



The Town of Saugeen Shores Healthcare Administration Review

→ Final Report

Submitted: October 9, 2025



Table of Contents

| | | |
|------------|--|-----------|
| 1.0 | Executive Summary..... | 1 |
| 1.1 | Project Mission and Context | 1 |
| | 1.1.1 Project Context | 1 |
| | 1.1.2 Project Mission and Success..... | 1 |
| | 1.1.3 Project Methodology..... | 2 |
| 1.2 | Purpose of this Document..... | 3 |
| 1.3 | Current State Summary | 3 |
| 1.4 | Future State Recommendations | 4 |
| | 1.4.1 Strategic Intent of Future State Recommendations | 4 |
| | 1.4.2 Summary of Recommendations and Actions | 5 |
| | 1.4.3 Summary of Implementation Plan | 7 |
| 1.5 | Next Steps for Saugeen Shores..... | 8 |
| 2.0 | Introduction..... | 9 |
| 2.1 | Optimus SBR's Project Mission and Success..... | 9 |
| 2.2 | Purpose of This Document | 10 |
| 2.3 | Approach..... | 11 |
| 2.4 | Limitations and Assumptions..... | 11 |
| 3.0 | Understanding the Current State and Today's Context: Why Are We Here?..... | 13 |
| 3.1 | The Role of the Town in Healthcare Administration..... | 13 |
| | 3.1.1 The Role of Saugeen Shores Today | 15 |
| 3.2 | What Problem Are We Trying to Solve? | 16 |
| 3.3 | Current State..... | 18 |
| | 3.3.1 Infrastructure..... | 18 |
| | 3.3.2 Asset management | 20 |
| | 3.3.3 Physician recruitment and retention | 21 |
| | 3.3.4 Contract management..... | 24 |
| 4.0 | Jurisdictional Scan Findings..... | 25 |
| 5.0 | Future State Opportunities | 28 |
| 5.1 | Future State Guiding Principles..... | 28 |
| 5.2 | Strategic Intent of Optimus SBR's Recommendations: Building Saugeen Shores' Foundation | 29 |
| 5.3 | Recommendations..... | 29 |
| | 5.3.1 Overarching Recommendation: Continue the Town's Role in Healthcare Administration by Creating a Formal Municipal Program | 33 |
| 5.4 | Recommendations and Actions | 39 |
| | 5.4.1 Recommendation 1: Formalize a Physician Recruitment and Retention Program | 40 |

| | | |
|------------|--|-----------|
| 5.4.2 | Recommendation #2: Align Medical Clinic Facilities with the Town's Corporate Asset Management Framework..... | 53 |
| 5.4.3 | Recommendation #3: Review and Clarify All Contractual Relationships with defined Service Level Agreements..... | 56 |
| 5.5 | Summarizing the Recommendations..... | 60 |
| 6.0 | Resourcing Needs – Physicians Required to Support Saugeen Shores | 63 |
| 6.1 | Data Sources Required to Undertake the Analysis | 63 |
| 6.2 | Key Considerations to Inform the Process | 64 |
| 6.2.1 | Current State Information about Physicians in Saugeen Shores | 65 |
| 6.2.2 | Population of Saugeen Shores Today and Projections' | 65 |
| 6.3 | Analysis – Physician Needs Assessment for Saugeen Shores..... | 66 |
| 6.4 | Summarizing the Findings and Cost Implications..... | 69 |
| 6.4.1 | Expected Number of Physician Recruitments | 69 |
| 6.4.2 | Potential Cost Implications for the Town..... | 70 |
| 7.0 | Implementation Plan and Action Plan | 74 |
| 7.1 | Implementation Plan..... | 74 |
| 7.1.1 | Defining Ease of Implementation and Expected Impact | 74 |
| 7.1.2 | Plotting Ease of Implementation and Expected Impact | 77 |
| 7.1.3 | Timeline for Recommendations and Actions..... | 77 |
| 7.2 | Action Plan..... | 79 |
| 7.2.1 | Activity 1: Gain Clear Direction from Council..... | 80 |
| 7.2.2 | Activity 2: Consolidation of Financial Information..... | 81 |
| 7.2.3 | Activity 3: Defining the Town's Subsidy..... | 82 |
| 7.2.4 | Activity 4: Defining the Town's Role..... | 83 |
| 7.2.5 | Activity 5: Formalizing Asset Management Practices | 83 |
| 7.2.6 | Activity 6: Reconciling Contracts to Reflect All Previous Activities, Recommendations, and Actions..... | 84 |
| 8.0 | Conclusion | 85 |
| | Appendix | 86 |
| | Gaps Related to the Definition of Total Investment into Healthcare Administration | 86 |
| | Commentary Related to Facility Operations and Ownership..... | 91 |
| | Physician Recruitment and Retention Advisory Group – Saugeen Shores - Proposed Terms of Reference | 93 |
| | What we heard from Physicians on Potential Incentives..... | 94 |

1.0 Executive Summary

1.1 Project Mission and Context

1.1.1 Project Context

The Town of Saugeen Shores (the Town) has commissioned Optimus SBR, a Canadian independent consulting firm, to conduct a Municipal Healthcare Administrative Review to systematically evaluate its role in supporting local primary care services. This review examines the Town's existing administrative frameworks and financial management of its healthcare infrastructure including two Town-owned medical clinics and physician incentive programs with the goal of identifying opportunities to enhance operational efficiency, strengthen resource planning, and bolster family physician recruitment and retention. By clarifying the Town's obligations and aligning processes with leading practices, the review seeks to ensure that municipal investments in healthcare are both strategic and sustainable.

To be specific, the review focused on answering two key questions:

1. *Should we continue to be in the business of supporting healthcare administration, including physician recruitment?*
2. *If the Town continues to support healthcare administration, including physician recruitment and retention, how many physicians should we have in our Town to meet the population increases over the coming 5, 10, and 15 years?*

Through this report, these questions are addressed to ensure that there is clear rationale, evidence, and actionable next steps for the Town to take.

It should be noted that the focus of this review was specifically on family physicians and did not evaluate the Town's role in recruiting specialists or other physicians or its role in the broader health care system (e.g., activities related to Nurse Practitioners or the ER).

1.1.2 Project Mission and Success

The mission of this project (Healthcare Administration Review), as mutually agreed by both Optimus SBR and the Town, is to conduct a Municipal Healthcare Administrative Review to evaluate the Town's involvement in the healthcare sector, specifically focusing on enhancing operational efficiency, financial management, and resource planning to better support family physician recruitment and retention. By concentrating on these areas, the Town aims to bolster its support for healthcare services and ensure sustainable healthcare infrastructure for the community.

Project success, as defined by both parties, includes:

- An evaluation of the current state administrative processes, governance, and financial controls related to the Town’s healthcare infrastructure and Town-owned medical buildings and condos and identify opportunities for improvement in efficiency.
- A review of the Town’s healthcare administration-related operating structures, spending controls and administrative processes that identifies key areas for operational improvement.
- A resource needs assessment related to the Town’s role in physician recruitment, retention, and healthcare partnership development that identifies gaps, proposes solutions to address gaps, and projects ongoing and future administration resource needs for the Town.
- Recommendations and a corresponding Implementation Plan to guide the Town in advancing improvement in healthcare administration.

1.1.3 Project Methodology

The following approach informed the Future State recommendations:

Figure 1: Future State Approach Methodology



1.2 Purpose of this Document

This is the Final Report for Optimus SBR's Healthcare Administration Review for the Town of Saugeen Shores. The purpose of this Final Report is to answer two core questions:

1. *Should we continue to be in the business of supporting healthcare administration, including physician recruitment?*
2. *If the Town continues to support healthcare administration, including physician recruitment and retention, how many physicians should we have in our Town over the coming 5, 10, and 15 years?*

To answer these two questions, the Final Report includes the following:

- Definition of the project's scope, approach, and limitations of the review.
- A brief summary of Current State findings that informed recommendation development;
- A brief summary of jurisdictional scan findings;
- An outline of future state recommendations that will support the Town as it formalizes its role in healthcare administration to best support its community;
- Definition of the factors that influence the number of physicians required to support Saugeen Shores today and into the future, as well as associated costs to achieve this;
- An implementation plan to phase in all recommendations in a structured manner;
- An action plan that more tactically addresses immediate next steps to successfully implement the recommendations and actions; and,
- Additional appendices to provide more detail on specific areas of the review.

1.3 Current State Summary

Reviewing the current state of healthcare administration focused on understanding core elements of the role the Town currently plays. In particular, four areas were explored:

- **Infrastructure** – including the physical health of the facilities in scope, as well as the associated processes to maintain these.
- **Asset Management** – including the direct ties to the Town's 10-Year Capital Plan and Asset Management Plan and Policy, and how these are incorporated into the operations of healthcare administration.
- **Physician Recruitment and Retention** – including the roles, responsibilities, processes, and incentives offered to physicians to come and stay in Saugeen Shores and practice in the Town's medical facilities.
- **Contract Management** – including the agreements between lease holders and physicians to understand what is and is not included in agreements and how they are managed by the Town.

Section 3.3 provides an overview of the current state in greater detail, building on the Current State Report submitted in July 2025 to the Town. Saugeen Shores currently has 18 physicians in the Town, with 11 working out of the two Town-owned medical facilities. Overall, the Optimus SBR team found that the strength of healthcare administration is rooted in those staff who support this area for the Town. The small but passionate team did have some elements that

could be built upon, however, the Town operates in a largely siloed and ad hoc manner, where those working in healthcare administration operate without codified processes, have a lack of dedicated staffing, and no clear systems or technology supports to standardize or enhance workflows and consistency.

Ultimately, it was determined that the Town's current state was lacking basic foundational elements that negatively impact its ability to:

- Precisely determine the total investment into healthcare administration,
- Answer more complex questions related to enhancing operational efficiency,
- Explore alternative models for infrastructure and operational management.

The findings from the current state review provided valuable insights and guidance to help develop future state recommendations that were right-sized for the Town to build on its success in the future.

1.4 Future State Recommendations

Future state recommendations were developed in a phased process, first aligning on current state findings, then developing future state guiding principles that would organize the objectives of the suite of recommendations to be developed, then came the development of the recommendations, and finally the creation of a phased implementation plan.

1.4.1 Strategic Intent of Future State Recommendations

To address the challenges that were uncovered in the Current State Report, the Optimus SBR team has developed recommendations that set a foundation for the Town to build its capacity, capabilities, and structures that will allow for a more standardized and systematic approach to healthcare administration.

At the core of the recommendations is the need to develop a formal Healthcare Administration Program that will enable the Town to fully track and monitor its investment and activities in the healthcare administration space. This will then set the Town up to have its teams work together, track and monitor information and finances, and consolidate information in a meaningful and systematic manner. This foundational level work will enable the Town to then complete subsequent reviews of specific operations or elements of healthcare administration that are informed by data and evidence that the Town can be confident is accurate and tells the full story.

In short, by laying a strong foundation in the immediate term, the Town can improve the maturity and rigor of its systems, processes, roles, responsibilities, and tools to tackle broader challenges in the medium and longer terms.

The Optimus SBR team is confident that this immediate-term strategic focus on the foundations will, in the medium- and long-term, drive the Town of Saugeen Shores forward in a more rapid, informed, supported, and effective manner.

1.4.2 Summary of Recommendations and Actions

To organize the efforts of the Town moving forward, Optimus SBR uses the term “recommendation” to denote a higher-level order of effort. Supporting each recommendation are “actions”, where the recommendation is given more tangible activities to successfully undertake the recommendation. The following is an overview of all recommendations and associated actions presented in this document, which are further defined in Section 5 of this report:

Table 1: Summary of the Recommendations, Actions, and Primary Benefits Expected

| Recommendation/Action | Primary Benefit(s) Expected |
|--|--|
| <p>Overarching Recommendation: Continue the Town’s role in healthcare administration by creating a formal municipal program</p> | <p>Additional structure, rigor, governance, and defined targeted levels of service will refine activities and drive towards a more meaningful impact in the Town’s operations.</p> <p>More effective governance will mean that the Town can more effectively evaluate the impact it is having, and can more effectively apply its resources, both financial and human resources.</p> |
| <p>Action 1: Hire a Coordinator position to support healthcare administration</p> | <p>Provides clear accountability for key tasks required as part of the Healthcare Administration Program.</p> <p>Ensures available capacity to have focused effort that organises, streamlines, and drives the Program forward in a thoughtful and calculated manner.</p> |
| <p>Recommendation 1: Formalize Physician Recruitment and Retention</p> | <p>A cohesive framework with standardized processes, embedded accountability, the ability for continuous improvement, and strengthens collaboration across the local health system.</p> |
| <p>Action 2: Standardize processes and tools</p> | <p>Improves operational efficiency by streamlining workflows, enhancing coordination across departments, and accelerating hiring timelines.</p> |
| <p>Action 3: Strengthening physician engagement for enhanced recruitment and retention strategies</p> | <p>Establishing an Advisory Group allows physicians to co-design support initiatives and shape incentive programs with insights from direct experience, improving relevance and effectiveness that are grounded in realities from lived-experience.</p> |
| <p>Action 4: Optimizing Town resources for ongoing support services</p> | <p>Exploring ways to right-size financial support services to physicians will help determine strategies to better utilize Town resources.</p> |

| Recommendation/Action | Primary Benefit(s) Expected |
|---|--|
| <p>Action 5: Establishing a performance monitoring and continuous improvement framework</p> | <p>Enables informed, proactive decisions in recruitment by tracking and analyzing metrics like time-to-fill and turnover rates.</p> <p>Puts mechanisms in place to strengthen physician retention by addressing concerns early through structured renewal cycles and regular check-ins.</p> |
| <p>Action 6: Strengthening system collaboration</p> | <p>Strengthens the Town’s credibility and influence by clearly defining its facilitative and advocacy role, helping stakeholders understand where the Town adds value without overstepping into other system stakeholder mandates.</p> |
| <p>Recommendation 2: Align Medical Clinic facilities with the Town’s Corporate Asset Management Framework</p> | <p>The ability to drive a data-informed approach to maintenance, proactive refurbishments, financial planning, and other upgrades using efficient and effective financial strategies.</p> |
| <p>Action 7: Integrated medical clinic facilities with the Town’s Asset Management Plan</p> | <p>Has the ability to extend clinic lifespans by 20+ years and slashes emergency repair costs.</p> <p>Drives proactive maintenance, boosting energy efficiency, regulatory compliance and tenant satisfaction.</p> <p>Improves budget predictability and transparency, empowering Council and staff to manage long-term facility health.</p> |
| <p>Recommendation 3: Review and clarify all contractual relationships with defined service level agreements</p> | <p>Equitable financial support, strengthened operational accountability, financial and legal risks will be mitigated, and an ongoing, data-driven cycle of performance improvement can be implemented.</p> |
| <p>Action 8: Defining clear subsidy levels in every contract with established uniform cost structures, discounted tiers, renewal timelines, and market-aligned rent relief</p> | <p>Equitable, market-aligned subsidy rates across all Town-administered medical spaces.</p> <p>Predictable municipal expenditures with clear timelines for rent relief and maintenance support</p> |

| Recommendation/Action | Primary Benefit(s) Expected |
|---|--|
| Action 9: Embedding robust service level agreements (SLAs) that specify maintenance response times, facility uptime thresholds, janitorial frequencies, and tenant satisfaction KPIs | Clear, common expectations reduce disputes and speed resolution when service levels slip. Data-driven oversight enables the Town to detect under-performance early and negotiate corrective actions or incentives |

1.4.3 Summary of Implementation Plan

Below is an overview of how the recommendations listed above can be implemented in a phased process over the period of twenty-four months. This focuses on managing required first steps and quick wins to build momentum, with longer-term initiatives that will require time successfully achieve. More information on this implementation plan can be found in Section 7 of this report.

Table 2: Two Year Implementation Timeline for the Town

| Recommendation | Actions | Months | | | | | | | |
|---|---|--------|-----|-----|-------|-------|-------|-------|-------|
| | | 1-3 | 4-6 | 7-9 | 10-12 | 13-15 | 16-18 | 19-21 | 22-24 |
| Overarching Recommendation: Continue the Town's Role in Healthcare Administration by Creating a Formal Municipal Program 1. Formalize a Physician Recruitment and Retention Program for the Town | 1. Hire a Coordinator Position Specific to Healthcare Administration | ➔ | | | | | | | |
| | 2. Standardizing Processes & Tools | | ➔ | | | | | | |
| | 3. Strengthening Physician Engagement for Enhanced Recruitment and Retention Strategies | | | ➔ | | | | | |
| | 4. Optimizing Town Resources for Ongoing Support Services | | | ➔ | | | | | |
| | 5. Establishing a Performance Monitoring and Continuous Improvement Framework | | | | ➔ | | | | |
| | 6. Strengthening System Collaboration | | ➔ | | | | | | |
| 2. Align Medical Clinic Facilities with the Town's Corporate Asset Management Framework | 7. Integrated Medical Clinic Facilities with the Town's Asset Management Plan | ➔ | | | | | | | |
| 3. Review and Clarify All Contractual Relationships with Defined Service Level Agreements (SLAs) | 8. Define Subsidies in Contracts | | | | ➔ | | | | |
| | 9. Define Service Level Agreement in Contracts | | ➔ | | | | | | |

1.5 Next Steps for Saugeen Shores

This report answers two main questions posed by the Town to Optimus SBR:

1. *Should we continue to be in the business of supporting healthcare administration, including physician recruitment?*
2. *If the Town continues to support healthcare administration, including physician recruitment and retention, how many physicians should we have in our Town over the coming 5, 10, and 15 years?*

This report has provided answers for each question, while addressing the complex and multi-faceted nature of each question. To summarize again:

1. Yes, the Town should continue to have a role in healthcare administration, including physician recruitment. This should take the form of a proper healthcare administration program that increases rigor, standardization, clarifies governance, sets target levels of service, and drives continuous improvement activities.
2. In the immediate term, the Town will want to recruit four (4) physicians. In the longer-term, this number increases greatly, especially when considering retirements. This number may be offset by how the Town chooses to structure its healthcare administration activities, and if the Town can more effectively take advantage of new models of care that reduce physician workloads through shared agreements while increasing and improving the standard of care received by patients. As detailed in Section 6.4.2 below, based on the proxy figures estimates from comparative jurisdictional research, these recruitment and retention efforts may cost the Town approximately \$580K in physician incentives from 2025 to 2029. These figures are intended to serve as planning figures and do not represent finalized or exact budgetary commitments for the Town. Actual costs may vary depending on program design, uptake, and evolving provincial policy.

To support the response to the first question above, Section 7.2 details the tactical next steps that the Town will need to undertake to formally and definitively align on a role and, if approved by Council, move towards a more structured, efficient, and effective healthcare administration program. In total, six activities are detailed in Section 7.2:

1. Gain Clear Direction from Council
2. Consolidation of Financial Information
3. Defining the Town's Subsidy
4. Defining the Town's Role
5. Formalizing Asset Management Practices
6. Reconciling Contracts to Reflect All Previous Activities, Recommendations, and Actions

Moving forward, the Town can use the findings, recommendations, implementation plan, and more tactical action plan of this review to drive a more structured and efficient approach to healthcare administration. While we believe the recommendations provided here are realistic and execution focused, the Town can use the information to create the structures and supports it needs to be successful as it tackles more complex problems in the future.

2.0 Introduction

The Town of Saugeen Shores (the Town) has commissioned Optimus SBR, a Canadian independent consulting firm, to conduct a Municipal Healthcare Administrative Review to systematically evaluate its role in supporting local primary care services. This review examines the Town's existing administrative frameworks and financial management of its healthcare infrastructure including two Town-owned medical clinics and physician incentive programs with the goal of identifying opportunities to enhance operational efficiency, strengthen resource planning, and bolster family physician recruitment and retention. By clarifying the Town's obligations and aligning processes with leading practices, the review seeks to ensure that municipal investments in healthcare are both strategic and sustainable.

To be specific, the review focused on answering two key questions:

1. *Should we continue to be in the business of supporting healthcare administration, including physician recruitment?*
2. *If the Town continues to support healthcare administration, including physician recruitment and retention, how many physicians should we have in our Town to meet the population increases over the coming 5, 10, and 15 years?*

Through this report, these questions are addressed to ensure that there is clear rationale, evidence, and actionable next steps for the Town to take.

It should be noted that the focus of this review was specifically on family physicians and did not evaluate the Town's role in recruiting specialists or other physicians or its role in the broader health care system (e.g., activities related to Nurse Practitioners or the ER).

2.1 Optimus SBR's Project Mission and Success

The mission of this project (Healthcare Administration Review), as mutually agreed by both Optimus SBR and the Town, is to conduct a Municipal Healthcare Administrative Review to evaluate the Town's involvement in the healthcare sector, specifically focusing on enhancing operational efficiency, financial management, and resource planning to better support family physician recruitment and retention. By concentrating on these areas, the Town aims to bolster its support for healthcare services and ensure sustainable healthcare infrastructure for the community.

Project success, as defined by both parties, includes:

- An evaluation of the current state administrative processes, governance, and financial controls related to the Town’s healthcare infrastructure and Town-owned medical buildings and condos and identify opportunities for improvement in efficiency.
- A review of the Town’s healthcare administration-related operating structures, spending controls and administrative processes that identifies key areas for operational improvement.
- A resource needs assessment related to the Town’s role in physician recruitment, retention, and healthcare partnership development that identifies gaps, proposes solutions to address gaps, and projects ongoing and future administration resource needs for the Town.
- Recommendations and a corresponding Implementation Plan to guide the Town in advancing improvement in healthcare administration.

2.2 Purpose of This Document

This is the Final Report for Optimus SBR’s Healthcare Administration Review for the Town of Saugeen Shores. The purpose of this Final Report is to answer two core questions:

1. *Should we continue to be in the business of supporting healthcare administration, including physician recruitment?*
2. *If the Town continues to support healthcare administration, including physician recruitment and retention, how many physicians should we have in our Town over the coming 5, 10, and 15 years?*

Through the answering of these questions, the Optimus SBR team also provides detailed recommendations and implementation considerations to support the Town in the future. The goal of this document is to:

- Present the recommended direction for the Town to sustain its role or not in supporting healthcare administration; and if yes:
 - Provide a summary of current state strengths to be preserved and areas of opportunity that have impacted the Town’s ability to support healthcare administration, including physician recruitment and retention;
 - Definitively answer the question of if the Town should continue its role in healthcare administration;
 - Detail future state recommendations that support the answer to the question
 - Outline how many physicians the Town needs to recruit to successfully support the residents in the coming 5, 10, and 15 years; and,
 - Provide a clear implementation plan for how recommendations can be advanced by the Town in the future.

By focusing on these objectives, the document provides Town Council and senior management with a clear foundation for decision-making and a roadmap for implementing sustainable improvements.

2.3 Approach

The following approach informed the Future State recommendations:

Figure 2: Future State Approach Methodology



2.4 Limitations and Assumptions

Despite the best efforts of the Town and Optimus SBR, there were some limitations that impacted the depth of the review and the scope and caliber of recommendations created. This section provides an overview of these limitations and assumptions that helped to shape this report.

Data Constraints:

- The 2024 financial year-end was not fully closed at the time of analysis, requiring reliance on provisional figures for amortization and reserve contributions.
- Fragmented data sources (Finance, Facilities, external consultant reports) limited the ability to produce a single, integrated asset-health dashboard. Some specific limitations as identified in the Current State Report (Appendix) include the following:
 - Medical clinic full cost reporting is unclear. Reported facility costs omit key financial components needed for a thorough analysis, including:
 - Building amortization
 - Net reserve contribution activity
 - Financial costs – for Port Elgin

- Recruitment costs exclude the foregone interest income on loans.
- Amortization and reserve transfer values for 2024 have been based on 2023 data, pending final closure of 2024 year end.
- o Some documents could not be retrieved by the Town or there were delays in receiving some documents such as some physician contracts, purchase agreements of assets (e.g., the Town-owned condo), and others which limited insights that could inform a thorough review.
- o Data on roster sizes that largely comes from external system stakeholder sources is limited and, in some cases, when available, is not reliable due to inaccurate reporting in the healthcare system (e.g. patients keeping on the rosters of physicians in other geographic regions while residing elsewhere underestimates the number of residents with a primary care physician in the Town). This created challenges on understanding the current and anticipated needs for primary care physicians in the community.
- o Town resource utilization in healthcare administration activities was provided by 3 positions; thus, a full assessment of resource allocation by the Town could not be conducted.

