



Exceptional  
**Care**  
for every patient,  
every time.

Thunder Bay Regional Health Sciences Centre

# **2022-2023 Annual Report**



Thunder Bay Regional  
Health Sciences  
Centre

# Message from the Chair of the Board of Directors



This is our first year reporting on the goals outlined in Strategic Plan 2026 and I am proud of everything that the Thunder Bay Regional Health Sciences Centre (TBRHSC) team has accomplished throughout the year. Our Strategic priorities are guiding us to where we want to go, however, I am encouraged by our ability to keep moving to the future while maintaining a focus on our immediate needs. This was evident this year as we continued to experience ebbs and flows with respect to COVID-19 and respiratory illnesses. Through all the turmoil, there was a continued commitment to patient and family centred care and the need to continue to build partnerships.

In a newly created role for the organization, the Vice President of Indigenous Collaboration, Equity and Inclusion was recruited in November 2022 and is advancing the goals of equity and inclusion across the organization. In partnership with Wake the Giant, our Hospital officially launched a virtual Indigenous Culture and Inclusivity Training that will assist our staff to better understand patients' needs and ultimately, better serve our community by developing our Hospital as a more culturally inclusive, safe space.

In another collaboration, we worked with Thunder Bay Catholic District School Board and Community Living Thunder Bay to launch Project SEARCH in our community. Project SEARCH is a one-year transition from school-to-work program for young adults with disabilities. Over the course of the school year, students participate in internships to explore a variety of career paths to create an employment goal. As the first host organization of Project SEARCH within Northwestern Ontario, we welcomed students as they were placed throughout our Hospital in Volunteer Services, Gift Shop, Material Management, Human Resources, Patient Food Services, Cafeteria, and Environmental Services. As a strong community member, we are thrilled to be involved in this program that provides opportunities and prepares students for employment within our community.

TBRHSC remains an active member in the City and District of Thunder Bay Ontario Health Team (OHT) with a goal to improve local care, and the Northwestern Ontario Regional Specialized Services Network, as it relates to services and care for our regional population. This coordination of health care will allow for better supports for patients and families and ultimately improve population health and regional care coordination for better patient experiences.

Each day our amazing staff, professional staff, volunteers, and learners show their commitment to our patients and families, through partnerships, teamwork and excellence in care to ensure safe and quality patient care remains at the forefront. The dedication continues to amaze me, and I want to close by saying thank you for all your efforts and innovative ways. Thank you for your professionalism and compassion in serving the people in our communities either directly, or indirectly through partnerships. You are making a difference in the lives of our patients, their families, and your colleagues with everything that you do.

**Gord Wickham**  
Board Chair,  
Thunder Bay Regional Health Sciences Centre

# Board of Directors

(as of March 31, 2023)

## Executive:

**Gordon Wickham**  
(Chair)

**Pat Lang**  
(1st Vice Chair)

**Matt Simeoni**  
(2nd Vice Chair)

**John Hatton**  
(Treasurer)

**Joy Wakefield**  
(Chair, Patient Safety & Quality of Care Committee)

**Christine Bates**  
(Chair, Human Resources Committee)

## Ex-Officio:

**Dr. Rhonda Crocker Ellacott, PhD**  
(President & CEO)

**Dr. Bradley Jacobson, MD**  
(Chief of Staff)

**Dr. Salima Oukachbi, MD**  
(President, Professional Staff Association)

**Adam Vinet**  
(Chief Nursing Executive)

**Dr. Sarita Verma, MD**  
(NOSM University)

## Directors:

**Dr. Andrew Dean, PhD**

**Dr. Pamela Wakewich, PhD**

**Douglas Judson**

**Monique Rocheleau**

**John Friday**

**Glen Currie**

## Community Members:

**Christina Brassard**

**Michael Pelletier**

**Pauline Mickelson**

# Message from the President and CEO



I am pleased to provide this report to the community, the first year into our Strategic Plan 2026, our first ever joint plan with the Thunder Bay Health Sciences Research Institute. Our new vision, Exceptional care for every patient, every time is the perfect platform to refocus and enable new opportunities.

Our year began very well despite still being in the middle of the pandemic. Underscoring our commitment to quality, safety and patient-centered care, we received a top assessment survey from Accreditation Canada. This

independent, not-for-profit organization sets standards for quality and safety in health care and accredits health care organizations around the world. Thunder Bay Regional Health Sciences Centre (TBRHSC) earned 'Accredited with Exemplary Standing', the highest level awarded to organizations going through the Accreditation process. This first-ever achievement for TBRHSC is the result of our collective commitment to providing our patients with safe, effective care.

Though the rest of the community moved on from COVID-19, the third year of the pandemic brought both challenges and opportunities to provide safe, quality and innovative care. When we experienced a surge in paediatric admission levels this past winter, our Hospital responded with a regional approach to ensure continuity of care. Our Paediatric team launched the Regional Paediatric Response program, a virtual consultation service, where a pediatrician from TBRHSC is able to examine a child in a regional hospital via video conference using Telemedicine. This supports the health care providers in the regional community hospitals, where limited resources exist. It also allows providers to start early interventions, providing care closer to home and improving the patient experience.

The patient experience and staff experience are directly connected, and these co-dependent components are essential to creating a work environment that supports patient-centred care and supports and fosters a culture of well-being for our staff. As one of the four priorities within the new Strategic Plan, we have taken a deliberate and thoughtful look at Staff Experience - our culture and the organization that we all want to be a part of. Centering on fostering an environment that enables our staff to work safely, grow and ultimately thrive, we are supporting transformative change by embedding our values into our behaviours.

This past year we also strengthened our commitment to Equity, Diversity and Inclusion. We launched the Wake the Giant Indigenous Culture and Inclusivity Training that is mandatory for all staff. This virtual training module teaches how to identify racism and how to engage in anti-racism strategies. Our staff are committed to providing the best possible health care experience for everyone in Northwestern Ontario, and this training will support in our collective efforts toward truth and reconciliation.

Seeing the compassion and commitment first-hand in overcoming the challenges encountered over the past few years, the unprecedented achievement from Accreditation Canada, and the incredible work towards our strategic goals through the year, I want to say I am truly grateful to our staff, professional staff, learners and volunteers. I would like to finish by thanking the people and communities we serve for their support whether that's a donation through our Foundation's 50/50 draw or kind words for our hard-working staff. It all makes a difference, and we truly appreciate your ongoing support.

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



## Message from the Chief of Staff/ Medical Advisory Committee



This past year, our hospital and professional staff demonstrated yet again, their strength and endurance for bearing the intense demands of working in a hospital environment throughout a pandemic. Amidst changing COVID-19 response levels and pressures due to rising hospitalizations and intensive care admissions, our team was nimble and rose up to the challenge.

Through innovative changes in care models and the addition of Medical Leads, local and regional impacts of patient flow were able to sustain the increased demands as a result of a surge in influenza and respiratory viruses. Existing pressures and staffing shortages, created further stressors as we looked to shore up resources to manage the influx of paediatric cases. Our team responded swiftly and together they played a pivotal role in managing regional care needs by ensuring Medical Specialists were prepared to respond to operational challenges, supported through robust surge plans.

In addition, Thunder Bay Regional Health Sciences Centre (TBRHSC) played an instrumental role in helping regional hospitals by supporting virtual outreach paediatric clinical service care to provide care closer to home for patients throughout Northwestern Ontario.

Since the start of the pandemic, Ontario hospital surgical wait lists and wait times have increased because of reduced hospital capacity due to COVID-19 restrictions and reduced staffing levels as resources were applied to manage more acute care needs. Our Hospital, surgeons and staff focused their efforts to reduce the number of long-waiting surgical cases by using a multi-pronged approach to identify those waiting longer and optimizing surgery times, including extending the hours. Through efficient use of operative capacity, we were able to stabilize our surgical wait lists and get our wait times within target; resulting in a better experience for patients and how they are rostered. There is still more work to be done, but our team has made incredible progress on addressing the backlog and improving the wait times for those who have been waiting longer.

The Minimally Invasive Urologic Surgery Fellowship Program has positively impacted patients in Northwestern Ontario. During the pandemic, the program has conducted three randomized controlled trials that have helped change clinical practice and made significant improvements in patients care. Patients undergoing holmium laser enucleation of the prostate (HoLEP) and other laser prostatectomy procedures are discharged home on the same operative day (instead of staying overnight). Not only is this more convenient for patients and their families, it reduces health care costs, while freeing up resources and beds for more acute cases. Together through our Research Institute we will continue to expand the vision of excellence in providing world class urology treatment.

Recruitment to our region continues to be a priority and as a Regional Tertiary Academic Health Sciences Centre. We will continue to advocate for our region and explore innovative care models and partnerships to address areas of need to ensure we provide exceptional care to all our patients.

We know we have a full slate on our hands but we are optimistic for the future of health care in our region and our highly experienced and skilled team are as dynamic as the demands through the day dictate. I am genuinely proud of all our achievements this past year and want to thank all the staff and professional staff who empower our organization to accomplish truly great achievements in health care for the people of Northwestern Ontario. I look forward to the next year and maintaining the momentum.

