

PRHC PATIENT PARTNERSHIPS

**Annual Report
2025**

Quality & Patient Partnerships

PRHC
Peterborough Regional
Health Centre

One team, here when you need us most.

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Introduction

At Peterborough Regional Health Centre (PRHC) Patient Partnership means patients, family members and/or other informal caregivers are actively collaborating with healthcare professionals and leaders to improve patient experience and healthcare outcomes. We engage with patients, families, and caregivers in different ways to better understand their lived experiences, preferences and needs so that they can help us make improvements in the quality of the care we provide and how we provide it.

As part of the 2024-2029 Strategic Plan, PRHC renewed its commitment to partner with patients, caregivers, and families as we deliver care and programs. We made this commitment because we know that strong patient and family partnerships improve the quality and safety of care, and the quality of the work environment. These partnerships are fundamental in achieving our strategic goals. We are excited to share the outstanding work underway and what is yet to come.

Definitions

Patient Experience

Patient experience is the sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care. (The Beryl Institute, 2014).

Patient Engagement

Patient Engagement means patients, family members and other informal caregivers, and healthcare professionals actively collaborating to improve healthcare quality in Ontario. It includes individual healthcare professionals, health care organizations and the province partnering with patients and their loved ones in different ways to understand their experiences, preferences and needs, and respond to them.

When we say patient, we are referring to patients cared for in hospitals, people being cared for in their homes or through community programs, and residents living in long-term care homes. (Ontario's Patient Engagement Framework, 2017).

Experience Partners

Experience Partners are current and former patients, family members, caregivers or other people with lived and living experience of care at PRHC. They represent the voice of the people we serve and participate widely at PRHC in advisory and/or co-design roles.

**Family is determined by the patient and is not limited to relationships determined by birth.*

Engagement Approaches

Share



Provide easy-to-understand health information.

Consult



Get feedback on a health issue (e.g. policy or decision).

Deliberate



Discuss an issue and explore solutions.

Collaborate



Partner to address an issue and apply solutions.

Patient Partnerships Program

The primary objective of the program is to ensure the active and ongoing engagement of Experience Partners to help us identify and design improvements in the delivery of care and service at PRHC. To meet this objective, a key function of the Patient Partnerships Program is the recruitment and onboarding of Experience Partners.

Supported by the Quality Improvement Specialist – Patient Partnerships Lead, a broad approach is taken to drive Experience Partner recruitment including;

- Distributing program information to Peterborough Ontario Health Team partners
- Collaboration with the Communications Department to promote the program on our hospital's social media platforms
- Working closely with hospital leaders to identify potential Experience Partners
- Attending community volunteer recruitment events

The Quality & Patient Partnerships Team manages the process which includes;

- Eligibility review
- Interview
- Assessing the level of engagement desired by the applicant
- Working closely with managers, directors, and other leaders to match Experience Partners with suitable programs or areas within the organization



▲ Members of the Mental Health & Addictions Patient & Family Advisory Committee preparing holiday gifts bags for inpatients, December 2025

Types of Engagement

A key engagement facilitator is supporting flexibility to allow Experience Partners to engage in a manner that works for them. Currently, there are two (2) primary types of Experience Partner engagement:

1 Engagement Level A

Level A Experience Partners engage actively in-person or virtually as members of committees, councils or working groups. This represents a commitment to attend regular meetings and may include project work in between meetings.

2 Engagement Level B

Level B Experience Partners engage virtually (by phone or email) and commit to a specific activity, as it arises. Activities can include providing feedback on educational materials, participating as a member of an interview panel when hiring new employees, reviewing policies/procedures, providing feedback on a process that impacts patient experience or sharing their healthcare story.

Number of Experience Partners

| Year | Total Experience Partners | Level A | Level B |
|------|---------------------------|---------|---------|
| 2024 | 34 | 28 | 13 |
| 2025 | 46 | 35 | 26 |

Several of our Experience Partners engage at both levels and/or are on more than one committee or group. 95 Experience Partner positions are filled by our 46 Experience Partners.

“Since the inception of the Mental Health & Addictions PFAC in 2016 – while my wife was in the Psychiatric Inpatient Care Unit (PICU) – I’ve had the honour of serving on a collaborative team of PRHC staff and individuals from the public with lived experience. Together, we’ve driven meaningful changes, from privacy & no-smoking policies to healing-focused design choices. It’s deeply rewarding for me to know that public voices are truly valued in shaping care at PRHC.”

