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Welcome to the Town Hall

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Introduction

New in-hospital emergency mental health and addictions area will provide quicker access to critical services

New linear accelerator will connect more people to life-saving care in the northwest.

Ontario providing over $18 million to support staff at local healthcare facilities.

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Agenda for December 18, 2024

- **Introduction** – *R. Crocker Ellacott*
- **Reflections from the Front Lines** – *J. Wintermans*
- **Staff Spotlight** – *J. Garofalo*
- **SP2026 Update: Focus on Quality – Falls Prevention** – *T. Dao*
- **Introducing Pocket Health** – *K. Tuomi*
- **Andgo Smartcall and Shift Prebooking Application** – *D.M. Perry*
- **Mental Health and Addictions Assessment and Observation Area** – *C. Johnson and C. Edwards*
- **Your Questions Answered** – *J. Wintermans*
- **Closing Remarks** – *R. Crocker Ellacott*

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Reflections From the Front Lines:

Maternity Centre

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Staff Spotlight:
Christian Nielsen

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Strategic Plan 2026 Update: Focus on Quality – Falls Prevention

Tram Dao, *Manager, Quality and Risk Management*

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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.

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How We Consistently Prioritize Quality

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Falls Prevention Committee

The Falls Prevention Committee works to identify activities that will support the reduction of falls and reduce the risk of patient injuries from falls in the Hospital setting. It brings together a diverse team of healthcare professionals to implement, evaluate, and monitor a wide range of fall prevention strategies.

Background

- Relaunched in September 2023 to strengthen fall prevention initiatives.
- Engages both clinical and non-clinical staff hospital-wide.
- Focused on implementing practical interventions and education to reduce falls and ultimately improve patient safety.

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Committee Membership

Departments/Roles	
Clinical Nurse Specialists	Patient Safety Improvement Specialist
Diagnostic Imaging	Pharmacy
Indigenous Collaboration	Physiotherapy
Interprofessional Education	Professional Staff
Nursing Practice Leaders	Quality & Risk Management
Occupational Therapy	Strategy & Performance
Patient Family Advisor	Transitional Care Unit

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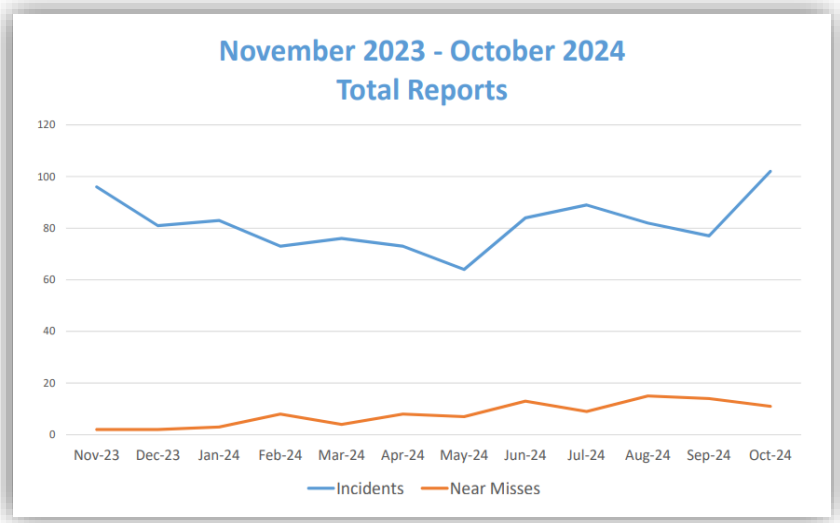
Data Trends

