Thunder Bay Regional Health Sciences Centre

2026-2027 Quality Improvement Plan

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ACCREDITATION CANADA

STRATEGIC PLAN 2026

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

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2026-2027 Quality Improvement Plan Narrative

Overview

Thunder Bay Regional Health Sciences Centre (TBRHSC) is a 425-bed academic, specialized acute care hospital serving the residents of Northwestern Ontario. The comprehensive range of specialized services provided is guided by the vision of delivering "exceptional care for every patient, every time." The Hospital's commitment to advancing Patient and Family Centred Careis demonstrated through ongoing research, innovation and education. Within the Strategic Plan 2026, quality is identified as a key organizational priority and is aligned under the Patient Experience pillar. The specific aim is to "focus relentlessly on quality to deliver services that are free from preventable harm, accessible, appropriate, and integrated."

To support of strengthening quality at the organizational level, several initiatives have been implemented, including:

a. Quality Huddles

The Canadian Quality and Patient Safety Framework is fully integrated into the safety culture at TBRHSC and serves as the guiding foundation for all quality improvement (QI) initiatives across the organization. In particular, the framework underpins our Quality Huddles—structured discussions held at minimum on a weekly basis. These huddles provide a dedicated forum for frontline staff and interprofessional team members to collaborate and focus on five key areas:

- Patient safety concerns and quality trends
- Opportunities for improvement
- Support required from leadership
- Key performance indicators
- Recognition and celebration of team successes

This corporate initiative has played a pivotal role in elevating quality and safety priorities while strengthening department-level capacity. Initially launched in January 2023 across four medical and three surgical inpatient units, the program has since expanded significantly. Recognizing that quality and safety are shared responsibilities, more than 72 departments—including non-clinical and outpatient areas—have adopted Quality Huddles. Further expansion is underway to continue to embed quality principles throughout the organization.

As of October 2025, across all participating departments, more than 2,629 huddles have been conducted, nearly 23,945 staff members have participated, over 2,956 improvement ideas have been generated, and more than 2,033 of those ideas have been successfully implemented.

b. Quality Improvement and Accreditation Training

Following the achievement of Exemplary Standing in our most recent Accreditation survey, the Hospital has continued to build organizational capacity in QI. Three Hospital-wide workshops on foundational QI principles have been delivered, with plans to host future workshops. These sessions engaged nearly 90 participants—including frontline staff, leaders, and both clinical and non-clinical team members—and provided essential knowledge, practical tools, and methodologies (such as PDSA cycles, 5 whys, and fishbone analysis) to support the implementation of QI initiatives across the organization.

As part of the ongoing commitment to continuous quality improvement, we also conducted a "Tracer Capacity Building" session in 2025. Nearly 40 leaders participated in this training, which offered a structured, step-by-step approach to conducting tracers to assess compliance with Accreditation Standards. This initiative has strengthened teams' ability to identify areas of excellence and opportunities for further improvement.

c. Quality Teams Structure

In the coming year, a key priority will be the expansion of our program-level "Quality Teams" structure within the Hospital. This model is designed to proactively address patient safety issues and trends, support the implementation of QI initiatives, and facilitate departmental quality reviews as required.

Two committees—the Cardiology Operations and Quality Committee and the Vascular Operations and Quality Committee—were recently established as part of this effort. The primary objectives of these committees include:

- Engaging frontline and professional staff in quality improvement and safety initiatives through education, consultation, and communication

- Creating a structured platform for regular collaboration among services involved in the care of patients with cardiac and vascular needs
- Leveraging data to establish baselines, identify gaps, and evaluate the impact of change initiatives in order to drive high-quality patient care

2026-2027 Quality Improvement Plan

Withthe 2026/2027 Quality Improvement Plan (QIP), the Hospital continues to focus on the following priority areas that align with the Strategic Plan 2026, as well as the unique needs of the 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 the Hospital's vision and I, it also falls within the goals of the Canadian Quality and Patient Safety Framework. To identify patient flow barriers and build capacity to meet service demands, data is collected from various systems, including:

- Alternate Level of Care (ALC) and Bed Census Reports (real-time data showing in Business Intelligence (BI) tool)
- Compliments and Concerns Console
- Hospital Patient Experience Data
- Incident Learning System Reports
- Meditech Generated Reports (i.e., Patient Flow 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:

- Leadership teams are responsive to data as circulated on the BI Patient Flow Dashboard and Patient Flow Reports.
- Roles and accountabilities as outlined in:
  - Bed Management policy (UM-Util-01)
  - Overcapacity Emergency Department (ED) Surge Management (ER-V-07)
  - Overcapacity ICU Surge Management (CCS-3-05)
  - Overcapacity Emergency Department / Adult Mental Health Surge Management (PAT-1-40)
  - Women & Children's Surge Management (WC-1-01)
- Use of Meditech Bed Management Desktop
- ED Pay for Results Reports

