

TBRHSC Board of Directors Open Meeting

Thursday, June 12, 2014 – 5:00 pm Boardroom, Level 3, TBRHSC 980 Oliver Road, Thunder Bay AGENDA - REVISED

Vision: Healthy Together

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

Values: Patients ARE First (Accountability, Respect and Excellence)

#	Time	Presenter	Item & Purpose (Y)		xpe		
	(X)			Ou	tcon	ne (2	Z)
				Recommendation /Decision/Action	Education	Discussion	Information
1.0	CALL T	O ORDER		•			
2.0	PATIE	NT STORY – Rod Mo	orrison				
3.1	1	S. Fraser	Quorum (7 members total required, 5 being voting)				
3.2	1	S. Fraser	Conflict of Interest				
3.3	1	S. Fraser	Approval of the Agenda	Х			
3.4	3	S. Fraser	Chair's Remarks*				Χ
4.0	PRESE	NTATIONS		•			
4.1	10	AM Heron (audio)	Resource Planning Committee – May 20, 2014 Co-Generation Project*	х	Х		Х
4.2	15	C. Covino	Critical Incidents*		Χ		Х
5.0	CONSI	ENT AGENDA		I	I.		
5.1			Board of Directors: Approval of Minutes - May 7, 2014*	Х			Χ
5.2			TBRHS Foundation*				Х
5.3			Volunteer Association*				Х
5.4			Professional Staff Association				Χ
5.5			Thunder Bay Regional Research Institute*				Χ
5.6			Quality Committee Minutes - May 20, 2014*				Χ
6.0	REPOR	RTS AND DISCUSSIO	DN	•			
6.1	5		Report from Senior Management*	Х		Χ	Χ
6.2	10	A. Robichaud	Report from the President and CEO			Χ	Χ
6.3	5	Dr. G. Porter	Report from the Chief of Staff*			Χ	Χ
6.4	5	Dr. Crocker Ellacott	Report from the Chief Nursing Executive*			Х	Х
6.5	5	Dr. R. Strasser	Northern Ontario School of Medicine (NOSM)*			Χ	Χ
7.0	BUSIN	ESS/COMMITTEE N	MATTERS				
7.1	10	P. Myllymaa	Resource Planning Committee - May 20, 2014				
			7.1.1 BPSAA 2013-14 Attestation*	Х			
			7.1.2 Wages and Sources Deduction Attestation*	Х			
7.2	2	S. Fraser	Corporate Membership*	Х			
8.0	FOR IN	NFORMATION					

#	Time (X)	Presenter	Item & Purpose (Y)		kpec tcon		
				Recommendation /Decision/Action	Education	Discussion	Information
8.1			Board Comprehensive Work Plan*				Χ
8.2			Webcast Statistics*				Χ
9.0	BOAR	D MEMBER COMM	ENTS			Χ	
10.0	DATE	OF NEXT MEETING	– September 10, 2014				Χ
11.0	ADJO	JRNMENT					

Ethical Framework

TBRHSC is committed to ensuring decisions and practices are ethically responsible and align with our mission/vision/values. All leaders should consider decisions from an ethics perspective including their implications on patients, staff and the community. The following questions should be reviewed for each decision.

- 1. Does the course of action put 'Patients First' by responding respectfully to needs & values of patients and families?
- 2. Does the course of action demonstrate 'accountability' by advancing quality, safety and Patient and Family Centred Care & delivering fiscally responsible services?
- 3. Does the course of action demonstrate 'respect' by honouring the uniqueness of every individual?
- 4. Does the course of action demonstrate 'Excellence' by reinforcing that we are recognized leaders in Patient and Family Centered Care through the alignment of Academics and Research with Clinical Services?

For more detailed questions to use on difficult decisions, please refer to TBRHSC's Framework for Ethical Decision Making located on the Quality and Risk Management page of the Internet.

http://intranet.tbrhsc.net/Site_Published/i5/render.aspx?DocumentRender.IdType=5&DocumentRender.Id=110784

BOARD OF DIRECTORS (Open) - REVISED June 12, 2014

Agenda Item	Committee or Report	or Report Motion or Recommendation			
3.3	Agenda – June 12, 2014	"That the Agenda be approved as circulated."	Moved by: Seconded by:		
4.1	Co-Generation Project	"That the Board of Directors approves the Co-Generation Project to proceed, as presented."	Moved by: Seconded by:		
5.0	Consent Agenda	"That the Board of Directors: 5.1 Approves the Board of Directors Minutes of May 7, 2014, 5.2 Receives the TBRHS Foundation Report – dated June, 2014, 5.3 Receives the Volunteer Association Report – June, 2014, 5.4 Receives the Professional Staff Association Report – n/a, 5.5 Receives the TBRRI Report dated June, 2014, 5.6 Receives the Minutes of the Quality Committee of May 20, 2014, as presented."	Moved by: Seconded by:		
6.0	Reports and Discussion	"That the Board of Directors: 6.1Accepts the Report from Senior Management, 6.2 Accepts the Report from the President and CEO, 6.3 Accepts the Report from the Chief of Staff, 6.4 Accepts the Report from the Chief Nursing Executive, 6.5 Receives the Report from the NOSM, dated June, 2014 as presented."	Moved by: Seconded by:		
7.1.1	BPSAA 2013-14 Attestation	"That the Board of Directors approves the President and CEO to execute the Attestation Certificate for 2013-2014 in accordance with	Moved by: Seconded by:		