- Jim Rainey, Mental Health & Addictions PFAC Co-chair

Committees and Working Groups

The following committees at PRHC have one or more Experience Partner members:

- PRHC Patient and Family Advisory Committee
- Board Quality of Care Committee
- Cancer Care Partnerships Committee
- Mental Health and Addictions Patient and Family Advisory Committee
- Women's and Children's Quality Committee
- Renal Patient and Family Advisory Committee
- Laboratory Operations Committee
- Acute Length of Stay Steering Committee
- Emergency Department Quality Committee
- Medication Safety Committee
- Equity, Diversity, Inclusion & Reconciliation Committee
- Seniors' Steering Committee
- Accessibility Committee
- Mental Health & Addictions Quality Committee (vacant)
- Regional Patient Experience Committee
- PRHC MyChart Working Group
- Palliative Care & Complex Continuing Care Unit Based Council
- Religious & Spiritual Care Partnerships Council
- Stroke Quality Council
- Regional District Stroke Council
- Critical Care Quality & Practice Council
- Patient & Visitor Handbook Quality Improvement Team
- PRHC Patient Story Working Group
- Experience Partner Education Working Group
- PRHC MyChart Working Group

Experience Partner Program Highlights

Early in 2025, a working group of Experience Partners helped to re-design the orientation methods and materials for new Experience Partners. In conjunction with this, the process for onboarding and orientation of new Experience Partners was standardized and documented as standard work to ensure future succession planning. Every new Experience Partner who receives orientation has an opportunity to provide feedback on the methods and the materials, so that we can continuously improve.

We increased our efforts to recruit for a greater diversity of Experience Partner and are very happy to have been able to recruit four (4) university students. Our ability to offer virtual opportunities for involvement is attractive to this generation of students and three (3) of these students, although from Peterborough or surrounding area can participate year-round despite attending university in other cities. In 2025, we recruited more than 10 new Experience Partners and provided opportunities for existing Experience Partners to become more involved.

In response to the results of our annual Experience Partner satisfaction survey, a working group of Experience Partners worked with us to co-design additional education opportunities for their peers. We held an education and networking event for Experience

Partners in the spring entitled: Patient Experience 101: Past, Present & Future. A handful of Experience Partners took us up on the opportunity to attend the Quality Improvement portion of new employee orientation and, those who did so, were pleased to meet some new employees and learn more about quality improvement and patient experience.

In September, we were fortunate to have guest speaker Tom Allen, storyteller, and CBC Radio 2 host lead a storytelling workshop for interested Experience Partners. Dr. Lynn Mikula, President & CEO graciously attended the event to welcome and network with Experience Partners. Tom hosted an interactive event where Experience Partners learned the basics of effective storytelling in the context of using their own patient stories to motivate, inspire and educate.



▲ Storytelling Workshop with Tom Allen

Patient & Family Advisory Committee

The purpose of the Patient & Family Advisory Committee (PFAC) is to improve the patient experience at PRHC by enhancing efforts to personalize and humanize care through patient experience best practices.

The Advisory Committee serves in an oversight capacity, reviewing PRHC patient experience data and best practices, and identifying and making recommendations on strategies that could be implemented to support positive patient experiences at PRHC.

The PFAC is co-chaired by Emily Ames, Experience Partner and Ruth Anne Robertson, Quality Improvement Specialist – Patient Partnerships Lead. The priorities of the PFAC in 2025 included:

- Participation in the development of patient experience indicators and initiatives for PRHC’s annual quality improvement plan.
- Ongoing review of improvement suggestion themes from patient experience surveys and making recommendations for specific improvements.
- Making suggestions for improvements to PRHC’s Patient & Visitor Handbook and participation of five (5) PFAC members in the co-design of a new handbook as members of a quality improvement project team.
- Discussing and providing patient perspective and feedback on PRHC policies and patient or public-facing communication materials, as the need arose.

- Continued exploration of how PRHC can better utilize patient stories in our quality improvement efforts, which included consultation on process to share patient stories at the Board Quality Committee.

PFAC Functions

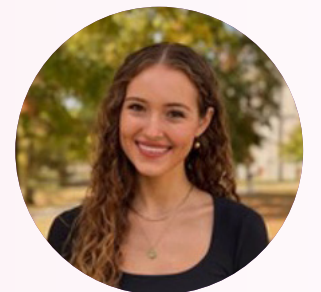
- Develop and oversee a corporate strategy for the patient and family experience.
- Support, endorse and provide feedback for the Corporate Quality Improvement Plan.
- Participate in co-design of initiatives on PRHC’s Quality Improvement Plan aimed at improving patient experience.
- Promote the inclusion of all voices in health care decision-making with a focus on equity and diversity.
- Monitor patient experience metrics.
- Monitor patient experience quality improvement activities.
- Create an expectation of collaboration between patients, families, staff, physicians and administration in program planning and operations.
- Model the behaviour and expectations associated with outstanding patient and family experiences.
- Promote improved relationships between patients, families, and staff/physicians.

- Promote compliance with relevant legislation and discipline-specific standards of practice (i.e., Excellent Care for All Act (ECFAA), Accreditation Canada).
- Review and provide feedback on educational activities to support patient and family experience and identify professional development opportunities for Experience Partners and for PRHC staff and physicians.

- Develop and promote communications strategies to enhance organizational and community awareness of the PFAC, and to celebrate and share PFAC successes and milestones.
- Support robust recruitment and on-boarding process for Experience Partners.
- Acts as one of the guiding patient voices at PRHC.

“When presented with the opportunity to become a PRHC Experience Partner, I was immediately interested. Being able to share my patient experience and perspective from the past five years, while also finishing my undergraduate degree in Health Sciences and looking to pursue medicine, has been extremely rewarding. I have learned how vital it is to advocate for yourself within our healthcare system and am striving to do this for others!”

