



shaping  
our future  
healthy  
together

# Strategic Plan 2015

Thunder Bay Regional Health Sciences Centre



Our Vision:  
healthy  
together

Our Mission:

To advance world-class Patient and Family Centred Care in an academic, research-based, acute care environment.

Values:



Value Definitions:

**Patients First**

We are respectful of and responsive to the needs and values of our patients and families. Patient values guide all decisions.

**Accountability**

We are responsible to each other to advance quality, safety and Patient and Family Centred Care as measured against principles of best practice and within an ethical framework. We are accountable for delivering services that are fiscally responsible.

**Respect**

We honour the uniqueness of each individual.

**Excellence**

We are recognized leaders in Patient and Family Centred Care through the alignment of Academics and Research with Clinical Services.

# Our Strategic Plan

## Shaping Our Future, Healthy Together

We know that the choices we make today define our future. As a dynamic organization, Thunder Bay Regional Health Sciences Centre is adapting to the healthcare needs of our population.

As we moved through each phase in the preparation of our Strategic Plan, we talked with a lot of people and asked a lot of questions. We engaged our staff, community and partners. We shared population health information, and built consensus towards our new Vision: Healthy Together.

Our Mission, to be a leader in healthcare, means that the fulfillment of our Academic and Research mandates, in alignment with our Clinical Services, is essential. By following our Strategic Plan we will achieve our goals.

The TBRHSC Plan was created by hundreds of people representing five partners in health: health professionals, health managers, policy makers, academic institutions and communities. These groups met independently, as well as together, to agree on what is most important for everyone regarding healthcare. Together, we determined how we can deliver the best care for our patients.

The Values that drive TBRHSC have been carefully chosen. They are embedded in our Patient and Family Centred Model of Care and integrated into our culture. Our new values are: Patients first, accountability, respect and excellence.

The TBRHSC Strategic Plan has identified four key directions: Aboriginal Health, Chronic Disease Prevention and Management, Comprehensive Clinical Services, and Mental Health and Addictions. Through consensus, the goals and milestones are key accountabilities.

This document is a collaborative effort. We are committed to each other, to lead, to listen and to change. In shaping our future, we will become Healthy Together.

**Angèle Brunelle**

Chair of the Board,  
Thunder Bay Regional  
Health Sciences Centre

**Andrée G. Robichaud**

President and CEO,  
Thunder Bay Regional  
Health Sciences Centre

# Engagement and the Strategic Planning Process

## Engagement

Engagement is a process of collaboration and decision making. It goes beyond surveys and consultations. Engagement values the rights of everyone to have a voice in decisions that affect them and enables transparency and accountability. Thunder Bay Regional Health Sciences Centre's (TBRHSC) model of engagement is based on Dr. Charles Boelen's "5 Partners in Health" model. This model invites policy makers, health professionals, health managers, communities and academic institutions to come together to have critical conversations and make decisions. Consensus building among partners during these conversations allows for differing viewpoints and experiences to influence group choices. Decisions made with full engagement allow for a smooth transition to implementation.



Boelen C. "Building a Socially Accountable Health Professions School: Towards Unity for Health" Education for Health, 2004;17(2),223-231

The Strategic Planning process allowed TBRHSC to develop its engagement strategy for this initiative and beyond. Bringing the 5 Partners together for strategic planning required both internal and external approaches. Internally, three groups were formed, not only to provide input into this process, but also to provide advice on an ongoing basis through dialogue with the Senior Management Team. The first internal engagement group involves physicians and the Board of Directors. The second internal engagement group includes directors, managers, supervisors and coordinators. Finally, the third group, new to TBRHSC, represents "Internal Leaders", and is comprised of 60 staff, volunteers, and Patient and Family Advisors. Internal Leaders were chosen for a two-year appointment through an application process. During the Strategic Planning process, these groups represented Health Professionals and Health Managers.

Policy makers, academics, and health managers from other organizations were specifically identified and invited to join in the planning and engagement process.

It was also vital to include individuals from the community with no formal affiliation to a partner organization. These individuals, in addition to the Patient and Family Advisors of TBRHSC provided a consumer's perspective at the tables. A media campaign was launched locally and regionally in newspapers and on radio asking for community members to apply to be one of 50 selected participants.

## Strategic Planning Process

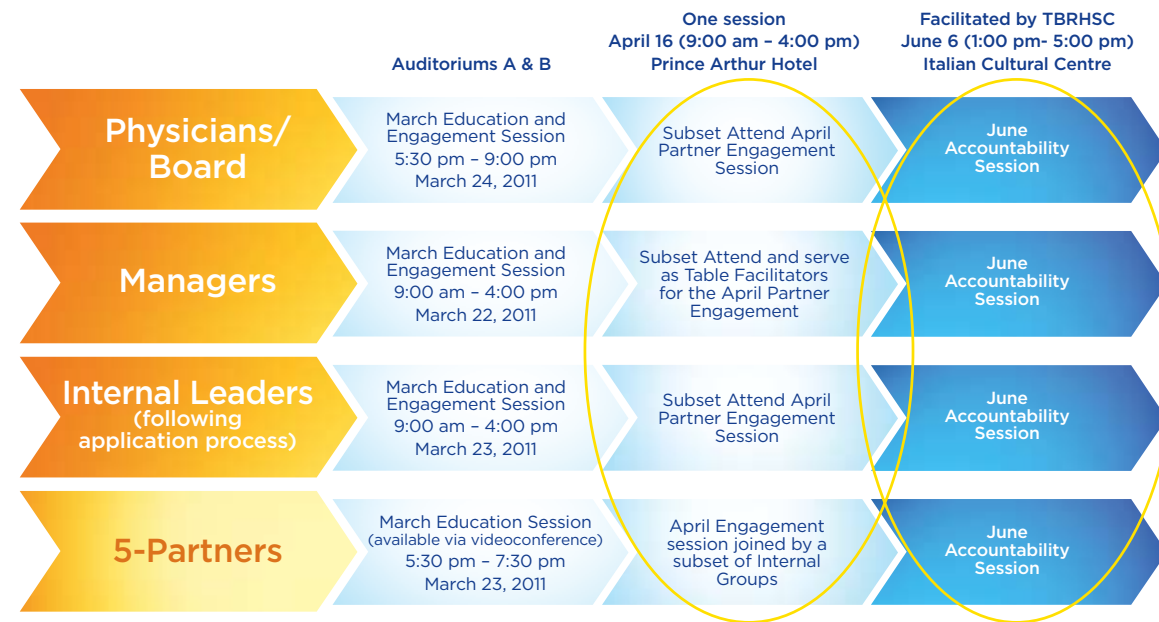
In December of 2010, Thunder Bay Regional Health Sciences Centre embarked on a new Strategic Planning process anchored in engagement. This new Strategic Plan provides guidance to TBRHSC as an emerging academic health sciences centre through 2015. The new initiatives will bring renewed energy to all of our healthcare stakeholders including our patients and families.