Agenda Item	Committee or Report	Motion or Recommendation	Approved or Accepted by:
		 Section 15 of the Broader Public Sector Accountability Act, 2010, as follows: The completion and accuracy of reports required of the Hospital pursuant to section 6 of the BPSAA on the use of consultants; The Hospital's compliance with the prohibition in section 4 of the BPSAA on engaging lobbyist services using public funds; The Hospital's compliance with any applicable expense claims directives issued under section 10 of the BPSAA by the Management Board of Cabinet; The Hospital's compliance with any applicable perquisite directives issued under section 11.1 of the BPSAA by the Management Board of Cabinet; and The Hospital's compliance with any applicable procurement directives issued under section 12 of the BPSAA by the Management Board of Cabinet, For the April 1, 2013 to March 31, 2014 period, as presented." 	
7.1.2	REVISED Wages and Sources Deduction Attestation	"That the Board of Directors approves the Wages and Sources Deductions Attestation template and its schedule, as presented."	Moved by: Seconded by:
7.2	NEW Corporate Membership	"That the Board of Directors accepts the applications for membership to the Corporation received for the period April 26 to June 11, 2014 as per the attached listing."	Moved by: Seconded by:



Report from Susan Fraser Chair, Board of Directors June, 2014

We often say that Thunder Bay Regional Health Sciences Centre (TBRHSC) is a leader in healthcare. It is not a statement made lightly. It is a position supported by Accreditation Canada, the organization responsible for assessing the standards at more than 1,200 organizations representing 5,700 sites and services across Canada.

In May, Surveyors from Accreditation Canada visited TBRHSC. Accreditation ensures we meet nationally endorsed standards, provides a formal process for ongoing evaluation, and allows for discussion of education and training. The preliminary results of the Accreditation visit are positive, and we look forward to providing details when they are available.

I take this opportunity to share congratulations to our important partners at the Northern Ontario School of Medicine (NOSM), who also recently hosted an accreditation site visit. Two programs – General Surgery and Orthopedic – resulted in recommendation for full accreditation with regular survey by the accreditation team. We are so proud of this important milestone for NOSM and for TBRHSC in our journey as an Academic Health Sciences Centre. It is yet another demonstration of the value of patient and family-centred care and interprofessional cooperation that promises to offer even greater healthcare to patients and families in Northwestern Ontario.

TBRHSC is exploring another opportunity for advancement. This one is in the form of an engineering study to assess suitability to pursue CoGeneration. This refers to a combined heat & power system that would provide increased patient safety opportunities, including increased ability to operate during power outages, as well as savings in operating costs and reduced carbon emissions. TBRHSC is deeply committed to minimizing its environmental footprint, and I applaud these ongoing efforts to identify and pursue opportunities to be "green".

Finally, I wish to thank patients, families and visitors for their cooperation regarding patient dropoffs at our main entrance, which is a dedicated fire lane. The challenge with this issue is finding a balance between making access to the hospital as straightforward as possible, while maintaining everyone's safety and ensuring emergency services can have access at all times. As is usually the case, these issues are more complicated than they at first seem.

healthy together

We know some of our patients require assistance getting into the building, so we're working with Patient Family Advisors, as well as those expert in the Codes, to help identify an alternate solution which will be endorsed by the Fire Department and meet the needs of our patients and families. We know that, when we consult with stakeholders, decisions are reached that best meet the needs of everyone. This is how we will achieve our vision: Healthy Together.

980 Oliver Road Thunder Bay, ON P7B 6V4

B 6V4 Susan Fraser

Phone: 684-6007

Susan Fraser, Chair Board of Directors

Respectfully,

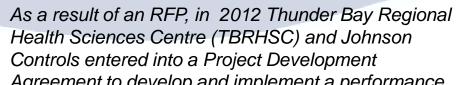
Website: www.tbrhsc.net



Energy Retrofit Program for RPC

Peter Myllymaa Anne-Marie Heron

Presentation to the TBRHSC Board of Directors
June 12, 2014







Project Review - Phase 1

Base Energy Project	Capital Cost	Energy Savings	Potential Incentives	Simple Payback
Facility Improvement Measures				
 Air Handling Unit (AHU) Occupancy Scheduling Re-commission AHU sequences Boiler Burner Management System Controls² Heating Pump Variable Flow Conversion Thermal Insulation for Heat Recovery Tank Lab Fume Hood controls Operating Rooms Ventilation Controls Facility Performance Indexing (Building Control Optimization) 	\$2,322,271	\$748,329	\$431,080	2.5
• STATUS		On-track (based on usage)	\$1.3M*	1.5yr est



*Actual Funding Received (~1.3M):

- Incentives: OPA \$597k; Union Gas \$100k
- OHA: Green Hospital Champion Fund \$700k

Phase 2: Chiller Plant Retrofit – capacity and risk mitigation – 2013-14 - on track

Next: Co-Generation!