These constraints underscore the importance of establishing a structured program with clear governance, standardized reporting, and formal stakeholder engagement to support evidence-based planning moving forward.

Scope Boundaries:

- o Analysis focuses exclusively on municipal assets, namely two clinics and a condo unit, as well as activities related to physician recruitment, asset management, and physician incentive programs. This review does not extend to physicians or other healthcare professionals that operate outside of the Town-owned infrastructure and provincial health-system operations.
 - This is important to note given the fact that there are more facilities under the purview of the Town, including two additional condo units.
- o The focus of the review was on the recruitment and retention activities for primary care physicians.
 - This is important to note as the Town also takes on roles related to Nurse Practitioners, supporting Emergency Department staffing/management, and more. These elements, while critical, were not part of the scope of this review, and as such are not included in this analysis.
- o Leading-practices benchmarking was constrained to municipalities with comparable rural contexts and may not fully capture urban or specialized health models.

Assumptions:

- o Population growth in the Town is projected to increase over the next 10 years.
- o The few physician contracts received were reflective of a standardized format, structure and terms utilized for the other physicians in the Town.
- o Physicians are all operating at capacity or near to it, indicating that there is a need for more physicians in the Town as the population grows.
- o Physicians are operating in a solo practitioner, fee for service model.
- o No significant policy shifts (e.g., final physician compensation reforms) would materialize before the delivery of final recommendations.

3.0 Understanding the Current State and Today's Context: Why Are We Here?

The Town of Saugeen Shores (the “Town”) engaged Optimus SBR to conduct a Municipal Healthcare Administrative Review to assess its involvement in the local health sector. This review sought to answer two fundamental questions:

1. *Should we continue to be in the business of supporting healthcare administration, including physician recruitment?*
2. *If the Town continues to support healthcare administration, including physician recruitment and retention, how many physicians should we have in our Town to meet the population increases over the coming 5, 10, and 15 years?*

To answer these questions, this review examines operational efficiency, financial management, and resource planning with the goal of determining if the Town should continue to support this function, and if so, how best to organize their efforts.

Underpinning the first question asked was a goal by the Town – if we do stay in this line of work, we should clarify internal processes and align budgets with actual needs to bolster sustainable local healthcare infrastructure and strengthen support for essential community health services.

This section of the report outlines core elements of the current state to ensure a common understanding for readers as it relates to the Town’s role in healthcare administration, the role of other levels of government, the specific challenges the Town is facing, and providing a summary of current state findings across four major areas of consideration.

3.1 The Role of the Town in Healthcare Administration

While healthcare delivery remains under provincial jurisdiction, there is widespread agreement that the system is not functioning as designed, as municipalities are increasingly taking a role in addressing localized service needs. The following table summarizes the roles that the various levels of government and the core Ontario healthcare agencies take on for healthcare administration to support primary care:

Table 3: Roles and Responsibilities of Various Levels of Government and Agencies in Healthcare

| Government/ Agency | Overview of Role |
|--------------------|---|
| Federal | <ul style="list-style-type: none"> ○ Provides funding to provinces and territories through the Canada Health Transfer, which comes with conditions tied to these standards. ○ Supports specific programs and innovations, such as investments in family physician recruitment/retention and electronic health records; some funding is targeted to priorities like primary care teams, addressing health workforce shortages, and modernizing health systems. |

| Government/ Agency | Overview of Role |
|-----------------------------|--|
| Provincial (Ontario) | <ul style="list-style-type: none"> ○ Administers the legislative framework, Ontario’s <i>Primary Care Act</i> and embeds standards into funding contracts and performance monitoring within the Primary Care Action Plan for quality care delivery. ○ Develops province-wide initiatives like the Primary Care Action Plan, which includes targeted workforce recruitment and retention programs for primary care physicians. ○ Administers and funds OHIP-covered healthcare services, including physician services, hospitals, and public health.. ○ Negotiates payment models and contracts with the Ontario Medical Association (OMA) for primary care physicians, including compensation for administrative tasks and organizing team-based models (e.g., Family Health Organizations). ○ Provides tools and frameworks for and oversees workforce planning, including setting up interprofessional teams, and distributing access to primary care physicians. |
| Ontario Health | <ul style="list-style-type: none"> ○ Translates Ministry of Health policy into strategic guidance for primary care physicians and Ontario Health Teams. ○ Develops and manages physician recruitment strategies in collaboration with primary care organizations, communities, and Ontario Health Teams. ○ Develops and updates clinical and quality standards for primary care; monitors performance and provides guidance and toolkits for improvement. ○ Supports regional primary care workforce planning and coordinates integration with specialty, hospital and community services. |
| Ontario Health Teams | <ul style="list-style-type: none"> ○ Organize and deliver integrated care in their geographic regions, making care more connected and accessible. ○ Facilitate physician recruitment to align local needs with provincial resources. ○ Identify gaps and address physician shortages collectively with systems partners and support solutions for local recruitment and retention challenges. |

| Government/ Agency | Overview of Role |
|--|--|
| Municipal (Role is limited and largely supportive, varying widely by region) | <ul style="list-style-type: none"> ○ Some municipalities may operate or fund specific local health programs (e.g., some clinics, public health initiatives) and provide community-based support/resources, but they are generally not responsible for direct physician compensation or widespread health service delivery. ○ Municipalities may advocate for access (e.g., can negotiate with higher orders of government/bodies to keep urgent care centres open), collaborate on local health initiatives (e.g., promoting family physician recruitment), support local infrastructure (e.g., clinics, community centers), and facilitate links to provincial health networks, but act mainly in partnership with the province or health regions. ○ Increasingly, municipalities are feeling pressure to take on a more direct role in healthcare administration, as a lack of physicians throughout the province pushes municipalities to get creative to ensure their residents have adequate access and care. This is a role beyond their legislative and regulatory scope, however, is increasingly common. |

3.1.1 The Role of Saugeen Shores Today

The widespread physician shortage across Ontario that is more pronounced in rural, northern, and remote areas, poses a significant challenge to the Town’s ability to attract and retain physicians, even when competitive recruitment packages are offered. In response, Saugeen Shores has assumed the role of strategic facilitator and advocate, convening the Ontario Health Team Primary Care Networks, hospitals, and community stakeholders to align regional recruitment initiatives and complement the province’s physician-service delivery mandate.

Also, through a dedicated healthcare liaison and cross-departmental collaboration, the Town manages the full spectrum of recruitment and retention activities: candidate outreach, contract negotiation, relocation assistance, transitional accommodations, onboarding, practice-setup support, clinical infrastructure, financial management, and networking events. These efforts occur within a constrained fiscal environment, driven by a 15% reduction to the Ontario Community Infrastructure Fund that has generated an estimated \$13 million shortfall over the next decade. To help mitigate this gap and strengthen emergency services amid robust regional growth projections, Bruce Power has contributed \$450,000 to the Town of Saugeen Shores and the Town of Kincardine for emergency-room availability and healthcare staffing. Additionally, in support of the Ontario Ministry of Health’s 2025–26 Call for Proposals to establish or expand primary care teams in high-need areas, including the NOH postal code region encompassing Saugeen Shores, the Town actively championed a collaborative submission aimed at improving access for underserved residents.

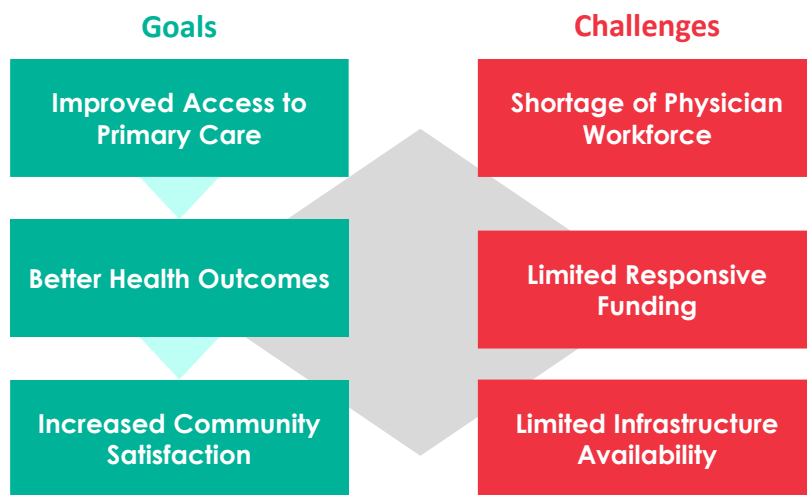
In short, the Town has taken an expanded role beyond the legislative and regulatory expectations required of it, and is actively supporting the community as it moves forward.

3.2 What Problem Are We Trying to Solve?

The Town’s 2025 Business Plan and Budget identify conducting a comprehensive review of the healthcare administration program as a strategic priority. Although physician recruitment and primary care delivery formally fall under provincial jurisdiction, the pace of provincial initiatives to address rural health-care gaps and workforce shortages has been slow to meet urgent local needs. Consequently, municipalities, particularly rural communities that tend to have more pronounced challenges, have assumed greater responsibility for securing essential health services. jurisdiction, the pace of provincial initiatives to address rural health-care gaps and workforce shortages has been slow to meet urgent local needs. Consequently, municipalities, particularly rural communities that tend to have more pronounced challenges, have assumed greater responsibility for securing essential health services.

The following diagram summarizes the goals that the Town aims to achieve through its involvement in healthcare administration amid the challenges in the system:

Figure 3: Goals of the Town’s Involvement in Healthcare Administration and the System Challenges



In this context, the Town of Saugeen Shores, while outside of its mandate as well as ability to have direct control, has taken on an role in recruiting and retaining primary care physicians but has drawn some scrutiny due to the resource-intensive nature of this role and its associated financial commitments, especially as stakeholders desire to balance competing priorities such as affordable housing, environmental initiatives, and infrastructure expansion. Facing projected population growth over the next decade, the Town understands the benefits in supporting its healthcare workforce and infrastructure to accommodate increased demand and maintain a high standard of essential services.

At the time of this report, the Ontario Ministry of Health (MOH) and the Ontario Medical Association (OMA) are in the final stages of binding-interest arbitration over a proposed “FHO+” compensation model. Key elements on the table—confirmed in the OMA’s June 30, 2025 arbitration submission—include:

- Expanded “in-basket” billing codes, rising to 30 percent of the full fee-for-service (FFS) rate, with select procedures at 50 percent;
- Elimination of the traditional access bonus, reallocated into time-based, hourly payments for administrative tasks;
- Relativity-adjusted FFS increases of 9.96 percent under the supplementary Year 3/Year 1 Implementation Agreement, effective April 1, 2025 through March 31, 2026.

A final arbitration is expected by Fall 2025, with new billing rules and fee schedules slated to take effect April 1, 2026.

We include this note in our report because provincial compensation reforms will reshape the financial landscape for family physicians—and therefore influence the Town’s own recruitment and retention efforts. As administrative duties become billable and base rates rise, the Town will need to recalibrate signing bonuses, local overhead subsidies and operational supports to remain competitive, financially sustainable, and aligned with evolving physician income models.

To that end, the first question and problem that this report provides an answer to is:

1. *Should we continue to be in the business of supporting healthcare administration, including physician recruitment?*

This question gets at the heart of the matter, understanding if there is a role for the Town in healthcare administration, which ultimately seeks to understand if the resources applied to this area is appropriate or could be better applied elsewhere.

The second question and problem that this report provides an answer to is:

2. *If the Town continues to support healthcare administration, including physician recruitment and retention, how many physicians should we have in our Town to support population increases over the coming 5, 10, and 15 years?*

This question provides the Town with an understanding of the level of the effort and time that they will need to apply to support to healthcare administration and physician recruitment, should the Town continue to operate in this space.

Through this report, both questions are answered, with Optimus SBR providing our recommendations on what this could look like in the future.

3.3 Current State

Throughout the current state review process, the Optimus SBR team considered four factors: infrastructure, asset management, physician recruitment and retention, and contract management. These findings, detailed in the Current State Assessment Report in the Appendix, provided insights into the current operations, the resource requirements to be successful, and inform the answers to the two questions posed by the Town to Optimus SBR.

It is important to note that this review was conducted in the context of limited data availability, in terms of quality, quantity, and timeliness. These constraints impacted the depth of analysis and underscore the need for improved data infrastructure and analytical capacity within the Town, which is integrated into the Current State.

3.3.1 Infrastructure

The following is a snapshot of key findings from the current state report related to the infrastructure of the Town.

| Strengths | Challenges |
|--|--|
| <p>Town-Owned Medical Clinics Provide Dual-Site Coverage with Solid Operational Foundations</p> <ul style="list-style-type: none"> Port Elgin clinic operates at a net operating surplus and maintains a “Good” Facility Condition Index (2.2%) according to the most recent BCA, reflecting recent capital investments and effective maintenance. Southampton clinic, funded through community fundraising, demonstrates strong local support and engagement in sustaining healthcare infrastructure. <p>Dedicated Transitional Housing Supports Physician Recruitment Continuity</p> <ul style="list-style-type: none"> The Town-owned condo unit generated positive cashflow (~\$11K in 2023) after several balanced years, indicating its viability as physician accommodation. Ownership of Unit 24 carries no outstanding debt, reducing financial exposure and allowing reinvestment flexibility. | <p>Aging Infrastructure at Southampton Clinic Requires Significant Renewal Investment</p> <ul style="list-style-type: none"> An 18.7% FCI (“Fair”) signals imminent capital needs exceeding \$5 M, while current capital plans consistently underspend compared to independent BCA estimates. <p>Below-Market Lease Rates Undermine Long-Term Financial Sustainability</p> <ul style="list-style-type: none"> Southampton’s negative ROI (–1.7%) and Port Elgin’s sub-1% ROI indicate that existing lease structures fail to recover capital or operating costs. Unclear cost-recovery mechanisms - whether through lease rates or corporate absorption - create budgetary uncertainty. |

| Strengths | Challenges |
|---|---|
| <p>Turnkey Facility and IT Infrastructure Accelerates Practice Readiness</p> <ul style="list-style-type: none"> ○ Clinics are delivered fully equipped with medical devices (EKGs, vital-sign monitors), dual-monitor EMR workstations, VoIP phones, and telehealth suites, enabling immediate service delivery. ○ Proactive maintenance protocols for minor maintenance activities ensure that the clinics have day-to-day higher levels of utilization and less downtime (while possibly resulting in longer-term challenges as discussed in the challenges column) . ○ Accessibility features (AODA-compliant entrances/washrooms, AEDs, dedicated parking) and strong IT/privacy safeguards support both regulatory compliance and physician confidence. | <p>Resource Constraints Risk Service Disruptions and Deferred Maintenance</p> <ul style="list-style-type: none"> ○ Limited in-house facilities expertise, as evidenced by a consistent reliance on reactive maintenance actions versus proactive preventative maintenance activities that would further extend the lifecycle of assets. This, plus constrained budgets heighten the risk of delayed technology upgrades (e.g., aging HVAC, network hardware), which has a greater likelihood of resulting in more expensive major capital projects at a later time. ○ Reactive repairs driven by deferred maintenance elevate emergency costs and disrupt patient care. ○ Shared-element obligations in the condo arrangement complicate the Town’s ability to schedule and fund necessary repairs. Specifically, across all of the Town’s facilities (including those not in scope for this review) there are differing roles and responsibilities by parties (i.e., the Society of Professionals, condo boards) which makes the role and the work of the Town more challenging. |

3.3.2 Asset management

The following is a snapshot of key findings from the current state report related to the asset management practices of the Town.

| Strengths | Challenges |
|---|---|
| <p>Adoption of Asset Management Policy and 10-Year Capital Plan Lays Foundational Framework</p> <ul style="list-style-type: none"> ○ The Town’s existing Asset Management Policy and 10-year planning cycle demonstrate strategic recognition of long-term infrastructure needs. ○ Use of Facility Condition Index (FCI) metrics provides a baseline for condition-based asset planning. <p>Diversified Healthcare Asset Portfolio Mitigates Single-Site Risk</p> <ul style="list-style-type: none"> ○ Ownership of two medical clinics and a condo unit spreads operational and financial exposure across multiple facilities. ○ Historical data (2020–2024 operational costs, 10-year condo capital forecast) inform overarching financial assessments. | <p>Asset Data Fragmentation Hinders Lifecycle Visibility</p> <ul style="list-style-type: none"> ○ Critical asset information resides in separate Finance, Facilities, and external consultant spreadsheets, preventing a unified understanding of asset health. ○ While the Town has an Asset Management Policy and 10-year planning cycle (which is a best practice) the AMP currently only covers some of the facilities included in healthcare administration (i.e., the facilities, not the condo). Levels of service are limited to response times for maintenance requests. ○ Challenging for the Town to quickly consolidate a clear picture of the finances related to healthcare administration. ○ Inconsistent naming and classification of assets impede accurate benchmarking and lifecycle tracking. <p>Underfunded Capital Reserves Lead to Reactive Spending</p> <ul style="list-style-type: none"> ○ The condo unit’s capital needs (\$236K over 10 years) lack dedicated budgeting, underscoring a reactive funding approach. ○ One-off BCAs are not fully integrated into annual budgets, causing lifecycle cost underestimation. <p>Absence of Defined Service Levels and Maintenance KPIs</p> <ul style="list-style-type: none"> ○ No formal Service Levels linked to FCI thresholds leave investment priorities unclear. ○ Lack of preventive vs. reactive maintenance ratios and urgency-based work-order metrics obscures opportunities for proactive care. |

3.3.3 Physician recruitment and retention

The following is a snapshot of key findings from the current state report related to the processes related to physician recruitment and retention of the Town.

| Strengths | Challenges |
|--|---|
| <p>The Town promotes its visibility for ongoing physician interest</p> <ul style="list-style-type: none"> ○ Town staff attend 1–3 provincial recruitment fairs each year, enabled by Bruce Power funding for up to five events, which allows for face-to-face engagement with final-year residents and prospective new physicians. ○ Participation on OHT and regional wellness committees, extends the Town’s reach between fairs. ○ Monthly screening of Practice Ready Ontario candidates identifies license-ready international graduates. ○ Direct email outreach to shortlisted candidates aims to maintain candidate momentum and personal connection. <p>Facilitating community immersion and networking aims to build physician commitment</p> <ul style="list-style-type: none"> ○ On-demand tours of clinics, schools, beaches, and neighboring towns showcase lifestyle amenities. ○ Custom welcome guides detail schools, daycare, housing options, recreation facilities, and local services. ○ Informal coffee chats hosted by local doctors offer unfiltered insights into call schedules, community rhythms, and work–life balance. ○ Quarterly journal clubs facilitate peer dialogue, clinical discussion, and early relationship-building. ○ Ongoing engagement through mentorship pairings, journal clubs, case rounds, and social mixers reinforces professional community and continuous development. ○ Tailored incentives aim to meet the needs of each physician | <p>Unstructured outreach and follow-up frameworks limit physician engagement</p> <ul style="list-style-type: none"> ○ Lack of a dedicated, systematic approach to physician recruitment and engagement. ○ Cold-email blasts to medical-school alumni yield low response rates without structured follow-up. ○ Sporadic tours proceed without branded collateral, reducing recall and differentiation. ○ Absence of a defined campaign plan prevents systematic nurturing from first contact to application. <p>Unpredictable ambassador participation undermines peer referrals</p> <ul style="list-style-type: none"> ○ Physician ambassador engagement fluctuates due to lack of honoraria and formal training. ○ Undefined roles and no performance metrics make peer referrals inconsistent. ○ No service-level agreements or standardized mentorship guidelines lead to ad hoc ambassador efforts. <p>Informal, non-standardized offer processes create confusion and equity concerns</p> <ul style="list-style-type: none"> ○ Offers extended verbally during site visits lack clear deadlines and contract-turnaround targets. ○ No branded offer materials or central repository of past deals results in repeated clarification requests and conflicting promises. <p>Incentive packages drafted in isolation of Finance, Legal, Facilities, and Clinic Admin lead to uneven deal structures and perceived unfairness.</p> <p>Considerable workload for the Town to consolidate facility overhead (rent,</p> |

| Strengths | Challenges |
|---|--|
| <ul style="list-style-type: none"> ○ Relocation grants, interest-free loans, training reimbursements, and rent subsidies are negotiated in real time to reflect individual priorities. ○ Flexibility to adjust packages for spousal employment support or educational expenses demonstrates personalized commitment. <p>Streamlined onboarding aims to reduce start-up barriers</p> <ul style="list-style-type: none"> ○ IT accounts, EMR access, ID badges, and facility access are provisioned within 48 hours of hire, minimizing clinical downtime. ○ A dedicated liaison serves as the single point of contact for compliance, community resources, event invites, and housing arrangements. ○ Holistic onboarding blends professional supports (EMR training, mentoring, badge issuance) with personal needs (school enrollment, spouse job leads). ○ Orientation materials, including a digital binder and welcome gift basket, aims to make new physicians feel supported at the onset. <p>Provision of clinic space creates practice-ready environments for physicians</p> <ul style="list-style-type: none"> ○ Turnkey clinic environments with leases and rapid outfits enable physicians to begin practice immediately. ○ Medical and IT infrastructure that is provided facilitates streamlining of physician upfront investments. | <p>utilities, maintenance) into a single monthly invoice per physician (this support is provided for the physicians at Southampton only), manage AR/AP processes, allocate shared costs, and follow up on overdue or NSF payments.</p> <p>Overreliance on individual coordinators risks scalability and continuity</p> <ul style="list-style-type: none"> ○ High-touch, concierge-style services and personalized tours consume significant staff time and may not scale. ○ Critical knowledge and coordination rest on one or two individuals, creating single-point-of-failure risk. ○ Physicians’ clinical schedules limit availability for ad hoc engagements, exacerbating staffing constraints. <p>Fragmented cross-departmental processes cause onboarding and billing delays</p> <ul style="list-style-type: none"> ○ Inconsistent hand-offs among IT, Facilities, Finance, Legal, and HR lead to setup delays and miscommunications. ○ Preventive-maintenance programs and cross-departmental SLAs lack tight coordination, increasing compliance and safety lapse risks. <p>Under-resourced infrastructure and limited IT governance threaten operational stability that tend to exist in other clinical settings</p> <ul style="list-style-type: none"> ○ Capital and operating budget constraints could delay maintenance, technology upgrades, or space expansions. ○ Limited in-house IT expertise heightens risk of network outages or software failures disrupting clinical workflows. ○ Cybersecurity and data-privacy vulnerabilities in networked EMR and regional interfaces lack robust monitoring and incident-response capabilities. |

| Strengths | Challenges |
|-----------|--|
| | <p>Absence of formal feedback mechanisms and KPIs undermines retention strategy refinement</p> <ul style="list-style-type: none"> ○ No formal framework related to support physician retention. ○ Lack of formal decision on if the Town wants to provide retention incentives beyond a five-year timeline. ○ Feedback loops rely on anecdotal input from social settings or ad hoc conversations, making data hard to aggregate. ○ No formal survey process or advisory committee exists to track trends, prioritize issues, and close the loop. ○ Lack of clear KPIs (conversion rates, satisfaction scores) prevents linking specific supports to recruitment success or retention longevity. |

3.3.3.1 Current State of Physician Resources in the Town

This section is further defined and outlined in Section 6.0 below, but provides concise insights into the current number of physicians the Town has, the ideal number the Town should have today, and some other insights.

Table 4: Summary of Current State Physician Resourcing Needs

| | |
|---|---|
| <p>Current Number of Physicians in the Town as of July 2025:</p> <p style="text-align: center;">18</p> | <p>Ideal Number of Physicians in the Town for July 2025:</p> <p style="text-align: center;">22</p> |
| <p>Number of Physicians Operating in Town Facilities:</p> <p style="text-align: center;">11</p> | <p>Number of Physicians Aged 60+:</p> <p style="text-align: center;">1</p> |
| <p>Total Population of the Town:</p> <p style="text-align: center;">17,462</p> | <p>Percentage of Population of Town Aged 0 – 14, 15 – 64, and 65+, Respectively:</p> <p style="text-align: center;">~16% / ~63% / ~22%</p> |
| <p>Number of Residents Unattached to a Family Physician:</p> <p style="text-align: center;">2,936 (~17% of the Town)</p> | <p>Average Roster Size of Physicians in Saugeen Shores:</p> <p style="text-align: center;">~807</p> |

For more information on the information that informed this analysis, as well as future state needs, please see Section 6.0.