This four phase process began with establishing the context, then moved to engagement, followed by the development of the plan. The next phase involves implementation and a clear strategy for performance, execution and management of the Strategic Plan.

Phase 1	Phase 2	Phase 3	Phase 4
Establish the Context Dec. 2010 - Feb. 2011	Engagement Feb. 2011 - June 2011	Plan Development May 2011 - June 2011	Implementation June 2011 - Nov. 2011
Current State Analysis	Engagement of 5 Partners, Board/Physicians, Managers and Internal Leaders	Working Group formed for each Strategic Direction	Translating Strategy into Action
Identify Strategic Directions	Review, Refine and Confirm Strategic Directions	Develop Goals, Activities and Milestones for each Strategic Direction	Translating to the Next Level
Board Approval of Mission and Vision	Renew Values	Work Plan Development	Execution, Performance Management

## Strategic Planning Process

### Timelines – Key Relationships



In Phase 1, a Strategic Planning Steering Committee was formed to oversee the process and guide the development of the Strategic Plan. The Steering Committee is representative of the 5 Partners in Healthcare and is rounded out with senior leaders from within TBRHSC.

On February 12, 2011, the Steering Committee met with the Board of Directors of TBRHSC for a comprehensive review of environmental scan information that included:

- Health Systems Critical Success Factors
- Academic and Research Perspectives
- Federal Perspective – Health Accord
- Provincial Perspective – Ontario Strategic Plan
- Regional Perspective – LHIN Integrated Health Services Plan

The Board then developed a new Vision Statement, confirmed TBRHSC's Mission Statement, and agreed to an engagement process for the development of the Values. Based on this common understanding, four strategic directions were drafted for discussion and debate with the 5 Partners.

Phase 2 and 3 of the process focused on engagement and plan development. The key component was ensuring that stakeholders from the 5 Partner groups had an opportunity to provide input into the development of the Strategic Plan.

Engagement sessions were held with each of the internal groups and members of each session were included in the 5 Partners Engagement Session, where 140 people from the 5 Partners were brought together to talk about the future of TBHRSC. Two additional sessions including Community Groups and Industry Representatives were held.

Over 400 people were engaged in the development of the Strategic Plan 2015.

## Strategic Planning Process

Based on the feedback from the six engagement sessions, the Steering Committee and the Senior Management Team of TBHRSC developed draft Strategic Direction statements and goals. Four working groups were formed to support each of the Strategic Directions. These working groups included interested participants from the 5 Partners and were led by members of the Steering Committee. The draft statements and goals from the Steering Committee were given to the Strategic Direction Working Groups for feedback, reworking and milestone development.

All participants were invited to attend a final Accountability Session on June 6, 2011, where the draft Strategic Directions, goals and milestones were presented for final discussion and feedback.

As we move forward with our Strategic Planning Process, the working groups are determining activities to support each goal to ensure success. These activities will be developed by the end of June and will be presented over the summer. Once the activities are finalized, the support plans from Communications & Engagement, Finance, Human Resources and Information Technology will be developed with the 5 Partners.

Phase 4 of Strategic Planning will bring us into implementation, where we will be translating our strategy into action. The newly developed Office of Strategy Management will be facilitating project teams that will work at the activities level to help us achieve our goals, milestones and ultimately our Strategic Directions. Each program, department and/or service at TBRHSC will also be developing their work plans to support the overall Strategic Plan.

### Implementation



“We have to work with each other, find common areas of concern, and with that, we will find more efficiencies.”

**Lori Livingston**  
Dean, Faculty of Health and Behavioural Sciences,  
Lakehead University

## Patient and Family Centred Care

The provision of care that is respectful of, and responsive to, individual patient/family preferences, needs and values, and ensures that patient values guide all clinical decisions.

Adapted from the Institute Of Medicine

Patient and Family Centred Care (PFCC) takes us on a journey with a richer appreciation of what it takes to do our work in collaborative partnership with patients, families, all staff and clinicians, across all disciplines and departments. It is a Model of Care that advances, promotes and expects interprofessional team approaches in practice, education and research. It is the foundation upon which our Strategic Plan is built.

### Core Concepts of PFCC

#### **Dignity and Respect:**

People are treated with dignity and respect.

#### **Information Sharing:**

Healthcare providers communicate and share complete and unbiased information with patients and families in ways that support them and are useful.

#### **Participation:**

Patients and families build on their strengths by participating in experiences that enhance control and independence.

#### **Collaboration:**

Among patients, family members and providers collaboration occurs in policy and program development, professional education and delivery of care.

(adapted from the Institute for Patient and Family Centred Care)

### Patient and Family Centred Care is:

- a change from serving patients to partnering with patients
- working with patients and families, rather than doing things to or for them
- a change in organizational culture, in how we define our work, and how we practice together

Patient and Family Centred Care is the framework for creating partnerships, enhancing quality, safety, satisfaction, efficiency and creating an effective learning environment for all healthcare professionals at Thunder Bay Regional Health Sciences Centre. PFCC supports and encourages patients and families to be essential members of the healthcare team across the continuum of care.

The patient's and family's experience is the driver for safety and quality improvement. All Strategic Directions, Goals and Milestones in the 2015 Strategic Plan are reflective of this Model of Care. Patients and Families have not only been involved in the development of this Plan, they will figure prominently in its successful implementation.

“It is a transparent process that holds the providers of care accountable.”

**Keith Taylor**  
Patient and Family Advisor, TBRHSC

# TORQ Update – The Last 5 Years

In 2005, Thunder Bay Regional Health Sciences Centre began a five-year journey, “To earn a national reputation as a leading academic health sciences centre by providing communities in Northwestern Ontario with excellence in healthcare delivery, education and research”. In order to achieve this Vision, the plan focused on four key priorities to drive optimal patient care and transform our good community hospital into a great academic health sciences centre. These priorities were Teaching and Research, Organizational Transformation, Regional Service Integration and Quality Patient Care - TORQ.

As we move ahead with a new Strategic Plan for 2015, it is important to reflect on and celebrate our accomplishments under TORQ.

## Teaching and Research

### Teaching

#### Key Objective

Educate and train future physicians and other healthcare professionals in an environment that appreciates and supports the necessary mentorship and tools to optimize the learning experience with appropriate funding from the Ministry Of Health and Long-Term Care (MOHLTC).

#### Key Results

- Completed capital project related to Northern Ontario School of Medicine (NOSM) learner and academic infrastructure
- Established Medical Clinical Teaching Unit with NOSM using an inter-professional curriculum, integrated clinical learning aligned to Mission, Vision, Values and Patient and Family Centred Environment
- Supported the development of the Northern Ontario Dietetic Internship Program
- Initiated establishment of Family Health Team

### Research

#### Key Objective

Generate \$15 million in annual research grant funding and achieve 7% annual patient accrual to clinical trials in priority program areas.