In alignment with the initiatives and priorities that are underway (and building on the work from 2025/2026 QIP), the following "Access and Flow" indicator will be included in the 2026/2027 QIP:

90th percentile Emergency Department (ED) wait time to inpatient bed

Equity and Indigenous Health

TBRHSC's commitment to reducing health inequities aligns with the Equity, Diversity and Inclusion (EDI) pillar of the Strategic Plan 2026Health care professionals are often the first point of contact for Indigenous Peoples travelling to Thunder Bay for medical care, and as such, TBRHSC wants ensure a positive experience in health care. As part of the commitment to providing a culturally sensitive environment, theMulti-Faith Spiritual Centre is a space where patients, families and staff can practice 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. This addresses disparities andensures that all patients receive compassionate care.

To support these efforts, the Hospital has implemented a number of initiatives within theStrategic Plan 2026, including: Cultural Safety Training (operational); EDI Physical Environment

Review (completed); EDI Policy and Procedure Review (completed); Indigenous Partners Steering Committee (operational); Indigenous Education and Recruitment (underway); Truth and Reconciliation Call to Action Implementation (operational). 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 safer care. Membership on this committee includes representatives from: Grand Council Treaty #3, Matawa Education and Care Centre, Matawa 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,NOSM University, and Dilico Anishinabek Family Care.

b. Indigenous Education and Recruitment

To better serve our community and bring the Hospital 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 and Indigenous Collaboration team offers monthly cultural activities and attends department huddles and meetings to provide educational blitzes.

To foster a more inclusive and diverse workforce, the Hospital is 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, Traditional Wellness Lead, Indigenous Care Coordinators (12), Indigenous Patient Navigators (3), Indigenous Liaison (1), and a Multi-Faith Spiritual Care Lead. 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 2,943 Indigenous patients from April 1, 2025 to January 30, 2026. 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

In alignment with the initiatives and priorities underway (and building on the work from the 2025/2026 QIP), the following "Equity" indicator will be included in the 2026/2027 QIP (note - executive level has been removed as 100% was achieved in last QIP):

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

Patient Experience

a. Substance Use and Addictions

In effort to become experts in caring for patients with complex care needs due to mental health and addiction issues, the Hospital has developed a "Substance Use and Addictions Strategy." As part of this, 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)

a. Implement an Addictions Medicine Consultation Team

b. Consultation Liaison Service expansion

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

a. Year 1 - Stop the Stigma – Language Matters Campaign

b. Year 2 - Harm Reduction

c. Year 3 - Trauma Informed Care

3) Development of clinical resources

a. 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

of the philosophy of Patient and Family Centred Care (PFCC) at TBRHSC remains foundational to how care is delivered and is grounded in four core concepts: Dignity and Respect; Communication and Information Sharing; Participation; and Collaboration. Patient experience feedback is routinely integrated into QI efforts through multiple sources, including surveys, advisory committees, and the compliments and concerns process. Building on previously established practices such as NOD (Name, Occupation, Do) and bedside communication whiteboards, the organization is expanding its communication approach through the introduction of NODDING (Name, Occupation, Do, Develop Trust By, Interacting Meaningfully, Noticing Patient Cues, and being Genuine) — reinforcing intentional, person-centered interactions that support understanding, engagement and safer transitions in care.

Additional PFCC practice implementations include:

- **NODDING Communication Framework** – Expanded from the foundational NOD practice, NODDING was implemented to standardize respectful, person centred communication across care teams. By promoting clarity, empathy, connection and patient engagement, the framework supports health literacy, reinforces PFCC principles and contributes to improved patient experience and transition readiness
- **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
- **Patient Resource Folders** – Implemented following a successful pilot, Patient Resource Folders are now embedded across all medical-surgical units to support standardized discharge practices. The folders provide patients with organized access to PODS and POET materials, thereby strengthening education, supporting health literacy, and improving preparedness for discharge — key drivers of safe transitions in care
- **Patient and Family Advisor (PFA) Recruitment** – Strategic recruitment has been prioritized to build a more diverse and representative PFA cohort. Advancing inclusive partnership ensures organizational improvements are informed by voices reflective of the communities we serve and reinforces PFCC as a key driver of equitable care delivery
- **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 the commitment to providing care that is respectful of and responsive to patient and family preferences, needs and values, PFAs are active members on all of our committees and have played a major role in the development of the Strategic Plan 2026. Patient Advocates, a Patient Experience Data Specialist, and Post-Discharge Liaisons work collaboratively to improve the patient

experience. A few successful PFCC initiatives focused on improving the discharge process from the 2025/2026 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 (REFS) and Quality Huddles
- **Post-Discharge Liaison (PDL)** – Provides proactive follow-up within 72 hours of discharge to validate comprehension, deliver real-time intervention, and mitigate risks that may lead to readmissions or ED utilization. Patient insights drive QIP priorities, supported by the Discharge Transition Lead (DTL) role through evaluation, education and implementation of consistent discharge practices
- **Whiteboard Refresh Initiative** – Guided by PFA input and implemented alongside Hospital renovations, patient room whiteboards were redesigned to enhance communication between patients, families and care teams. Standardization promotes clarity around care plans and daily goals, while bedside baskets support organization of patient information — advancing transparency, engagement and person-centered care