**Dr. Bradley Jacobson**

Chief of Staff,  
Thunder Bay Regional Health Sciences Centre

## Message from the Co-Chairs, Patient Family Advisor Council



In this report last year, I indicated that I was “struck by a new sense of optimism and hope”, and that I couldn’t wait to see what this year would bring. Let me suggest, and I am sure my Co-Chair would agree, that both optimism and hope for the year were more than realized. It has been an incredible year moving us much closer to our vision of exceptional care for every patient, every time.

The year has been highlighted by the beginning of the implementation of Strategic Plan 2026. This plan listed strategic directions: Equity, Diversity, and Inclusion, Patient Experience, Staff Experience, and Research, Innovation and Learning. While it is not our intention to report on all areas, we are making amazing progress in every strategic direction!

In the area of Patient Experience, we have witnessed the beginning of our transition to co-design. Co-design provides patient input into all hospital activities ensuring that the patient will continue to be at the centre of all we do. Congratulations and thank you to Patient Family Advisors and professional staff for their efforts in this area. We have come a long way in the first year of our strategic plan.

We are so pleased to report on the amazing progress we have witnessed in the direction of Staff Experience. In the past year, we have established a Workplace Violence Prevention Committee, which is already seeing tremendous results in ensuring a safe workplace for our staff, and a Staff Advisory Committee to listen and respond to the needs of staff in our Hospital.

These initiatives will go a long way to making Thunder Bay Regional Health Sciences Centre (TBRHSC) attractive to new staff, especially nurses, and help to retain our experienced staff. As patients, we understand that positive staff experience leads to positive patient experience and improved patient outcomes. Thank you to our staff for being patient while we implement these important initiatives.

Recently we had our first in-person PFA Council meeting in more than two years! The enthusiasm and passion was palpable as we celebrated being together again with common purpose. Cathy and I wish to thank our fellow PFAs for all the work they have done over the past year under really challenging circumstances. We also recognize the incredible commitment of all volunteers over the past year - truly outstanding! Your continued participation makes a huge difference to the patient’s experience at our Hospital.

As we move into the next year, we are buoyed by the new sense of purpose we continue to witness from both staff and volunteers at TBRHSC. We look forward to the next year as we transition to our “new normal” while continuing to bring world-class care to patients from all of Northwestern Ontario.

Thank you,

**Paul Carr and Cathy Pilot**

Co-Chairs, Patient Family Advisor Council,  
Thunder Bay Regional Health Sciences Centre



## Message from Thunder Bay Regional Health Sciences Foundation



We always say that donors and supporters are the real heroes. That couldn't be more evident lately. Thanks to the continued amazing donor support and, more recently, the overwhelming support for the Thunder Bay 50/50, the Thunder Bay Regional Health Sciences Foundation

granted over \$14.2 million to Thunder Bay Regional Health Sciences Centre projects in the last three years! That includes \$5.6 million last year alone! These figures are by far the most ever available year over year. We literally feel astounded by the generosity of our donors and supporters in Thunder Bay and across Northwestern Ontario.

Of course, what is most important is what we can do with those donations to improve patient care. We are helping Regional Cancer Care upgrade and expand their radiation program with the acquisition of a third Linear Accelerator and new PET/CT scanner. The Our Hearts at Home Campaign continues to raise funds for full cardiovascular surgical services. This year a new \$2.1 million Cath Lab is being installed to replace ageing equipment. On top of this, the Foundation committed about \$3 million through the Thunder Bay 50/50 Draw to the redevelopment of the Emergency Department.

Family CARE Grants are perhaps our most touching donations. These grants enable frontline health care workers to identify gaps in care and invent their own solutions for the benefit of their patients - little things such as a stuffed animal to comfort a frightened child going into surgery, a new treatment chair to make a dialysis patient's long stay more comfortable, and child-size vein finders to make needle or IV insertion less traumatizing. It is so heartwarming to be able to help our Hospital staff support their patients in these special ways.

Health care affects everyone. But it is circular: everyone affects health care, too. We are profoundly grateful to our donors and supporters for their commitment to supporting world-class health care, closer to home. Through their generosity, vision, and hope for our community and region, our donors and supporters improve health care for everyone. We are seeing what great change we can all make when we put our hearts and our dollars into it.

So yes, our donors and supporters are the heroes – and these last few years, more than ever! Thank you to all who have helped make more local health care programs a reality.

Together, for better.

**Parker Jones**

Chair, Board of Directors,  
Thunder Bay Regional Health  
Sciences Foundation

**Glenn Craig**

President & CEO,  
Thunder Bay Regional Health  
Sciences Foundation



## Hospital's Cardiovascular Surgery Project Celebrates Move to Next Stage

The next stage of the Cardiovascular Surgery Project is in full swing and on October 19, 2022, representatives from Thunder Bay Regional Health Sciences Centre (TBRHSC) and the Thunder Bay Regional Health Sciences Foundation (TBRHSF) joined Kevin Holland, Member of Provincial Parliament for Thunder Bay-Atikokan to share details and recognize the move to the next phase.

When complete, the updated Cardiovascular Surgery space will feature a cardiac operating room (OR) for open heart surgery, a hybrid OR with imaging equipment for minimally invasive cardiac and vascular procedures, a 14-bed Cardiovascular Surgery Unit, and a six-bed Coronary Care Unit.

The Project is a partnership

between TBRHSC and Peter Munk Cardiac Centre at University Health Network (UHN) and employs a 'one program, two sites' model of care, which will deliver comprehensive cardiovascular care to the people of Northwestern Ontario. The corridor of services created will ensure the highest standard of care to all cardiovascular patients, whether requiring routine or complex interventions.

In August 2021, the provincial government announced \$5.2 million in funding to support the planning and design of the Hospital's new Cardiovascular Surgery Project. Shortly after, the Project received Stage 2 "Functional Program" approval. This included a detailed description of the programs to be delivered, the workload and staffing associated with the

programs and major equipment and space requirements.

With the latest approval, the Hospital is able to proceed to Stage 3.1, which will be done jointly with TBRHSC and UHN. Requirements for this stage include preliminary design of the space and detailed mechanical, electrical, fixture, furniture and equipment needs. The clinical program and design development teams are working diligently to submit Stage 2.2 (previously Stage 3.2) by early July.

Special thanks goes out to the generous donors in our community who designate their donations directly to the TBRHSF's Cardiovascular Surgery campaign, which will be instrumental in bringing cardiovascular surgery to TBRHSC.





## TBRHSC Earns Highest Possible Standing in Accreditation Report

For the first time in the Hospital's history, Thunder Bay Regional Health Sciences Centre (TBRHSC) is among a group of select hospitals in Canada to receive the highest possible designation from Accreditation Canada, 'Accredited with Exemplary Standing'. Exemplary Standing is Accreditation Canada's highest designation and is awarded to an organization that has gone beyond the requirements of the accreditation program, demonstrating excellence in quality improvements.

Accreditation Canada surveyors visited TBRHSC from May 15-19, 2022, to conduct an on-site assessment of the Hospital's leadership, governance, clinical programs and services against a rigorous set of quality and safety standards and required organizational practices. The Accreditation process involves all members of the organization, from the Board of Directors and leadership to frontline staff as well as members of the community including patients and families and community partners.

Among the many high performing areas of the Hospital, the surveyors took special note of TBRHSC's commitment to improving health care for Indigenous people, 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.

TBRHSC met 100 per cent of the Required Organizational Practices, which address high-risk areas in health care and are categorized into six safety areas: Safety Culture, Communication, Medication Use, Infection Control, Worklife/Workforce and Risk Assessment. The Hospital's overall compliance rating resulted in 99.19 per cent.

Our work will continue as we assess our operations against the program standards to continue providing excellence in care.



## Preserving the Essence of Family Presence During a Pandemic

March 2023 marked three years since the COVID-19 pandemic began. The anniversary came and went with very little societal recognition; however, the Thunder Bay Regional Health Sciences Centre (TBRHSC) team was still dealing with COVID-19 at work daily. Throughout the waves of the pandemic, restrictions on family presence were introduced, as a measure to protect patients, families and staff. Our team continued to serve the community with professionalism, compassion and endurance, and delivered on their commitment to providing patient and family centred care each and every day. Since the beginning of COVID-19, the Institute for Patient - and

Family - Centered Care (IPFCC) has been creating new resources and networking opportunities for the field focused on maintaining patient - and family-centered care and its fundamental partnerships during the pandemic. A key issue has been family presence. With the advent of the Omicron variant, as noted above, some new restrictions on family presence were introduced. Recognizing that the issues are somewhat different than they were in the spring of 2020, a forum was established to share challenges as well as emerging best practices related to family presence. To support this, in mid-January 2022, IPFCC facilitated a Patient and Family Centered Care:

Connect Informal Conversation with the field and from the Conversation itself and from other information gathered, IPFCC developed a new, *Emerging Best Practices for Preserving the Essence of Family Presence During a Pandemic*. Thunder Bay Regional Health Sciences Centre (TBRHSC) was recognized for not only acknowledging essential care partners (ECPs) as an integral part of care provision by the creation of a Guidance Document for COVID-19, but also for creating the position of Care Partner Liaison to support ECPs in their role. The example shows true commitment to family presence - and creativity in finding strategies even during the pandemic.