Ref: Union Gas - Oct 2013

- Combined Heat and Power (CHP) is the simultaneous production of two different forms of useful energy from a single input energy
 - Single primary fuel source natural gas
 - Fully integrated system produces usable heat as well as power
- 77 units installed in Ontario including hospitals:
 - Queensway Carleton Hospital 999kW
 - Sudbury District Energy Hospital Plant 6900kW
 - London Health Sciences Centre 7000kW
 - Ottawa Health Science Centre (OHSC) 68000kW
 - Queens/Hospital no info
 - St. Catherine's Hospital 250kW
 - North Bay *in planning (unofficial)



1,500 kW gross output of natural gas fired power generation – also with heating capacity - preliminary estimates, just over 10,000 MWh per year would be generated along with 35.2 MMBTU of heat.

Draft Business Case -- JCI

Description	Cogeneration - No OPA	Cogeneration – Including OPA		
Capital Investment Projected	\$6.5M	\$6.5M		
Estimated Potential Incentives	\$0	\$2.3M		
Net Capital Requirements	\$6.5M	\$4.2M		
Annual Savings	\$676k	\$676k		
Annual GHG Reductions CO2(e)t/Yr	3,133	3,133		
Simple Payback (yrs)	9.6	6.3		
Project Internal Rate of Return*	13%	18%		
Discount Rate*	4%	4%		
20 Yr Net Present Value of Investment*	\$8.2M	\$10.4M		

Risks & Benefits

- Detailed Engineering Study (for OPA) \$101k
 - \$50k eligible from OPA
- Design Engineering further detailed design and preparation for tender; environmental study, etc. - \$139k
 - If project doesn't proceed, study costs are payable
- \$6.5M capital project
 - 40% of project costs available from OPA (if approved with high probability)
 - Support and validation from OPA, Tbay Hydro, Union Gas
- OPA project funding available until December 2015
 - time is of the essence to proceed
- Project is still financially very favourable even without OPA funding
 - increasing power costs and operating pressures continuing –
 hydro prices long term predicted to outpace natural gas
- Patient & Environmentally friendly
 - Increased back-up power opportunity and reduced environmental footprint



Timelines

- Approved by OPA to proceed to DES and bypass Prelim Engineering Study
- Endorsement from SMC May 2014
- Submission of application to OPA for DES Co-Gen funding May 2014
- Resource Planning Committee 3rd Tuesday in May
- Board of Directors
- PDA with JCI May 2014 for Co-generation DES and Engineering Design to be signed
- JCI study completion by Fall 2014; tender to follow
- OPA support
- Project construction, commissioning, etc January 2015 –
 December 2015



Critical Incident Presentation

Cathy Covino, Senior Director Quality and Risk Management



Regulation 965

- Critical incidents must be disclosed to the Medical Advisory Committee (MAC) (2010)
- The Board must ensure the Administrator provides aggregated critical incident information to the Quality Committee at least two times a year (2011)
- In addition, where the MAC identifies systemic or recurring quality of care issues in making recommendations to the Board related to the quality of care provided in the hospital by the medical staff
- The MAC is now required to make recommendations about those issues directly to the Quality Committee and the Quality Committee is required to consider these recommendations in making its own recommendations to the Board



Critical Incident Defined

A critical incident is defined in Regulation 965 under the *Public Hospitals Act*, as, "any unintended event that occurs when a patient receives treatment in the hospital that results in death, or serious disability, injury or harm to the patient, and does not result primarily from the patient's underlying medical condition or from a known risk inherent in providing treatment."



Disclosure to the Medical Advisory Committee (MAC)

- Monthly Medical Quality Assurance Committee meetings "in camera" as a sub-committee of the MAC
- Review of the conditions that were present and the recommendations as a result
- MAC is able to add recommendations at this time
- Final step is the incident is reviewed at Quality of Care Committee



Disclosure

Disclosure to the patient must include:

- The material facts of what occurred with respect to the critical incident
- Consequences for the patient of the critical incident as they become known
- The actions taken and recommended to be taken to address the consequences to the patient of the critical incident including any healthcare or treatment that is advisable
- This must take place as soon as is practicable after the critical incident occurs



Disclosure Continued

- Systemic steps taken by the hospital should take place at an appropriate time following the disclosure of a critical incident, likely after a review has taken place which inevitably takes time
- This may not be a single event but involve multiple disclosures over time - hospitals should ensure their policy reflects this and sets out a process for how these multiple disclosures take place
- Takes place as close to the event as possible
- Usually Physician and should include an Administrator
- Must be documented
- Followed up by further review and further disclosure it is a process!







