Agenda
Annual 5 Partners Accountability Session -DRAFT
Wednesday, June 7, 2017
8:00 AM – 11:00 AM
Embassy Ballroom, Victoria Inn, 555 Arthur Street West

Strategic Objective: To provide a 2020 Strategic Plan report to our '5 Partners in Health'.

#	Time	Presenter	Item & Purpose	Meeting Notes
8:00 a.m. – 8:30 a.m. BREAKFAST AVAILABLE FOR ALL ATTENDEES				
1	8:30 a.m. – 8:35 a.m. (5 min)	Tracie Smith	Call to order and Introduction.	
2	8:35 a.m. – 8:40 a.m. (5 min)	Tracie Smith	Patient and Family Advisor Perspective: Video	
3	8:40 a.m. – 8:50 a.m. (10 min)	Jean Bartkowiak	Welcome and Overview of the Session.	
4	8:50 a.m. – 9:00 a.m. (10 min)	Arlene Thomson	***Strategic Direction:*** **Comprehensive Clinical Care** • Cardiovascular Surgery Program Update	
5	9:00 a.m. – 9:10 a.m. (10 min)	Lisa Beck	***Strategic Direction:*** **Patient Experience** • Emergency Patient Satisfaction-presentation	
6	9:10 a.m. – 9:30 a.m. (20 min)	Tracie Smith	***Engagement Activity:*** • Communication: While you wait.	
7	9:30 a.m. – 9:40 a.m. (10 min)	Samantha Moir Susan Bale	***Strategic Direction:*** **Indigenous Health** • Discharge Planning for Remote Communities	
Health Break 9:40 a.m. – 9:50 a.m. (10 min)				
8	9:50 a.m. – 10:00 a.m. (10 min)	Aaron Skillen	***Strategic Direction:*** **Comprehensive Clinical Care** • Patient Flow Efficiencies: Working with Partners.	

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#	Time	Presenter	Item & Purpose	Meeting Notes
9	10:00 a.m. – 10:15 a.m. (15 min)	Tracie Smith	***Engagement Activity:*** • How do we work better together?	
10	10:15 a.m. – 10:25 a.m. (10 min)	Amy Carr Kelly Messervia-Collins	***Strategic Direction:*** **Patient Experience/ Seniors' Health/ Indigenous Health/Acute Mental Health** • Respect: Culture shift	
11	10:25 a.m. – 10:45 a.m. (20 min)	Tracie Smith	***Engagement Activity:*** • How will we know we have succeeded!	
12	10:45 a.m. – 10:50 a.m. (5 min)	Tracie Smith, Jean Bartkowiak	Re-Cap and Closing Remarks.	

Appendix:

Item # 4 - Cardiovascular Surgery Program Powerpoint

Item #5 - Emergency Patient Satisfaction Powerpoint

Item #6 – ED Navigation Guide

Item #7 - Discharge Planning for Remote Communities Powerpoint

Item #8 - Patient Flow Efficiencies Powerpoint

Item #10 - Respect Powerpoint

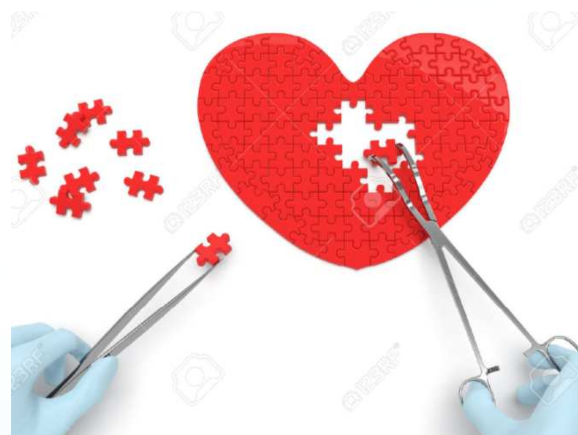
For Information:

Strategic Plan 2020 Q3 Progress Report

Summaries:

- Indigenous Health
- Seniors' Health
- Acute Mental Health

2020 Strategic Plan: 5 Partner Annual Accountability Session – Year 2



- **Northwest Cardiovascular Surgery Program**

Arlene Thomson
Senior Director, Cardiovascular Surgery Implementation

Thunder Bay Regional Health Sciences Centre

UHN Peter Munk Cardiac Centre

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PARTNERSHIPS
LEARNING
LEADERSHIP
ACADEMICS
RESEARCH
Patient Experience
Seniors' Health
Comprehensive Clinical Care
Indigenous Health
Acute Mental Health
Patients are first

Strategic Goal: CVS Care at Home

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Our Patients

- 70% Thunder Bay
- 30% Rural/remote

Annual Activity:

- 400-500 open heart cases
- 600 vascular cases

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Accomplishments: Vascular Surgery

Vascular Volumes	Pre-Program	Year 1 2015/16	Year 2 2016/17	Target 2017/18
In-Patient General Vascular Surgery	0	**203**	**185**	**260**
EVAR (Endovascular Aneurysm Repair)	0	0	**3**	**40**
Interventional Vascular (DI)	8	**181**	**307**	**350**
TOTAL CASES	8	**384**	**495**	**650**

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Endovascular Aortic Repair (EVAR)

- January 23, 2017: first EVAR case in the Northwest. Mr. David Stephens indicates he was excited to be offered this care in his home community.

- Dr. Mary MacDonald and Dr. A. Shuster performed the procedure, supported by Dr. Matt Silvaggio and Dr. A. Kirk.

