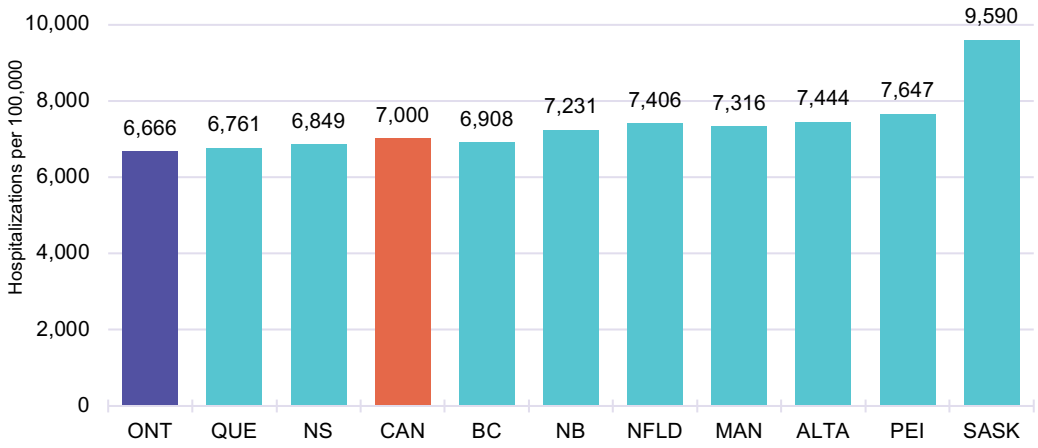


Source: CIHI Hospital Stays in Canada. Next annual update expected November 2024.

Ontario had the lowest hospitalization rate among all provinces almost every year since 1995.

Ontario had the lowest hospitalization rate in all years but one since 1995

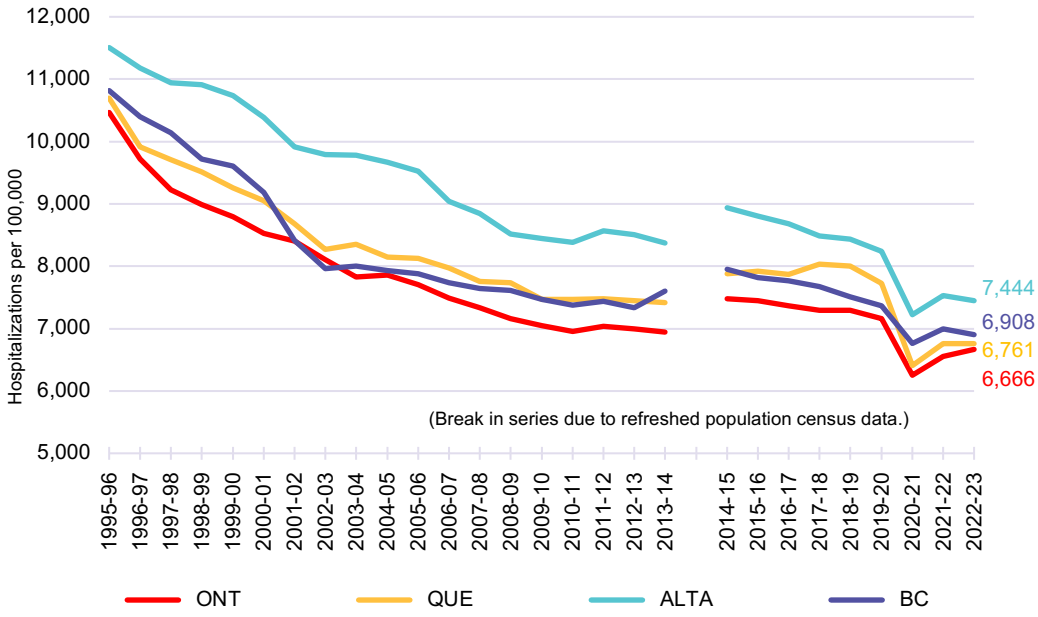
Figure 9a
Inpatient Hospitalization Rate per 100,000, by Province, 2022-23
Acute Care Hospitals, Age-Sex Standardized



Source: CIHI Hospital Stays in Canada. Next annual update expected November 2024.

The hospitalization rate has been dropping steadily since 1995. The rebound in hospitalization rates since the pandemic has not reached pre-pandemic rates. Ontario continues to have the lowest rate of all provinces (not just the four largest) since 2004.

