Thunder Bay Regional Health Sciences Centre

Quality Improvement Plan 2025-2026

Thunder Bay Regional Health Sciences Centre

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

Overview

Thunder Bay Regional Health Sciences Centre (TBRHSC) is a 425-bed academic specialized 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, 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 an organizational level, we have undertaken a number of initiatives, including:

Quality Huddles

The Canadian Quality and Patient Safety Framework has been embedded into our safety culture at TBRHSC and guides all of our quality improvement (QI) initiatives. Notably, this framework has served as the foundation for our Quality Huddles, which are weekly (at minimum) discussions that have provided a forum (and framework in itself) for frontline staff and other members of the interprofessional team to collaborate on five key areas:

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

This corporate initiative, which has been instrumental in driving quality and safety to the forefront and building capacity at the department-level, has seen great success. The Quality Huddles were first implemented in January 2023 on seven medical and surgical inpatient units. Recognizing that we all have a role to play in quality and safety, over 55 departments have since implemented these huddles (including non-clinical and outpatient areas). With even further plans for expansion underway, we are continuing to embed quality in every corner of our organization. As of December 2024 (across all implemented departments), we reached greater than 1500 huddles held, nearly 14,500 staff in attendance, over 1900 change ideas generated, and more than 1250 ideas were implemented.

Quality Improvement and Accreditation Training

Building on the success of Exemplary Standing during our last Accreditation survey, we have since facilitated two Hospital-wide workshops on the foundations of QI, and are planning a third workshop for 2025. These workshops, which had a turnout of nearly 90 staff (frontline, leadership, clinical, non-clinical), provided participants with the essential knowledge, tools and methodologies (e.g. PDSA, 5 whys, fishbone) required to implement QI initiatives within the organization. As we continue to embark on our continuous QI journey, we also recently organized "Tracer Capacity Building" sessions. This training, attended by nearly 40 leaders across the organization, has helped to build capacity within teams by providing a step-by-step overview of conducting tracers to assess compliance with Accreditation Standards; thereby helping to identify strengths and opportunities for improvement.

Quality Teams Structure

Another focus this year will be developing a plan to expand our "Quality Teams" structure (program-level) within the Hospital to effectively address patient safety issues and trends, implement QI initiatives, and conduct departmental quality reviews as required.
For example, two such teams/committees were recently launched, the "Cardiology Operations and Quality Committee," along with the "Vascular Operations and Quality Committee." Key objectives for these committees include:

- Front-line and professional staff engagement in QI and safety through education, consultation and communication
- Create a platform for regular, scheduled discussion and cooperation between the services contributing to the provision of care for patients with cardiac/vascular needs within the Hospital
- Use data to measure baseline, identify gaps, and evaluate implementation of change initiatives to drive high-quality patient care

2025-2026 Quality Improvement Plan

Through our 2025/2026 Quality Improvement Plan (QIP), we will continue to focus on the following priority areas that align with our Strategic Plan 2026, as well as the unique needs of our community and the broader health care landscape in Northwestern Ontario:

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 goals of the Canadian Quality and Patient Safety Framework. In order to identify patient flow barriers and build capacity to meet service demands, we continue to 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

Recognizing the multitude of factors impacting patient flow (including bed availability, inpatient unit delays, hospital capacity and surge demands, and complex patient care needs), TBRHSC has implemented (and continues to evaluate) a number of innovative strategies to make improvements in this area. These include:

- Bed Management, Overcapacity and Surge Policies
- Bed Rounds (twice daily leadership meetings to proactively address patient flow barriers)
- Rocket Rounds (daily department-level meetings to discuss care plans/discharge barriers)
  - Large focus on improving the 1100 hour discharge time
- Hospital Elder Life Program (HELP) [delirium prevention program supporting best practices for older adults]
- Joint Discharge Operational Team (JDOT) [weekly interprofessional meetings to discuss complex discharges]
- Patient Flow Team (Director, Manager, Coordinators, Admitting and Registration Clerks)
- Seamless MD (Nurse Practitioner remote patient monitoring pre/post procedure)
- Transitional Care Unit (TCU) [extension of TBRHSC - 32 beds designated for ALC patients]
- Various Committees (e.g. Patient Flow Steering Committee, Medical Advisory Committee, Pay for Results Committee, System Surge Planning Committee)