Aligning with the initiatives and priorities that are underway (and continuing the work from the 2025/2026 QIP), the following "Experience" indicator will be included in the 2026/2027 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 the Strategic Plan 2026. TBRHSC is dedicated to creating and sustaining an environment where staff want to work, grow and thrive. Although not unique to TBRHSC, addressing unprecedented health human resources shortages remains a challenge and top priority. In addition to closely monitoring staff vacancy rates and turnover statistics, TBRHSC continues to work on the following priorities:

a. Recruitment and Retention

Creative and new recruitment and retention strategies are required to attract top candidates in today's job market. The following strategies support these efforts:

- Enhancing recruitment and selection processes through tools and education to support Values Based Recruitment
- Enhancing leadership supports and development opportunities (e.g. creation of LOOP – orientation/onboarding program for new leaders; offering Humber and Rotman professional development courses, and relevant Management Essentials learning delivered by internal subject matter experts)
- Focused new hire, and exit interviews surveys, and ongoing engagement data collection
- Maximizing full-time nursing hires with Community Commitment Program grants
- Implemented policies and processes to support transparent and measured use of recruitment and retention supports

Below is a progress review Additionally, the initiative Establishing a Learning Culture that Supports Continuing Education, has been progressing:

- Department orientation review (in progress)
- Mandatory annual learning review (complete)
- General and clinical orientation enhancements (implemented)
- Additional online clinical resources and new Medical Librarian services (implemented)
- Roaming Education for Staff (REFS) implementation (complete)
- Supportive policies: Tuition Reimbursement (under review), Grow Our Own (implemented)
- Virtual Reality Simulation Project (in progress)

b. Staff Wellness

TBRHSC, iscommitted to supporting staff wellness and life-work balance. Implementation of the Healthy Workplace Framework, focused on five key areas (physiological needs, safety needs, belonging, esteem, and self-actualization) is in progress. Aligning with feedback received from a staff engagement survey, numerous initiatives have been implemented that focus on creating a positive work environment and prioritizes safety, health and well-being:

- Active Commute and Bike Tune-Up Events
- Break/Rest Space Improvements
- Health and Wellness Calendar
- Healthy Workplace Month
- Healthy Workplace iNtranet Page
- Mental Health Awareness Week
- Mindfulness Programming
- On-site Markets
- Therapy Dog Visits
- Wellness Moments (Psychological Safety)

A dedicated Staff Wellness Room has been established to promote the well-being of our health care team during their shifts. This private, quiet space allows staff to step away briefly from clinical responsibilities to rest and recharge. In addition to the massage chair, the room offers calming activities such as knitting supplies, crossword puzzles, a yoga mat for stretching or mindfulness practice, and a sound machine to create a soothing environment. By providing accessible, restorative options within the workplace, we are actively supporting stress reduction, resilience, and staff engagement—ultimately contributing to improved morale, reduced burnout, and high-quality patient care.

The Hospital is currently working on embedding the Joy in Work Framework, which focuses on "What matters to you?" conversations and questions to prompt engagement and improvement activities 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?

c. Workplace Violence Prevention

Improving staff physical and emotional safety and preventing workplace violence (WPV) is of utmost importance at TBRHSC. Although WPV prevention is not included within the 2026/2027 QIP, it remains a top priority and a number of improvement efforts continue in this area. Following an organizational incident analysis and consultation with departments and staff to understand incident themes and reporting behaviors, our current WPV prevention strategies include:

- Personal protective equipment
- Communications – "Respectful Workplaces"
- Access and environment
- Documentation of patient behavioral status
- Training
- Post incident debrief
- Incident reporting

Safety

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

a. Incident Learning System

The Incident Learning System (ILS) is used by staff and professional staff use to report patient safety events – both incidents and near misses. Quality and Risk Management team members and relevant leadership review the reports to determine follow-up actions required, incident classification (Critical Incident, Never Event, Reportable Circumstance, Known Complication), severity level (No Harm, Mild, Moderate, Severe, Death), and whether further in-depth review is required in the form of a Quality of Care Review.

b. Quality of Care Reviews

Leadership conducts Quality of Care (QOC) reviews following critical incidents at TBRHSC that result in death, or serious disability, injury or harm to the patient, or systemic issues requiring investigation. In compliance with the Excellent Care for All Act, we disclose incidents when they occur, and any completed process improvements to patients and families following these reviews. Additionally, professional staff-led Morbidity and Mortality (M&M) rounds occur in a similar fashion to a QOC Review with a focus on medical care.

