





Thunder Bay Regional Health Research Institute



Welcome to the Town Hall

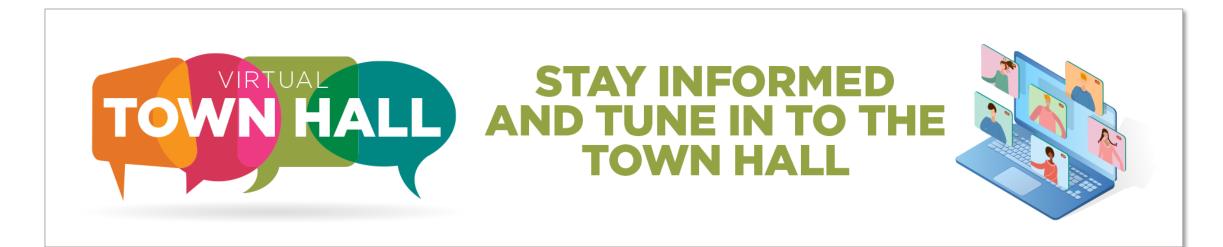




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Introduction







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Agenda for October 16, 2024

- ▶ Introduction *R. Crocker Ellacott*
- **Reflections from the Front Lines** *J. Wintermans*
- **Staff Spotlight** *R. Crocker Ellacott*
- Quality Huddle Excellence Awards T. Dao
- **PFCC: Sharing and Caring Together** S. Schiffer
- Strategic Plan 2026 Update: Seamless Transitions C. Kozlowski
- **Employee Engagement Survey Action Planning** A. Carr
- ► Your Questions Answered J. Wintermans
- **Closing Remarks** *R. Crocker Ellacott*





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Reflections From the Front Lines





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Staff Spotlight





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Quality Huddle Excellence Awards

Tram Dao, Manager, Quality and Risk Management





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What are 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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Exceptional **Care** for every patient, every time.

Innovation 8

Support

Teamwork 8

Collaboration

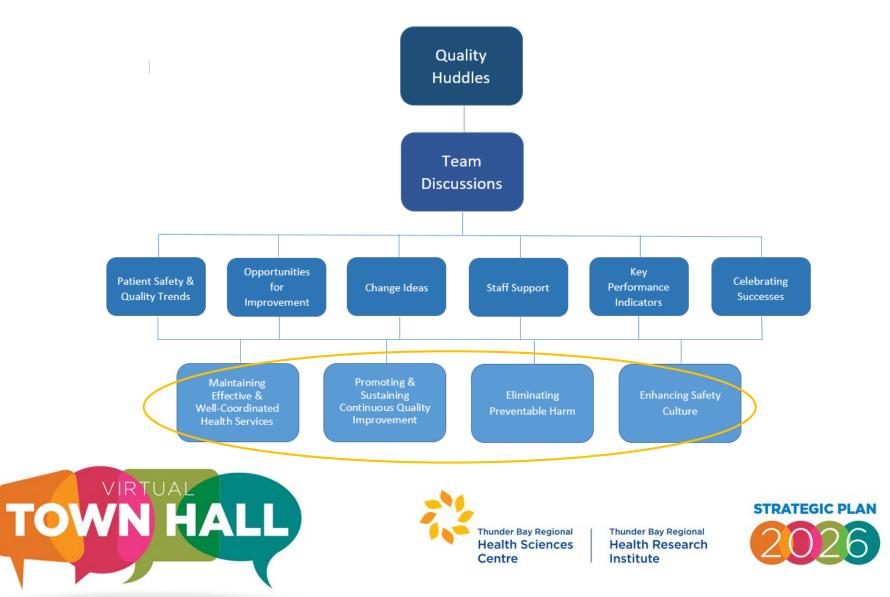
Positive Patient/Staff Experience

What are Quality Boards?

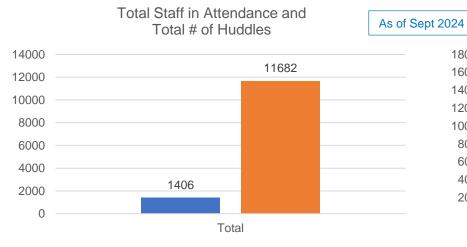
A **Quality Board** is a visual management tool focusing on patient safety, quality improvement, and risk reduction.



What are we trying to achieve?

