

# 2026 Strategic Plan Update

Wednesday, August 14, 2024



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# Patient Experience: Focus on Quality

Tram Dao, Manager, Quality and Risk Management



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# 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.

# Focus Relentlessly on Quality – How?



\* = included in Appendix

# Incident Learning System (ILS) & Recall – Refresh

## Policy & Procedure

- ▶ Recall policy & procedure recently updated to improve role clarity/efficiency (QM-150)
- ▶ ILS Downtime (and Employee Incident System) policy & procedure is being finalized
  - ▶ **ILS Downtime Form (FCS-218)** updated and available on Intranet (under Quick Links)

## Resources

- ▶ Incident Reporting Pathways Flowchart (Intranet > Departments > QRM > Patient Safety)

## Tagging

- ▶ Managers/Coordinators can tag other leaders (under Manager Response tab > “Send to ...”)
- ▶ Applicable Department Manager is automatically tagged
- ▶ Medication incidents are automatically forwarded to Pharmacy Manager
- ▶ Fall incidents are automatically forwarded to Nursing Practice Leader

## Work Orders

- ▶ ILS updated with mandatory field indicating required information to follow up on work orders and equipment issues

J. Description of Incident

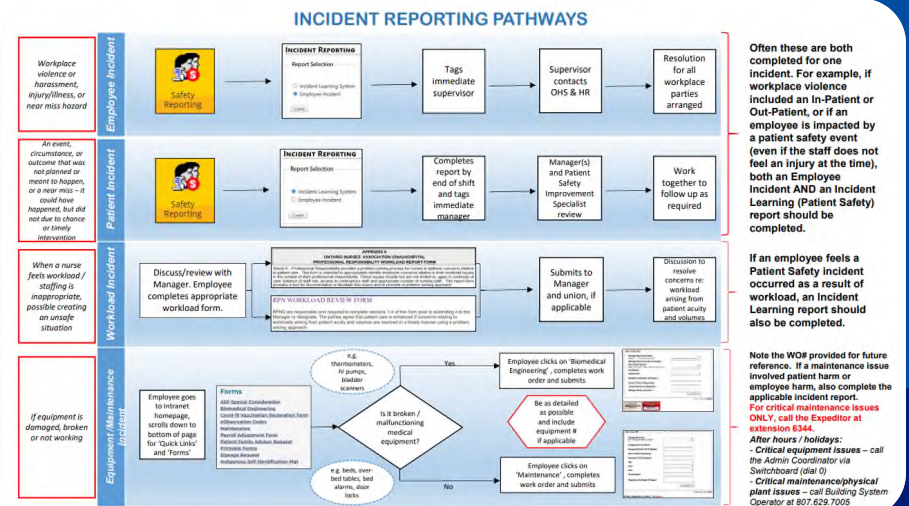
\*\*\*Please include Work Order #, Equipment Name, Asset #, Serial #, Model # and/or Manufacturer\*\*\*

Description of Incident (avoid abbreviations) \*



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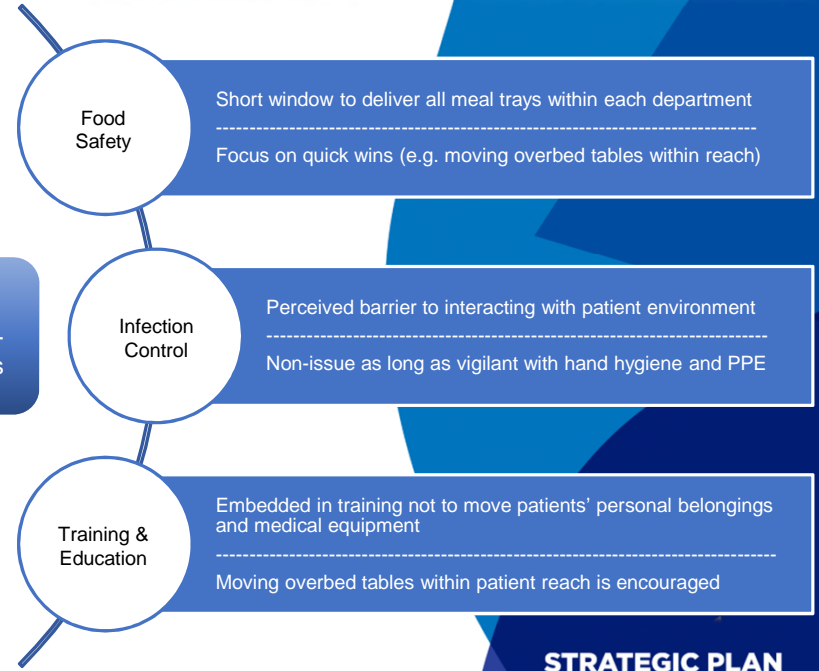
# Falls Risk Simulations – Housekeeping & Dietary Aids