#### Key Results

- Created Thunder Bay Regional Research Institute
- Retrofitted the former Cancer Centre to a research facility
- Attracted \$51 million in seed funding to support research operations and capital investments
- Recruited 30 staff and associate research positions
- Accrued 100 patients to clinical trials including first “Phase 1” clinical trial
- Worked with partners to attract and develop innovation industry opportunities and establish investment/commercialization

## TORQ Update – The Last 5 Years

### Organizational Transformation

#### Key Objective

Achieve physician and employee satisfaction rating that exceeds the Ontario hospital average – 70% of staff and physicians believe TBRHSC is a great place to work.

#### Key Results

- On a sum of the excellent, very good and good responses:
  - Employees = 72.8%
  - Physician = 61.3%
- Implemented various strategies including Leadership Development, Reward and Recognition, Employee Wellness and Patient & Family Centred Care.

### Regional Service Integration

#### Key Objective

Strengthen our regionally integrated care model with clearly defined roles and expectations and therefore, never turn away a regional patient.

#### Key Results

- “Open to the Region” – philosophy adopted
- Shared services established in administrative areas including promotion of eHealth and OntarioBuys
- Expanded regional clinical service delivery in cancer, cardiovascular, emergency/critical care, mental health, women’s & children’s, medicine, surgery and diagnostics

### Quality Patient Care

#### Key Objective

1. Establish clinical program priorities with corresponding services.
2. Improve wait times and outcomes for benchmark procedures in priority programs.
3. Provide care within a benchmark Length Of Stay (LOS).
4. To advance the practice of Patient and Family Centred Care.

#### Key Results

- New services in clinical program priority areas established including Stand-Alone Angioplasty, Regional Bariatric Care Centre, and Home Hemodialysis Program
- Improved wait times in many targeted areas
- LOS continues to be a challenge, particularly given Alternate Level of Care patients
- Increased partnership with other organizations focused on Patient Flow
- Implemented corporate priorities of “Engagement”, “Name - Occupation - Do (NOD)” and “Listen”
- Partnered with patients and families to work on our teams, task forces and organizational processes
- In patient satisfaction, TBRHSC exceeded Teaching Hospital Average in all dimensions and overall ratings, showing an average improvement of 12% range with all dimension components over the 12 months since implementation.

The key results of TORQ demonstrate significant achievement and provide a starting point for the Strategic Plan 2015.

# Environmental Scan Highlights

In 2010, the North West Local Health Integration Network (NWLHIN) completed a comprehensive Environmental Scan of Northwestern Ontario. Thunder Bay Regional Health Sciences Centre used this information as a starting point for the Strategic Planning process.

The following information is extracted from the North West LHIN Environmental Scan 2010, and data from TBRHSC.

## Population Characteristic Highlights

- Census data shows that the North West region has 230,000 individuals which accounts for 2% of the province's population.
- 53% live in the City of Thunder Bay; 27% Kenora District; 11% Thunder Bay District (excluding Thunder Bay); 9% Rainy River District.
- NWLHIN is home to a third of the on-reserve Aboriginal population, a quarter of the off-reserve and just over half of all "Indian Reserves and Indian Settlements" in the province. Aboriginal people are estimated to represent 19.2% of the population in the NWLHIN.

## Population Health Status in the Northwest LHIN compared with the Province of Ontario

- Significantly lower percentage of residents perceive their health as excellent or very good.
- Residents have the highest rate of diabetes mortality of all 14 LHINs.
- Residents have significantly higher mortality rates for all circulatory system disease such as heart disease or stroke.
- Life expectancy is the lowest in the province.
- Mortality rates due to all external causes, and suicide specifically, are significantly higher.
- Higher rates for most chronic conditions including arthritis, high blood pressure, other heart disease, asthma and diabetes.

**We are sicker than the rest of the population in the Province.**

## Environmental Scan Highlights

### North West Population Health Practices

Significantly Higher Rates of:

- Smoking
- Second Hand Smoke
- Heavy Alcohol Consumption
- Obesity
- Student Substance Use

Significantly Lower Rates of:

- Fruit and vegetable consumption
- Access to a regular medical doctor
- Contact with medical doctor in the past 12 months
- Influenza immunization
- Student physical activity

**We have bad habits that contribute to us being sicker than the rest of the Province.**

### General Health Service Utilization

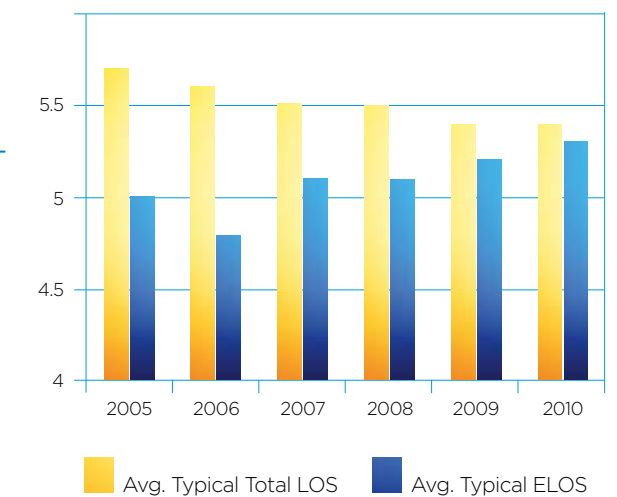
- Overall utilization rate for acute inpatient care for North West LHIN residents is the highest in the province per 10,000 age/gender standardized population.
- Overall hospital utilization rates for diabetes, hypertension, heart disease, stroke, Chronic Obstructive Lung Disease, asthma and arthritis are notably higher than provincial rates and the highest for diabetes and stroke.

**We are using in-patient hospital bed services to treat our diseases more than others in the Province.**

### Length of Stay (LOS) Do people stay too long in hospital?

- In the North West LHIN, the total inpatient LOS is 9% higher than expected.
- The majority of excess LOS is due to excess Alternate Level of Care (ALC) days.
- At TBRHSC, over the last five years, the actual average LOS has come down while our expected LOS has risen - closing the gap.
- At the same time the intensity of our cases has increased.

**We've become more efficient while managing more complex care.**



## Environmental Scan Highlights

### We do what we do efficiently – but do we do too much?

- We admit more than our peers in circulatory (heart, stroke), neoplasms (cancer), injury and poisonings, and respiratory (lung) areas.
- We readmit patients at a higher rate than our peers, particularly in the areas of chronic disease where there may be a lack of community alternatives.
- We admit many more patients across the North West for conditions that are considered manageable on an outpatient basis.
- We have many more one-day admissions that don't need to come in at all.