- Disclosure to the MAC should take place as soon as is practicable after the incident
- Reporting to the Chief of Staff may be appropriate reporting must still occur to the MAC
- The process is not defined by Regulation 965 we have a process monthly and the Senior Director of Quality and Risk Management provides the review. MAC recommendation are added when required
- Spreadsheet to monitor when disclosed and if any further recommendations arise as well as when disclosed to patient or family and when the aggregate goes to the Quality Committee of the Board and full Board



Aggregated Critical Incident Data



- Section 4 of the Excellent Care for All Act (ECFAA) provides that the Quality Committee must oversee the preparation of the quality improvement plan, which must be developed having regard to its aggregated critical incident data (Jan. 2011)
- Board ensure the Administrator provided aggregate date of critical incidents to the Quality Committee twice a year
- Includes data of incidents occurring at the hospital since previous report - does not stipulate how to aggregate data - hospitals develop their own template for consistent reporting
- The Quality Committee should consider the recommendations of the MAC that relate to systemic or recurring quality of care issues
- The MAC is now required to make recommendations directly to the Quality Committee which in turn, must take these into consideration when reporting to the Board



Critical Incidents and the Quality of Care Information Protection Act (QCIPA)

- Information that is collected by or prepared for a designated quality of care committee is deemed to be "quality of care information" and cannot be disclosed except in circumstances permitted by QCIPA
- Regulation 965 expressly provides that the requirement to disclose to the patient systemic steps the hospital is taking or has take is subject to the requirements of QCIPA
- Whether QCIPA or non-QCIPA review, the disclosure is the same



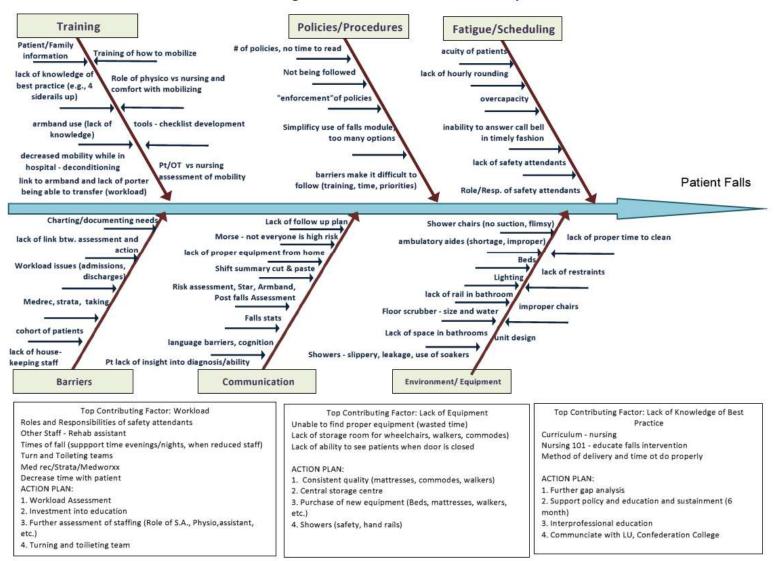
Quality of Care Committee (QOCC) and Quality Committee of the Board (QCOTB)

- Can they be the same committee?
- QOCC reports findings and recommendations to the hospital management for the purposes of furthering quality of care
- Includes implementation
- Most effective when directed by a senior multidisciplinary committee in the hospital



Falls Quality Improvement Strategies

Fishbone Diagram - Patient Falls at TBHRSC April 2014



Questions or Comments?







Thunder Bay Regional Health Sciences Centre

Board of Directors

Wednesday, May 7, 2014 Boardroom - 5:00 p.m.

Present:

Susan Fraser, Chair Nadine Doucette Doug Shanks Andrée Robichaud* Grant Walsh Dick Mannisto Dr. Rhonda Crocker Ellacott* Jay Storeshaw Anita Jean

Dr. Gordon Porter*

By Invitation – Senior Management Team:

Cathy Covino Tracie Smith Dawn Bubar Peter Myllymaa Dr. Mark Henderson Glenn Craig Dr. Roxanne Deslauriers Carolyn Freitag Dr. Stewart Kennedy

Janet Northan

By Invitation:

Jessica Nehrebecky Rec Sec. Renée Laakso Amy Carr (R. Morrison)

Regrets Board Members: Regrets Administration:

Dr. Roger Strasser Rod Morrison

Sharon Cole-Paterson Dr. Suzanne Allain*

1.0 **CALL TO ORDER** - The Chair called the meeting to order at 5:00 p.m.

The Chair welcomed the web audience, Board members, Senior Management and guests.

2.0 **PATIENT STORY** – Janet Northan

Janet Northan, Director, Government Relations, shared a patient story.

- 3.1 **Quorum** – Quorum was attained.
- 3.2 **Conflict of Interest** – *None*.
- 3.3 Approval of the Agenda

Moved by: Anita Jean Seconded by: Nadine Doucette

"That the Agenda be approved, as circulated."

CARRIED

Motion



3.4 <u>Chair's Remarks</u> – for information

4.0 PRESENTATIONS

4.1 <u>Chief of Staff Evaluation Process</u>– Amy Carr

Ms. Amy Carr, Manager, Human Resources and Organizational Development, provided an update on the Chief of Staff (COS) Evaluation Process for the 2013/14 period. The following was highlighted:

- ➤ The COS Evaluation Process reviews two aspects of the COS's performance: COS Goals and Objectives/COS Work Plan and Competencies. The evaluation process will use the 20/20 Insight Performance Evaluation tool.
- ➤ Participants will be notified on May 8, 2014 via an email including links to the evaluation tool that the evaluation is open. The deadline for completion is May 22, 2014. The comprehensive report will be presented to the Board of Directors at their June 12, Restricted In-Camera meeting.
- ➤ The Executive Committee will review the COS evaluation process and recommend changes to the Governance Committee. The Governance Committee will then recommend any changes to the Board of Directors. This process will be reflected in the COS and the CEO Performance Evaluation and Compensation, policies BD-07 and BD-05, respectively.