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EVAR Results…

- **Mr. Stephens was up and around the following day!**

- **He went home less than 48 hours after his aortic repair.**

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TB-UHN EVAR Team

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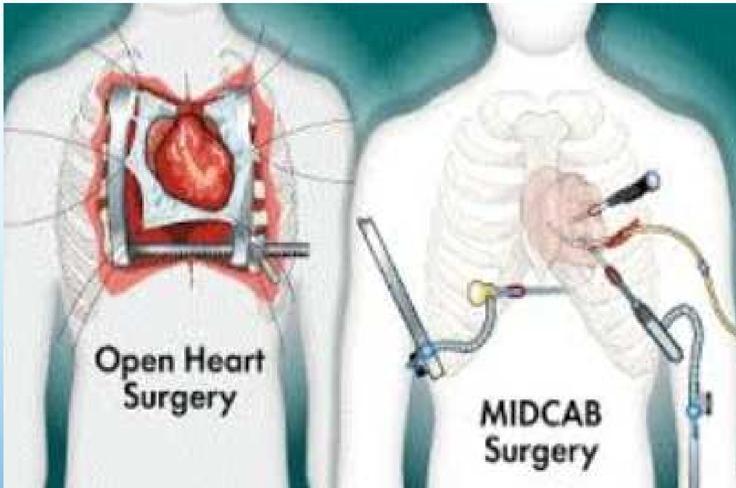
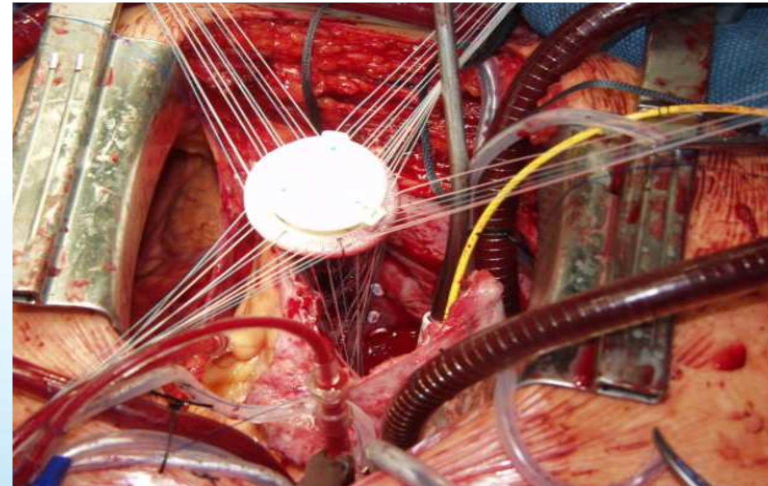
Cardiac Surgery



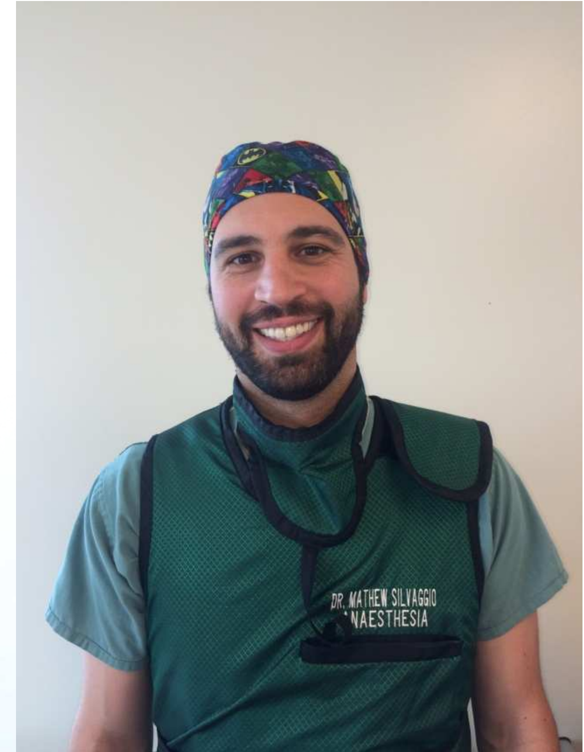


Accomplishments–Cardiac Surgery Year 2

- **Capital project advancing following dialogue with MOHLTC**
- **Ministry funding commitment (May 2017):**
  $500 k for functional planning activities
- **Recruiting and training in progress**
  - Perfusionist “Home Grown” recruitment and training
  - Anesthesiology advanced training for cardiac surgery

Health Care Professionals - Training

Alexandra & Scott



Dr. Matt Silvaggio
Anaesthesiologist

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Capital Project

- **Estimated cost $32.7 M Total**
- Preliminary project scope:
  - 14 new ward beds
  - OR renovations + 1 hybrid Operating Room
  - New Vascular Lab (noninvasive diagnostic)
  - Expansions to Biomedical and Supply/Processing
  - Renovation to create an Acute Cardiac Unit (CCU)
- **Next: Detailed functional planning activities**

Moving Forward – Capital Project

Ministry of Health: $ 25 M		TBRHSC: $ 8 M	
90%	construction	10%	construction
0%	equipment and furniture	100%	equipment and furniture
100%	other capital project costs		

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Economic Benefits

Economic Activity	Benefit
Health professions-related jobs	67.5 new positions
Construction-related jobs	~50 positions for 2 years
Community Economic Impact (income x multiplier = community income)	$ 10.8 M/yr x 3.0 = $ 32.4
Local spending in Northwest for CV patient care	Increased family stays (1 week) in Thunder Bay, instead of GTA. Estimate 400 annually.
System savings related to reduced patient air transfers	$ 4.5 M
Stimulates new, shared research opportunities.	

2020…Cardiac Surgery TBRHSC!

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Strategic Plan 2020: 5 Partner Annual Accountability Session – Year 2

- **Patient Experience: Emergency Patient Satisfaction Presentation**

  Lisa Beck
  Director, Trauma Program, ED & Critical Care

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Patient Experience
Enhance the quality of the patient experience.

Strategic Initiative

GOAL: Enhance understanding and continue to grow and embed our PFCC philosophy.

OBJECTIVE: Create sustainable systems, structures, and processes for PFCC.

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PFCC Action Plan

- **Improve communication with patients and families about their experience of care in the Emergency Department.**
  - Increase distribution of the navigation guide.
  - Improve the content in the guide.
  - Incorporate fear and anxiety questions into leader rounding on patients.
  - Increase communication between nurses and patients.

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Accomplishments

- Navigation guide distributed at triage and during survey.
- Leaders discuss fears and anxieties with patients during rounding.
- Nursing staff educated on new techniques for communicating with patients.

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Navigation Guide

Welcome to the Emergency Department

A Guide to help you Navigate your Visit

Waiting...

Often patients are asking the nurses how much longer?