c. Safety Resources

TBRHSC's Patient Safety Specialist (PSS) is dedicated to supporting safety culture and initiatives. As part of the role, the PSS partners with members of the Occupational Health and Safety team to distribute a monthly Safety Huddle Newsletter, which highlights priority safety issues and trends for both patients and staff. Through on-unit tailored education sessions and relevant topics, these resources have helped to support Quality Huddle discussions.

d. Medication Safety

Recognizing that drug-related adverse events represent a significant proportion of preventable patient safety incidents, medication reconciliation (med rec) at admission has been a sustained, organizational priority and included in THRHSC's QIP for the past three fiscal years. Measurable and sustained improvement has been demonstrated over this period.. Med Rec at admission reached 63.3% in January 2026, with a 2025/2026 Q3 year-to-date result of 55.85%, reflecting continued progress and strengthened processes across clinical areas.

Key achievements from 2025/2026 QIP include:

- Development of a standardized online Med Rec learning module for front line staff, to be integrated into ongoing education and onboarding processes
- Continued frontline staff education and engagement through unit based Quality Huddles to reinforce accountability and share performance data
- Ongoing prescriber engagement including targeted, real-time education, attendance at Medical Advisory Committee, and incorporation of Med Rec education into new professional staff orientation
- Redesign of the Med Rec audit process, with structured audit data collection and analysis led by the Medication Safety Officer to inform targeted process improvements

These initiatives have improved compliance, enhanced consistency in practice, and supported a culture of medication safety.

Aligning with initiatives and priorities that are underway (and continuing the work from the *2025/2026 QIP*), the following "Safety" indicator will be included in our *2026/2027 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 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

The Palliative Care Team at TBRHSC consists of five palliative physicians and two registered nurses (RNs). 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 the Transitional Care Unit, a 32-bed facility for ALC patients (extension of TBRHSC). Within this team, there is a nurse practitioner (NP) 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 number of practice changes have been implemented, including:

- 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)
- Palliative RNs completed "Serious Illness Conversation Guide" training through Pallium
- Addition of in house CADD pumps for pain and symptom management with Palliative Rx Library developed by Palliative Care MDs and Pharmacy (decreases symptom burden and increased medication safety)

c. Education Provided to Staff

To support organizational readiness and health human resource competency, educational sessions and activities focused on palliative care, are offered, 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, MAID, essential conversations, food and hydration)
- Palliative Care for Frontline Workers (in collaboration with Lakehead University)
- Palliative Care Preceptorships for Fourth Year Nursing
- Palliative Care Simulations for TBRHSC
- Resources from Cancer Care Ontario and Ontario Renal Network
- Roaming Education for Staff (R.E.F.S.) monthly education topic (including simulations)
- Just-in-time education provided to front line staff for End of Life Care, CADD pump management by RNs
- Palliative Care Support and Resources page on TBRHSC iNtranet

d. Policies and Procedures

As an RNAO Best Practice Spotlight Organization (BPSO), TBRHSC has 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. A process to ensure timely and equitable access to palliative care services is in place to support patients who are registered with the Regional Cancer Program and have been referred to palliative care (Palliative Care Referral and Triage Policy). Other policies and procedures that have been revised include:

- End of Life Order Set
- End of Life Policy

e. Palliative Care and Indigenous Health

At TBRHSC, the organization has expressed pride in its efforts to support the provision of high-quality palliative care. Nevertheless, it recognizes that unmet care needs still exist, including the ability to provide palliative care that is tailored to Indigenous traditions, history, and community needs. To help address this gap and advance Indigenous care supports, TBRHSC successfully secured funding through Ontario Health's Funding Opportunity for Palliative Care in Indigenous Communities. Specifically, the

funding was used for the purchasing of traditional medicines, resource document translation, Elder Honorariums, and grieving kits. 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 and is affiliated with the NOSM University, Lakehead University and Confederation College. The Strategic Plan 2026, outlines 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.