Action

Motion

5.0 CONSENT AGENDA

Moved by: Jay Storeshaw Seconded by: Dick Mannisto

"That the Board of Directors:

- 5.1 Approves the Board of Directors Minutes of April 17, 2014,
- 5.2 Receives the TBRHS Foundation Report dated May, 2014,
- 5.3 Receives the Volunteer Association Report n/a,
- 5.4 Receives the Professional Staff Association Report n/a,
- 5.5 Receives the TBRRI Report dated May, 2014,
- 5.6 Receives the Minutes of the Quality Committee of April 15, 2014."

CARRIED

6.0 REPORTS AND DISCUSSION

6.1 Report from Senior Management

- > The Board supported the initiative to provide Aboriginal traditional food at TBRHSC. The Board members agreed to have a traditional meal at their June Board meeting.
- ➤ The telemedicine project to improve patient flow and decrease the amount of travel time for patients in the Fracture Clinic was commended by the Board of Directors. The Executive Vice President, Patient Services and Chief Nursing Executive will

Board of Director's Meeting May 7, 2014

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provide metrics demonstrating the improvements at the next Board meeting.

6.2 Report from the President and CEO

- ➤ The President and CEO met with Dr. Ed Brown, CEO of Ontario Telemedicine Network (OTN) regarding collaboration opportunities on TBRHSC's strategic and operational goals.
- A meeting was held with representatives from the "Friends of our Regional Hospital", regarding the details of the \$14M in funding from the Ministry of Health and Long-Term Care (MOHLTC) and what their group can do to continue to support our organization.
- An event was held in support of the Exceptional Cancer Care Campaign, where the Royal Bank of Canada (RBC) presented the Foundation with a cheque.
- ➤ On May 1, 2014, the President and CEO attended the Volunteer awards celebration, recognizing TBRHSC's many volunteers.
- ➤ On May 5, 2014, the retirees from 2013 were celebrated at the Victoria Inn.
- ➤ In response to the release of TBRHSC's French language video requesting feedback from the community, the President and CEO provided two interviews to the media. She commented that although TBRHSC is not designated by law to provide services in French, it is believed that this is a key initiative in support of the Patient and Family Centre Care (PFCC) philosophy.

Report from the Chief of Staff – for information

- ➤ The Chief of Staff attended the Canadian Conference on Physician Leadership. Two local physicians, Dr. Paul Mulzer and Dr. Suzanne Allain received Canadian Certified Physician Executive designations.
- ➤ The Northwest Regional Chiefs of Staff Council is expected to hold its first meeting in September, 2014.

6.4 Report from the Chief Nursing Executive

- ➤ National Nursing week will be held on May 12-16, 2014. Various activities have been planned locally.
- A memo regarding the nursing comportment has been circulated to all nursing staff. A task force is being formed to work on the implementation of the changes. Their first meeting is expected to happen within two weeks.

6.5 Report from the Dean, Northern Ontario School of Medicine

➤ The Northern Ontario School of Medicine Community Report, 2013 was circulated for information.

Moved by: Anita Jean
Seconded by: Doug Shanks

Motion

"That the Board of Directors:

- 6.1 Accepts the Report from the President and CEO,
- 6.2 Accepts the Report from the Chief of Staff,
- 6.3 Accepts the Report from the Chief Nursing Executive,



6.4 Receives the Report from the NOSM,

Dated May, 2014 as presented."

CARRIED

- 7.0 BUSINESS/COMMITTEE MATTERS none
- 7.1 <u>Corporate Membership</u>

Moved by: Grant Walsh Seconded by: Dick Mannisto Motion

"That the Board of Directors:

7.1 Accepts the applications for membership to the Corporation received for the period April 5 to April 25, 2014 as per the attached listing, as presented."

CARRIED

- 8.0 FOR INFORMATION
- 8.1 <u>Board Comprehensive Work Plan</u> for information
- 8.2 <u>Volunteer Association Corporate Membership List</u> for information
- **8.3** Foundation Board Corporate Membership List for information
- 9.0 BOARD MEMBER COMMENTS none
- **10.0 DATE OF NEXT MEETING** *June* 12, 2014–5:00 p.m.
- 11.0 ADJOURNMENT

There being no further business, the meeting adjourned at 5:28 p.m.

Chair	Board Secretary
Recording Secretary	



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Report to the Thunder Bay Regional Health Sciences Centre Board of Directors June 2014



What will you do with your new home?

On July 1, one lucky person will be named the winner of the luxury home in Sherwood Estates, thanks to the 28th Annual Canada Day House Lottery. Fort William Rotary is proudly selling only 10,000 tickets for this fantastic prize and we're all eligible! Stop by the Foundation office today to purchase your ticket for only \$100. \$50,000 is available in early bird cash draws every Wednesday until June 18th.



