InterHospital
Laboratory
Partnership

Strategic Plan 2026-2028

Our Why

The IHLP exists to deliver high-quality, standardized, and cost-effective laboratory services through collaboration and innovation – ensuring timely, reliable diagnostics that improve patient care and strengthen our rural healthcare systems.

IHLP InterHospital Laboratory Partnership

Our Vision

We will be a leading model for laboratory excellence —recognized for our partnership-driven approach, advanced technology, and unwavering commitment to quality, sustainability, and innovation.

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Our Core Values

Integrity – Transparency, honesty, accountability

Collaboration – Teamwork, respect, shared success

Excellence – High standards, continuous improvement

Stewardship – Wise, responsible resource use

Strategic Goals

- Ensure IHLP Sustainability and Resource Optimization
- Strengthen Governance, Decision-Making and Alignment
- Leverage Technology to Improve Performance
- Elevate the IHLP’s Profile and System Influence

Ensure IHLP Sustainability and Resource Optimization

Year 1 (2026):

- Confirm commitment to regional hub model and establish an IHLP endorsed 10-year capital lifecycle plan to ensure required lab modernization and the ongoing replacement and renewal of critical equipment and technology to sustain high-quality lab services.
- Evaluate the IHLP funding model to ensure sustainability and optimize opportunities and resources for capital equipment investment.
- Implement an IHLP risk register to ensure awareness of threats to program quality and sustainability.

Year 2 (2027):

- Refine funding/resource allocation models as required
- Establish an IHLP workforce blueprint incorporating opportunities for sharing of Medical Laboratory Technologist (MLT) positions across sites and additional strategies to strengthen and develop the IHLP workforce.

Year 3 (2028):

- Explore IHLP expansion opportunities through the establishment of clear partnership criteria

Strengthen Governance, Decision-Making and Operational Alignment

Year 1 (2026):

- Strengthen alignment of IHLP decision-making processes with individual hospital priorities and operational plans.
    - Map current decision-making processes and accountabilities
    - Establish new meeting structures with clearly identified responsibilities and communication processes as required
    - Increase stakeholder engagement through regular operational meetings and alignment workshops/sessions.
    - Establish standardized, evidence-based, data-driven request processes.

Year 2 (2027):

- Review and refine governance structures based on feedback and outcomes.
    - Adjust meeting structures and decision-making processes as needed.

Year 3 (2028):

- Publish outcomes and best practices in academic and professional forums.

Leverage Technology to Improve Performance

Year 1 (2026):

- Investigate and implement options where feasible to improve LIS/HIS interconnectivity across all partner sites.
- Leverage technology to address HHR shortages by automating non-value tasks (e.g., inventory management).
- Establish and implement clear decision-making criteria and processes for adoption of new technology and/or protocols (e.g., POC testing, etc.) in alignment with overall IHLP decision-making processes.

Year 2 (2027):

- Expand automation and remote verification capabilities to minimize service disruption.
- Optimize performance through technology (e.g., microtome automation).

Year 3 (2028):

- Evaluate and report on technology-driven improvements in efficiency and quality.
- Continue to innovate with new technology solutions as needs evolve.

Elevate the IHLP's Profile and System Influence

Year 1 (2026)

- Launch a coordinated IHLP storytelling and communications campaign.
    - Refresh IHLP branding and digital presence (website, social media).
    - Develop case studies and success stories for internal and external audiences.

Year 2 (2027)

- Expand storytelling and advocacy efforts.
    - Present IHLP successes at conferences and in media.
- Explore and Formalize partnerships with government and/or private sector.
    - Secure multi-year funding agreements or joint ventures.
- Position IHLP as a talent destination.
    - Promote IHLP as an employer of choice in rural healthcare.
    - Develop ambassador program for staff to share their IHLP experience.

Year 3 (2028)

- Position IHLP as a national leader and model for rural lab partnerships.
- Sustain and grow partnerships for innovation and funding.
- Measure and celebrate IHLP's talent brand.