Unfortunately the nurses cannot always answer this question, but they are able to give you some information as to where you are in the process. (i.e. waiting for results, doctor reviewing tests)

There are several factors that affect how long you will have to wait. This includes; how many other people are waiting, is that pt's problem worse than mine (triage score), how many tests are ordered and which area of the ER dept you are in.

You have to wait to be seen by the nurse, by the doctor, wait for a porter to go to a test, wait for the results of the test, then for the dr. to come back and talk to you about your tests. Often this can be very frustrating but we want to ensure you that these waits are often necessary to get an accurate picture of your medical health.

An example of this is that an average assessment in the ED for chest pain is 8- 10 hours. Physician assessment, blood work (must drawn 4 hours apart to help identify markers of heart damage in the blood stream), x-ray, then the doctor must review all the test results and develop a plan of care. The doctor may refer you to a specialist in which case you will then need to wait to see them.

One of the biggest questions with coming to the ED is...

"How long do I have to wait?"

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Key Messages in the Guide

- Empower patients.
- Provide information on walk-in clinics and Primary Care Providers.
- Explain triage process.
- Describe factors contributing to wait times.
- Educate on overcapacity and the impact on bed assignment.
- Provide discharge planning & instructions.
- Educate on emergency department environment.

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16/17 Patient Satisfaction Data

- **Department Survey during emergency department visit.**
  - 53% understood reasons for their wait in the waiting room.
  - 73% understood reasons for their wait in ED treatment areas.
  - 42% rated their overall Care as "Excellent".
  - 29% rated their overall Experience as "Excellent".

- **Hospital survey (NRC) post visit.**
  - 27% - Staff described new medication side effects and patient understood.

Moving Forward – Year 3

- Improve communication on new medications prescribed before discharge.
- Format Navigation Guide so it can be viewed on TV in waiting room.
- Utilize waiting room TV to explain wait times and other key messages.

Looking for Your Input

- Does this information help you while waiting?
- How else can we provide information?
- Is the video effective?

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Enhance the quality of the patient experience.

Patient and Family Centered Care

TBRHSC provides care that is respectful of, and responsive to, individual patient/family preferences, needs and values, and insures that patient values guide all clinical decisions.

Working with patients and families rather than doing things *to* or *for* them.

A Patient Family Advisor (PFA) may ask you to take a short survey about your ED visit. Your care will not be affected by what you share or whether you participate in this survey. The survey will take 5 minutes to complete and your name will remain confidential.

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www.tbrhsc.net

healthy together

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Welcome to the Emergency Department

A Guide to help you Navigate your Visit

The Emergency Department (ED) is available for patients who feel they have an urgent medical condition that needs attention. Patients arrive to ED in a wide variety of ways, mostly by walk- in, but also by ambulance transport, referral from primary care doctors, or transfers from clinics or community based outpatient services. Our main goal is to help you feel better. One way we can do this is by letting you know what to expect while you are with us. We understand you may be feeling overwhelmed, so here are some answers to frequently asked questions by patients and their families. We hope this information helps to make your experience as pleasant as possible.

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You need to check in first before you are triaged

First a Registered Nurse will ask you for your health card and why you need to see a doctor, and a Clerk will ask basic information such as your name, age, address, health card and reason for your visit. The next person you will meet is a specially trained "triage nurse", which means figuring out which patient needs help first. This nurse will interview the patient, along with taking vital signs (blood pressure, heart rate, oxygen level, and temperature); this will determine the area of the department you will go and how quickly you will be seen by a doctor.

Staff

Before you are called into a care area within the ED, it may be beneficial to know who may be treating you during your visit. Your health team may include some or all of the following:

Attending physician/doctor: a fully medical licensed doctor who uphold their license through the College of Physicians; and are in charge of your care.

Resident physician: a doctor with a medical license who is getting more training.

Physician assistant: a certified healthcare professional working with the supervision of an attending physician.

Registered nurse/Registered practical nurse: your Nurse who is licensed through the College of Nurses.

There are also inter-professional workers who are part of your healthcare team. Lab technicians are trained to draw blood, Electro-cardiogram technicians (ECG tech) who record the heart's activity. Respiratory therapists are specially trained to help with breathing problems, along with ED Clerks, support workers, security personnel, porters, dietary and housekeeping staff. An Aboriginal Navigator, Social worker & Utilization coordinator are also available for any assistance you may need while in the ED.

Emergency Department vs. Walk in Clinic or Primary Care Provider

Walk in clinics and Primary Care Providers (PCP) can deal with non-urgent health care problems (i.e. sore throats, prescription refills). Primary Care Provider's can and may include Family Practitioner (Family Doctor), General Practitioner (GP's) and Nurse Practitioner (NP's).

Coming to the ED for non-urgent issues result in longer wait times of 4-6 hours or longer. Utilizing a walk in clinic or PCP office for non-urgent care issues helps reduce congestion within the ED. This enables our department to use the ED resources more effectively in order to deal with emergency situations. If you are having trouble trying to decide where to go or have questions please contact: **Telehealth Ontario calling 1-866-797-0000 and is open 24 hours.**

A list of walk-in clinics is available at the ED triage desk or can be downloaded through the TBRHSC website. Hours of operation and special considerations may vary or change without notice. Contact clinic directly with any questions.

Be involved in your Health Care

Patient safety is our concern. In order to have the best health care you can, be an active member of your health care team. Benefits to being involved include increased knowledge and confidence.

Here are some ways to become involved:

- Ask questions and talk about your concerns
- Know who your health care providers are and reasons you see them
- Carry a current list of your medications including vitamins/herbal products and share this with all health care providers
- Carry a list of your current medical conditions, allergies, past medical history and surgeries
- Make sure you know what to do when you leave the hospital

When you are involved, you can make better decisions about your treatment plan. For more information you can download a booklet "Your Health Care- Be Involved" published by the Ontario Hospital Association. www.oha.com

Isolation and Personal Protective Equipment (PPE)

Often you will see patients and staff wearing protective clothing including yellow gowns, face masks/shields and gloves. You will also see coloured stop signs located around patient areas, these are quick reference reminders to ensure the safety and protection of all patients and staff. If you have a sign around you or near the person next to you, this does not mean that you are exposed to infection or a contagious disease. The best way of ensuring your wellness is by preventing the spread of illness by using proper hand washing or the hand sanitizer.