**We have opportunities to reduce hospital admissions if we find alternatives to serve patients (chronic disease in particular)**

### Emergency Department (ED) and Diagnostic Visits

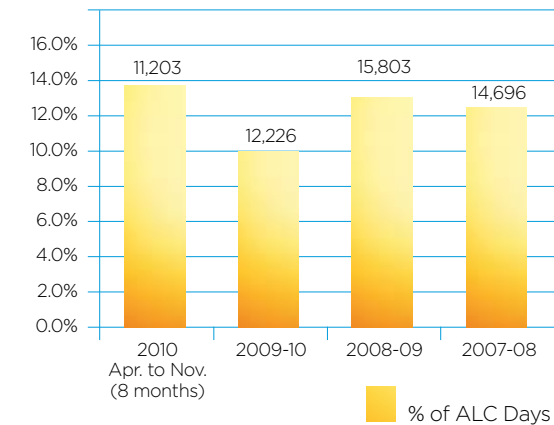
- Residents of the North West have the highest overall rate of utilization of ED visits per population 208/1,000 population vs. 96/1,000 provincially.
- ED visit rates for diabetes, depression, hypertension, ischemic heart disease, stroke, COPD, asthma and arthritis are notably higher than the provincial rates.
- TBRHSC is a leader in wait times for non-admitted ED visits.
- Improvement is required in the admitted wait time from ED to a bed.

**We are using our Emergency Department more than others in the Province which may be related to a lack of primary care access.**

### Alternate Level of Care (ALC)

- 27% of patients discharged from hospital were transferred to another facility or required home support; if service is not available, those patients become ALC.
- Two-thirds of ALC days are for patients going to long-term or chronic care beds.
- 11% of ALC days are from patients discharged home with support

% of Alternate Level of Care Days of Total Patient Days



**“Engagement is a brave move on the part of the Health Sciences Centre.”**

**Dr. S. Zaki Ahmed**  
Chief of Internal Medicine, TBRHSC

## Environmental Scan Highlights

### Mental Health and Addictions

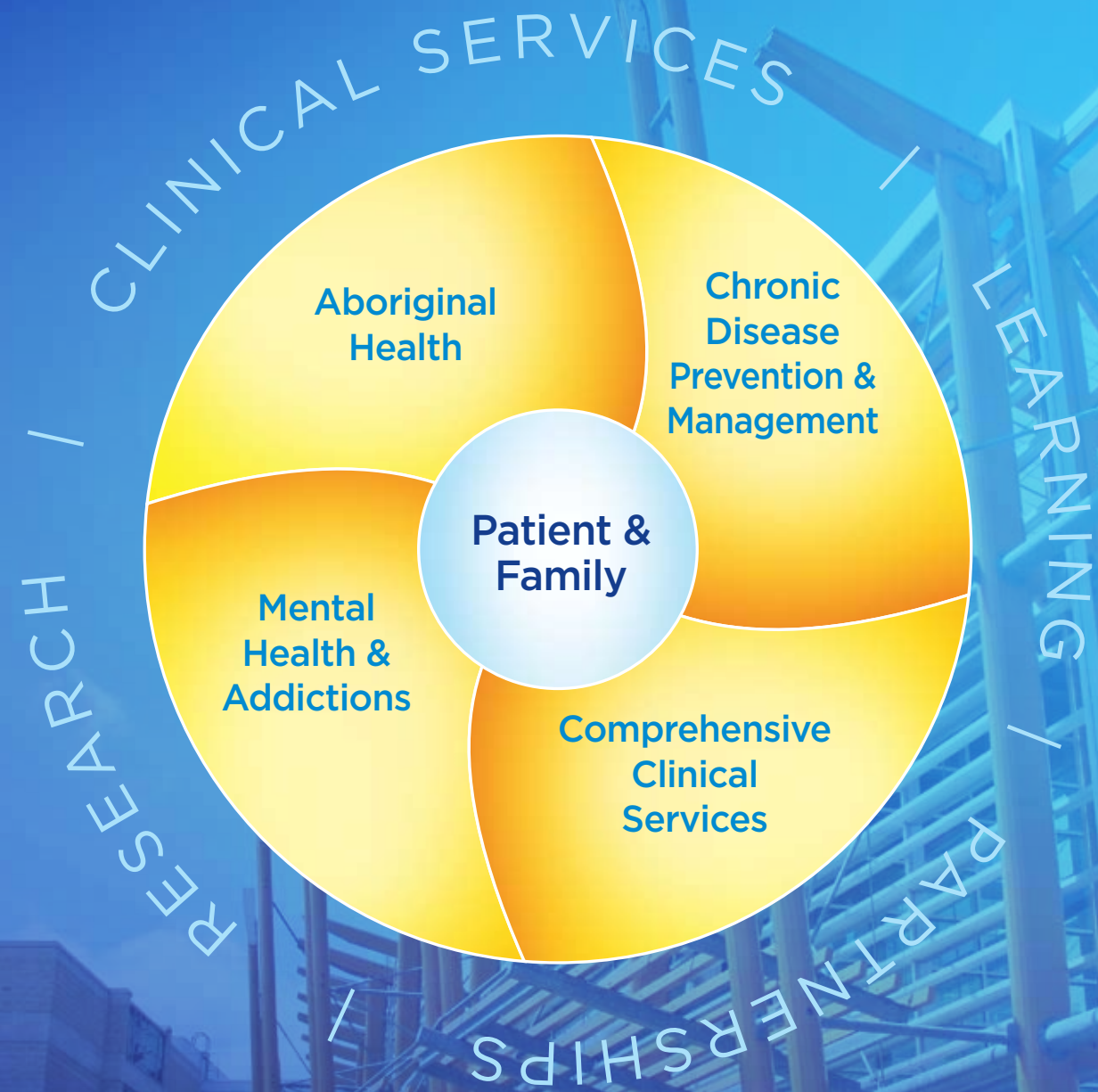
- Mental health and behavioural disorders account for 3.5% of ED visits.
- Larger proportion of visits (45%) for mental health and behavioural disorders were due to psychoactive substance use compared with 27% provincially.
- For inpatients, largest percentage is also due to substance use 38% vs. 23% provincially.
- Much larger proportion of North West residents admitted to adult mental health beds are Aboriginal, compared to all provincial admissions.
- 2,830 annual ED visits (avg. 8 per day) by people with these descriptions: alcohol, overdose, substance use, excluding people with other primary medical needs that may have addictions issues.
- 18.1% of new mothers report the use of a substance during pregnancy.

**The impact of mental health and addictions is hospital-wide.**

An analysis of this data helped us identify opportunities for organizational and system improvement that led to the identification of the four strategic directions. In our quest to understand this information and in discussing it with others, it became evident that to be successful, our strategies will require a partnership approach.

**“I think Thunder Bay Regional Health Sciences Centre is a dynamic organization. We need to change as the needs of our population changes.”**

**Nella Lawrence**  
Manager Program Planning & Switchboard, TBRHSC



## Strategic Directions

Through measured examination of the environment and health status of the residents of Northwestern Ontario, a review of our past successes and with broad partner engagement, Thunder Bay Regional Health Sciences Centre has developed our Strategic Plan 2015 that will lead to the achievement of our Vision: Healthy Together.