Figure 9b
Inpatient Hospitalization Rate per 100,000, by Province, 1995-96 to 2022-23
Acute Care Hospitals, Age-Sex Standardized, Four Largest Provinces



Source: CIHI Hospital Stays in Canada. Next annual update expected November 2024.

Signs of Capacity Pressure

Alternate Level of Care

As system capacity pressures rise, timely access to care becomes more difficult

ALC is a major, long-standing challenge resulting from a lack of system capacity and access to services outside the hospital. The largest single group of patients designated as ALC are waiting for a place in a long-term care facility, while others are waiting for home and community care support services, supervised or assisted living, rehabilitation, complex continuing care, palliative care, mental health supports or other services.

ALC is linked to increased adverse events such as infections and triggers a ripple effect in the health care system, straining EDs and contributing to long ED waits and surgical delays. When there is a lack of physical space in an ED, patients wait in a hallway bed or in another "unconventional" location. This situation became particularly severe prior to the pandemic. In some instances, bed shortages have led to cancelled elective surgeries.

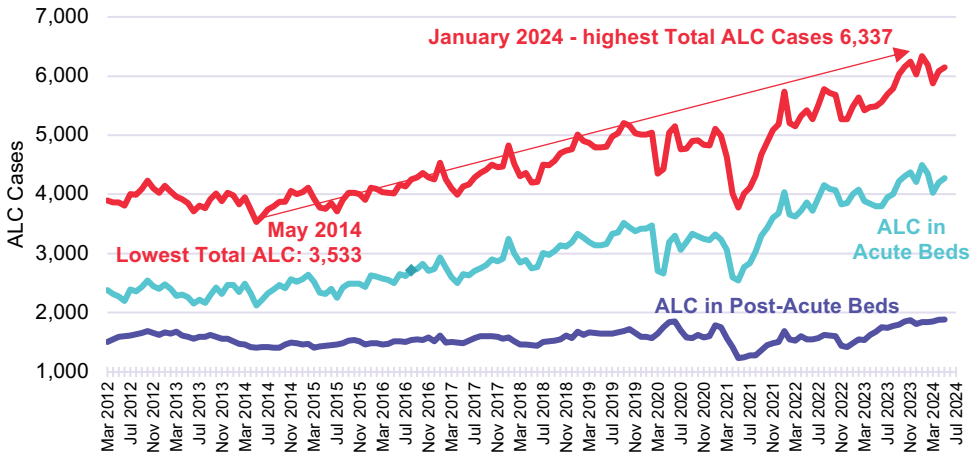
ALC cases reached record highs during January 2024

Throughout the pandemic the need for physical distancing, along with overall health system disruption, reduced the number of available inpatient beds, worsening the ALC situation. In fall 2022, a severe surge of respiratory illness brought a return of hallway health care. In response, additional dedicated ALC beds were opened in reactivation care centres and alternate health facilities which has allowed the ALC count to rise. While this has mitigated the pressure on hospitals, they still must be resourced, and even more patients designated as ALC are waiting for appropriate alternate placement.

In January 2024, the number of ALC patients reached a record high. Since then, ALC volumes have remained consistently higher than previous years.

Figure 10
Ontario ALC Cases (Total, Acute and Post-Acute), Mar 2012-May 2024

High ALC rates have a ripple effect leading to long ED wait times and high numbers of patients in the ED waiting for a regular bed



Source: Ontario Health.

Emergency Department

While Ontario hospitals have reported significantly higher than normal ED wait times for the past few years, hospitals will always be there to care for the communities they serve, no matter the circumstance.

Long ED wait times have been worsening for the past few years

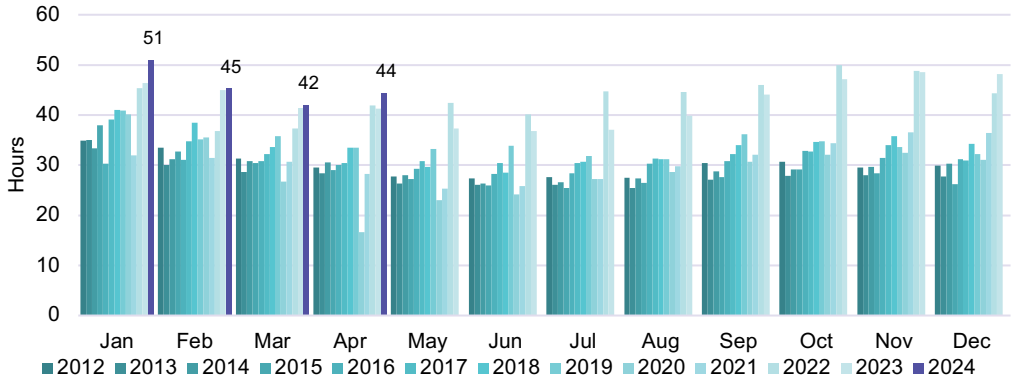
Wait times normally vary due to seasonal illnesses such as the flu. During the pandemic, wait times were impacted with the postponement of scheduled surgical procedures and diagnostics as well as implementation of infection prevention and control protocols.