## Objective

- ▶ Provide a better understanding of how both professions interact with patients and their physical environment
- ▶ Identify possible areas in which both professions may influence patient safety and prevent future falls

## Post-Simulation Themes & Takeaways

- ▶ Overall, noted Dietary Aids had less interaction with the patient environment
- ▶ Conducted a meal tray delivery audit
  - ▶ Cluttered overbed tables was a common issue encountered, resulting in trays being placed in inaccessible areas (e.g. windowsill or sink)
  - ▶ Falls Prevention Campaign



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# Falls Prevention Campaign

## Goal

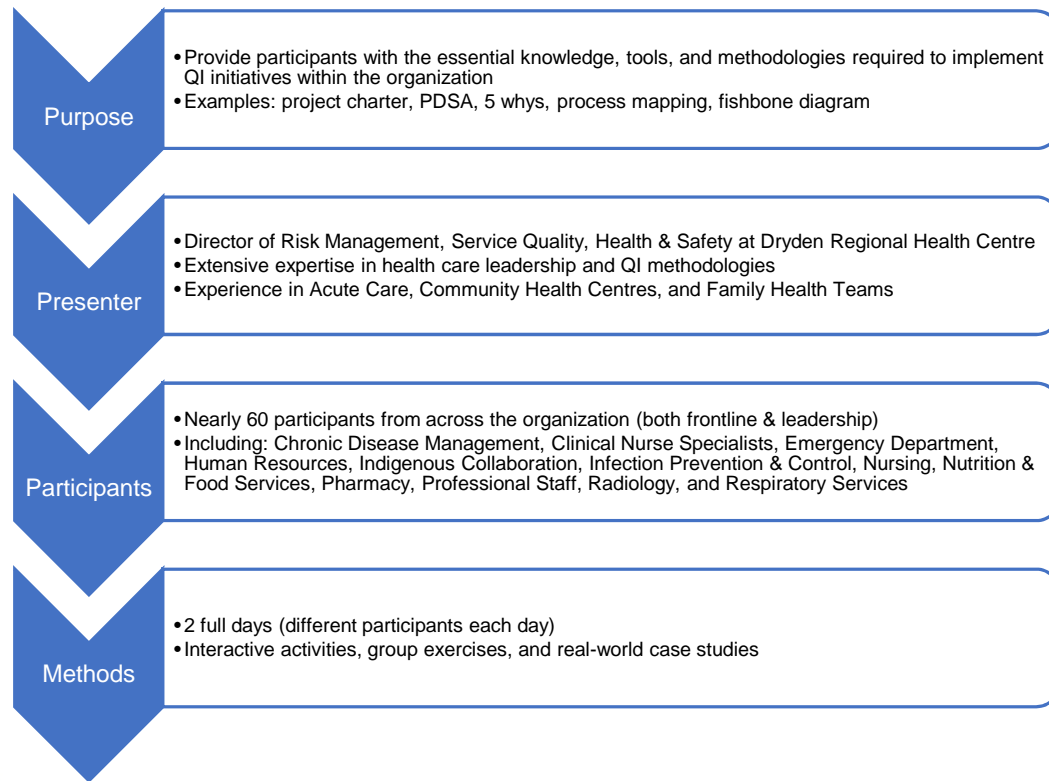
- ▶ To highlight that *everyone* has a role to play in falls prevention
- ▶ Ensure that overbed tables are within reach and cleared before meal delivery times

## Communication & Engagement

- ▶ Committee members attended department Quality Huddles to share key messaging and engage with teams
  - ▶ “Each time I’m about to leave a patient room, I’m already thinking, oh right ... I should move the table within reach – it’s becoming part of my normal routine.”
  - ▶ “The clear the tray initiative is making life much easier – we really like it!”



