

Thunder Bay Regional Health Sciences Centre



# Welcome and Introduction

Jennifer Wintermans, *Vice President, Clinical Services, Quality and Corporate Affairs*



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# Agenda for June 11, 2025

- ▶ **Welcome and Introduction** – *Jennifer Wintermans*
- ▶ **Patient Experience Video** – *Jennifer Wintermans*
- ▶ **SP2026 Year Three Progress Report** – *Jessica Logozzo*
- ▶ **Year Three Successes**
  - ▶ *Equity, Diversity, and Inclusion* – *Rae-Anne Robinson*
  - ▶ *Patient Experience* – *Dr. Vahid Akbari*
  - ▶ *Staff Experience* – *Rose Lazinski*
  - ▶ *Research, Innovation, and Learning* – *Daniel Horne*
  - ▶ *Sustainable Future* – *Dawna Maria Perry*
- ▶ **Future: Year Four and Your Feedback** – *Jessica Logozzo*
- ▶ **Closing Remarks** – *Jennifer Wintermans*



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# Strategic Plan 2026: Patient Experience Video



<https://youtu.be/KZTQAIVHou0>



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# SP2026 Year Three Progress Report

**Jessica Logozzo**, *Vice President, Strategy and Regional Transformation*



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# Year Three: Overall Progress and Status Report

SP2026 Direction / Enabler	Initiative Status				
	Total	On Track	Slightly Behind	Significantly Behind	Complete
Equity Diversity & Inclusion	7	4			3
Patient Experience	5	3			2
Staff Experience	7	6			1
Research, Innovation & Learning	3	2			1
Sustainable Future	4	4			
<b>Total</b>	<b>26</b>	<b>19</b>	<b>0</b>	<b>0</b>	<b>7</b>



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# Year Three: Equity, Diversity, & Inclusion

## *Equity, Diversity & Inclusion Framework*

Rae-Anne Robinson, *Equity, Diversity, & Inclusion Coordinator*



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# Year Three Success: Equity, Diversity & Inclusion Framework

- Conducted two **EDI retreats** - Gap Analysis session (June 2024) and EDI framework development session (February 2025).
- Findings from Gap Analysis used to inform **EDI Framework development**.
- Applied **Co-design approach** to the development of the EDI framework.
- Collated results, developed, and validated TBRHSC EDI Framework.



## Additional initiatives to celebrate:

- Launched *Repairing the Sacred Circle*, which provided **cultural awareness training** for 400 leaders and staff, as well as embedded this into our Hospitals mandatory new hire orientation.
- Secured vendor and prepared for **EDI physical space and environment review**; physical walk-through completed in April 2025, and final report to be completed in June 2025.
- Developed **EDI Toolkit** concept and established Committee to develop required content.
- Launched **Indigenous Recruitment & Retention** initiative. Secured deeper insights into current state and needs for Indigenous Recruitment and Education via focus groups of internal and external partners.



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# Year Three: Patient Experience

## *Heart Failure Clinic*

**Dr. Vahid Akbari**, *Cardiologist & Heart Failure Clinic Program Lead*



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# Year Three Success: Heart Failure Clinic

- Heart Failure Team & Outpatient Clinic operationalized a **Heart Failure team** that connects patients who present to the hospital with Heart Failure to an outpatient Heart Failure clinic to optimize treatment and reduce risk of return to hospital.
  - 253 Referrals in 2024-25
- Current State:**
- NP Appointment within 1 week post hospital visit.
  - MD appointment 2-4 weeks from discharge.

	Baseline	2024-25
Admission Rate %	62.5%	52.9%
30-day readmission %	18%	13.7%

- Additional initiatives to celebrate:**
- Continued **development and implementation of co-design**, including micro co-design framework grounded in Patient and Family Centred Care.
  - Hiring **Geriatric Emergency Management (GEM) Nurses** who are specially trained to deliver frailty-focused healthcare services to older adults in Emergency Department.
  - Expanded **Quality Huddles** to 58 departments. Hosted **Quality Huddle Excellence Awards** which recognized 11 teams for their contributions to safety, staff experience, teamwork, and collaboration.