The steep rise in wait times that occurred in 2022 was attributed to a surge in demand due to respiratory illness and patients who were delayed visiting hospitals due to COVID-19 restrictions creating challenging staffing conditions, compounded by increased sick time and higher staff vacancy rates. Fall 2022 was exceptionally difficult due to the triple threat of COVID-19, influenza and RSV, a virus primarily affecting children.

At the provincial level, key staffing metrics have since improved and the hospital workforce has grown by 35,000 net new positions attributed to concerted hospital efforts as well as supportive government funding and policy initiatives. However, this growth is not even across all parts of the province and service delivery in small, rural and northern hospitals is more sensitive to variances in staffing levels.

The longest ever ED wait times were reached in January 2024, when 10% of patients to be admitted as an inpatient waited over 51 hours, while 90% waited under 51 hours. This is called the "90th percentile" wait time.

Figure 11
Ontario ED Wait Times in Hours for Admitted Patients, by Month, 90th percentile (90% of patients waited fewer hours, 10% waited more hours), Jan 2012 to Apr 2024



Source: Ontario Health.

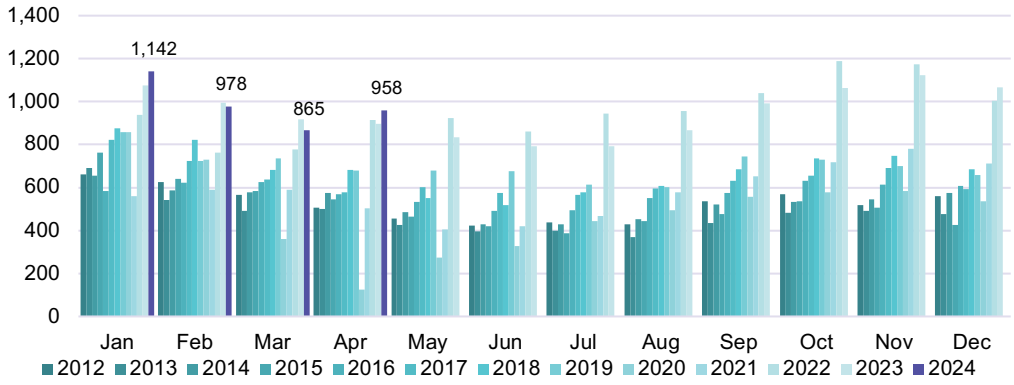
Ontario EDs have become busier, with higher numbers of patients waiting for inpatient beds

While the pandemic led to fewer people coming to the ED, the numbers eventually rebounded. The increasing number of ED patients waiting at 8:00 am for an inpatient bed rose sharply in 2022 and has remained high. This measure reflects the fact that patients are not being cleared out of the ED fast enough due to bed availability and overall increased service demand.

A record high was reached in January 2024 with an average of 1,142 people waiting at 8:00 am for an inpatient bed.

The pandemic saw fewer people seeking care in the ED, but numbers have now far exceeded typical seasonal patterns

Figure 12
Ontario Daily Average Number of Patients Waiting for a Bed at 8:00 am, 2012 to 2024



Source: Ontario Health.

