

2026 Strategic Plan Update

Wednesday, September 13, 2023



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Health Sciences
Centre

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STRATEGIC PLAN
2026

Patient Experience: Focus on Quality

Tram Dao, Manager, Quality and Risk Management



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2026

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.

Accreditation - Achievement

- ▶ In order to maintain the Hospital's *Exemplary Standing* status with Accreditation Canada, one remaining unmet criteria required further evidence submission:
 - ▶ Medication Management (21.1): *Medications are delivered securely from the pharmacy to client service areas.*
- ▶ Final evidence report submitted in July 2023, highlighting Pharmacy's transition to a secure medication delivery process, including new medication carts with a keypad locking mechanism
- ▶ In early August 2023, the Accreditation Decision Committee confirmed the follow-up requirements had been met, therefore:
 - ▶ **TBRHSC has maintained *Exemplary Standing* status** 



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Accreditation - Gaps

- ▶ **2018:** Staff members were unaware of the quality/patient safety indicators that their program was tracking or how they could play a part in making improvements. They indicated that they wanted to be involved too.
- ▶ **2022:** Engagement in patient safety and quality improvement where staff lead the change is crucial in achieving significant outcome gains. Some employees stated that they were aware of indicators, but they were not publicized or discussed.

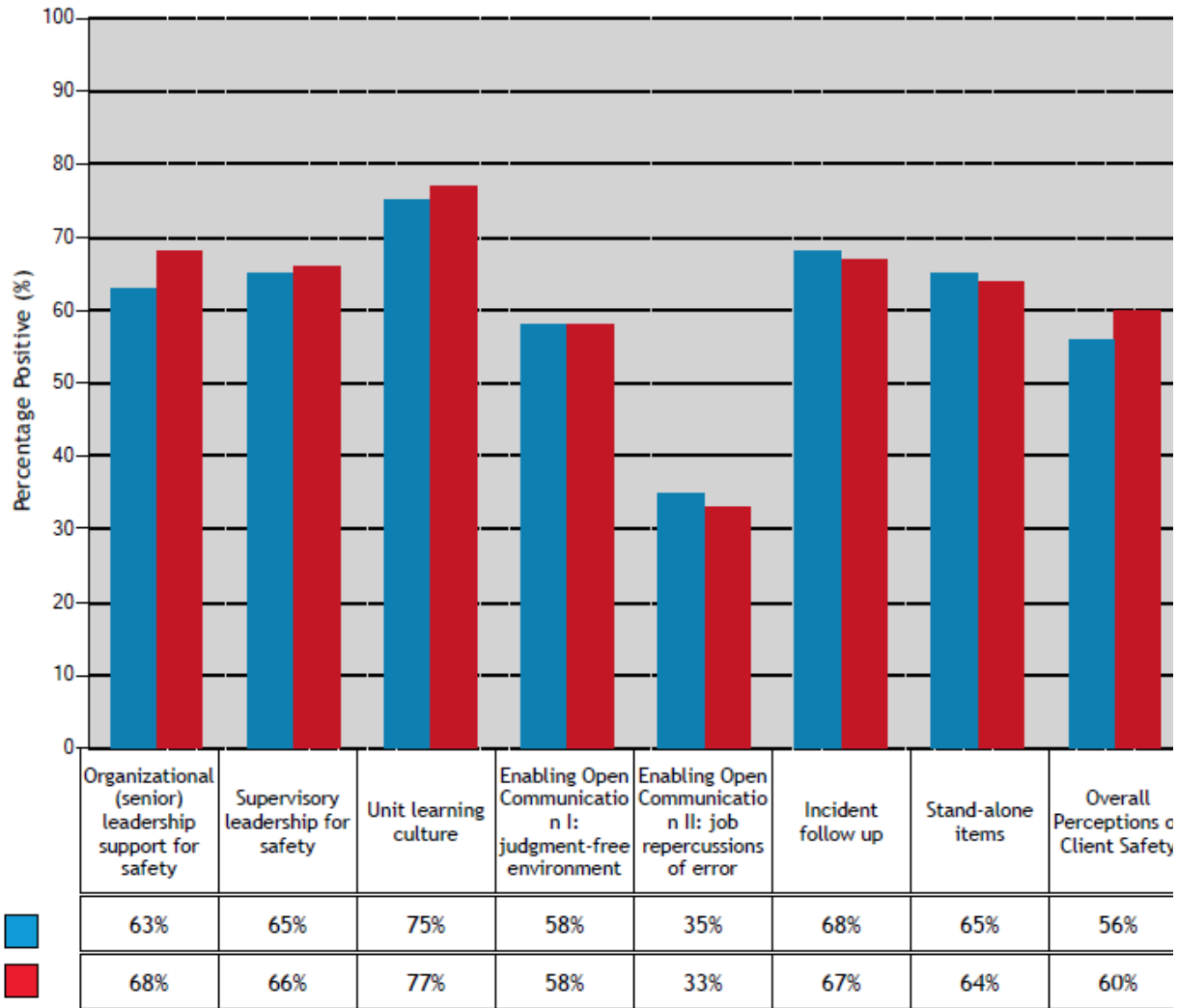


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Canadian Patient Safety Culture Survey