3.3.4 Contract management

The following is a snapshot of key findings from the current state report related to the contract management practices of the Town.

| Strengths | Challenges |
|---|--|
| <p>Comprehensive Review of Diverse Contract Types Ensures Foundational Clarity</p> <ul style="list-style-type: none"> ○ Analysis covers two medical clinic leases, two physician incentive agreements, one condo net lease, and the latest Southampton lease, supplying role delineation, but not in all service areas. ○ Tabulated landlord/tenant responsibilities offer a transparent snapshot of current contractual obligations. <p>Flexible Incentive and Leasing Arrangements Support Recruitment Goals</p> <ul style="list-style-type: none"> ○ Physician incentive agreements (relocation grants, interest-free loans) are negotiated in real time to match individual needs that may result in unclear next steps and inequity in incentives for existing physicians. ○ Long-standing condo lease at \$1 per year and community-funded Southampton clinic leases demonstrate the Town’s ability to secure favorable terms for healthcare support. | <p>Outdated and Inconsistent Contract Terms Increase Legal and Financial Risk</p> <ul style="list-style-type: none"> ○ Many leases date from 2014 and 2020 and lack regular review, leading to expired clauses and misaligned responsibilities. ○ No standardized renewal cycles or escalation procedures mean potential for missed updates and disputes. <p>Insufficient Cost-Recovery Provisions Strain Municipal Budgets</p> <ul style="list-style-type: none"> ○ Lease structures omit clear mechanisms for recouping capital expenditures (amortization, reserve contributions), shifting costs to general revenues. ○ Absence of rent escalations or market-aligned rates exacerbates subsidy levels and undermines sustainability. <p>Decentralized Contract Oversight Leads to Compliance Gaps</p> <ul style="list-style-type: none"> ○ Contracts are stored across Finance, Facilities, and Legal without a central tracking system, risking overlooked renewals or compliance obligations. ○ No formal audit schedule leaves performance and compliance unverified between review cycles. |

4.0 Jurisdictional Scan Findings

A targeted jurisdictional scan was undertaken for this review by interviewing municipal and health-system leaders in Belleville, Kincardine and Sauble Beach. These municipalities were selected for the jurisdictional scan due to their comparable size, rural or semi-rural context, and active involvement in physician recruitment and retention efforts, offering practical insights into governance models, incentive structures, and community-based strategies relevant to the Town’s planning. Key contacts from these municipalities were engaged in semi-structured discussions, having various roles including physician recruitment coordinator, clinic manager, Family Health Team director, and economic development staff. These discussions explored the following at varying levels of detail, largely based on the focus of the municipality being met with:

- Governance and resourcing models (dedicated FTEs, committee structures)
- Incentive frameworks (signing bonuses, forgivable loans, ongoing retention funds)
- Facilities and asset management (municipal versus private space, lifecycle planning)
- Contract oversight (standardized leases, SLAs and billing arrangements)
- Community integration tactics (town tours, spouse-employment support, job-fair participation)
- Collaboration with regional partners (OHTs, OPRA, hospitals)
- Capacity and overhead challenges (practice costs, budget limits)

Below is a summary table presenting the results of a jurisdictional scan comparing physician recruitment and retention practices from the municipalities of Belleville, Kincardine and Sauble Beach. The table outlines each community’s staffing structures, incentive frameworks and engagement tactics, guiding potential enhancements to the Town’s physician recruitment and retention efforts.

Table 5: Overview of Key Insights from Jurisdictional Scanning

| Areas/ Comparator Municipality | Belleville <i>Population: 55,071</i> | Kincardine <i>Population: 12,268</i> | Sauble Beach <i>Population: 5,880</i> |
|--|--|--|---|
| Dedicated, Funded Recruitment Roles | Established a 3–5 FTE physician-recruitment team (funded by utility dividends) responsible for marketing, drafting agreements, and ongoing follow-up with medical students, residents and fully licensed physicians. | Merged its clinic-manager and physician-recruiter roles into a single part-time position, ensuring every candidate has a consistent, “boots-on-the-ground” point of contact. | Family Health Team employs physicians on a blended-salary model—eliminating overhead, covering benefits and vacation, and arranging locums—so recruits face no practice burden. |

| Areas/ Comparator Municipality | Belleville <i>Population: 55,071</i> | Kincardine <i>Population: 12,268</i> | Sauble Beach <i>Population: 5,880</i> |
|---|--|--|---|
| Competitive, Transparent Incentive Packages | Attracts attention with a \$150K signing bonus, a Family Doctor Appreciation Fund (\$10K for 100 new patients; \$5K for equipment/software investments), and 5-year service commitments clearly outlined in simple agreements. | Offers interest-free, forgivable, five-year loans tied to mortgage or housing support. | Provides \$20K–\$25K over five years, plus RRSP contributions, sick days, vacation and locum coverage - all packaged so candidates know exactly what they will receive. |
| Community Integration & Regional Collaboration | Hosts tailored community tours (i.e. schools, recreation, local networks) and facilitates meet-and-greets with existing physicians. | Member of SOPRA, participate in OPRA events, medical-school job fairs, and Ontario Health Team or regional-recruiter forums to share candidates and avoid siloed outreach (other two comparators do similar activities). | Hosts MD-Quest job fairs with neighbouring communities, cost-sharing marketing and broadening candidate reach. |

These practices shared by other municipalities were not formally assessed for their impact on physician recruitment and retention within the scope of this review (i.e., it is not known how any one factor directly increases or decreases the likelihood of recruitment and/or long-term retention). They were, however, described by local representatives as effective within their own communities. These approaches are presented as promising examples that may offer value to the Town as part of future planning and program development.

The experiences of Belleville, Kincardine and Sauble Beach reveal not only effective the recruitment and retention tactics above, but also some areas that can compromise long-term success. The following lessons learned highlight some challenges that the Twon should consider as it shapes the future of its own physician recruitment and retention program:

- **Bureaucratic Facility Management:** Belleville’s city-run medical centre initially offered reduced rent, but physicians rejected municipal oversight and took operations private, underscoring the pitfalls of heavy-handed facility management.
- **Disbanded Governance & Under-Resourcing:** Kincardine’s council-formed recruitment committee was dissolved in 2022, leaving its solo recruiter without formal governance or strategic backing.
- **Neglected Retention Strategies:** While upfront bonuses spark interest, none of the municipalities embeds ongoing retention incentives—once initial commitments lapse, many physicians report no follow-through support.

- **Persistent Overhead Burden:** Outside Sauble Beach’s FHT model, all recruits shoulder full practice costs (rent, utilities, admin), eroding the appeal of one-time signing bonuses.
- **Capacity Constraints:** Sauble Beach maintains a budget for only two Family Health Team physicians, limiting its ability to meet growing local demand despite physical space to expand.

While the Town has implemented physician recruitment and retention strategies comparable to the municipalities in this Jurisdictional Scan and has also been experiencing similar challenges, they should collectively be considered as the Town refines its long-term strategic planning in this area. Additionally, and more specifically, these examples show that comparator bodies are operating in a similar vein to Saugeen Shores, and that with some small tweaks there can be larger beneficial impacts on the efficiency and effectiveness of healthcare administration for the Town of Saugeen Shores.

5.0 Future State Opportunities

This section provides an overview of the Guiding Principles that Optimus SBR used to develop the future state recommendations and actions, as well as detailed overviews of the recommendations and actions themselves.

5.1 Future State Guiding Principles

Based on the overarching recommendation from this review that the Town should sustain its role in healthcare administration to support physician recruitment and retention, the Optimus SBR developed the following list of Guiding Principles to act as guideposts for what opportunities and recommendations should strive to achieve, ensuring that recommendations are focused and effective:

Table 6: Future State Guiding Principles

| Guiding Principle | Overview |
|---|---|
| Strengthen Accountability & Governance | Define clear roles for recruitment, retention, and resource oversight, backed by strong management processes and regular due diligence and reporting. |
| Standardization & Transparency | Use consistent, documented processes and communicate expectations, incentives, and limitations clearly to physicians and stakeholders. |
| Data-Informed Decision Making & Planning | Apply relevant data to identify gaps, prioritize underserved areas, and ensure fair and collaborative distribution of recruitment resources. |
| Operational Efficiency | Minimize ad hoc approaches by standardizing and streamlining the majority of activities and processes. This could look at areas such as communications, automating tasks, and leveraging existing systems to maximize impact without the need for substantially more resources. |
| Retention Focused | Build supports beyond initial recruitment—focusing on career pathways, community ties, and incentive models that encourage long-term physician commitment. |

These Guiding Principles presume the Town’s foundational municipal role, providing strategic alignment, dedicated resources, and stakeholder engagement necessary for effective implementation and sustained impact. The subsequent recommendations flow from these Guiding Principles.

5.2 Strategic Intent of Optimus SBR's Recommendations: Building Saugeen Shores' Foundation

Building on the Guiding Principles above, and the findings from the Current State assessment portion of this project, Optimus SBR has developed recommendations that build a foundation for the Town as it formalizes its role in healthcare administration. A strategic focus on building good fundamentals that consolidates and ensures the accuracy of the Town's data and financial information will enable Saugeen Shores to confidently address more nuanced or detailed questions in the future.

A core challenge for the Town today, as outlined in the Current State Report and summarized above in this Final Report, is that the Town operates in an ad hoc manner, relying on the strength of core staff personnel rather than on defined and codified systems, processes, and structures. The impact of this ad hoc manner of operations is that information is not systematically tracked, detail is lost in aggregated summaries, and the ability to make evidence-based decisions is hamstrung if not impossible without making broad assumptions.

It is for these reasons the Optimus SBR team has provided recommendations focused on establishing the Town's foundation to build its capacity, capabilities, and structures that will allow for systematic analyses into key aspects of the Town's operations in healthcare administration.

Optimus SBR is confident that the focus and content of these recommendations are appropriate for Saugeen Shores today, and are right-sized to the current capabilities and capacity of the Town. We recognize that this means that the recommendations below cannot answer more detailed questions the Town may have today; questions related to topics such as how clinic operations can be standardized or streamlined, how agreements should be modified to meet efficiency goals, the specifics of what should be incorporated into incentive agreements, financial impacts of infrastructural or operational decisions, or others.

However, the recommendations presented below will enable the Town to answer these questions and more in a reasonable timeline with solid evidence and data to inform and support decisions in the future. By laying a strong foundation in the immediate term, the Town can improve the maturity and rigor of its systems, processes, roles, responsibilities, and tools to tackle broader challenges in the medium and longer terms.

5.3 Recommendations

As noted earlier in this report, at the outset of this review the Town posed a question to the Optimus SBR team –

Should we continue to be in the business of supporting healthcare administration, including physician recruitment?"

The current state insights summarized above provide an overview of the benefits and challenges related to healthcare administration today, and provide some insights into what a possible answer should be to this important question. Before any more detailed recommendations are provided, Optimus SBR wanted to provide a direct answer to this question:

Yes, the Town should continue to play a role in healthcare administration to support physician recruitment and retention.

Admittedly, the healthcare system is not functioning as it was initially designed to be – it is placing increased onus and burden on municipalities to take on roles that should be the province’s responsibility. It is in this context that the Town’s active role in physician recruitment and retention is essential to remain competitive within a limited candidate pool. Neighboring municipalities are aggressively recruiting from the same sources, and any retreat would immediately cede promising physicians to those competitors. This dynamic not only risks prolonged vacancies in local practices but also undermines the Town’s ability to sustain high-quality, accessible care for residents. By continuing its efforts, the Town preserves the investments it has made in signing bonuses, digital onboarding systems, and mentorship programs that set it apart in the market.

Throughout stakeholder consultations, no one proposed discontinuing the Town’s recruitment role. In fact, stakeholders consistently emphasized that municipal leadership in this area has been important for local healthcare stability. The absence of any suggestion to stop underscores broad community expectations and affirms the shared understanding that the Town must remain engaged. Abandoning this function would run counter to the clear mandate voiced by those most invested in maintaining timely access to care.

Exiting the physician recruitment and retention role would expose the Town to significant operational, and reputational risks. Service gaps would likely materialize in longer wait times and overburdened emergency departments, eroding confidence in municipal governance while there is no clear viable “off-ramp” that fully mitigates these exposures. In light of these considerations, maintaining the current program is the only strategy that ensures continuity of care, protects prior investments, and upholds the Town’s standing as a health-focused community.

To sustain and strengthen its contributions to physician recruitment and retention, despite these activities falling outside its mandate, the Town should transition from ad hoc efforts to a formally coordinated Healthcare Administration Program. This Program should unite physician outreach with robust facilities management, infrastructure planning, asset management and contract oversight, all under clear governance and performance metrics. Recognizing limited staff capacity and budgets, the Town’s priority is to spearhead core municipal functions that directly influence a physician’s decision to practice and stay in the Town, while strategically collaborating with health-system stakeholders to augment resources and expertise.

Table 7: Proposed Role Considerations for the Town

| Proposed role for the Town to consider and lead: | Areas for collaborating with or leveraging system stakeholders: |
|---|---|
| <ul style="list-style-type: none"> ○ Convene and chair/co-chair a dedicated Physician Recruitment & Retention Advisory Group where roles, accountabilities and decision-rights are defined. ○ Develop and manage a central candidate-tracking system and standard application process to replace the current informal outreach. ○ Administer the local incentive program: disburse signing bonuses, manage forgivable-loan schedules, reconcile rent-relief and property-tax waivers. ○ Coordinate municipal facility entitlements (exam-room allocations, shared suites, concierge support) and clear occupancy timelines. ○ Integrate medical clinic assets into the Town’s broader Asset Management Plan, ensuring infrastructure upgrades, lifecycle assessments and preventive maintenance schedules align with recruitment goals. ○ Embed municipal contract management processes in the Program to standardize facility leases, define SLAs, and implement a centralized contract-management system to safeguard service standards and budget predictability. ○ Plan and deliver community integration sessions such as town tours, lifestyle showcases, spouse/partner-employment fairs, school-orientation tours, etc.. | <ul style="list-style-type: none"> ○ Partner with Grey Bruce Ontario Health Team (OHT) and potentially other Family Health Teams to co-apply for provincial recruitment and retention grants. ○ Engage the Ontario Physician Recruitment Alliance (OPRA) network to amplify regional marketing efforts and share best practices. ○ Coordinate with local hospitals and health foundations on joint recruitment campaigns, pooled incentive funds, accommodations coordination and shared onboarding protocols. ○ Advocate through provincial associations (OMF, AMO) for policy and funding changes, ensuring Saugeen Shores’ unique needs inform system-level decisions. ○ Gather and report physician-workforce data such roster size, retention rates, orphan-patient backlogs—into a monthly dashboard for Council and system partners. ○ Enlist chambers of commerce, major employers (e.g. Bruce Power) and school boards to support spouse/partner-employment referrals and community-welcome initiatives. |

To organize the efforts of the Town moving forward, Optimus SBR uses the term “recommendation” to denote a higher-level order of effort. Supporting each recommendation are “actions”, where the recommendation is given more tangible activities to successfully

undertake the recommendation. The following is an overview of all recommendations and associated actions presented in this document:

Table 8: Summary of all Recommendations and Actions

| | |
|---|--|
| Overarching Recommendation: Continue the Town’s role in healthcare administration by creating a formal municipal program | |
| Action 1 | Hire a Coordinator position to support healthcare administration |
| Recommendation 1: Formalize Physician Recruitment and Retention | |
| Action 2 | Standardize processes and tools |
| Action 3 | Strengthening physician engagement for enhanced recruitment and retention strategies |
| Action 4 | Optimizing Town resources for ongoing support services |
| Action 5 | Establishing a performance monitoring and continuous improvement framework |
| Action 6 | Strengthening system collaboration |
| Recommendation 2: Align Medical Clinic facilities with the Town’s Corporate Asset Management Framework | |
| Action 7 | Integrated medical clinic facilities with the Town’s Asset Management Plan |
| Recommendation 3: Review and clarify all contractual relationships with defined service level agreements | |
| Action 8 | Defining clear subsidy levels in every contract with established uniform cost structures, discounted tiers, renewal timelines, and market-aligned rent relief |
| Action 9 | Embedding robust service level agreements (SLAs) that specify maintenance response times, facility uptime thresholds, janitorial frequencies, and tenant satisfaction KPIs |

5.3.1 Overarching Recommendation: Continue the Town's Role in Healthcare Administration by Creating a Formal Municipal Program

As stated above, the Town should continue its role in healthcare administration, however, the status quo of operations should not be continued. In particular, the Town should introduce the creation of a formal Healthcare Administration Program that would entail more rigor and structure that would support more accurate monitoring of effort and outcomes which would in turn provide facts and data that will enable evidence-informed decision-making by the Town.

To support this overarching recommendation is a single action :

- Hire a Coordinator position specific to healthcare administration

| | |
|---|---|
| Overarching Recommendation: | Continue the Town's Role in Healthcare Administration by Creating a Formal Municipal Program |
| Overview of the Recommendation | |
| <p>The review found no strong evidence to support withdrawing from this area. While the Town has had some success, the majority of the activities and role of the Town has largely been unstructured and taken on ad hoc. This recommendation suggests treating healthcare administration as a full municipal program, one that sets rigor, standardization, clear governance, and key performance indicators that support ongoing continuous improvement activities.</p> <p>In order to actualize a full Municipal Program that supporting Healthcare Administration comprehensively, the Town should focus on three main Program Areas:</p> <ol style="list-style-type: none"> 1. Formalize physician recruitment and retention. 2. Incorporate the Town's medical facilities with broader Asset Management activities. 3. Develop and clarify all contractual relationships with clear service level agreements (SLAs). <p>These three Program Areas are detailed in the recommendations below but ultimately will serve to position the Town to move from reactive management to proactive governance. This includes having a dedicated lead for all elements related to healthcare administration, as well as supporting staff members, each having their accountabilities and expectations clearly outlined and managed.</p> <p>Actions are detailed in the recommendations below, but together they will shift the Town from reactive management to a proactive formalized Program. To facilitate this more formalized approach, there will be a need to review and enhance staff capacity. The Program should explore hiring a Coordinator position who can provide necessary time and dedicated focus to healthcare administration, while under the watchful eye of senior Town staff familiar with the portfolio.</p> <p>The Program should report into the Office of the CAO, specifically having the Manager of Strategic Initiatives being accountable for the Program and thus, the Coordinator will report to this Manager. supported by part-time or shared resources for data, finance, and facilities, As required, the Manager for the Healthcare Administration Program will participate in strategic discussions with system partners to determine any strategic shifts that the Town</p> | |

| | |
|---|---|
| Overarching Recommendation: | Continue the Town’s Role in Healthcare Administration by Creating a Formal Municipal Program |
| <p>should make in the area. This will ensure that all decisions that impact the focus and work of the Town’s Program are done in a meaningful and thoughtful manner, with clear rationale and outcomes identified. This will ensure that existing challenges related to the Program growing in a seemingly unstructured manner are mitigated and replaced with thoughtful, documented decisions and actions.</p> <p>Ultimately, adding rigor and structure will set acceptable levels of service that the Town’s healthcare administration function can operate towards, with clearly understood markers for success. This will further enable ongoing continuous improvement activities, more clear and consistent reporting to municipal leadership and Council, and better financial management of the Healthcare Administration Program.</p> <p>This refreshed way of managing healthcare administration will mean the Town continues in the healthcare administration space, stopping any potential negative outcomes of discontinuing its role in a system that is requiring too much of municipal bodies. Furthermore, the refinement of how the Town will operate in the space will mitigate the ongoing challenges it faces today, resulting in a smoother, more efficient, effective, and impactful manner.</p> <p>As the healthcare landscape continues to evolve at all levels of government, the Town will likely want to preemptively think through a timeline by which it will re-evaluate its role in healthcare administration, to ensure that its resources continue to address the realistic needs/demands of the of the sector. This ensures that the Town’s involvement is targeted and refined consistently, and that it can continue to demonstrate the value of its involvement without inadvertently applying precious resources to unnecessary elements. If this element of the overarching recommendation is adopted, it would be suggested that the Town conducts a brief review in approximately four years’ time (i.e., 2029), so that the results can be shared in 2030 with a future Council, who can then determine the extent to which the Town continues to operate in this space.</p> | |
| Current State Challenges Addressed by this Recommendation | |
| <ul style="list-style-type: none"> ○ Despite some successes , the Town’s activities have largely been completed in an ad hoc manner, with no clear rationale or processes in place that systematize or make consistent core processes. ○ There is a clear lack of rigor, standards, governance, expected levels of effort for team members, and expected levels of service for the healthcare administration program to operate towards. The result is siloed approach by colleagues across the Town who do their best but are doing so with minimal resources, time, or support. ○ Population growth drives rising demand for primary care and physician shortages in the Town could lead to unsustainable patient loads, longer wait times and continuity gaps. ○ Delayed provincial incentive programs and policy reforms leave communities to determine how to fill vacancies. ○ Barriers to community integration such securing housing, navigating schools, building social networks and understanding the local community may deter physicians to practice in the Town. | |

| | |
|--|---|
| Overarching Recommendation: | Continue the Town’s Role in Healthcare Administration by Creating a Formal Municipal Program |
| Implementation Considerations | |
| <p>The subsequent recommendations coming out of this review hinge on the Town’s continued commitment to play a role in healthcare administration that supports physician recruitment and retention while doing it in a different way than they have previously.</p> <p>The recommendation requires the Town to fully commit to its role in healthcare administration, ensuring its resources are appropriately applied and focused to drive meaningful outcomes desired by the Town.</p> | |
| Benefits of Recommendation | |
| <ul style="list-style-type: none"> ○ While the healthcare system as a whole is placing increasing onus on municipalities across Ontario, this approach ensures that the Town is able to continue to provide for its residents. ○ Additional structure, rigor, governance, and defined targeted levels of service will refine activities and drive towards a more meaningful impact in the Town’s operations. ○ More effective governance will mean that the Town can more effectively evaluate the impact it is having, and can more effectively apply its resources, both financial and human resources. ○ Ability to align the activities of the Town to the models and structures expected by the province. ○ By helping to ensure the community has sufficient supply of primary care physicians, the Town facilitates timely access to care for better health management, and fewer emergency visits or hospital admissions that contributes to boosting overall community well-being. ○ A strong local healthcare workforce with adequate supply of primary care physicians draws new residents and businesses, elevates property values, and increases consumer spending that lead to driving up municipal tax revenues and fueling broader economic growth. ○ Integrated collaboration with the Grey Bruce Ontario Health Team, hospitals and community providers strengthens ties with provincial funders to holistically support physician recruitment. ○ Demonstrating a visible commitment to good quality health care fosters in the community supports resident trust and satisfaction and a positive Town image by reinforcing municipal accountability and dedication to community health. | |

| | |
|---|--|
| Action: | 1. Hire a Program Coordinator with Clearly Defined Roles and Responsibilities |
| Ease: | Moderate |
| Impact: | High |
| Overview of the Action | |
| <p>The action entails:</p> <ul style="list-style-type: none"> ○ Setting the management structure for the position; ○ Defining the roles and responsibilities the Town would expect/require of the position; ○ Outlining the expected time requirement of the position (e.g., part or full-time); and, ○ Aligning the roles and responsibilities of this position to those of others in the Town. <p>The Town should hire a Program Coordinator to support the Healthcare Administration Program. The Program Coordinator should report into the Manager, Strategic Initiatives in the Office of the CAO. This structure will ensure that there is a clear reporting relationship that drives accountability and decision-making, while aligning with broader expectations on municipal governance.</p> <p>It is expected that the Coordinator role will be responsible for various aspects of the Program such as overseeing physician recruitment and incentives, coordinating facility asset integration and infrastructure upgrades with the municipal processes, standardizing contract, and SLA management according to municipal standards, monitoring performance metrics, and developing progress and performance reports to Council. The Coordinator will also convene advisory groups, manage candidate tracking systems, track incentive packages, and liaise with system partners to align with regional efforts.</p> <p>This type of a Coordinator position is found in other municipalities, each having chosen to assign different responsibilities as it makes sense for their own structures and needs. As a result of these differences in the positions, some municipalities have chosen to make this a part time position, while others opt for full-time. Given the scope and scale of responsibilities suggested for the Coordinator position in Saugeen Shores, we recommend that the Healthcare Administration Program Coordinator be at least one full-time equivalent, with an estimated all in cost of \$122, 180 (aligned with band 6 of the non-union salary grid of the Town).</p> <p>The Town will need to ensure that the roles and activities of the Program Coordinator are appropriately aligned to other positions in the Town. There should be a clearly defined structure that ensures the full suite of activities, processes, and needs for the Healthcare Administration Program are assigned to a resource who is formally given the responsibility and space necessary to successfully complete each task.</p> | |
| Current State Challenges Addressed | |
| <ul style="list-style-type: none"> ○ Roles and responsibilities for healthcare administration broadly are not formally assigned to any resources or individuals in the Town. ○ There is no clear accountability or governance structure associated with healthcare administration in the Town’s environment today, leaving those who do support healthcare administration to balance these responsibilities with other tasks and expectations in the Town. ○ No staff is currently responsible to coordinate among team members of various departments in a focused manner, leading to a siloed approach of ad hoc supports. | |

| | |
|---|--|
| Action: | 1. Hire a Program Coordinator with Clearly Defined Roles and Responsibilities |
| | <ul style="list-style-type: none"> ○ Current recruitment activities rely on informal, undocumented workflows, resulting in unclear task ownership, duplicated efforts, and confusion over responsibilities. ○ Outreach messages, interview debriefs, and offer letters lack standardized templates, causing wide variations in tone, content, and timing that may undermine the Town brand in the physician community and candidate experience. |
| Implementation Considerations | |
| | <ul style="list-style-type: none"> ○ Define a clear reporting structure for the Program Coordinator, ensuring there is a clear understanding of their team, position, and role in the Program. ○ Develop a clear job description that has all of the required activities, responsibilities, and processes that the Coordinator position is expected to own and lead, recognizing that they are non-management and will need to have appropriate oversight on decision-making. ○ Align the job description of the Coordinator position with those who will also be supporting the Healthcare Administration Program, ensuring that there is coverage for all elements required. ○ Create a structured implementation plan for those elements that the Town expects the Coordinator to address first. For example, if the Town sees the greatest need to be coordinating/organizing outreach to potential physicians, then the Town should ensure that it is having the Coordinator focus on this task first, as opposed to other tasks that may not be as urgent to address. ○ Ensure the salary band and benefits structure are aligned with the appropriate Town requirements. |
| Benefits | |
| | <ul style="list-style-type: none"> ○ Provides clear accountability for key tasks required as part of the Healthcare Administration Program. ○ Ensures available capacity to have focused effort that organises, streamlines, and drives the Program forward in a thoughtful and calculated manner. ○ Helps to add rigor and structure to regularly occurring activities in the Town. ○ Enables the development of structures, datasets, and repositories that will drive standardization and the ability to track trends over time. ○ Supports broader organization of staff time and responsibilities for the Program. ○ Boosts candidate experience through consistent, professional communication and a smoother onboarding journey that builds trust and confidence. |
| Technology and Tools Requirement Evolution | |
| | <p>This action will not be improved by the adoption of additional technologies. Rather, this will be improved by having a dedicated resource who can use the existing technologies, tools, or systems in a more consistent and effective manner. Over time there may be a need to explore additional systems, but this will happen as the Program continues to mature.</p> |

While the above outlines the details, rationale, benefits, and implementation considerations for the Overarching Recommendation and its associated Action, it is worthwhile to more explicitly link this Recommendation to how the Town can close the limitations outlined in Section 2.4 of this report.