- Cassidy Lawson, Women’s & Children’s Quality Committee member and PFAC member



2025 PFAC Highlights

This year, PFAC members Mary Irving and Margaret Higgins became members of the Board Quality Committee. We are grateful for the time and energy that Chris Premate dedicated to her term on this committee and for her efforts to encourage other PFAC members to step forward into this important role.

The PFAC provided input on the redesign of PRHC's Patient & Visitor Handbook, and five Experience Partner members joined the Quality Improvement Team at PRHC to develop comprehensive recommendations for the redesign.

In response to Experience Partners desire for more discussion time at PFAC meetings, the Terms of Reference for the Committee was amended to limit the number of permanent employee members to three (3). We continue to recruit for new members with a goal of 12 Experience Partners.

The PFAC provided guidance throughout the development of PRHC's 2026-2027 Quality Improvement Plan.

This year, the PFAC used Artificial Intelligence (in compliance with PRHC's 1.C.160 Acceptable AI Use Policy) to locate and theme all patient experience comments related to communication. This allowed for data informed recommendations related to initiatives to improve communication for the 2026-2027 Quality Improvement Plan.



▲ PFAC members (left to right) Janet Dang, Chris Premate and Emily Ames at an Experience Partner Education Event in spring 2025.

PFAC 2025 Committee Membership

Emily Ames, *Experience Partner (co-chair)*

Barbara Card, *Experience Partner*

Janet Dang, *Experience Partner*

Margaret Higgins, *Experience Partner*

Mary Irving, *Experience Partner*

Connor Kemp, *Board Voice*

Cassidy Lawson, *Experience Partner*

Marcus Malcolm, *Experience Partner*

Tony Mauro, *Experience Partner*

Chris Premate, *Experience Partner*

Candice Rosenberg, *Director Women's & Children's; Quality & Patient Partnerships*

Jessica Leclerc, *Patient Relations Consultant*

Jane Mark, *Patient Relations Consultant*

Ruth Anne Robertson, *Quality Improvement Specialist – Patient Partnerships Lead (co-chair)*

Judit Langhammer, *Manager, Quality & Patient Partnerships (Ad Hoc)*

Jill Treen-Reber, *Equity, Diversity, Inclusion, and Reconciliation Lead (EDIR) (Ad Hoc)*

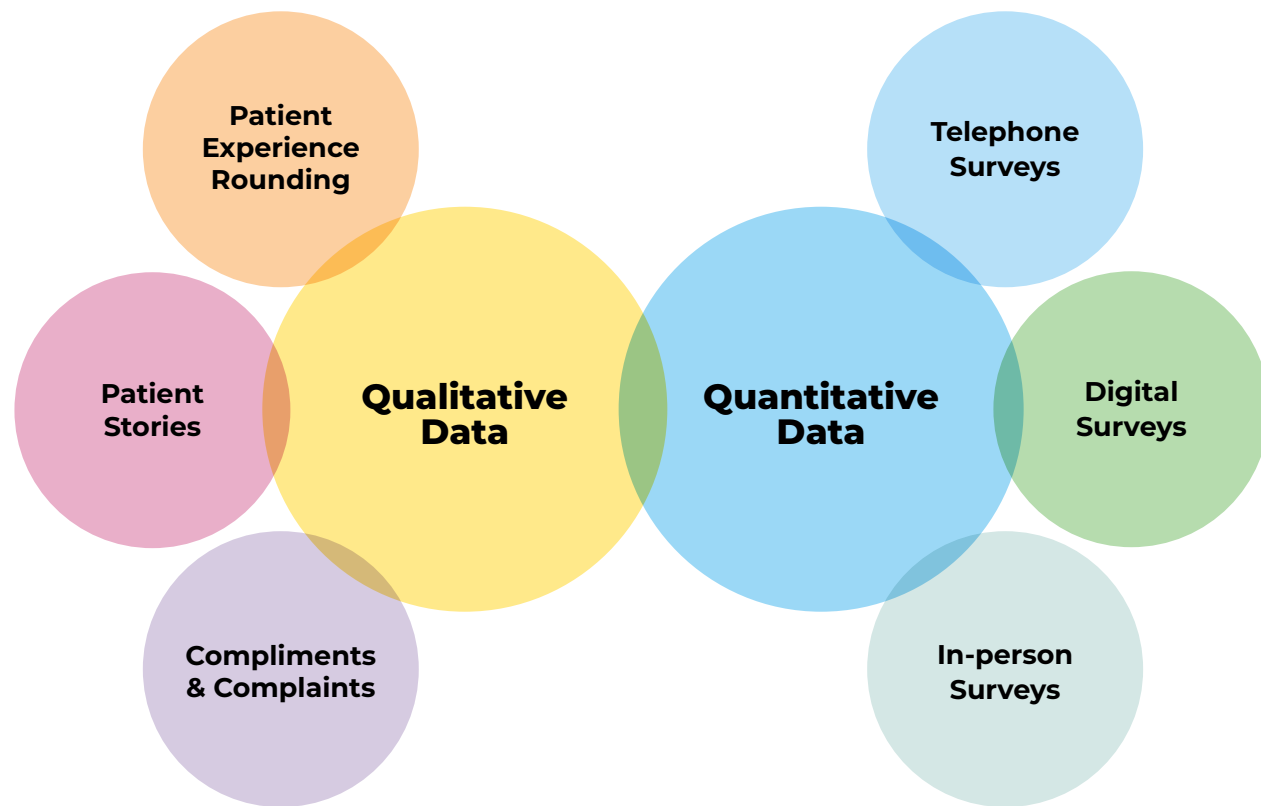
Courtney Taylor, *Indigenous Program Navigator (Ad Hoc)*