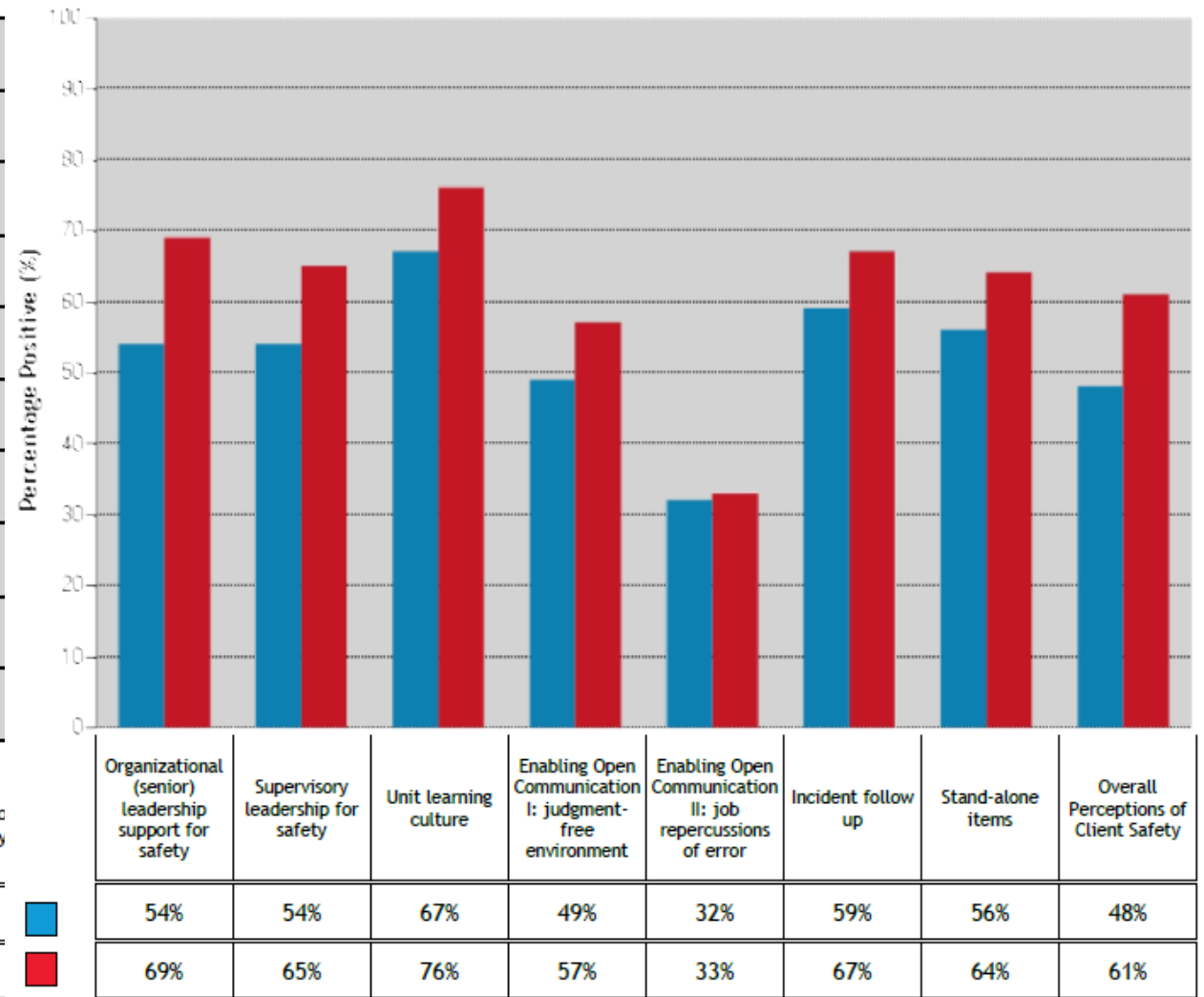


Legend

Thunder Bay Regional Health Sciences Centre

* Canadian Average

2018



Legend

Thunder Bay Regional Health Sciences Centre

* Canadian Average

2022

Quality Huddles (QH) - Background

Quality Huddles are collaborative/interdisciplinary discussions at the unit/department level which allow teams to discuss:

- ▶ Safety & quality trends
- ▶ Opportunities for improvement
- ▶ Change ideas
- ▶ Any support staff require from leadership
- ▶ Key performance indicators