Section 2.4 outlined multiple gaps and limitations that negatively impact the ability of the Town to effectively monitor and maintain healthcare administration, as well as how this more acutely negatively impacted our ability to go to additional levels of detail in our review and analysis. In particular, the Town's lack of consolidated financial information, paired with its treating medical facilities with only partial rigor that other assets in the Town benefit from has resulted in a situation where the Town:

- Has financial information that is not centralized or consolidated, rather it is spread across multiple spreadsheets and data sets, which creates a fractured view when trying to understand investment into healthcare administration.
- Has minimal standardization in how it operates healthcare administration, including specifically:
 - No formal decisions to drive standardization in agreements entered into by the Town.
 - For example, there is no formally agreed upon or standard for physician incentive agreements, or a single type of lease agreement across clinics.
 - Today there exists almost no formally documented processes to support knowledge transfer/activity standardization,
 - For example, how are potential physicians approached, how is engagement tracked, how facilities requests are received/tracked.
 - There are no formally documented roles and responsibilities with an understanding of impacts on expected levels of effort
 - Job descriptions do not have explicit roles and responsibilities for team members related to healthcare administration, nor are there expected timelines/levels of effort staff put to healthcare administration tasks on a regular basis beyond rough estimations requested as part of this process.
- Has no formal accountabilities or governance structure for healthcare administration, operating as a partial focus for only some roles with minimal guidance, service levels, or expectations.

By adopting the overarching recommendation that the Town create a formal Healthcare Administration Program, Saugeen Shores will be able to effectively address these limitations and more in a standardized, realistic, and effective manner. Specific benefits the Town can expect to experience include:

- Consolidation of financial information to better understand the full cost of healthcare administration in the Town.
 - This will include understanding the investment put into physician agreements, time/effort investments aligned with recruitment activities, capital infrastructure costs, facilities maintenance, and more.
- Codifying and standardizing specific activities will ensure that the Town can act in confidence, knowing that they are operating in a manner that has been approved and is repeatable for all involved.
- Ensuring there is a clear governance structure for healthcare administration, where all those who support the function have their involvement clearly outlined in job descriptions and have the time/effort required to support protected.
- Has the appropriate staffing and support broadly that builds capacity and focus for healthcare administration to run as an efficient and effective program that meets the Town's current and long-term goals.

5.4 Recommendations and Actions

The recommendations from this review are organized into the four areas of focus: infrastructure, asset management, physician recruitment and retention, and contract management. For each recommendation an overview of the proposed actions is provided, a high-level assessment of implementation ease and anticipated impact, a direct linkage to the current-state challenges it addresses, implementation considerations, a summary of expected benefits, and consideration for the evolution of supporting technologies and tools down the line. More details on the implementation of these recommendations are provided in the subsequent section.

Recommendations and their supporting actions focus on three areas and are presented below:

1. Formalize Physician Recruitment and Retention
 2. Standardize processes and tools
 3. Strengthening physician engagement for enhanced recruitment and retention strategies
 4. Optimizing Town resources for ongoing support services
 5. Establishing a performance monitoring and continuous improvement framework
 6. Strengthening system collaboration
2. Incorporate the Town's medical facilities with broader Asset Management activities
 7. Integrated medical clinic facilities with the Town's Asset Management Plan
3. Develop and clarify all contractual relationships with defined Service Level Agreements (SLAs)
 8. Defining clear subsidy levels in every contract with established uniform cost structures, discounted tiers, renewal timelines, and market-aligned rent relief
 9. Embedding robust SLAs that specify maintenance response times, facility uptime thresholds, janitorial frequencies, and tenant satisfaction KPIs

These recommendations each have their own unique actions that will support the Town as it looks to formalize and improve upon its healthcare administration activities.

It is important to acknowledge that this review was conducted with limited access to timely, high-quality data (as highlighted in the Current State). These constraints affected the depth of analysis and reinforce the need to strengthen the Town's capacity for evidence-based decision making. Many of the recommendations reflect this need, highlighting opportunities to enhance analytical capabilities in the short-term and explore long-term technology solutions that would require alignment with the Town's broader corporate technology strategy. Existing staff levels are unlikely to absorb the additional workload without further support, and future implementation planning should take these capacity considerations into account.

The recommendations and associated actions outlined in this section are focused on strengthening the Town’s internal capacity to support physician recruitment and retention, aligning medical clinic infrastructure with broader asset management practices, and clarifying contractual relationships to ensure consistent service delivery. These efforts are designed to position the Town to meet future healthcare demands, particularly in light of projected population growth and the corresponding need for additional physicians (as described in Section 6). By enhancing operational efficiency and formalizing its approach, the Town can better support sustainable access to primary care for its residents.

The Optimus SBR team has done our best to right-size the recommendations provided to the Town of Saugeen Shores, ensuring that we are providing actions that are realistic and implementable by the Town. As the Town continues to grow and evolve, the Optimus SBR team has provided some insights into how each recommendation could be further enhanced or matured to meet the level of sophistication that the Town needs at that point in time.

5.4.1 Recommendation 1: Formalize a Physician Recruitment and Retention Program

The Town should formalize its physician resourcing efforts by establishing a dedicated Physician Recruitment and Retention Program with defined governance, funding, staffing, and performance-management structures to ensure it remains competitive, responsive, and strategically aligned with community needs. This program will replace the current informal approach with a cohesive framework that standardizes processes, embeds accountability, drives continuous improvement and strengthens collaboration across the local health system.

Key actions to formalize the Program include:

- Standardizing Processes & Tools
- Strengthening Physician Engagement for Enhanced Recruitment and Retention Strategies
- Optimizing Town Resources for Ongoing Support Services
- Establishing a Performance Monitoring and Continuous Improvement Framework
- Strengthening System Collaboration

| | |
|--|---|
| Action: | 2. Standardizing Processes & Tools |
| Ease: | Moderate |
| Impact: | High |
| Overview of the Action | |
| <p>The recommendation entails:</p> <ul style="list-style-type: none"> ○ Define and document recruitment workflow and processes; ○ Set up a candidate tracking system to centralize candidate information; ○ Develop standardized toolkits and templates for outreach, interviews, and offer issuance; and ○ Establish a single repository for all recruitment and retention data. <p>The Town should document its recruitment processes, delineating each phase from initial candidate identification through to onboarding. For every stage, responsibilities should be assigned with actions clearly defined, including potential approval or handoff points. This</p> | |

| | |
|--|---|
| Action: | 2. Standardizing Processes & Tools |
| <p>documentation of processes promotes consistency across the individuals involved in physician recruitment and facilitates the detection of process issues.</p> <p>To support process documentation, the Town should implement a tool that is single, unified candidate tracking system in which all candidate records are located. Initially, this tool could take the form of a spreadsheet or set of linked spreadsheets in a workbook (e.g. Excel) that is stored on a centralized drive (e.g. SharePoint) with user access rights. The fields of the spreadsheet may include, but not be limited to, the following information elements:</p> <ul style="list-style-type: none"> ○ Candidate contact details (e.g. Name, Current Address, Phone, Email) ○ Physician profile (e.g. Year of Medical Degree Graduation, Medical School, Specialty, if any, Current Practice) ○ Communication interaction logs ○ Interview feedback ○ Candidate status. <p>Centralizing this information aims to ensure that data remain current, prevents fragmentation across disparate tools, and enables any authorized team member to access an accurate, up-to-date view of the recruitment pipeline. Furthermore, this supports the Town in actively enabling other representatives, for example other local doctors, to act as ambassadors to support recruitment efforts.</p> <p>Concurrently, the Town should develop and maintain a suite of standardized toolkits and templates, including phone and email outreach scripts, structured interview question guides, offer letter drafts, and candidate requirement and validation checklists. Deploying uniform materials at each touchpoint aims to reinforce consistent candidate experiences as well as streamline administrative effort and reduce the risk of errors.</p> <p>Finally, recruitment and retention metrics, such as application dates, interview outcomes, offer acceptance rates, and traction data, should be consolidated within a secure, centralized repository. Again, this can initially take in the form on a workbook (e.g. Excel). By gearing this repository to be the single source of truth, leadership can generate reliable reports, identify emerging trends, and conduct thorough audits of the recruitment lifecycle, thereby underpinning informed decision-making and continuous process enhancement.</p> | |
| Current State Challenges Addressed | |
| <ul style="list-style-type: none"> ○ Current recruitment activities rely on informal, undocumented workflows, resulting in unclear task ownership, duplicated efforts, and confusion over responsibilities. ○ Physician candidate details run the risk of being scattered across spreadsheets, email threads, and ad-hoc records, making it difficult to maintain an accurate talent pipeline and increasing the risk of lost or outdated information. ○ Outreach messages, interview debriefs, and offer letters lack standardized templates, causing wide variations in tone, content, and timing that may undermine the Town brand in the physician community and candidate experience. ○ Absence of a centralized system for tracking metrics prevents data-driven decision-making and impedes continuous improvement. ○ Dispersed data and undocumented processes hinder accountability and auditability, making it time-consuming and error-prone to review past decisions or diagnose delays. ○ | |

| | |
|--|---|
| Action: | 2. Standardizing Processes & Tools |
| Implementation Considerations | |
| <ul style="list-style-type: none"> ○ Identify a dedicated lead or small core team to oversee the system implementation and maintain project momentum. ○ To optimize efforts, focus the initial rollout on essential hiring workflows such as application tracking, interview scheduling, offer management, to limit complexity and simplify administration. ○ Establish clear governance of workflows with role-based permissions to define who can view, edit, or delete candidate records. ○ Prepare concise, role-specific training materials and deliver brief, hands-on workshops that accommodate municipal staff availability and varying technical skills. ○ Designate an internal administrator with both recruitment and spreadsheet expertise and schedule regularly reviews to update workflows, refresh templates, reinforce user access settings and assess tool capabilities in meeting requirements for workflow. | |
| Benefits | |
| <ul style="list-style-type: none"> ○ Improves operational efficiency by streamlining workflows, enhancing coordination across departments, and accelerating hiring timelines. ○ Boosts candidate experience through consistent, professional communication and a smoother onboarding journey that builds trust and confidence. ○ Supports consistency and transparency via centralized data storage and documented procedures. ○ Enables strategic insights through performance metrics that highlight areas for continuous process improvement. ○ Supports scalability and adaptability by providing a repeatable framework that can adapt to meet changing recruitment needs. | |
| Technology and Tools Requirement Evolution | |
| <p>To support the initial rollout of a standardized physician recruitment system, we recommend the Town use familiar applications (e.g. Word, Excel) for process templates, communications, and candidate tracking. This approach aims to create immediate accessibility, lowers the barrier to adoption, and enables staff to engage with the new tools using applications they already know. Over time, if recruitment needs expand and the team becomes more comfortable with standardized workflows, more advanced technologies and integrated systems can be introduced to enhance automation, analytics, and candidate engagement. The following summarizes how these tools and technologies may evolve to support ongoing improvement and future-readiness:</p> <ul style="list-style-type: none"> ○ Systems integration will improve coordination between recruitment, HR, credentialing, and CRM platforms, minimizing manual work and delays. ○ Potential AI and automation will streamline screening, scheduling, and communications. ○ Personalization and learning will enable dynamic outreach tailored to individual candidate backgrounds and preferences. ○ Candidate engagement tools like mobile-friendly applications, video interviews, and virtual tours will enhance accessibility and connection. ○ Advanced analytics and dashboards will offer real-time visibility into hiring performance and flag bottlenecks for timely action. | |

| | |
|--|--|
| Action: | 3. Strengthening Physician Engagement for Enhanced Recruitment and Retention Strategies |
| Ease: | High |
| Impact: | High |
| Overview of the Action | |
| <p>The recommendation entails:</p> <ul style="list-style-type: none"> ○ Establish a Physician Recruitment and Retention Advisory Group (see Appendix for draft Terms of Reference); ○ Formalize incentive packages including compensation, flexibility, and professional support; ○ Analyze feasibility of milestone-based bonuses tied to long-term service; and ○ Utilize existing physicians as Recruitment Ambassadors. <p>To enhance physician engagement and improve recruitment and retention outcomes, the Town should establish a Physician Recruitment and Retention Advisory Group composed of Town physicians, administrative representatives, and community stakeholders. The terms of this group would be to meet regularly to co-design support initiatives, review program performance, and provide direct insight into what incentives and resources matter most to practitioners on the ground (See Appendix).</p> <p>Physicians who participated in this review offered individual ideas for incentive packages (see Appendix), though these have not been formally evaluated. They also recommended forming an Advisory Group, working in collaboration the Town and other system partners, to collaboratively identify and assess practical, effective incentive options. This aligns to guidance from the Ontario Hospital Association that considers physicians in governance and decision-making structures critical to ensure remuneration plans support system integration and local community needs.¹</p> <p>As such, a more detailed analysis should be conducted with the Advisory Group to ensure a balanced view from the physician group, municipality and system stakeholders is incorporated to develop a formal bundled incentive package. This package may include competitive base compensation that reflects market benchmarks, scheduling options to support work-life balance, relocation assistance and housing supports to ease the transition for incoming physicians, lifestyle incentives, and stipends for continuing medical education (CME) that encourage ongoing professional development. In addition, the Town should explore introducing milestone-based bonuses that reward physicians who make multi-year commitments, promoting longer-term stability in the local healthcare system. For directional guidance, Section 6.4.2 provides proxy monetary incentives to determined potential cost implications for the Town to recruit the forced primary care physician needs from 2025 to 2040.</p> | |

¹ Physician Remuneration in an Integrated Care System - Policy Brief:
<https://www.oha.com/Legislative%20and%20Legal%20Issues%20Documents1/Physician%20Remuneration%20in%20an%20Integrated%20Care%20System%20-%20Policy%20Brief.pdf> (retrieved Sep 2 2025)

| | |
|--|--|
| Action: | 3. Strengthening Physician Engagement for Enhanced Recruitment and Retention Strategies |
| <p>To strengthen peer-to-peer engagement and enhance the candidate experience, existing Town physicians should be invited to participate as Recruitment Ambassadors. In this role, they would support outreach efforts, share testimonials, and provide guided community tours to prospective hires. Their involvement would lend credibility, foster peer connections, and demonstrate physician support by Saugeen Shores.</p> | |
| Current State Challenges Addressed | |
| <ul style="list-style-type: none"> ○ Limited input from physicians in program design leads to less relevant and less effective recruitment and retention strategies. ○ Fragmented or insufficient incentive packages make offers less competitive compared to other municipalities – particularly when rural communities tend to face additional barriers in attracting candidates due to perceived isolation or limited resources. ○ High turnover and difficulty retaining physicians long-term affect care continuity and system stability. ○ New physicians may struggle to integrate into the community without meaningful peer support or firsthand insights. | |
| Implementation Considerations | |
| <ul style="list-style-type: none"> ○ Clarify the advisory group’s mandate and composition to ensure diverse representation across specialties, career stages, and community partners. Formalize meeting frequency, decision-making authority, compensation for participation and how recommendations feed into municipal planning. ○ Build internal capacity or engage external experts to conduct the incentive package analysis, blending qualitative feedback from physicians with quantitative benchmarking and cost-benefit modeling. <ul style="list-style-type: none"> - Begin by consulting the newly formed Physician Recruitment and Retention Advisory Group to gather qualitative feedback on what incentives physicians find most meaningful. This includes compensation models, lifestyle needs, and professional development opportunities. - Analyze incentive offerings in comparable communities, health regions, and urban centers to identify competitive baselines and innovative practices. Review published compensation frameworks, housing allowances, CME provisions, and retention bonuses. - Work with financial experts to model the long-term costs and potential return on investment for various bundled incentive scenarios. This ensures feasibility and alignment with municipal budget priorities. - Use insights to create modular incentive packages tailored to different physician profiles (e.g., new graduates, mid-career physicians, specialists). Each package should balance financial rewards with lifestyle and career support. ○ Secure budget approval and resource allocation for developing incentive packages, including consulting support, financial modeling, and costs associated with relocation, housing, CME stipends, and milestone bonuses. ○ Develop clear selection and onboarding processes for Recruitment Ambassadors, ensuring volunteers are well-informed, enthusiastic, and supported with talking points and logistical coordination for tours and outreach activities. | |

| | |
|--|--|
| Action: | 3. Strengthening Physician Engagement for Enhanced Recruitment and Retention Strategies |
| Benefits | |
| <ul style="list-style-type: none"> ○ Establishing an Advisory Group allows physicians to co-design support initiatives and shape incentive programs with insights from direct experience, improving relevance and effectiveness that are grounded in realities from lived-experience. ○ Creating bundled incentives—including competitive pay, flexible scheduling, relocation and housing support, and CME stipends—provides a comprehensive and attractive offering for prospective and current physicians. ○ Considering milestone-based bonuses tied to multi-year service commitments help increase retention and encourage long-term stability in the healthcare workforce. ○ Recruiting existing physicians as peer ambassadors to provide testimonials and community tours deepens engagement and helps prospective hires feel genuinely welcomed. | |
| Technology and Tools Requirement Evolution | |
| <p>As municipalities scale their efforts to attract and retain physicians, it is expected that technology will play a bigger role as it offers capabilities for collaboration, customization, and real-time analytics. Below is a synthesis of how current and emerging platforms can support and optimize these recommendations:</p> <ul style="list-style-type: none"> ○ Virtual platforms and shared document tools can boost Physician Advisory Group collaboration and streamline structured feedback collection. ○ Recruitment Ambassadors can leverage video testimonials, automated scheduling, and location-based content to personalize outreach. ○ Incentive design can be enhanced through benchmarking dashboards on recruitment and retention. ○ CRM systems and engagement analytics can track candidate interactions and spotlight where strategies are working. | |

| | |
|--|--|
| Action: | 4. Optimizing Town Resources for Ongoing Support Services |
| Ease: | Moderate |
| Impact: | Moderate |
| Overview of the Action | |
| <p>The recommendation entails:</p> <ul style="list-style-type: none"> ○ Coordinate new physicians with mentors to support cultural acclimation, while offering in-depth onboarding about the Town, clinic operations, and local services; ○ Enhance concierge-style transition support (e.g. housing, schools), with potential to expand through digital tools and virtual assistants as the program matures; ○ Explore career development pathways like leadership training and research opportunities that meet required professional credits; and, ○ Review provisions of financial supports services models (like bookkeeping) for efficiency and sustainability creating consistency across the clinics that is right-sized for the capacity of the Town’s resources. <p>To strengthen physician retention and deepen their integration within the community, it is recommended that the Town implement a structured onboarding and support framework tailored to physicians’ personal and professional needs. This program would begin with pairing each new physician with a senior-physician mentor, fostering peer connection and guiding cultural acclimation. Comprehensive orientation should cover Town values, clinic workflows, municipal policies, and local community resources, ensuring a confident start from day one.</p> <p>The Town can further ease transition and strengthen appeal by offering concierge-style services to assist with housing, school enrollment, and local navigation—initially through dedicated support staff, and eventually scaled via digital portals or an AI-enabled assistant. Social integration will benefit from community-building initiatives such as peer activity groups, family-focused gatherings, and local volunteer opportunities.</p> <p>Ongoing professional development opportunities, including leadership training, access to research partnerships, and accredited learning modules, could be explored to promote career development and satisfaction. While financial supports like stipends may vary, emphasis should be placed on ensuring training participation counts toward required credits and is facilitated through flexible formats.</p> <p>To preserve financial sustainability, it is also recommended to review and recalibrate bookkeeping and financial support services, optimizing cost-effectiveness without compromising the user experience.</p> | |
| Current State Challenges Addressed | |
| <ul style="list-style-type: none"> ○ Physicians new to the Town may feel professionally isolated or overwhelmed when transitioning into a new clinic or community. ○ Lack of exposure to local resources, policies, and cultural context can create confusion and slow adaptation, reducing confidence and satisfaction early on. ○ Limited access to leadership training, research pathways, or credit-bearing development may stifle career growth and discourage longer-term commitment. ○ Transition logistics, such as finding housing or schools, can be stressful and time-consuming, particularly without support or relocation assistance. | |

| | |
|---|--|
| Action: | 4. Optimizing Town Resources for Ongoing Support Services |
| | <ul style="list-style-type: none"> ○ Social and family integration is often neglected in onboarding strategies, contributing to feelings of disconnection or hesitation on relocation choices. ○ Some financial support services provided to physicians for the management of their clinic may be resulting in overloading the Town workload. |
| Implementation Considerations | |
| | <ul style="list-style-type: none"> ○ Match senior mentors with incoming physicians based on specialty, availability, and shared interests, while clearly establishing expectations and time commitments. ○ Design a structured orientation curriculum that combines administrative content with personalized insights about community life and choose delivery formats that ensure accessibility. ○ Provide professional development opportunities, clarifying stipends or credit recognition and collaborating with universities or CPD providers to tailor offerings. ○ Coordinate concierge services to support relocation tasks like housing or school registration, beginning with manual assistance and scaling with digital tools as needed. ○ Develop a calendar of social events, peer groups, and family activities by working with local organizations and volunteer networks to foster community integration. Review existing bookkeeping and financial support services by conducting workload analysis, exploring opportunities for more streamlined and cost-effective alternative models that provides more consistent service across the clinics that is right-sized for the Town’s resource capacity. |
| Benefits | |
| | <ul style="list-style-type: none"> ○ Personalized onboarding, mentorship, and local orientation help new physicians adapt to the Town. ○ Support with housing, family integration, and financial services reduces stress and improves overall well-being. ○ Career pathways through leadership development, CME credits, and research opportunities foster long-term engagement. ○ Exploring ways to right-size financial support services to physicians will help determine strategies to better utilize Town resources. |
| Technology and Tools Requirement Evolution | |
| | <p>To support the structured onboarding and support framework, the Town’s technology stack can mature overtime, progressively enhancing physician experience, operational efficiency, and program scalability with the following examples:</p> <ul style="list-style-type: none"> ○ Utilize basic digital concierge services (e.g., an online housing checklist, school enrollment forms, interactive FAQs) hosted on the Town’s website at the onset. ○ Introduce a Virtual Assistant chatbot—staffed initially by live operators and later powered by rule-based AI—to handle routine queries on housing, schools, and local services. ○ Explore application to automate bookkeeping tasks, expense reimbursements, and stipend tracking through secure connections to the Town’s accounting software. |