Who are you riding for?

Over 180 people are already registered for the 2013 Bell Motorcycle Ride for Dad in support of the Prostate Cancer fund of the Northern Cancer Fund. Riders will all start their engines together on June 14/14 in a 'Roar for a Cure' and then head out on a day-long poker run in and around the city. Opening and closing ceremonies will take place at the Victoria Inn.

Interested in participating (register online today at www.healthsciencesfoundation.ca) or volunteering for this fantastic event? Please contact Maureen Mills at 684-7278.

Ladies, register online today!

Queens, unite! June 17/14 marks the 8th Annual Remax Queen of Hearts Ladies Golf Classic where over 140 women gather to golf, be pampered and raise funds for the Northern Cardiac Fund. This event is for golfers and those looking to spend a day with friends alike. Register online today at www.healthsciencesfoundation.ca - spots are going guickly for this fantastic tournament. For questions or interested in volunteering please contact Devon Hamilton at 684-7113.

In support of your Foundation

Throughout our region, events are held by individuals and groups to make the best care possible here and in satellite facilities. From golf tournaments to concerts and head shavings, these inspirational people share their stories and raise funds to better care for all of us. When you see their posters or hear about events, please make an effort to get involved. Events like the 16th Annual Bearskin Airlines Charity Golf Classic and Spring Cancer Tea (supporting the Northern Cancer Fund) are just 2 examples of the great work in support of your Foundation.

Planning your summer? Make your legacy.

You're finally grilling outside, planning vacations and soaking up some warm sunshine. With all this fun around the corner, it's time to plan in earnest for your future - near or far. Before you map out your herb garden, book an appointment to review your Will and consider a gift to the Health Sciences Foundation.

Every gift - regardless of size - impacts the care offered to all of us in Northwestern Ontario. Your Health Sciences Foundation helps make possible things like new new infant warmers for the tiniest residents, just starting their lives through to new vital signs monitors machines for patients receiving care here at the Health Sciences Centre and regional sites. including Marathon.

Every gift makes a difference and we hope that you've taken the time to think about what your legacy could be. Haven't had a chance? Want to know where your gift could make a difference? Please contact Terri Hrkac, Director, Planned and Major Gifts at 684-7109 for more information.



TBRHSC Volunteer Association Report to the Board of Directors <u>June, 2014</u>

- ➤ On April 11-12, 2014 our Association, along with the Geraldton District Hospital Auxillary hosted the Joint H.A.A.O. Spring Conference. This event was held at the Victoria Inn with Auxillaries from Rainy River, Kenora, Fort Frances, Dryden, Geraldton as well as Pioneer Ridge and St. Joseph's Care Group. The three guest speakers, Mr. David Munro (Estate Planning), Ms. Diane MacLaurin (Identity Theft) and Ms. Annette O'Brien (Aging with Dignity) were well received.
- ➤ We have decided to close Season's Gift Shop on Sundays for the months of June, July and August on a trial basis.
- Our Board attended a workshop by Ms. Diane Walker, Board Consultant, in May which we found very informative. She guided us to make some important decisions in our roles as Board members.
- ➤ During Nurses' Week, the Volunteer Association presented a staff nurse with a \$1,000.00 Bursary towards her continuing education.
- ➤ June 10 will be our Annual General Meeting where we hope to proceed with two bylaw changes as well as other business.

Respectfully Submitted,

Dolores Mechtab President, Volunteer Association





Thunder Bay Regional Research Institute

Ph. (807) 684-7223 Fax (807) 684-5800

Translational Research Office:

Room #2162 980 Oliver Road, Thunder Bay, Ontario P7B 6V4

Pre-Clinical Research Office:

290 Munro Street, Thunder Bay, Ontario

www.tbrri.com

Thunder Bay Regional Research Institute Report for TBRHSC Board – June, 2014

Submitted by: Dr. Roxanne Deslauriers - June 2nd, 2014

TBRRI Annual General Meeting

On June 26th TBRRI will be celebrating its 7th Annual General Meeting. This year the keynote speaker will be Dr. John Bell. John is a Senior Scientist at the Ottawa Hospital Research Institute and a Professor in the Departments of Medicine and Biochemistry, Microbiology & Immunology at the University of Ottawa. He will be speaking about *Using Viruses to Fight Cancer*.

The following is an abstract of Dr. Bell's presentation: Cancer cells arise from normal tissues through a series of mutations in genes that control normal cell growth and differentiation. We discovered that the same



Dr. John Bell

genetic information that regulates cell growth and death also controls the ability of individual cells to fight virus infection. We have engineered viruses to take advantage of these cancer cell specific mutations to create replicating biological machines that specifically infect and destroy tumours. Data describing our progress from laboratory discovery through to testing our viruses in cancer patients will be described.

Everyone is welcome to join us **on June 26**th. The Annual General Meeting will be held from **2:00 – 4:00** in Auditorium A & B, 3rd FI., of TBRHSC.