# Quality Improvement (QI) Training



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# QI Ideas Identified During Training

Department	QI Ideas	Updates
Nutrition & Food Services	<ul style="list-style-type: none"> <li>Developing <b>ICU-specific feeding protocols</b></li> <li>Determining easy ways for RNs to track calories delivered vs. calories prescribed (volume of formula received)</li> </ul>	<ul style="list-style-type: none"> <li>Funding approved for an indirect calorimeter (will attach directly to a ventilator and determine the exact number of calories a patient requires daily)</li> <li>Pending equipment arrival, policy/procedure work underway to implement use</li> <li>Use of new equipment will impact the development of QI ideas</li> </ul>
PFCC	<ul style="list-style-type: none"> <li><b>Patient Resource Folders</b> – Pilot project implemented on medical/surgical inpatient units to address gaps in patient education re: discharge process</li> <li>Goal is to provide patient oriented teaching (targeting health literacy), introduce education materials early (target information overload), and make patient resources more accessible on the unit (improving patient experience)</li> </ul>	<ul style="list-style-type: none"> <li>Project has been adopted into PFCC Action Plans for both medical/surgical inpatient units, with some overlap to TCU</li> <li>Plans underway to meet with key stakeholders to discuss project improvement ideas and address barriers early on (e.g. branding of folders to ensure consistency, better integration into workflow)</li> <li>Continuing to provide resource folders to maintain momentum</li> </ul>
Pharmacy	<ul style="list-style-type: none"> <li>Education to <b>minimize antibiotic prescribing for asymptomatic bacteriuria</b></li> <li>Updating the <b>surgical site infection prophylaxis</b></li> </ul>	<ul style="list-style-type: none"> <li>Idea re: education for asymptomatic bacteriuria was discussed at a Choosing Wisely meeting</li> <li>Work underway re: developing an education tool for urine culture appropriateness</li> <li>Antibiotic suggestions (as per best practices) brought forward for some surgical digital order sets</li> </ul>

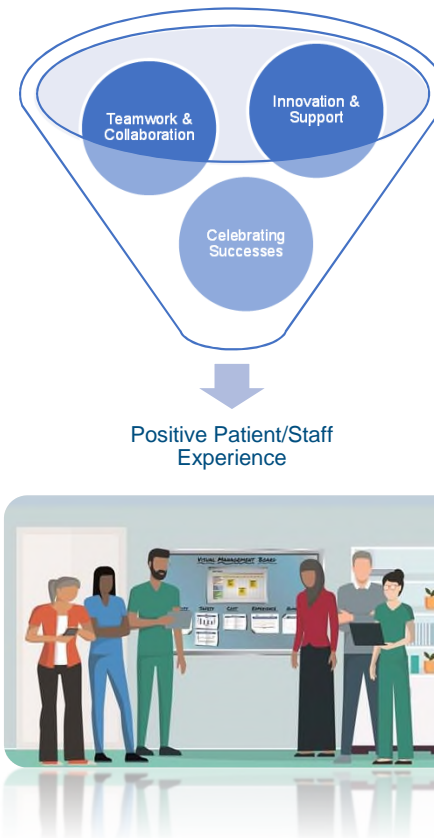


# Quality Huddles

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

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

Departments have at least one **designated day/time** each week in which they conduct their Quality Huddles (10-15 minutes, same time/place)



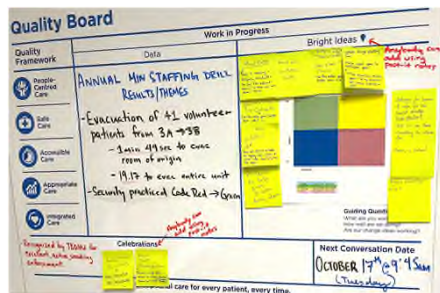
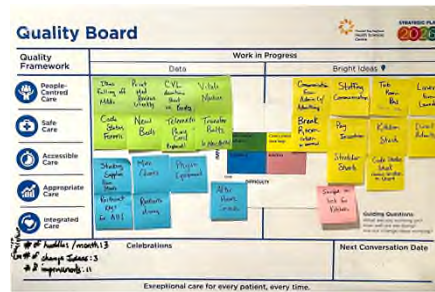
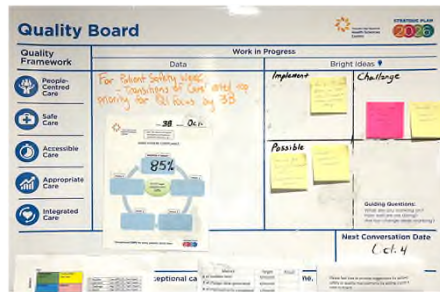
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# Quality Boards & Other Resources