Sean Martin, *Vice President Clinical Services & Health Equity and Chief Quality Officer (Ad Hoc)*

Patient Experience Survey Program

Collecting information on patient experiences of care and service at PRHC is a key component of our approach to continuous improvement. Our strategy is to collect qualitative and quantitative data from multiple sources.

At present, our corporate patient experience survey program is comprised of telephone and digital surveys. Reporting of patient experience data flows to staff and leadership including the PRHC Board of Directors, the Board Quality Committee and our Patient & Family Advisory Committee as a component of the Quarterly Quality Improvement Plan Report.



Post-Discharge Phone Call (PDPC) Program

Launched in 2013, the PDPC program continues to benefit from six dedicated volunteer callers who in 2025 completed more than 1,800 [telephone surveys](#) with patients and/or caregivers who were discharged from the hospital. The data collected from this program helps us to identify opportunities for improvement and to recognize the outstanding work of staff and physicians providing care and service. This information is shared in a variety of ways:


- Survey data collected by phone calls and digitally are compiled and leaders receive [quarterly reports](#) for their units and programs which report the results of key performance indicators and share a sample of patient comments.
- On a monthly basis, all comments from patients experience surveys (phone and e-mail) are disseminated to managers of inpatient units along with a [monthly recognition report](#) highlighting instances where patients have named staff members for delivering outstanding care.
- A list of physicians and corresponding patient comments is shared monthly with the Medical Affairs team acknowledging physicians who have gone above and beyond in their patient care efforts.
- Patient comments regarding cleanliness and food quality are combined with comments from our digital surveys and shared monthly with our Environmental Services and Nutrition Services teams.
- All comments from and about seniors are shared with our Seniors' Lead monthly. This ensures that their unique needs and experiences are addressed, contributing to a more personalized and effective care approach for this demographic.

Digital Patient Experience Survey Program

PRHC uses a digital platform called Qualtrics XM to collect patient experience data from patients who would like to complete a survey electronically. Since 2023, PRHC has

been using two provincially standardized surveys – the [Adult Inpatient Short Form Patient Experience Survey](#) and the [Ontario Emergency Department Short Form Patient Experience Survey](#).

Results collected digitally from the inpatient survey are compiled with the results collected by phone before being shared broadly. Patient comments from the Emergency Department (ED) survey are shared with the ED weekly and ED Survey Reports are both shared monthly (managers) and quarterly (directors).



POST DISCHARGE PHONE CALLS

IMPROVING THE PATIENT EXPERIENCE

872 SUGGESTIONS

FOR IMPROVEMENT WERE CAPTURED DURING POST-DISCHARGE PHONE CALL PATIENT EXPERIENCE SURVEYING IN 2025.

TOP 3 THEMES OF IMPROVEMENT SUGGESTIONS:

1. Communication Issues
2. Facility & Resource Limitations
3. Long Wait Times & Delays

In 2025, the Ontario Hospital Association (OHA) developed new standardized surveys, two of which we implemented at PRHC. [The Care Satisfaction in the Intensive Care Unit \(CS-ICU\) Survey](#) was implemented in our adult ICU and our neonatal ICU. These two units are in the process of implementing the use of QR codes to increase the opportunity for patients, caregivers and families to provide feedback on their care experiences.

The [Adult Outpatient Short Form Patient Experience Survey](#) was implemented across all outpatient programs at PRHC without

standardized surveys already in place and leaders report that the staff are very happy to receive patient feedback on their outpatient experiences. Survey reports and survey comments from both the CS-ICU survey and the outpatient survey are shared with leaders monthly.

We have initiated the implementation of two (2) more surveys recently developed by the OHA for use in our Mental Health & Addictions program. These new surveys, one for inpatients and one for outpatients will go live at PRHC using Qualtrics XM in 2026.

“A new movement is taking shape in healthcare – one that recognizes the depth of patients’ lived experience and the distinct expertise it offers. Experience Partners bring a different lens to care: how it feels, what our bodies need, and what unfolds beyond the clinical moment.

When this insight is respected, patients become genuine co-designers of services, helping to shape care that is more human, more responsive, and better for everyone. Healthcare strengthens when patients are part of the conversation.”

- Emily Ames, PFAC Co-chair & Experience Partner

Patient Experience Survey Program Accomplishments

Began to share all individual patient experience comments with managers regularly, so that they can be shared with staff at the front lines.

Implemented two (2) new standardized, digital patient experience surveys and have initiated the process to implement two (2) additional surveys in the new year.