Summer School on Medical Imaging launches fourth successful year



On May 28th, Scientists with the Thunder Bay Regional Research Institute and Lakehead University welcomed students to the 2014 Summer School on Medical Imaging (SSMI). SSMI is a 16-week, multidisciplinary program designed to create the next generation of highly skilled professionals in the field of medical imaging.

The program emphasizes technical and scientific skills, and their application in a broader, "real-life" context that extends

beyond the laboratory. TBRRI's Dr. Alla Reznik is the program founder and directed the program in its first three years. The program will help students understand and define research successes in the context of current and future patient needs, their communities, business and industry needs, and their own careers. Although lab work is part of the program, participants are required to have an understanding of healthcare problems in order to develop new technologies and treatments that will meet patient needs. This year Dr. Mitch Albert will direct the program.



Thunder Bay Regional Research Institute

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www.tbrri.com

HIFU Table Upgrade On Its Way



The HIFU table will be upgraded in the next few months. The Philips Sonalleve MR-HIFU device upgrade to Version 2.0 for the Achieve 3.0T includes a new trolley (which replaces a standard diagnostic table top on an MRI machine), a new HIFU transducer, a new RF coils system, new filter panels, and upgraded software.

Dr. Laura Curiel explains "This table will allow us to provide shorter fibroid treatment times and to explore new applications for HIFU including oncology treatments where HIFU will be used to enhance radiotherapy."

Elekta Student Travel Awards

On April 16th, TBRRI introduced a new student funding opportunity. The Elekta Student Travel Award (ESTA) was established to assist eligible students and post-doctoral



fellows in presenting their work at scientific conferences and research gatherings. Dr. Oleg Rubel was key in getting this opportunity up and running with the assistance of Dr. Mitch Albert and Janet Northan.

The ESTA is an ongoing opportunity and will be awarded four times a year on a competitive basis to eligible full-time Masters or PhD students whose principal supervisor is a TBRRI Scientist. 5 students have already benefited from these awards and the next round of applications are due July 25th.

Zehbe Lab Update

Dr. Ingeborg Zehbe's lab team has noted a number of successes over the past month. Her two PhD Biotechnology students, Melissa Togtema and Robert Jackson, were both awarded 3-year doctoral NSERC post-graduate scholarships (PGS-D3, \$63,000 each). Melissa was also awarded the Governor-General's Gold Medal for achieving the highest academic standing in her Lakehead University Master's



degree program. Master of Science in Biology student, Jessica Grochowski received an Ontario Graduate Scholarship of \$15,000 for her HPV project.

As well, several manuscripts have recently been accepted for publication including one related to our cervical cancer screening study by Brianne Wood et al; one by Dr. Chris Phenix et al related to HIFU applications in therapy and drug delivery; and a manuscript by Cuninghame et al regarding viral carcinogenesis. The Zehbe lab will be showcasing their work this summer at the upcoming 2014 DNA Tumour Virus Meeting in Madison, Wisconsin.



Thunder Bay Regional Health Sciences Centre Quality Committee of the Board

Tuesday, May 20, 2014 Administrative Boardroom – 4:00 – 6:00 p.m.

Present: Georgia Carr, Sharon Cole-Paterson, Cathy Covino, Dr. R. Crocker Ellacott,

Susan Fraser, Anita Jean, Liane MacAskill for Dr. Gordon Porter, Andrée Robichaud, Doug Shanks, Keith Taylor, Grant Walsh

Regrets: Dr. G. Porter

By Invitation: Dr. Scott Sellick, Director, Supportive and Palliative Care

Wendy Lange, Rec. Sec.

- 1. **CALL TO ORDER** The Chair called the meeting to order at 4:00 p.m.
- **2.0 QUORUM** Quorum was attained.
- **2.1 CONFLICT OF INTEREST** None.

2.2 APPROVAL OF AGENDA

A request was made to add two additional topics to the agenda to 6. Business/Committee Matters, 6.1 Proposed Regulations and 6.2 Accreditation Readiness.

The agenda was approved, as amended.

3. PRESENTATIONS

3.1 Supportive Care, Palliative Care, and Telemedicine Services Presentation

Dr. Scott Sellick, Director, Supportive and Palliative Care gave the Supportive Care, Palliative Care and Telemedicine Services presentation.

A patient story was told about a patient who was thankful for the hospital's Smoking Cessation Program which helped them develop a quit plan which had helped them to enjoy a healthier lifestyle and celebrate one year smoke free.

The Smoking Cessation Program is part of Supportive Care Program and has 130 people enrolled in the program to date. The program systematically implements a smoking cessation intervention for all eligible smokers admitted to Thunder Bay Regional Health Sciences Centre (TBRHSC). Research is done in collaboration with Dr. Pat Smith at the Northern Ontario School of Medicine.

Supportive Care Services encompasses supportive, psycho-social, and spiritual care staff.



Dr. Kevin Miller is Dr. Sellick's physician dyad counterpart for Palliative Care Services.

A national Northwest Nisidotaadiwin (Understanding Each Other) Conference was attended on April 30, 2014 in Winnipeg, Manitoba.

Funding was received for an Aboriginal Patient Navigator Service staff member in Cancer Care.

