

2026 Strategic Plan Update

June 14, 2023



Thunder Bay Regional
Health Sciences
Centre

Thunder Bay Regional
Health Research
Institute

STRATEGIC PLAN
2026

Patient Experience:

Focus on Quality - Hand Hygiene

Katherine Bell



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OUR STRATEGIC DIRECTIONS



Equity, Diversity, & Inclusion
We all belong



Patient Experience
Empathy, compassion, and respect in every encounter



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



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



Sustainable Future Ensuring our Healthy Future



Patient Experience



Patient Experience

Empathy, compassion, and respect in every encounter



1. Lead the evolution of patient and family centred care embedding the principles of co-design, where each person is treated with compassion, respect and empathy.

OBJECTIVES

- 1.1 Design and implement a co-design framework to ensure a clear understanding by all staff, patients and families.
- 1.2 Embrace the principles of PFCC with a co-design approach to care planning.

2. Focus relentlessly on quality to deliver services that are free from preventable harm, accessible, appropriate and integrated.

OBJECTIVES

- 2.1 Promote and sustain continuous quality improvement, with focus on our unique patient needs.
- 2.2 Eliminate preventable harm by enhancing our safety culture.
- 2.3 Consistently deliver health services that are effective, well-coordinated and include seamless transitions.

3. Become experts in caring for and supporting patients with complex care needs due to multiple acute and chronic conditions, mental health and addiction issues, and social vulnerabilities.

OBJECTIVE

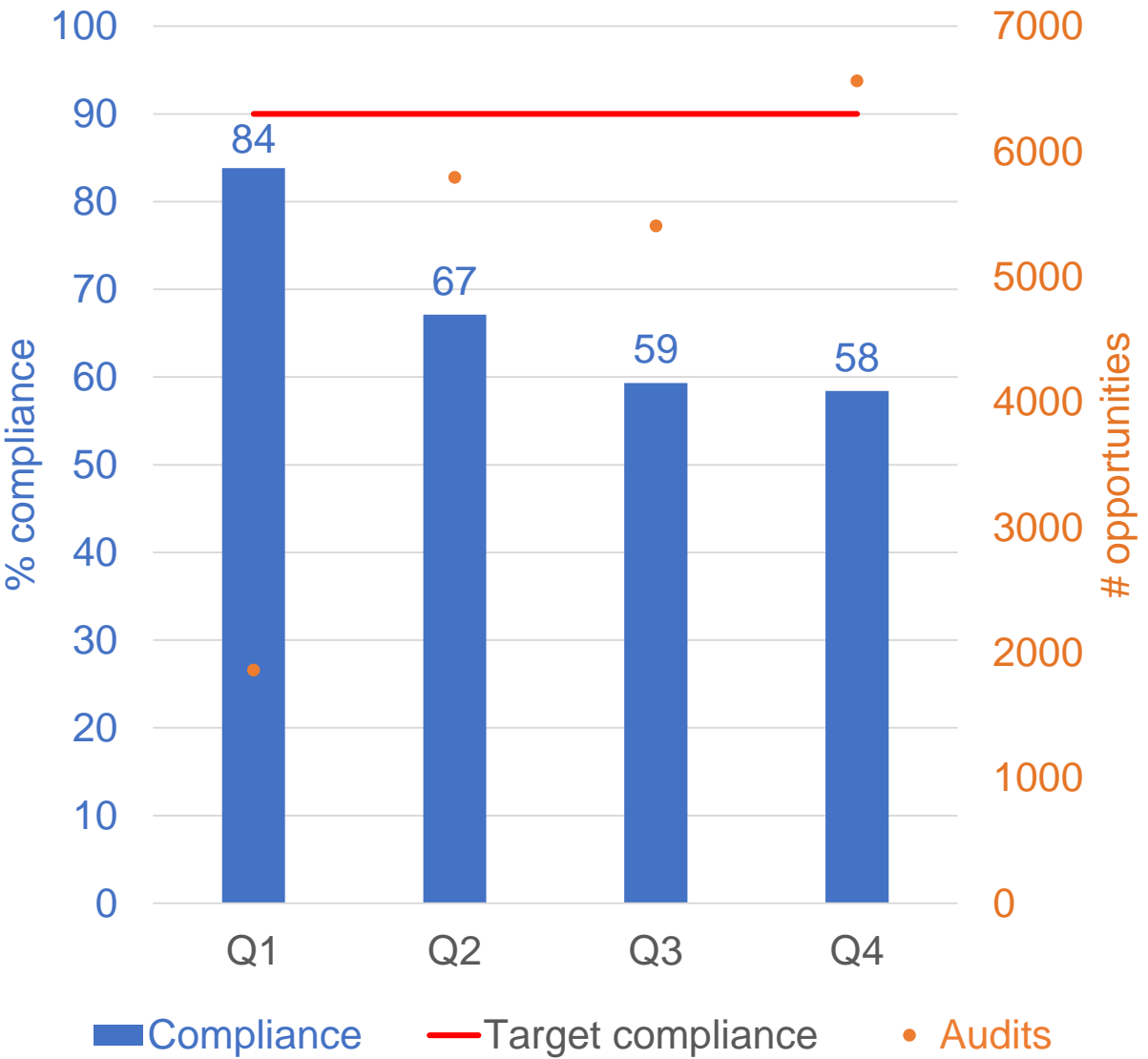
- 3.1 Enhance, better coordinate and support care for patients with complex health issues who are frequent users of hospital services.