Tracking change ideas (QI cards) & using data to drive improvements:



Resources & Discussion Topics:

- ▶ Unit-specific
- ▶ Corporate
  - ▶ Accreditation updates
  - ▶ COVID-19 updates
  - ▶ Emergency Preparedness
  - ▶ Safety Huddle News (Patient & Staff)
  - ▶ Strategic Plan 2026 updates
- ▶ Interdepartmental
  - ▶ Indigenous Collaboration, Equity & Inclusion (cultural safety education)
  - ▶ Infection Prevention & Control
  - ▶ Interprofessional Education & Nursing Practice
  - ▶ Occupational Health & Safety (staff wellness moments)

**STAFF SAFETY HUDDLE NEWS**  
February 2024

**PATIENT SAFETY HUDDLE NEWS**  
March 2024

**Incident Learning System Good Reporting (QM-60)**  
May 2024

**PATIENT SAFETY HUDDLE NEWS**  
May 2024

**Falls**



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# Current State

[2023]

Jan – Mar	June – Aug	Sept – Dec
1A	1B	AMH
2A	1C	Cancer Centre
2B	CAMHU	DI
2C	NICU	Endo / OR / PACU / Pre-Admission / SDC
3A	ICU	Forensics
3B	ED	MDRD
3C		Pharmacy (Main / Specialty / ICP)
		Quality & Risk Management
		Renal
		Security
		TCU
<b>7</b>	<b>6</b>	<b>15</b>



*Everyone has a role to play in  
Quality & Safety*

[2024]

Jan – Mar	Apr – June	July – Sept
Admitting	Ambulatory Care Unit	Fracture Clinic*
Biomed	Human Resources	Housekeeping
Nutrition & Food Services	PFCC	Laundry & Linen
	Rehab	Maintenance
		Pediatric Emergency Transport Team*
		Portering*
		Staffing Office*
<b>3</b>	<b>4</b>	<b>7</b>

Total Departments: 42  
\* = planned / not yet started



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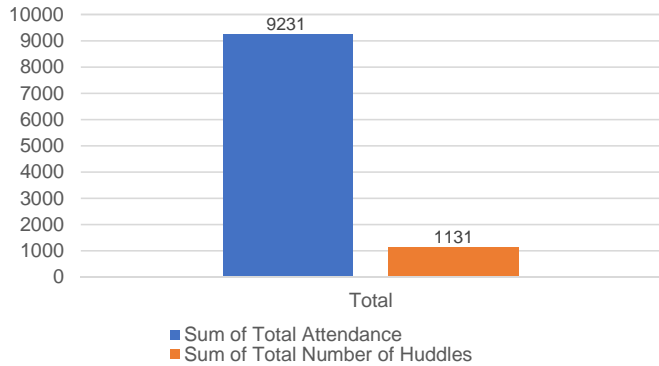
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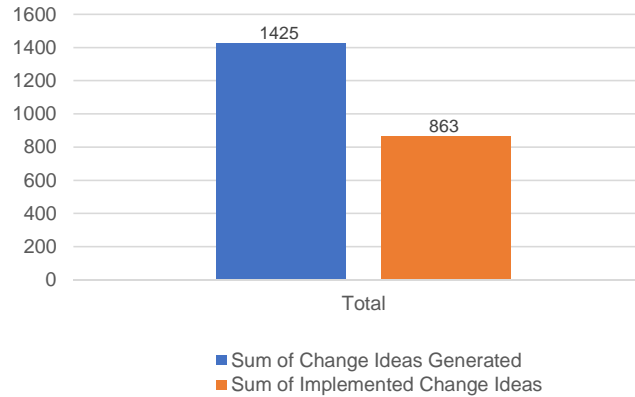
# Measures of Success

Total Staff in Attendance and Total # of Huddles

As of July 2024



Total # of Change Ideas Generated and Implemented



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/VP in Attendance
# of Change Ideas Implemented	CEO in Attendance ( <i>new</i> )

### Quality Huddle Staff Survey

Departments: 1A, 2A, 2B, 2C, 3A, 3B, 3C | Period: November 20 - December 16, 2023

#### Survey Results Summary

**Top 2 Areas of Strength:**  
 88% The Quality Huddles facilitate collaboration and team work.  
 87% The Quality Huddles encourage open/honest communication and diverse perspectives.