# By the Numbers

## ADMISSIONS & STATS

 **19,993**  
INPATIENT ADMISSIONS

 **1,488**  
BIRTHS


**5,171**  
INPATIENT SURGERIES  
**8,118**  
OUTPATIENT SURGERIES  
**13,289**  
TOTAL SURGERIES

 **4,277**  
# OF PATIENTS  
AWAITING SURGERY

 **18,788**  
SURGICAL DAY CARE VISITS

 **3,629**  
CARDIAC CATHETERIZATIONS

**89,869** + **57,297**  
EMERGENCY DEPARTMENT VISITS OUTPATIENT CANCER VISITS  
**53,426** + **106,599**  
OUTPATIENT RENAL VISITS OTHER OUTPATIENT VISITS  
**307,191** +  
TOTAL OUTPATIENT VISITS

**97.5%**  
AVERAGE INPATIENT  
OCCUPANCY  
 **86.1**  
AVERAGE DAILY  
ALTERNATIVE LEVEL  
OF CARE PATIENTS  
 **3.4M**  
LAB TESTS

 **104,626**  
SUPPORTIVE CARE  
ATTENDANCE DAYS  
 **32,783**  
VIRTUAL CARE VISITS

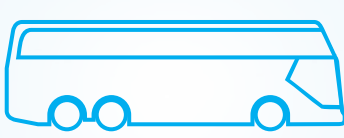
 **262,887**  
DIAGNOSTIC TESTS

 **624,696**  
PATIENT MEALS SERVED

**1.2M**  
KILOGRAMS LAUNDERED  


 **92.4%**  
OF NWO PATIENTS WHO  
RECEIVE REQUIRED INPATIENT  
CARE WITHIN NWO

**5,260**  
TAMARACK HOUSE NIGHT STAYS  


**SCREEN  
FOR LIFE  
COACH**  
  
**5,075** | **831** | **1,725**  
MAMMOGRAMS | FECAL IMMUNO-CHEMICAL (FIT) TESTS | PAP TESTS

## STAFFING

**3,399**  
NUMBER OF EMPLOYEES  


 **2,401**  
FULL TIME EQUIVALENT

**960**  
LEARNERS  


 **676**  
PROFESSIONAL  
STAFF

**172**  
VOLUNTEERS  


**10,444**  
HOURS OF  
VOLUNTEER  
SERVICE  


# Thunder Bay Regional Health Sciences Centre & Thunder Bay Regional Health Research Institute

Thunder Bay Regional Health Sciences Centre (TBRHSC) is a 375-bed acute care facility and academic health sciences centre. As the only tertiary health care provider in the region, Thunder Bay Regional Health Sciences Centre provides comprehensive care to more than 245,000 people in a region the size of France. TBRHSC teaches the next generation of health care providers and advances medical research through the Thunder Bay Regional Health Research Institute (TBRHRI). Patients benefit from interprofessional teams of dedicated health care providers and access to leading-edge medical technology and clinical trials. TBRHSC is proudly affiliated with Lakehead University, Confederation College and NOSM University. TBRHSC operates on sacred land. We respectfully acknowledge that we work on the traditional lands of the people of Fort William First Nation. This land is the territory of the Anishinabek Nation and is home to the Robinson-Superior Treaty of 1850. Today, Thunder Bay is the home to many Indigenous Peoples from across Turtle Island and we are grateful to have the opportunity to work together in this community and on this territory. We are committed to embedding equity, diversity and inclusion in all the care, education and research that we do. We believe that our differences are key to our growth as an organization and a community, and to our ability to develop innovative approaches to deliver exceptional care to patients, every time.



## STRATEGIC PLAN



### Exceptional care for every patient, every time.

The Strategic Plan 2026 begins a momentous phase for Thunder Bay Regional Health Sciences Centre (TBRHSC) and Thunder Bay Regional Health Research Institute (TBRHRI). As the inaugural joint strategic plan, it is the foundation on which significant progress in patient care and health research will be made. This plan was built on extensive engagement with patients, families, the public, volunteers, staff and health service providers. Updated Mission, Vision and Values statements reflect the input received, while responses were clear that the organizations' philosophy needs to remain the same: patients at the centre of everything we do. TBRHSC is committed to upholding its position as a leader in Patient and Family Centred Care by introducing the principles of co-design into care planning to ensure care better reflects the needs of the patients and families. Strategic Plan 2026 is an evolution that builds on the successes of the previous strategic plan, with focused strategic directions identified during stakeholder consultations, including Equity, Diversity, & Inclusion, Patient Experience and Staff Experience. A clear emphasis on Research, Innovation, & Learning will help prioritize and integrate research efforts, build research capacity and create an environment that better supports research, innovation, teaching, and learning. The strategic enabler Sustainable Future is critical to the organizations' financial health and future success, and includes supporting expansion of digital health, creation of a clinical services plan, advancing partnerships and system integration, and achieving operational sustainability. With this new strategic plan, TBRHSC and TBRHRI will strive for continuous improvement, driven by the needs of the patients and families served, and the commitment to exceptional care for every patient, every time.

For a closer look at our Strategic Plan 2026, check out this video:

[https://youtu.be/3C\\_LFcYeBo8](https://youtu.be/3C_LFcYeBo8)



#### MISSION:

We 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.

#### VALUES:

##### DIVERSITY

We foster a people-centred environment that is inclusive of all.

##### COMPASSION

We show empathy, compassion and respect by acknowledging ourselves as learners in understanding the experiences of others, and by considering the needs, thoughts and feelings of those we serve and with whom we work.

##### EXCELLENCE

We deliver the highest quality service in every encounter and in all our work.

##### INNOVATION

We embrace continual learning and improvement to drive positive change.

##### ACCOUNTABILITY

We sustain and reinvest in our mission and communities by wisely planning for and managing our resources.

#### PHILOSOPHY:

Patients at the centre of everything we do.

#### VISION:



#### OUR STRATEGIC DIRECTIONS:

**Equity, Diversity, & Inclusion**  
 We all belong

**Patient Experience**  
 Empathy, compassion, and respect in every encounter

**Staff Experience**  
 This is where we want to work, grow, and thrive

**Research, Innovation, & Learning**  
 Driven by the needs of our patients, our staff, and our communities

#### Sustainable Future Ensuring our Healthy Future



# Equity, Diversity, & Inclusion

We all belong

## Indigenous Self-Identification

The Indigenous Self-identification project is where patients are asked upon point of registration or admission if they would like to voluntarily self-identify as Indigenous. There is also an option to identify to staff in the units, or directly on the website. Self-identification allows patients quicker access to Indigenous Care Coordinators (ICCs), other Indigenous health services within the Hospital, government services, discharge planning, and care within their communities.

The target for Indigenous self-identification that was set for 2026 has already been surpassed, and we plan to expand the scope of the project and adjust the final target. Collecting this information enriches the patient experience, improves health services, and supports future planning for resource needs.



## Equity, Diversity and Inclusion Training Anti-racism Strategies

On February 24, 2023, Wake the Giant held a media event to launch their Indigenous Culture and Inclusivity Training to support businesses, companies, and organizations in creating more inclusive spaces, free of racism, and where Indigenous Peoples are welcome. As first to commit to this training, TBRHSC participated in the event, with online training to become mandatory for all staff at TBRHSC as of April 1, 2023. Participants learn to identify racism and engage in

anti-Indigenous racism strategies while exploring Indigenous history, culture, and traditions. The training also includes a wealth of crucial information that help participants to understand the harmful processes of colonization in Canada, including the residential school system, the 60s Scoop, and Indian hospitals. Over 5,900 employees and volunteers from the health care organizations are expected to participate in the training by March 2025.

## Building Equity, Diversity and Inclusion Into Everything We Do

To solidify our commitment in moving forward with embedding equity, diversity, and inclusion in everything we do, we created a new position, Vice President, Indigenous Collaboration, Equity & Inclusion that oversees counsel in advocacy and engagement with Indigenous communities, as well as federal and provincial authorities to improve health delivery and equity

outcomes. Additionally, responsible for advancing diversity, inclusion and health equity objectives, by recommending, developing and leading aspects of the equity, diversity and inclusion to provide expertise, resources, strategies and actions to advance equity and inclusion goals across the organization.

## STRATEGIC PLAN 2026

**WHAT WE WILL DO**  
**Embed Equity, Diversity, and Inclusion in everything we do.**

**HOW WE WILL DO IT**

- Assess policies and procedures, using an equity lens.
- Create an Equity, Diversity, & Inclusion Steering Committee.
- Recruit Indigenous staff.
- Identify opportunities for education and development of Indigenous individuals.