Valuables

We encourage all patients to send their valuables home with family. Staff will try to keep your belongings with you, but unfortunately we cannot ensure the safety of your belongings. Valuables may be placed in a safety deposit box in the hospital business office and items can be retrieved upon discharge. If you would like this service your nurse will prepare a sheet that you must sign.

TBRHSC is not responsible for lost or stolen items.

Visitors

Our policy is one visitor at a time over the age of 16 to ensure the safety and comfort of everyone. Your visitor may be asked by the nurse to return to the waiting room while your assessment and care is being performed.

Noise

One complaint that we often hear is how noisy the ED is, especially with the overhead paging system. Please keep in mind that we are a very busy department that operates 24 hours a day. We do try our best to keep the noise level to a minimum; unfortunately this is not always possible due to the unpredictable injuries/illness that present to our ED.

Smoke-Free Grounds

TBRHSC strives to provide a healthy smoke-free and tobacco-free hospital environment and ensure that those who work, visit, learn, or receive care are not exposed to the health risks associated with second hand smoke. Therefore, tobacco use is prohibited for all persons on TBRHSC property.

Thunder Bay Regional Health Science Center staff always "NOD"

Name-Occupation-Do

During your visit our healthcare team will inform you and your family who they are by providing their **N**AME, **O**CCUPATION, what they are **D**OING, and why something needs to be done.

Waiting

Patients often ask the nurses/secretaries "how much longer"? Although the ED strives to provide the best, most efficient care possible, unfortunately we cannot always answer this question. There are several factors that affect how long you have to wait. Times can vary widely depending on:

- The number of patients in the waiting room and the whole department
- The number of ambulances waiting to transfer patients
- The number of patients admitted in the hospital
- Types and severity of illness and injuries
- High numbers of patients requiring specialized equipment and multiple staff

This means you are not necessarily seen based on arrival time

Dedicated areas of care

When it's your turn to see a doctor, you will go to a specified ED treatment room in one of our care areas assigned to you by the triage nurse. Your primary nurse will assess you then prepare you for the doctor to see. Thunder Bay Regional Health Science Center is a teaching hospital so you may also be assessed or cared for by a medical student or other learner.

A - Is known as the "fast track" area. A-side deals with minor conditions/injuries such as rashes, earaches, sore throats, minor cuts that may need stitches. These patients are generally treated quickly.

B – Is our largest area with the highest numbers of patients. B-area treats patients with a large range of conditions such as abdominal pain (stomach pain), nausea, vomiting, urinary problems, diabetic issues, headaches, mental health issues, etc. If you are waiting for this area, you may require a thorough assessment, extended work up with lab/blood work, diagnostic tests (x-rays/CT scan) and or specialist consult.

C –This is the "critical care area". It contains equipment and staff trained to deal with immediate, possible life-threatening illness and injuries. Patients with cardiac problems who have chest pain, shortness of breath, loss of consciousness, and stroke symptoms (face/arm/leg numbness, trouble speaking, and vision disturbance) will be treated here along with trauma patients. Patients in this area often require multiple tests, a specialist consult and possible admission to hospital.

D – Decision making area. This is where you would be transferred to from A, B, or C areas if you are awaiting more tests, a specialist consult or available bed in the hospital for admission.

In order to use all available space in the ED you may be asked to sit in a chair while you are waiting for results of your tests. This is to ensure that other patients may also be seen in a timely manner.

Hospital admission or home

Once your medical exam is complete, the doctor will decide how to best treat your illness/injury. You may require more tests or a specialist consult *which will make your ED visit longer.*

Upon completion of your ED visit, the attending physician/doctor may transfer your care to a specialist (eg. Cardiologist, Intensivist, Urologist, Nephrologist, and Hospitalist) or discharge you home with follow up instructions/plan. It may take time for the specialist to see you; they are consulted for patients throughout the hospital not just in the ED. If you are discharged, transportation is your responsibility. Your nurse may assist you in making transportation arrangements. Transportation options include having family or a friend pick you up, taxi service, or public transportation. **Thunder Bay Regional Health Science Centre is not obligated to provide transportation home,(eg. bus pass, taxi slip, air fare, etc.)**

If you require admission to the hospital the admitting department will assign a bed for you when one becomes available. How quickly you are transferred to your room/area, depends on the number of patients in the hospital. When the hospital has filled all available beds you may have to wait until another patient is discharged and the room has been cleaned. This process may require you to wait in the ED for some time. We will make you as comfortable as possible and continue to provide quality care in accordance with the ED Standard of Care until an in-patient bed is ready.

Gridlock

Sometimes you will hear the announcement "Gridlock is in effect, please implement department protocols". This means that the hospital has filled all available beds and has reached capacity. This does not mean you will be sent home if you require admission to hospital, what it means is that your bed location may be in an alternate area of the hospital, which may include: overflow, treatment rooms, or family rooms. If you are placed in one of these areas you will continue to receive the high level of care that TBRHSC takes pride in.

Strategic Plan 2020: 5 Partner Annual Accountability Session – Year 2

- **Discharge Planning to Communities for Indigenous Patients**

Samantha Moir
Manager, Corporate Patient Flow
Susan Bale
Regional Indigenous Cancer Lead Assistant

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Indigenous Health
Enhance culturally appropriate care.

Strategic Initiative

GOAL: Provide care that improves self-management, access, experience and transition to home for Indigenous patients.

OBJECTIVE: Ensure coordinated follow-up care prior to discharge for patients from First Nation communities.

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Activities

- Centralize indigenous community resources for hospital staff.
- Improve the discharge planning processes.
- Ensure a smoother transition back to home communities.
- Improve communication between hospital and the home community.

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Partners in Planning for Discharge to Indigenous Communities

- Regional Palliative Care Program
- Dilico Family Health
- Nishnawbe Aski Nation
- Non Insured Health Benefits (NIHB)
- Wequedong Lodge
- Hospital Staff

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Partners in Planning for Discharge to Indigenous Communities

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Accomplishments

- Intranet resource site for indigenous discharge planning is live as of May 1st, 2017.
- Utilization Coordinators are using information to coordinate services at discharge.
- Care team is following up directly with home community to coordinate post-discharge care.