| | |
|---|--|
| Action: | 5. Establishing a Performance Monitoring and Continuous Improvement Framework |
| Ease: | Low/Moderate |
| Impact: | High |
| Overview of the Action | |
| <p>The recommendation entails:</p> <ul style="list-style-type: none"> ○ Track key recruitment and retention metrics for primary care physicians; ○ Analyze exit interviews and satisfaction surveys to uncover pain points; ○ Establish recurring contract renewal cycles and quarterly check-ins; ○ Survey physicians on support services for iterative program improvement; and ○ Use performance and feedback data to refine strategies and incentives. <p>To ensure long-term sustainability and responsiveness in the Town’s physician recruitment and retention strategy, it is recommended that that Town more formally institute a performance monitoring and continuous improvement framework. This framework will allow the Town to stay pre-emptive, data-informed, and responsive to emerging needs by regularly evaluating how well recruitment efforts and support programs are working and appropriately improving them.</p> <p>The process begins with tracking key metrics such as time-to-fill required spots, candidate pipeline responsiveness, and physician turnover rates. These indicators provide a baseline for operational effectiveness and help flag areas that require attention. Complementing this data, the Town should collect and analyze exit-interview feedback and ongoing satisfaction surveys from both current and departing physicians as well as the candidates involved in the recruitment process regardless of whether they accepted roles in the Town or not. These insights will help gain an understanding of factors contributing to recruitment and retention successes and challenges, and can help guide improvements.</p> <p>To reduce turnover risk and promote open communication, the Town should institute scheduled contract-renewal cycles and quarterly check-ins with physicians (See Contract Management recommendation). These structured touchpoints create an opportunity to address concerns before they escalate, revisit career development goals, and reinforce engagement.</p> <p>Finally, the Town should regularly survey physicians about the effectiveness of support services such as onboarding, relocation assistance, continuing medical education (CME) access, or support services. This will help right-size resource allocation and ensure the services provided are both meaningful and cost-effective.</p> <p>All performance data and feedback collected through these efforts should be used to refine recruitment strategies and incentive packages on an ongoing basis. This iterative model ensures that offerings remain competitive, relevant, and aligned with the evolving needs of primary care physicians.</p> | |

| | |
|---|--|
| Action: | 5. Establishing a Performance Monitoring and Continuous Improvement Framework |
| Current State Challenges Addressed | |
| <ul style="list-style-type: none"> ○ Recruitment efforts currently lack the data insights needed for strategic decision-making. ○ Physician departures often happen without clear understanding of underlying causes due to limited exit data collection and survey usage. ○ Opportunities to resolve dissatisfaction early are missed in the absence of routine check-ins or structured contract renewal discussions. ○ Incentive models remain static and may fail to reflect physicians’ evolving priorities because performance feedback is not used iteratively. ○ Support services may be misaligned with actual needs since physician input is not regularly gathered or acted upon, and the Town resources may be misdirected or better utilized elsewhere. ○ Overall recruitment and retention strategies are reactive rather than proactive, lacking a system for continuous learning and refinement. | |
| Implementation Considerations | |
| <ul style="list-style-type: none"> ○ The Town should begin by establishing a foundational data infrastructure that allows the Town to track key recruitment and retention metrics, including time-to-fill, candidate pipeline responsiveness, candidate sourcing locations, and physician turnover rates. This may involve configuring existing systems, dashboards, or even existing programs (e.g., Excel) to ensure data is collected consistently and securely. ○ Clear accountability should be assigned for operational components such as survey deployment, performance analysis, and quarterly check-in coordination. Internal teams such as recruitment, strategic initiatives, and physician liaison staff will need aligned workflows and capacity planning to manage these operations effectively. ○ To gather meaningful feedback, satisfaction surveys and exit interviews should be thoughtfully designed to yield actionable insights. These should feature optional anonymity, easy participation formats, and a cadence that aligns with milestones and/or targets. ○ Communication strategies should engage physicians early on, explaining how feedback will be used and inviting their input into the design of surveys and review processes – potentially leveraging the Physician Recruitment and Retention Advisory group. ○ The Town should establish a regular schedule for structured contract renewal cycles and regular check-ins with physicians. These conversations should include space for goal setting, early intervention on concerns, and feedback on support services and incentives. Formalizing these meetings within employment agreements ensures transparency and consistency across departments. ○ As data begins to accumulate, leadership teams will synthesize trends into regular performance reports that guide strategic refinements—such as adjusting incentive packages or enhancing onboarding and concierge services. This feedback-to-action loop is central to driving relevance and responsiveness over time. ○ The Town should implement a recurring evaluation schedule for the framework itself—reviewing metrics tracked, feedback mechanisms used, and how results are actioned. This ensures the strategy evolves alongside both physician needs and broader health system dynamics. | |

| | |
|---|--|
| Action: | 5. Establishing a Performance Monitoring and Continuous Improvement Framework |
| | <ul style="list-style-type: none"> ○ As has been noted repeatedly in this report, data quality and consistency was a consistent challenge, limiting the review and the insights that could be drawn. As the Town addresses these concerns, it is likely that existing staffing complements are going to be inadequate to accommodate the additional workload. Short-term measures to enhance analytical capacity should be explored. <ul style="list-style-type: none"> - While longer-term technology solutions are also available, these will require their own separate review and work plan to integrate into the overall corporate technology master plan. |
| Benefits | |
| | <ul style="list-style-type: none"> ○ Enables informed, proactive decisions in recruitment by tracking and analyzing metrics like time-to-fill and turnover rates. ○ Puts mechanisms in place to strengthen physician retention by addressing concerns early through structured renewal cycles and regular check-ins. ○ Enhances the candidate and physician experience via feedback-driven improvements rooted in satisfaction surveys and exit interviews. ○ Aims to offer incentive packages that are competitive and relevant through continuous refinement based on performance data and feedback. ○ Aligns support services with physician needs to effectively deploy Town resources. |
| Technology and Tools Requirement Evolution | |
| | <p>As the Town advances its physician recruitment and retention strategy, leveraging digital tools can enhance the performance measurement and continuous improvement. Some examples include:</p> <ul style="list-style-type: none"> ○ Deploy advance analytics for predictive models to anticipate turnover risk and optimize recruitment timelines using historical data and candidate behavior trends. ○ Implement dynamic survey systems with sentiment analysis and real-time dashboards to surface engagement challenges early on and pre-emptively address. |

| | |
|---|--|
| Action: | 6. Strengthening System Collaboration |
| Ease: | Moderate |
| Impact: | Moderate |
| Overview of the Action | |
| <p>The recommendation entails:</p> <ul style="list-style-type: none"> ○ Strengthen regional collaboration with Ontario Health Teams, Primary Care Networks, and hospitals to coordinate recruitment efforts and share leading practices; ○ Clarify the Town’s role as a facilitator and advocate in healthcare recruitment, emphasizing support for community integration; ○ Leverage partnership networks to access funding opportunities, participate in joint recruitment, and utilize centralized resources and platforms; and ○ Conduct or support forums with municipal leaders, healthcare partners, and physicians to align on recruitment priorities and co-create solutions. <p>The Town should explore adopting a collaborative regional partnership model that emphasizes local integration that strengthens engagement with key health system partners, including the Ontario Health Team, Primary Care Networks, and regional hospitals, to coordinate recruitment efforts and exchange leading practices. By potentially forming joint working groups and aligning recruitment activities, the Town can reduce duplication, share resources, and improve candidate onboarding experiences.</p> <p>The Town should clarify and communicate its specific role in healthcare recruitment with the broader system network, positioning itself as a facilitator that supports community integration and advocates for workforce sustainability. A clearly defined mandate should be shared consistently across public messaging and stakeholder interactions to ensure understanding and strengthen municipal contributions.</p> <p>Leveraging the Town’s existing partnership networks may present opportunities to access broader funding streams, participate in joint recruitments campaigns, and use centralized recruitment platforms. These resources will enable more cost-effective and scalable strategies that potentially enhance the Town’s competitiveness in physician attraction.</p> <p>To further advance alignment and shared problem-solving, the Town could potentially host or co-host stakeholder forums that bring together municipal leaders, healthcare organizations, and physician representatives. These gatherings would serve as collaborative spaces for reviewing progress, addressing emerging challenges, and co-developing recruitment and retention strategies that reflect regional priorities.</p> | |
| Current State Challenges Addressed | |
| <ul style="list-style-type: none"> ○ Recruitment efforts are fragmented across organizations, leading to duplication and inefficiencies. ○ The Town’s role in healthcare workforce planning is often misunderstood, creating misaligned expectations and missed opportunities. ○ Limited access to funding and centralized resources constrains recruitment impact, particularly for smaller municipalities. ○ Stakeholder priorities are often misaligned, and infrequent engagement limits shared problem-solving. | |

| | |
|--------------------------------------|--|
| Action: | 6. Strengthening System Collaboration |
| | <ul style="list-style-type: none"> ○ Sustainability of recruitment strategies given the complexity of the healthcare system is difficult to achieve without collaboration and integration with system stakeholders or long-term vision. |
| Implementation Considerations | |
| | <ul style="list-style-type: none"> ○ Define the Town’s facilitative role in healthcare recruitment and retention, emphasizing, advocacy and collaboration. ○ Convene system stakeholders to determine the appropriate formation of a regional working group with Ontario Health Teams, Primary Care Networks, and neighboring municipalities to coordinate recruitment efforts. ○ Conduct an environmental scan to map existing recruitment initiatives and identify gaps, overlaps, and opportunities for alignment leveraging data that is collected once systems are in place. ○ Explore co-development of a shared regional action plan with clear timelines, roles, and measurable outcomes aligned with provincial workforce priorities. ○ Determine appropriate joint outreach initiatives to be launched such as co-branded campaigns, centralized job boards, and community integration supports for new candidates. ○ Work with partners to determine the effective deployment of stakeholder forums to review progress, share data, and adjust strategies based on feedback and emerging needs. ○ Support system partnership to advocate with provincial bodies for funding, policy flexibility, and long-term investment in regional recruitment and primary care infrastructure. |
| Benefits | |
| | <ul style="list-style-type: none"> ○ Aims to improve coordination and efficiency by aligning recruitment efforts across municipalities, Ontario Health Teams, and Primary Care Networks that potentially reduces duplication and streamlines candidate outreach. ○ Strengthens the Town’s credibility and influence by clearly defining its facilitative and advocacy role, helping stakeholders understand where the Town adds value without overstepping into other system stakeholder mandates. ○ Potentially expands access to funding and shared resources through joint initiatives, co-branded campaigns, and centralized platforms that can enhance recruitment capacity with existing pooled resources. ○ Aims to build trust and alignment among healthcare stakeholders via forums, enabling shared problem-solving, priority setting, and transparent communication. ○ Positions the Town as a proactive regional leader in addressing physician shortages and retention challenges, reinforcing its commitment to sustainable healthcare workforce development. |

| | |
|---|--|
| Action: | 6. Strengthening System Collaboration |
| Technology and Tools Requirement Evolution | |
| <p>With broader system collaboration, the Town has the potential to access more sophisticated tools for recruitment right now or in the future as they are adopted by partners. Some of these tools include but are not limited to the following:</p> <ul style="list-style-type: none"> ○ A centralized or integrated recruitment platform with a shared digital portal that aggregates job postings from all regional partners, reduces duplication, provides unified branding and integrates with existing municipal and hospital career sites. ○ AI-powered candidate matching that uses algorithms that analyze qualifications, experience, location preference, and community fit to recommend best-match physicians, accelerating recruitment. ○ Recruitment marketing software for campaign-management platforms that automate recruitment activities. ○ Data dashboards and workforce analytics with interactive business-intelligence portals that display real-time recruitment metrics, retention trends and supply-demand forecasts, enabling evidence-based decision-making and targeted policy advocacy. | |

5.4.2 Recommendation #2: Align Medical Clinic Facilities with the Town's Corporate Asset Management Framework

As demand for primary care grows and the Town's clinic infrastructure faces further stresses, demands, and maintenance activities, a strategic shift is needed to safeguard both service quality and municipal finances. By fully integrating Southampton and Port Elgin clinics and the shared medical condominium into the Town's corporate asset-management framework, the municipality can drive a data-driven rehabilitation strategy anchored in findings from the Building Condition Assessment.

The Town's existing Asset Management Policy is seen as an effective avenue to align the proactive maintenance, review, and update of medical infrastructure. Through this approach, the Town can have a more consolidated, efficient, and effective method by which it can review and evaluate potential infrastructure enhancements or upgrades, understanding these in the context of the broader healthcare administration program.

If aligned to the existing Asset Management Policy, phased upgrades could be funded through a mix of dedicated capital reserves, community fundraising campaigns (e.g. Physician Appreciation Fund), and grant partnerships, aiming to have clear and realistic budgets, timelines, and resource commitments. The approach for this action outlined below prioritizes critical repairs and code-compliance improvements and leverage local stakeholders around sustainable, transparent stewardship of the Town's healthcare facilities.

| | |
|--|--|
| Action: | 7. Integrated Medical Clinic Facilities with the Town’s Asset Management Plan |
| Ease: | Moderate |
| Impact: | High |
| Overview of the Action | |
| <p>As the Town’s healthcare properties face rising capital needs and fragmented oversight, these assets should be integrated into the municipality’s broader asset management program.</p> <p>Aligning the medical facilities to the Town’s Asset Management Policy will create added rigor, structure, and processes that can drive a more measured approach to how upgrades and repairs can be evaluated and actioned. There will then be a dedicated owner of the facilities themselves, the facilities can then make full use of asset management systems and associated levels of services (e.g., time from ticket to resolution), and can better manage the financial requirements and needs of the facilities. This can further enable the Town to review and understand the level and type of work orders that are received from the facilities, to help identify where proactive upgrades may be required.</p> <p>A core element of this integration into the asset management program of the Town will be the review of the existing Building Condition Assessment (BCA) for all clinical assets. This can then support the Town in creating a more tailored and effective phased upgrade and repair plan with clearly defined budgets, timelines and resource allocations and exploration of community fundraising and grants to augment municipal funding.</p> | |
| Current State Challenges Addressed | |
| <ul style="list-style-type: none"> ○ Facility management is not yet fully mature for the medical buildings, often operating in an unstructured manner. This lack of rigor creates a challenge in how the budgets and activities related to infrastructure maintenance and upgrades are planned for and executed. ○ There was a noted significant difference in the suggested capital infrastructure expenditures noted in the BCA compared to the budgeted amounts for the facilities. ○ Infrastructure upgrades appear to be directed by limited evidence for need and expected returns. In particular, the Town’s desire to renovate the basement of Southampton was noted as having unclear benefits and impacts, while coming with a relatively significant cost associated. ○ Southampton Clinic’s 18.7 percent Facility Condition Index and \$5 million in backlog work underscore urgent infrastructure risks. ○ Port Elgin’s under-utilized space and aging systems lack a lifecycle roadmap, leading to reactive repairs and unpredictable costs. ○ The medical condominium unit is excluded from regular condition reviews and capital planning, exposing the Town to ad hoc expenditures. | |
| Implementation Considerations | |
| <ul style="list-style-type: none"> ○ Formally shift accountabilities of this element of the Healthcare Administration Program to the appropriate leadership and support staff within the Town. <ul style="list-style-type: none"> - Conduct a review of the expected impact on staffing for the Town’s facilities and/or Community Services teams to determine if there is sufficient capacity to take on new duties, or if additional staff or external contractors are required. ○ Review BCAs across all healthcare sites to reference FCI scores and refine scopes and cost estimates. | |

| | |
|--|--|
| Action: | 7. Integrated Medical Clinic Facilities with the Town’s Asset Management Plan |
| <ul style="list-style-type: none"> - Only if deemed necessary by the Town, conduct a refreshed BCA for facilities. ○ Centralize asset data by consolidating clinic assets into the Town’s EAM/CMMS, capturing condition scores, lifecycle stages and end-of-life triggers. ○ Prioritize Phased Upgrades, for example: <ul style="list-style-type: none"> - Phase 1 (Year 1): Address critical building envelope, HVAC, accessibility and code-compliance gaps. - Phase 2 (Year 2+): Undertake interior renovations, systems modernization and energy-efficiency measures. ○ Secure multi-year budget and resourcing by embedding clinic projects in the centralized capital reserve (e.g. targeting a 3 percent annual contribution of replacement value) to facilitate funding stability. ○ Explore a community fundraising strategy (e.g. Physician Appreciation Fund), assessing the viability of the following funding sources: <ul style="list-style-type: none"> - Form a clinic-asset fundraising committee with local stakeholders (physicians, foundations, businesses, and patient advocates). - Launch naming-rights, sponsorships, and donor campaigns for specific upgrade projects (e.g., new exam rooms, accessibility lifts). - Pursue provincial/federal grants and partner with healthcare-focused NGOs to underwrite equipment or energy-efficiency retrofits. ○ Issue RFPs for architects and contractors, as required, planning temporary relocations to avoid service interruptions. <ul style="list-style-type: none"> - If and where available, use existing vendors of record to facilitate an expedited procurement process. ○ Define service levels and performance metrics such as FCI targets (10–15 percent “green” band), preventive vs. reactive maintenance ratios, and response-time KPIs, in alignment with the Town’s Asset Management Policy. ○ Embed continuous review cycles including scheduling BCAs and contract reviews every three to five years, aligning with Council-approved capital cycles and lifecycle triggers. | |
| Benefits | |
| <ul style="list-style-type: none"> ○ Aligns with the existing good practices of the Town, focusing staff efforts in their areas of specialization. ○ Has the ability to extend clinic lifespans by 20+ years and slashes emergency repair costs. ○ Diversifies funding sources—municipal reserves plus community donations and grants—reducing taxpayer burden. ○ Fosters local ownership and goodwill by engaging residents and businesses in healthcare infrastructure stewardship. ○ Aligns healthcare infrastructure needs with the Town’s strategic capital plan and reserve policy. ○ Drives proactive maintenance, boosting energy efficiency, regulatory compliance and tenant satisfaction. ○ Improves budget predictability and transparency, empowering Council and staff to manage long-term facility health. | |

| | |
|--|--|
| Action: | 7. Integrated Medical Clinic Facilities with the Town’s Asset Management Plan |
| Technology and Tools Requirement Evolution | |
| <ul style="list-style-type: none"> ○ Monitor progress through integrated project-management dashboards and EAM/CMMS work-order analytics. | |

5.4.3 Recommendation #3: Review and Clarify All Contractual Relationships with defined Service Level Agreements

As demand for primary care space grows and neighbouring municipalities tighten their contractual frameworks, the Town must move from a patchwork of informal agreements to a unified and transparent system for all healthcare-related leases and service arrangements. At the heart of this initiative are two interlocking actions:

1. Defining clear subsidy levels in every contract with established uniform cost structures, discount tiers, renewal timelines, and market-aligned rent relief; and
2. Embedding robust service-level agreements (SLAs) that specify maintenance response times, facility uptime thresholds, janitorial frequencies, and tenant satisfaction KPIs.

By reviewing and clarifying each relationship through standardized subsidy schedules and measurable SLAs, the Town will ensure equitable financial support, strengthen operational accountability, mitigate fiscal and legal risks, and foster an ongoing, data-driven cycle of performance improvement.

| | |
|---|---|
| Action: | 8. Define Subsidies in Contracts |
| Ease: | Low |
| Impact: | High |
| Overview of the Action | |
| <p>The Town currently provides financial support to its Port Elgin and Southampton primary care clinics and the shared condominium unit through a patchwork of discounted lease rates, ad-hoc maintenance allowances, and unstandardized utility cost-sharing. Standardizing subsidy levels—by defining clear contract terms, cost structures, discount tiers, and renewal timelines—will ensure equitable treatment of medical tenants, protect the Town’s fiscal position, and simplify budgeting across all facilities.</p> <p>Furthermore, formally defining the subsidy level Council wants to provide to these facilities and providers will ensure that the Healthcare Administration Program is able to more effectively manage its finances. This process will necessitate the Town to create a single Program budget, which then can have sub-P&Ls which allows for monitoring of specific assets in particular.* The Town will then have a more uniform basis by which it can reevaluate existing and/or new contracts to determine the appropriate cost structure to offer physicians and others leasing space from the Town, as it will be understood the revenue generation needed to ensure financial sustainability.</p> <p><i>*Note: while the Town provided Optimus SBR budget reports for the operations of the clinics, these were designed to match the budgeting process and did not provide a full costing of the facilities. For example, debt financing was noted as an exclusion on these budget reports. An additional example would be that there was no disclosure of foregone revenue based on providing interest-free loans, whereas best practices would incorporate a recognition of the revenue in the non-program revenue interest section of the budget with an offset “charge” to the program. The reports received made it difficult to reconcile “budgeted” reserve contributions with actual AMP needs, requiring the Optimus SBR team to use depreciation as a proxy measure. Taken together, it was clear that the reports in use today are inadequate to support a program manager to understand the trends in receivables and ageing of infrastructure, in review of both operational and loan receivables.</i></p> | |
| Current State Challenges Addressed | |
| <ul style="list-style-type: none"> ○ Port Elgin and Southampton clinics operate under different rent-discount formulas, creating inequities and tenant confusion. ○ The condo unit’s cost-sharing arrangements for utilities and common area maintenance vary year-to-year, leading to unpredictable municipal outlays. ○ Lease terms range from 5-year to 20-year commitments with no uniform renewal or escalation clauses, exposing the Town to sudden revenue shortfalls. ○ Lack of documented subsidy tiers makes it impossible to track the return on municipal investments in new or expanding practices. ○ Lack of dedicated ownership of the financials results in a patchwork system where multiple spreadsheets and datasets have to be merged and cross-referenced to gain a consolidated understanding of the health and sustainability of these organizations. ○ No clear subsidy levels or targets results in a system without guardrails or acceptable limits on the offers, rates, or costs the Town or those leasing space from the Town can reference with confidence. | |

| | |
|---|---|
| Action: | 8. Define Subsidies in Contracts |
| Implementation Considerations | |
| <ul style="list-style-type: none"> ○ With the creation of the new Healthcare Administration Program, have an in camera discussion with Council and other municipal leaders to gain their perspective on what a realistic level of subsidy would be for the facilities and those leasing spacing. ○ Catalog each facility’s current base rent, tenant discount, municipal allowances, and utility sharing ratios. ○ Compare against local market lease rates for similar medical space in Bruce County. ○ Conduct gap analysis to identify disparities in subsidy depth (e.g., 10 percent vs. 25 percent rent relief). ○ Define standardized subsidy tiers—for example: <ul style="list-style-type: none"> - Tier 1 (New clinic, years 1–3): 20 percent rent relief + capped maintenance allowance - Tier 2 (Established clinic, years 4–6): 10 percent rent relief - Tier 3 (Beyond year 6): full market rate with annual CPI adjustment ○ Pilot the new subsidy model for one year. ○ Collect financial performance data and tenant feedback on affordability and clarity. ○ Update all clinic and condo leases with the new tiered subsidy schedules and built-in renewal checkpoints (every 3 years) based on the review of 1 year. <ul style="list-style-type: none"> - This approach may require the Town to do this on a rolling basis for some contracts, as there may be some that are coming to a close and waiting for these to naturally close may be a more beneficial approach in the immediate term. ○ Disseminate a subsidy-schedule annex for transparency and budget forecasting. | |
| Benefits | |
| <ul style="list-style-type: none"> ○ Equitable, market-aligned subsidy rates across all Town-administered medical spaces. ○ Predictable municipal expenditures with clear timelines for rent relief and maintenance support. ○ Simplified budgeting and improved fiscal forecasting by aligning subsidy periods with the Town’s capital planning cycle. ○ Enhanced tenant satisfaction through transparent, easily understood financial arrangements. | |
| Technology and Tools Requirement Evolution | |
| <ul style="list-style-type: none"> ○ Integrate into centralized contract lifecycle management (CLM) module to store subsidy schedules, trigger renewal alerts, and calculate rent escalations. ○ ERP integration to automate tracking of municipal allowances and reconcile actual cost-sharing against budgeted subsidy levels. | |

| | |
|---|--|
| Action: | 9. Define Service Level Agreements in Contracts |
| Ease: | Moderate |
| Impact: | Moderate |
| Overview of the Recommendation | |
| <p>To transform the Town’s healthcare facility contracts into performance-driven agreements, each lease and contract must include clearly defined service-level agreements (SLAs) and key performance indicators (KPIs). Embedding measurable targets—such as maintenance response times, facility uptime, and tenant satisfaction—will shift contract management from a reactive posture to a proactive, continuous improvement cycle.</p> <p>The inclusion of KPIs will ensure that the Town is able to more effectively manage its resources and the expectations of those it enters into agreements with, as there will be full clarity and transparency about the expected level of service they can expect. Similarly, this allows the Town to determine if there are certain elements that should be maintained by municipal staff or if items may need to be outsourced to a third party (e.g., snow clearing). The Town can do a more systematic review of its full suite of contracts to determine the appropriate levels of service and resources applied.</p> | |
| Current State Challenges Addressed | |
| <ul style="list-style-type: none"> ○ Lease agreements for Port Elgin, Southampton, and the condo unit lack uniform SLAs for janitorial, HVAC maintenance, and emergency repairs. ○ No standardized KPIs exist for evaluating tenant or Town performance, so non-compliance often goes undetected until disputes arise. ○ Absence of escalation pathways means minor service lapses can eventually lead into major operational disruptions. | |
| Implementation Considerations | |
| <ul style="list-style-type: none"> ○ Conduct an SLA inventory and KPI mapping exercise to extract any existing service commitments from current leases (e.g., 48-hour maintenance response). ○ Benchmark against municipal facility standards and best practices in healthcare property management. ○ Establish a Working Group to define SLAs that include facilities management, clinic operators, tenant representatives, and legal counsel. ○ Draft a uniform SLA schedule covering the following but not limited to: <ul style="list-style-type: none"> - Maintenance response times (e.g., 24 hours for HVAC, 48 hours for non-critical repairs) - Facility uptime (e.g., 99 percent availability of shared diagnostic equipment) - Janitorial and waste disposal frequency - Tenant satisfaction (annual survey score targets) ○ Pilot SLA deployment such as implementing SLAs in one Port Elgin clinic lease for six months. ○ Use a simple dashboard to track performance against each KPI and gather operator feedback. ○ Update all healthcare facility contracts with the SLA annex and include defined escalation procedures for missed targets. ○ Schedule quarterly KPI reviews, with reports circulated to Town leadership and tenant liaisons. | |

| | |
|--|--|
| Action: | 9. Define Service Level Agreements in Contracts |
| Benefits | |
| <ul style="list-style-type: none"> ○ Clear, common expectations reduce disputes and speed resolution when service levels slip. ○ Data-driven oversight enables the Town to detect under-performance early and negotiate corrective actions or incentives. ○ Continuous improvement loops—built on SLA performance data—drive facility reliability and tenant satisfaction. ○ Stronger partnership ethos as tenants and the Town share transparent performance goals and accountability measures. | |
| Technology and Tools Requirement Evolution | |
| <ul style="list-style-type: none"> ○ SLA-tracking dashboards embedded within the CLM platform to monitor real-time performance against KPIs. ○ Audit-management software to schedule and document quarterly SLA reviews, generate exception reports, and track remediation tasks until closure. | |