Aligning with our initiatives and priorities that are underway (and building on the work from our 2024/2025 QIP), the following "Access and Flow" indicator will be included in our 2025/2026 QIP:

90th percentile Emergency Department (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 (EDI) pillar of our Strategic Plan 2026. We recognize that health care professionals are often the first point of contact for Indigenous Peoples travelling to Thunder Bay for medical care, and as such, we want to be their first positive experience in health care. As part of our commitment to providing a culturally sensitive environment, we have a Multi-Faith Spiritual Centre where patients, families and staff can practice their own cultural activities; including smudging and Pipe Ceremonies.

By prioritizing culturally safe and inclusive practices, TBRHSC continues to progress in creating a supportive environment that respects the spiritual and cultural traditions of Indigenous Peoples; thereby fostering trust and delivering holistic care that aligns with their values. In doing so, not only are we addressing disparities, but we are also ensuring that all patients receive compassionate care.

To support these efforts, we have identified a number of initiatives within our Strategic Plan 2026, including: Cultural Safety Training (ongoing); EDI Physical Environment Review (underway); EDI Policy and Procedure Review (completed); Indigenous Partners Steering Committee (created); Indigenous Education and Recruitment (underway); Truth and Reconciliation Call to Action Implementation (completed). A few of these initiatives are highlighted further below:

a. Indigenous Partners Steering Committee

The Indigenous Partners Steering Committee (IPSC) has created a forum for receiving input and guidance from Indigenous Leaders on how we can implement and support initiatives for culturally safe care. Membership on this committee includes representatives from: Grand Council Treaty #3, Matawa Education and Care Centre and Health Co-operative, Anishnawbe Mushkiki, St. Joseph's Care Group – N'Doo'owe Binesi, Kitchenuhmaykoosib Inninuwug Dibenjikewin Onaakonikewin (KIDO), Sioux Lookout First Nations Health Authority, Nishnawbe Aski Nation (NAN), NOSM University, and Dilico Anishinabek Family Care.

b. Indigenous Education and Recruitment

In order to better serve our community and bring us forward in a meaningful way, TBRHSC has implemented mandatory cultural safety training for all staff, including: **Repairing the Sacred Circle** (in-person), Wake the Giant (online), and **RESPECT Indigenous Health** (online). Additionally, the EDI team offers monthly cultural activities and attends department huddles and meetings to provide educational blitzes.

To foster a more inclusive and diverse workforce, we are currently working on a number of strategies to attract Indigenous Peoples in health human resources positions at TBRHSC. The Indigenous Collaboration, Equity and Inclusion portfolio continues to expand, with current roles including: Vice President, Director, Manager, EDI Coordinator, Cultural Safety Educator, Indigenous Care Coordinators (8), Indigenous Patient Navigators (5), and a Multi-Faith Spiritual Care Provider. This diverse team continues to build strong partnerships with First Nations Communities, Home and Community Care Teams, and many local and regional partners.