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Intranet Site Resources

- Downtime Resources
- Fire Plan
- Emergency Codes
- Executive Team Profiles
- Indigenous Information
- Adult Mental Health
- Diabetes Health
- Discharge Planning for Indigenous Patients
  - Indigenous Cancer Strategy Map
  - CCAC
  - Community Physician List
  - Community Specific Resources and Services
  - Community Telemedicine Coordinators
  - Discharge Planning Protocol - Palliative Care
  - Forms
  - Indigenous Patient Navigators, Liasons and Travel Coordinators
  - Non-Insured Health Benefits
  - Nursing Stations, Health Centres and Community Care Contacts
  - Pharmacies
  - Spiritual Care Providers
- Drug Benefit Programs
- General Information
- Friendship Centres
- Renal Health
- Freedom of Information
- Mission Statement
- Organization Charts
- Organizational Realignment
- Orthopaedic Booklets

Corporate Information

Corporate Information > Indigenous Information > Discharge Planning for Indigenous Patients > Discharge Planning for Indigenous Patients

Indigenous Cancer Strategy Map

Below is a map of Northwestern Ontario. The map includes the First Nation community nursing stations, the Ontario Breast Screening Program communities, Friendship Centres, Aboriginal Health Access Centres, Hospitals, Metis Consultation and the LHIN Boundary.

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Moving Forward – Year 3

- Expand resources available on the intranet for diabetic heath, adult mental health and renal services.
- Engage and educate physicians and front line staff.
- Evaluate transition to home process.

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- Patient Flow Efficiencies: Working with Partners

Aaron Skillen
Director of Chronic Disease Prevention and Management

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Strategic Initiative

GOAL: Enhance access to clinical services supported by patient flow efficiencies

OBJECTIVES:

1. Improve internal patient flow efficiencies
2. Advocate and demonstrate the need for additional health systems capacity

Patient Flow Strategy: Key Areas of Work

Patient Flow Strategy:

Average Length of Stay	Alternative Level of Care	Right Care Right Place

= Patient Day Reduction

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2016/17 Accomplishments: Average Length of Stay

Average Length of Stay Reductions

.36 days

Acute Patient Days Reductions

7357 days

Average Patient Beds Reductions

22 Beds

Average Length of Stay improving Access to Care

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2016/17 Activity & Challenge: Alternate Level of Care Patients

- Hospital Elder Life
- Await the opening of HRM centre of excellence to move up to 30 ALC patients

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2016/17 Activity & Challenge: Right care, Right place

- Frail Senior Pathway Project
- Geriatric Care Coordinator
- Enhanced Care Team Clinic/Health Links
- Mental Health Emergency Service Initiative

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Moving Forward: 2017/18 Plan: Working with our partners

- **The Hospital & Dilico Anishinabek Family Care**
  - Purpose: an opportunity to enhance patients' experiences and outcomes, while helping them to avoid waiting in the Hospital any longer than necessary.
  - Unique Feature: Dilico Discharge Planner located in-hospital

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Moving Forward: 2017/18 Plan
Building on Partnerships…

Healthlinks	All patients	Top 50 patients
Total Patients meeting Healthlinks criteria	1,927	50
Comorbidities	4.98	5.84
TBRHSC annual encounters		
IP admissions	3,486	188
ED visits	6,995	1,103
Total encounters	10,481	1,295
Average annual encounters	5.44	25.91

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Moving Forward: 2017/18 Plan: Partnership Opportunities

- Support local collaborations and improve communication channels

Moving Forward: 2017/18 Plan: Partnership Opportunities

Are there partnerships that the Hospital can establish or strengthen to support patients in their health care journeys?

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- **Patient Experience/Seniors' Health/Indigenous Health/Acute Mental Health**

Amy Carr,
Director, Human Resources
Kelly Meservia-Collins
Director, Academics & Interprofessional Education

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Strategic Initiative

Improve the sensitivity of care for:

- Indigenous Health
- Seniors' Health
- Acute Mental Health
- People with Disabilities
- Patient Experience Overall

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Enhance culturally appropriate care.

What does success look like?

I will be considerate
and kind towards you.
I want to learn about
and acknowledge
your experiences,
views and beliefs.

"CONSTRAINT OFFERS AN
UNPARALLELED OPPORTUNITY FOR
GROWTH AND INNOVATION"
– SCOTT DADICH

results we get

actions (behaviour)

what we do & say

mindset

what we think & feel

self esteem

our beliefs

our fears

our values

past experiences

Leadership Rounding

Simulation Activities

E-learning modules

Lunch and Learns

Team Activities

Coaching

Team Activities

Instructor Pool

Coaching

Safety Huddles

Leadership Rounding

OUTCOME

Thunder Bay Regional Health Sciences Centre

5 Partners Annual Accountability Session - Strategic Plan 2020 Update Year 2 - 2017

Legend: Complete (blue); On Time (green); Slightly Behind (yellow); Significantly Behind (red)