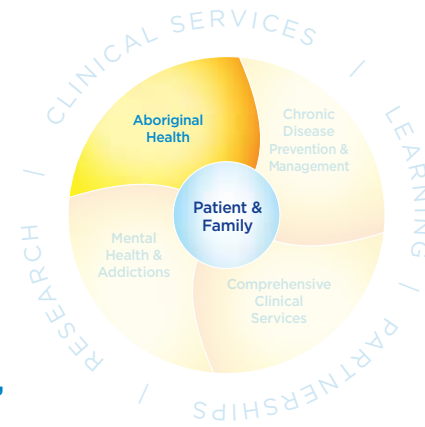
To achieve this Vision, we will need to focus on the needs of the population that we serve and to provide our services in new and innovative ways. With the patient and family at the centre of everything we do, we will focus our efforts on Aboriginal Health, Chronic Disease Prevention and Management, Comprehensive Clinical Services and Mental Health and Addictions. These Strategic Directions will enable us to serve patients and families at all stages of life from birth to the provision of senior friendly care.

As an Academic Health Sciences Centre, we understand that providing leading edge patient care comes from the integration of excellent Clinical Services, Learning and Research. All of this will be achieved through partnership and collaboration with the 5 Partners.

# Aboriginal Health

Our journey towards excellence in Aboriginal Healthcare delivery begins with improving our physical and cultural environments to reflect the expressed values, practices and traditions of Aboriginal communities.

Nanadewayewin. Healthy Together. Mamow-meno-ya-win.



## Goals and Activities:

Within Aboriginal Health, all activities will be reviewed during engagement session(s) to ensure we are appropriately meeting the cultural and health needs of our Aboriginal patients and families. As a result, Goal #1 will be completed prior to moving forward with other initiatives.



1. Create an engagement strategy with Aboriginal partners to begin the development of Aboriginal Health plans and initiatives for TBRHSC.
  - i. Connect and engage with Aboriginal Elders and Leaders to obtain feedback and support for the engagement process.
  - ii. Review and update the membership of the Aboriginal Advisory Council.
  - iii. Learn from centres of excellence in Aboriginal Health to determine best practices.
  - iv. Engage with Aboriginal partners and community members to develop an action plan to achieve our Strategic Direction.
2. Establish and develop cultural sensitivity and awareness at TBRHSC in order to better address the needs of Aboriginal patients and families.
  - i. Provide cultural awareness training to all members of the TBRHSC Team.
  - ii. Integrate Aboriginal staffing strategies into the Human and Physician Resource Plan.
  - iii. Establish a plan to integrate Aboriginal volunteers and Patient and Family Advisors into TBRHSC.
  - iv. Establish an Aboriginal Navigator service.
  - v. Enable Traditional Healing within TBRHSC.
3. Establish an environment at TBRHSC that is more welcoming to Aboriginal patients and families.
  - i. Develop facilities at TBRHSC that are culturally welcoming for patients and families.
  - ii. Feature Aboriginal artwork and stories throughout the facility.
  - iii. Provide culturally appropriate way finding within TBRHSC.
  - iv. Create a healing garden with the four sacred medicines.
  - v. Provide traditional foods for Aboriginal patients and in the cafeteria.
  - vi. Develop a proposal to integrate a sweat lodge into the facility.

4. Develop and implement a strategy for research and education that focuses on Aboriginal Health.
  - i. Support the development of a new Strategic Plan for TBRR that includes research into Aboriginal Health.
  - ii. Measure and identify target areas for improvement in Aboriginal patient satisfaction.
  - iii. Liaise with educational institutions and government to increase the number of education seats and placement opportunities for Aboriginal students.
  - iv. Develop partnerships with Aboriginal communities and other institutions in order to engage in appropriate research projects.
5. Throughout our journey, ensure that all of our strategic directions are sensitive to expressed Aboriginal values, practices and traditions.
  - i. Review by the Aboriginal Advisory Council of each of the strategic activities in Chronic Disease Prevention and Management, Comprehensive Clinical Services, and Mental Health and Addictions.

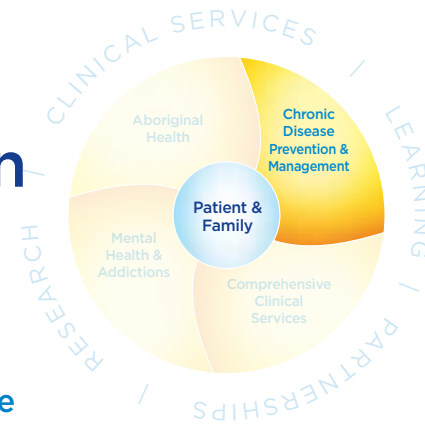


## Milestones:

1. TBRHSC is an employer of choice for Aboriginal People.
2. A community engagement network with Aboriginal partners actively monitors progress and drives change on an ongoing basis.
3. As a healthcare provider of choice, Aboriginal patient and family satisfaction is measured and improvement strategies are established.
4. The TBRHSC Team will indicate that they provide care to Aboriginal patients and families in a culturally sensitive manner.
5. TBRHSC supports the use of traditional healing methods.

# Chronic Disease Prevention and Management

In collaboration with our partners, we will provide an evidence-based system-wide approach to Chronic Disease Prevention and Management that reduces the impact of disease.



## Goals and Activities:

1. Identify and develop partnerships with clearly defined roles to ensure continuity, patient safety and quality of care for people living with a chronic disease.
  - I. Create an expert panel of Chronic Disease Prevention and Management leaders from international jurisdictions and local/regional leadership.
  - II. Identify issues and gaps in services through a regional environmental scan and a complete inventory of services and partners.
  - III. Develop and begin implementing evidence based practice pathways for Chronic Disease Prevention and Management in Northwestern Ontario.
2. Adopt a collaborative framework for Chronic Disease Prevention and Management that will integrate best practices.
  - I. Review the allocation of resources at TBRHSC to enable the integration of Chronic Disease Prevention and Management.
  - II. Create and implement patient centred pathway(s) for Chronic Disease Prevention and Management in Northwestern Ontario.
  - III. Co-sponsor the Information Services Plan for a health system electronic medical record to enable the implementation and evaluation of patient centred pathways.
  - IV. Integrate technology to support regional Chronic Disease Prevention and Management.
  - V. Establish interprofessional teams, across organizations, to provide care in Chronic Disease Prevention and Management.
3. Educate and engage patients, families, community members and healthcare providers.
  - I. Identify and address the most common personal and health system barriers to self management at TBRHSC.
  - II. Adopt and promote 'Healthy Change', the regional patient self management program for patients and families.
  - III. Implement self management education programs for healthcare providers.
  - IV. Partner to expand secondary prevention including evidence based screening programs.
  - V. Screen emergency patients to determine if they have had a physical examination within the last year and if appropriate facilitate a connection with primary care providers.
  - VI. Partner to develop and implement an education program for patients and community members to promote healthy behaviours.
4. Conduct research through the Thunder Bay Regional Research Institute that will reduce the impact of chronic diseases.
  - I. Support the development of a new Strategic Plan for TBRI that includes research into Chronic Disease Prevention and Management.
  - II. Obtain funding to support infrastructure and salaries for scientists to conduct research in Chronic Disease Prevention and Management.
  - III. Collaborate with Lakehead University and other partners to conduct research related to the impact of chronic disease.
  - IV. Identify clinical trials opportunities in Chronic Disease Prevention and Management through the translational research program.
  - V. Create an Academic Health Sciences Centre culture of research and education by educating and supporting the TBRHSC Team.