One role in particular that is becoming well utilized for culturally supportive care is the Indigenous **Care Coordinators (ICCs)**, who supported nearly 2350 Indigenous patients from April 2024 to January 2025. The ICCs have addressed a major gap in Indigenous care by serving as a link between TBRHSC and the surrounding 69 First Nation Communities. This role encompasses a wide range of health navigation, advocacy, discharge planning, and support services, including:

- Connecting patients to translation/interpretation services in Cree, Oji-Cree and Ojibwe
- Liaising and advocating for patients/families with the health care team through information sharing and education in a culturally sensitive way
- Providing a connection with the federal and provincial services such as NIHB or respite resources
- Providing access to iPad lending to virtually connect patients with family/friends
- Linking patients/families to traditional care practitioners and spiritual care
- Linking patients/families to community resources by processing referrals and providing clear/accurate information on available community services
- Supporting patients/families to make necessary arrangements for assisted living, respite, and/or placement of names on waiting lists for facility care
- Liaising with service providers and suppliers to arrange necessary services, equipment and devices, medical supplies, and transportation
- Actively participating in bed rounds to support patients/families and the interprofessional team in developing an appropriate plan of care and helping to facilitate discharge planning

Aligning with our initiatives and priorities that are underway (and building on the progress to date from the work aligned to our 2024/2025 QIP), the following "Equity" indicator will be included in our 2025/2026 QIP (note - executive level has been removed as we achieved 100% in last QIP):

% of management and staff who have completed relevant equity, diversity, inclusion and antiracism education

Provider Experience

Substance Use and Addictions

Before diving into our Patient and Family Centred Care philosophy, we wanted to highlight our work around Substance Use and Addictions, which falls under the Patient Experience pillar of our Strategic Plan 2026. In our efforts to become experts in caring for patients with complex care needs due to mental health and addiction issues, we have developed a "Substance Use and Addictions Strategy." As part of this strategy, there are three key areas of focus with a number of initiatives underway:

1) Development of a model of care to support all patients presenting to the Hospital (ED, inpatient/outpatient areas)

- Implement an Addictions Medicine Consultation Team
- Consultation Liaison Service expansion

2) Education and training for all Hospital staff (numerous educational sessions completed)

- Year 1 - Stop the Stigma – Language Matters Campaign
- Year 2 - Harm Reduction
- Year 3 - Trauma Informed Care

3) Development of clinical resources

- Develop and/or update pathways, protocols and policies for management and treatment of substance use and addictions to align with best practice

b. Patient and Family Centred Care

At TBRHSC, our philosophy of 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 quality improvement activities (e.g. from surveys, advisory committees, compliments and concerns console, etc.). In addition to "NOD" (Name, Occupation, Do) and Bedside Communication Whiteboards, which were mentioned in our 2024/2025 QIP narrative, a few other PFCC practice implementations we would like to highlight include:

- **Patient Oriented Discharge Summary (PODS)** – A form that is provided to all patients prior to discharge, which includes key information such as medications to take, changes to routine, follow-up appointments, and where to go to for more information.
- **Patient Oriented Education Tools (POETs)** – Diagnosis-specific educational materials that accompany the PODS when a patient is discharged from the Hospital. Currently, we have developed a total of 77 different POETs.
- **SMARTT** – Acronym to help staff, patients and care partners keep track of the most important information they should know about their care as they transition out of the Hospital. Using PODS, POETs and the teach-back method can help to ensure a SMARTT process for patient discharges:
  - **S** – Signs/Symptoms
  - **M** – Medications
  - **A** – Appointments
  - **R** – Routine
  - **T** – Telephone/Contact
  - **T** – Teach-Back

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 Post-Discharge Liaisons who work collaboratively to improve the patient experience. A few successful PFCC initiatives focused on improving the discharge process from our 2024/2025 QIP include:

- **Increased staff education re: PODS/POETs, SMARTT discharges, and teach-back method** – These key areas have been embedded into nursing orientation. As a strategy to reach more staff, these educational efforts were aligned with other initiatives including Roaming Education for Staff (R.E.F.S.) and Quality Huddles.
- **Patient Resource Folder and Pre-Discharge Educator** – All units were equipped with and educated on the patient resource folders. The Pre-Discharge Educator role was trialled on a medical inpatient unit and achieved many successes (e.g. improved patient experience, enhanced education delivery, improved communication, increased support post-discharge).
- **Post-Discharge Liaison (PDL)** – The key focus of this role includes follow-up calls to patients within 72 hours of discharge to determine what went well, areas for improvement, and asking patients if they received and understood their PODS and POETs. Feedback received is shared with relevant leadership. The teach-back method is utilized in every call to ensure patient understanding.