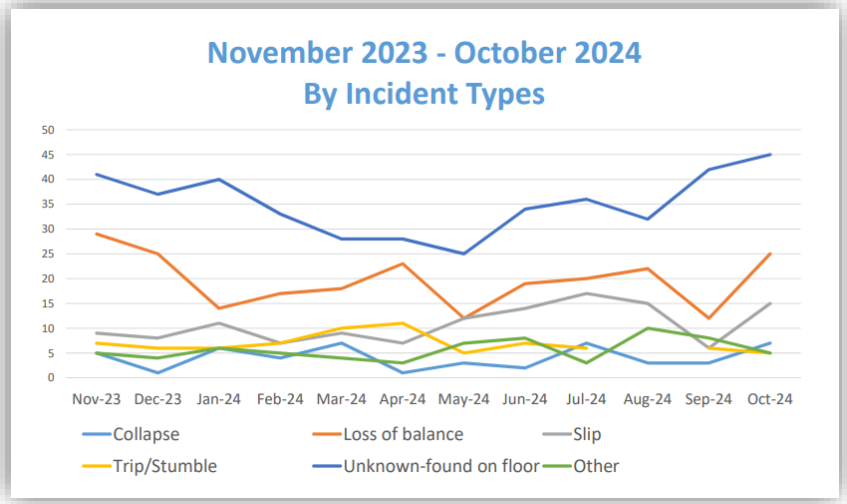
Total Fall Incidents & Near Misses by Unit

- On average 60-100 incidents per month (across all departments)



Falls by Incident Type

- Unknown-found on floor (#1 incident type)
- Slips (top 3 incident types)



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Data Trends

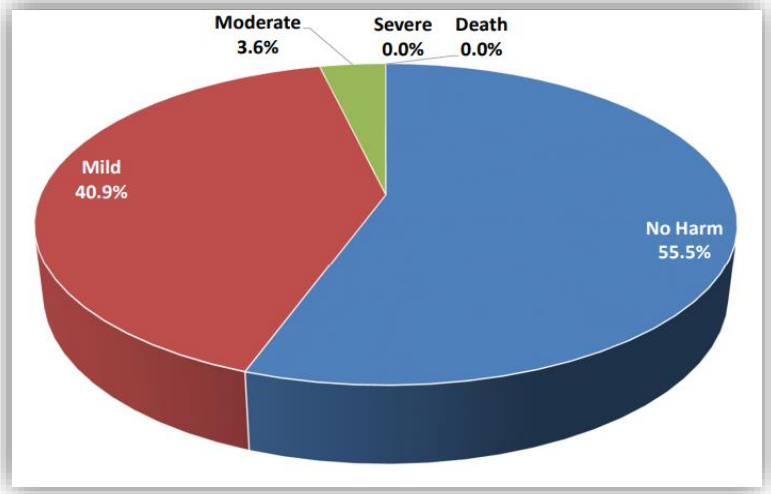
# of Injuries Sustained by Type and % of Total

- Minor injuries (#1 injury type)

% of Falls by Harm Level

- Majority of falls no harm and mild

Injury Type	# of Injuries	Injury Type	%
Bleeding / Laceration	8	Bleeding / Laceration	7%
Hit head	24	Hit head	22%
Hit head?	3	Hit head?	3%
Hip Fracture	2	Hip Fracture	2%
Pain	11	Pain	10%
Chest Pain	1	Hematoma	1%
Puncture Wound	1	Puncture Wound	1%
Minor Injuries*	57	Minor Injuries*	53%



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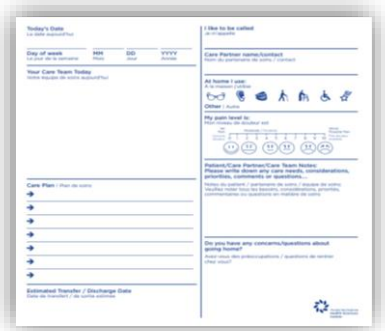
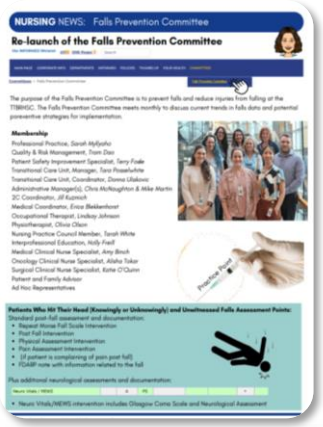
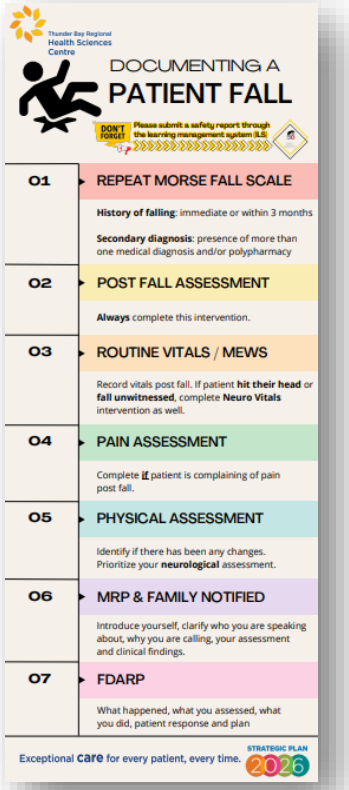
Activity Update