Strategic Imperatives

1

Sustain Patient-Centred Rural Lab Services through Innovation and Collaboration

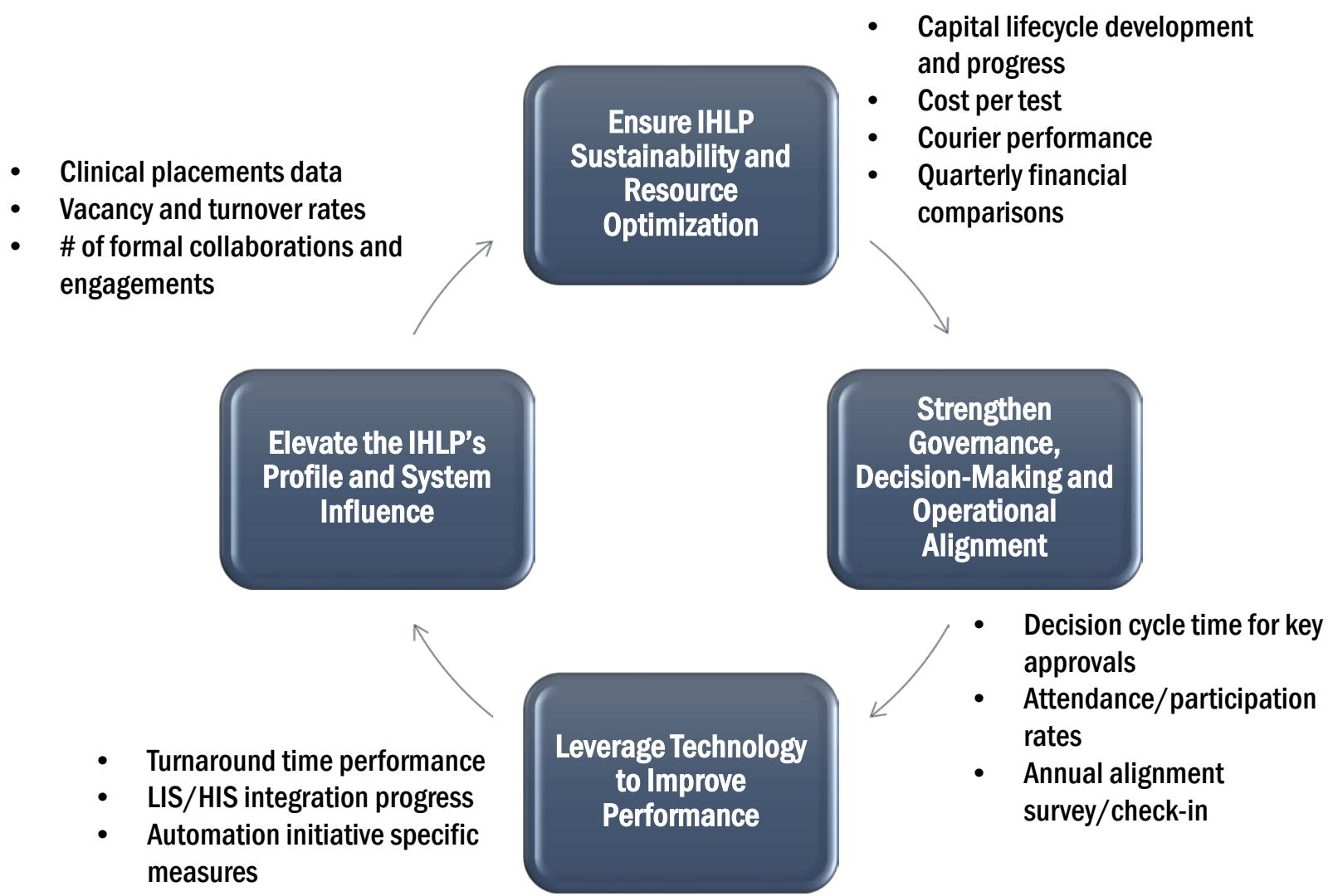
2

Relentlessly Standardize for Quality and Efficiency

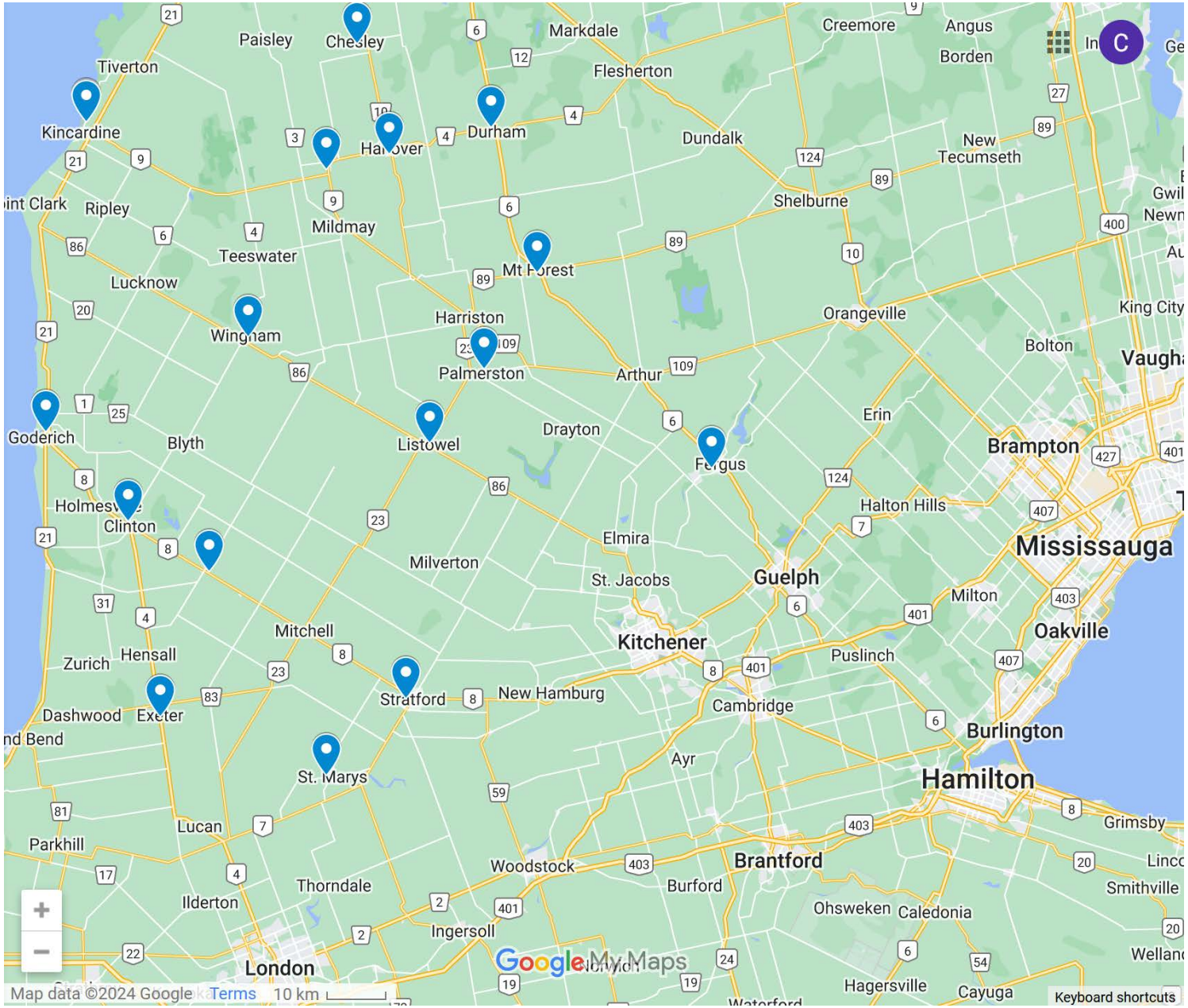