Aligning with our initiatives and priorities that are underway (and continuing the work from our 2024/2025 QIP), the following "Experience" indicator will be included in our 2025/2026 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 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 and retention strategies are required to attract top candidates in today's job market. To support these efforts, we continue to work on the following strategies that were highlighted in our 2024/2025 QIP narrative:

- Enhancing interview processes (e.g. developing a Strengths Finder toolkit/dashboard)
- Enhancing leadership supports and development opportunities (e.g. creation of LOOP – orientation/onboarding program for new leaders; offering Humber and Rotman courses)
- Focused stay/exit interviews, transfer surveys, and ongoing engagement data collection
- Maximizing full-time nursing hires with Community Commitment Program grants
- Revamping job posting/ performance review processes (align with Values Based Recruitment)

Another area of focus that we wanted to highlight is: **Establishing a Learning Culture** that Supports Continuing Education. Below is a quick update of our progress within this area:

- Department orientation review (in progress)
- General and clinical orientation enhancements (implemented/ ongoing)
- Proposal for additional online clinical resources (in progress)
- Roaming Education for Staff (R.E.F.S.) implementation (complete)
- Supportive policies: Tuition Reimbursement (under review), Grow Our Own (implemented)
- Virtual Reality Simulation Project (in progress)

b. Staff Wellness

At TBRHSC, we are committed to supporting staff wellness and life-work balance. We are currently in the process of implementing a new **Healthy Workplace Framework**, focused on five key areas (physiological needs, safety needs, love and belonging, esteem, self-actualization). Aligning with feedback received from a staff engagement survey, we have implemented numerous initiatives that focus on creating a positive work environment and prioritizes safety, health and well-being:

- Active Commute and Bike Tune-Up Events
- Cafeteria Collaboration
- Health and Wellness Calendar
- Healthy Workplace Month
- Kindness Initiatives
- Mental Health Awareness Week
- Mindfulness Programming
- On-site Markets
- Therapy Dog Visits
- Wellness Huddles (Psychological Safety)

One initiative not mentioned above but certainly worth highlighting is our **Central Staff Lounge**, an idea that was implemented and designed by our Staff Advisory Committee. This enhanced space came to fruition towards the end of 2024 and has provided a new, comfortable and secure environment for staff to relax and rejuvenate.

We have also recently transitioned to **UKG Dimensions**, a new and more staff-friendly scheduling system which has improved efficiencies around the identification and filling of vacant shifts, overtime, vacation requests, leaves, and shift trades.

Last but not least, our Hospital is currently working on embedding the **Joy in Work Framework** into our culture, which focuses on "What matters to you?" conversations and questions such as:

- What makes for a good day for you?
- What makes you proud to work here?
- When we are at our best, what does that look like?

Given the alignment and focus on staff support and celebrating successes, the Human Resources and Quality and Risk Management teams are currently exploring a collaborative opportunity between the Joy in Work Framework and Quality Huddles.

c. Workplace Violence Prevention

Improving staff physical and emotional safety and preventing workplace violence (WPV) is of utmost importance at TBRHSC. Although we have not included WPV prevention within our 2025/2026 QIP, it remains a top priority and a number of improvement efforts continue in this area. From our Emergency Department (ED) WPV project, key accomplishments included:

- Public antiviolence campaign
- Public education on ED processes
- ncreased police presence and additional security guard
- Security training (prevention crisis intervention)
- Creation of de-escalation room
- Search of personal belongings policy
- High risk patient supports (Peer Support Worker, Indigenous Patient Navigator, Social Work)
- Staff supports (mental health/ wellness training, debriefing)
- Policy and standard of care review/updates (trauma informed care, cultural competence)
- Reduction of 76% in reported violent incidents (2023/2024 compared to previous year)