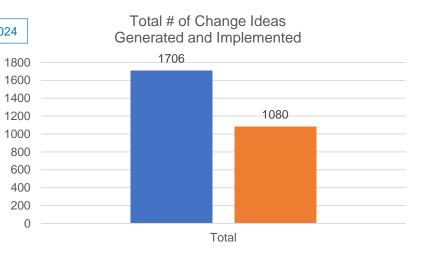


Measures of Success



Sum of Total Number of Huddles Sum of Total attendance

Survey Resu	Its Summary	Survey Resu	ults Summary
Top 2 Areas of Strength: The Guality BBB/ BBB/ BBB/ The Guality Huddles encourage open/hereat encourages open/here	The state sta	Top 3 Areas of Strength: Any Strength is valued and south Homes 977% The Quality Huddins screece diversions 977%	Handback of the second
Complete Quality	e improvement to focus en Study & Act Acty and Call Acty	Plan Do shertify one small charge that might	What's next? provement to focus on. Complete POSA cycle.



Sum of Change Ideas GeneratedSum of Implemented Change Ideas

Top 3 Areas of Strength

- 1) Encourage teamwork and collaboration
- 2) Encourage open/honest communication and diverse perspectives
- 3) Input is valued and considered

Current State

[2023] Jan – Mar Sept – Dec June – Aug 1B AMH 1A 1C Cancer Centre 2A 2B CAMHU DI NICU Endo / OR / PACU / 2C Pre-Admission / SDC ICU ЗA Forensics 3B ED MDRD 3C Pharmacy (Main / Specialty / ICP) Quality & Risk Management Renal Security TCU 7 6 15







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Apr – June	July – Sept	Oct – Dec
Ambulatory Care Unit	Housekeeping	Fracture Clinic
Human Resources	Laundry & Linen	Infection Prevention & Control
PFCC	Maintenance	Occupational Health & Safety
Rehab	Portering	Paediatric Emergency Transport Team
		Purchasing
		Staffing Office
		Stores
		Strategy & Performance
4	4	8
	Ambulatory Care UnitHuman ResourcesPFCCRehab	Ambulatory Care UnitHousekeepingHuman ResourcesLaundry & LinenPFCCMaintenanceRehabPorteringImage: Comparison of the second se

[2024]

Total Departments: 47



Celebrating Successes

Small Changes. Big Impact. Safer Care. (Healthcare Excellence Canada)

Examples of Successful Change Ideas & Collaboration Highlights

- IB Quality Huddle suggestion lead to the development of a standardized sign: Please deliver meal trays to nursing station. This will alert dietary to not deliver meal trays directly to specific patients for safety/other reasons. (1B, Nutrition & Food Services, Communications)
- 3C Quality Huddle suggestion lead to updating the form: Home Medication Post-Operative Order. A column to hold the medication was added to help clarify medications held prior to admission. (3C, Pharmacy, IT/IS)
- Pharmacy Quality Huddle suggestion lead to the development of a preorder for Cath Lab (previous process was handwriting agents). This has reduced errors in dispensing and the need for clarifications. (*Pharmacy & Cath Lab*)
- AMH Team successfully rolled out the Schizophrenia Standards during the first month of their Quality Huddle implementation.
- Emergency Preparedness partnered with QRM to send out code refreshers via Safety Huddle News.
- SADV Team worked with QRM to arrange targeted outreach. They were able to provide an overview of their program/services during nearly 15 Quality Huddles in the month of January 2024.

Senior Leadership Rounding

CEO Attendance – Started in May 2024



"Make it your own"

- **2C –** "2C Quality Time"
- AMH Monthly topic/focus
- **NFS –** "Beat the Clock" team challenge to support UKG implementation

Patient/Family Focused

- ▶ **PFCC –** Updated their family resource list on Intranet
- SDC Purchased pink staxi wheelchairs dedicated for discharges
- **Security –** Parking lot vacancy & bus times signage posted at triage
- **TCU –** Purchased chair risers to meet the needs of taller patients

Other Quick Wins

- 3B Additional outlets installed to create a dedicated area for vital signs monitors (previously implemented across medical inpatient units)
- Pharmacy Separate binders organized by department for daily medication dispensing (has made reviewing/tracking easier)
- Rehab Signage developed ("Property of TBRHSC") and attached to all rehab equipment
- Renal Floor tape used to indicate proper spacing for electric wheelchairs (prevent equipment damage)