3

Become a Talent Destination for Laboratory Professionals

How Will We Measure Success



Appendix



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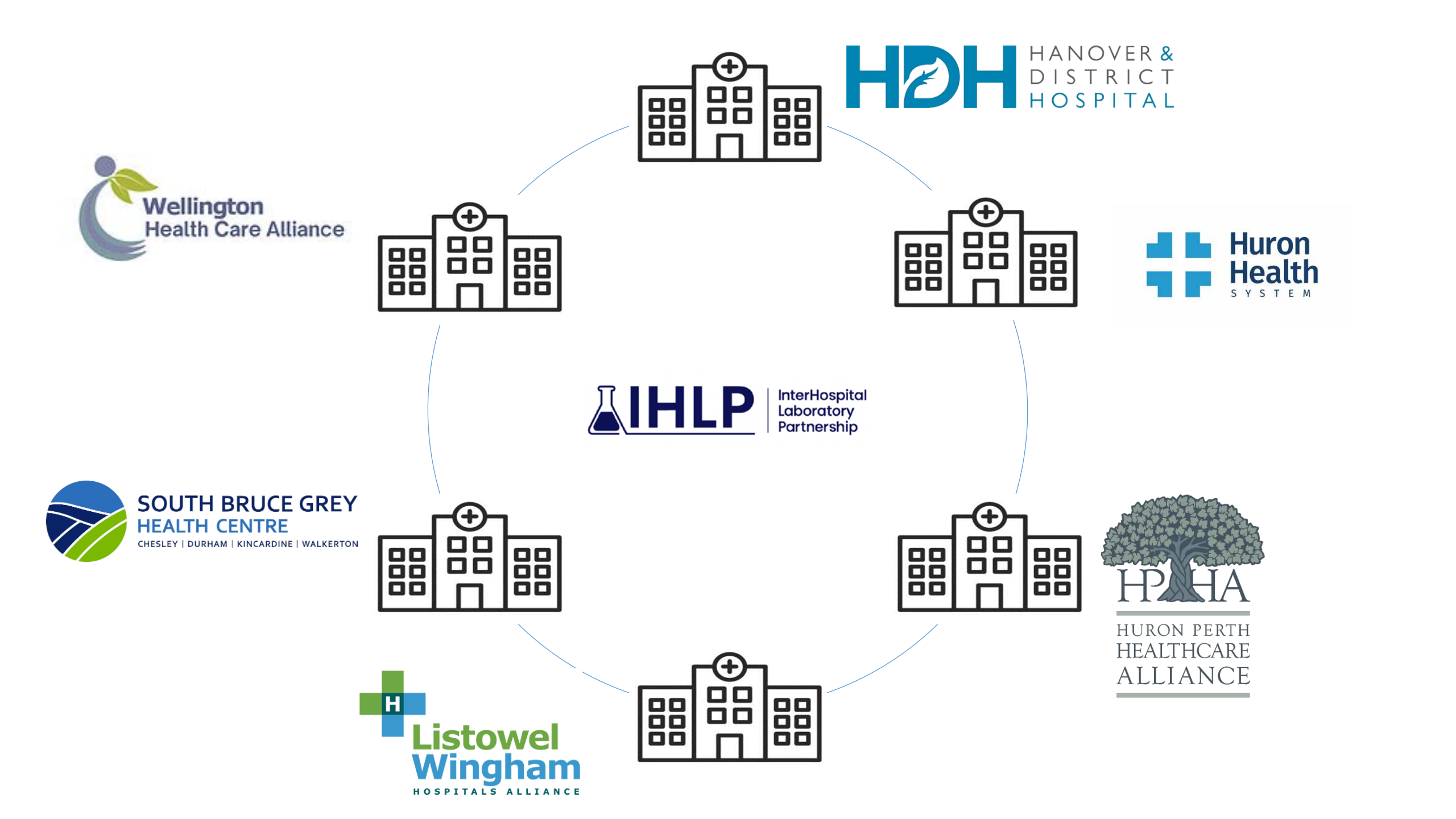
Huron Health SYSTEM

HPHA HURON PERTH HEALTHCARE ALLIANCE

Listowel Wingham HOSPITALS ALLIANCE

SOUTH BRUCE GREY HEALTH CENTRE
CHESLEY | DURHAM | KINCARDINE | WALKERTON

Wellington Health Care Alliance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IHLP By the Numbers

