

An aerial photograph of the Thunder Bay Regional Health Sciences Centre, a large, modern, multi-story building with a curved design. The building is surrounded by green lawns, trees, and parking lots. A winding road and a small pond are visible in the foreground. The background shows a residential area and a forested landscape under a sunset sky with warm orange and yellow light.

Exceptional
Care
for every patient,
every time.

Thunder Bay Regional Health Sciences Centre

Quality Improvement Plan

2024-2025



Thunder Bay Regional
Health Sciences
Centre



Overview

Thunder Bay Regional Health Sciences Centre (TBRHSC) is a 425-bed acute care Hospital offering a broad range of specialized services to the people of Northwestern Ontario. We have a vision of providing “exceptional care for every patient, every time” and are dedicated to advancing the quality of care for patients and families through research, innovation and education. Within our [Strategic Plan 2026](#), quality has been identified as a top priority and falls under the “Patient Experience” pillar. Specifically, our goal is to “focus relentlessly on quality to deliver services that are free from preventable harm, accessible, appropriate and integrated.”

As part of our continued efforts to support quality at a corporate level, we have undertaken a number of initiatives. We are planning our second hospital-wide quality improvement workshop, which will take place in February 2024. Another initiative we would like to highlight has been the implementation of Quality Huddles (weekly at minimum), which has

helped to drive quality and safety to the forefront and build capacity at the department level. The Quality Huddles were first implemented in January 2023 on 7 medical/surgical inpatient units and have since expanded to nearly 30 departments, with an additional 10 underway (including non-clinical/outpatient areas).

The Canadian Quality and Patient Safety Framework has been embedded into our safety culture at TBRHSC and guides our quality improvement initiatives. Notably, this framework has served as the foundation for our Quality Huddles and Quality Boards. Furthermore, the Quality Huddles in itself serves as a quality framework which has provided a forum for frontline staff and other members of the interdisciplinary team to collaborate on:

- Patient safety & quality trends
- Opportunities for improvement
- Support required from leadership
- Key performance indicators
- Celebrating team successes

Building on our success of achieving Exemplary Standing status from Accreditation Canada during our May 2022 on-site assessment, we have continued to focus on improving patient experience and overall outcomes. The following were also a continued focus throughout 2023:

- Workplace Violence Prevention
- Medication Reconciliation at Admission

Through our 2024-2025 QIP, we will continue to focus our efforts on goals that align with our Strategic Plan 2026, regulatory requirements, organizational priorities specific to patient and family centred care, and those activities that support the unique needs of our community and the broader healthcare landscape in Northwestern Ontario. The following priority areas are a focus for our 2024-2025 QIP:

1. Access and Flow
2. Equity
3. Experience
4. Safety

Access and Flow

TBRHSC collaborates extensively and proactively with providers and health system partners to optimize capacity and patient flow, with the ultimate goal of ensuring timely access to care. Not only does this align with our vision and Strategic Plan 2026, it also falls within the five goals of the Canadian Quality and Patient Safety Framework. In order to identify patient flow barriers and build capacity to meet service demands, we collect data from various systems, including:

- ALC and Bed Census Reports
- Compliments and Concerns Console
- Emerald Patient Flow Software
- Hospital Patient Experience Data

- Incident Learning System Reports
- Meditech Generated Reports
- Regional Repatriation Reports

We also have a number of innovative strategies in place to improve patient flow and reduce unnecessary hospitalizations and Emergency Department (ED) visits, including:

- Bed Management, Overcapacity and Surge Policies
- Bed Rounds (twice daily leadership meetings to discuss patient flow barriers)
- Rocket Rounds (daily department-level meetings to discuss care/discharge plans)
- Hospital Elder Life Program (delirium prevention program supporting senior friendly care)

- Joint Discharge Operational Team (weekly multidisciplinary meetings to discuss complex discharges)
- Seamless MD (Nurse Practitioner remote patient monitoring pre/post procedure)
- Transitional Care Unit (extension of TBRHSC - 32 beds designated for ALC patients)
- Various Committees (e.g. Patient Flow Committee, Medical Advisory Committee, Pay for Results Committee, System Surge Planning Committee)

Aligning with our initiatives and priorities that are underway, the following “Access and Flow” indicator will be included in our 2024/2025 QIP:

90th percentile ED wait time to inpatient bed



Equity and Indigenous Health

At TBRHSC, our commitment to reducing health inequities aligns with the “Equity, Diversity and Inclusion” pillar of our Strategic Plan 2026. We recognize that healthcare professionals are often the first point of contact for Indigenous Peoples travelling to Thunder Bay for medical care, and as such, we have an opportunity to be the first positive experience. In order to better serve our community and bring us forward in a better way, TBRHSC has implemented mandatory Cultural Safety and Equity, Diversity and Inclusion Training (Wake the Giant) for all staff.