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DATE:17/01/24 TBRHSC HOME MEDICATION POST-OPERATIVE ORDER 1	FORM	PA	GE:1
PATIENT: WINTERS,ANDREA TEST LOCATION: 7.28 MI DOB: 19/11/1081 Add/SEX 41/7 ROOM-RED: 2.29 Tm- ACCOUNT: TB000027/22 MMM: TB99902475 RETENDING: MONAMME: HEIGHT: ft in WEIGHT: Lb or om: kg:	2 D M. F. E.	BASSU	DNY MD
ALLERGIES: morphine, ibuprofen, sunflower oil, Peanut, Sunflower Seed	Dil		
MEDICATION/ DOSE ROUTE FREQUENCY	POST	ONTIN -OPER	ATIVE?
AMIODARONE HCL (AVA-AMIODARONE) 100 MG ORAL DAILY	YES	№ □	HOLD
CETIRIZINE HCL (CETIRIZINE) 5 MG ORAL TWICE A DAY	YES	NO	HOLD
Carbamazepine (Carbamazepine) 200 MG ORAL TWICE A DAY	YES	NO	HOLD
Carbamazepine (Carbamazepine Cr) 200 MG ORAL DAILY	YES	NO □	HOLD
Fentanyl (Co Fentanyl) 75 MCG TRANSDERM EVERY 2 DAYS	YES	NO	HOLD
Fentanyl (Co Fentanyl) 100 MCG TRANSDERM EVERY 2 DAYS	YES	NO	HOLD
Metoprolol Tartrate (Dom-Metoprolol-L) 12.5 MG ORAL TWICE A DAY	YES	NO 	HOLD
ATTENTION	T CHART		
STOP Please deliver meal trays to Nursing Station			



Thank you for your cooperation.

Merci de votre coonération

Quality Huddle Excellence Awards

This event will celebrate the contributions of our colleagues who implemented Quality Huddles in 2023. We will showcase achievements in several key areas including Patient and Family-Centred Care, Staff Experience, Workflow Improvement, Teamwork and Collaboration, and Safety.

During the awards ceremony, we will be recognizing teams along with their creative change ideas which have made a significant impact in the above categories. **Pizza, cupcakes,** and refreshments will be provided.

We encourage you to join us for this occasion to acknowledge and celebrate our collective efforts and successes. If you are able, please come 10-15 minutes early to grab some treats and pick a seat.

Auditoriums A and B We look forward to seeing you there!







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PFCC: Sharing & Caring Together

Shannon Schiffer, Manager of Patient and Family Centred Care, Patient Experience, Engagement, Advocacy and Volunteer Services





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Schedule of Events October 21 – 25, 2024

Monday, October 21	Tuesday, October 22	Wednesday, October 23	Thursday, October 24	Friday, October 25
11:30 A.M 12:00 P.M. Lunch and Learn Therapy Dogs	11:30 A.M 12:00 P.M. Lunch and Learn NOD 2.0	11:30 A.M 12:00 P.M. Lunch and Learn Medicine Wheel Teaching	11:30 A.M 12:00 P.M. Lunch and Learn Behavioral Supports Ontario	10:00 A.M. Sharing & Caring Together Opening Ceremony
12:30 P.M 1:00 P.M. Lunch and Learn Therapy Dogs	1:00 P.M. Lunch and Learn Co-Design Focus Session	12:30 P.M 1:00 P.M. Lunch and Learn Medicine Wheel Teaching	12:30 P.M 1:00 P.M. Lunch and Learn Behavioral Supports Ontario	10:00 A.M 4:00 P.M. Sharing & Caring Together Main Exhibition

Location for all events is Auditoriums A and B Lunch is provided for the Lunch and Learns



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Strategic Plan 2026 Update: Seamless Transitions