COMPLETED

December 2023
Non-slip socks (Medical Inpatient)
Fall risk simulation (Dietary Aids)

January 2024
Fall risk simulation (Housekeeping)
Meal tray delivery audit (Dietary Aids)

Time of falls & restraints audit
Non-slip socks (Surgical Inpatient)

February 2024
Committee relaunch communications (Daily Informed & Nursing Newsletter)

March 2024
Bedside communication whiteboard update (embedding fall star)

COMPLETED

April 2024
Falls precautions audit (Baxter Hillrom)

June 2024
Falls prevention campaign

July 2024
Standardize falls checklist (finalize/distributed to departments)

August 2024
Non-slip socks (AMH/DI/Forensics)

September 2024
Non-slip socks (Cancer Centre)
Good Afternoon Innovation (highlighted campaign success)

October 2024
PFCC Sharing & Caring Booth

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Fall 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)

Next Steps

- Falls Prevention Campaign

Barriers

Opportunities

Food Safety	Short window to deliver all meal trays within each department --- Focus on quick wins (e.g. moving overbed tables within reach)
Infection Control	Perceived barrier to interacting with patient environment --- Non-issue as long as vigilant with hand hygiene and PPE
Training & Education	Embedded in training not to move patients' personal belongings and medical equipment --- Moving overbed tables within patient reach is encouraged

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Falls Prevention Campaign

Purpose

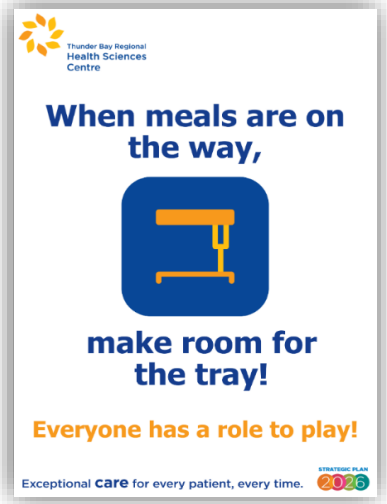
- To highlight that *everyone* has a role to play in falls prevention
- Ensure that overbed tables are within reach and cleared before meal delivery times

Communication & Engagement

- Signage posted in all patient rooms
- Roamed to relevant departments 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!”

Next Steps

- Implement second rollout in early 2025 (initial launch in June 2024)



Non-Slip Socks

Implementation

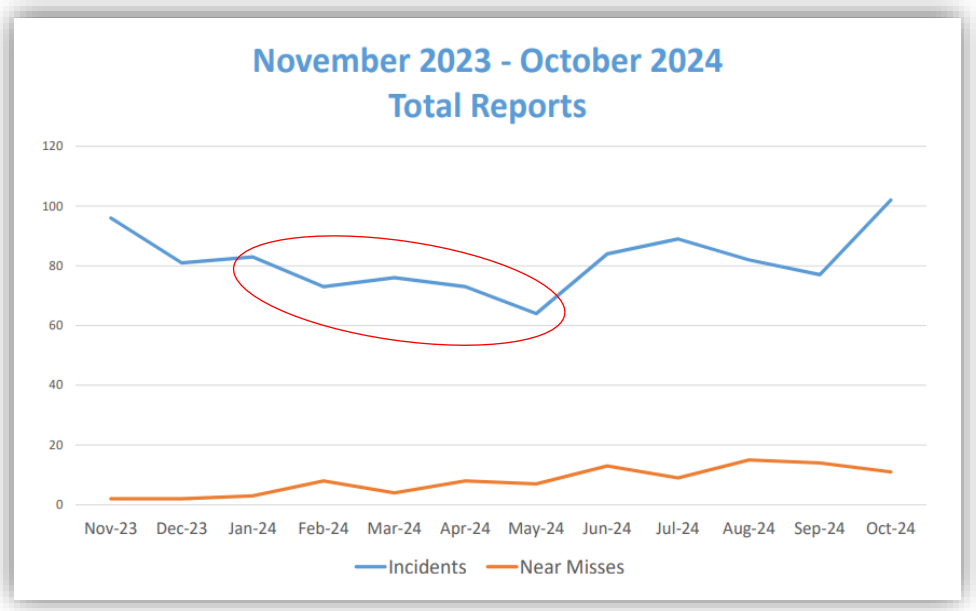
- Originally implemented in December 2023 (medical inpatient units) and January 2024 (surgical inpatient units).
- Recently expanded to other areas including AMH, Forensics, Cancer Centre, and DI.
- Added a new “Contributing Factor” to the Incident Learning System (ILS) to indicate whether patients were wearing these socks at the time of falls.