- ▶ Celebrating team successes

Frequency of huddles should be once per week at minimum



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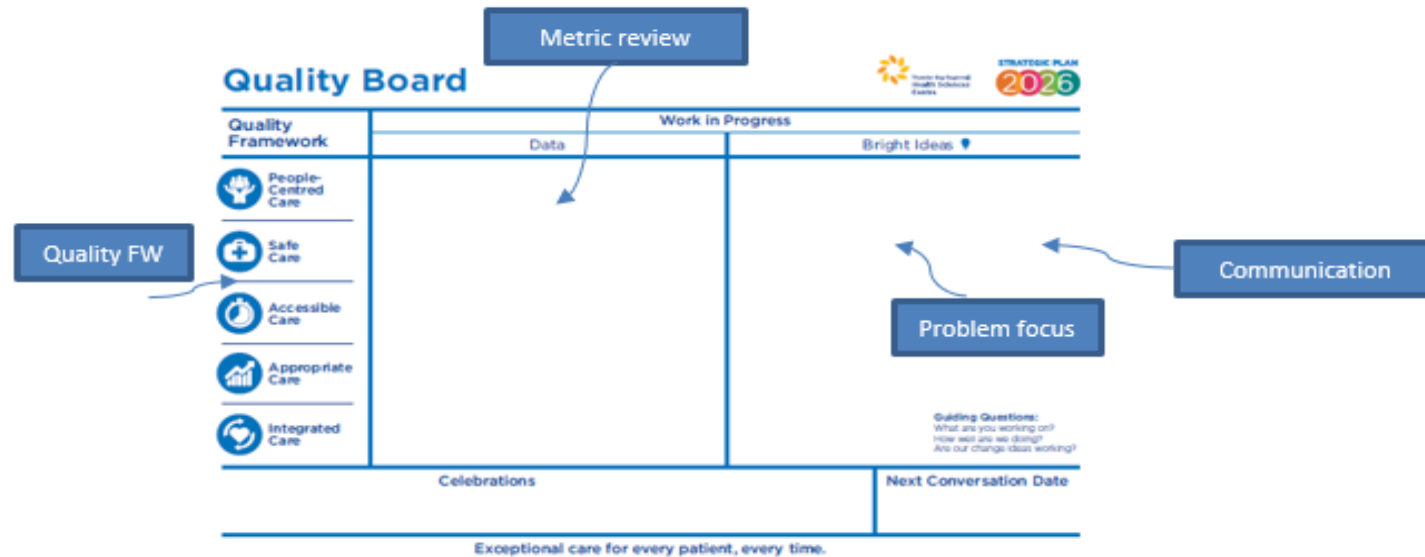
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Quality Board

A **Quality Board** is a visual management tool focusing on patient safety, improvement and risk reduction.

It provides at-a-glance information about quality improvement to team members, including quality and safety performance indicators, and tracking improvement ideas and initiatives.