5.5 Summarizing the Recommendations

The recommendations and their associated actions will support the Town as it enhances its role in healthcare administration. The table below provides an overview of the recommendations, actions, and summarizes some of the key benefits each provides the Town.

Table 9: Summary of the Recommendations, Actions, and Primary Benefits Expected

| Recommendation/Action | Primary Benefit(s) Expected |
|--|---|
| Overarching Recommendation: Continue the Town’s role in healthcare administration by creating a formal municipal program | Additional structure, rigor, governance, and defined targeted levels of service will refine activities and drive towards a more meaningful impact in the Town’s operations. More effective governance will mean that the Town can more effectively evaluate the impact it is having, and can more effectively apply its resources, both financial and human resources. |
| Action 1: Hire a Coordinator position to support healthcare administration | Provides clear accountability for key tasks required as part of the Healthcare Administration Program. Ensures available capacity to have focused effort that organises, streamlines, and drives the Program forward in a thoughtful and calculated manner. |
| Recommendation 1: Formalize Physician Recruitment and Retention | A cohesive framework with standardized processes, embedded accountability, the ability for continuous improvement, and strengthens collaboration across the local health system. |

| Recommendation/Action | Primary Benefit(s) Expected |
|---|--|
| Action 2: Standardize processes and tools | Improves operational efficiency by streamlining workflows, enhancing coordination across departments, and accelerating hiring timelines. |
| Action 3: Strengthening physician engagement for enhanced recruitment and retention strategies | Establishing an Advisory Group allows physicians to co-design support initiatives and shape incentive programs with insights from direct experience, improving relevance and effectiveness that are grounded in realities from lived-experience. |
| Action 4: Optimizing Town resources for ongoing support services | Exploring ways to right-size financial support services to physicians will help determine strategies to better utilize Town resources. |
| Action 5: Establishing a performance monitoring and continuous improvement framework | <p>Enables informed, proactive decisions in recruitment by tracking and analyzing metrics like time-to-fill and turnover rates.</p> <p>Puts mechanisms in place to strengthen physician retention by addressing concerns early through structured renewal cycles and regular check-ins.</p> |
| Action 6: Strengthening system collaboration | Strengthens the Town’s credibility and influence by clearly defining its facilitative and advocacy role, helping stakeholders understand where the Town adds value without overstepping into other system stakeholder mandates. |
| Recommendation 2: Align Medical Clinic facilities with the Town’s Corporate Asset Management Framework | The ability to drive a data-informed approach to maintenance, proactive refurbishments, financial planning, and other upgrades using efficient and effective financial strategies. |
| Action 7: Integrated medical clinic facilities with the Town’s Asset Management Plan | <p>Has the ability to extend clinic lifespans by 20+ years and slashes emergency repair costs.</p> <p>Drives proactive maintenance, boosting energy efficiency, regulatory compliance and tenant satisfaction.</p> <p>Improves budget predictability and transparency, empowering Council and staff to manage long-term facility health.</p> |
| Recommendation 3: Review and clarify all contractual relationships with defined service level agreements | Equitable financial support, strengthened operational accountability, financial and legal risks will be mitigated, and an ongoing, data-driven cycle of performance improvement can be implemented. |

| Recommendation/Action | Primary Benefit(s) Expected |
|--|---|
| <p>Action 8: Defining clear subsidy levels in every contract with established uniform cost structures, discounted tiers, renewal timelines, and market-aligned rent relief</p> | <p>Equitable, market-aligned subsidy rates across all Town-administered medical spaces.</p> <p>Predictable municipal expenditures with clear timelines for rent relief and maintenance support</p> |
| <p>Action 9: Embedding robust service level agreements (SLAs) that specify maintenance response times, facility uptime thresholds, janitorial frequencies, and tenant satisfaction KPIs</p> | <p>Clear, common expectations reduce disputes and speed resolution when service levels slip.</p> <p>Data-driven oversight enables the Town to detect under-performance early and negotiate corrective actions or incentives</p> |

6.0 Resourcing Needs – Physicians Required to Support Saugeen Shores

A second question posed to the Optimus SBR team at the outset of our engagement with Saugeen Shores was, “If the Town continues to support healthcare administration, including physician recruitment and retention, how many physicians should we have in our Town to support the population in the coming 5, 10, and 15 years?”

In summary, the answer to this question, assuming the existing practice models of a Family Health Network and Family Health Organization, as well as fee-for-service models of care are the standard practice model in Saugeen Shores, is approximately 22 physicians are required in 2025, 24 are required by 2030, 26 by 2035, and 27 by 2040. This builds on the current compliment of 18 physicians in the Town today, with 11 operating out of the Town’s medical facilities.

To provide more detail on this answer, this section will demonstrate the following:

- Data sources required to undertake this analysis;
- Key considerations that inform the process;
- The analysis of the information gathered;
- A summary of the analysis and how this can be achieved; and,
- A final consideration for the Town to enhance the care residents receive.

6.1 Data Sources Required to Undertake the Analysis

This review combined multiple data sources, layering these together to be as comprehensive as possible, while using publicly available information. Data sources used included:

Table 10: Data Sources, Content Used, and Rationale for Inclusion for the Physician Needs Assessment

| Data Source | Content Included | Rationale for Inclusion |
|--|---|--|
| January 1 to July 1, 2025, Physician Information (from OHT) | Number of physicians Population of the Town Unattached rates of physicians | This provides a baseline of information to better understand the current population numbers, number of physicians, and the number of physicians aged 60+, which is an indicator of expected physician retirements. |
| “Living in Saugeen Shores” Government of Canada Population Projections ² Ministry of Finance – Population Projections ³ | Demographic information on the existing and expected population of Saugeen Shores | Enabling a review to understand the expected growth rate for the Town, including at a cohort level, supporting an understanding of the type of supports to be provided by physicians. |

² Saugeen Shores. February 2025. Saugeen Shores: A Growing and Vibrant Community. Online. <https://www.saugeenshores.ca/en/invest-and-plan/resources/Documents/Accessible-Documents/Residents-2025-Overview.pdf?>

³ Ministry of Finance. August 1 2025. Population projections. Online. <https://data.ontario.ca/dataset/population-projections?>

| Data Source | Content Included | Rationale for Inclusion |
|---|---|--|
| Alliance for Healthier Communities – Panel Size Handbook v. 4.3 – July 2018⁴ College of Family Physicians of Canada – Best Advice Panel Size – September 2012⁵ | Factors that impact the overall roster/case load that family physicians can realistically take on, and suggestions on appropriate balances. | Ensures that a full suite of factors are considered when determining how many physicians would be required to greatly reduce the number of unattached patients in Saugeen Shores. |
| Statistics Canada – 2021 Census⁶ Canadian Institute for Health Information – National Health Expenditure Trends, 2024 – Infographics⁷ | Information related to income cohorts for Saugeen Shores | Provides insights into the median and average incomes in Saugeen Shores, which is a proven predictor of physician workload, as there is a correlation between lower income and higher complexity patients. |

These data sources were critical to support the analysis, as they ensured that all inferences, calculations, and resultant recommendations were based on verifiable evidence to support Saugeen Shores.

6.2 Key Considerations to Inform the Process

When exploring how many family physicians are required to support the population of Saugeen Shores it is important to remember multiple factors that ultimately will drive the analysis, including:

- Current state information about physicians in Saugeen Shores:
 - The baseline number of physicians in place today;
 - The age of existing physicians today;
 - Practice models for physicians today;
 - Expected activities of physicians in rural towns; and,
 - Realistic patient loads for physicians.
- The population of Saugeen Shore today,
 - The current population of Saugeen Shores that are unattached to a family physician; and,
 - Population projections in the Town over the coming 5, 10, and 15 years.

⁴ Alliance for Healthier Communities. July 2018. Panel Size Handbook v.4.3. Online. https://www.allianceon.org/sites/default/files/chc_panel_size_handbook_v4.3.pdf?

⁵ The College of Family Physicians of Canada. September 2012. Best Advice: Panel Size. Online. https://patientsmedica.wpengine.com/files/uploads/PMH_Best_Advice_Panel_Size.pdf

⁶ Statistics Canada. 2023. Census Profile. 2021 Census of Population. Statistics Canada Catalogue no. 98-316-X2021001. Online. <https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/details/page.cfm?DGUIDlist=2021A00053541045&GENDERlist=1%2C2%2C3&HEADERlist=0&Lang=E&STATISTIClist=1>

⁷ Canadian Institute for Health Information. 2024. National Health Expenditure Trends, 2024 – Infographics. Online. <https://www.cihi.ca/en/national-health-expenditure-trends-2024-infographics?>

6.2.1 Current State Information about Physicians in Saugeen Shores

Number of Physicians in the Town

To know how many physicians are required in the Town, we must first understand the current population of family physicians. This information provides us with a base to build upon, ensuring that we can provide an accurate number of physicians that will need to be actively recruited in the Town.

Age of Physicians in the Town

Understanding the age of the physicians in the Town allows us to infer the number of physicians who are likely to retire in the coming five, ten, and fifteen years. This is important because as we think about the number of physicians required to support the Town in the future, we will need to consider the number of doctors who would leave, creating new openings beyond those created by population growth which require further backfilling.

Practice Models for Physicians in the Town Today

At present, the Town operates a Family Health Network (FHN) and Family Health Organization, but has not yet implemented a Family Health Teams (FHT) model of care. To this end, the Optimus SBR team worked on an assumption of these models and solo practitioners which impacts the overall workload and activities of physicians.

Expected Activities of Physicians in the Town

Physicians in rural communities are often forced to wear multiple hats, not getting the luxury of being solely focused on their practices. Rather, those in rural areas often have to support local hospitals, which is the case in Saugeen Shores. Additionally, physicians are often recruited/requested to act as the Director of Care for long-term care homes, which is another imposition into their time and ability to care for their patients. These all impact what can be deemed as a “full roster” for the physicians in questions.

Realistic Patient Loads for Physicians

While some sources in Ontario and Canada broadly suggest that ~1,300 patients constitutes a full roster of patients, based on the expected activities of those physicians in rural communities, it is understood that this number is not realistic for physicians who operate in settings such as Saugeen Shores. Rather, it is more realistic that a roster of approximately 800 patients is more appropriate, which will allow for direct patient care, hospital support, and other responsibilities for the physicians.

6.2.2 Population of Saugeen Shores Today and Projections'

Current Population of the Town

This information provides a baseline understanding of the population, ensuring that the current state of the Town, including its demographic and socioeconomic factors are considered. These are important elements as we know that there are segments of these cohorts which will have more or less demand on physicians.

Population Attached to a Physician

Supports an understanding of the approximate roster size of most physicians, and can validate the data sources provided in the section above.

Population Projections of the Town

Allows for an understanding of the number of people in totality, but also supports an understanding of their age and socioeconomic breakdowns. Both of these will then impact the approximate workload of physicians in the Town.

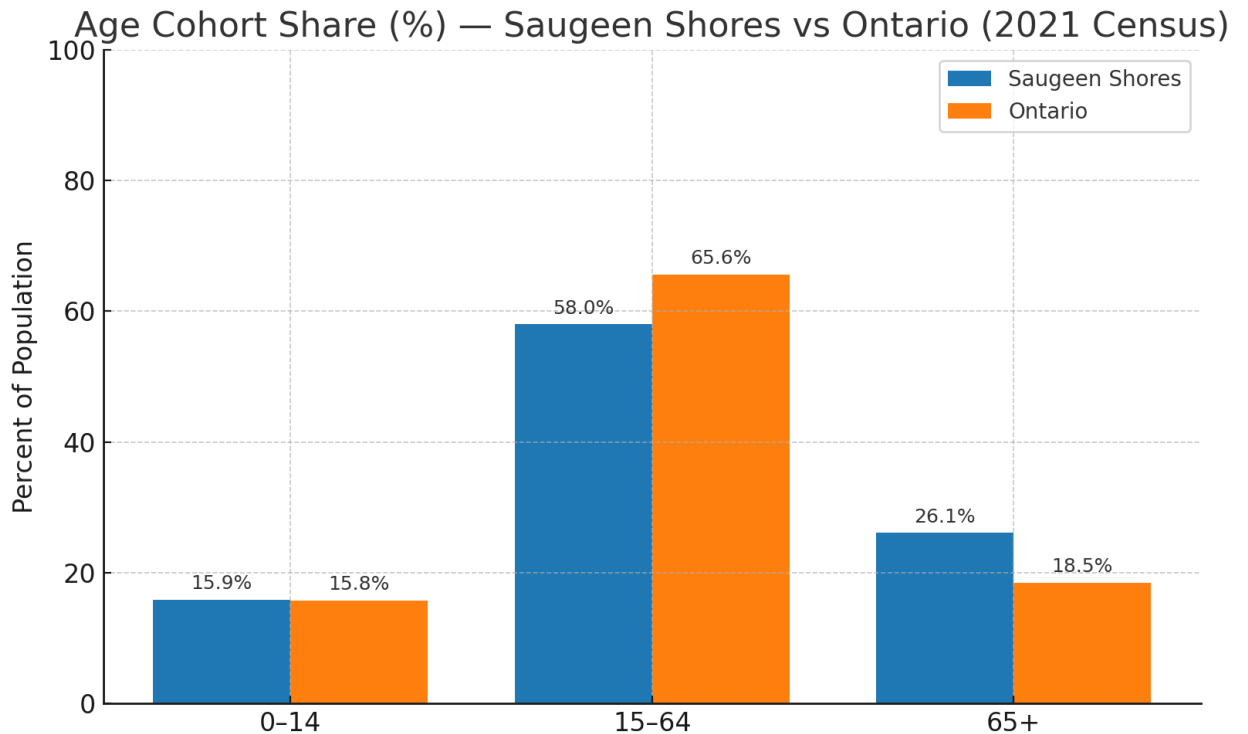
6.3 Analysis – Physician Needs Assessment for Saugeen Shores

This section details the analysis that then leads to the final answers, provided in the following section.

Step 1: Population Review – Today and into the Future

Saugeen Shores has approximately 17,500 residents as of July 2025. The population skews older than the rest of Ontario, with a median income of just over \$100,000.

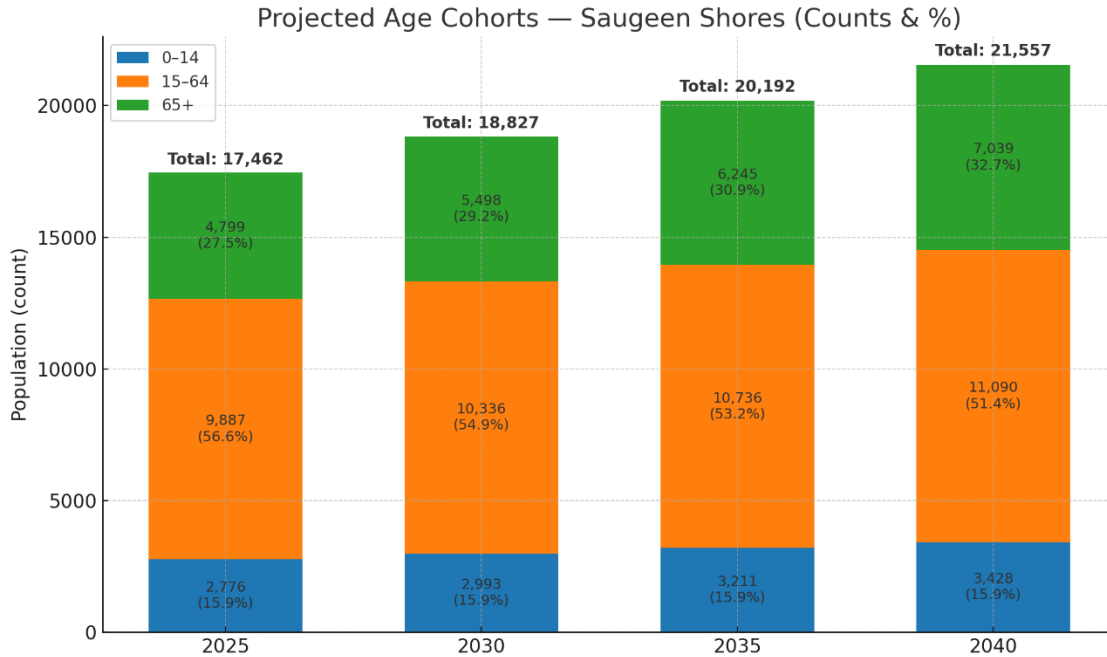
Figure 4: Age Cohort Share - Saugeen Shores vs. Ontario (2021 Census)



This gives us a good understanding that, comparatively, the Town’s population likely has or will have more complex or acute needs for their family physicians. This is likely true for multiple reasons, including the fact that younger populations are less likely to go to the physician than very young (i.e., babies through to children) and older populations (i.e., seniors).

When we look to the future, we see that the population of the Town will continue to age in a similar pattern, with seniors continuing to be a large portion of the population:

Figure 5: Projected Age Cohorts for Saugeen Shores



Step 2: Physician Count

The Town currently has 18 physicians, per the most recent Ontario Health Team data provided to Optimus SBR by the Town. These include approximately 11 physicians working out of the two municipal-owned buildings.

Of the 18 physicians, 1 is over the age of 60, which implies that at least 1 individual is likely to retire in the coming 5 years. If we extrapolate that, by 2035, there is a possibility of 3 – 5 retirements total, assuming a physician population that skews towards the older age group.

Step 3: Unattached Patients and Roster Size

Using the data provided by the Town, it appears that 14,526 individuals are attached to a physician and just under 3,000 residents are unattached to a family physician. This means that there are about 17% of the population without a dedicated family physician.

When these numbers are reviewed, we then understand that there is an average roster size of approximately 807 patients per physician (14,526/18). This confirms the data sources provided that suggest approximately 800 – 900 patients per physician is a realistic case load for family physicians in small municipalities.

At this point, the Optimus SBR team is now able to start more accurately determining the number of physicians that are required to support the Town moving forward.

Step 4: Bringing the Data Together

2025

Today we know there are about 3,000 unattached patients, and we are assuming that the goal is to get to zero or near zero unattached patients. With an average roster of approximately 800 patients, we can then deduce that we need 22 family physicians, which is a **net increase of 4 physicians in the immediate term** to bring the number of unattached residents to 0. We also can assume, based on ages of the physicians, that we do not have to worry about any retirements in the immediate term.

2030

As we look to the future, we know that there are going to be almost 19,000 residents in Saugeen Shores in 2030, which, if we continue assuming the same general unattached rate of the population, means **the Town will need 24 physicians**.

This is a net increase of 6 physicians from today. However, we also know from existing data that there is likely at least 1 retirement in this coming 5 year period, and as such the Town will need to recruit to backfill this patient load.

This means that, **compared to today, there will need to be 7 new physicians recruited** into Saugeen Shores.

2035

The Town's population will continue to grow, and as such there **will need to be 26 physicians** in the Town.

Once again, assuming that there are retirements, likely 2 in this timeframe, this means the Town will need to:

- Recruit 8 new physicians (compared to 2025);
- Backfill 2 physicians; meaning,
- **A net total of 10 recruitment activities.**

This will once again, keep the unattached population at a low to zero number.

2040

Looking 15 years into the future, the Town **will need a total of 27 physicians**. Assuming that the existing physician population will continue to age out of service, there is likely a need to backfill 3 physicians.

This means that, compared to Saugeen Shores today, there is a need for 9 new physicians, with 3 backfills, leading to **a total of 12 unique recruitments** by 2040.

6.4 Summarizing the Findings and Cost Implications

6.4.1 Expected Number of Physician Recruitments

The table below provides a summary of the data presented above, focusing on a patient roster of approximately 800 patients.

Table 11: Summary of the number of physicians expected to be required for recruitment over 5, 10, and 15 year periods

| Year and Town Population | Expected Number of Physicians Required | Expected Number of Recruitments (Compared to September 2025) | Expected Number of Retirements | Total Number of Expected Recruitments Requirement (Compared to September 2025) |
|--------------------------|--|--|---|--|
| Summer 2025 | Current Number of Physicians in the Town as of July 2025: | | Number of Physicians Operating in Town Facilities: | |
| | 18 | | 11 | |
| 2025 17,462 | 22 | 4 | 0 | 4 |
| 2030 18,827 | 24 | 6 | 1 | 7 |
| 2035 20,192 | 26 | 8 | 2 | 10 |
| 2040 21,557 | 27 | 9 | 3 | 12 |

Ultimately, the Town will need to begin recruitment in the near term to successfully reduce the unattached patient population to nearly 0 residents. This will mean a significant amount of time will need to be dedicated to physician recruitment, and the Town will want to more carefully standardize and systematize the process to make this repeatable, efficient, and effective.

The recommendations presented in the section above are designed to achieve exactly these goals, while rightsizing the scope and scale of recommendations for the infrastructure and realistic level of investment that Saugeen Shores can sustain.