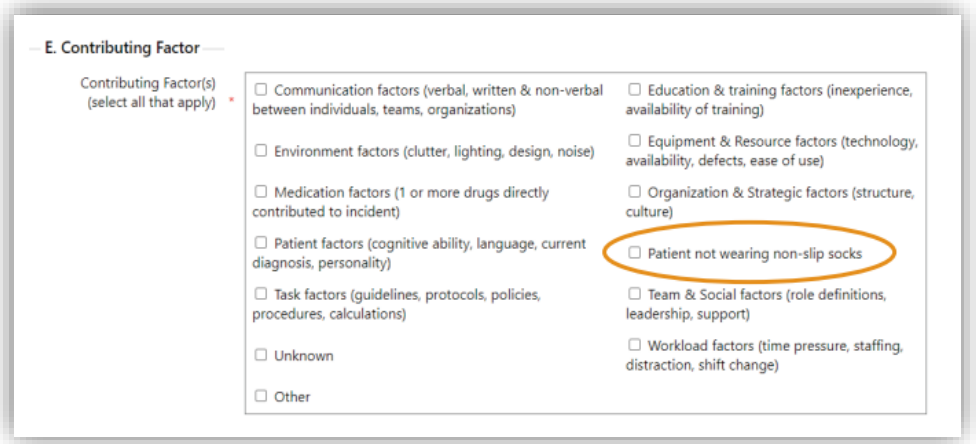
Feedback

- “Patients and staff love the non-slip socks” (one of the most common items patients do not come in with).
- Patients are more willing to get up (better comfort/grip/fit).

Opportunities

- Potential for a research project to support non-slip socks as a positive falls prevention tool.





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How We Will Measure Success – Strategic Indicator

START / END DATE	POPULATION	INDICATOR / TARGET	DATA SOURCE
2025/2026 Fiscal Year (April to March)	• **Focus:** Medical inpatient units • **Rationale**: On average see highest # falls on medicine • **Exclusion Criteria:** Outpatient areas (skew data)	• **Indicator**: # mild harm falls that occur on “x” medical inpatient unit(s) • **Target**: Decrease # mild harm falls that occur on “x” medical inpatient unit(s) by 15% by end of 2025/2026 fiscal year • **Exclusion Criteria:** Moderate/severe falls; near misses	Incident Learning System (ILS)

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Next Steps

Begin January 2025

- Review and update relevant policies (SAF-1-25 & SAF-1-26)

Complete by March 2025

- Finalize falls strategic indicator
  - Continue to explore potential projects/ideas to help meet target

Ongoing

- Continue to identify educational gaps and opportunities
  - Explore resource/method to highlight common medications that can increase the risk of falls