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# Year Three: Staff Experience

## *Staff Wellness*

**Rose Lazinski**, *Manager, Occupational Health and Safety*



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# Year Three Success: Staff Wellness

- Opened and celebrated **Third-Floor Staff Lounge**, a quiet comfortable space for staff to relax, recharge, and connect with colleagues.
- **New Wellness Room launched (Room 1007)**: A calming space for physical and mental well-being – featuring a massage chair, relaxation activities, support for breastfeeding mothers, and a safe space to decompress, stretch, or meditate. ~90 users/month.
- 1700+ staff participated in **‘Your Health Space’ Wellness Huddles**, led by the Canadian Mental Health Association with a focus on psychological health and safety in the health care setting.

*“this is just what we needed – thank you”; “great relatable topics”;  
“this was a good use of time and would share the information with a colleague”*



## Additional initiatives to celebrate:

- Launched **Leadership Development** programs, implemented **UKG Pro and Andgo** to enhance scheduling, and initiated **Just Culture** with a best practices review and guiding framework.
- **Interprofessional Collaboration Steering Committee** co-designed engagement sessions on best practices with leadership, patient family advisors, staff and professional staff.



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# Year Three: Research, Innovation, & Learning

## *Learning Culture*

**Daniel Horne**, Manager, Clinical Research Services



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# Year Three Success: Research and Learning Culture

- To support a **Research and Learning Culture**, Professional Practice & Learning and Clinical Research Services have partnered to mentor and support new staff researchers in growing their research capacity.
- Developing a research project from concept through to publication.
- The project focuses on enhancing nurses' perceived competence in caring for patients who use substances and are suspected of experiencing an opioid overdose using virtual reality simulation.



## Additional initiatives to celebrate:

- **Established “Hello Innovation” initiative** to highlight examples of outstanding innovation and to promote a culture of innovative thinking by all staff. Completed 3 events in FY24/25 and showcased 24 unique innovations.



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# Year Three: Sustainable Future

*Clinical Services Plan – Academic and Care Mandates  
Electronic Health Record Renewal*

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



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# Year Three Success: Academic and Care Mandate

- Completed volume forecasts for **Clinical Services Plan**, with results used to inform short to medium term planning.
- Developed mandates for **Hospital Care and Academics**.
- Conducted significant multi-phase engagement process to secure feedback and support; including internal and external partners.
- Mandates will provide guidelines to inform decisions and priorities for Academics and Hospital Care in areas such as expansion and growth in the long term.



## Additional initiatives to celebrate:

### Partnerships & System Integration

- Advanced regional work in collectively prioritized areas: **Digital, Health Human Resources, Pharmacy and Laboratory**.
- Evolved Health Human Resources Task Force to system-level scope and secured \$900k in funding to support **Northern Health Human Resources strategies**.
- Continued work with Confederation College in **preparation for Pharmacy Technician program**, as well as **Medical Laboratory Assistant/Technician** programming, which will include clinical placement strategy within the region.



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# Year Three Success: Electronic Health Record Program

## Digital Health

- **Planning and preparation** to prepare for the official Program Kickoff and subsequent phases of the Program.
- **Recruitment and training of program team** has occurred and continues to occur.
- A comprehensive **change management strategy** is underway to support staff through this transition as we move through this digital transformation together.
- Official kick off of Phase 1 of the Program occurred in April alongside the launch of new Program name: Bridge Northwest.

*Transitioning to Meditech Expanse is a major step forward in strengthening our healthcare system. From our frontline staff to the patients receiving care, the benefits will be felt at every level.*

- prevent medical errors
- improve clinical decision-making
- ensure timely interventions for patients
  - enable better data accuracy
- improved communication between providers
  - streamlined workflows
- serve as a foundation for future innovations in healthcare



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# Future: Years 4-5 and Your Feedback

**Jessica Logozzo**, *Vice President, Strategy and Regional Transformation*



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# Cascading and Monitoring Our Plan: Ensuring Accountability, Alignment and Focus



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# Summary of SP2026 Refinements Based on Year Three Review

- ▶ No major changes in SP2026 directions or enablers.
- ▶ Some minor adjustments proposed for initiative timelines and scope.
- ▶ Some adjustments to strategic and operational indicators and/or targets.
- ▶ Enhanced communications/engagement, as requested from community session/other:
  - ▶ Continue to publish annual Truth and Reconciliation report to community.
  - ▶ Continue with communication and information sharing mechanisms re: SP2026.
  - ▶ Advance partnerships with academic institutions, regional hospitals, Indigenous organizations and communities – suggested focus on HHR.
  - ▶ Continue/enhance prioritization efforts.