Building on the ED WPV project, work is underway to transition our learnings and strategies to the organization. Currently, we have completed an organizational incident reporting analysis, incident reviews with departments/staff to better understand reporting behaviours, thematic analysis of recommendations, and presentation of recommendations to our Joint Occupational Health and Safety Committee. Over the next year, we will work to implement recommendations focused on debriefing, incident reporting, improved communications, physical environment review, improved documentation and care transitions, and expanding knowledge and 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. Our Hospital uses a comprehensive approach and various standardized processes to learn from patient safety events.

a. Incident Learning System

We have a well-established Incident Learning System (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 Reviews

Quality of Care (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 (M&M) rounds are led by professional staff in a similar fashion to learn from patient safety events.

c. Safety Resources

We recognize that everyone has a role to play in safety; however, we do have a Patient Safety Improvement Specialist role dedicated to supporting our safety culture and initiatives. Additionally, our Quality and Risk Management team has 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. Of note, these resources have helped to support Quality Huddle discussions.

d. Medication Safety

Recognizing that drug-related adverse events accounts for a high percentage of preventable incidents, medication reconciliation (med rec) at admission was included in our past two QIPs. We have seen a significant improvement (25.66% to 47.9% admission med rec completion rate) since starting this work and would like to highlight some of the key achievements from our 2024/2025 QIP:

- Developed and implemented a new PPDO to ensure "Best Possible Medication History" is converted to med rec completion by the MRP
- Increased prescriber awareness (engaged prescribers during multiple section meetings)
- Increased frontline staff awareness of med rec completion process (engaged staff at 100% of inpatient unit Quality Huddles)
- Developed and hired into a new position (Medication Safety Officer) whom will lead med rec

Aligning with our initiatives and priorities that are underway (and continuing the work from our 2024/2025 QIP), the following "Safety" indicator will be included in our 2025/2026 QIP:

Rate of medication reconciliation at admission

Palliative Care

Providing high-quality palliative and end-of-life care is a priority at TBRHSC. The early identification of palliative care (e.g. advanced care planning and goals of care discussions) aligns with the Patient Experience pillar of our Strategic Plan 2026. Furthermore, each of the following categories (and examples included within) supports and aligns with the Quality Standard for Palliative Care; which includes the identification and assessment of palliative care needs, timely access to palliative care support, advance care planning, goals of care discussions, pain/symptom management, interprofessional team-based care, and education for health care providers.

a. Palliative Care Team

Our Palliative Care Team at TBRHSC consists of five palliative physicians and two registered nurses. One nurse is dedicated to the inpatient areas and the other is dedicated to the outpatient areas; both providing valuable support, education and expertise to patients, families, and staff (in particular with regard to goals of care conversations). They also provide support at our Transitional Care Unit, a 32-bed facility for Alternate Level of Care (ALC) patients (extension of TBRHSC). Within this team, we also have a Nurse Practitioner Clinical Coach, whose role is focused on clinical work, outreach education, and system navigation and analysis. Additionally, TBRHSC works closely with the Hospice Unit at St. Joseph's Care Group, with the goal of providing pain/symptom management and/or facilitating end-of-life care to ensure the best possible quality of life for patients and their families.

b. Practice Changes

To support the provision of high-quality palliative care, a few practice changes that were recently implemented include:

- Created conservative care patient education videos for end-stage renal disease
- Updated our internal palliative care support and resources page
- Revised the palliative assessment in the MOSAIQ health information system (to promote better documentation/communication amongst the care team and ultimately to promote better patient outcomes)

c. Education Provided to Staff

In our efforts to support organizational readiness and health human resource competency, we have provided and/or offered numerous educational sessions and activities focused on palliative care, including but not limited to:

- Education from Community Palliative Care Services (e.g. Palliative Advocacy Care Team)
- E-learning Modules (e.g. advance care planning, goals of care, health care consent)
- Learning Essential Approaches to Palliative Care (LEAP online)
- Palliative Care Expos (e.g. advance care planning, end-of-life care, pain and symptom management, Medical Assistance in Dying (MAID), essential conversations, food and hydration)
- Palliative Care for Frontline Workers (in collaboration with Lakehead University)
- Palliative Care Preceptorships for Fourth Year Nursing (new)
- Palliative Care Simulations for TBRHSC (development underway)
- Resources from Ontario Health - Cancer Care Ontario and Ontario Health - Ontario Renal Network (readily available)
- Roaming Education for Staff (R.E.F.S.) monthly education topic (including simulations)

d. Policies and Procedures

As an RNAO Best Practice Spotlight Organization (BPSO), we have adopted the "Palliative Approach to Care in the Last 12 Months of Life" Best Practice Guideline (BPG), which has been invaluable in supporting best practices and decision making for the interprofessional team, as well as supporting policies and procedures. To ensure timely and equitable access to palliative care services, we have a process in place which supports patients who are registered with the Regional Cancer Program and have been referred to palliative care (Palliative Care Referral and Triage Policy). We have also completed and/or started revisions for a few other policies and procedures, including:

- End of Life Order Set
- End of Life Policy
- Palliative Care Guidelines Policy

e. Palliative Care and Indigenous Health

At TBRHSC, we are very proud of the efforts we have made to support the provision of high-quality palliative care. Nevertheless, we recognize unmet care needs still exist, such as the ability to provide palliative care that is customized to Indigenous traditions, history and community needs. To help address this gap and in our efforts to advance Indigenous care supports, we have recently submitted a proposal to Ontario Health's Funding Opportunity for Palliative Care in Indigenous Communities. Specifically, the funding would be used for training opportunities, educational/cultural supplies, traditional medicines, interpretation services, Elder Honorariums, grieving kits, and space improvements. As Indigenous practices and traditional items vary significantly across communities, it is essential to ensure accessibility to these items and practices to honour individual cultural identity and to provide a respectful and meaningful end-of-life experience.

Population Health Management

TBRHSC is a leading teaching Hospital in Northwestern Ontario (NWO) and is affiliated with the NOSM University, Lakehead University and Confederation College. Within our Strategic Plan 2026, we have many priorities that align with the City and the District of Thunder Bay Ontario Health Teams (OHTs), including: Equity and Indigenous Partnerships; Patient Experience; Clinical Services Plan; Advancing Partnerships; and Digital Health.

Unfortunately, NWO is a region where a significant percentage of the population faces serious medical issues, including high rates of diabetes, stroke, and cardiovascular disease, in addition to having one of the highest rates of amputation. With this in mind, and to help meet the unique needs of our community and population, our Hospital has several chronic disease management programs in place, including the Centre for Complex Diabetes Care (CCDC), COPD Tele-Homecare Program, Paediatric Healthy Living Program, and Tele-Homecare Heart Failure Program. We also have a number of regional partnerships focused on achieving best patient outcomes through specialized services, including the Neonatal and Infant Transport Team (new), NWO Regional Stroke Network, Northwest Regional Renal Program (Multi-Care Kidney Clinic), Regional Bariatric Care Centre, Regional Cancer Care Northwest, and Regional Critical Care Response (RCCR) Team.

