



Quality Improvement Plan 2023-24



Thunder Bay Regional
Health Sciences
Centre

Overview

Thunder Bay Regional Health Sciences Centre (TBRHSC) has a mission to provide quality care to patients and families supported and advanced by research, innovation and education that is responsive to the needs of the population of Northwestern Ontario. Our Hospital, with 375 beds, serves the people of Northwestern Ontario. Our region has a population of over 250,000 residents scattered over a geographical area the size of France. We offer a broad range of specialized acute care services. As a teaching Hospital, we are proudly affiliated with Lakehead University, Confederation College and the Northern Ontario School of Medicine (NOSM University). We are the largest employer in Northwestern Ontario.

As identified in our [Strategic Plan 2026](#), providing quality care remains a top priority of TBRHSC. With the strategic directions of Equity, Diversity and Inclusion, Patient Experience, Staff Experience and Research, Innovation and Learning, striving for quality is foundational to setting and achieving our goals as set out in the plan. For example, in Patient Experience, our goal is to focus relentlessly on quality to deliver services that are free from preventable harm, accessible, appropriate and integrated.

In 2022/2023, TBRHSC commenced a number of initiatives to support quality at a corporate level. In alignment with *The Canadian Quality and Patient Safety Framework for Health Services*, we introduced Quality huddles, beginning with inpatient units. Additionally, ongoing Quality Improvement training continues to support quality improvement activities, enables a culture of safety improvement and builds staff's knowledge in safe, effective, patient-centred care.

In the absence of a 2022/2023 QIP submission to Ontario Health, TBRHSC continued to utilize QIP guidance and components to advance two quality improvement projects. Throughout the 2022/2023 year, we focused on hand hygiene compliance in inpatient units and Workplace Violence in the Emergency Department. Learnings and best practices will continue throughout this year and expanded to other areas of the Hospital.

To further our commitment to quality, TBRHSC engaged all staff, professional staff, learners, volunteers and community partners in preparation for Accreditation Canada's survey. In May 2022, Accreditation Canada completed its on-site assessment of our Hospital's leadership, governance, clinical programs and services against a rigorous set of quality and safety standards. We received the highest possible designation, "Accredited with Exemplary Standing". Among the many high performing areas, the surveyors took special note of TBRHSC's commitment to improving health care for Indigenous Peoples, and ongoing work focusing on patient and family centred care. As well, community collaborations with both academic institutions and health care providers, where partnerships work together to address challenges, was recognized as a strength.

Patient Engagement and Collaboration

Patient and Family Centred Care (PFCC) remains integral to the work we do and is embedded throughout our operations and included in our Strategic Plan 2026. The core concepts of PFCC are dignity and respect, communication and information sharing, participation, and collaboration. As such, patients and families continue to be involved in planning and decision making.

Patient Family Advisors (PFAs) are valued members of committees and project teams across the organization. For example, in 2022/2023, PFAs were involved in the Workplace Violence Prevention Working Groups and Steering Committee as well the committee to develop the Strategic Plan 2026.

Co-design as a tool to support a quality Patient Experience is highlighted in our Strategic Plan 2026 and as we evolve the framework for this concept, will further bolster PFCC. The involvement of PFAs in the early stages when developing projects and processes provides a unique

opportunity for different perspectives and enables compassion, respect and empathy for our patients and their families.

Provider Experience

Organization's experience with staff experience related to burnout due to decreased staffing

TBRHSC is experiencing the same health human resources (HHR) shortages that are affecting the entire health care system, that were further exacerbated by the COVID-19 pandemic. Northwestern Ontario faces unique challenges, particularly where vacancies exist in professions that cannot be filled with local graduates and in roles where we compete for talent outside of the health and public sector. Many staff are opting for part-time and casual positions (rather than full-time) to try to achieve work-life balance, and experienced staff are retiring.

How are we supporting health care workers?

Our Strategic Plan 2026 sets out goals related to recruitment and retention in the Staff Experience strategic priority. The initiatives planned and underway are designed to contribute to the development and maintenance of a positive work environment; including ensuring leaders are appropriately equipped to provide support and guidance to employees on a day-to-day basis. Additionally there are operational projects, such as the upgrade of our scheduling systems, which will bring efficiencies to processes, ultimately benefitting staff. We have also engaged in targeted recruitment efforts, incentives, and revised models of care to address shortages in the areas of greatest need.

How do we engage workers in identified opportunities for improvement?

Staff were involved in the development of Strategic Plan 2026 through advisory committees and other forums. In addition, a Staff Experience survey conducted during our most recent accreditation cycle provided feedback that informed staff and leaders in the development of department level action plans to address areas identified for improvement. Completion of action plans are tracked through operational planning processes and we are currently exploring employee experience tools to ensure that regular feedback is collected, received and actioned. We have also recently launched a Staff Advisory Committee that will provide feedback on new and existing initiatives to support staff engagement and change management. All unions are regularly engaged in labour-management forums.