6.4.2 Potential Cost Implications for the Town

The table below outlines proxy cost estimates for key physician benefit categories by compiling available figures from Belleville, Kincardine, Sauble Beach and Saugeen Shores, then calculating an average value for each category. Where specific amounts were not disclosed nor publicly available, estimates were derived based on comparable program structures. These proxy costs offer a basis for budget planning and for designing competitive recruitment and retention packages for the Town. To be clear, these are not exact figures and are not intended to be seen as such, but rather to be directional for the purposes of this exercise.

Table 12: Proxy cost estimates for key physician benefit categories by comparator body

| Benefit Category | Belleville | Kincardine | Sauble Beach | Saugeen Shores | Average Estimated Value |
|--|---|---------------------------------|--------------------------------|---------------------------------|---------------------------|
| Signing Bonus | \$150,000 (5-year commitment) | Not specified (forgivable loan) | \$20,000–\$25,000 over 5 years | \$100,000–\$150,000 (est.) | ~\$106,000 (over 5 years) |
| Forgivable Loan / Housing Support | Not specified | \$50,000–\$100,000 (est.) | Included in total package | \$50,000–\$200,000 (est.) | ~\$75,000 (over 5 years) |
| Retention Incentives | \$10K for new patients; \$5K for upgrades | None specified | RRSP, sick days, vacation | Under development | ~\$12,500 (over 5 years) |
| Professional Development Grants | Not specified | Not specified | Included in package | \$5,000–\$10,000 (est.) | ~\$7,500 annually |
| Administrative Relief | Not specified | Not specified | Full overhead covered | Partial relief (\$3K–\$6K est.) | ~\$4,500 annually |
| Facility Rent Relief / Tax Forgiveness | Initial rent relief (later privatized) | Not specified | No rent (Town-employed model) | \$5,000–\$10,000 (est.) | ~\$7,500 annually |

The final, orange column of the Average Estimated Value, takes an average of the data that we have received from comparators. This will be used to help assign some rough estimates and annual costs for newly recruited and retained physicians in Saugeen Shores:

Updated Cost Assumptions

Table 13: Updated Cost Assumptions at Average and Annual Values

| Benefit Category | Average Estimated Value | Annualized Value (if applicable) |
|--|-------------------------|----------------------------------|
| Signing Bonus | \$106,000 over 5 years | \$21,200/year |
| Forgivable Loan / Housing Support | \$75,000 over 5 years | \$15,000/year |
| Retention Incentives | \$12,500 over 5 years | \$2,500/year |
| Professional Development Grants | \$7,500 annually | \$7,500/year |
| Administrative Relief | \$4,500 annually | \$4,500/year |
| Facility Rent Relief / Tax Forgiveness | \$7,500 annually | \$7,500/year |

Based on the above costs, the following table summarizes the annual cost per physician by type:

Revised Annual Physician Cost Summary

Table 14: Revised Annual Physician Cost Summary

| Physician Type | Annual Cost per Physician | Included Benefits |
|------------------------------------|---------------------------|---|
| Newly Recruited | \$58,200 | All categories above (includes amortized signing bonus, loan, and retention incentives) |
| NEW: Retained (Post-Year 5) | \$19,500 | Ongoing supports only: retention incentives, development grants, admin & facility relief Note: this is a potentially new cost that could be included and considered by the Town. |

Updated Annual Cost Table (2025–2040)

Assuming that all newly recruited physicians and retained physician received equal incentives, the following table provides the approach annual costs of physician incentives based on the proxies.

Table 15: Updated Annual Cost Table for 2024 - 2040

| Year | Newly Recruited Physicians | Estimated Recruitment Cost (@ \$58,200) | Retained Physicians (includes baseline of 18 in 2025) | Estimated Retention Cost (@ \$19,500) | Total Approximate Annual Cost |
|--------------------------------|----------------------------|---|---|---------------------------------------|-------------------------------|
| Current State (Non-systematic) | | \$140,000 | | \$0 | |
| 2025 (to 2029) | 4 | \$232,800 | 18 | \$351,000 | \$583,800 |
| 2030 (to 2034) | 7 | \$407,400 | 22 | \$429,000 | \$836,400 |
| 2035 (to 2039) | 10 | \$582,000 | 29 | \$565,500 | \$1,147,500 |
| 2040 (to 2044) | 12 | \$698,400 | 39 | \$760,500 | \$1,458,900 |

By analyzing physician incentive structures across comparable municipalities and applying average proxy values, the Town can anticipate the financial impact of scaling its healthcare workforce in line with projected population growth. The estimated annual cost per newly recruited physician is **\$58,200**, while ongoing support for retained physicians is **\$19,500** per year. When applied to recruitment forecasts from 2025 to 2040, total costs are expected to rise from approximately **\$584,000 in 2025-29** to **\$1.46 million by 2040-44**. These figures reflect both the upfront incentives required to attract new physicians and the sustained investment needed to retain them. As the Town formalizes its physician recruitment strategy, these cost estimates offer a practical framework for budgeting, program design, and long-term resource planning.

These estimates may need to be revisited in light of ongoing physician remuneration reform currently underway in Ontario. Changes to compensation models, billing structures, or practice arrangements could significantly alter the financial landscape for municipalities and may impact both the attractiveness and cost-effectiveness of current incentive strategies. As such, the Town should monitor provincial developments closely and remain flexible in its planning to ensure alignment with future policy and funding frameworks.

The physician incentive cost projections presented above are based on proxy values derived from available data and comparable municipal programs across Ontario. These figures are intended to serve as planning figures and do not represent finalized or exact budgetary commitments for the Town. Actual costs may vary depending on program design, uptake, and evolving provincial policy.

Furthermore, the development of any formal incentive package should be informed by direct input from physicians and other key stakeholders. It is recommended that this process be facilitated through a structured engagement mechanism, such as the recommended Advisory Group, to ensure that incentives are relevant, equitable, and aligned with both clinical realities and community needs.

7.0 Implementation Plan and Action Plan

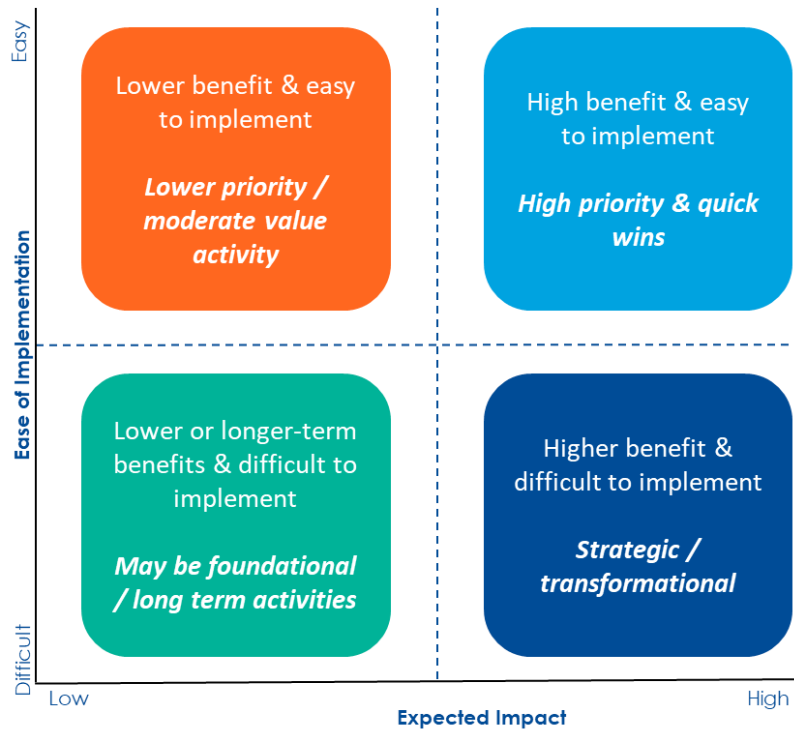
7.1 Implementation Plan

This section provides an overview of how the recommendations and actions can be implemented across a two-year timeline. This provides content related to how the ease of implementation and expected impact was defined, plots it on a scatter plot to visualize the quicker wins and longer-term efforts, and provides a timeline itself.

7.1.1 Defining Ease of Implementation and Expected Impact

Setting up the implementation plan for the recommendations is guided by the ease of implementation and the expected impact that can be considered and scored for each recommendation. The following tool consists of simple formula to plot items in a two-by-two matrix:

Figure 6: Sample Two-by-Two Matrix to Organize Recommendations



To plot recommendation across the above two-by-two matrix, there are key criteria and definitions it uses to evaluate each recommendation. The following list is provided below, with high-level descriptions provided:

Table 16: Definitions and Scoring Guidance to Support Implementation Phasing

| SCORING DESIGNATORS | | HIGHLY FAVORABLE, POSITIVE (H) | MODERATE (M) | SOMEWHAT FAVORABLE (L) |
|------------------------|--|--|--|--|
| Rating Criteria | | 2 | 1 | 0 |
| Ease of Implementation | 1. Ease to Address | Easy to address. Relatively small process/procedural adjustments. | Changes will require the coordinated efforts of a small group of stakeholders. | Difficult. Changes will require sizable efforts across the Town and potentially physicians. Expected to impact a large audience of stakeholders. Considerable planning required. |
| | 2. Expected Timeline | Fast turnaround, can likely be completed within a single quarter. | Middle-range length of time, 2 - 4 quarters. | Longer-range recommendation, 1 year or more to complete. |
| | 3. Implementation Cost (incl. all cost drivers) | Low direct costs, relatively small investment and/or primarily will be driven by staff time to complete. No/minimal need for need for third party support | Moderate direct costs, can include significant staff time to undertake/complete, potential need for investment in new tools/structures/technology. There may be a need or potential opportunity to outsource part or all of the task either for expediency or due to required niche skillsets. | High cost, possibly driven by technology, staff time, or required third party support. There will be a likely need for additional resources/ third party support. |
| Expected Impact | 4. Improved Efficiency | The time to complete core activities will be noticeably reduced. The Town will have greater ability to effectively plan and focus efforts on highest-risk targets. | There will be some moderate savings of time/effort, however, will not likely be a major improvement from the current status quo. | There will be no real changes if the activity is completed. |
| | 5. Improved Experience for Physicians/Community | The community will have greater assurances to access primary care. Physicians will have an improved experience to facilitate recruitment and retention. | The community may not notice any changes, but there is increased value for money. Physicians will experience some improvements in their interactions with the Town. | There will be no tangible changes for the community or for physicians. |
| | 6. Risk of Negative Outcomes | Risks are minimal - changes are not expected to have the possibility of any major negative outcomes for physicians, partners, the Town and community. | Risks are moderate and possible - there may be changes that negatively impact for physicians, partners, the Town and community. | High risk of negative outcomes across multiple stakeholder groups. Should be taken very slowly and planned extensively. |

The following table shows the implementation ease and impact scoring for each of the recommendations based on the criteria above.

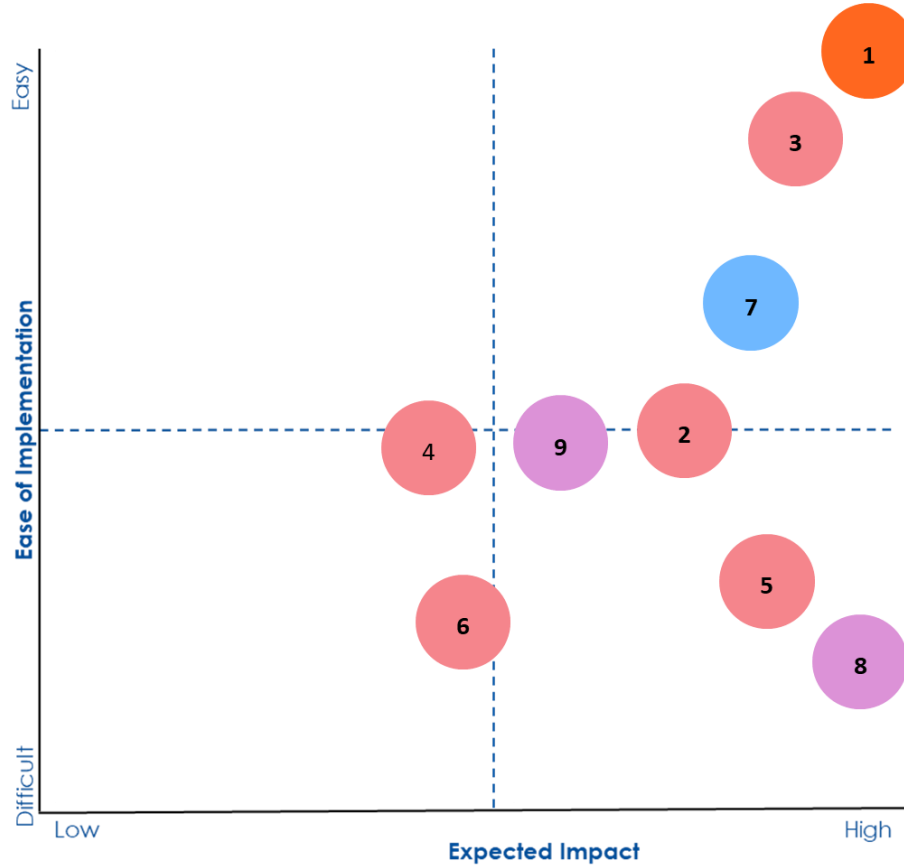
Table 17: Summary of Recommendations, Actions, and Implementation Scoring

| Recommendation and Associate Actions | Ease | Impact |
|---|----------|----------|
| Overarching Recommendation: Continue the Town’s Role in Healthcare Administration by creating a Formal Municipal Program | M | H |
| 1. Hire a Program Coordinator with Clearly Defined Roles and Responsibilities | M | H |
| Recommendation 1: Formalize a Physician Recruitment and Retention Program for the Town | | |
| 2. Standardizing Processes & Tools | M | H |
| 3. Strengthening Physician Engagement for Enhanced Recruitment and Retention Strategies | H | H |
| 4. Optimizing Town Resources for Ongoing Support Services | M | M |
| 5. Establishing a Performance Monitoring and Continuous Improvement Framework | L/M | H |
| 6. Strengthening System Collaboration | M | M |
| Recommendation #2: Align Medical Clinic Facilities with the Town’s Corporate Asset Management Framework | | |
| 7. Integrated Medical Clinic Facilities with the Town’s Asset Management Plan | M | H |
| Recommendation #3: Review and Clarify All Contractual Relationships with defined SLAs | | |
| 8. Define Subsidies in Contracts | L | H |
| 9. Define Service Level Agreement in Contracts | M | M |

The following plots each action onto a two by two matrix, to visualize these as quick wins or other activities.

7.1.2 Plotting Ease of Implementation and Expected Impact

Figure 7: Ease of Implementation vs Expected Impact Two-by-Two Plot



Moving the recommendations and their associated actions into practice is going to take time and effort from Town staff or external resources. To support the Town in phasing these recommendations into a logical and structured workflow, Optimus SBR has provided a two-year implementation timeline.

7.1.3 Timeline for Recommendations and Actions

This section provides a timeline for how the recommendations and actions can be phased over the next twenty four months.

Figure 8: Two Year Implementation Timeline for the Town

| Recommendation | Actions | Months | | | | | | | | |
|---|---|--------|-----|-----|-------|-------|-------|-------|-------|--|
| | | 1-3 | 4-6 | 7-9 | 10-12 | 13-15 | 16-18 | 19-21 | 22-24 | |
| Overarching Recommendation: Continue the Town’s Role in Healthcare Administration by Creating a Formal Municipal Program | 1. Hire a Coordinator Position Specific to Healthcare Administration | ➔ | | | | | | | | |
| | 2. Standardizing Processes & Tools | | ➔ | | | | | | | |
| | 3. Strengthening Physician Engagement for Enhanced Recruitment and Retention Strategies | | | ➔ | | | | | | |
| | 4. Optimizing Town Resources for Ongoing Support Services | | | ➔ | | | | | | |
| | 5. Establishing a Performance Monitoring and Continuous Improvement Framework | | | | ➔ | | | | | |
| | 6. Strengthening System Collaboration | | | ➔ | | | | | | |
| 2. Align Medical Clinic Facilities with the Town’s Corporate Asset Management Framework | 7. Integrated Medical Clinic Facilities with the Town’s Asset Management Plan | ➔ | | | | | | | | |
| 3. Review and Clarify All Contractual Relationships with Defined Service Level Agreements (SLAs) | 8. Define Subsidies in Contracts | | | | ➔ | | | | | |
| | 9. Define Service Level Agreement in Contracts | | | ➔ | | | | | | |

The implementation plan above identifies immediate-term quick wins, longer-term activities, and an overall plan for how the Town can move these recommendations forward. When selecting quick win activities, Optimus SBR identified those elements that we felt could happen, at least in part, in a relatively expeditious manner that would result in near immediate impacts. To this end, that is why elements such as Standardizing Processes & Tools, and Integrating the Clinic Facilities into the Town’s Asset Management Plan are marked as quick wins, starting immediately. The scope and scale of the processes and tools to be standardized will result in some elements moving more quickly and being successful sooner rather than later. While some elements may take more time, this should be seen as fast and realistically achievable.

Integrating the clinic facilities into the Town’s asset management plan should be relatively quickly to do, as the Town already has an existing policy and procedures that can be applied. It is understood that there may be a need for an independent review and validation of some of this content, which may impact the amount of time the action takes, however, given the Town’s broader maturity in this area, it was deemed as a quick win.

Other elements will be medium-term in length, but are good to help maintain momentum and morale as the longer actions take more effort and time to achieve. Actions such as Strengthening System Collaboration or Defining Service Level Agreements in Contracts can help the Town as there will be more effort than the quick wins, but as these are addressed and implemented, there will be a noticeable impact on the activities and relationships for the Town.

It should be noted that the timelines above assume that the Town has the necessary staff time and availability to devote to these tasks to drive execution and implementation. In the event that timelines need to be extended, or staff time is not available, the length of time for completion for any of these tasks can be increased. Furthermore, if the Town feels it to be prudent, the timing and sequencing of these tasks can be changed, for example, having longer, more intensive tasks starting sooner and taking longer can make them feel less daunting. However, this approach may also make them feel never ending, which can negatively impact staff morale. There is no “wrong” way to sequence these activities, and aligning timelines to staff skillsets and availability will be critical to success. Additionally, outsourcing some elements may be an efficient model if staff do not have the capacity required to take on the execution of the actions, prior to their becoming business as usual activities.

7.2 Action Plan

This section provides greater detail on the tactical next steps that the Town will need to undertake to formally and definitively align on a role and, if approved by Council, move towards a more structured, efficient, and effective healthcare administration program. Unlike the above Implementation Plan, this section highlights key activities that are not necessarily detailed in the recommendations and actions, which provide direction and guidance to the Town on how to build the foundation of the Healthcare Administration Program, which will result in tangible benefits and progress the Town up a maturity scale in this area. This section will not necessarily link every activity mentioned here to a specific recommendation above, but rather will focus on how to move the suite of recommendations and actions forward in a practical, execution-focused manner.

To be clear, the activities outlined below are expected to happen over multiple months, and will likely require multiple Council meetings, decisions, and approvals. Some of these elements can be worked on concurrently, or these can be addressed in a waterfall manner, depending on the needs and resource availability of the Town.

In total, six activities are presented below:

1. Gain Clear Direction from Council
2. Consolidation of Financial Information
3. Defining the Town’s Subsidy
4. Defining the Town’s Role
5. Formalizing Asset Management Practices
6. Reconciling Contracts to Reflect All Previous Activities, Recommendations, and Actions

7.2.1 Activity 1: Gain Clear Direction from Council

Before any decisions regarding follow-on details can be made, Council needs to determine if the Town is or is not in the business of healthcare administration. This report, its evidence, and recommendations can help to inform that answer, however, Council will ultimately need to determine if it believes that the need and costs of staying in the healthcare administration role outweigh the potential/likely outcomes of leaving this position.

To support Council, Town staff should provide Council with some key elements of the proposed Healthcare Administration Program, namely:

- A proposed governance structure for the Healthcare Administration Program. This means outlining who is accountable at a staff level, as well as how Council will have ultimate oversight of the Program, similar to how they do other programs/Town business.
 - More information related to a lead position and overall governance is presented in the Overarching Recommendation. If this guidance is not used, at a minimum it is suggested that an already-existing position be given oversight of this, to not further delay progress.
 - For the reporting arrangement, it is suggested that a similar structure to other programs in the Town is followed – one that has a regular overview of objectives, budgets, and outcomes.
- Regarding staffing, this report outlines a preliminary estimate at the cost for staff to support the Program. It is suggested that the Town take this to Council with a clear overview of the roles and responsibilities this position would have, who they would report to, and the outcomes they would be driving towards.
 - To be safe, the Town should have a back-up option available in the event that the new position is rejected, outlining how the functions of the position can be achieved/distributed among existing staff, but making clear the impacts this will have on other responsibilities and activities of the Town.
 - Lastly, there is the option that Council does not want to invest in this but wants the Town to continue operating as it is today. The result is that the Town staff should have a clear explanation then of the kinds of activities and outcomes that can be expected.

One element that is not expected to be fully determined and decided upon at this time is asking Council to set a targeted level of subsidy that they will provide the Healthcare Administration Program, including the recruitment and retention of physicians. This is a broader conversation and will need more time and information to support decision-making. Rather, it is suggested that at the end of this Council meeting, the Town ask for decisions/approval of:

1. If the Town continues in the Healthcare Administration space.
2. If the creation of the Healthcare Administration Program is accepted.
3. The proposed governance model for the Program.
4. The proposed staffing model for the Program.

There should then be an overview of when the Town will come back to Council with a request to review and define subsidies for the Program, outlining the types of information that will be provided to help make this decision.

7.2.2 Activity 2: Consolidation of Financial Information

To support operating Healthcare Administration in the Town as a Program, the Town will need to consolidate financial information, align expectations, and ensure that there is transparency and accuracy in the full cost of healthcare that the Town takes on annually. This will mean the Town will need to create a proper financial oversight structure that has multiple P&Ls (Profit and Losses statements) for each facility included in the Program, as well as staff costs and any other activities expected.

Whereas today this information is across multiple spreadsheets and documents, and is not centrally tracked, this activity will drive the Town to have a clear, concise, and full picture of the monies spent on and received from healthcare administration. The consolidated spreadsheet/other financial tool should be designed to align with other municipal programs, but as guidance should include information such as:

- An Overview Sheet:
 - Acting as a high-level summary that pulls information from other tabs to include:
 - Total program budget – YTD spend vs. allocated
 - Breakdowns by categories
 - Funding sources and the amounts aligned
 - KPIs that would align with Program goals or objectives
- Infrastructure Tabs
 - A separate tab for each clinic and condo under the purview of the Program to allow for a consolidated view of each facility that would include information such as:
 - Name and location
 - Operating expenses (taxes, rents, utilities, insurances, supplies, maintenance costs)
 - Staffing costs
 - Revenues collected
 - Reserve contributions
 - Asset depreciations
 - Loans
- Administrative Cost Tab
 - To properly track the amount of money and effort that staff are putting into the Program
 - Salaries and benefits for staff
 - Professional services (if needed)
 - Travel and/or training costs for administrators
 - Allocated costs
 - Technology and systems (if appropriate)
- Physician Incentives Tab
 - Properly overseeing the incentives that are provided to physicians and ensuring that there is tracking on overall incentive costs to the Town
 - An identifier for each physician
 - Where they are located
 - The types of incentives they are receiving
 - Terms of the incentives provided
 - Total value of the incentive package
 - Payments made to date

- Obligation status (i.e., if the incentive is active, completed, or otherwise structured)
- If there are any loans to be repaid by the physician, the status of those
- Capital Infrastructure and Investments Tab
 - Managing the overall broader projects that the Town wants to undertake to support healthcare administration in the Town, ensuring projects are properly resourced and managed
 - Identifying the project name, for example if the Town were to undertake a renovation or the buildout of a basement
 - Budgeted costs and actual costs
 - Funding sources
 - Progress tracker to manage timelines
 - Reserve contributions which will include inflation calculated into the amount
- Various Dashboards and Oversight Documents
 - Allowing the Town to monitor trends over time, budgets vs. actuals, ratios, and having other items such as quarterly reports, audit documentation, or recruitment reports.

Creating a structure like this will ensure that the Town has the appropriate information on hand to tell Council the actual cost of the Program and will ensure that the Town can then make evidence-informed decisions regarding subsidies, setting incentive packages, rents applied to physicians in clinics, and more. This will fill a large gap that negatively impacted the depth of this review.