Furthermore, we would once again like to highlight one of our most meaningful and monumental initiatives, which is to bring life and limb-saving cardiovascular surgery to NWO and our local community. In order to make this Cardiovascular Surgery Program a reality, we continue to work closely and tirelessly with University Health Network (UHN) on planning and funding efforts, to ensure we have the following requirements in place:

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

Lastly, we have made significant strides when it comes to digital health, which falls under the Sustainable Future pillar of our Strategic Plan 2026. Specifically, our goal is to "advance digital health to improve patient and staff experiences and to enhance ongoing operations." Some of our key successes to date include:

- **Phase 1** - Transforming Care Innovatively (with the NWO health record): Business case approved and all contracts signed as of December 2024; recent visit and positive feedback from Ontario Health CEO; currently in deployment planning and ramping up communications.
- **Phase 2** - Transforming Care Innovatively (through advanced analytics/research): Current state and analysis work completed; new co-design approach successful with actionable patient flow dashboard; discovery process to define future held in winter 2023 and spring 2024.
- **Phase 3** - Transforming Care Innovatively (with new digital health): NWO Digital Health Innovation Board formed; joined the Ontario Bioscience Innovation Organization (OBIO) Early Adopter Health Network to explore commercially-ready opportunities for piloting in real life; started discussions with the NWO Innovation Centre; reviewing what is needed to support AI.

Quality Improvement Plan 2025-2026

Quality Improvement and Emergency Department Return Visit Quality Program (EDRVQP):

The following provides a status update for two of TBRHSC's quality improvement priorities from the preceding year's EDRVQP audit:

a. CT Scanner Midnight Pilot

The Computerized Tomography (CT) Scanner Midnight Pilot began on October 16, 2023, with the goal of providing patients with access to a CT scan five days a week, Monday through Friday, from midnight to 0800 hours on Emergency Department (ED) registered patients (admitted and non-admitted), and will be done on appropriate in-patients when possible. This pilot enables ED Physicians to make more prompt disposition decisions and consultation requests. CT findings will be available to consultants early in the day. Decisions on disposition can be made in the morning, resulting in faster discharges from the ED, a shorter admitted length of stay (LOS), and lower ED pressures. A remote teleradiology service provides a radiologist for the CT Scanner Midnight Pilot from midnight to 0800 hours. The CT Scanner Midnight Pilot utilizes Pay for Results (P4R) temporary funding to hire 2.0 FTE Medical Radiation Technologists (MRTs) and 1.0 FTE Support Worker.

Outcomes of the CT Scanner Midnight Pilot include:

- Improved CT Turnaround Times (TAT) Overnight:
  - Exam order to exam start; 34% improvement (from 3.5 hr to 2.3 hr)
  - Exam order to exam completion (includes radiologist report); 50% improvement (from 10.8 hr to 5.4 hr)
- Decreased ED LOS, Improved Space Capacity, and Cost Savings:
  - ED Physicians can make timelier disposition decisions and consultation requests because CT results are available earlier
  - Total ED LOS showing 11% improvement
  - When able, CTs are completed on admitted in-patients overnight
- Patient Care Improvements:

oAdditional physician shift added in ED to cover trauma vs on-call overnight. Having access to CTs overnight has optimized this extra position and improved access to trauma care for both local and regional patients.

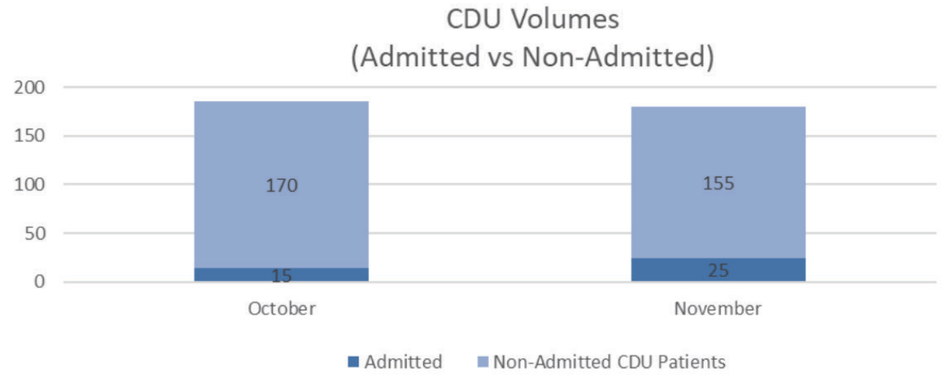
- Diagnostic Imaging Department Efficiencies:
  - Since October 2023, 1,944 CTs have been completed overnight
  - Completing ED CTs during the night shift (Monday to Friday) has opened up scanning time for inpatient requests in the morning
  - Overnight ED CTs are no longer delayed, as a result of scheduled biopsies/drainages
  - Reduced/eliminated call backs and overtime for MRTs
  - Morning QA is completed prior to start of day shift, which allows for earlier start to inpatients and outpatients
  - Potential to complete inpatient CTs overnight, resulting in more timely reports and possible discharges