Now In Northwestern Ontario there are higher rates of serious medical issues including diabetes, stroke, and cardiovascular disease, in addition to having one of the highest rates of amputation. To help meet the needs of the community and population, TBRHSC 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. There are a number of regional partnerships focused on achieving best patient outcomes through specialized services, including the Paediatric Emergency Transport Team, Regional Paediatric Response Program (new), Paediatric Oncology Group of Ontario (POGO) satellite clinic (new), Complex Care for Kids Ontario (CCKO), Northwestern Ontario Regional Stroke Network, Regional Cardiovascular (Cardiac and Vascular) programs,Northwest Regional Renal Program, Regional Bariatric Care Centre, Regional Cancer Care Northwest, and Regional Critical Care Response (RCCR) Team.

a. Paediatric Emergency Transport Team

The Paediatric Emergency Transport Team (PETT) is a specialized team of Critical Care RNs and registered respiratory therapists who transport neonates and infants (up to 12 months corrected age and expanding to three years of age by summer 2026) requiring a higher level of care. Working in collaboration with the oncall paediatrician, PETT provides advanced assessment, stabilization, and continuous monitoring during transport, and is available through Criticall for clinical and decision support across Northwestern Ontario. As a provincial asset, the team partners with ORNGE and other transport services to ensure safe, timely transfers to appropriate care facilities. PETT members are trained to perform advanced life-saving procedures within their scope of practice and maintain ongoing certification and competency. In addition to transport, the team supports in-hospital clinical areas, promotes family-centered care, and participates in quality monitoring and program evaluation initiatives.

b. Regional Paediatric Response Program

The Regional Paediatric Response (RPR) Program provides real-time, nurse-led paediatric assessments and care coordination to rural, remote, and regional health care sites across Northwestern Ontario. Working in collaboration with an oncall paediatrician, the program delivers virtual consultations, supports early intervention, and facilitates timely patient transfers or admissions to ensure children aged 16 and under receive the appropriate level of care. RPR will be accessible 24/7 in April of 2026, offering both paediatric consultations with a paediatrician and nurse-to-nurse education support. The program also partners with TBRHSC's PETT and other transport services such as ORNGE to coordinate patient transport when higher levels of care are required. Through ongoing audit, data collection, and education, RPR promotes patient safety, quality improvement, and equitable access to paediatric expertise across the region.

c. Paediatric Oncology Satellite Clinic

The Paediatric Oncology Satellite Clinic provides cancer treatment for patients aged 16 and under through a partnership between the Paediatric Oncology Group of Ontario (POGO) and London Health Sciences Centre. This clinic allows paediatric patients to receive treatment closer to home, reducing the need for extended stays in London. The clinic also includes a dedicated POGO Interlink Nurse who works closely with families to support them throughout their child's cancer journey. This support includes connecting families to community services, assisting siblings and other family members, and providing education to the child's teacher and classmates to help foster understanding and support. Through this program, children and families in Northwestern Ontario have access to high-quality

cancer care and comprehensive support services within their own community.

Care Coordination for paediatric complex care patients in the region can be challenging due to limited paediatricians and lack of allied health support. Patients in rural and remote communities often need to travel to Thunder Bay for specialist appointments and for tests and services not available in their communities.

d. Complex Care for Kids Ontario

The Complex Care for Kids Ontario (CCKO) program supports medically complex children and their families by providing access to a dedicated NP who coordinates care across multiple providers and helps families navigate the health care system. The program strengthens local service coordination while also supporting collaboration with tertiary care partners. In addition, the NP facilitates access to acute and episodic care, helps address barriers and gaps within the system, and ensures each child has a comprehensive care plan that meets their medical and psychosocial needs. All care plans are developed in alignment with, and coordinated among, the full circle of involved providers.

e. Cardiovascular Surgery Project

As part of TBRHSC's commitment to improving access, safety, and equity in specialized care, the Cardiovascular Surgery (CVS) Project continues to advance the broader Cardiovascular program across both capital development and clinical readiness streams. Construction for the expansion of the Cardiovascular program remains generally on schedule and within approved budget. At current state, the structural steel installation and tie-in to the existing facility are substantially complete, and internal renovations for Medical Device Reprocessing (MDRD) are underway to support future surgical volumes. This infrastructure expansion includes a new 6-bed closed Coronary Care Unit (CCU), a 14-bed Cardiovascular Surgery Unit serving both cardiac and vascular patients, a dedicated Cardiovascular Care Clinic, a hybrid operating room with renovations to existing Operating Rooms, and upgrades to MDRD. Together, these enhancements create the specialized clinical environment required to safely deliver cardiac surgery locally, strengthen the continuum of cardiovascular services, and reduce the need for patients to travel outside Northwestern Ontario for cardiac care.

Clinical implementation is progressing toward the February 2028 go-live under a "One Program, Two Sites" model in formal partnership with University Health Network's Peter Munk Cardiac Centre.

This mentored approach embeds shared governance, standardized protocols, and alignment with established high-volume cardiac surgery best practices to ensure quality, patient safety, and risk mitigation from program launch. Joint medical leadership, including a shared Medical Director, a Medical Lead for CVS Implementation, and dedicated cardiovascular anesthesia leadership with external cardiac surgery expertise, supports clinical oversight and readiness planning. Workforce recruitment and funding approvals remain key implementation priorities. Recruitment efforts are underway to secure the required complement of cardiac surgeons and cardiac anesthesiologists to support safe program launch, alongside phased nursing recruitment aligned with the 2028 timeline.