STRATEGIC PLAN

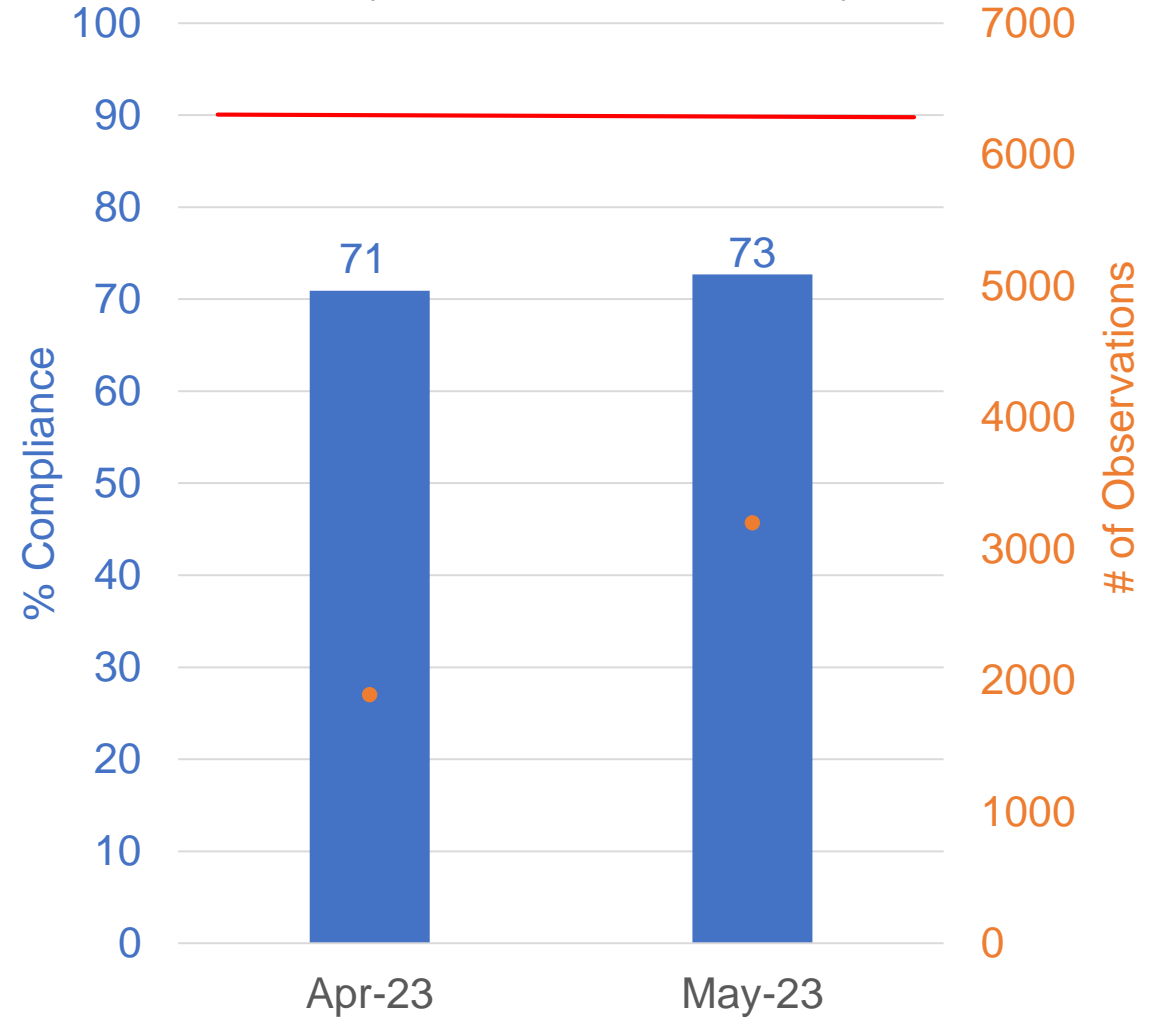
2026

Current State: How well we wash our hands (Moments 1 and 4)

2022 – 2023 (Quarterly)