**WHAT WE WILL DO**  
**Provide a culturally safe experience for all patients and staff.**

**HOW WE WILL DO IT**

- Provide cultural safety and equity, diversity, and inclusion training for all staff.
- Conduct a walk-through of the Hospital's physical environment with an equity lens.
- Implement the principles of the Truth & Reconciliation Call to Action.

### HOW WE WILL MEASURE IT

- Increase staff engagement in cultural safety and equity, diversity, and inclusion training.
- Increase positive patient experience survey results related to their experience, views, and beliefs being acknowledged as part of care.



# Equity, Diversity, & Inclusion

We all belong



## Cancer Survivorship Campaign

Grand Council Treaty #3 in collaboration with TBRHSC's North West Regional Cancer Program launched the Cancer Survivorship Campaign. This campaign was created to bring awareness to key types of cancer that currently impact Treaty #3 communities and the message that people do survive cancer, especially if it is caught in the early stages.

This collaborative campaign features the stories of three Treaty #3 survivors who share their lived experiences with prostate, colon and breast cancer. The videos focus on the survivors' story while also educating viewers about provincial, organized screening tests for breast and colon cancer.

## Project SEARCH

TBRHSC in collaboration with Thunder Bay Catholic District School Board and Community Living Thunder Bay, launched the first Project SEARCH team in Northern Ontario. Project SEARCH is a ten-month unpaid internship program for students with disabilities in their last year of high school. In tandem with classroom learning, students participate in three ten-week internships over the course of the school year to explore a variety of career paths. The ultimate goal of the program is to prepare the students to be a productive and competent employee who can be hired within our community. In total, seven students joined the Hospital for their placement as part of the first-year program.

## Developing Culturally Safe Spaces at TBRHSC



TBRHSC marked the National Day of Truth and Reconciliation by taking steps to develop our Hospital as a more culturally inclusive, safe space. A 20-foot tipi was raised, which serves as a safe, cultural space for gatherings, ceremony, teachings and storytelling. The tipi is a part of our commitment to supporting Indigenous peoples when a time of spiritual connectedness or special time with others is needed. We thank our community partners for assisting in the construction and for their guidance. Special thanks also go out to the generous donors in our community who designated their donations directly to the Thunder Bay Regional Health Sciences

Foundation's Family CARE Grant program, which was instrumental in funding the construction.

Additionally, a large mural by Ojibwe artist Ryan Pooman (member of Fort William First Nation) was unveiled. This mural welcomes patients, families, visitors and staff to the cafeteria. The bright, colourful image showcases traditional Indigenous foods from Northern Ontario.

Providing care that honours our patient's identity, background and experiences will improve health outcomes and quality of care, and these events are one step in developing the Hospital as a more culturally inclusive space.

## Sioux Lookout and Area FIT Kit Initiative Kits-on-Hand Launch



As of March 20, 2023, fecal immunochemical test (FIT) kits for colon cancer screening were made available at nursing stations and health centres in Sioux Lookout and Area. This change was in response to a request from Indigenous partners and aims to address barriers to FIT access and to increase colorectal cancer screening participation.

This has been a collaborative effort between the Sioux Lookout First Nations Health Authority, Indigenous Services Canada, TBRHSC's North West Regional Cancer Program, LifeLabs, the Ministry of Health and Ontario Health. Partners have been working together to establish new processes and ensure that nursing stations and health centres are supported in their delivery of this new model.

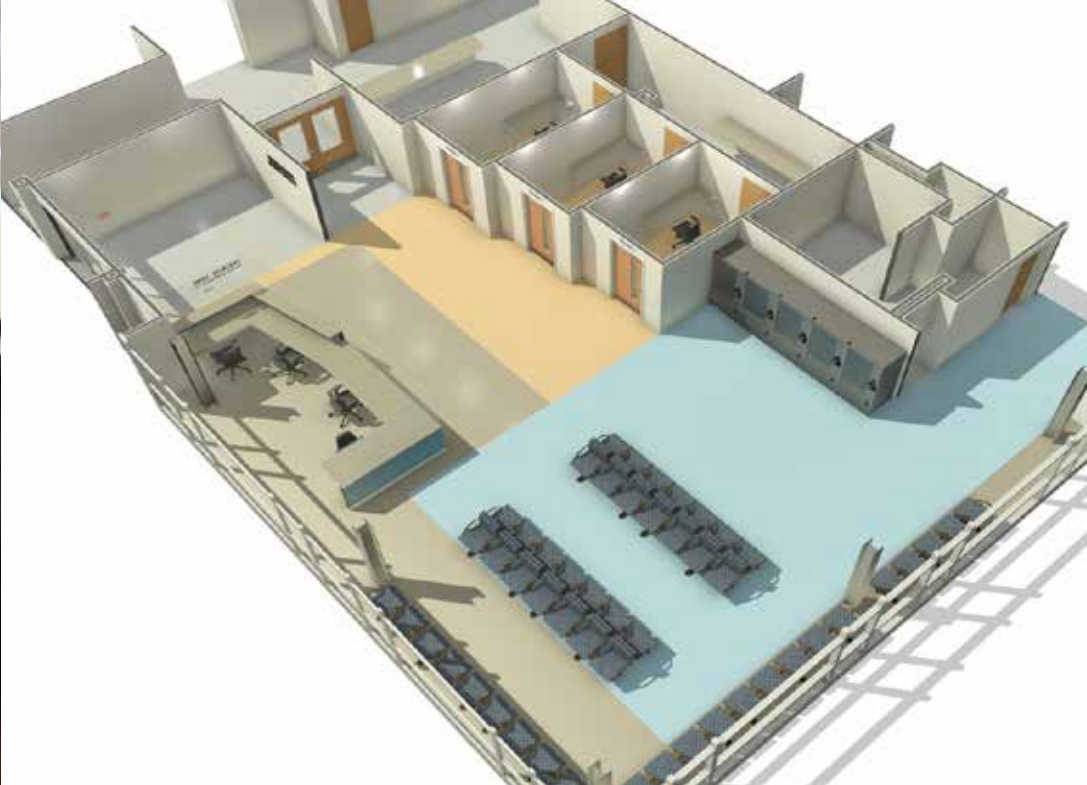


# Patient Experience

Empathy, compassion, and respect in every encounter

## Co-designed Care Evolution of Patient and Family Centred Care

Our vision at TBRHSC is to provide exceptional care for every patient, every time. In order to achieve this, we are designing and implementing a framework for patient and family co-design of care. This framework will provide us with the methods and tools to receive feedback from patients and families and to improve our services in such a way that really meets their needs, because they have contributed to the design. We have made strong progress in Year 1 with the development of the Co-design Committee, with a robust representation of all levels of staff, professional staff, and Patient Family Advisors. The next step is to design and implement a co-design framework that embraces our principles of patient and family centred care.



## Emergency Department Triage Improvement Project

Renovations to the Emergency Department (ED) triage and waiting room area advanced to the functional programming stage this spring. The planned space changes will enhance patient observation, streamline registration and create confidential triage interview stations to improve patient safety and flow. Additionally, updated screening,

security and liaison reception areas will improve patient and family navigation and the overall care experience. Having adequate space will improve the comfort and safety of all patients and provides an area for future expansion for patients coming in to the ED with mental health and addictions needs.



### STRATEGIC PLAN

# 2026

#### WHAT WE WILL DO

**Treat each person with compassion, respect, and empathy.**

#### HOW WE WILL DO IT

- Develop and implement the framework for co-design.
- Embrace patient-centred communication principles.

#### WHAT WE WILL DO

**Focus relentlessly on quality.**

#### HOW WE WILL DO IT

- Develop an annual Quality Improvement Plan.
- Incorporate quality best practices.
- Review a summary of patient safety events.
- Assess current services through the lenses of consistency, coordination, and transitions.

#### WHAT WE WILL DO

**Become experts in caring for patients with complex care needs.**

#### HOW WE WILL DO IT

- Improve coordination, care, and support for patients with complex health issues.
- Develop a Substance Use and Addictions Strategy.

#### HOW WE WILL MEASURE IT

- Increase positive patient experience survey results.
- Improve quality of care and reduce preventable harm.
- Improve access, care, and support for patients with complex care needs in collaboration with our partners.



# Patient Experience

Empathy, compassion, and respect in every encounter



## Cardiovascular Surgery Project

This past year, TBRHSC and Peter Munk Cardiac Centre at the University Health Network continued its incredible partnership working on bringing cardiovascular surgery closer to home for the people of Northwestern Ontario. Stage 2.1 (formerly 3.1), the detailed planning

stage of the capital planning process, was submitted to the Ministry of Health in December 2022. Once approval is received, the team will proceed to stage 2.2 which involves the development of the Sketch Plan Report and costing based on this stage's scope of work. When

complete, this project will result in an approximately 70,000 sq. ft. addition off the existing main entrance at TBRHSC. It will house a comprehensive cardiovascular clinic, a Cardiovascular Surgery Unit, Coronary Care Unit, and a hybrid Operating Room.