QH - Current State

Jan – Mar	June – Aug	Sept – Nov
1A	1B	Admitting
2A	1C	Cancer Centre
2B	CAMHU	DI
2C	NICU	Forensics
3A	ICU	Lab
3B	ED	MDRD
3C		OR
		Pharmacy
		Renal
		Security
7	6	10



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QH - Timeline

Aug-2023	1-Sep-2023	1-Oct-2023	1-Nov-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024	Apr-2024	May-2024	Jun-2024	Jul-2024	Aug-2024	Sep-2024
Education (Cancer Centre, Forensics, OR, Renal)	Implementation (Cancer Centre, Forensics, OR, Renal)	Evaluation (Cancer Centre, Forensics, OR, Renal)											
	Education (Admitting, MDRD, Security)	Implementation (Admitting, MDRD, Security)	Evaluation (Admitting, MDRD, Security)										
	Education (DI, Lab, Pharm)		Implementation (DI, Lab, Pharm)	Evaluation (DI, Lab, Pharm)									



QH - Aligning Resources

- ▶ Unit specific
- ▶ Corporate
 - ▶ Accreditation
 - ▶ COVID-19
 - ▶ Emergency Preparedness
 - ▶ Med Rec (QIP 2023/24)
 - ▶ Strategic Plan



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July 2023

PATIENT SAFETY HUDDLE NEWS

A resource developed to share education and to support Quality Huddles

LOOK BACK

Identify safety or quality issues from last 24 hours/shift.

LOOK AHEAD

Anticipate safety or quality issues in next 24 hours/shift.

FOLLOW UP

Further review of significant issues.



Incident Reporting

Violent patients/Visitors

When & Why?

Scenario 1: A nurse working in the Emergency Department was hit and spat on by an intoxicated patient. The nurse submitted a safety report of the incident.

Scenario 2: A patient's family member started raising his voice and using profane language toward the staff caring for the patient.

Scenario 3: A patient scratched a nurse as they put her in restraints under the Physician's order. The scratch caused a red mark but had not broken the skin.

Safety Tip: Always communicate key risk factors regarding patient care to your colleagues to mitigate risk. This includes aggressive or responsive behaviors.

Why Submit an Incident Learning (Patient Safety) Report? Reports are tracked to identify trends and develop strategies for improvement. By submitting an incident report about a violent or harassing patient/visitor, you are letting Hospital leaders know that your unit/area may require additional support to manage the behaviours.

Should I exclude my name from the report in order to avoid any disciplinary action? Our hospital has adopted a 'Just Culture' which means that we recognize that it is rare for a single individual to be the cause of an incident. Rather, multiple factors often combine to create circumstances where an incident may occur. Therefore you *should include your name* as this allows Quality & Risk Management and the Occupational Health & Safety Department to follow-up with you after the incident. Employees will only be subject to disciplinary action if they have been found to engage in malicious, reckless, or illegal behavior.

For more information, contact [Quality and Risk Management](#) (x6019).



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STAFF SAFETY HUDDLE NEWS

A resource developed to share education and to support Quality Huddles

LOOK BACK

Identify safety or quality issues from last 24 hours/shift.

LOOK AHEAD

Anticipate safety or quality issues in next 24 hours/shift.

FOLLOW UP

Further review of significant issues.



Submit an OHS Employee Incident Report

Why Submit an OHS Employee Incident Report? Incidents that involve workplace violence or harassment, even those that do not result in physical harm to staff must be reported using the OHS Employee Incident form, in addition to the Incident Learning (Patient Safety) Report.

Does this mean that I will have to submit both a patient safety report and an OHS Employee Incident report for an incident involving violence or harassment? YES. By submitting both incident reports, TBRHSC can better track

workplace violence/harassment and apply appropriate controls.

What controls are in place to reduce workplace violence/harassment at the Hospital? Much focus has been on preventing workplace violence/harassment at all Hospitals across Canada. At the TBRHSC, there are several controls in place to assist our staff and aid in reducing incidents involving violence or harassment. Controls include:

- Per
- Cor
- Act
- Sigt
- Coc
- We
- Mo
- Wo
- Pro
- Saf
- Zer
- Sec
- Nor
- Tra
- Ap

For more information, contact [Occupational Health and Safety](#) (x6240).



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PATIENT SAFETY HUDDLE NEWS

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Code Yellow Safety Huddle

Code Yellow (EMER-70) outlines the Hospital's process for managing patients who are 16+ and missing from within the Hospital or observed wandering on or nearby the Hospital grounds.