The proposed Alternate Funding Plan (AFP) to support physician compensation remains under review with the Ontario Medical Association, and operational budget discussions continue with the Ministry of Health to ensure sustainable implementation aligned with capital completion.

Workforce development continues to advance, including two fully trained perfusionists currently practicing at UHN and two additional perfusionists completing education and training to achieve the required complement in advance of launch. Clinical operational readiness work is progressing across policies, workflows, education planning, and quality infrastructure development, including the establishment of a Cardiac Surgery Quality and Operations Committee and participation in national cardiovascular registries to support benchmarking and continuous quality improvement. Regional engagement has been completed to assess current cardiovascular services and identify system gaps, with a Regional Cardiovascular Council being established to formalize coordinated planning and strengthen care pathways across NWO. Collectively, these efforts support safe program implementation, improved access to specialized cardiac care, and enhanced regional health equity.

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

The following provides a status update for 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 hr on Emergency Department (ED) registered patients (admitted and non-admitted), and appropriate inpatients 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 hr. The CT Scanner Midnight Pilot utilizes Pay for Results (P4R) temporary funding to hire 2.0 FTE MRTs and 1.0 FTE Support Worker.

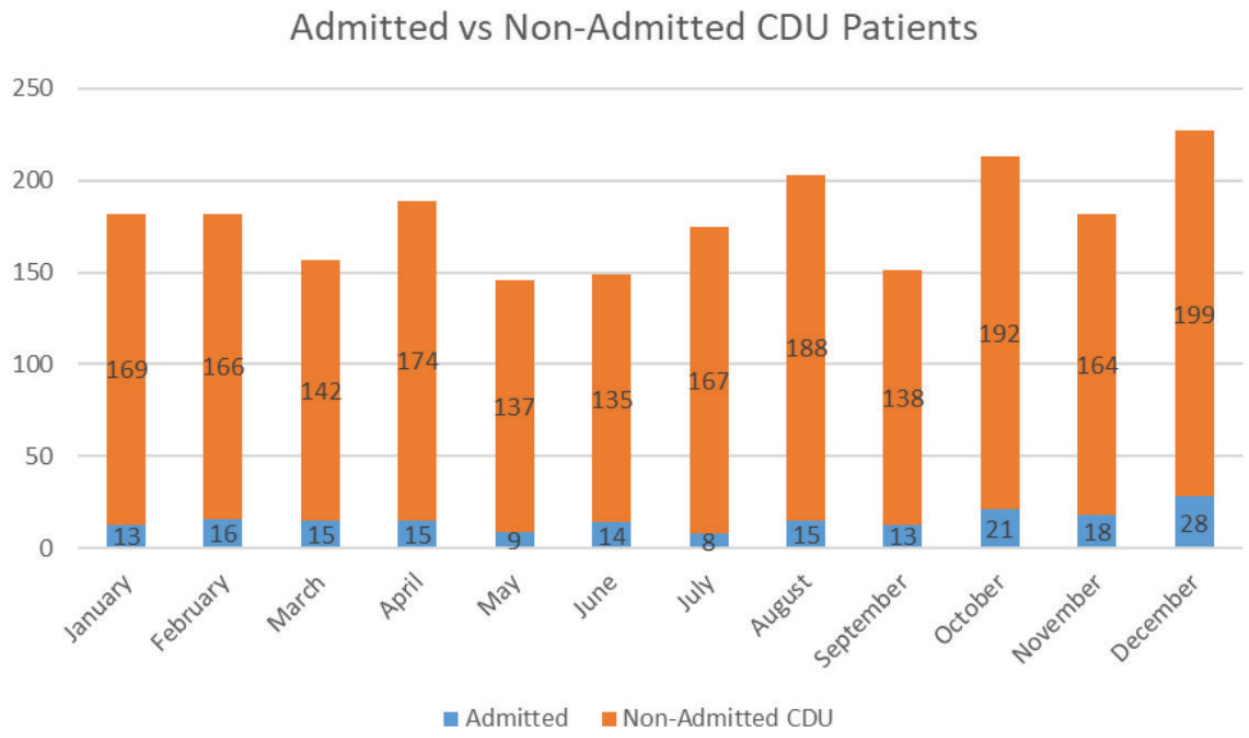
Outcomes of the CT Scanner Midnight Pilot include:

- Improved CT Turnaround times (TAT) overnight:
  - Exam order to Exam Start; 31% improvement (from 3.5 hr to 2.4 hr)
  - Exam order to exam completion (includes radiologist report) 55% improvement (from 10.8 hr to 4.9 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 12% improvement
  - When able, CTs are complete on admitted in-patients overnight
- Patient care improvements:
  - Additional 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, 4,862 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 medical radiation technologists (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 discharge

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 establishment of the Hospital's CDU has been approved by Ontario Health (OH). OH has started 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 with a small percentage of patients being admitted.



c. Flow-E MD

Trial of an additional physician from 1230 to 1830 hr with a dedicated responsibility to enhance patient flow, reduce bottleneck, and improve communication between physicians and nursing staff. The dedicated Flow MD provides flexible, targeted support where operation needs are greatest, with a primary focus on B and B-RAZ areas.