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PocketHealth Project

Katherine Tuomi, *Manager, Diagnostic Imaging and Diagnostic Administration*

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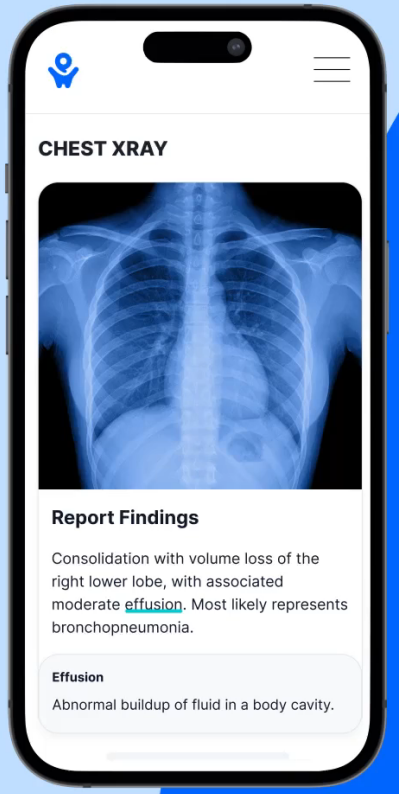
PocketHealth Project

- Over 300,000 diagnostic images are captured in the regional PACS system each year.
- A significant number of images are shared outside the PACS system are based on requests from patients or external providers.
- The current process for sharing images outside of the regional PACS system involves a manual (paper) request process and CD disc burning. Not only is this a prolonged process, but shipping/courier costs and availability of CD burning tools/equipment have become an impairment, along with the increased demand to move to an electronic process.
- The PocketHealth cloud hosted enterprise image sharing solution enables sharing of imaging studies electronically. The solution is used in over 800 hospitals and clinics (www.pockethealth.com).
- A contract with the PocketHealth vendor was signed in order to implement this tool at the 11 hospital sites using the Northwest Regional PACS. The PocketHealth Image Sharing Project team has completed technical discovery, including connectivity to Regional PACS, and is in the process of implementing the PocketHealth tool at Thunder Bay Regional Health Sciences Centre (TBRHSC) before expanding to the regional partners.



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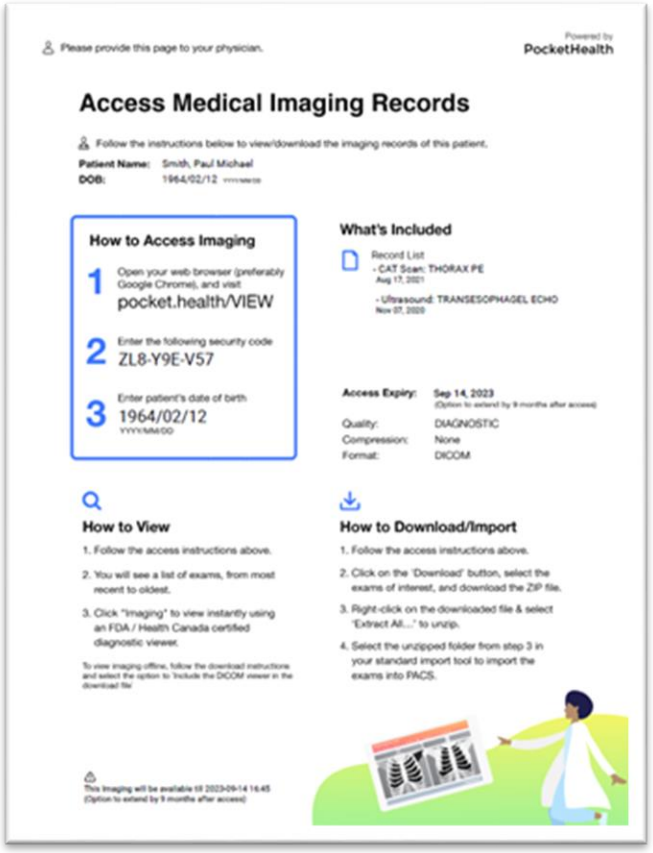
PocketHealth Project

- The Regional PocketHealth Image Sharing Project is anticipated to have minimal impact to existing workflows and staff in Diagnostic Imaging and Health Records at each hospital.
- The two types of image sharing request types include:
  1. **Provider** image sharing – Live as of October 3, 2024
  2. **Patient** image sharing – Target Go Live Q4 2024/2025
- The Project team is working with TBRHSC Communications to facilitate internal and external communications, shared via email, fax, newsletters, website and social media channels as required.