Experience Partners on program quality committees began to receive all individual patient experience comments regularly, so that they would be better able to represent the experiences of other patients at committee meetings.

Started to use Artificial Intelligence (in compliance with PRHC’s 1.C.160 Acceptable AI Use Policy) to group and theme large numbers of individual patient experience survey comments by topic. Committees who have benefited from this type of analysis are the Accessibility Committee, the Equity, Diversity, Inclusion & Reconciliation Committee and the Patient and Family Advisory Committee.

Furthering our work with the Equity, Diversity, Inclusion and Reconciliation Committee to provide patient experience data segmented by self-reported sociodemographics, a process has been developed to share this data with the manager and director groups at PRHC.

PRHC is exploring the opportunity to participate in the Ontario Hospital Association’s patient experience benchmarking program. This program allows hospitals to compare their patient experience survey results with other similar hospitals.



Partnership Stories

Materials Review Team

To allow for more diversity in Experience Partner feedback and suggestions related to written, patient or public-facing materials, this year we formed a team of Experience Partners who are willing to review materials as the need arises. This is an improvement from having only one or two Experience Partners associated with individual program areas review materials. We now have 14 Experience Partners who are willing to review materials, which allows the flexibility for them to opt out of review projects.

This team has reviewed a wide range of materials this year including a substitute decision making guide, an endoscopy patient education brochure, pacemaker and cardioversion patient booklets, and both the Seniors' Care and Women's and Children's sections of our PRHC website. Staff who used this service report that Experience Partners perspective is invaluable and remark that they pick up on details that are not obvious to those who work in health care.

Every new Experience Partner who joins us at PRHC is offered the opportunity to join this team and many do this work in addition to being a committee or group member.

Patient Stories at the Board Quality Committee

Members of the Board Quality Committee co-designed a process with our Patient Relations and Patient Partnerships teams to have an Experience Partner, patient, caregiver, or family member attend their meeting once per quarter to share their story. The storyteller is provided with a storytelling

liaison to help them prepare to tell their story, provide them support and resources to prepare, attend the meeting with them for support and allow for debriefing after the meeting for emotional support.

Experience Partner, Paula Greenwood was the first storyteller at the Board Quality Committee, and she worked with us to help co-design a consent form and resource for use in storytelling at PRHC. The committee received some preparation in advance of the meeting to make the storytelling more meaningful. Paula was happy to answer questions from the committee about her experience and how it might have been improved. She will continue to work with us as we work to broaden the use of patient storytelling at PRHC to help keep person-centred and compassionate care front of mind as we deliver care.



▲ Crests used on patient facing materials

Co-Design with Experience Partners

We continue to broaden our inclusion of Experience Partners as members of project teams or working groups. One example of this was the co-design of the 2025-2026 PRHC Quality Improvement Plan Infographic, which uses diagrams and a literacy level that allows more people to understand our improvement goals. A group of Experience Partners worked together with members of the Patient Partnerships team and our Communications Department to produce a public-facing document that allows most people to have an understanding our healthcare improvement goals at PRHC.

Another group of Experience Partners worked with PRHC staff on the Patient & Visitor Handbook Quality Improvement Project. Recommendations for improvements to this handbook, the patient and visitor section of PRHC's website and for a roll-out of the improved handbook are complete. We look forward to seeing the improved handbook thanks to the work of this project team and our Communications Department in 2026.

PRHC 2025-2026

QUALITY IMPROVEMENT PLAN INITIATIVES

ACCESS AND FLOW

EMERGENCY DEPARTMENT INITIATIVES
We will work to improve the flow of patients through our busy Emergency Department to make sure patients are seen by a doctor or nurse practitioner as soon as possible. Several new strategies will be implemented to have patients seen and ambulances offloaded and back on the road sooner. We will partner with our Emergency Department team to make our processes more efficient.

REDUCE UNNECESSARY TIME SPENT IN THE HOSPITAL
Patients recover better at home with the right supports in place once they have received care in the hospital. We will continue to work together with our community partners to make sure patients can safely leave our care to continue to get better. We will do our best to make sure that patients who are waiting for long-term care receive the care that best meets their needs.

EXCELLENT SERVICE

PEOPLE-CENTRED CARE
Patient and family feedback is important to help us continue to improve. We will continue to ask patients and families about their experiences and find new ways to learn how people from all backgrounds feel about their care. People who have experienced care at PRHC will work with us on committees and quality improvement teams to make sure that the way we make decisions includes the experience of those who receive care here.

EQUITABLE CARE
Health equity means that all members of our community can be healthy – no matter their age, gender, identity, background, culture or how much money they have. We will have a leadership training program for hospital leaders to make sure that principles of equity, diversity and inclusion impact the way we manage teams, make decisions, and provide care. In addition to anti-racism and Indigenous cultural safety training for all staff, we will work with Alderville, Curve Lake and Hiawatha First Nations to improve Indigenous healthcare in our community.

SAFE AND EFFECTIVE CARE

WORKPLACE VIOLENCE PREVENTION
We will improve our processes for identifying and communicating risks of violence. Staff training and support programs aimed to prevent violence in the hospital will continue to be a priority. Our patients, families, visitors and staff should be cared for and work in a place that puts safety first.