b. Clinical Decision Unit

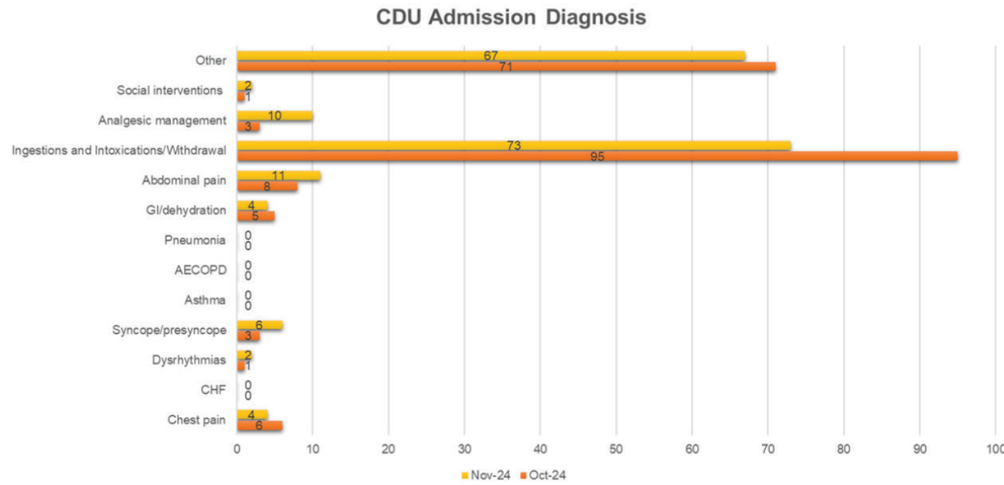
The Clinical Decision Unit (CDU) offers short-term monitoring, evaluation, and treatment to patients in the ED, helping to guide decision-making and prevent unnecessary Hospital admissions. By formally establishing a care pathway, the CDU enhances patient care through targeted monitoring, investigation, and treatment, ultimately supporting disposition decisions and avoiding unnecessary Hospital stays.

The CDU became operational on September 30, 2024, with 24/7 physician coverage. A nurse practitioner (NP) started on October 21, 2024. The NP provides support to the CDU by conducting assessments and collaborating with the ED and consulting physicians at a 0.6 FTE, Monday through Thursday, from 0730 to 1530 hours.

The establishment of the Hospital's CDU has been approved by Ontario Health (OH). OH will begin tracking and reporting the Hospital's CDU data with an effective date of January 1, 2025. The CDU has been operational since September 30, 2024, with positive feedback from frontline staff and physicians. CDU volumes remained steady in October and November, with a small percentage of patients being admitted.



OH CDU guidelines outline the conditions potentially benefiting from a CDU admission. The formally established care pathway, along with targeted monitoring, investigation, and treatment, has been proven to reduce negative outcomes related to early discharge, ED readmissions, and unnecessary extended Hospital stays for these conditions. Presenting condition data of the CDU aligns with OH guidelines as per the breakdown below:



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

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.

Patricia Lang
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

Thunder Bay Regional Health Sciences Centre

STRATEGIC PLAN 2026