Status	#	Strategic Directions, Goals and Objectives	Senior Leadership: Sponsor	Director: Operations	Start Date	End Date	16-17 Hospital Results Q3	2020 Hospital Proposed Targets	Indicators	Success Criteria
					12/01/14	12/30/20				
		Patient Experience - Enhance the quality of the patient experience			12/01/14	03/31/20				
On Time	1	Develop a framework to deliver high quality care.			12/01/15	04/03/17				
On Time	1.1	Identify opportunities to improve quality care that is: safe, effective, patient and family centred, timely and accessible, equitable, and efficient.	Stewart Kennedy	Cathy Covino	12/01/15	01/27/17	85.26%	95.00%	Hand hygiene compliance before contact	
	1.2	Integrate sustainable systems and structures to support quality.	Stewart Kennedy	Cathy Covino	06/06/16	04/03/17	2.07	1.30	30 day in hospital deaths following major surgery	
	1.3	Adopt standardized processes, tools, templates, and resources to support quality.	Stewart Kennedy	Cathy Covino	10/03/16	03/31/17	6	0	Number of critical events	
On Time	2	Enhance understanding and continue to grow and embed our PFCC philosophy.			05/26/15	03/31/20				Patients and families are engaged in care
On Time	2.1	Create sustainable systems, structures, and processes for PFCC.	Rhonda Crocker Ellacott	Bonnie Nicholas	08/04/15	03/31/20	94.40%	95.30%	Patient satisfaction: overall rating of care - inpatients	
On Time	2.2	Advance the body of knowledge for PFCC.	Rhonda Crocker Ellacott	Bonnie Nicholas	05/26/15	06/30/17				
On Time	3	Advance the academic environment.			12/01/14	03/31/20				TBRHSC is a learning organization; TBRHSC has a research culture
On Time	3.1	Enhance the Learner experience	Stewart Kennedy	Kelly Meservia-Collins	12/01/15	03/31/20	88.30%	90.00%	Learner satisfaction	
On Time	3.2	Further our partnership with academic institutes.	Stewart Kennedy	Kelly Meservia-Collins	04/01/16	03/31/20				
On Time	3.3	Develop models and structures that enable teaching and research.	Stewart Kennedy	Kelly Meservia-Collins	09/01/15	03/31/20	300	341	Total researchers	
On Time	3.4	Integrate research.	Anne Marie Heron	Roxanne Deslauriers	12/01/14	03/31/20				
On Time	3.5	Implement best practices in the delivery of education.	Stewart Kennedy	Kelly Meservia-Collins	12/01/15	03/30/18				
On Time	4	Invest in staff development, engagement, and wellness.			12/01/15	10/31/18				Staff and physicians are engaged
On Time	4.1	Develop and implement supports and structures for staff to participate in education that will allow them to excel.	Rhonda Crocker Ellacott	Kelly Meservia-Collins	04/01/16	07/31/18				
On Time	4.2	Develop leadership that inspires our physicians and staff to excel and attracts and retains the best performers.	Rhonda Crocker Ellacott	Amy Carr	12/01/15	01/31/18	N/A	70.00%	Physician satisfaction - organizational engagement	
On Time	4.3	Increase organizational commitment to wellness.	Amy Carr	Cathy Paroschy Harris	02/01/16	03/30/18	3.33%	3.25%	Paid sick hours as a percentage of worked hours	
On Time	4.4	Engage staff throughout the organization in a meaningful way.	Amy Carr	Amy Carr	03/07/16	10/31/18	N/A	70.00%	Staff satisfaction - organizational engagement	
On Time	5	Use information technology to advance the patient experience.			11/01/15	03/31/20				
On Time	5.1	Develop an Informatics action plan that defines the transformational technologies to advance the strategic objectives.	Peter Myllymaa	Dawn Bubar	11/01/15	03/31/20				

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					12/01/14	12/30/20				
		Comprehensive Clinical Care - Enhance the delivery of our clinical services			04/01/15	03/31/20				
On Time	1	Adopt the Ontario Chronic Disease Prevention and Management framework.			02/05/16	03/31/20				Patients possess self-management skills
On Time	1.1	Identify and adopt the relevant elements of the Ontario Chronic Disease Management framework.	Mark Henderson	Aaron Skillen	02/05/16	03/31/20				
On Time	2	Deliver comprehensive cardiovascular care in accordance with the Ministry of Health.			09/29/15	03/31/20				Vascular surgical service is established; Cardiac surgical service
Complete	2.1	Receive Ministry of Health funding approval	Mark Henderson	Arlene Thomson	02/26/16	09/29/16				
Complete	2.2	Complete the implementation of the vascular program.	Mark Henderson	Arlene Thomson	09/29/15	09/29/17				
	2.3	Complete the implementation of the cardiac surgery program.	Mark Henderson	Arlene Thomson	08/31/16	03/31/20				
On Time	3	Enhance access to clinical services supported by patient flow efficiencies.			04/01/15	03/31/20				Patient transitions are seamless; Operations are efficient and effective;
On Time	3.1	Improve internal patient flow efficiencies.	Mark Henderson	Aaron Skillen	04/01/15	03/31/20	34.80	28.15	Emergency Department length of stay (90th percentile in hours)	
On Time	3.2	Improve accessibility for patients with disabilities.	Peter Myllymaa	Kathryn Shewfelt	05/01/16	02/28/20				
On Time	3.3	Advocate and demonstrate the need for additional health systems capacity.	Mark Henderson	Aaron Skillen	12/01/15	03/31/20				
On Time	4	Develop formal partnerships to deliver comprehensive clinical services that support care in the appropriate location.			12/01/15	03/31/20				More patients receive care closer to home
On Time	4.1	Optimize and effectively provide patient access for specialty care not available at TBRHSC through partnerships outside of the NW LHIN.	Jean Bartkowiak	Carolyn Freitag	12/01/15	03/31/20				
On Time	4.2	Improve patient access for services in the region which require external partnerships within our community and within the NW LHIN.	Jean Bartkowiak	Carolyn Freitag	04/04/16	03/31/20				
On Time	4.3	Improve internal program and service collaboration that improves patient experience.	Mark Henderson	Carolyn Freitag	05/02/16	03/31/20				
Complete	5	Deliver a comprehensive acute pain management service.			01/01/16	11/30/16				
Complete	5.1	Develop an acute pain management model for trauma and post-operative in-patients.	Rhonda Crocker Ellacott	Adam Vinet	01/01/16	09/01/16				
Complete	5.2	Develop and implement an out-patient interventional chronic pain management clinic.	Rhonda Crocker Ellacott	Adam Vinet	03/01/16	11/30/16				