2023 (First 2 months of Q1)



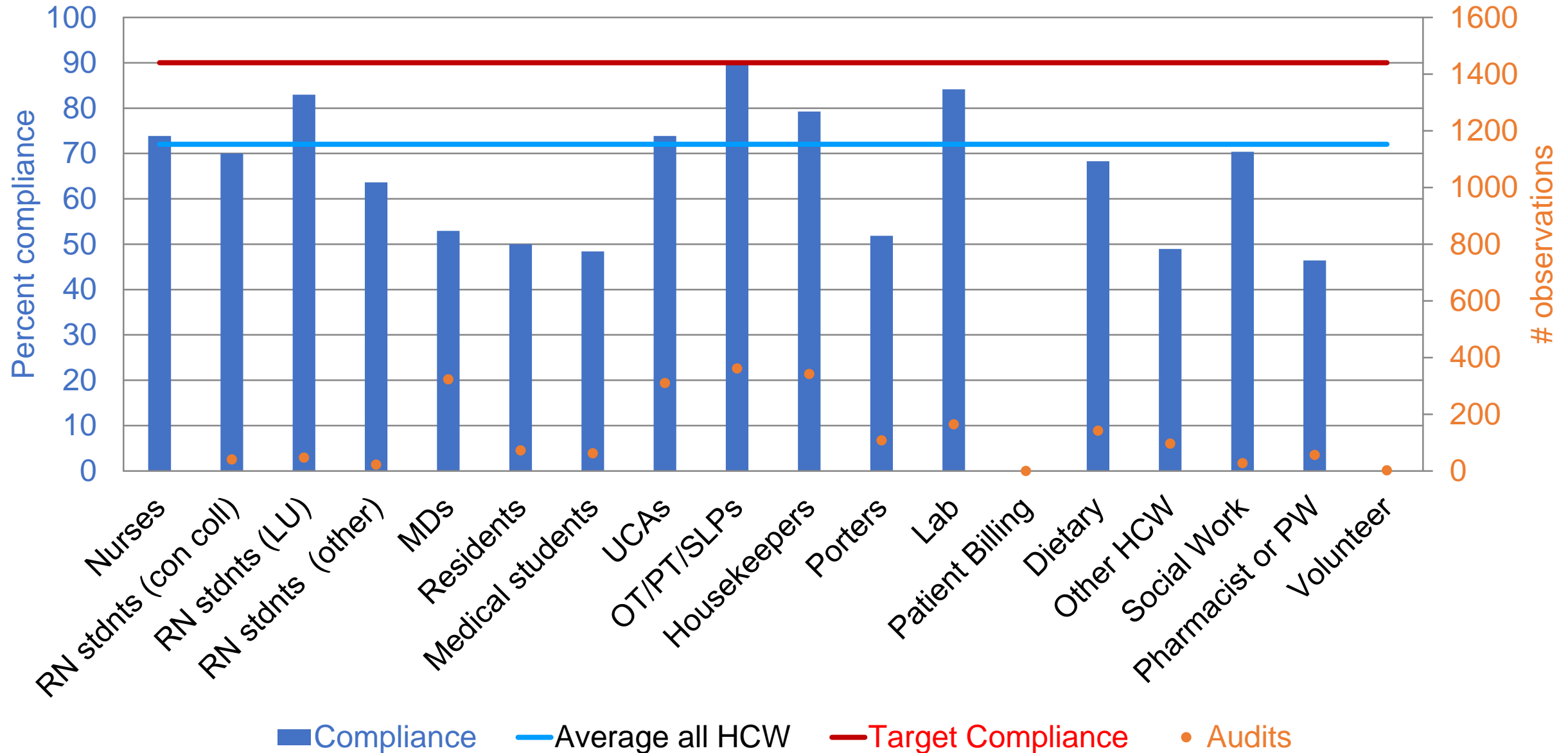
Current State: Relating patient experience to hand hygiene