## Milestones:

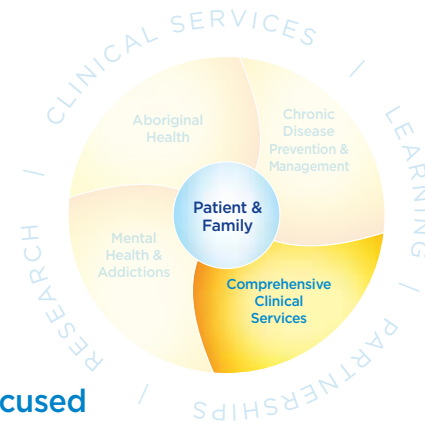
1. TBRHSC has implemented a patient centred pathway for Chronic Disease Prevention and Management.
2. A Chronic Disease Prevention and Management database exists that includes services, activities and outcomes.
3. TBRHSC has implemented a highly functional self management program that helps people to better manage their illness.
4. Thunder Bay Regional Research Institute's clinical research in Chronic Disease Prevention and Management is based on the needs of the population.

## Primary Care

Treatment a person receives upon first contact with the healthcare system

# Comprehensive Clinical Services

We will partner to deliver comprehensive secondary and tertiary services to provide evidence based care that is focused on quality and patient safety for the people of Northwestern Ontario.



## Goals and Activities:

1. Develop and deliver secondary and tertiary care based on evidence.
  - I. Develop and implement a cardiovascular service that includes:
    - a. Vascular surgery
    - b. Cardiac surgery
    - c. Interventional Radiology.
  - II. Develop and implement a plan for image guided intervention.
  - III. Align and implement a Master Service Plan to establish a full spectrum of Academic Health Sciences Centre services.
  - IV. Create an office of evidence based practice and pathway development.
2. Collaborate to deliver care in the most appropriate setting.
  - I. Review the allocation of resources at TBRHSC to ensure alignment with core services.
  - II. Collaborate to implement the Academic Family Health Team.
  - III. Partner to improve transitions of care to and from the community for patients.
  - IV. Collaborate to develop a regional healthcare service plan to enable delivery of the appropriate care in the appropriate setting.
  - V. Develop an emergency response system which includes a surge/overcapacity system.
3. Create an interprofessional academic learning environment to improve care.
  - I. Collaborate and partner to develop a simulation program as a catalyst for interprofessional education.
  - II. Enhance the interprofessional component of the Medical Clinical Teaching Unit and expand the Clinical Teaching Unit concept to other Programs and Services.
  - III. Provide opportunities for the TBRHSC Team to work collaboratively in interprofessional teams to increase the awareness of roles and responsibilities.
  - IV. Develop internal and external education to expand knowledge about what it means to be an Academic Health Sciences Centre and facilitate the integration of learners.
4. Conduct research through Thunder Bay Regional Research Institute that will develop new evidence to advance care.
  - I. Support the development of a new Strategic Plan for TBTRI that includes research into Comprehensive Clinical Services.
  - II. Develop a process for TBTRI to manage all research at TBRHSC.
  - III. Educate the TBRHSC Team about research, studies currently being conducted and opportunities for future focus.
  - IV. Develop a process for TBRHSC Team members to provide research ideas and connect with TBTRI researchers.
  - V. Develop a model to protect clinicians' time to ensure participation in research, academics and clinical service.
  - VI. Create an Academic Health Sciences Centre culture of research and education by educating and supporting the TBRHSC Team.



## Milestones:

1. The Health Sciences Centre Master Service Plan is developed and on target with implementation.
2. The Academic Family Health Team is actively seeing patients.
3. Active professional staff at TBRHSC have an academic appointment with the Northern Ontario School of Medicine.
4. Thunder Bay Regional Research Institute is functioning as the research arm of TBRHSC to advance care.

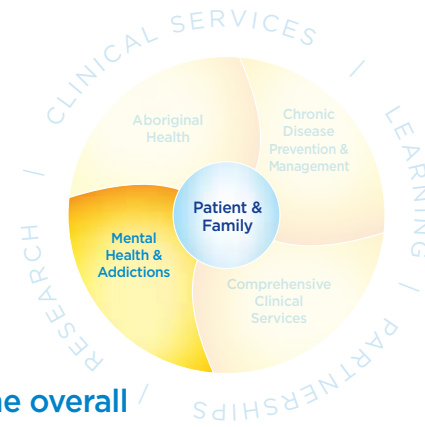
### Secondary Care

Treatment by specialists to whom a patient has been referred by primary care providers

### Tertiary Care

Treatment given in a healthcare centre that includes highly trained specialists and advanced technology

# Mental Health and Addictions



We will collaborate to create a more compassionate, knowledgeable, safe and connected system to improve the overall health and quality of life for people living with mental illness and/or addictions.

## Goals and Activities:

1. Collaborate to improve service and flow throughout the continuum of care.
  - I. Review the allocation of resources at TBRHSC to ensure alignment and integration of services.
  - II. Identify issues and gaps in the treatment continuum through a regional environmental scan and a complete inventory of services and partners.
  - III. Develop evidence based practice pathways with community partners to improve the flow of patients through the system.
  - IV. Expand the use of telemedicine to provide services to the residents of Northwestern Ontario and support patients in their own environment.
  - V. Partner to improve transitions of care to and from the community for patients.
2. Collaborate to prevent and reduce the impact of addictions throughout Northwestern Ontario.
  - I. Encourage and set parameters around the development and use of prescribing tools around addictions.
  - II. Advocate for a regional prescription and drug monitoring program.
  - III. Support the implementation of the 'Thunder Bay Drug Strategy'.
  - IV. Collect and interpret TBRHSC addictions data including the cost of treatment to create a shared understanding of issues with our partners.
  - V. Partner to develop early identification and intervention programs for infants and parents.
3. Improve the experience and outcomes for patients and families living with mental illness and/or addictions within TBRHSC.
  - I. Provide education on the management of patients with mental illness and addictions to build internal capacity.
  - II. Build mental health professionals into treatment teams in all Programs and Services.
  - III. Create a physical environment in patient care units and the Emergency Department that respects privacy and safety.
  - IV. Develop and implement mental health and addictions pathways for inpatients.
  - V. Establish a Psychiatric Emergency Service.
  - VI. Partner in a social marketing campaign to demystify mental illness and addictions and reduce stigma and discrimination.
4. Develop and implement a strategy for research and education that focuses on Mental Health and Addictions.
  - I. Support the development of a new Strategic Plan for TBRI that includes research into Mental Health and Addictions.
  - II. Collaborate to support the development of an expert panel for Mental Health and Addictions.
  - III. Develop and advocate for academic training, residency and professional training programs that provide interprofessional Mental Health and Addictions education.
  - IV. Develop and adopt core competencies for education and training for the TBRHSC Team.
  - V. Create an Academic Health Sciences Centre culture of research and education by educating and supporting the TBRHSC Team.