## Boost to Cancer Care in Northwestern Ontario

With funding from the Ontario government, Cancer Care Ontario and the Thunder Bay Regional Health Sciences Foundation, people who live in Northwestern Ontario will soon have access to improved cancer care services closer to home.

TBRHSC welcomes the addition of a new, third Linear Accelerator (LINAC) and a new state of the art Positron Emission Tomography (PET/CT) CT scanner that will address gaps in radiation therapy treatment capacity in the region, while keeping up with state of the art technology to accurately diagnose and manage best cancer care. The PET/CT and LINAC are essential components of leading edge cancer diagnosis and treatment. The total project costs come in at just over \$13.2M, and the new PET/CT scanner is anticipated to be operational and in use by August 2023, while the third new Linear Accelerator is expected to be in service for use by December 2023.

## Surgical Recovery Strategy Improving Wait Time

Since the start of the pandemic, Ontario hospital surgical wait lists and wait times have increased considerably due to reduced hospital capacity as a result of COVID-19 restrictions. As of December 31, 2022, we have reduced our long-waiting cases by 990, which is much better than the Provincial reduction target of 794 cases. Our efforts have also improved data quality and will contribute to reduced future wait times. To achieve the March 31, 2023 target we needed to reduce long-waiting cases by a further 599 cases and prioritize long-waiting cases if ready for surgery -- or if not ready then adjust cases in the wait time system to reflect this. This extensive work was supported by a Regional Central Intake Coordinator and was well managed through a coordinated effort with our Hospital, surgeons and their office staff. As expected, the efforts improved our overall wait times and our longer term plan is to improve surgical efficiency and to increase our surgical volumes to reflect the ongoing surgical demand.





# Staff Experience

This is where we want to work, grow, and thrive



## Workplace Violence Prevention Committee

Like other hospitals, we are experiencing increased and unacceptable patterns of violence and abuse. We have responded by increasing the security and police presence within the Hospital, including the Emergency Department (ED). We have added 13 new security positions and now have a total of 46 full-time equivalent security roles at TBRHSC. We have four security personnel in the ED at all times. We have also collaborated with local police to hire two police officers to have on-site during our busiest times of the day. As well, we are providing additional security during times that our past experiences show the level of violent incidents may be higher. We are continually working to ensure our environment is safe, for our patients and our staff. We will continue to monitor, assess and adapt our model as needed.

Additionally, our Workplace Violence Prevention Committee has been instrumental in improving our Emergency Department and we are building on many of the initiatives to apply to other areas of our Hospital. This team of staff, senior leaders and patient family advisors (PFAs) are involved in other workplace violence prevention initiatives including engagement, education and redesign.

The Workplace Violence Prevention Committee, is a staff-led committee that was initiated to identify solutions to create a safer work environment for our staff and for patients who visit our ED. The primary functions of the committee are to engage with the ED staff to integrate feedback and ideas into workplace violence improvement initiatives, report results and to keep their colleagues informed on progress, execute change initiatives on the front line, and regularly report and provide feedback and ideas to the Workplace Violence Prevention Committee. The Workplace Violence Prevention Committee continues to work on strategies to improve the overall safety of the ED and we will apply many of the practices to our Hospital as a whole.

## Staff Advisory Committee

This year, the Staff Advisory Committee was created to support the priorities of Patient Experience and Staff Experience by participating in forums to review and provide feedback on new and existing initiatives to make our organization better. This committee will work to address the features of a healthy workplace: culture, environment, and supportive technology.

The Staff Advisory Committee had their first meeting on February 28, 2023, with members from across

the Hospital and Research Institute. The initial meeting set the stage for the group and we know the cross-representation of members will pave the way for success. We remain steadfast in our goal of making our organizations a place where people want to work, grow and thrive. The committee will reflect the broader thoughts of staff and channels are in place to ensure representation will be all-encompassing. Our efforts align to our Strategic Plan 2026 and this committee will be an important factor in meeting our goals.



**Ann Forget**  
Pharmacy  
Clerk 3



**Samantha Dziver**  
Mat/Newborn Labour  
and Delivery  
Ward Clerk



**Jane Varley**  
Academic Affairs  
Advisor



**Madeline Reinikka**  
Human Resources  
Consultant



**Dana Lamminmaki**  
Information Systems  
Health Information Specialist



**Amanda Gerow**  
Strategy and Performance  
PI Consultant



**Caitlind Davidson**  
Prevention and Screening  
Health Promotion &  
Communications Planner



**Leanne Baird**  
Simulation  
Sim Technologist



**Rajesh Talpade**  
Internal Medicine Clinic  
Nurse Practitioner



**Emily Buchan**  
2C  
Registered Nurse



**Giulia Daniele**  
Mental Health  
Assessment Team  
Registered Nurse



**Billie Hannah-Froehlich**  
Laboratory  
Medical Laboratory Technologist



**Aaron Giba**  
Respiratory  
Registered Respiratory  
Therapist



**Laurene Stuart**  
Renal  
Social Worker



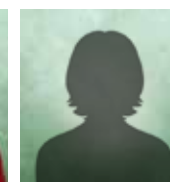
**Steve Potec**  
Maintenance  
Electrician



**Ashley Henderson**  
Housekeeping  
Lead Hand



**Kimberly Cully**  
3A  
Personal Support Worker



**Mary Ironside**  
2A  
Registered Practical Nurse



**Tanya Niederer**  
Human Resources  
(TBRHRI)  
Coordinator



**Rabail Siddiqui**  
Clinical Research  
Services (TBRHRI)  
Orthopaedic Research  
Development Officer



**Shelley DiGiuseppe**  
Volunteer Services  
Volunteer



**Lyl Stavropoulos**  
Clinical Lab  
Coordinator



**Donna Jeanpierre**  
Volunteer Services  
Manager



**Dr. Rhonda Crocker Ellacott**  
President and CEO at TBRHSC and CEO at TBRHRI



**Jeannine Verdenik**  
Vice President, People  
& Culture

## STRATEGIC PLAN

# 2026

### WHAT WE WILL DO

**Retain, recruit and support the people needed to shape our future.**

### HOW WE WILL DO IT

- Improve physical and emotional safety, and violence prevention.
- Achieve a safe and just culture that encourages open dialogue.
- Update our current wellness plan.
- Monitor our staff vacancy rates and enhance recruitment processes.
- Implement recruitment processes to reflect Equity, Diversity, & Inclusion.
- Implement an Interprofessional Collaborative Model of Practice.

### WHAT WE WILL DO

**Support the ongoing development of our current and future leaders.**

### HOW WE WILL DO IT

- Ensure staff have access to professional development resources and opportunities.
- Implement a leadership development framework.

### HOW WE WILL MEASURE IT

- Increase positive staff experience survey results.
- Improve staff engagement.
- Recruit and retain necessary staff.



# Staff Experience

This is where we want to work, grow, and thrive



## Health Human Resources

Our committed staff are vital to delivering excellent patient care. Through various Ministry program supports and innovative staffing models, we have been successful in recruiting and retaining health human resources to our Hospital. This spring, the Community Commitment Program for Nurses (CCPN) provided us 145 grants to distribute for new nursing hires, some of which were applied retroactively

to nurses hired in 2022. Additionally, we were notified earlier this year that funding for the Enhanced Extern Program is extended to March 31, 2024. This funding allows us to employ Unit Care Aides, who are clinical learners working as unregulated care providers under the direction of regulated providers. More than half of our new nursing hires were employed as Unit Care Aides in 2022. Recruitment of both

of these valuable roles will assist us in stabilizing our staffing needs and allow for more focused clinical care, thereby enhancing the patient experience.

Through changes to staffing models and incentives, we have re-evaluated the way we provide care and services. Innovative staffing changes and incentives bring on big rewards and gains.

For a closer look at our Staff Experience priority, check out this video:

<https://youtu.be/eXXM1PxQUT4>





# Research, Innovation, & Learning

Driven by the needs of our patients, our staff, and our communities



## Truth & Reconciliation with Dr. Janet Smylie: Emergency Department Assessment

TBRHSC was fortunate to have Dr. Janet Smylie working with a team to review key organizational policies in the Emergency Department (ED) to improve the care experience for Indigenous people.

Dr. Smylie is a respected international leader in the field of Indigenous health. One of Canada's first Métis physicians, her 25-year career focuses on addressing inequities in the health of Indigenous peoples in Canada by bridging gaps in health knowledge and practice. Trained in medicine at Queen's University, the University of Ottawa, and the University of Toronto, Dr. Smylie has practiced and taught family medicine in diverse Indigenous communities – urban, rural and remote.

The review focused on incorporating best practices, embedding cultural considerations and leveraging de-escalation techniques to increase safety in the workplace. As a next step, a Working Group will learn how to create therapeutic alliances and eliminate practices that enable systemic racism or inequities. Topics such as the impact of power dynamics, intergenerational trauma and social determinates of health will be discussed and considered when reviewing current protocols.