REDUCE TIME TO INPATIENT BED
Having patients move from the Emergency Department to an inpatient bed depends on discharging patients who are ready to go home without delay. To achieve our goal of decreasing the number of patients waiting to move to an inpatient unit, discharge plans will be developed early, with help from patients and their families. Reasons discharge might be delayed will be identified and communicated early to try and prevent any delays. We will work to make sure that patients who require occupational therapy or physiotherapy receive it as soon as possible.

PRHC'S DETAILED QIP CAN BE FOUND ON OUR WEBSITE BY SEARCHING FOR QUALITY IMPROVEMENT PLAN.

One team, here when you need us most.
www.prhc.on.ca

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▲ 2025-2026 PRHC Quality Improvement Plan

Paula's Story: A Tale of My Times at PRHC

It was the worst of times and the best of times... (with apologies to Charles Dickens).

It's helpful to know that threaded through this story is my experience of 25 years as an RN and then 25 years of managing volunteers at PARN, the local HIV/AIDS network, and more recently, Hospice Peterborough.

To complete the picture, this includes my experience as a person living with serious liver disease and osteoporosis. I want my story to highlight the necessary place of compassion in the communication between staff and us, the patients.

My journey began with a diagnosis of non-alcoholic liver disease in 2013 after a life-threatening visit to the ED which required three (3) units of blood and an emergency endoscopy. I became no stranger to regular visits to PRHC.

One of my worst experiences with staff was a 24-hour period in the hallway of the ED with an abdomen stretched with ascites due to an enormous amount of fluid, which was subsequently drained of 13 litres of fluid. I was also experiencing severe nausea and vomiting. Pretty nasty really.

I had to navigate the discomfort, sadly, without much help. The staff avoided my eyes as they ran by, and I knew full well what it was like to be so crazy busy. Sadly, none just stopped to say, "Sorry you're so sick, we're working on a room for you". I couldn't get out of bed and vomited all over myself and the floor. It was hell.

Finally, the care improved, and I was treated in the purple area with care and serious attention.

A year later, I was admitted with a fractured pelvis (after a fall in my bathroom) and recovered over a six (6) week stay. This was followed by another admission a few weeks later for a fractured femur with the insertion of a titanium rod.

During these weeks, I anticipated the next step, an admission to Toronto General Hospital (TGH) for a liver transplant.

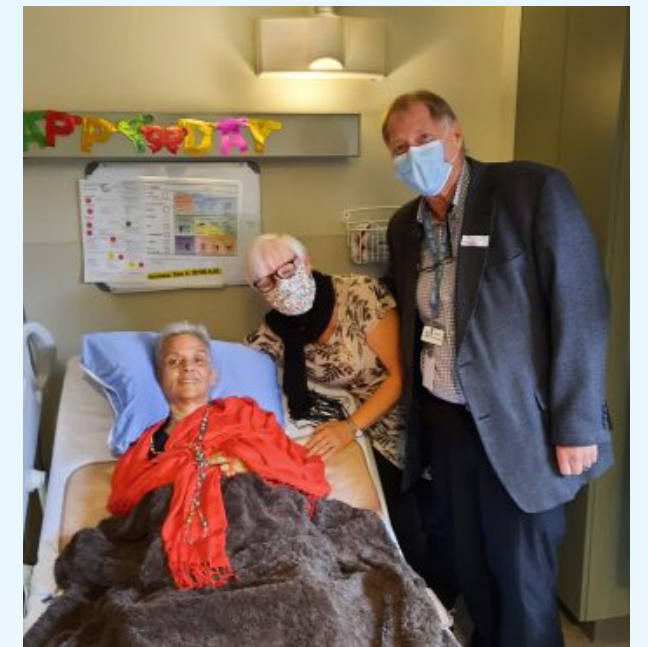
The nurses and other staff had been providing exemplary care on A2, fully aware of my inability to be with friends and family due to COVID. They took the extra step regularly to meet my needs, including accommodating my desire for Stouffer's mac and cheese at 9:00 p.m. at night and responding to me with care.

With the transplant looming ahead and an unsure future, I convinced my partner, Alex, that we should be married, after 15 years of living together. To elope, during COVID, when I was so ill? What the heck?

The nurses were totally on board, especially Julie, the charge nurse on A2. They provided flowers, decorated the room and made a cake. We invited two (2) nurses (both of whom were male, by chance) and my dear friend, David, to marry us. Alex adorned me with my favourite red pashmina to cover my lines and tubes, and my atrophied 85-pound body. I'm sure it was the first queer wedding on A2!

I went on to be transferred to TGH 10 days later for a successful liver transplant in November 2020.

So, you see, the worst of times are less common now, from what I'm hearing from my community of friends. And the best of times is an indication of the good work being done by the leadership and staff of PRHC. I can see that people are working hard to infuse their care with compassion.



▲ Paula Greenwood married her partner, Alex, on A2 during the COVID-19 pandemic in 2020.