We also have a self-identification process in place to better understand who our patients are and how we can do things differently. Patients

are able to voluntarily self-identify in person when registering for services, or they can complete an online form at any time. Other Strategic Plan 2026 initiatives underway related to equity and Indigenous Health include:

- Equity, Diversity and Inclusion (EDI) Steering Committee [created]
- EDI Experience Sharing
- EDI Physical Environment Review
- EDI Policy and Procedure Review
- Indigenous Recruitment and Education
- Truth and Reconciliation Call to Action

As part of our commitment to providing a culturally sensitive

environment, we have a Multi-Faith Spiritual Centre where patients, families, and staff are welcome to practice their own cultural activities; including Smudging and Pipe Ceremonies. Additionally, we have a number of new roles in place to support the Indigenous Collaboration, Equity and Inclusion portfolio, including Vice President and Manager, as well as a Cultural Safety Educator. Other supports in place include a Cultural Communications Specialist, Indigenous Care Coordinators, Indigenous Patient Navigators, and Indigenous Spiritual Care Provider.

Aligning with our initiatives and priorities that are underway, the following “Equity” indicator will be included in our 2024/2025 QIP:

% of staff up to date on required cultural safety and equity, diversity and inclusion training

Patient/Client/Resident Experience

At TBRHSC, Patient and Family Centred Care (PFCC) remains central to everything we do and includes four core concepts: 1) Dignity and Respect; 2) Communication and Information Sharing; 3) Participation; and 4) Collaboration. We regularly integrate patient experience feedback into our improvement activities (e.g. from surveys, advisory committees, compliments and concerns console, etc.). A few practice implementations we would like to highlight include:

- **NOD (Name, Occupation, Do)** – The goal of NOD is to decrease patient anxiety by introducing

yourself, your role, and what you plan to do. A patient may see over 20 people in a day, which can be confusing and frightening if not provided with a NOD.

- **Bedside Communication Whiteboards** – This communication tool aligns with our PFCC philosophy and includes information such as: date, room number, preferred name, healthcare team names, ambulation/communication aids, care considerations, pain level, estimated discharge date, etc.

As part of our commitment to providing care that is respectful

of and responsive to patient and family preferences, needs and values, Patient Family Advisors (PFAs) are active members on all of our committees and have played a major role in the development of our Strategic Plan 2026. We also have Patient Advocates, a Patient Experience Data Specialist, and a Discharge Transition Lead (temporary) who work collaboratively to improve patient experience.

Aligning with our initiatives and priorities that are underway, the following “Experience” indicator will be included in our 2024/2025 QIP:

*% of respondents who responded “completely” to the following question:
“Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?”*

Provider Experience

Staff experience is an integral part of our Strategic Plan 2026. TBRHSC is dedicated to creating and sustaining an environment where staff want to work, grow and thrive. Although not unique to our organization, addressing unprecedented health human resources (HHR) shortages remains a challenge and top priority. In addition to closely monitoring our staff vacancy rates and turnover statistics, we continue to work on the following priorities:

a. Recruitment and Retention

We recognize that creative and new recruitment strategies are required to attract candidates in today's job market. Recently, we re-established our internal HHR working group. Some of the strategies that are underway include:

- Enhancing interview processes including skills and personality assessment
- Exploring internal business intelligence solutions
- Focused stay and exit interviews and transfer surveys
- Maximizing full-time nursing hires with Community Commitment Program grants
- Maximizing use of new programs (Externs, Clinical Scholar, Going to Work Program)
- Review and redesign of job posting and performance review processes

b. Staff Wellness

We are committed to supporting staff wellness, work-life balance, engagement and ongoing development. Some of our staff wellness initiatives include fresh markets, bi-monthly chronic disease prevention workshops, staff wellness calendar, staff mindfulness and relaxation classes, and staff exercise classes. Other initiatives include:

- **Wellness Huddles** – Our Occupational Health and Safety team is working with the Canadian Mental Health Association to bring “Wellness Huddles” hospital-wide, involving evidence-based strategies to help staff cope with common workplace stressors.
- **Mental Health Awareness Week** – This annual week involves various activities and presentations to support discussions around burnout, stress, grief and loss.
- **Employee and Professional Staff Engagement Survey** – Results from this survey will provide valuable insights about staff experience and guide our improvement efforts. We also have a “Staff Advisory Committee” that provides feedback on new/existing initiatives.
- **New Scheduling System** – We are moving to “UKG Dimensions” which is a more staff-friendly scheduling system that will

improve efficiencies around the identification/filling of vacant shifts, overtime, vacation requests, leaves, and shift trades.