## FedNor Invests in Medical Technology and Research at TBRHSC

TBRHSC received \$1,228,005 to enhance and expand its Radiopharmacy/Cyclotron technology, which makes radioactive isotopes for medical imaging and research. This funding will enable our Hospital to supply markets outside Thunder Bay with radio-chemicals and isotopes, improving access to diagnostic imaging for patients, and generating revenue streams to assist with sustainability and growth.

In addition, TBRHSC received \$684,110 to renovate and upgrade its medical imaging suite and purchase cutting-edge equipment to expand the research and development capacity. This funding will support both upgrades and additions to Magnetic Resonance Imaging (MRI) equipment, installation of a new spectrometer, commercialization of new technologies and products, and created six new jobs.

## Awards

### 2022 CPA Clinical Section Award for Clinical Excellence.

Led by Dr. Martin Drapeau (Lead Researcher, McGill University) and Dr. Maxine Holmqvist (Lead Clinician, University of Manitoba), Dr. Mushquash contributed to the development of the Best Practices in Psychology Portal.

### 2023 Canada Gairdner Momentum Award

Dr. Mushquash was recognized for his work in Indigenous-led mental health and substance use research.

## Research

A record high of 51 studies were approved in fiscal year 2022 - 2023:

**36 Clinical** (studies involving patients)

**7 Health Systems & Services** (research seeking to improve the efficiency and effectiveness of health professionals and the health care system itself through changes to practice and policy)

**8 Social, Cultural, Environmental and Population Health** (research working to enhance the health of the Canadian population by understanding how social, cultural, environmental, work-related, and economic factors affect people's health)

As of March 31, 2023 there are 166 open studies.

## STRATEGIC PLAN

# 2026

### WHAT WE WILL DO

**Assess and prioritize our research efforts.**

### HOW WE WILL DO IT

- Prioritize research and assess current research initiatives.
- Enable opportunities for knowledge translation.

### WHAT WE WILL DO

**Enhance staff capacity and capability for research success.**

### HOW WE WILL DO IT

- Recruit researchers to address staffing gaps.
- Retain current staff and mentor new researchers.
- Establish an evaluation framework.

### WHAT WE WILL DO

**Create an environment supportive of research, innovation, and learning.**

### HOW WE WILL DO IT

- Encourage staff to lead and participate in research, innovation, and learning.
- Support continuous education and professional development.

### HOW WE WILL MEASURE IT

- Increase patients enrolled or involved in research studies.
- Increase number of research publications, grants, and external funding.
- Increase number of learners.



# Research, Innovation, & Learning

Driven by the needs of our patients, our staff, and our communities



## Research and Clinical Care

Our urology program continues to excel in treatment, training and research. Over the past two years, Dr. Hazem Elmansy co-authored guidance documents for the Canadian Urological Association (CUA) guidelines. The latest guidelines on male lower urinary tract symptoms/benign prostatic hyperplasia and management of ureteral calculi are now available to support urological care services. With the support of colleagues at

TBRHSC and NOSM University, the urology program's vision of world-class care as a leader in surgical management and clinical research for larger-sized prostates has become a reality for us at TBRHSC and for Dr. Elmansy. One of the largest and most comprehensive cancer studies done locally to date is being conducted on improving cancer treatment pathways in our region. Dr. Walid Shahrour, a reconstructive urologist,

and team are researching cancer treatment and outcomes to identify system gaps and barriers. The goal is to identify where improvements can be made to ensure better access to care for those living in remote rural areas. With our Health Research Institute and urology program we will continue to expand the vision of excellence and providing world class urology treatment.

## Dr. Christopher Mushquash Part of Team Nationally Recognized for Contributions to Clinical Psychology



As part of the team awarded the 2022 CPA Clinical Section Award for Clinical Excellence for work developing the Best Practices in Psychology Portal, Dr. Christopher Mushquash was nationally recognized for these contributions. The Best Practices in Psychology Portal is an online hub for psychologists and trainees in psychology across Canada. The portal connects research and practice by providing the latest evidence-based resources, information, and tools. The portal contains videos that allow psychologists and trainees to learn from other clinicians, researchers, and students, and the ability to download tools and measures that can be implemented in clinical practice. Dr. Mushquash contributed to the development of a video resource discussing considerations for when applying evidence-based psychological practice with Indigenous people. "It was an honour to be a part of the development of the Best Practices in

Psychology Portal, and for the work to be awarded by the CPA," said Dr. Mushquash. "This online resource for psychologists and trainees allows them to view examples and considerations for incorporating the most up-to-date, evidence-based practice and clinical tools into clinical work, so that they in turn can provide the best possible care to their patients." "Dr. Mushquash is a true champion for culturally and contextually appropriate mental health and addiction services for First Nations peoples, and for individuals living in rural and northern communities," said Dr. Rhonda Crocker Ellacott, President and CEO of TBRHSC and CEO of TBRHRI. "Congratulations to him and the team for all their incredible work." "Congratulations to Dr. Mushquash and his team for being recognized as this year's winner of the CPA Clinical Section Award for Clinical Excellence," said Dr. Andrew P. Dean, Lakehead University's Vice-President, Research and Innovation.

"The development of the portal for clinical psychologists is unique and very forward thinking. Providing tools and resources through this method will allow for appropriate and current resources for practicing psychologists. The team and Dr. Mushquash truly are worthy recipients for this important award," added Dr. Dean. You can find out more about Dr. Mushquash's work at <https://www.christophermushquash.com/>. To learn more about the Best Practices in Psychology portal, visit <https://www.mcgill.ca/psy/>. The CPA is a national association for the science, practice and education of psychology in Canada. This not-for profit organization is Canada's largest professional association for psychology and has more than 7,000 members and affiliates. Each year, the CPA honours clinical psychologists who advance the understanding and amelioration of suffering and the promotion of psychological wellness with the Clinical Section Award for Clinical Excellence.

## ROMEO Research Portal

TBRHSC and TBRHRI have transitioned to the ROMEO Research Portal. This electronic research administration and application system manages clinical research needs including reviews, approvals, tracking, and reporting. The system streamlines the ethics and institutional authorization

process for research by reducing administrative data entry, tracking deliverables and auto-reminders for re-approvals. While the application itself will feel similar, researchers are now able to complete a single, combined application for both ethics and institutional approvals. The goal is

to reduce overall review times and continue to enhance the quality and clarity of our applications and forms. This system has allowed for quicker turn around times from all parties, meaning studies can open faster and in turn, more opportunities for patients.



# Sustainable Future

Ensuring our Healthy Future



## Regional Paediatrics, Regional Neonatal Patient Transport

TBRHSC has received funding to establish a dedicated Infant and Neonatal Transport Team. Once established, this specialized team will be available 24 hours a day, 365 days a year to deliver timely transport services across the North to acutely ill neonatal and paediatric patients up to age one. The dedicated team will work in partnership with ORNGE and the other provincial neonatal and paediatric transport teams to ensure these patients within our region have their clinical needs addressed more quickly.

Transport medicine is a new and exciting endeavour for TBRHSC, particularly for this patient population. Use of specialized transport equipment is required along with a significant amount of clinical training and skills building, and extensive aeromedical training will start in September. Once developed, the team will be responsible for assisting our small and rural regional partners in the stabilization of acutely ill infants, as well as the delivery of high-quality care throughout the entirety of the transport. These patients will be transported to a higher level of care, including TBRHSC or other tertiary centres as appropriate. This team will also support transportation from TBRHSC to tertiary hospitals as well as can assist with patient repatriation.

Currently patients often face lengthy transfer times, which often exceed the provincial benchmark. The addition of the TBRHSC Infant and Neonatal Transport Team will ensure paediatric patients within our region have access to quality care in a timely manner and will have a very positive impact on infant health across the north, particularly those in remote communities. The team is planning to be ready to transport their first patient in the spring of 2024.



## Ontario Health Teams and Partnerships

The City and District of Thunder Bay Ontario Health Team (OHT) has made significant progress over the past year, including the establishment of OHT governance and leadership which includes the formation of a consensus based Collaboration Council with Indigenous and non-Indigenous Co-leadership. As well, establishment of the People-Centred Advisory Council (PCAC), to empower and embed the voice of patients, clients, residents, families and caregivers into the system planning and co-design of the OHT. Through development of a Collaborative Quality Improvement Plan (cQIP), the OHT worked closely with the Thunder Bay Regional Health Sciences Centre Prevention and Screening Program to identify action plans related to the required cancer screening metrics. As a long-term vision, from a digital perspective, the OHT developed a Harmonized Information Management Plan which outlines a plan for data governance and data stewardship, so the OHT can meet the goals of integrated care while protecting privacy where further engagement with Primary Care providers will be done to review their needs and together find opportunities to move the business case forward.

## STRATEGIC PLAN

# 2026

### WHAT WE WILL DO

**Advance digital health to improve patient and staff experiences.**

### HOW WE WILL DO IT

- Secure and implement the electronic health record.
- Determine required data systems.
- Implement a plan to meet information needs.