Focus for 2026

PRHC's 2024-2029 Strategic Plan's clear articulation of five (5) commitments with associated actions provides the framework for the Quality & Patient Partnerships team to make our plans in alignment with the plans of the entire PRHC team.

STRATEGIC COMMITMENT 1

Provide timely & excellent care

Action: Partner with patients and families as we deliver care and develop programs

Action: Improve the quality of patient care using a systematic approach

We will continue to expand our Experience program with the goal of having Experience Partners actively participating in any groups or committees responsible for quality of care, patient experience or new service or program development. As part of PRHC's integrated quality management system, called One Team Quality, we will ensure Experience Partners are represented on program level quality committees and actively seek out new and creative ways to share patient stories at the front lines and elsewhere to help us keep the patient voice central in the planning and provision of patient and family centred care and service.

STRATEGIC COMMITMENT 2

Be a workplace where people can thrive

Action: Promote inclusion, welcoming perspectives to inform decision-making, service delivery, leadership, and partnerships

As we partner with patients, families, staff, and community stakeholders, we will continue to promote inclusion of all perspectives, particularly those at risk of experiencing health disparities. PRHC's Equity, Diversity, Inclusion & Reconciliation Lead and Indigenous Program Navigator are integral members of our team who will help us put the words "All are welcome here" into action.

We will visit our local first nations, urban Indigenous centres, and places like the New Canadians Centre, so that we can encourage diversity of patient stories and experiences that better represents the community we serve.

STRATEGIC COMMITMENT 3

Expand tertiary services to support our region

Action: Implement an integrated care mental health & addictions model with our partners

Action: Enhance regional maternal and pediatric care

Action: Bring new cardiovascular care services to the region

Action: Expand our seniors centre of excellence

Action: Continue to expand cancer care services

In 2025, a new courtyard was opened for patients of the Psychiatric Intensive Care Unit (PICU) to access the outdoors. This

space was thoughtfully co-designed with Experience Partners to provide a natural and safe space for PICU patients.

Expansion of tertiary services continues to represent an opportunity where we can strive for true Experience Based Co-Design (EBCD). We know that this concept is foreign to many and that we will need to provide ongoing education and support to fully include the experiences and ideas of our Experience Partners and community members into enhanced or new programs at PRHC.

STRATEGIC COMMITMENT 4

Transform data, analytics, and technology to support people today and into the future

Action: Make data, analytics, and technology user-friendly

We will collaborate with our Data Operations team to explore automated, standardized, and frequent reporting of patient experience survey results. Patient experience data collection will be expanded both by the addition of new surveys and the use of new modes, such as QR codes.

In 2025, we began to share all patient experience survey comments with Experience Partners who are members of program quality committees, so they could better represent the experiences of their peers and will continue to do this when new quality committees are established.

We will continue to ensure we honour the experiences described in patient surveys by frequently sharing them with staff and incorporating patient experience improvement ideas into quality improvement initiatives.

Offering patients and/or caregivers the opportunity to recognize outstanding staff care and service and sharing this with frontline staff will continue as part of the post-discharge phone call program. Our EDIR Lead will continue to help ensure we analyze the available patient experience data to see if there are opportunities to improve the experience for marginalized patients and families.

STRATEGIC COMMITMENT 5

Build our teaching and research focus

Action: Explore new training programs for patient care and support roles

We will continue to support Experience Based Co-Design (EBCD) of training programs to ensure that Patient and Family Centred Care principles are integrated into the curriculum where appropriate. Wherever possible, we will explore opportunities for Experience Partners to participate in the co-delivery of curriculum that pertains to patient experience. As our team continues to facilitate the adoption of One Team Quality – the integration of quality improvement principles and practices across the organization, we will support and coach others as they use EBCD in their quality improvement initiatives.

Thank you

PRHC's 2024 - 2029 Strategic Plan and renewed commitment to work together as One Team, including patients, families, caregivers, and our community, gives us continued motivation to advance the principles, practices and processes that support person-centred care and service.

They are fundamental to providing high quality, safe patient care and an amazing experience. We are excited to continue to grow our Patient Partnerships Program and would like to thank PRHC staff, professional staff, and leaders for their ongoing support of this important work.

Lastly, we would like to sincerely thank each and every one of our Experience Partners who are so giving of their time to help us help others. We could not do it without you!

How you can help

If you have questions, would like to learn more, or want to get involved, please contact:

Ruth Anne Robertson,
Quality Improvement Specialist – Patient Partnerships Lead, Quality & Patient Partnerships
rrobertso@prhc.on.ca
705-743-2121 x. 3224

“The invitation to use the experiences I had as a ‘repeat flyer’ at PRHC has not only had a lasting impact on patient care but has also helped me grow as a person with multiple health challenges.

I am proud to be an experience partner and work with a stellar team.”

