



**Report from Nadine Doucette
Chair, Board of Directors
October, 2016**

It gives me great pleasure to offer this first report of my second term as Chair of the Board of Directors for Thunder Bay Regional Health Sciences Centre (the Hospital). It is an honour to serve with the dedicated volunteer Board of Directors that firmly believe in our Hospital's commitment to Patient and Family Centred Care. As Directors representing the population of Northwestern Ontario, we regularly hear from our community members about the quality of care, compassion and energy put forth by the staff, professional staff, volunteers and donors who make us leaders in Patient and Family Centred Care (PFCC).

The annual PFCC Sharing & Caring event, held last week at our Hospital, provided an opportunity to showcase our PFCC successes, and celebrate new initiatives. We are involving patients and family members in clinical and administrative decisions like nowhere else in Ontario. Our Board of Directors applies the PFCC philosophy to ensure that, even at the governance level, decisions are unfailingly focused on the best outcomes for patients and families. I would like to acknowledge Ms. Anita Jean who has embraced the PFCC philosophy and expanded her role by volunteering as a Patient Family Advisor (PFA). As a PFA, Anita will share her perspective to positively impact the overall patient experience. She has also agreed to participate as a valuable member of the Francophone Advisory Committee.

At the request of the Research Ethics Board (REB), the Governance Committee was asked to expand its membership to address an ever increasing volume of research project application reviews. Two additional members are required on the REB, which brings the total REB membership from 7 to 9 members. I want to take this opportunity to thank Gary Whitney who kindly accepted to represent the Board on the Selection Committee this summer. The Committee interviewed several prospective candidates to fill the REB vacancies that are submitted for approval at the October Board meeting.

In the last few weeks, several members of the Board were interviewed by the Hay Group consultants as part of the operational review process; the consultants were particularly interested in understanding our Board's governance processes as they relate to our clinical and financial performance governance oversight. I would like to recognize Grant Walsh's contribution to this review as he serves as our representative on the Operational Review Committee.

A sub-committee of the Quality Committee of the Board chaired by Dick Mannisto met in the last few months to review our compliance with Accreditation Canada's current Governance Standards in anticipation of the next accreditation survey in 2018. The Committee will be tabling a compliance report and recommendations in the fall so we have time to address any compliance issue well in advance of the next survey.

As part of our Indigenous Health Strategic Direction, I want to recognize Ms. Georjann Morisseau's support in identifying activities and priorities that will be most impactful in achieving our goals relative to that population. Georjann has provided guidance to support Indigenous Health initiatives, including the introduction of an Indigenous Health update as a standing item of Board of Directors meeting agendas beginning in November. She has also become a member of the Indigenous Advisory Committee.



This summer, the Executive Committee of the Board reviewed and approved the President & CEO's 2016-17 annual objectives. These are included below and in the October Board meeting documentation for your information:

Bed Management

Engage internal and external stakeholders to:

- Reduce Average Length of Stays (QIP) to 5.5 (without ALC);
- Reduce ED wait times (QIP);
- Reduce readmission rates to of patients with Cardiac Heart Failure (QIP);
- Reduce readmission rates to of patients with Chronic Obstructive Pulmonary Disease (QIP);
- Assist in discharging Alternate Level of Care patients to the most appropriate community destination;
- Assist in preventing or redirecting Emergency Department patients deemed not requiring specialized acute care;
- Segregate emergency patients requiring mental health evaluation to provide expert assessment and improve patient flow, accessibility and ED lengths of stay; and
- Engage region hospitals to avoid transfers and improve discharges post specialized acute care.

2020 Strategic Plan

- Implement and monitor progress in achieving year 2 of the Strategic Directions.

Hospital Governance

- Review and recommend amendments as needed to the Hospital Bylaws and Board policies.
- Assist the Chief of Staff and Medical Advisory Committee in reviewing and amending as needed the Medical Staff Bylaws.

Cardiovascular Surgery Program

- Ensure Hamilton Health Science, University Health Network, Cardiac Care Network and Ministry of Health and Long Term Care all sign off on the Hospital's Cardiovascular Surgery Program.

Senior Leadership Team

- Fill all interim Senior Leadership Team positions.
- Review the organizational structure to ensure fit with the Strategic Directions and Division responsibilities.
- Review and recommend amendments to the Pay at Risk policy.



System Partners

- Develop a shared understanding of expectations from the region's hospitals regarding transfers for specialized acute care and referral back for convalescent care; and
- Develop an inventory of Clinical Services Agreements to ensure pertinence, currency and gaps in specialized acute care services to the region.
- Meet with Indigenous community leaders to gather their expectations regarding access to regional specialized acute care.

Patient Satisfaction

- Improve ED patient satisfaction with overall care and services. (QIP)
- Improve inpatient satisfaction with overall care and services. (QIP)

Patient Safety

- Increase proportion of patients receiving medication reconciliation at admission. (QIP)
- Increase proportion of patients receiving medication reconciliation at discharge. (QIP)

Medical Staff Engagement

- Support the Chief of Staff strategy to improve Medical Staff engagement.
- Request a revision of the current code blue process to ensure appropriate response time and team composition.

Staff Engagement

- Support the new Vice-President, Human Resources in implementing a comprehensive staff engagement strategy.

Financial Viability

Through SLC engagement and third party review, improve the Hospital's financial viability as follows:

- Proceed with an internal budget review of spending and revenues to offset the forecasted 2016-17 budget shortfall;
- Implement the findings of the third party review to ensure the 2017-18 budget forecast is in balance;
- Support the Foundation in planning the Cardio-vascular Surgery major campaign; and
- Review the Research Institute funding to offset the forecasted deficit and shift the spending model from back office cost centres to science.



Research Institute Governance

- Review and recommend a governance model that supports the local nature of the Research Institute's new Strategic Directions.

Research Institute 2020 Strategic Plan

- Ensure the plan is approved and implemented.

Philanthropy

- Assist Foundation in securing resources to achieve the Health Sciences Centre's Strategic Plan.

Academic Mission

- Collaborate with Lakehead University, Northern Ontario School of Medicine (NOSM), and Confederation College to grow their respective health sciences teaching programs.
- Specifically, support (NOSM) Department of Internal Medicine in achieving Royal College of Physicians and Surgeons of Canada accreditation.
- Support the development of an onsite simulation program in partnership with NOSM.

The CEO will be assessed based on the objectives for the CEO's annual performance next spring.

Concerns about wait times in our Fracture Clinic were brought to the Board's attention last winter; the Quality Committee was briefed on a process improvement project to address these concerns. You will be happy to learn that patients' average wait times have been reduced from 102 minutes last year to an average of 54 minutes in September. I congratulate the Fracture Clinic team for that achievement.

Finally, planning is underway for an annual Tri-Board Retreat, and we look forward to discussing the common goals and respective challenges of our Hospital, Research Institute and Foundation boards. Collaborative governance is one way we will achieve our Vision of Healthy Together.