What should you do if you suspect a patient is missing?

- If there is no indication that the patient has left Hospital property, (e.g. taken belongings, vocalized an intended departure, etc.) conduct a preliminary search of the entire unit and adjacent areas.
- Search public areas of the Hospital, e.g. the main lobby, cafeteria, etc. (Contact Security '6509' for search support if needed).
- Contact adjacent areas to determine if the patient has been seen.

- Contact Switchboard "55" and ask to have patient paged to return.
- Determine whether this missing individual would be considered "HIGH RISK." If uncertain, discuss with the Most Responsible Physician and/or Unit Manager for shared decision.
- If a high risk patient does not return within 5 minutes of the overhead page, the primary healthcare worker must call Switchboard "55" to activate Code Yellow - Search.

Reminder: Teams are always encouraged to debrief after emergency code calls!

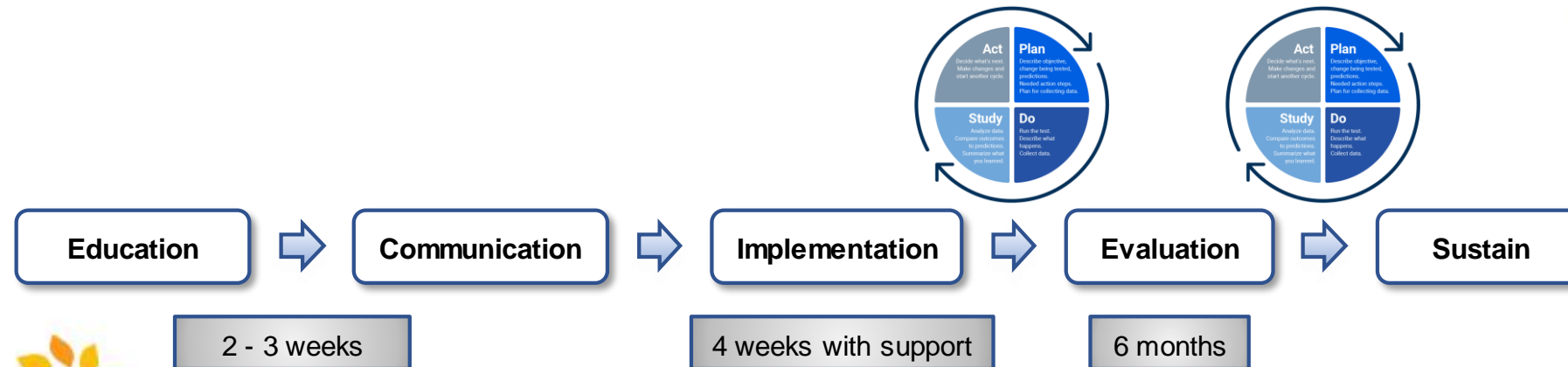
What should you do if you hear a Code Yellow - Search announcement?

- Listen to the patient's description.
- Participate in searching your response area, including checking washrooms, closets, stairwells, utility rooms, and adjacent public spaces (e.g. courtyard).
- Patient found - notify the patient's unit via Switchboard "55" and assist with returning the patient as required.