Reporting Period: *Start* 11-May-2023 *End* 25-May-2023

	COUNT (#)								(%)			Average number		
	HAI CDIFF	HAI VRE			HAI MRSA			COV19	Hand Hygiene Compliance (All HCW)			Avg. patient days		
		BSI	COL	OTH	BSI	COL	OTH		Moments 1&4	Moment 1	Moment 4	>1	<1	Total
T 1 FORENS	0	0	0	0	0	0	0	0						
T 1A MED	0	0	1	0	0	1	0	0				39.07	0.00	39.07
<i>T 1A MED - MED</i>									67.83	55.22	80.43			
<i>T 1A MED - ONC</i>									72.87	60.98	84.68			
T 1B MH PD	0	0	0	0	0	0	0	0						
T 1B PAED	0	0	0	0	0	0	0	0						
T 1C MATNB	0	0	0	0	0	0	0	0						
T 1D NICU	0	0	0	0	0	0	0	0						
T 2 MH	0	0	0	0	0	0	0	0						
T 2A MED	0	0	0	0	0	0	0	2	70.30	62.71	78.02	34.87	0.00	34.87
T 2B MED	0	0	0	0	0	0	0	2	70.93	55.23	86.63	34.53	0.00	34.53
T 2C MED	0	0	0	0	0	0	0	0	67.83	60.78	74.53	36.00	0.00	36.00
T 3A SDCSS	0	0	0	0	0	0	0	0						
T 3A SURG	0	0	1	0	0	0	0	0	75.26	62.16	86.85	34.60	0.00	34.60
T 3B SURG	0	0	0	0	0	0	0	0	72.79	65.60	81.05	33.20	0.00	33.20
T 3C NEURO	0	0	0	0	0	0	0	0	78.93	64.46	93.39	10.13	0.00	10.13
T 3C SURG	0	0	0	1	0	0	0	0	72.89	59.64	86.14	24.73	0.00	24.73
T 3D ICU	0	0	0	0	0	0	0	0						
T 3D IMCU	1	0	0	1	0	0	1	0						
T ER OVFLW	0	0	0	0	0	0	0	0						
T HRM CED	0	0	0	0	0	0	1	2	82.52	72.44	92.81	24.73	0.00	24.73
T HRM WILL	0	0	0	0	0	0	0	0						
T L&D	0	0	0	0	0	0	0	0						
TOTAL	1	0	2	2	0	1	2	6	69.12	61.64	83.12	377.20	14.93	392.13