Phase 1: Provider Sharing

Launched on **October 3, 2024**



Secure Digital Image Release to Outside Providers

- Instead of burning CDs to store imaging, an Access Page containing a unique security code will enable any healthcare provider to access imaging exams online.
- Diagnostic Imaging staff generates the Access Pages using the PocketHealth Clerical Interface.
- This page can then either be handed over to the patient to deliver to the physician (similar to a CD), or faxed/emailed directly to the requesting physician.
- The recipient then pulls up www.pockethealth.com/VIEW on their website browser, enters the patient's date of birth and the security code on the Access Page, and then gets immediate access to images in full diagnostic quality.

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Phase 2: Patient Sharing

Target Launch **Q4 2024/2025**

Secure Digital Image Release to Patients

- Patients request access to their images by enrolling to PocketHealth at www.pockethealth.com/TBRHSC
- Once signed up, patients can access, store, and share their entire imaging history with any care provider or loved one.
- Patients contact PocketHealth directly for support.

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What is our role in supporting the PocketHealth Project?

- Encourage patients to access their medical images online through PocketHealth.
- Provide PocketHealth handouts and encourage patients to go to pockethealth.com/TBRHSC to learn more.
- Share the benefits of PocketHealth with patients and providers, such as:
    - ○ Accessing images anywhere, on any device.
    - ○ Sharing images online in full diagnostic quality with a loved one or doctor.
    - ○ Permanently store images with bank-level security.
- Requests for patient records and reports will continue to be facilitated by request to the Health Records department.

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Regional Partner Expansion

Overview

Roll out Patient Sharing and Provider Sharing to the Regional Partners starting in Q1 2025.

Regional Partners

- St. Joseph's Care Group
- North of Superior Healthcare Group
- Riverside Health Care
- Atikokan General Hospital
- Dryden Regional Health Centre
- Geraldton District Hospital
- Santé Manitouwadge Health
- Nipigon District Memorial Hospital
- Red Lake Margaret Cochenour Memorial Hospital
- Sioux Lookout Meno Ya Win Health Centre

Kick Off will be in **Q1 2025**

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Andgo Smartcall and Shift Prebooking Application

Dawna Maria Perry, *Senior Director, Nursing, Academics and Practice Excellence*

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Why change now?

PROCESSES

Manual, repetitive, paper based

Staff Feedback

Employee survey, union feedback

UKG Dimensions

Allows us to expand our functionality

Reasons for Action

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Andgo

- Andgo consists of **Smart Call** and Shift **Pre-booking** components that will replace current systems and paper-based processes including an automated shift callout functionality.

- **Smart Call:** online short-term shift callout functionality (shifts 0-7 days)

- **Pre-booking:** online long-term shift callout functionality (shifts 8 days to 8 weeks)

What is not changing

- All staff will continue to be selected following all current collective agreement (CA) language.
- The final selection of successful “bidder” will still be managed by the staffing clerk per CA language and TBRHSC policy.

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Access and Roll Out

- Information and updates will be provided through managers, Info-bursts, intranet, Daily Informed, roaming info carts, and drop in information sessions.
- Access to system prior to go live to set notification preference.
- Job Aids, videos, how tos, and other training materials on the Staffing Office Intranet page

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Next Steps

System Testing

Testing and validation of call lists, and system functionality

Training/Information Sessions/Roll Out

Staffing Office Clerk Training.

Information, tools and info sessions for end users

Call List Configuration

Configuration of call lists in UKG as per collective agreement language.

Communication

Informing stakeholders including union partners, leaders, and end users.

Go-Live

Phased in approach with a pilot unit(s) prior to launching to all areas.

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Mental Health and Addictions Assessment and Observation Area

Chad Johnson, *Director Trauma, Prehospital Programs, Emergency, Critical Care, Respiratory and Nurse Led Outreach Team*

Crystal Edwards, *Director, Women & Children's and Adult and Forensic Mental Health Programs*

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Enhancing the Patient Experience for Mental Health and Addictions Related Care

- Strategic Plan 2026
- Three capital project submissions:
  1. ED Triage Renovation – *own funds project*
  2. Emergency Department Mental Health & Addictions Assessment and Observation Area – *announced Monday, December 9, 2024 (pre-capital submission phase with the Ministry of Health)*
  3. Psychiatric Intensive Care Unit (PICU) bed expansion