Craig Kozlowski, Director, Medicine, Patient Flow, and Partnerships





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The Patient Story

- Mr. Thomas, 82 year old male.
- Lives at home with wife, previous used to work in the grain elevators, has a walker that he doesn't like using.
- 2 children that live in Thunder Bay.
- History of CHF, progressing dementia but able to manage at home, CABG, Stents.
- Came to the Emergency Department for Shortness of Breath and pain in his left upper quadrant
- Was admitted for CHF vs. Pneumonia under the Hospitalist program and subsequently waited in Emergency Department for 38 hours for an inpatient bed.
- Mr. Thomas was unable to ambulate 25 meters to the washroom and subsequently utilized a urinal.
- Mr. Thomas showed increased confusion to daughter who was a healthcare practitioner. For example "Retelling stories and confusing one daughter for another".
- Mr. Thomas was admitted to a medical floor and on Wednesday an echocardiogram was completed. Cardiology
 assessed the patient on Thursday and the plan was to perform an angiogram. The patient was scheduled for
 their angioplasty on Monday.
- Mr. Thomas had increased confusion and due to shortness of breath and pain did not participate in rehabilitation until the stent was placed.
- Mr. Thomas subsequently was discharged to St. Joseph's Hospital for Rehabilitation.









The Patient Story

- Ms. Smith, 87 year old female.
- Lives at home alone, was a librarian, her husband is deceased.
- 2 children, one that lives in Thunder Bay, the other in Toronto.
- History of diabetes, hypertension and frequent UTIs.
- Came to the Emergency Department for increased confusion and general weakness.
- Was admitted for UTI under the Hospitalist program and treated with antibiotics. She was admitted within 4 hours of being assessed by the Hospitalist.
- · Patient was encouraged to ambulate to the washroom.
- The Elder Life CNS assessed the patient for risk and provided recommendations.
- The patient was able to sit up for meals in a chair.
- A plan of care was assessed with the daughter and Patient Family Coordinator and a plan for discharge on admission was in place.
- Ms. Smith delirium was able to clear over the next few days.
- Due to patient willingness to participate with the physiotherapist and ambulation to washroom and being up for dinners, the physiotherapist recommended the patient be discharged home with Ontario Health at Home.