## Milestones:

1. The patient care experience for those living with mental illness and/or addictions will be improved.
2. Staff will indicate that they are secure and capable of working with individuals living with mental illness and/or addictions.
3. TBRHSC has implemented a patient centred pathway for mental health and/or addictions patients.
4. Individuals who are discharged from hospital are meaningfully connected to community services.



## Summary

The first Thunder Bay Regional Health Sciences TORQ Strategic Plan laid the groundwork to transform a good community hospital to a leading academic health sciences centre. During that timeframe the Patient and Family Centred Care Model was adopted. In early 2011, the Board of Directors of TBRHSC adopted a new Vision: Healthy Together, and confirmed the Mission of the organization. Thunder Bay Regional Health Sciences Centre was ready to embark on a new Strategic Plan.

The Strategic Plan 2015 has been enabled through a consensus building process and effort of hundreds of participants. Dr. Charles Boelen's "5 Partners in Health Engagement Model" was used to bring together a cross section of participants from health managers to community members. The Values of the organization were updated to: Patients first, accountability, respect and excellence. Goals and milestones were developed based on population health data and input from the partners.

This living document will evolve to include activities for each direction and support plans from four areas: Communications & Engagement, Human Resources, Finance and Information Services. Additionally, program plans and reporting metrics will be documented on an ongoing basis. The goals and milestones are indicators that the organization is achieving its new Vision: Healthy Together.

# Committee and Working Group Members

Thank you to all the members of our Steering Committee and Working Groups for your hard work and dedication.

## Strategic Planning Steering Committee Members

**Andrée Robichaud**, Thunder Bay Regional Health Sciences Centre  
**Bruce Sutton**, Thunder Bay Regional Health Sciences Centre  
**Don Edwards**, Thunder Bay Regional Health Sciences Centre  
**Dr. Gordon Porter**, Thunder Bay Regional Health Sciences Centre  
**Dr. William McCready**, Northern Ontario School of Medicine  
**Gerald Munt**, Lakehead University  
**Glenn Craig**, Thunder Bay Regional Health Sciences Foundation  
**Joe Moses**, Wasaya  
**Kathryn Shewfelt**, Thunder Bay Regional Health Sciences Centre  
**Keith Taylor**, Patient/Family Advisor  
**Dr. Lois Hutchinson**, St. Joseph's Care Group/Thunder Bay Regional Health Sciences Centre  
**Lori Marshall**, Thunder Bay Regional Health Sciences Centre  
**Michael Power**, Thunder Bay Regional Health Sciences Centre  
**Dr. Michael Wood**, Thunder Bay Regional Research Institute  
**Dr. Peter Voros**, Thunder Bay Regional Health Sciences Centre  
**Dr. Rhonda Crocker Ellacott**, Thunder Bay Regional Health Sciences Centre  
**Ron Nelson**, Thunder Bay Regional Health Sciences Centre Board of Directors  
**Trina Diner**, Thunder Bay Regional Health Sciences Centre  
**Dr. Zaki Ahmed**, Thunder Bay Regional Health Sciences Centre  
**Dot Allen**, Manager, 3C and Neuro/Trauma Surgery, Thunder Bay Regional Health Sciences Centre

## Strategic Planning Working Group Aboriginal Health

**Lori Marshall** – Co-Chair, Thunder Bay Regional Health Sciences Centre  
**Dr. William McCready** – Co-Chair, Northern Ontario School of Medicine  
**Jason Beardy**, Nishnawbe Aski Nation  
**Carmen Blais**, Thunder Bay Regional Health Sciences Centre  
**Sandra Cornell**, Lakehead University  
**Caroline Heringer**, Community Member  
**Angela Hill**, Thunder Bay Regional Health Sciences Centre  
**Kanita Johnson**, Thunder Bay Regional Health Sciences Centre  
**Mary Jane Kurm**, Thunder Bay Regional Health Sciences Centre  
**Jennifer Manitowabi**, Northern Nishnawbe Education Council  
**Brenda Mason**, St. Joseph's Care Group  
**Joe Moses**, Wasaya  
**Ellen Nowgesic**, North West Local Health Integration Network  
**Tuija Purias**, Community Care Access Centre  
**Celina Reitberger**, Community Member  
**Julia Salomon**, Thunder Bay Regional Health Sciences Centre  
**Kathryn Shewfelt**, Thunder Bay Regional Health Sciences Centre  
**Dr. Ingeborg Zehbe**, Thunder Bay Regional Research Institute

## Strategic Planning Working Group Chronic Disease Prevention and Management

**Michael Power** – Co-Chair, Thunder Bay Regional Health Sciences Centre  
**Dr. Zaki Ahmed** – Co-Chair, Thunder Bay Regional Health Sciences Centre  
**Allyson Adduono**, Thunder Bay Regional Health Sciences Centre  
**Penny Anguish**, St. Joseph's Care Group  
**Sue Berry**, Northern Ontario School of Medicine  
**Debbie Gallant**, Thunder Bay Regional Health Sciences Centre  
**Heather Gray**, North West Local Health Integration Network  
**Peter Holt-Hindle**, Community Member  
**Sandi Homeniuk**, Thunder Bay Regional Health Sciences Centre  
**Brent Maranzan**, Thunder Bay Regional Health Sciences Centre  
**Alison McMullen**, Thunder Bay Regional Health Sciences Centre  
**Dawn Powell**, Community Member  
**Kelly-Jo Pfaff**, Thunder Bay Regional Health Sciences Centre  
**Dr. Birgit Reick**, Thunder Bay Regional Research Institute  
**Kathryn Shewfelt**, Thunder Bay Regional Health Sciences Centre  
**Bruce Sutton**, Thunder Bay Regional Health Sciences Centre  
**Gwen Third**, Thunder Bay Regional Health Sciences Centre

“Our collective will to achieve something great together is stronger than ever.”