7.2.3 Activity 3: Defining the Town's Subsidy

With the Town's finances for the Program consolidated and having greater accuracy, the Town can go back to Council with more information and an evidence-informed ask for what they believe the subsidy should be to be sustainable and competitive. When going to Council, the Town should present the information they have as it exists today – including the actual revenues collected, the full suite of costs, etc.

Council should be given the opportunity to determine the appropriate amount they want to subsidize the Program for, which will then enable Town staff to determine multiple elements of their operations, including:

- What the incentive package should be for the physicians, including:
 - Baseline dollars provided to the physicians, over how long a period of time
 - Rents that will be charged within clinic spaces, assuming these will still be offered below market values
 - Any technology or software incentives
 - Other elements as desired or required
- Any other incentives the Town may determine is appropriate.

All elements that are defined should be tested and validated with the Advisory Group, which will include local physicians. This will ensure that the package created is aligned both to the realities of the subsidy levels set by Council, ensuring the Program operates within these means, but also the practical realities that will entice physicians to Saugeen Shores.

Once the elements of a standardized incentive package are defined, these should be brought back to Council for final approval.

7.2.4 Activity 4: Defining the Town's Role

While partially detailed in Recommendation 1, Action 6, the Town should work with partners to define a clear mandate of the Town compared to other partners. This should happen in multiple stages, whereby the Town first determines the parameters it would like to operate within, refining this with the broader partner community, and then finally approving this role through Council. Once a role for the Town has been defined it should be formalized via the creation of a Program Charter among partners. This will define the roles and responsibilities of each party, and can go as far as outlining the FTEs that will be dedicated from each partner.

Creating clearer roles and expectations can support the system as a whole by ensuring that there are no gaps or missing elements in the healthcare landscape. While the Optimus SBR team cannot define the role of the Town for the Town, some considerations include:

- Municipalities are not given a formal mandate in the healthcare system under any provincial guidance or guidelines; rather, they are filling cracks in a system that is not operating as intended.
- There is a vested interest for the Town in certain activities, such as physician recruitment and retention, as well as ensuring that healthcare is largely accessible to the population of the Town.
- While the needs and demands of the healthcare system are large, the Town must be relatively rigorous with its scope and involvement, to ensure the most optimal use of its resources and funds as it manages competing demands.
- There are other partners in the system who have dedicated expertise and experience in various aspects of the healthcare system, and all players should work to their strengths.

As noted above, testing, refining, and formalizing will be critical to ensuring a role that is realistic, efficient, and effective, within the subsidies and revenues collected for the Town.

7.2.5 Activity 5: Formalizing Asset Management Practices

As noted in Recommendation 2, Action 7, the Town needs to formally introduce the Healthcare Administration Program and its associated assets into the broader Asset Management Plan and processes of the Town. This will align with the latest regulatory requirements of the Ministry of Infrastructure with Asset Management Plans (i.e., aligning non-core assets into Asset Management Plans), but will also provide the Town with a more structured way to track infrastructure needs.

A core gap in today's environment is understanding the type, severity, and frequency of maintenance needs at each of the facilities within the scope of this review (i.e., the two clinics and the one Town-owned condo). There was no data that could be provided to the Optimus SBR team that would outline the work orders received and the levels of service to address these (i.e., if they are resolved within set service levels or longer). This creates a blind spot for the Town, who then cannot, with full accuracy, understand the total cost of ownership for the clinics and the condo.

Through this process, clear service level agreements (SLAs) and structures should be included that will align with other asset management practices within the Town. This should include setting a clear Building Condition Assessment target range/value, and ensuring that the Town is appropriately contributing to reserve funds for the facilities to meet immediate repair needs and future planned activities.

7.2.6 Activity 6: Reconciling Contracts to Reflect All Previous Activities, Recommendations, and Actions

While Recommendation 3 focuses on this concept broadly, once clear definitions and goals have been agreed upon and formalized, the Town will want to go through a structured contract review process whereby its agreements are made to align to the new operating structures, realities, and standards of the Town. This should include all agreements and contracts related to healthcare administration.

It is likely that the Town will need to update contracts on a rolling basis, understanding the term left in agreements, the cost of breaking agreements, and other factors such as goodwill or other contextual factors. However, the Town should aim to ensure that all parties are given clear, standard, and transparent agreements to remove the potential for any accusations of favouritism or other damaging beliefs.

8.0 Conclusion

This report answers two main questions posed by the Town to Optimus SBR:

3. *Should we continue to be in the business of supporting healthcare administration, including physician recruitment?*
4. *If the Town continues to support healthcare administration, including physician recruitment and retention, how many physicians should we have in our Town over the coming 5, 10, and 15 years?*

This report has provided answers for each question, while addressing the complex and multi-faceted nature of each question. To summarize again:

3. Yes, the Town should continue to have a role in healthcare administration, including physician recruitment. This should take the form of a proper healthcare administration program that increases rigor, standardization, clarifies governance, sets target levels of service, and drives continuous improvement activities.
4. In the immediate term, the Town will want to recruit four (4) physicians. In the longer-term, this number increases greatly, especially when considering retirements. This number may be offset by how the Town chooses to structure its healthcare administration activities, and if the Town can more effectively take advantage of new models of care that reduce physician workloads through shared agreements while increasing and improving the standard of care received by patients.

Moving forward, the Town can use the findings and recommendations of this review to drive a more structured and efficient approach to healthcare administration. While we believe the recommendations provided here are realistic and execution focused, the Town can use the information to create the structures and supports it needs to be successful. Furthermore, this will enable the Town to then take time to evaluate and assess the impacts of the role on the system and on its team, to determine the relevancy from systems changes, reforms, and outcomes.

The Town should also continue to collaborate and work with its partners across the system, including its existing physicians to explore new models of care that could benefit everyone. This type of work can support the recruitment of physicians for the Town by helping to tell a story about how the models of care it can offer its physicians align to the models of care they are familiar with having learned throughout their education. All of this will be in addition to refreshed processes for staff that enable a more efficient and effective process.

With the submission of this report, the Optimus SBR team has completed its obligations under this contract to the Town of Saugeen Shores, and is eager to watch and support the Town as it continues its journey in this space.

Appendix

Gaps Related to the Definition of Total Investment into Healthcare Administration

A key goal of the project for the Town was to know, with confidence, the total investment it places into healthcare administration. A complete view would include a sum total of staff time and effort, infrastructure costs, and other operating costs each year. This section outlines how the full definition of investment into healthcare administration was not possible at the time of analysis by Optimus SBR, providing examples from the Current State Report, which was provided and accepted by the Town in July 2025. Using examples from Infrastructure and Operating Costs, this section shows the level of information available, the gaps associated, and how it would result in imprecise broad ranges contingent on multiple other factors.

A key finding of the Optimus SBR team is that the Town's current level of maturity as it relates to data capture and tracking negatively impacts the ability of Saugeen Shores to determine its level of investment in healthcare administration. The subsequent result of this outcome is that the Optimus SBR team cannot provide commentary on key operating structures or options. Put differently, the absence of a formalized healthcare administration structure prevents meaningful, evidence-based decisions regarding where to reduce spending or increase investment. As such, Optimus SBR was uncomfortable providing recommendations that could compromise service continuity and/or create long-term challenges for the Town and its residents if made without a full picture. It is because of this reason that the Optimus SBR team's recommendations are focused on the foundational systems required for informed, strategic decision-making prior to providing commentary to areas of investment, divestment, or operational changes.

Presented below are two examples from the Current State Report outlining the information available today, as well as the specific gaps and limitations that impacted our review.

Infrastructure

The table below provides a summary of the two Town-owned medical clinic facilities. The difference in operating models of the two clinics accounts for the difference in the presented financial positions, with an operating surplus for Port Elgin as reported*, lower projected capital requirements, and a better facility condition index.

Figure 9: Current State Summary of Medical Facility Known Infrastructure Information

| Category | Sub-category | Port Elgin Medical Clinic | Southampton Medical Clinic |
|----------------------------------|---|--------------------------------|--------------------------------|
| Property Profile | Address | 786 Goderich St | 36 Grey St N |
| | Building Age | 17 years (2008 Construction) | 23 years (2002 Construction) |
| | Gross Floor Area | 11,997 sq. ft. | 11,599 sq. ft. |
| Financial Performance | 2024 Operating Revenue | \$130,981 | \$361,533 |
| | 2024 Operating Expense (as reported) | \$88,077 | \$406,463 |
| | 2024 Operating Net (as reported) | Surplus of \$42,904 | Deficit of \$44,930 |
| Leasing and Capital Requirements | Gross Lease Rate (est.) | \$10.92/sq. ft. | \$8.30/sq. ft. |
| | 10-Year Capital Plan (Town) | \$350,000 (2025–2033) | \$95,000 (2025–2033) |
| | Building Condition Assessment (BCA) Capital Investment Estimate | \$762,805 (2025–2032) | ~\$1.2 million (2025–2032) |
| Asset Condition | Facility Condition Index (FCI)** | 2.2% (Good) | 18.7% (Fair) |
| | Current Replacement Value (CRV)** | \$5.5 million (~\$458/sq. ft.) | \$2.6 million (~\$225/sq. ft.) |
| | Estimate Net Book Value 12/24 | \$1,096,931 | \$474,661 |

Note: The Southampton Medical Clinic was funded through community fundraising, whereas the Port Elgin clinic was built using debt financing.

What this table shows is that the two clinics are roughly the same size, have a 6 year age difference, but have vastly different financial performances. At face value, this provides some insight into the quality, operations, financial positions of each facility. This outlines a good starting point to understand each facility, but does not provide the necessary depth to better understand the detailed operations behind each item.

Data Limitations in the table above:

*Reported figures do not reconcile with accounting figures. Financial performance figures were acquired from manipulating financial reporting documents by Town staff, additional interviews, and blending of datasets.

The **Facility Condition Index (FCI) is a metric that compares the cost of needed repairs to the current replacement value of a facility. It is used to assess the overall condition of a building or asset, with a higher FCI indicating poorer condition. **Current Replacement Value (CRV)** refers to the estimated cost to replace an existing facility or asset with a new one of similar size, capacity, and function, using current construction materials and standards. It reflects how much it would cost to rebuild the asset today from the ground up.

There were also gaps related to the level of investment that the Town has provided each facility as it relates to ongoing facilities maintenance, not including the elements contemplated in the FCI or CRV. This would include things like minor repairs from facilities requests from tenants, other facilities or public works tasks (e.g., snow clearing), or other similar information.

There were further gaps related to asset depreciation and/or loan forgiveness that impacted the ability of our team to understand total cost of ownership for each facility.

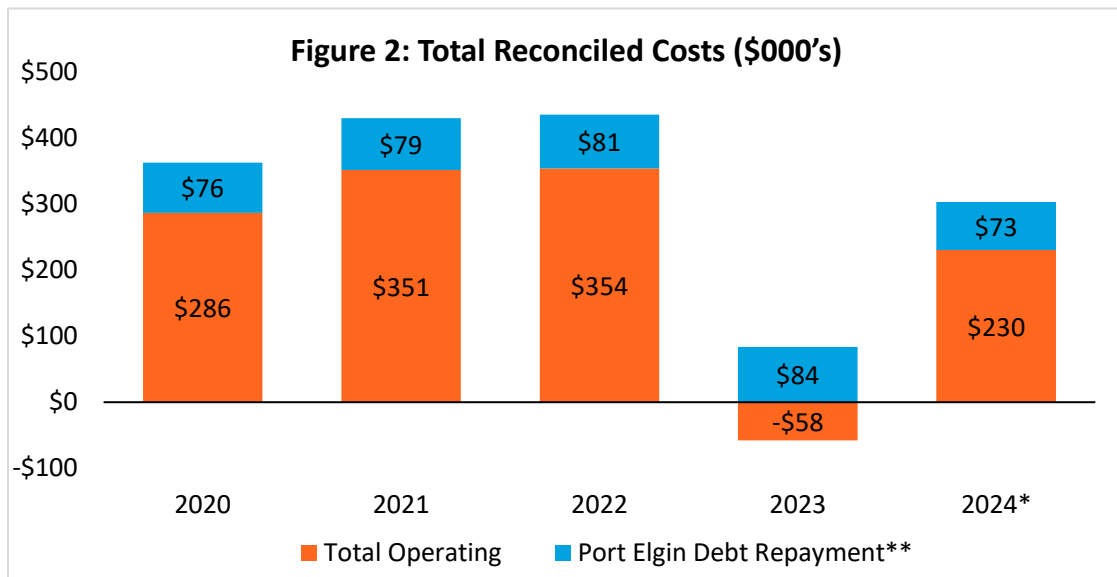
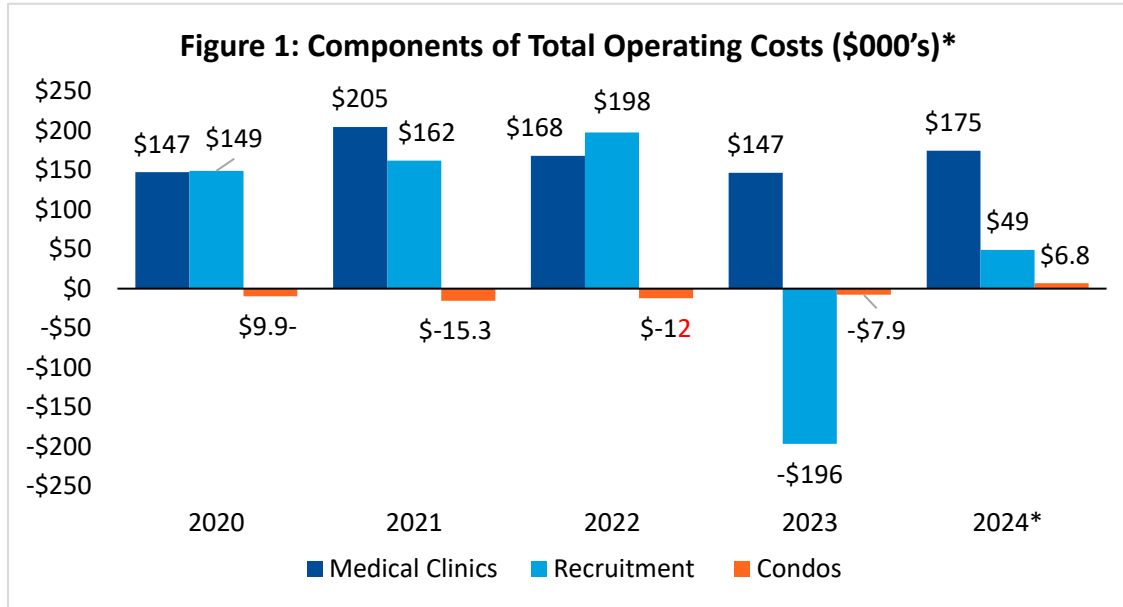
Based on these limitations, the Current State Report stated that for both medical clinics, further analysis is recommended to:

- Reconcile the gap between the Town's capital plan and the BCA estimate
 - This is important, as it impacts understanding how much the Town is planning to invest in the upkeep and maintenance of its facilities. Without proper maintenance and alignment of key budgeting documents, the Town can be more susceptible to emergency repairs to maintain uptime for the facilities, and/or could potentially be convinced to undertake renovations or infrastructure projects that improves the FCI beyond target values.
- Clarify whether capital costs are recovered through operations or carried centrally at the corporate level
 - This is important, because it adds detail and specificity related to how the Town invests its resources. If the Town is expecting recoveries, it can then budget for and remove this as a cost of ownership. However, if the Town has made the decision that some recoveries will actually not be recovered, this should be properly identified and incorporated into budgeting documents to help define the total cost of ownership. At present, with this not being defined, the costs cannot be accurately identified.

These examples focus on the two medical facilities, however, there was similar data provided as it relates to the Town-owned condo that is used for healthcare administration. However, this data was less precise, as it had financials that grouped operating costs with the leased condos.

Operational Costs

Based on the data received, the operational costs for the Town’s healthcare program from 2020 to 2024 cover medical clinics, recruitment, condos, and Port Elgin debt repayment. Total Operating Cost has averaged approximately \$330,000 from 2020 to 2022. In 2023, extraordinary recoveries were realized due to canceled physician agreements.



Note: 2024 year-end process was not finalized at the time of analysis; 2023 values for amortization and reserve contributions have been factored in. * Total Operating costs shown in Figure 2 (orange colour), are broken down in Figure 1. Total Operating Costs for Condos include all three condos: the two (2) leased condos and one (1) Town-owned condo.

**The Port Elgin Medical Clinic was constructed using debt financing and as such debt repayment to this has averaged approximately \$78,000 per year in principal payments from 2020-2024. This loan is set to mature in 2029.

These tables show operating and reconciled costs for healthcare administration, which appears to give a sense of the total cost of ownership and operation for Saugeen Shores. However, the challenge these charts also note is the lack of detail, where there are operating costs for all condos grouped into a single line item, and where the information for 2024 was unavailable as this review was taking place. There are also further gaps in understanding supporting staff time and effort (i.e., cost) for positions like Accounts Payable or support positions. Lastly, these charts do not include content related to any work with the Nurse Practitioner program, Emergency Room support, or other elements of healthcare administration that were beyond the scope of this review.

Data Limitations in the figures above:

Reported costs are understating the true financial burden due to excluded items, audit timing, and fragmented accountability. This is based on the following:

- Medical clinic full cost reporting is unclear. Reported facility costs omit key financial components needed for a thorough analysis, including:
 - Building amortization
 - Net reserve contribution activity
 - Financial costs – for Port Elgin
- Recruitment costs exclude the foregone interest income on loans.
- Amortization and reserve transfer values for 2024 have been based on 2023 data, pending final closure of 2024 year end.
- The net impact is that the true net costs are significantly higher than initially reported.
 - Full costs are incorporated into provincial FIR reporting
 - Broader issue reflects fractured accountability structure

This is important to note because reported costs are understating the true financial burden due to excluded items, audit timing, and fragmented accountability. Before the Town considers major changes to operations, agreements, processes, and/or facilities, it should complete full cost accounting, reconcile finalized year-end figures, and establish centralized tracking and clear governance to enable reliable, evidence-based options analysis.

Commentary Related to Facility Operations and Ownership

The scope of this review was defined through an iterative process in collaboration with the Town and focused specifically on the administrative, financial, and infrastructure aspects of healthcare service delivery, particularly those related to the recruitment and retention of primary care physicians. The review focused on Town-owned facility management and condition, operating costs and resourcing, lease arrangements, and contract management, with the goal of identifying foundational gaps and opportunities for improvement. It should be noted that clinical operations were excluded from the review, which would include elements such as examining patient flow, care delivery models, physician staffing and rotations, detailed reviews of physician agreements and broader facility staffing, process mapping activities for administrative or infrastructural activities in the medical facilities or Town-owned condo, and more.

The focus of the review was to understand, using the available data (i.e., a limited number of redacted agreements and available financials) in conjunction with a limited number of interviews to identify if/where there were any opportunities to enhance or refine the operations of the facilities. What was not reviewed in detail were the overall ownership or operating structures of the facilities. The reason for this boundary was twofold: first, contemplating changes to detailed operations or processes would require a much more detailed assessment than was in scope for this review, and secondly, the data available and provided to Optimus SBR could not support this level of review. This would have meant a need to rescope the project to be almost solely dedicated to the development of new current state materials that would then inform possible future state options.

The Town expressed an interest in further understanding other options and models that are in place in other municipalities (e.g., public-private partnerships, third party agreements, potentially divesting fully from clinic ownership), as well as a desire to understand how the processes and structures of the two facilities could potentially be aligned. This request, however, was not able to be reviewed by the Optimus SBR team as it was received after the development of future state recommendations, and would require substantial additional time and scope to complete.

However, in support of the Town the Optimus SBR team has developed a high-level structure for how this type of a review could be completed. Below is a scope of work for how the Town would review the operations and potential alternative ownership structures for the Town-owned medical clinics:

- Engagement with all physicians and clinic staff in both facilities to have a comprehensive understanding of service delivery models, including what is currently working well, where challenges exist, and to identify a full suite of differences in the operations of the two facilities;
- Development of detailed processes and procedures to understand and codify current state activities to identify inefficiencies, duplications, waste, and areas that are operating well;
- Collection of patient volume data, appointment types, and operating hours;
- Analysis of staffing models, workflow, resource utilization and workload data (including for clinical and municipal staff);
- Comprehensive asset valuation and market data research for ownership restructuring;
- Development of criteria and an evaluation framework to assess alignment of models with municipal goals; and

- Increased involvement with regional healthcare partners to collaboratively provide insight on optimal models from a systems-lens.

Through a more holistic perspective and lens, the Town will be in a better position to understand the value, impact, and sustainability of its healthcare investments and thus, make informed decisions about ownership, investment, and long-term strategy.

All of this work would need to take place as a dedicated review, and would require fully up to date and historical financial and operational information. Any changes would also likely need legal review to ensure no agreements or otherwise agreed upon roles, responsibilities, or processes are inadvertently harmed through the process.

Physician Recruitment and Retention Advisory Group – Saugeen Shores - Proposed Terms of Reference

The following is a proposed Terms of Reference for the Saugeen Shores Advisory Group.

| | |
|---|--|
| Purpose: | To provide strategic guidance, stakeholder input, and community alignment in the development, implementation, and evaluation of physician recruitment and retention initiatives in Saugeen Shores. |
| Objectives: | <ul style="list-style-type: none"> ○ Advise on the design and refinement of incentive packages, ensuring relevance and feasibility. ○ Support the development of governance, funding, and operational models for physician support. ○ Facilitate collaboration between municipal, clinical, and regional health system partners. ○ Ensure physician and community voices are embedded in decision-making. ○ Monitor and evaluate the effectiveness of recruitment and retention strategies over time. |
| Scope of Work: | <ul style="list-style-type: none"> ○ Review and validate cost estimates and incentive frameworks. ○ Recommend engagement strategies for physicians, clinics, and community stakeholders. ○ Provide input on facility planning, administrative support models, and contract structures. ○ Align local efforts with provincial reforms, including Ontario Health Team developments and physician remuneration. ○ Contribute to public communications and transparency around recruitment efforts. ○ Reports to Town Council through designated staff lead. ○ Conduct Quarterly meetings, with additional sessions as needed during planning or implementation phases. |
| Proposed Membership Composition: | <ul style="list-style-type: none"> ○ Municipal staff (e.g., Community Services Coordinator, Strategic Initiatives Manager) ○ Local physicians ○ Clinic managers or Family Health Team/Network representatives ○ Hospital or Ontario Health Team liaison ○ Optional: Community representatives (e.g. Bruce Power representatives) |

What we heard from Physicians on Potential Incentives

Direct Physician Practice Incentives

- Cash and loan-based retention grants (e.g., \$100 000 over five years or the provincial \$86 000/4-year model)
- Rent relief or free rent in Town-owned clinic spaces
- Property-tax forgiveness and sliding-scale overhead discounts tied to roster size or years of service
- Relocation reimbursements for moving expenses, emergency-training fees, credentialing costs, CPR certification, etc.
- Professional development allowances (CME grants, course-fee coverage)
- Transparent, standardized incentive package in a single PDF detailing all dollar values, terms and timelines at years 1, 5 and 10
- Equity with Nurse Practitioner supports—ensuring family physicians receive equivalent or greater rent and salary subsidies
- A clear, multi-year “off-ramp” policy for retention incentives (e.g., five-year, \$100 000 forgivable grants)
- Administrative relief through bundled services: handling licensing/training fees, credentialing logistics and reconciling shared utility or CAM costs
- Proactive facility upgrades—fresh paint, elevator access, privacy-compliant exam pods and reliable HVAC—plus clarity on space availability and expansion rights

Collaborative and Engagement Incentives

- A single, dedicated liaison or concierge service to manage all leasing, invoicing, contract, compliance and facility issues
- Active advocacy and partnership with the OHT and Province to secure Family Health Team status, expand team-based care and unlock matching grants
- Regular, structured engagement forums (physician round tables or Advisory Councils) for co-designing incentives, reviewing performance data and guiding municipal decisions

Lifestyle Incentives

- In-kind supports such as spouse employment/referral services, school-enrollment guidance, affordable housing assistance and concierge-style welcome baskets
- Community-integration perks (e.g., free green fees at the municipal golf course, invitations to local events, facilitated meet-and-greets with current physicians)
- Family-friendly supports including transit passes, affordable childcare and access to community-run youth programs