**Top 2 Areas of Improvement:**  
 71% The Quality Huddles have not set measurable improvements in any work process and quality.  
 71% The frequency and duration of the Quality Huddles is inappropriate for our facility needs.

**We asked. You answered. What's next?**  
 As a team, manager and leader for improvement to focus on: Complete PDSA Cycle.

### Quality Huddle Staff Survey

Departments: 1B, 2C, 2D, 3A, 3B, 3C | Period: May 23 - June 14, 2024

#### Survey Results Summary

**Top 3 Areas of Strength:**  
 97% My input is valued and considered during the Quality Huddle.  
 97% The Quality Huddle encouraged diverse perspectives and ideas.  
 100% The Quality Huddle encourage open communication and team work.

**Top 3 Areas for Improvement:**  
 87% My input is valued and considered during the Quality Huddle.  
 91% The frequency and duration of the Quality Huddles is appropriate for our needs.  
 91% The Quality Huddle encourage open communication and team work.

**We asked. You answered. What's next?**  
 As a team, manager and leader for improvement to focus on: Complete PDSA Cycle.

- ▶ Top 3 Areas of **Strength**
  - 1) Encourage collaboration & teamwork
  - 2) Encourage open/honest communication & diverse perspectives
  - 3) Input is valued & considered
- ▶ Top 3 Areas for **Improvement**
  - 1) Frequency & duration
  - 2) Noticeable improvements in work process
  - 3) Suggestions made are promptly acted upon





3A, 3B & 3C



1A, 2A, 2B & 2C



1B, 1C, CAMHU & NICU



MDRD, Pre-Admission, SDC & Security



HR, Nutrition & Food Services, PFCC & Rehab



Amb Care, Renal, Cancer Centre & AMH



Endo & TCU



ED, ICU & OR



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# Focus Relentlessly on Quality – Next Steps

Accreditation Qmentum Program	Compliments & Concerns / ILS	Falls Prevention Committee	Quality Huddles	Quality Improvement Plan	Quality Improvement Training
<p><b>COMPLETE</b></p> <ul style="list-style-type: none"> <li>Provide general update during Wednesday Strategic meeting</li> <li>Send updated Standards &amp; ROP Handbook to relevant leadership</li> </ul> <p><b>PLANNED</b></p> <ul style="list-style-type: none"> <li>Conduct Tracer Capacity Building Training (to conduct own tracers within the Hospital) (Fall 2024)</li> <li>Provide Onboard QI education/access (online platform to complete self-assessments &amp; develop action plans) (Fall 2024)</li> <li>Reconvene internal Accreditation Committee (Early 2025)</li> <li>Provide lunch &amp; learns on various topics (TBD)</li> </ul>	<p><b>COMPLETE</b></p> <ul style="list-style-type: none"> <li>Add feedback boxes to all 3 levels of the Hospital</li> <li>Develop Incident Reporting Pathways flowchart</li> <li>Increase education/awareness of Compliments &amp; Concerns process (e.g. Standards of Practice Council)</li> <li>Update ILS Downtime Form (FCS-218) &amp; make available under Intranet Quick Links</li> <li>Update ILS with mandatory field for work order information</li> <li>Update Recall policy (QM-150)</li> </ul> <p><b>UNDERWAY</b></p> <ul style="list-style-type: none"> <li>Finalize ILS Downtime policy &amp; procedure (End 2024)</li> <li>Finalize process for concerns received by the CEO's Office (End 2024)</li> </ul>	<p><b>COMPLETE</b></p> <ul style="list-style-type: none"> <li>Create a standardized post-falls checklist</li> <li>Embed falling star symbol into Bedside Communication Whiteboards (high fall risk)</li> <li>Falls Risk Simulations (Housekeeping/Dietary Aids)</li> <li>Falls Prevention Campaign ("When meals are on the way, make room for the tray")</li> <li>Implement skid-resistant slipper socks (medical/surgical inpatient units)</li> <li>Various audits (falls precautions; restraints/times of falls; meal tray delivery)</li> </ul> <p><b>PLANNED</b></p> <ul style="list-style-type: none"> <li>Continue to identify/explore educational needs &amp; opportunities for improvement (ongoing)</li> <li>Review/update existing policy SAF-1-25 (Fall 2024)</li> <li>Develop a falls strategic indicator (March 2025)</li> <li>Identify new teams for falls risk simulations (TBD)</li> </ul>	<p><b>COMPLETE</b></p> <ul style="list-style-type: none"> <li>Incorporate into LMS e-learning &amp; QRM new leader orientation (as part of LOOP)</li> <li>Increase awareness (e.g. Standards of Practice Council, Good Morning Innovation)</li> <li>Include in Quarterly Strategic Initiative Highlights</li> <li>Provide Leaders with Smart Sheet access to input metrics (also have the ability to view other departments)</li> <li>Update Intranet Quality page (including up-to-date department time schedule)</li> </ul> <p><b>UNDERWAY</b></p> <ul style="list-style-type: none"> <li>Conduct formal staff surveys &amp; continue to expand (increase # departments from 29 to 39) (End Sept 2024)</li> <li>Explore other forums to celebrate successes (e.g. Quality Huddle Awards Event, then quarterly recognition) (Fall 2024)</li> </ul>	<p><b>COMPLETE</b></p> <ul style="list-style-type: none"> <li>2024/2025 QIP (develop areas of focus; QIP narrative; Board approval of work plan; submit to Ontario Health)</li> </ul> <p><b>UNDERWAY</b></p> <ul style="list-style-type: none"> <li>Continue with work plans &amp; initiatives for 4 priority areas:             <ol style="list-style-type: none"> <li><b>Access and flow:</b> 90<sup>th</sup> percentile ED wait time to inpatient bed</li> <li><b>Equity:</b> % of staff up to date on cultural safety and EDI training</li> <li><b>Experience:</b> % 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?"</li> <li><b>Safety:</b> Rate of medication reconciliation at admission (ongoing)</li> </ol> </li> </ul>	<p><b>COMPLETE</b></p> <ul style="list-style-type: none"> <li>Initial 1-Day Introductory Quality Improvement (QI) Training &amp; post-event evaluation (Mar 2023)</li> <li>2-Day Foundations of QI Training &amp; post-event evaluation (Feb 2024)</li> </ul> <p><b>PLANNED</b></p> <ul style="list-style-type: none"> <li>Explore a QI Training "Refresher Session" (with new skill) (TBD)</li> </ul>