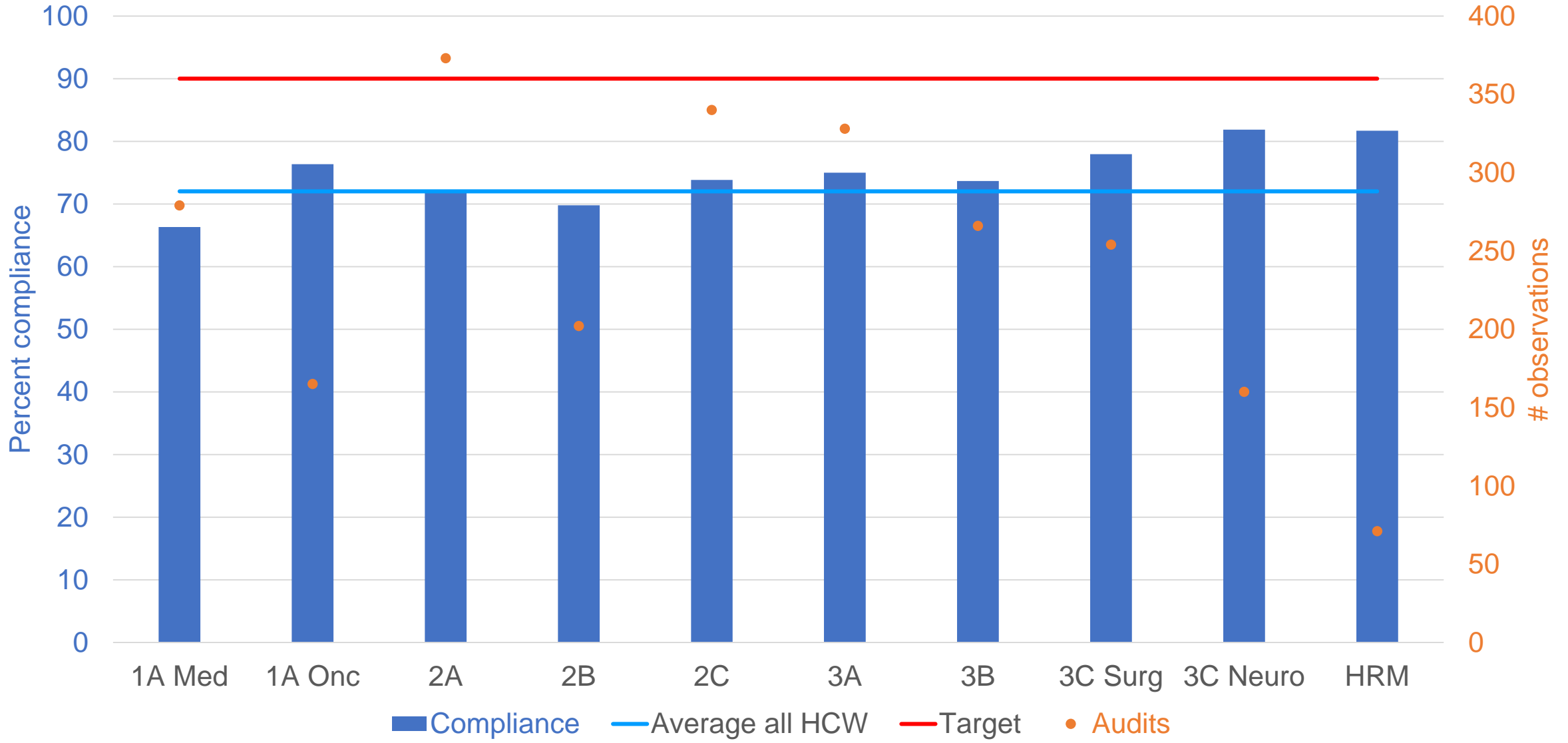
Current State: How different professions compare