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				12/01/14	12/30/20				
	Seniors' Health - Enhance the care provided to an aging population			01/01/16	12/30/20				
1	Deliver an optimal experience for seniors.			01/11/16	12/30/20				Senior patients are satisfied
1.1	Demonstrate organizational commitment to Senior Friendly Care (organizational support).	Stewart Kennedy	Amy Carr	01/11/16	03/31/20				
1.2	Increase the overall knowledge and competency of all staff.	Stewart Kennedy	Kelly Meservia-Collins	03/31/16	12/30/20				
1.3	Improve the sensitivity of care.	Stewart Kennedy	Amy Carr	03/31/16	09/01/20				
1.4	Ensure human resources with geriatric expertise are available to support the care of seniors (organizational support).	Mark Henderson	Aaron Skillen	03/31/16	03/31/17				
2	Adopt the Ontario Senior Friendly Hospital Framework.			01/01/16	12/30/20				Seniors' families are engaged in care; Virtual care improves transitions and communication
2.1	Deliver care designed from evidence and best practice for seniors (processes of care).	Rhonda Crocker Ellacott	Dawna Maria Perry	01/01/16	03/31/20	4.90%	1.00%	Pressure ulcer incidence	
2.2	Deliver care and service that is free of ageism and respects the unique needs of senior patients and their caregivers (emotional and behavioural environment).	Rhonda Crocker Ellacott	Bonnie Nicholas	03/31/16	12/30/20				
2.3	Deliver ethical care that protects the autonomy, choice, and diversity of senior patients (ethics in clinical care and research).	Stewart Kennedy	Michelle Allain	09/01/16	10/30/17				
2.4	Provide an environment that minimizes the vulnerabilities of senior patients and promotes safety, comfort, independence, and functional well-being (physical environment).	Peter Myllymaa	Anne Marie Heron	06/01/16	03/26/19				

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				12/01/14	12/30/20				
	Indigenous Health - Enhance culturally appropriate care			10/01/15	12/30/20				
1	Provide care that improves self-management, access, experience, and transition to home for Indigenous patients.			12/01/15	03/31/20				Indigenous patients are satisfied; Indigenous families are engaged in care; Indigenous patients posses self-management skills; Virtual care improves transitions and communication
1.1	Increase knowledge of services in NWO for acute care healthcare providers providing services to remote communities.	Jean Bartkowiak	Tracie Smith	12/01/15	07/29/16	249	N/A	Acute hospital admissions for patients from Indigenous communities	
1.2	Increase screening rates for chronic illnesses.	Mark Henderson	Cathy Paroschy Harris	05/18/16	03/30/18				
1.3	Ensure coordinated follow-up care prior to discharge for patient from First Nations communities.	Mark Henderson	Aaron Skillen	10/01/16	11/02/17				
1.4	Improve partnerships that increase research opportunities related to the development of Indigenous health screening tools.	Anne Marie Heron	Roxanne Deslauriers	04/01/16	06/29/18				
1.5	Improve access to and the use of technology for pre-op care, home care, and follow-up care for patients from First Nations communities.	Peter Myllymaa	Dawn Bubar	12/01/15	03/31/20				
1.6	Integrate a self-management education strategy into discharge processes.	Mark Henderson	Aaron Skillen	06/21/16	03/31/20				
2	Provide health care that respects traditional knowledge and practices, and builds TBRHSC as a leader in the provision of health care for Indigenous patients.			10/01/15	12/30/20				TBRHSC is a welcoming environment
2.1	Improve the adoption of traditional knowledge and practices.	Jean Bartkowiak	Tracie Smith	10/01/15	03/31/20				
2.2	Increase the recruitment of Indigenous staff and volunteers at TBRHSC.	VP HR	Amy Carr	12/01/15	08/01/17				
2.3	Improve the appropriate sensitivity of care to the Indigenous population.	VP HR	Amy Carr	03/31/16	12/30/20				
2.4	Continue to create an environment where Indigenous patients and families feel more comfortable.	Peter Myllymaa	Dawn Bubar	12/01/15	09/08/17				

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				12/01/14	12/30/20				
	Acute Mental Health - Enhance acute mental health service			04/16/15	03/31/20				
1	Adopt attitudes and behaviours that recognize mental health as an integral part of the delivery of comprehensive acute care services.			12/01/15	03/31/20				Mental health patients are satisfied; TBRHSC is a stigma-free
1.1	Increase the overall knowledge and competency of all staff.	Mark Henderson	Peter Voros	12/01/15	03/31/20				
1.2	Improve the sensitivity of care.	VP HR	Amy Carr	04/01/17	03/31/20				
2	Enhance the delivery of mental health care to all patients at TBRHSC, outside of mental health services.			02/01/16	03/31/20				Transitional discharges connect to community services; Staff and
2.1	Incorporate mental illness screening within the admission history for all patients.	Mark Henderson	Peter Voros	02/01/16	12/29/17				
2.2	Increase access to specialized and appropriate mental health services on all in-patient units.	Mark Henderson	Peter Voros	02/01/16	08/01/18				
2.3	Develop clear care plans for off-unit mental health patients.	Mark Henderson	Peter Voros	04/01/18	07/01/19				
2.4	Provide a safe, quiet, and respectful environment in all patient areas.	Peter Myllymaa	Anne Marie Heron	04/01/16	03/31/20				
2.5	Expand Transitional Discharge Model (TDM) to include Child and Adolescent Mental Health Unit (CAMHU) patients and off-service mental health patients.	Rhonda Crocker Ellacott	Nancy Persichino	09/01/17	03/30/18				
2.6	Coordinate care for patients with primary resources at St. Joseph's Care Group - Mental Health and Addictions.	Mark Henderson	Robert Sheppard	04/01/16	09/30/16				
3	Collaborate with system partners and appropriate governing agencies to develop and enhance transitions in care.			01/01/17	09/29/17				Effective partnerships are built; Psychiatrists are recruited
3.1	Create a formal agreement structure for psychiatrists.	Stewart Kennedy	Peter Voros	01/01/17	09/29/17	58.30%	100.00%	Psychiatrist full-time equivalent staffing as percentage of required full-time equivalent complement	
4	Enhance the delivery of acute mental health care within mental health.			04/16/15	03/31/20				Wait times are reduced; The mental health emergency service is
4.1	Increase the recruitment of psychiatrists working at TBRHSC.	Stewart Kennedy	Robert Sheppard	04/01/16	03/31/20				
4.2	Implement the comprehensive mental health-emergency service (MHES).	Mark Henderson	Lisa Beck	03/17/16	03/31/20				
4.3	Improve access to acute mental health.	Mark Henderson	Anne Marie Heron	01/01/18	03/31/20				
4.4	Develop the comprehensive pediatric and adolescent mental health service.	Rhonda Crocker Ellacott	Nancy Persichino	04/16/15	05/31/18				

Strategic Plan 2020: Annual Accountability Session – Year 2
Acute Mental Health – Enhance acute mental health service

Increase the overall knowledge and competency of all staff and improve the sensitivity of care.
A respect education plan has been developed to improve the sensitivity of care, containing content specific to mental health. The plan will include a variety of learning methods for staff including e-learning modules, safety huddles, leader rounding and coaching, team activities, and simulations.