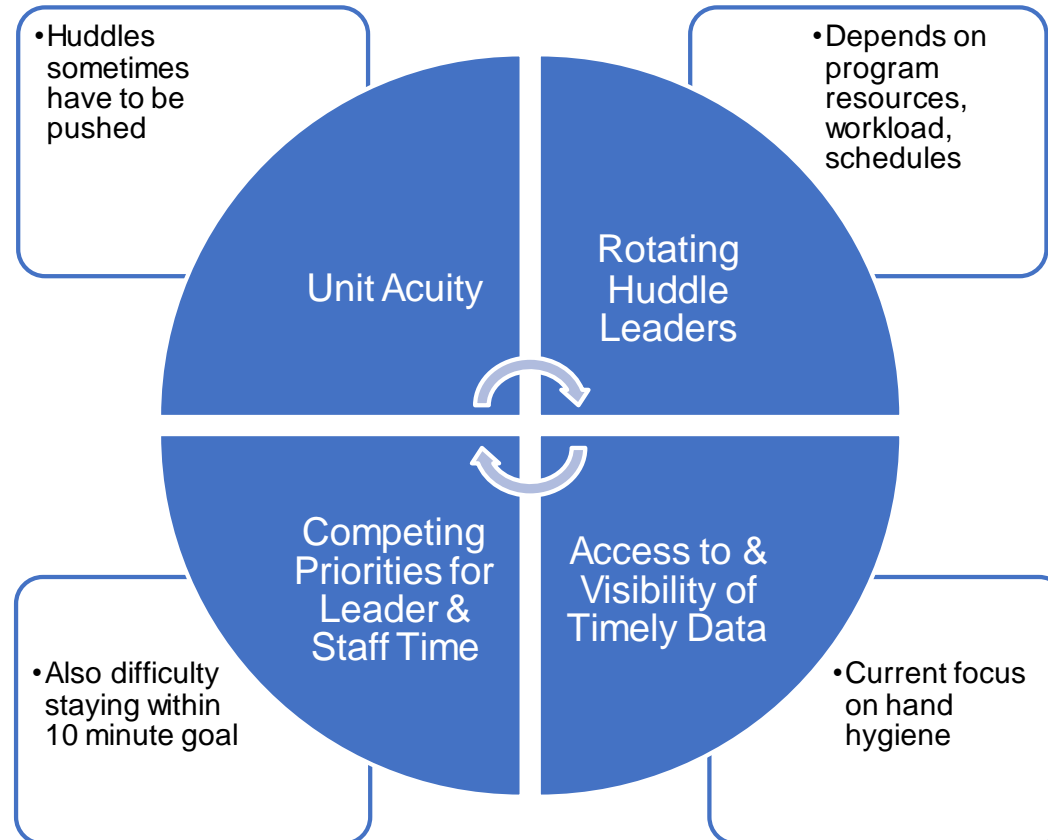
Any questions contact Misha Richard, ext 6552 Lead, [Emergency Preparedness](#) misha.richard@tbrh.net

QH - How We Will Measure Success?

Metrics	Other Data Captured
# of Attendees	Summary of Improvements
# of Huddles Held	Change Ideas Escalated (i.e. to Director/VP)
# of Change Ideas Generated	Director in Attendance (Y/N)
# of Change Ideas Implemented	VP in Attendance (Y/N)



QH - Challenges/Barriers



Strategic Plan 2026 Operational Indicators for 2023/24 – Hand Hygiene (HH)

- ▶ Indicator: HH Compliance with Moments 1 & 4
- ▶ Current state:
 - ▶ HH compliance rates continue to fall short of 90% target
- ▶ Units impacted: 1A, 2A, 2B, 2C, 3A, 3B, 3C
 - ▶ Same units in which Quality Huddles are fully established
 - ▶ Patient Care Managers already performing monthly HH audits (since February 2023)



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New HH Initiative

Stakeholder Engagement

- IPAC & HH working group leading
- Support from QRM, Medical & Surgical Patient Care Managers, Administrative Managers, Frontline Staff

Planning & Considerations

- QH for med/surg inpatient units run Tuesday to Friday
- IPAC sending Managers weekly HH compliance report every Monday

Go Live & Communication

- Started week of July 10, 2023
- Managers sent communication to staff prior & posted new HH tool on Quality Board under data section

Process

- With staff input, establish unit-specific HH monthly compliance targets (annual target of 90%)
- Each week, input HH compliance onto tool & discuss trends



Evaluation








- Managers already inputting QH metrics into Smartsheet (HH monthly compliance target & weekly results added)
- Meet formally September 2023 for feedback



HH Tool - Quality Board Integration

Quality Board

Quality Framework	Work in Progress	
	Data	Bright Ideas 
<div style="margin-bottom: 10px;"> People-Centred Care</div> <div style="margin-bottom: 10px;"> Safe Care</div> <div style="margin-bottom: 10px;"> Accessible Care</div> <div style="margin-bottom: 10px;"> Appropriate Care</div> <div style="margin-bottom: 10px;"> Integrated Care</div>		<p style="font-size: 0.8em; margin-top: 20px;">Guiding Questions: What are you working on? How well are we doing? Are our change ideas working?</p>
	Celebrations	Next Conversation Date
Exceptional care for every patient, every time.		