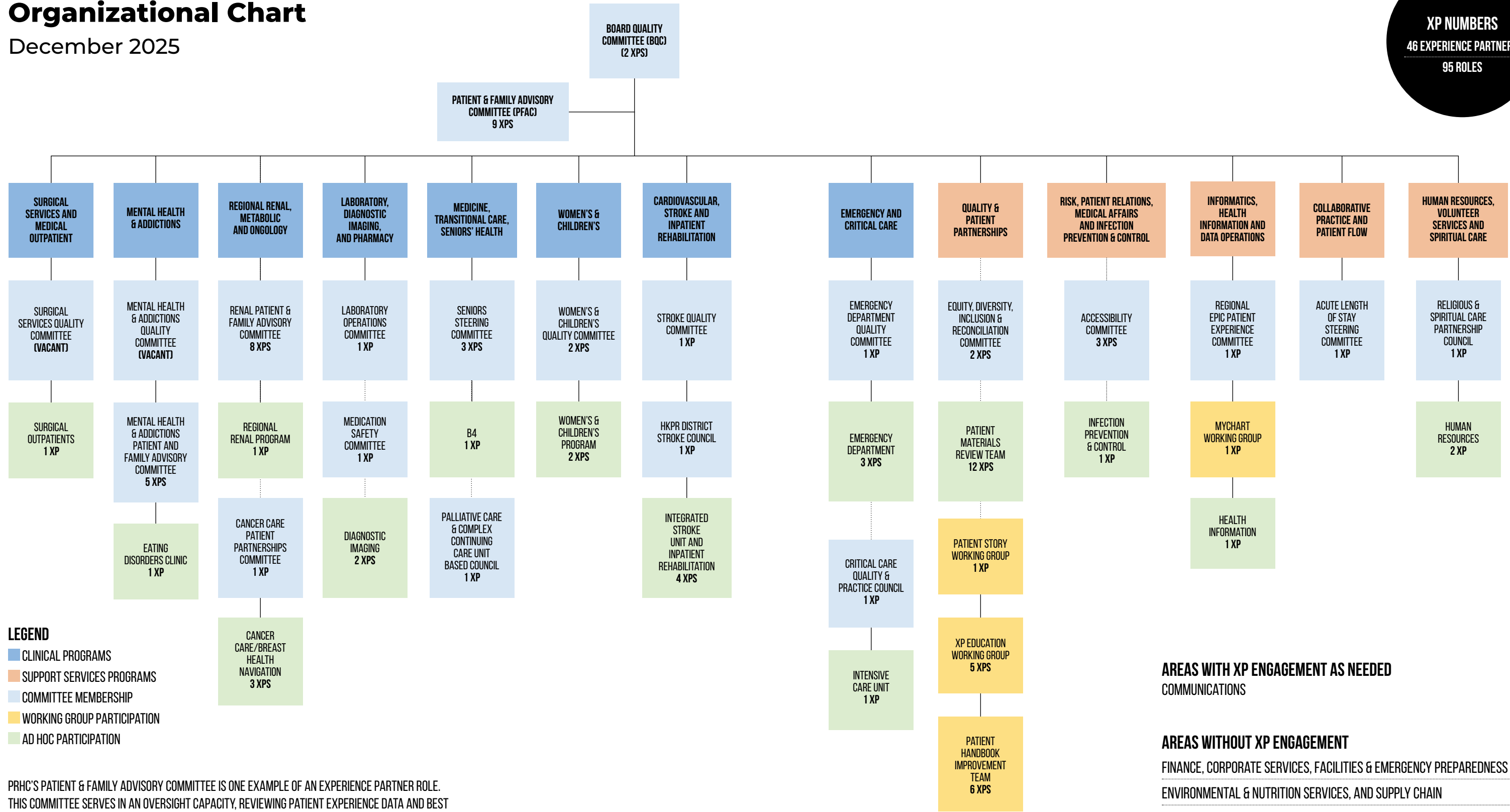
- Paula Greenwood, Experience Partner & EDIR committee member

Appendix

Experience Partner (XP) Engagement Organizational Chart

December 2025

XP NUMBERS
46 EXPERIENCE PARTNERS
95 ROLES



- LEGEND**
- CLINICAL PROGRAMS
 - SUPPORT SERVICES PROGRAMS
 - COMMITTEE MEMBERSHIP
 - WORKING GROUP PARTICIPATION
 - AD HOC PARTICIPATION

PRHC'S PATIENT & FAMILY ADVISORY COMMITTEE IS ONE EXAMPLE OF AN EXPERIENCE PARTNER ROLE. THIS COMMITTEE SERVES IN AN OVERSIGHT CAPACITY, REVIEWING PATIENT EXPERIENCE DATA AND BEST PRACTICES, AS WELL AS IDENTIFYING AND MAKING RECOMMENDATIONS ON STRATEGIES THAT COULD BE IMPLEMENTED TO SUPPORT POSITIVE PATIENT EXPERIENCES.

AREAS WITH XP ENGAGEMENT AS NEEDED COMMUNICATIONS

- AREAS WITHOUT XP ENGAGEMENT**
- FINANCE, CORPORATE SERVICES, FACILITIES & EMERGENCY PREPAREDNESS
 - ENVIRONMENTAL & NUTRITION SERVICES, AND SUPPLY CHAIN
 - INFORMATION TECHNOLOGY (IT)
 - STRATEGY, PLANNING & DEVELOPMENT

One team, here when you need us most.

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Peterborough Regional
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