- **Substance Use and Addictions Working Group** – A hospital-wide campaign is underway in which individuals can share their story in hopes of promoting awareness and breaking the stigma around substance use and addictions.
- **Targeted Professional Development** – We are currently exploring targeted development opportunities for our staff and current/future leaders, including management, leadership and technical support.

c. Workplace Violence Prevention

Improving staff physical/emotional safety and preventing workplace violence is of utmost importance at TBRHSC. Although we have not included workplace violence prevention within our 2024/2025 QIP, it remains a top priority and a number of improvement efforts continue in this area. As previously mentioned in our 2023/2024 QIP, we have created a de-escalation room within the Emergency Department (ED) and continue to work on and advocate for increased Police presence in the ED, targeted awareness and education, and enhanced mental health supports for our staff including further Psychological First Aid Training.



Safety

TBRHSC aims to prevent and reduce risks, errors and harm that occur to patients during the provision of health care. This is guided by the Canadian Quality and Patient Safety Framework; providing safe, accessible, appropriate, integrated and people-centred care. TBRHSC uses a comprehensive approach and various standardized processes to learn from patient safety events.

a. Incident Learning System (ILS)

We have a well established ILS that is utilized by staff and professional staff to report patient safety events. All types of incidents, including near misses, mild, moderate and severe incidents, are reported and followed up on by relevant leaders.

b. Quality of Care (QOC) Reviews

QOC reviews are conducted following each critical incident at TBRHSC. In compliance with

the Excellent Care for All Act, we disclose incidents and any completed process improvements to patients and families. Additionally, “Morbidity and Mortality Rounds” are led by professional staff in a similar fashion to learn from incidents.

c. Safety Resources

We recognize that everyone has a role to play in safety, however, we do have a Patient Safety Improvement Specialist role that is dedicated to supporting patient safety initiatives. Our Quality and Risk Management team has also partnered with our Occupational Health and Safety team to distribute a monthly safety newsletter, highlighting priority safety issues and trends for both patients and staff. These documents have helped to support Quality Huddle discussions.

d. Medication Safety

Knowing that drug-related adverse events accounts for a high

percentage of preventable incidents, medication reconciliation (med rec) at admission was included in our 2023/2024 QIP. Some of the successes and key strategies to date include:

- Successful design event (with over 30 multidisciplinary leaders and staff)
- Development of a flow map and standardized checklist (defined roles/responsibilities)
- Development of mandatory e-learning
- Increase the number of staff performing Best Possible Medication History (BPMH)
- Incorporate med rec data into Quality Boards and huddle discussions

Aligning with our initiatives and priorities that are underway, the following “Safety” indicator will be included in our 2024/2025 QIP:

Rate of medication reconciliation at admission





Population Health Approach

As the only tertiary referral hospital in Northwestern Ontario (NWO), TBRHSC is responsible for providing services to a population with the poorest health status and greatest health needs compared to all other Ontario regions. Due to our unique community and population profile, our Hospital has a regional role that supports clinical programs and services and is affiliated with NOSM University, Lakehead University and Confederation College.

Unfortunately, NWO is a region where a significant percentage of the population faces serious medical issues, including high rates of cardiovascular disease/diabetes/stroke, along with the highest rates of amputation in the province. With this in mind, and as a member of The Noojmawing Sookatagaing Ontario Health Team (OHT), we are committed to becoming a leading integrated care system and strengthening our partnerships with regional hospitals to ensure the needs of the people of NWO are met as close to home as possible.

TBRHSC has several chronic disease

management programs in place to help meet the unique needs of our community and population:

- Centre for Complex Diabetes Care (CCDC)
- COPD Tele-Homecare Program
- Paediatric Healthy Living Program
- Tele-Homecare Heart Failure Program

Some examples of our regional partnerships focused on achieving best patient outcomes and care experiences include:

- Neonatal and Infant Transport Team [NEW]
- Northwestern Ontario Regional Stroke Network
- Northwest Regional Renal Program (Multi-Care Kidney Clinic)
- Regional Bariatric Care Centre
- Regional Cancer Care Northwest
- Regional Critical Care Response (RCCR) Team
- Mental Health Assessment Team

- Regional Pharmacy and Lab Services

Last but not least, a monumental initiative we would like to highlight is, “Our Hearts at Home” Cardiovascular Campaign. Through this campaign and our partnership with the University Health Network (UHN), we will be able to bring life and limb-saving cardiovascular surgery to Northwestern Ontario and our local community. While we have made significant strides in making this Cardiovascular Surgery Program a reality, we continue with vast planning and funding efforts to ensure we will have the following requirements in place:

- Expansion of one existing OR for cardiac cases;
- A new dedicated OR for vascular surgery;
- New 14-bed Cardiovascular Surgical Unit (CVSU);
- New 7-bed Coronary Care Unit (CCU);
- New Cardiovascular Ambulatory Care Facility.

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.



Gord Wickham

Board Chair, Thunder Bay
Regional Health Sciences Centre



Dr. Rhonda Crocker Ellacott

President and CEO, Thunder Bay Regional
Health Sciences Centre
President and CEO, Hospital, and CEO,
Thunder Bay Regional Health Research Institute



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STRATEGIC PLAN