### WHAT WE WILL DO

**Develop a Hospital Clinical Services Plan to clarify our acute care and academic mandates.**

### HOW WE WILL DO IT

- Determine which current services are consistent with our mandates.
- Estimate our short and long-term service demand.

### WHAT WE WILL DO

**Advance Partnerships and System Integration.**

### HOW WE WILL DO IT

- Advance existing regional partnerships and programs.
- Pursue strategic partnership and integration opportunities.
- Be a voice and advocate for the needs of our entire region.

### WHAT WE WILL DO

**Achieve Operational Sustainability and Accountability.**

### HOW WE WILL DO IT

- Create an accountability framework.
- Provide training and supports to improve accountability.

### HOW WE WILL MEASURE IT

- Prioritize our services and find operational efficiencies.
- Increase partnerships to improve and integrate care for patients.



# Sustainable Future

Ensuring our Healthy Future



## Blood on Board Program

TBRHSC and ORNGE announced Northern Ontario's first 'Blood on Board' program. ORNGE paramedics will have the ability to transport blood products from base directly to the scene of a traumatic injury by air and administering them to a patient. Hemorrhage is a leading cause of death in traumatically injured patients, and research shows that early blood

transfusion can improve patient outcomes. A timely transfusion is particularly important for patients who face long transport times to definitive care.

The collaboration between TBRHSC and ORNGE launched in April 2023. The blood bank at TBRHSC will supply ORNGE with blood products in specialized coolers designed for

the storage and transport of blood. Blood temperatures are monitored carefully during storage and on board the aircraft up to the time of transfusion, ensuring the highest safety standards are met.

This program is one of a number of initiatives aimed at improving health equity in Northern Ontario communities.

## Surgical Remote Patient Monitoring A Game-Changer in Patient Care

The impact the pandemic has had on reshaping health care is undeniable. With expanding the use of digital platforms and health technologies, innovation has improved the health care experience for both patients and providers. One example is the Surgical Remote Patient Monitoring (RPM) team at Thunder Bay Regional Health Sciences Centre (TBRHSC), who is using a web-based platform to offer pre- and post-operative health care to patients from wherever they connect to the internet.

As Caroline Fanti, Director of Regional Surgical Services explains, "We introduced Surgical RPM in November 2020 as a means to enhance TBRHSC's pandemic response. Our team utilizes a digital tool [SeamlessMD] to engage and monitor surgical patients across Northwestern Ontario."

Initiating the program during the height of the pandemic was a means to protect patients and manage limited hospital resources, shares Dr. David Puskas, Medical Director of Musculoskeletal Health and Senior Orthopaedic Surgeon at TBRHSC.

"Hospitals are great places when they are necessary, but also, quite frankly, patients can experience a heightened risk of infection while they are admitted. With the challenges of flu seasons, COVID-19 and admission restrictions, Caroline Fanti and I looked for a solution where we can provide the kind of surveillance that patients require, that connection with their care team, and not have patients expose themselves to the risk of hospitalization."

The digital tool has personalized information for preparing for surgery through recovery with a digital library, daily tracking and remote monitoring. Dr. Puskas says the response from his patients has been overwhelmingly positive.

"Our pilot study showed patient satisfaction was far higher than it was before we started to reduce length of stay," states Dr. Puskas. "We are using technology in a way that gives patients confidence and control over their own health care. And also facilitates staying out of the hospital, which is good for everybody."

For Dr. Travis Marion, Orthopaedic Surgeon and Medical Lead for Spinal Surgery, surgical RPM has been a game-changer.

"It has empowered my patients by providing them with a significant amount of knowledge at their fingertips, daily questionnaires, exercises and information patients may want to have perioperatively," says Dr. Marion. "They come in better informed and prepared for their procedure and the course of their care."

The key to the success of Surgical RPM is that it is a shared model of care. The team has a continuum of providers including the clerical staff who aid with the institution of SeamlessMD, the nurse practitioners (NPs) who answer daily queries and the surgeon, who is available as required.

Nurse practitioners Kayley Heppler and Stephanie Tempelman explain they act as a patient advocate and liaison for thirty days post-op.

"As NPs, we are able operate

autonomously in our role," remarks Heppler. "We perform comprehensive assessments, diagnose, order and interpret diagnostics, prescribe pharmacological and therapeutic interventions and refer to interdisciplinary team members. We rule out complications and work closely with surgeons to meet patient needs."

"We use SeamlessMD on a daily basis to support patients with internet access in Thunder Bay and across Northwestern Ontario" adds Tempelman. "We monitor concerns that are reported by the patient and it helps us to connect with them to support them. For example, with wound care, if patients are concerned about bruising, redness or swelling, they can submit photos for us to review. The ability to video chat and connect with people in their homes is a huge asset of this program."

The Surgical RPM team at TBRHSC now supports certain orthopedic, bariatric, gynecological, urological, spine, colorectal and breast surgeries while using technology to narrow the distance between provider and the patient.

"And the faster we can get patients out of the hospital, the more rapidly they will recover the function and the ability to be in their home environment," summarizes Dr. Puskas. "Remote patient monitoring is a crucial part of bridging that gap. They have the best of both worlds – they are out of the hospital and they have contact with their surgical team, at all levels of that team."

"It's the future and it's a bright one."





Overall – Status Report

We have successfully launched and made progress on 13 of 26 strategic initiatives in Year 1, across all of our Strategic Directions.

Equity, Diversity & Inclusion On Track 2 initiatives underway

Patient Experience On Track 4 initiatives underway

Staff Experience On Track 3 initiatives underway

Research, Innovation & Learning On Track 1 initiative underway

Sustainable Future On Track 3 initiatives underway

At or better than target Slightly below target Considerably below target

Strategic Indicators

A total of 10 strategic indicators were developed and approved by the TBRHSC and TBRHRI Boards to measure overall progress on SP2026. In Year 1, four of those indicators were launched, with progress reported below.

Increased number of patients who self-identify as Indigenous; have already exceeded 2026 target.

Exceeding targets for improving quality of care and reducing preventable harm.

Increased partnerships to improve and integrate care for patients. Exceeding targets for the proportion of patients aligned with regional programs/services.

Ongoing financial challenges. Percent operating gross margin remains worse than target.

NOTE: Additional indicators are in development, with measurement and reporting methodologies being investigated. Expected to launch and report in Year 2.

Ensuring Accountability, Alignment and Focus

At the initiation of SP2026, we implemented an annual review cycle to ensure that we regularly seek and consider data and feedback to guide our plan. Near the end of Year 1 of SP2026 we conducted stakeholder engagements and an annual scan of the environment to ensure our plan is still relevant and focused as we proceed on our SP2026 path. The annual review resulted in the following findings and recommended refinements:

- Directions and initiatives remain relevant – no directional changes made
- Prioritization and focus is key – made refinements to project timelines and scope (enhanced focus on staff

experience and EDI; refined our scope for Clinical Services Plan); implemented internal prioritization processes to remain focused

- Communication and engagement – internal and external communications plan being enhanced
- The joint TBRHSC and TBRHRI plan shows value to advancing collective goals

Robust feedback was provided by stakeholders and partners related to partnership opportunities/enhancements, community and regional needs, communication and engagement, etc. All feedback has been noted and is being considered by Project Teams for ongoing implementation.

Our Cascading and Monitoring Plan

Senior Leadership

- Monthly progress reports and monitoring
- Quarterly deep-dive sessions

Management and Staff

- Weekly Strategic Alignment meetings
- Director and manager-led discussions and monitoring with teams
- Quarterly performance debriefs + Town Halls

Board

- Quarterly reporting
- Annual environmental scan and refinements

Annual Community Partner Session

Our Plan Forward: Years 2 – 5

Based on our Annual Review cycle, we have made some minor refinements to project timelines and scope. We are excited to launch our upcoming strategic initiatives.