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# Appendix

- ▶ Accreditation – Qmentum Program
- ▶ Accreditation – Role of Leaders
- ▶ Compliments & Concerns
- ▶ Quality Improvement Plan



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# Accreditation – Qmentum Program

- ▶ Accreditation is an ongoing process of assessing health care organizations against standards of excellence to identify what is being done well and what needs to be improved
- ▶ It allows organizations to understand how to make better use of their resources, increase efficiency, enhance quality and safety, and reduce risk
- ▶ TBRHSC was Accredited with **Exemplary Standing** during the May 2022 cycle



# Accreditation – Role of Leaders

- ▶ Complete self-assessment
- ▶ Develop/implement/evaluate action plans
- ▶ Review and be familiar with relevant Standards and Required Organizational Practices (ROPs)
- ▶ Help prepare evidence for submission
- ▶ Help prepare team(s) prior to on-site survey

*QRM – Corporate Lead, supporting the Hospital through the Accreditation journey*



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# Compliments & Concerns



- ▶ System/console designed to capture and process formal compliments and concerns
  - ▶ Opportunity to identify what we are doing well and what areas we can improve on
- ▶ Submissions can be entered by patients/families, visitors, or community members
  - ▶ Methods: online, paper (feedback boxes located on all 3 levels), phone, email, letter/mail
  - ▶ Note: Not a reporting tool for staff to submit their concerns (unless staff member is the patient/family member)
- ▶ Any staff can also enter a concern on behalf of patients/families (with consent)
- ▶ If litigation is identified/suspected, QRM should be notified
- ▶ All concerns should be closed within 45 days of receipt
- ▶ In 2023, we received 447 concerns and 184 compliments

**QM-50:** Process/responsibilities for receiving/responding to compliments and concerns



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# Quality Improvement Plan (QIP)

- ▶ Annual plan that health care organizations must submit to Ontario Health and make available to the public
  - ▶ “A set of commitments to improve specific quality issues made by a health care organization to its community”
- ▶ Overall goal of working together to drive improvements across multiple sectors of the health care system that address province-wide priority issues
- ▶ **2024/2025 QIP** program has shifted its focus to four priority areas:
  - 1) **Access and Flow** – 90<sup>th</sup> percentile ED wait time to inpatient bed
  - 2) **Equity** – % of staff up to date on required cultural safety and EDI training
  - 3) **Experience** – % 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?”
  - 4) **Safety** – Rate of medication reconciliation at admission



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