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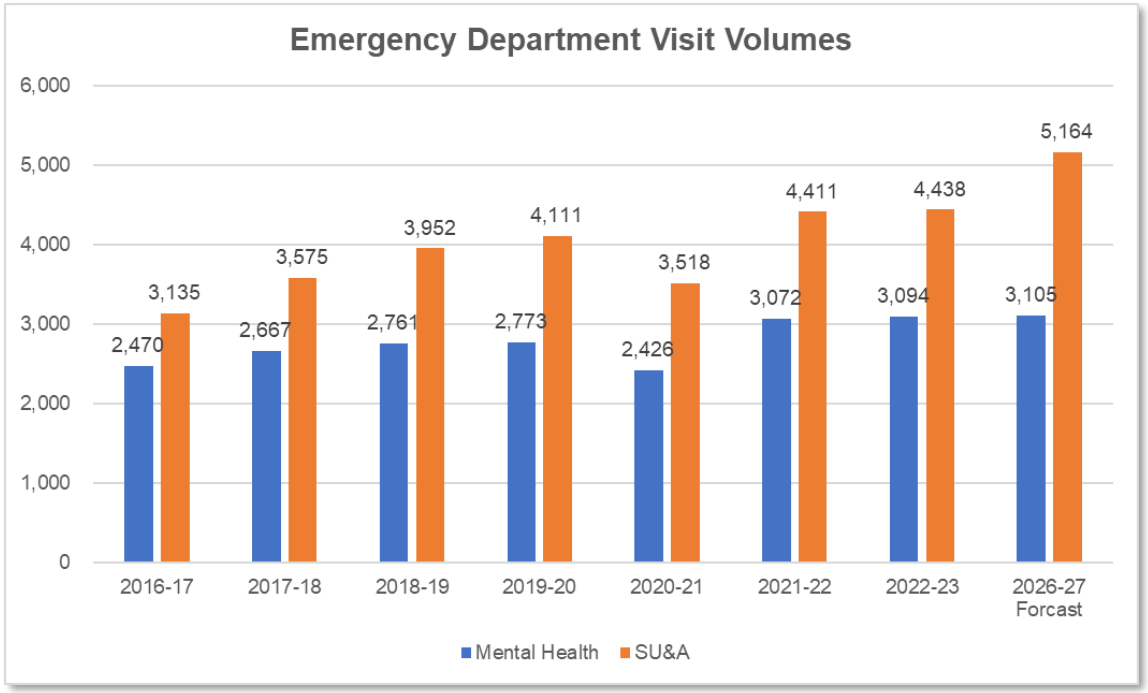
Current State

- In 2022/23 there were 95,982 visits to the ED



- Care spaces for people with an acute mental health needs:
  - De-escalation room x 1
  - Monitored interview rooms x 2
  - Monitored and secure rooms x 2
  - Hallway spaces with security supervision
- Lack of:
  - Privacy
  - Specialized resources
  - Calming atmosphere
  - Care spaces