The Flow-E MD is responsible for:

B and B Raz Support:

- Provide direct clinical assistance by seeing patients triage to B and B Raz as a first priority (no matter where they are geographically located in the department)
- Identify bottlenecks in these areas and act to resolve them

Abnormal Results Management:

- Review and act on abnormal result folders with PA

Communication Duties:

- Manage calls from community physicians, regional facilities, other hospital departments, and the base hospital

Procedures and Resuscitations:

- Assist other MDs with resuscitations, procedures, TTL activations as required

Reassessments and Investigations:

- Support reassessments (MD-dependent) including reviewing labs, reassessing patients, and contacting consultants as needed

Box Coverage:

- Provide temporary coverage of the Box if another physician is tied up in a resuscitation

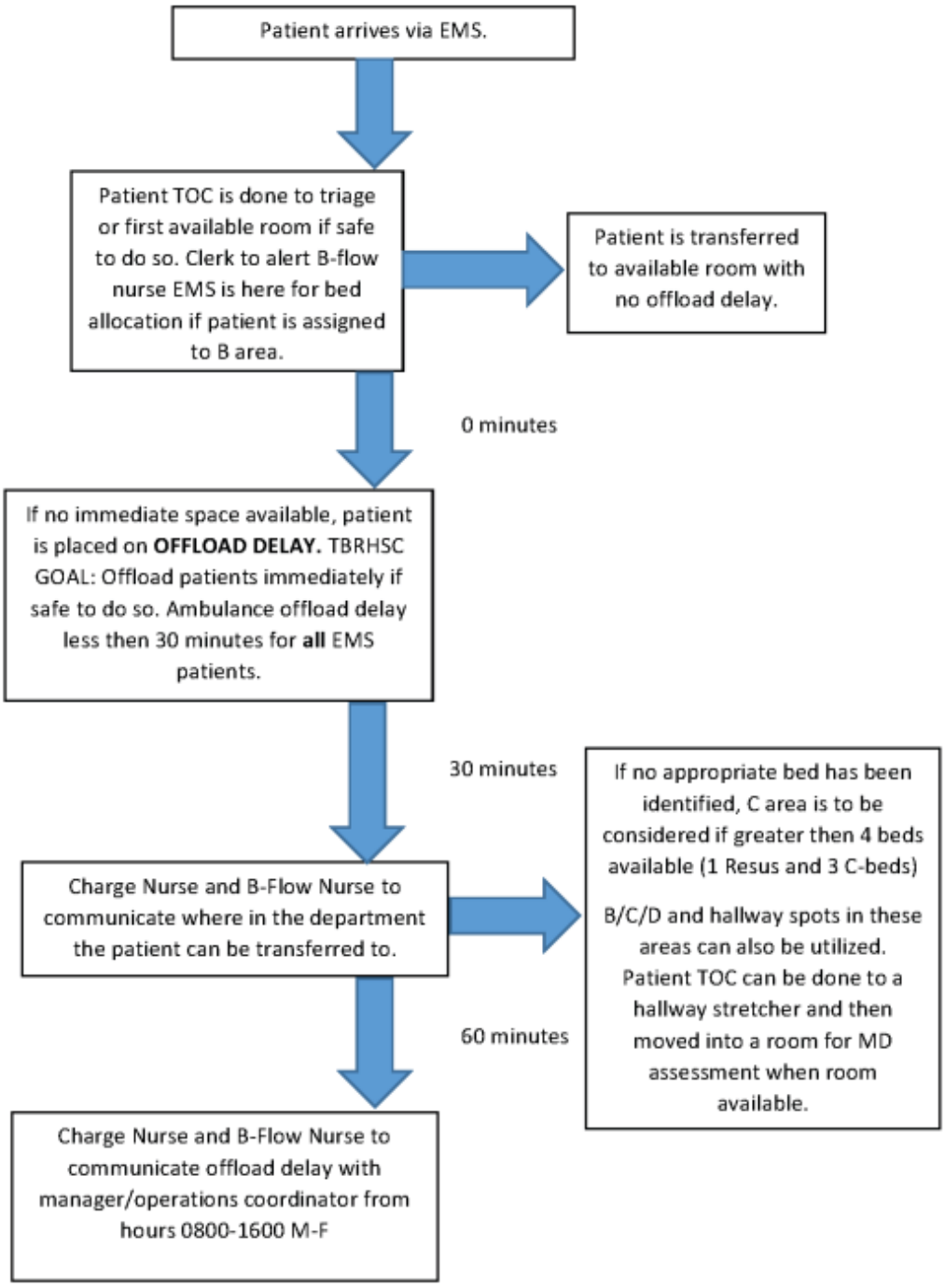
Physician at Triage:

- Use of Flow-E MD to work alongside the triage nurse to rapidly assess selected patients early in their ED visit

d. Offload Delay Escalation Pathway

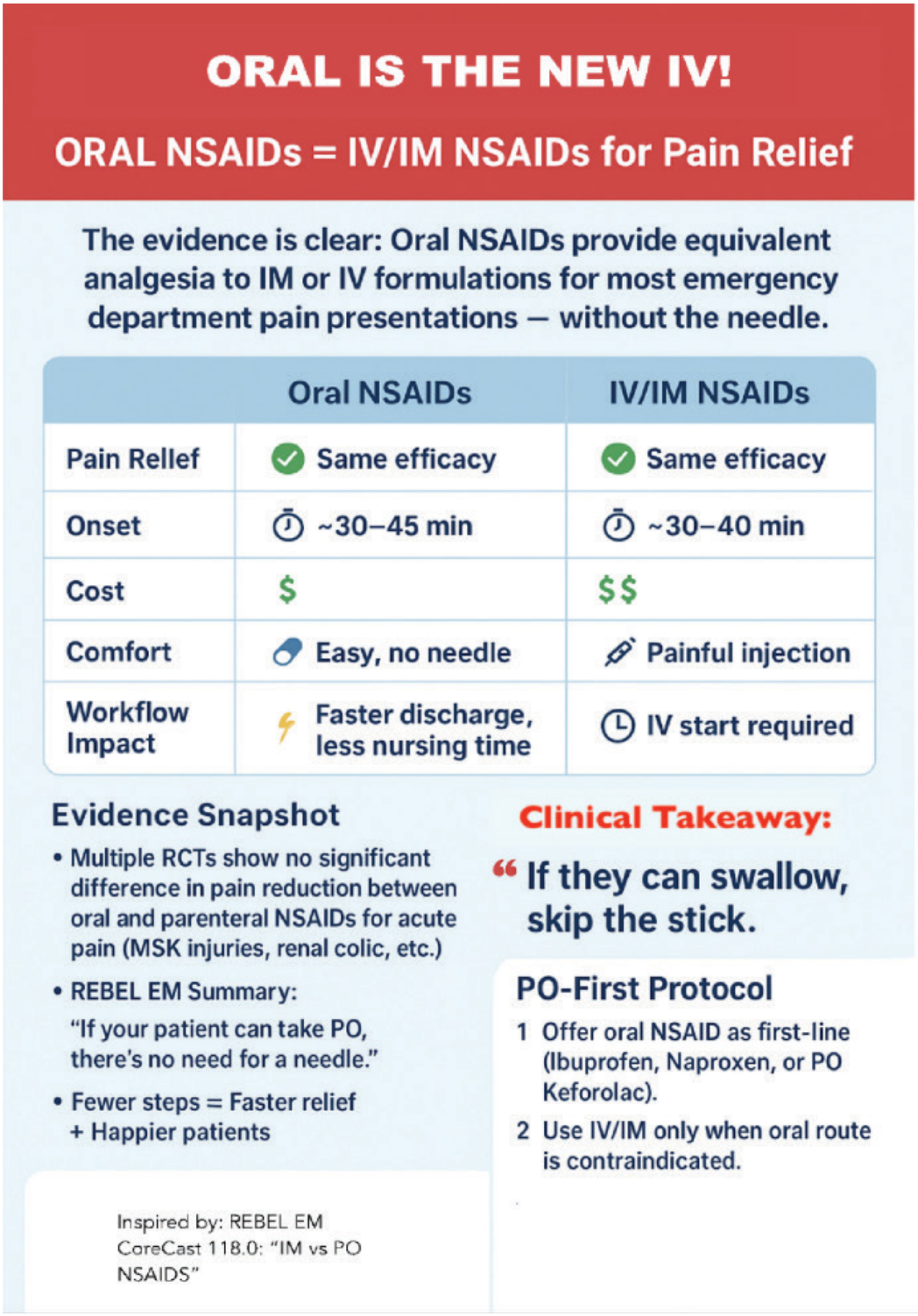
Escalation process to ensure timely and safe transfer of patients arriving through EMS with a goal to offload patients within 30 minutes.

OFFLOAD DELAY ESCALATION PATHWAY



e) PO vs IV Campaign

Development of a PO vs IV treatment campaign. Phase 1 is targeted at pain relief, specifically oral nonsteroidal anti-inflammatory drugs. Phase 2 will focus on antibiotics.



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

ACCREDITATION CANADA

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Exceptional care for every patient, every time.