Workplace Violence Prevention

Within our Strategic Plan 2026, workplace violence is captured under the strategic priority "Staff Experience", with a commitment to "improve physical and emotional safety, and violence prevention". Workplace violence is reported through an internal employee incident system that allows for review and follow up of every incident by leadership within the relevant program as well as Occupational Health and Safety staff. Staff experiencing violence are supported by their direct supervisor, Occupational Health and Safety as well as services of the Employee and Family Assistance Program.

Data provided through the employee incident system allows for analysis and trending. Through this review, it was confirmed that the greatest number of reports were submitted within the Emergency Department (ED). Extensive work has taken place over the past year to identify opportunities to decrease violence in the ED, with frontline staff leading this work. The Workplace Violence Prevention working groups and Steering Committee, continue monitoring metrics and

engaging at all levels and departments, including Patient Family Advisors. Community Partnerships have also been a focus in preventing workplace violence incidents.

Successes of this work have included:

- Antiviolence communication campaign
- Security staff training
- Mental health enhancements including access to a part-time peer support worker in ED
- Recruitment of ED Indigenous Patient Navigators with experience working with mental health and addictions
- Additional security in ED
- Police in ED from 3:00 p.m. to 3:00 a.m.
- Creation of a de-escalation room in the ED ambulance bay (project underway)

To continue building on the activities done that have proven to prevent workplace violence, we are making this a priority on the 2023/2024 QIP and details are included in the attached workplan.



Patient Safety

There are many well-established processes at TBRHSC to support improvement of patient safety. Our internal incident reporting system is well used by staff and includes all levels of harm as well as no harm/near miss events. Every incident is reviewed by relevant leaders - this may be individually or as a group - through a Quality of Care Review or Morbidity and Mortality Round. Under the Public Hospitals Act - Regulation 965, the Incident Learning System (ILS) is the electronic patient safety management system adopted by our Hospital to capture all reported incidents and near misses involving patients and visitors. Follow-up with the person submitting the incident is a necessity and the sharing of trends and recommendations with teams is a vital component for patient safety. System improvements to the ILS technology is key to building a *Just Culture* by acting as the catalyst for open and positive communication and collaboration for patient safety incidents. Unplanned events that occur, or could have occurred, are reported into the ILS and managed by the Patient Safety Improvement Specialist. Recent updates to the ILS have allowed a more accurate number of leaders to be tagged by the system when a report is received. This update has improved efficiencies in workflow, reduced communication gaps, ensured timely notification and follow-up, and provided autonomy in determining most appropriate leaders to include.

Future improvements to supporting technology is key and is an area we have identified for improvement in our Patient Safety Plan. The use of technology and processes together, will further drives quality and improve the safety of care provided and the environment in which we work.

Last year, TBRHSC adopted the Canadian Quality and Patient Safety Framework to guide patient safety and quality improvement initiatives – moving away from the STEEP Framework previously used.

The framework has been incorporated into patient safety initiatives and foundational to quality huddles that drives quality and safety discussions at the unit level.



Health Equity

Equity, diversity and inclusion is identified as a strategic priority for TBRHSC. Specifically, we have committed to embedding equity, diversity and inclusion in everything we do and providing a culturally safe experience for all patients and staff.

While everyone working, learning and/or volunteering at TBRHSC will be involved, we will have designated staff resources to support this work, including a new Vice President role. Advancing this work will require continued and planned partnerships with many groups, organizations and individuals.

Examples of strategies that have focused on non-medical social needs include the addition of roles such as Indigenous Care Coordinators throughout TBRHSC and Peer Support Workers in the ED. We also have designated physical space for cultural specific activities, which include an area within the Hospital for smudging and a tipi on the property. As well, we are participating in many partnerships to address systemic social needs, such as improving access to services close to home and harm, developing resources and process to support reduction strategies.

Executive Compensation

In accordance with the Excellent Care for All Act, 2019 (ECFAA), performance-related pay available to designated executives is paid as a lump sum based upon attaining defined performance goals.

Performance-related pay objectives applies to all designated executives, which includes the President and CEO, the Chief of Staff and all Vice Presidents.

The sum of all objectives includes but is not limited to the following:

- Quality Improvement Plan
- Strategic Objectives
- Financial Goals
- Internal Business Process
- Learning and Growth
- Leadership Development

Accountability for the execution of both the annual QIP and Corporate Strategic Plans are delegated to the President and CEO from the Board of Directors through a delegation of authority policy. The plans are reviewed, approved and monitored by the Board of Directors through performance evaluations of the President and CEO and the Chief of Staff, which are then cascaded to all the designated executives of the hospital. It is the sum of all objectives in these plans that determine the performance pay component for the hospital designated executives, including the Chief of Staff.

Signatures



Gord Wickham
Board Chair, Thunder Bay
Regional Health Sciences Centre



Dr. Rhonda Crocker Ellacott
President and CEO, Thunder Bay
Regional Health Sciences Centre