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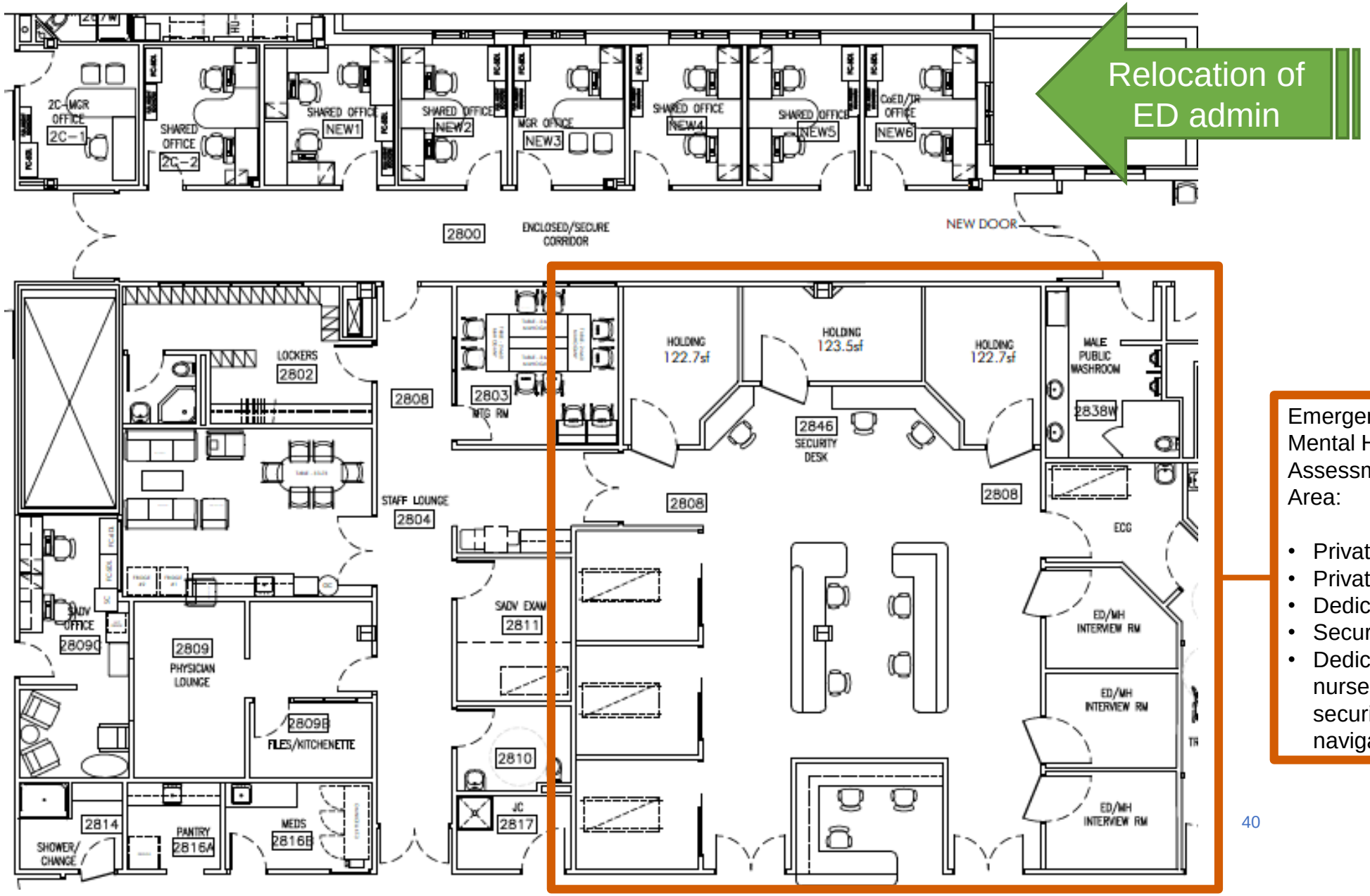
Future State

- Emergency Mental Health and Addictions Assessment and Observation Area (EMHAAOA) is designed to provide a safe, private, and comforting space for patients.

- This redesign of space within the Emergency Department (ED) will allow for appropriate, confidential and safe, initial nursing and physician assessment, care plan development, and disposition decision making.

- The EMHAAOA will be in operation 24 hours per day, 7 days per week for all ages who present to the Hospital's ED primarily for mental health, substance use disorder or addictions-related needs.

EMHAAOA Preliminary Drawing



Emergency Department Mental Health & Addictions Assessment and Observation Area:

- Private care spaces x 9
- Private access from triage
- Dedicated team station
- Secure
- Dedicated resources (ED nurse, Mental Health nurse, security, peer support, navigation)

Next Steps

- Issue RFP for consulting services in January 2025 to begin the design process.
- Working group collaboration for conceptual layout.
- Wait for the Ministry of Health to provide approval to proceed with next stages.

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Questions?

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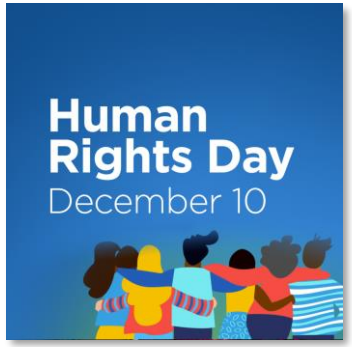
Closing Remarks



National Physician Assistant Day (November 27)

Emergency Department supports Holiday Hamper Program

AMH staff reaffirm commitment to reducing stigma

Unveiling of the new staff lounge