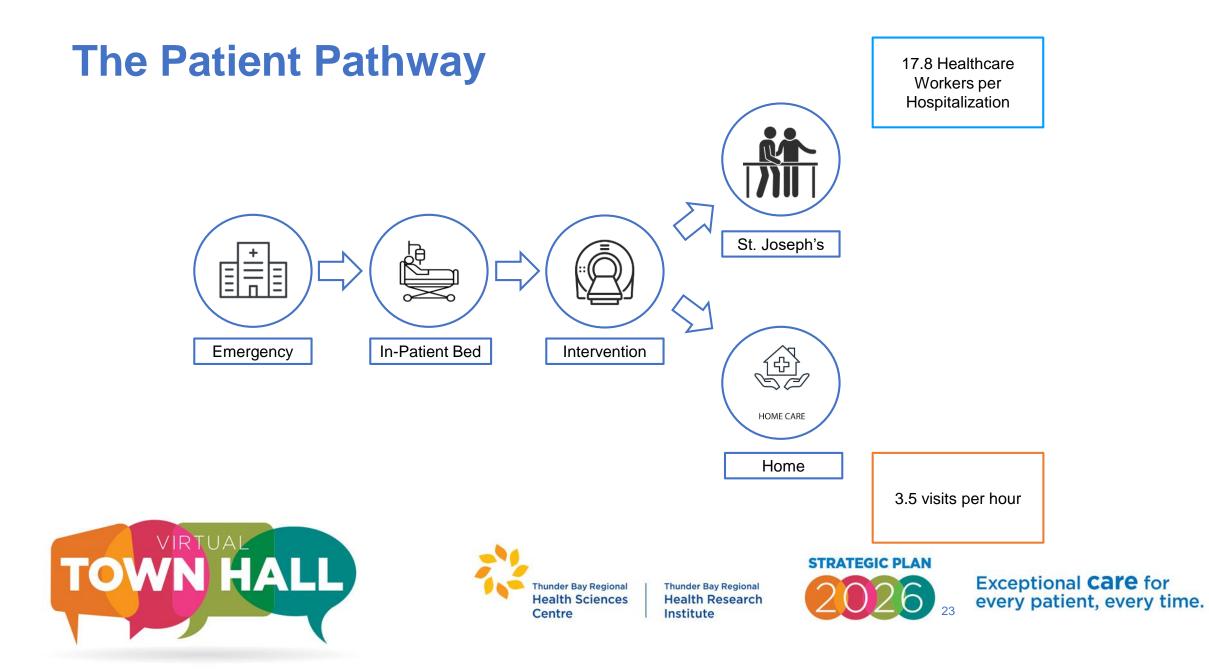




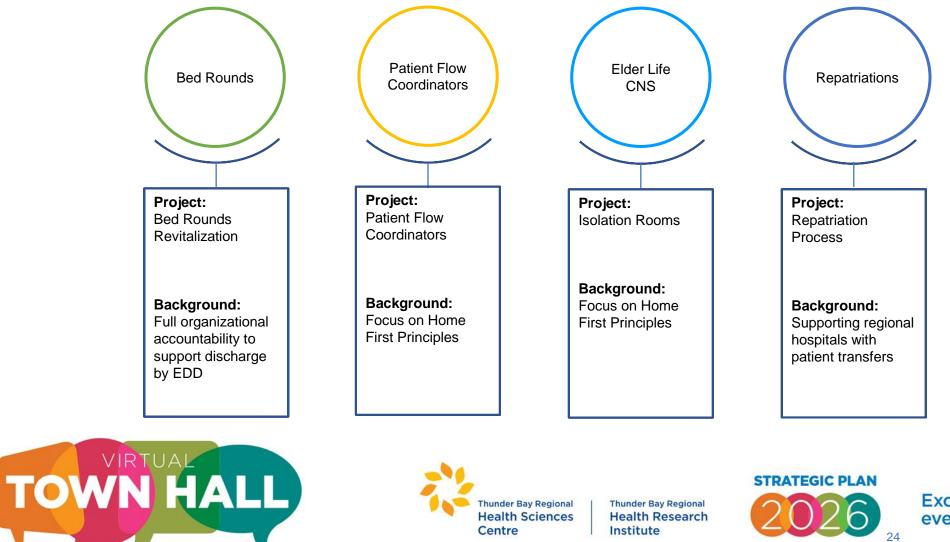


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Length of Stay (excluding ALC)



Length of Stay (excluding ALC)



September 27th: 4 admitted patient in ED with 52 empty Med/Surg beds

90th Percentile Admitted Length of Stay decreased from 46.5 to 41.5 days

Patients over expected Length of Stay September 2nd: 245 October 11th: 158

September 23rd: 24 patients awaiting repatriation

October 1st: 9 patients awaiting repatriation





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Employee Engagement Survey Action Planning: *Results & Action Planning 2024*

Amy Carr, Director, Human Resources





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Survey Overview

- The engagement survey supports our overall effort to improve engagement of employees and professional staff.
- Survey implementation and engagement.
 - Survey Implementation (November to December 2023)
 - Corporate results shared with stakeholders (January to April 2024)
 - Engagement regarding themes and priority setting for corporate action plan (May to July 2024)
 - Department level communication and feedback (October to November 2024)





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Themes to Celebrate

Themes to Address

Work-Life Balance

Majority responded positively that their leader supports efforts to maintain a balance between work and professional life

Departmental Teamwork Majority feel well connected with their peers

Majority report feeling respected by their immediate leader and their peers

Respect

Diversity

Majority indicated that team members can succeed to their full potential regardless of their identification with any protected ground

Workload/ Staffing

Working short

- sheduling
- Staffing ratios

What We Are Doing:

- Filling vacancies
 Implementing new scheduling system
- Leveraging funding to create new positions

Engagement and Information Sharing

- Flow of information from SLC to front line
- Provision of an ongoing feedback loop

What We Are Doing:

- SLC update meetings with direct reports
- Posting SLC minutes
 Operational/Strategic Plan Update weekly meetings
- Quarterly Strategic
 Review Meetings

Accountability

 Perception some are not held accountable for performance

What We Are Doing:

- Confidentially dealing with issues
 Working with
- leaders to ensure consistency





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Corporate Action Plans

Staff Retention	 Leader to staff engagement "what matters to you conversations" Individual recognition supports
Engagement and Information Sharing	 Review and enhance communication channels Develop toolkit
Accountability	 Clarity of roles, policies and processes
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Communicate: Department results

Initiate: Corporate action plans

Validate: Pulse survey





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Questions?





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Closing Remarks



National Health Care Supply Chain Week (October 6-12)



Health Care Nutrition & Food Services Staff Appreciation Week (October 6-11)



Emergency Nurses Week (October 7-11)



Sonography Week (October 7-11)



Pharmacy Technician Day (October 15)







Medical Device Reprocessing Week (October 13-19)



National Health Care Facilities and Engineering Week (October 13-19)



Occupational Therapy Month



National Infection Control Week (October 14-18)



Family Care Grants (due October 18)