Quality of Care – Broad Measures

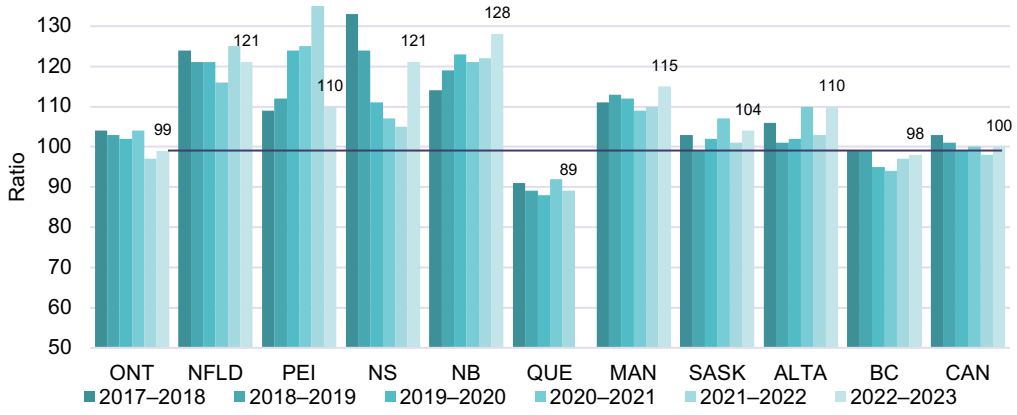
Hospital Standardized Mortality Ratio

Three broad quality measures demonstrate Ontario's performance over the past few years

One important hospital quality indicator is the Hospital Standardized Mortality Ratio (HSMR). CIHI states: "This indicator of health care quality measures whether the number of deaths at a hospital is higher or lower than you would expect, based on the average experience of Canadian hospitals. When tracked over time, this measure can indicate whether hospitals have been successful in reducing patient deaths and improving care."[3] The current indicator calculation includes COVID-19 cases.[4] Ontario's HSMR has been declining (improving) over time and according to CIHI, is the same as the average performance for Canada for 2022-23.

Ontario's HSMR in 2022-23 is the same as Canada's average with a favourable downward trend over several years

Figure 13
Hospital Standardized Mortality Ratio (HSMR), by Province, 2017-18 to 2022-23 (Lower is better)



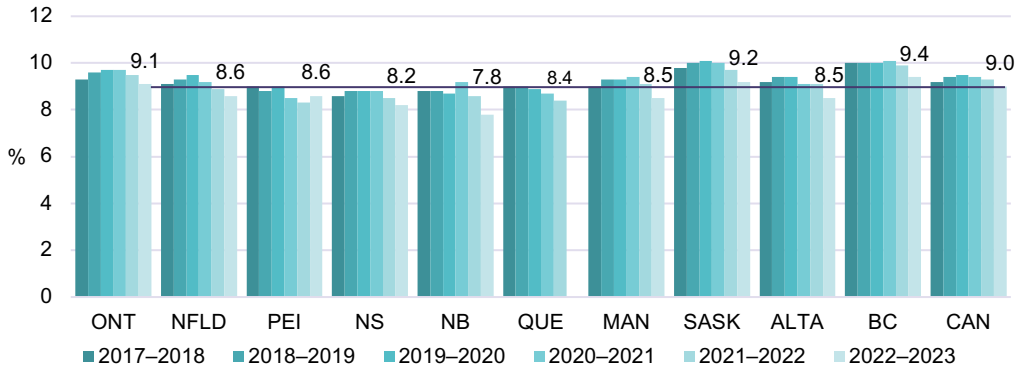
Source: CIHI Your Health System - In Depth. Quebec data are for 2017-18 to 2020-21. Next annual update expected November 2024.

Hospital Readmission Rate

Another key quality indicator is the Hospital Readmission Rate (risk-adjusted to account for the range of severity of illness across acute patient types). Ontario's rate has been declining (improving) since 2020-21 and in 2022-23 is the same as the average performance for Canada in 2022-23, according to CIHI.

Ontario's readmission rate is at the national average and has also been improving in recent years

Figure 14
Percentage of Patients Re-Admitted within 30 Days, by Province, 2017-18 to 2022-23 (Lower is better)



Source: CIHI Your Health System - In Depth. Next annual update expected November 2024.

Timeliness of Hip Fracture Surgery

ED patients are not only waiting for inpatient beds, but some are also waiting for emergency surgery. One indicator of a system under stress and the level of quality of care, is the timeliness of hip fracture surgery.