Incorporate mental illness screening within the admission history for all patients.
The Patient Health Questionnaire for Depression and Anxiety (PHQ-4) is a mental health screening tool includes questions for anxiety and depression and provides a standard way to screen every admitted patient for mental health concerns. Responses to the questions are scored and if an elevated score is reported, the nurse will notify the Most Responsible Physician, who can either follow up with the patient or request a consult. During the winter, we trialed the PHQ-4 tool on unit 1A and will use the feedback to make changes for a hospital wide implementation.

Increase access to specialized and appropriate mental health services on all in-patient units.
The Consultation Liaison Service has been developed to provide timely mental health consultation for adult patients admitted to medical, surgical and critical care units within the hospital. The interprofessional consultation team will consist of psychiatry, mental health nursing and medical learners. An interim model is currently in place using a Registered Nurse.

Provide a safe, quiet, and respectful environment in all patient areas.
A checklist has been developed for front line staff that outlines requirements to make mental health patient rooms and areas safe for patients and families.

Coordinate care for patients with primary resources at St. Joseph's Care Group
There is a new process to invite physicians from St. Joseph's Care Group into the episode of care when their patients are admitted to the hospital. This invitation allows continuity of care, continuation of important psychotropic medications, improves patient care and provides discharge planning.

Implement the comprehensive mental health-emergency service (MHES).
A new model to care for Mental Health patients in the Emergency Department has been designed based on a cross country survey and multiple hospital visits across Ontario. The model includes a dedicated assessment area within the Emergency Department and a psychiatric stabilization area adjacent to the Adult Mental Health Unit. A functional planner has designed the space in the Emergency Department and is currently designing the space adjacent to the Adult Mental Health Unit.

Develop the comprehensive pediatric and adolescent mental health service.
We continue to engage with our community partners to design collaborative processes for Child and Adolescent Mental Health services. Advocacy to the ministry is also ongoing for recruitment and funding sources.

Strategic Plan 2020: Annual Accountability Session – Year 2
Indigenous Health – Enhancing culturally appropriate care

Provide cultural sensitivity training to staff, physicians, and volunteers.
A "respect" education plan has been developed to improve the sensitivity of care for Indigenous, Seniors and the Mental Health patient populations. The plan will include a variety of learning methods for staff including e-learning modules, safety huddles, leader rounding and coaching, team activities, and simulations.

Increase screening rates for chronic illnesses. Offer appropriate preventative health and screening information to family members accompanying Indigenous patients.
Regionally; engagement, collaboration, education and partnering are at an all time high. We are providing mobile screening coach services, resources, education and booking services. Training was provided to Indigenous Patient Navigators, resources have been drafted and progress for a Family Care Grant is underway.

Continue to create an environment where Indigenous patients and families feel more comfortable.
A pilot was conducted from February 2017 to April 2017 on 1A in-patient unit where patients were offered the opportunity for virtual visitation via an available tablet and internet connection. Evaluation of the pilot determined that this initiative may have been achieved with the introduction of free wifi access. The hospital continues to offer telemedicine-visitation to patients upon request.

Improve the adoption of traditional knowledge and practices.
Engagement has informed the development of a draft process that supports patients and families to access traditional knowledge and practices. Work continues on the facilitation of available services, empowering staff, encouragement of patients and families to request services, and the support of health care providers.

Increase the recruitment of Indigenous staff and volunteers at TBRHSC.
Engagement sessions have been conducted with the Indigenous Advisory Committee by Human Resources and Volunteer Services. The Hospital continues to offer the Indigenous Career Experience Program along with ongoing participation at Career Fairs. The Hospital has provided tours to the Ontario Native Women's Association and the Nokiiwin Tribal Council to highlight careers in healthcare.

Planned initiatives for Human Resources include:

- Self identification consisting of data collection and measurement,
- Diversity recruitment involving culturally sensitive recruitment materials, and
- Encouraging applicants and active recruitment through Indigenous partnerships.

Strategic Plan 2020: Annual Accountability Session – Year 2
Seniors' Health – Enhance the care provided to an aging population

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Demonstrate organizational commitment to Senior Friendly Care.
The hospital has adopted the Ontario Seniors' Friendly Hospital Framework for quality improvement. A steering committee has been formed and will be accountable for leading the implementation of senior-friendly improvement work at the organization.

Increase the overall knowledge and competency of all staff and improve the sensitivity of care.
A "respect" education plan has been developed to improve the sensitivity of care for seniors' populations. The plan will include a variety of learning methods for staff including e-learning modules, safety huddles, leader rounding and coaching, team activities, and simulations. Content is being developed that is specific to seniors' health.

Ensure human resources with geriatric expertise are available to support the care of seniors.
A Geriatric Care Coordinator was recruited to provide focused assessments and identify patients who may benefit from geriatric services. The Geriatric Care Coordinator partners with the Utilization Coordinator to facilitate direct admissions from Emergency to St. Joseph's Care Group, avoiding unnecessary acute admissions to the hospital.

Deliver care designed from evidence and best practice for seniors.
Nurses Improving Care for Healthsystem Elders (NICHE) designation was completed. This designation provides nursing staff with resources to ensure that adults age 65 and over receive care that promotes function, autonomy, and dignity.

Training for the Confused Assessment Method (CAM) screening tool was completed on unit 2A, 2B and ICU; allowing staff to properly assess and identify patients who may be suffering from delirium at time of admission.

A Prevalence and Incidence study was completed for pressure injuries to assess the prevalence of injuries sustained in hospital. Staff conducted head to toe skin assessments on 240 patients, and 90% of these patients had a Braden Skin Assessment completed within 24 hours of admission. The prevalence rate for these patients was 11% which out performs the Ontario hospitals average prevalence of 14%.