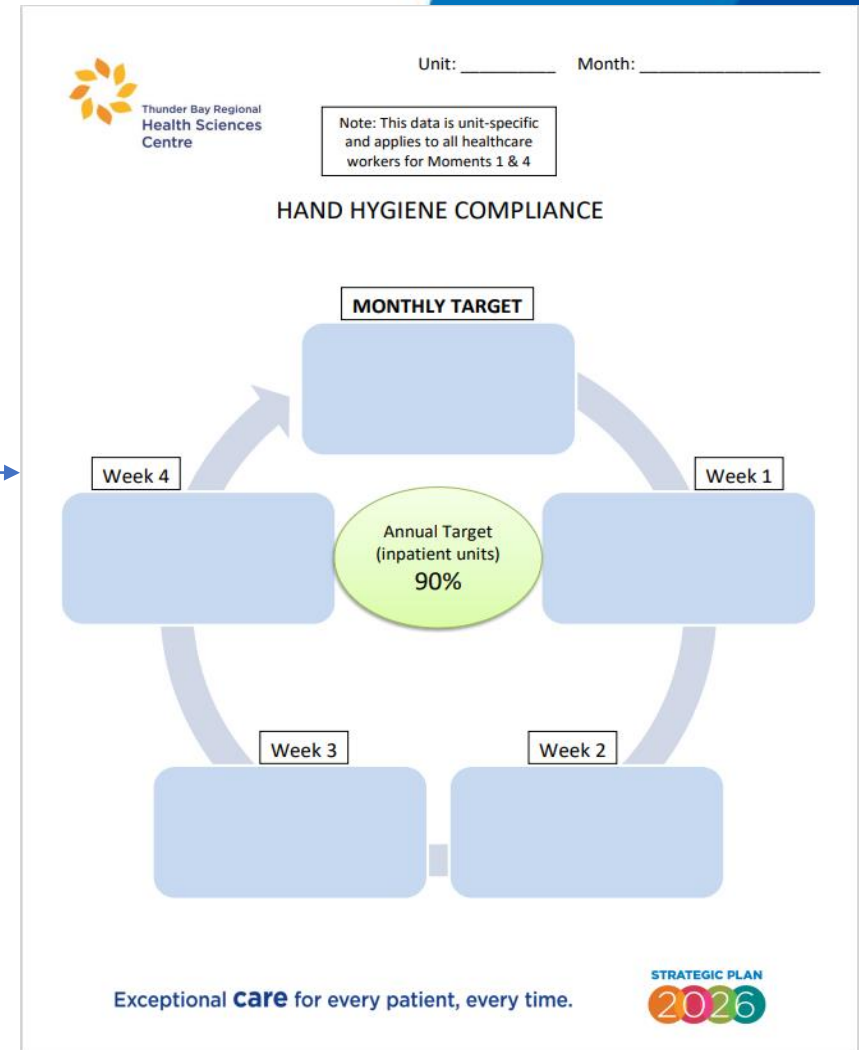
Quick wins:

- Increased awareness of HH compliance rates at unit/department level
- Increased staff involvement in discussions regarding quality & patient safety



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Patient Safety Plan - Alignment

- ▶ Through the Quality Huddles, Quality Boards and new Hand Hygiene initiative, work is underway to make improvements in:
 - ▶ **2.1.3** Implement a Quality Teams Structure to address patient safety issues, trends & quality improvement initiatives at the unit level
 - ▶ **2.2.2** Improve the follow-up process on submitted patient safety incidents
 - ▶ **5.1.1** Develop an engagement strategy for staff involvement on patient safety initiatives
 - ▶ **6.1.2** Promote improved hand hygiene awareness via consistent messaging & inclusion of results on unit-level performance boards
 - ▶ **6.1.3** Gather lessons learned from units with high hand hygiene compliance & distribute to all to assist in learning
 - ▶ **7.1.3** Organization-wide community to support a safe culture of reporting



QH - Next Steps

- ▶ Continue to evaluate & improve quality huddles completed by inpatient units
- ▶ Support expansion of quality huddles to other departments (including non-clinical and outpatient)
- ▶ Develop communication methods to share successes & learning between units/departments
 - ▶ Managers provided with SmartSheet access to input metrics/change ideas & also have the ability to view other departments
 - ▶ Explore other forums for teams to present, share, and celebrate successes
- ▶ Transition to staff-led model



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