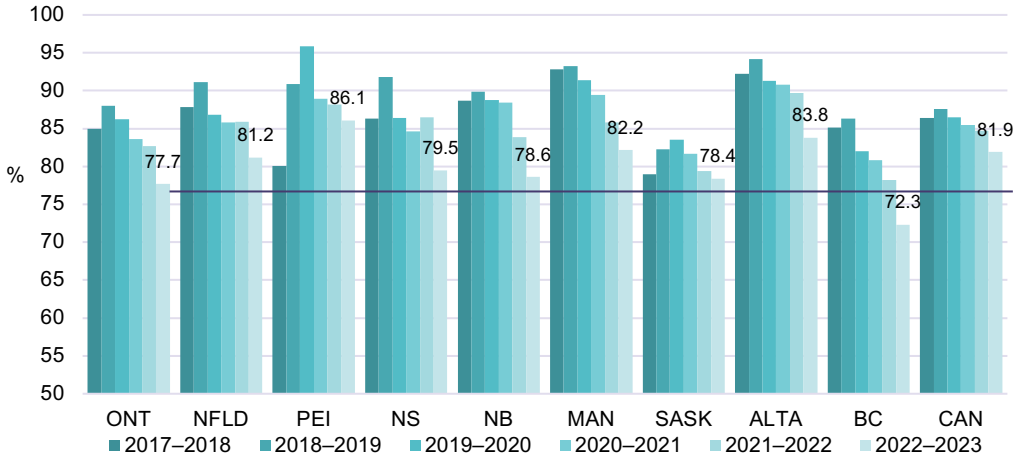
Timely access to emergency hip fracture surgery is a key access and quality indicator

According to the Canadian Medical Association, delays in hip fracture surgery increase a person's risk of death.[5] This is due to several factors including blood clots (due to being bed-bound) or fasting before surgery (worsened if surgery is cancelled and rescheduled).[6]

A 48-hour benchmark for receiving hip fracture surgery was set by a national committee of Health Ministers in 2005.[7] The rate has been declining in recent years across Canada. The percentage of Ontario hip-fracture patients receiving surgery within the 48-hour benchmark was 77.7% in 2022-23. According to CIHI, Ontario's rate is below the average performance for Canada in 2022-23.

Figure 15
Percentage of Hip Fracture Surgeries Performed Within 48-Hours, by Province, 2017-18 to 2022-23
(Higher is better)

Ontario, as well as all other provinces, have seen a worsening of this indicator in recent years which is reflective of hospitals under stress



Quebec data not available.

Source: CIHI Your Health System - In Depth. Next annual update expected November 2024.

Conclusion

The evidence in this report demonstrates how efficient Ontario hospitals have been for many years. Over time, the strain on the sector has left hospitals with no ability to expand to manage surges in demand – be it the increasing needs of the population, or the next pandemic. Additional beds and increased staffing support will help, however, what will shape the health system to meet future needs is further investment in research and innovation to change the way hospitals work. It's a necessary next step to ensure the delivery of efficient, high-quality care to Ontario's growing and aging communities.

Sources and Notes

1 Ontario Hospital Association calculation using data from the Canadian Institute for Health Information (CIHI) National Health Expenditure (NHEX) Database 2023. https://www.cihi.ca/en/national-health-expenditure-trends

2 Canadian Institute for Health Information. (2023). *"Your Health System - In Depth"*. https://yourhealthsystem.cihi.ca/hsp/indepth?lang=en#/theme/C5001/2/

Note: CIHI's "*Your Health System - In Depth*" website provides 42 health system indicator results for Ontario. For 37 of these indicators, CIHI conducts a statistical assessment to determine whether an indicator is above, below or at the average and has further designated "above" or "below" average as "more desirable" or "less desirable". For the remaining five of the 42 indicators, there is no designation made as to whether the indicator result is "more desirable" or "less desirable".

3 Canadian Institute for Health Information. (2023). *Your Health System*. https://yourhealthsystem.cihi.ca/hsp/inbrief?lang=en#!/indicators/005/hospital-deaths-hsmr/;mapC1;mapLevel2;/

4 Canadian Institute for Health Information. (2023). *Hospital Standardized Mortality Ratio (HSMR): Frequently asked question*s. https://www.cihi.ca/en/hospital-standardized-mortality-ratio-hsmr-frequently-asked-questions#_faq3

5 Sobolev, B. et al. (2018, August 7). Mortality effects of timing alternatives for hip fracture surgery. *CMAJ* 190 (31) E923-E932. https://www.cmaj.ca/content/190/31/E923

6 Leung, W. (2018, August 6). Delayed surgery for hip fractures cause of preventable deaths, study finds. *Globe and Mail.* https://www.theglobeandmail.com/canada/article-delayed-surgery-for-hip-fractures-cause-of-preventable-deaths-study/

7 Canadian Institute for Health Information. (2019). *Wait Times for Priority Procedures in Canada, 2019: Technical Notes.* https://www.cihi.ca/sites/default/files/document/pdf-hfr-tech-notes-en-web.pdf

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