**Angèle Brunelle**  
 Chair of the Board, Thunder Bay Regional Health Sciences Centre

## Strategic Planning Working Group Comprehensive Clinical Services

**Dr. Rhonda Crocker Ellacott** – Co-Chair, Thunder Bay Regional Health Sciences Centre  
**Dr. Gordon Porter** – Co-Chair, Thunder Bay Regional Health Sciences Centre  
**Dr. Robert Algie**, La Verendrye Hospital and Health Centre  
**Chantal Bohemier**, Community  
**Glenn Craig**, Thunder Bay Regional Health Sciences Foundation  
**Dr. Laura Curiel**, Thunder Bay Regional Research Institute  
**Norm Gale**, Superior North EMS  
**Gordie Garriock**, Community  
**Rita Grenier Buchan**, Thunder Bay Regional Health Sciences Centre  
**Dr. Jon Johnsen**, Family Physician  
**Chad Johnson**, Thunder Bay Regional Health Sciences Centre  
**Joanne Lacourciere**, Thunder Bay Regional Health Sciences Centre  
**Patti Lee**, Thunder Bay Regional Health Sciences Centre  
**Dr. Trudy-Lynn Mahood**, Family Physician  
**Dr. Graeme Marchuk**, Thunder Bay Regional Health Sciences Centre  
**Janet Northan**, Thunder Bay Regional Health Sciences Centre  
**Jodi Phillips**, Saint Elizabeth Health Care  
**Karen Poole**, Lakehead University  
**Kathryn Shewfelt**, Thunder Bay Regional Health Sciences Centre  
**Arlene Thomson**, Thunder Bay Regional Health Sciences Centre

## Strategic Planning Working Group Mental Health and Addictions

**Janet Sillman** – Co-Chair, St. Joseph's Care Group / Thunder Bay Regional Health Sciences Centre  
**Dr. Lois Hutchinson** – Co-Chair, St. Joseph's Care Group / Thunder Bay Regional Health Sciences Centre  
**Dr. Suzanne Allain**, Thunder Bay Regional Health Sciences Centre  
**Kathy Anderson**, Thunder Bay Regional Health Sciences Centre  
**Lisa Beck**, Thunder Bay Regional Health Sciences Centre  
**Shuan Boo**, Canadian Mental Health Association  
**Dr. Jane Fogolin**, Thunder Bay Regional Health Sciences Centre  
**Patti Hadju**, Thunder Bay District Health Unit  
**Rose Lazinski**, Thunder Bay Regional Health Sciences Centre  
**Deborah Luby**, Thunder Bay Regional Health Sciences Centre  
**Melody McGregor**, Thunder Bay Regional Health Sciences Centre  
**Lauri Moffatt-Zawacki**, Brain Injury Services of Northern Ontario  
**Gerald Munt**, Lakehead University  
**Donna Niemi**, Thunder Bay Regional Health Sciences Centre  
**Nancy Pershicino**, Thunder Bay Regional Health Sciences Centre  
**Dr. Christopher Phenix**, Thunder Bay Regional Research Institute  
**Darcy Price**, Thunder Bay Regional Health Sciences Centre

**Agata Repac**, Thunder Bay Regional Health Sciences Centre  
**Sandra Rejall**, Community Member  
**Jim Restall**, North West Local Health Integration Network  
**Kathryn Shewfelt**, Thunder Bay Regional Health Sciences Centre  
**Dean Storry**, Community Member  
**Fern Tarzia**, Thunder Bay Regional Health Sciences Centre  
**Dr. Peter Voros**, Thunder Bay Regional Health Sciences Centre  
**Tom Walters**, Children's Centre Thunder Bay

# Partners in Engagement

Thank you to everyone for your invaluable feedback and for taking the time to engage with us!

Atikokan General Hospital	Geraldton District Hospital	Riverside Health Care Facilities (Fort Frances)
Alpha Court, Community Mental Health Services	John Howard Society of Thunder Bay and District	Saint Elizabeth Health Care
Alzheimer Society of Thunder Bay	Johnson and Johnson	Scotiabank
Apex Investigation	Lakehead Family Dental	Sioux Lookout Meno-Ya-Win Health Centre
Association des francophones du Nord Ouest de l'Ontario	Lakehead Public School Board	St. Joseph's Care Group
Big Thunder Orthopedics	Lakehead University	SJCC- Lakehead Psychiatric Hospital
Brain Injury Services of Northern Ontario	Lake of the Woods District Hospital	Superior North EMS
Canadian Cancer Society, Northwestern Region	Manitouwadge General Hospital	TBRHS Foundation
Canadian Mental Health Association	Marathon Family Health Team	TBRHSC Accessibility Advisory Team
Canadian National Institute for the Blind, North Region	McCausland Hospital (Terrace Bay)	TBRHSC Board of Directors
CardinalHealth	Memo Cuba	TBRHSC President's Francophone Advocacy Council
Centre for Addiction and Mental Health	Meno Ya Win Health Centre (Sioux Lookout)	TBRHSC Health Managers
Children's Centre Thunder Bay	Métis Nation of Ontario	TBRHSC Internal Leaders/Staff
Cisco	Ministry of Northern Development, Mines and Forestry	TBRHSC Patient and Family Advisors
City of Thunder Bay	MP, Thunder Bay-Rainy River	TBRHSC Physicians and Privileged Staff
Community Economic Development Commission	Nishnawbe Aski Nation	TBRHSC President's Aboriginal Advisory Council
Community Members	Nipigon District Memorial Hospital	TBRHSC Senior Team
Compugen Inc.	North American Palladium	TBRHSC Volunteers
Confederation College	North Nishnawbe Education Council	Thunder Bay Regional Research Institute
Cook Medical	North West Community Care Access Centre	Wilson Memorial General Hospital (Marathon)
Curans Health Centre-Cardiology	North West Local Health Integration Network	Thunder Bay Business Women's Network
Dell	Northco Group	Thunder Bay Chamber of Commerce
DePuy	Northern Ontario Municipal Association	Thunder Bay District Health Unit
Dilico Anishinabek Family Care	Nurse Practitioner Led Clinic	Thunder Bay District Municipal League
Dryden Regional Health Centre	PARO Centre for Women's Enterprise	Thunder Bay Hydro
Fort William Family Health Team	Philips Healthcare	VWR International
Freedom 55 Financial	Prostate Cancer Canada Network	Wesway
Genivar Consultant Limited	Red Lake Margaret Cochenour Memorial Hospital	Your Teeth For Lifetime Foundation
Geraldton District Hospital	Red Sky Métis Independent Nation	
Partnership Ontario		
George Jeffrey Children's Centre		

We would also like to extend a special thank you to each of the Community Members and Patient and Family Advisors who volunteered their time and provided us with their perspective and advice on our Strategic Plan.



For additional information e-mail: [ourfuture@tbh.net](mailto:ourfuture@tbh.net)  
or visit our website: [www.tbrhsc.net](http://www.tbrhsc.net)