Moments 1 & 4 : Year to date



Current State: How nurses on different floors compare

Moments 1 & 4: Nurses - Year to date



Current state: Hand Hygiene Working Group

- ▶ **Katherine Bell**, Manager, Infection Prevention and Control
- ▶ **Hilary McIver**, Coordinator, Infection Prevention and Control
- ▶ **Michael Del Nin**, Director, Strategy and Performance
- ▶ **Amanda Gerow**, Performance Improvement Consultant
- ▶ **Mike Martin**, Administrative Manager, 3A, 3B, 3C and Neurosurgery
- ▶ **Chris McNaughton**, Administrative Manager, 2A, 2B, TCU
- ▶ **David McConnell**, Director, Regional Cancer Care North West
- ▶ **Amanda Sanche**, Clinical Nurse Specialist, Cardiac Cath Lab
- ▶ **Dr. Elrasheed Osman**, Vascular Surgeon



Next Steps: Hand hygiene program

Collect, report
and share
meaningful
data

Identify and
address
gaps and
barriers

Integrate the
program into
the existing
operational
structure

Hold people
accountable
for hand
hygiene



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Challenges/Barriers



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Data collection / dissemination / application issues	Education / behavior gaps	Project Governance	Accountability
<ul style="list-style-type: none"> • Unsustainable model for audit collection • Data being shared was not what managers wanted to see 	<ul style="list-style-type: none"> • Unsustainable model for maintaining or spreading improvements • Myths about hand hygiene persist and undermine behavior 	<ul style="list-style-type: none"> • Structure was not well integrated into the existing operational structure 	<ul style="list-style-type: none"> • Absence of an accountability model
<p><u>Strategies applied</u></p>			
<ul style="list-style-type: none"> ✓ Used feedback from managers to develop meaningful unit, service and profession level reports ✓ Introduced Patient Care Managers as auditors ✓ Created a weekly report to relate HH compliance to hospital acquired infection 	<ul style="list-style-type: none"> ✓ Launched a dispelling the myths poster campaign ✓ Redesigned resident orientation to be interactive ✓ Hand hygiene day quiz ✓ Engaging leadership (OLC, Operational Updates and Strategic Planning Meeting, Medical Advisory 	<ul style="list-style-type: none"> ✓ Established Hand Hygiene Working Group reporting to Infection Prevention and Control Committee (IPAC-C) ✓ Operational structure is leveraged to share data on compliance (audits being performed, HH) 	<ul style="list-style-type: none"> ✓ Identified potential models used by other hospitals ✓ Gained IPAC-C, Medical Advisory and Patient Safety and Quality Committee of the board level buy-in for developing an accountability model ✓ IPAC / OHS staff deliver in the moment education

Data collection / dissemination / application issues	Education / behavior gaps	Project Governance	Accountability
<u>Next steps</u>			
<ul style="list-style-type: none"> ✓ Leverage BI to create automatic reports ✓ Link hand hygiene data with patient and staff stories 	<ul style="list-style-type: none"> ✓ Continue the dispelling the myths poster campaign ✓ Identify key quality improvement activities of high performing hospitals to try here 	<ul style="list-style-type: none"> ✓ Integrate data reporting into existing operational reporting structures 	<ul style="list-style-type: none"> ✓ Looking at IS solutions for tracking non-compliance ✓ Tailor staff and professional staff accountability model to the meet the specifics of our hospital
<u>Leadership support needed</u>			
<ul style="list-style-type: none"> ✓ Integrating hand hygiene compliance and audit compliance into regular operations (daily routine, culture, performance management) ✓ Supporting Patient Care Managers in collecting meaningful data 	<ul style="list-style-type: none"> ✓ Engaging front-line staff in identifying gaps and opportunities (workflow, technology, products, gaps in knowledge, roles and responsibilities) ✓ Implementing change ideas given current constraints 	<ul style="list-style-type: none"> ✓ Determining how reports should be delivered to each program and how to use the data to drive meaningful change 	<ul style="list-style-type: none"> ✓ Collecting feedback from managers on challenges and opportunities related to holding staff accountable or celebrating compliance

Integrate a hand hygiene culture into your program

Are my staff really not washing their hands? How can we really tell?

What barriers exist to staff recognizing hand hygiene as top of mind?

How can I collect information about barriers my staff face in relation to performing hand hygiene?

What would be a meaningful way to communicate the importance of hand hygiene to my team?