Strategic Directions / Enablers & Projects

Equity, Diversity & Inclusion

	2022/3				2023/4				2024/5				2025/6				2026/27		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
EDI Steering Committee Development																			
Truth & Reconciliation Call to Action Principles																			
EDI Policy & Procedure Review & Adjustment																			
Cultural Safety Training for Staff																			
EDI Physical Environment Review																			
EDI Experience Sharing to Build Understanding & Respect																			
Indigenous Recruitment, Education Support & Related Strategies																			

Patient Experience

Seamless Transitions - Assess & Improve																			
Implement Substance Use and Addictions Strategies																			
Evolve Patient & Family Centred Care Using Co-Design																			
Focus on Quality																			
Support Improved Coordination & Support for Frequent Users																			

Staff Experience

Staffing, Vacancy Reporting & Recruitment																			
Enhance Leadership Development																			
Value Based Recruitment																			
Implement Healthy Workplace Strategies																			
Organizational Workplace Violence Prevention																			
Design & Implement Interprofessional Collaborative Model of Practice																			
Implement Strategies to Support a Safe & Just Culture																			

Research, Innovation & Learning

Research Prioritization & Operationalization																			
Researcher Staffing & Recruitment																			
Establish a Culture to Support Learning & Professional Development																			

Sustainable Future

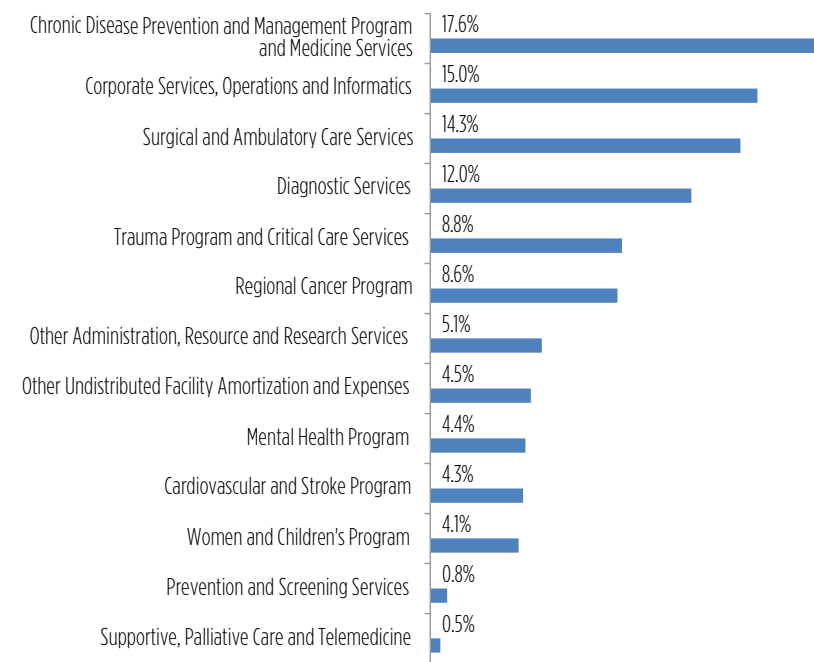
Digital Health - Shared Vision, Electronic Health Record, and Ongoing Development																			
Build and Enhance Regional Partnerships																			
Develop Clinical Services Plan to Project Future Service Demand and Required Capacities																			
Develop Framework and Strategies to Support Sustainability & Accountability																			



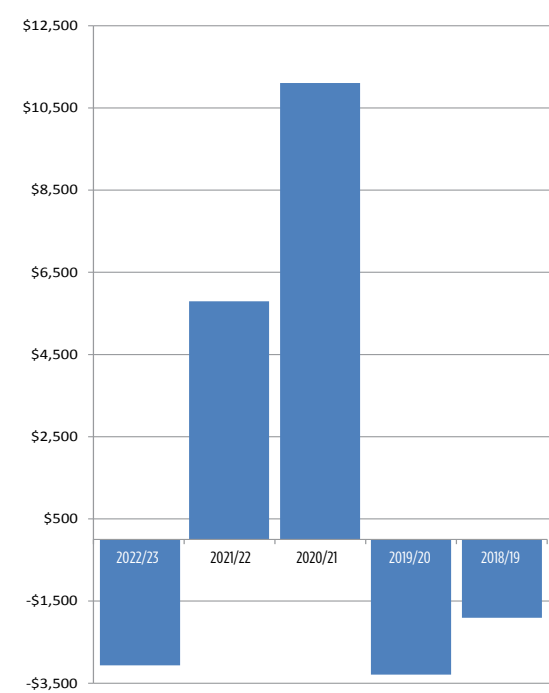
# Financial Statements

Thunder Bay Regional Health Sciences Centre (TBRHSC) continues to manage and maintain its financial resources in a responsible, prudent and efficient manner. The total annual funding for fiscal year 2022/2023 was \$439.6 million. The inflationary pressures that have been created by the COVID-19 pandemic have resulted in increased operating costs for the provision of safe care to patients throughout the year. TBRHSC continues to receive significant support from the Ministry of Health to address both service and financial pressures. This includes additional provincial COVID-19 funding totaling \$16.9 million. With this, and other additional one time funding received, the hospital will close the year with a \$3.1 million deficit.

## Expenses by Program and Service



## History: Excess (deficiency) of revenue over expenses (in thousands)



# Financial Statements

March 31, (Amounts in \$ thousands)

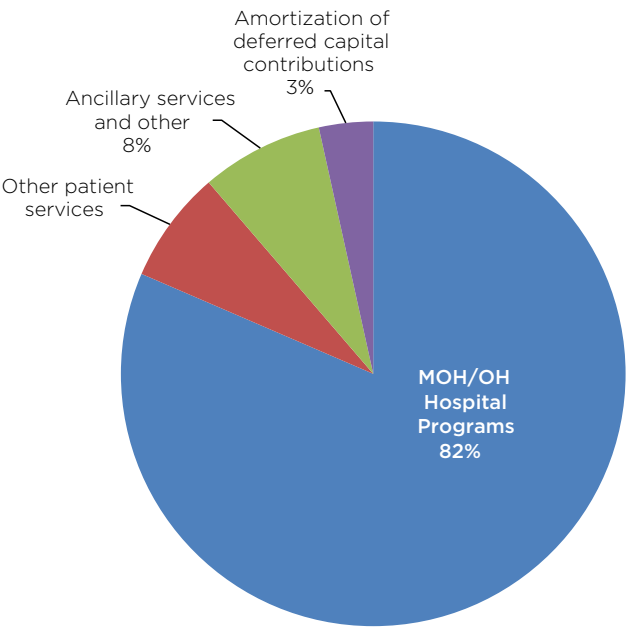
	2023	2022	2021	2020	2019
<strong>Assets</strong>					
Current assets	68,496	59,235	64,561	32,152	35,600
Non-current assets	185,031	188,224	194,125	211,205	220,274
Total Assets	253,527	247,459	258,686	243,357	255,874
<strong>Liabilities and Fund Balances</strong>					
Current liabilities	79,429	64,248	72,811	54,973	51,682
Non-current liabilities	154,442	161,031	171,403	188,418	198,411
Total liabilities	233,871	225,279	244,214	243,391	250,093
Fund Balances	19,656	22,180	14,472	(34)	5,781
Total Liabilities and Fund Balances	253,527	247,459	258,686	243,357	255,874

## CONSOLIDATED STATEMENT OF OPERATIONS

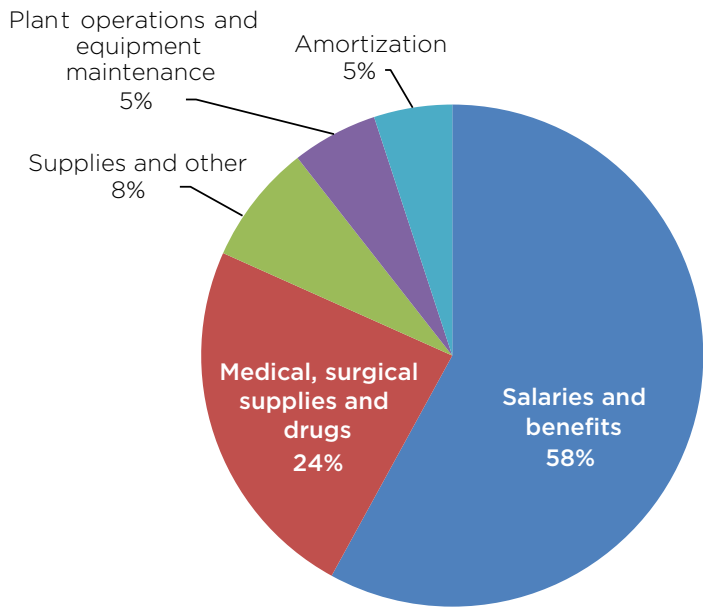
For the year ended March 31,(Amounts in \$ thousands)

	2023	2022	2021	2020	2019
<strong>Revenue</strong>					
Ontario Ministry of Health / Ontario Health North	358,197	353,986	348,268	308,162	294,106
Other patient services	31,728	33,530	27,314	32,748	32,528
Ancillary services and other	34,459	32,112	25,302	26,816	23,446
Amortization of deferred capital contributions	15,229	15,763	16,269	17,067	16,632
	439,613	435,391	417,153	384,793	366,712
<strong>Expenses</strong>					
Salaries and benefits	256,661	252,056	252,650	235,077	223,114
Medical, surgical supplies and drugs	104,982	94,090	84,993	81,860	77,264
Supplies and other	34,241	37,112	34,853	27,129	26,545
Plant operations and equipment maintenance	24,474	23,746	21,911	20,813	18,778
Amortization	22,320	22,592	23,050	23,204	22,919
	442,678	429,596	417,457	388,083	368,620
Excess (deficiency) of revenue over expenses for year	(3,065)	5,795	(304)	(3,290)	(1,908)
Ontario Ministry of Health - working funds	-	-	11,410	-	-
Excess (deficiency) of revenue over expenses for year	(3,065)	5,795	11,106	(3,290)	(1,908)

## Revenue



## Expenses







Exceptional **care** for  
every patient, every time.



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