	2022/23				2023/24				2024/25				2025/26				2026/27				2027/28			
Strategic Directions / Enablers & Projects	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Equity, Diversity & Inclusion (EDI)																								
EDI Steering Committee Development					Complete																			
Truth & Reconciliation Call to Action Principles					Complete																			
EDI Policy & Procedure Review & Adjustment					Complete																			
Cultural Safety Training for Staff																								
EDI Physical Environment Review																								
EDI Experience Sharing to Build Understanding & Respect																								
Indigenous Recruitment, Education Support & Related Strategies																								
Patient Experience																								
Evolve Patient & Family Centred Care Using Co-Design																								
Focus on Quality																								
Seamless Transitions - Assess & Improve																								
Support Improved Coordination & Support for Frequent Users																								
Implement Substance Use and Addictions Strategies																								
Staff Experience																								
Organizational Workplace Violence Prevention																								
Implement Strategies to Support a Safe & Just Culture																								
Implement Healthy Workplace Strategies																								
Staffing, Vacancy Reporting & Recruitment																								
Design & Implement Interprofessional Collaborative Strategy <i>Model of Practice</i>																								
Value Based Recruitment																								
Enhance Leadership Development																								
Research, Innovation & Learning																								
Research Prioritization & Operationalization																								
Researcher Staffing & Recruitment																								
Establish a Culture to Support Learning & Professional Development																								
Sustainability																								
Digital Health - Shared Vision, Electronic Health Record, and Ongoing Development																								
Build and Enhance Regional Partnerships																								
Develop Clinical Services Plan to Project Future Service Demand and Required Capacities																								
Develop Framework and Strategies to Support Sustainability & Accountability																								



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# Strategic Indicators – Year Three Performance to 2024/25 Q4\*

- ☒ Exceeding target for the number of patients that self-identify as Indigenous.
- ☒ Exceeding target for the number of staff that have participated in “Repairing the Sacred Circle” an Indigenous Cultural Awareness and Education Primer.
- ☐ Wake the Giant training continues to increase towards current target. High compliance has been met for Leaders and Management staff.
- ☒ Exceeding target for overall positive experience ratings for Inpatient & Emergency Department patients.
- ☐ Results for repeat emergency department visits for heart failure through quarter 4 have fluctuated and remain below target.

- ☒ Exceeding target for reduction of patient harm.
- ☐ Evaluation of data source, and target for staff experience is in progress.
- ☒ Exceeding target for number of investigator-initiated research studies informed by Northwestern Ontario population needs.
- ☒ Exceeding target for number of participants enrolled in a clinical trial in 2024/25.
- ☒ Improved and now better than stretch target for percent operating gross margin.
- ☒ Exceeding target for the proportion of patients aligned with regional programs/services.

At or better than target

Slightly below target

Considerably below target



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\*some results are preliminary and will be finalized and reported to Board at Fall meeting.

# Annual Accountability Process

## *Next Steps*

- June 12 – Staff Appreciation BBQ
- June 19 – Annual Community Partner Session



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# Your Feedback!



<https://www.surveymonkey.com/r/SP2026Year3>



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# Closing Remarks

**Jennifer Wintermans**, *Vice President, Clinical Services, Quality and Corporate Affairs*



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# Staff Appreciation BBQ

**Thursday,  
June 12, 2025**

11:00 a.m. - 2:00 p.m.  
Cafeteria Courtyard

**TOMORROW in the Cafeteria Courtyard!**

You're invited to join us for food, free giveaways, and camaraderie as we celebrate the work that has been accomplished in the third year of our Strategic Plan 2026.



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