Number of Hospital Partners	6 organizations and 16 sites
Number of Beds	507
Number of Physicians	200
Number of Regional Staff	4
Number of CEOs	6
Number of Pathologists	9 (incl. Lab Dir)
Number of Technical Directors	6
Total Laboratory Staff (FTE)	156.49
Total Laboratory Tests	2,510,641
Population Served	331,000

IHLP Courier

- 2 courier routes, 2 runs per day, 365 days per year

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We Focus on Quality

IHLP Quality Pillars

- **Patients**
  - Occurrence reporting, turn around times (TATs), rejection rates, contamination rates, blood transfusion metrics
- **People**
  - Job vacancies, staff turnover
- **Partnerships**
  - Attendance at meetings – CEO Council, Technical Directors and Lab Liaisons Committees (multi-disciplinary)
- **Resources**
  - Courier Service performance, financials related to IHLP Contract

IHLP Quality Scorecard

Presented quarterly to IHLP CEO Council and IHLP Technical Directors to track lab performance within IHLP

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Strengths/Benefits of the IHLP

1. **Cost-effectiveness and economies of scale**
   - Pooling resources across multiple hospitals, group purchasing and shared supervision
2. **Consistent quality and accreditation readiness**
   - The standardization of procedures and shared oversight helps ensure all member labs meet required standards, which reduces risk of non-compliance or quality variability.
   - Helps smaller or rural hospitals access the same quality frameworks as larger centres.
3. **Access to expertise and technical support**
   - Smaller hospital labs benefit from shared pathologist supervision and technical resources; less duplication of specialized roles per site.
   - The network fosters technical achievement and creates a regional “centre of excellence” effect.
4. **Operational flexibility and coverage**
   - Tests being processed locally or referred as needed ensures that services can be maintained even if one site lacks a test or capacity.
   - The network structure improves resilience: workloads and demands can be balanced regionally.

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Strengths/Benefits of the IHLP

5. **Staff development and retention**
    - By being part of a larger regional network, staff may have opportunities to develop skills, move between sites, or access broader training, which supports retention.
6. **Administrative oversight and governance**
    - Having a regional office and specific leadership roles (Quality Assurance Lead, etc.) allows for centralized oversight of performance, quality and compliance.
7. **Regional standardization – patient and system benefits**
    - From a health-system lens, patients benefit from consistent test standards across different hospitals in the region, which supports interoperability, data sharing, equivalency of service.

IHLP CHALLENGES and RISKS

1. Governance and Decision-Making

- Unclear/Challenging accountability and processes: Decision-making can be slow or inconsistent, with concerns about transparency and data-driven approaches.
- Disconnect between clinical/operational needs and governance priorities, creating friction in implementing initiatives.

2. Staffing and Recruitment

- Competition among partner hospitals for limited staff resources, leading to “robbing Peter to pay Paul.”
- Difficulty attracting and retaining qualified personnel, especially in rural or smaller sites.
- Limited incentives and uneven ability to offer competitive packages across hospitals.

3. Transportation and Logistics

- Heavy reliance on a single hub (Stratford) for microbiology and pathology creates:
  - Increased transportation costs and delays for stat testing and urgent samples.
- Previous attempts at tiered service models were challenged due to perceived rigidity and lack of clinical alignment.

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IHLP CHALLENGES and RISKS

4. Financial and Sustainability Risks

- Budget constraints and rising operational costs threaten long-term viability and call into question the sustainability of the current funding model for regional lab facilities.
- Modernization needs for core and centralized labs require significant investment.

5. Communication and Awareness

- Internal gaps: Decline in direct communication among sites, reduced mentorship, and fewer educational events impacting collaboration
- External gaps: possible lack of understanding regarding lab complexity and regulatory requirements resulting in an underrated recognition of the important role performed by IHLP.

6. Administrative and Regulatory Burden

- Heavy workload for accreditation and compliance adds invisible strain on staff and resources.
- Risk of non-compliance if standardization efforts falter.

7. Capacity and Operational Flexibility

- Hub lab capacity issues and sustainability concerns for smaller sites.
- Balancing test availability with cost-efficiency remains a challenge.

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