Telemedicine Services had 9400 clinical appointments in 2013 and now the Bariatric Program and Fracture Clinic are using the services for their patients.

A telecounselling pilot took place for patients in remote communities to use a PC and iPhones for consultations. This would benefit regional patients who do not want to go to community video conferencing sites for appointments due to privacy.

Research includes referral patterns in palliative care, attitudes of cancer care professionals towards symptom screening, assessing the impact of adventure therapy programs on young adult cancer patients and survivors, and assessing changes in sexual health quality of life. As well, many academic papers have been written.

3.2 <u>Emergency Preparedness Presentation</u>

As part of Accreditation Standards, Accreditation Canada reviews whether the hospital has a comprehensive disaster and emergency response.

Our progress to date includes the policies being 100% completed, Sub Plans 70% completed, and Observation Sheets 60% completed. Drill schedules are being implemented. The identified risk for patient and staff safety, as well as for Accreditation is the current lack of incident management in the organization.

The Leads were identified for the following Emergency Codes: Code Red (fire), Code Green (evacuation), Code Blue (cardiac arrest), Code Pink (paediatric/neonatal cardiac arrest), Code Yellow (missing/wandering patient), Code Grey (air exclusion), Code Orange (external disaster), Code Black (bomb threat), Code White (violent patient), Code Brown (biohazard threat), Code Amber (missing, abducted, or wandering child), and Chemical, Biological, Radiological, and Nuclear (CBRN) hazards.

The next steps for Emergency Planning are policies on Code Purple – Hostage Taking and Code Lockdown – Response to Threat to Staff or Patient. These policies are currently in draft.

The Alert 99 and Alert 99 - Trauma: Internal Alert 99 Policy has been approved. This is a response to a collapse of a patient, staff, or visitor other than a Code Blue. Education on this policy is pending.



The Pandemic Plan may be a future code. The Healthcare Incident Management System development and implementation will take place in 2015.

4. REPORTS

4.1 Quality and Risk Management Policies

Cathy Covino provided a report update on the Quality and Risk Management policies.

Reporting Quality Improvement Activities for Care and System Teams Policy QM-15 has been terminated, as it no longer applies.

Quality of Care Reviews - Quality of Care Information Protection Act (QCIPA) Covered Policy QM-80 and Quality of Care Reviews - Not Covered Under the Quality of Care Information Protection Act (QCIPA) Policy QM-81 is on the June Policy and Procedure Committee's agenda.

Any policy regarding staff safety is to be reviewed annually and all other policies are to be reviewed every three years.

5. CONSENT AGENDA

Moved by: Doug Shanks Seconded by: Keith Taylor

"That the Quality Committee of the Board:

- 5.1 Approves the Quality Committee of the Board Minutes of April 15, 2014,
- 5.2 Receives the Research Ethics Board Minutes of March 24, 2014."

6. BUSINESS / COMMITTEE MATTERS

6.1 <u>Proposed Regulations</u>

In April, the government proposed a second new regulation under the *Excellent Care for All Act* (ECFAA) that would require patient engagement with respect to the development of hospitals' Quality Improvement Plans (QIP) and would specify content requirements for the QIPs with respect to a hospital's patient engagement activities.

Discussion took place regarding Patient Family Advisors contributing to the QIP plan development, providing their input and consultation on measurables at the 5 Partners Engagement Session, and reviewing the final Quality Improvement Plan. As well, there is a Patient Family Advisor on the Senior Management Council and Patient Family Advisors on all committees that would be contributing to the development of the QIPs Action Plans.

Motion



Moved by: Doug Shanks Seconded by: Susan Fraser

"The Quality Committee of the Board recommends that the Board of Directors support the government's initiative on the Proposed Regulation Under the Excellent Care for All Act (ECFAA) Regarding QIPs." Motion

CARRIED

6.2 Accreditation Readiness

Discussion took place regarding questions that may be asked by the Accreditation Canada surveyors regarding quality.

The medication reconciliation policy is going to the Medical Advisory Committee tomorrow evening.

6. DATE OF NEXT MEETING

The next Quality Committee of the Board meeting will take place on June 17, 2014 at 4:00 p.m. in the Administrative Boardroom.

7. ADJOURNMENT

The Quality Committee of the Board meeting adjourned at 5:25 p.m.



Senior Management Report to the Board of Directors Thunder Bay Regional Health Sciences Centre June, 2014

Risk Management

- The first cycle of Integrated Risk Management (IRM) at the Manager and Director level has been completed.
- Mitigation strategies are in place for the highest risks in the organization at this level.
- A June meeting is scheduled with the Senior Management Council to discuss the cycle and request organizational level risk identification and mitigation strategies.
- IRM moves us from a reactive state to a pro-active state, allowing us to manage risk in a more thoughtful and inclusive manner.

Quality

- Several meetings of the Research Enterprise Initiative team were held in May. The
 team consisted of Board Members from Thunder Bay Regional Health Sciences
 Centre, Thunder Bay Regional Research Institute and Research Ethics. Pierre
 Deschamps, Lawyer and Bioethcist provided education for the group during these
 sessions.
- The mandate was to develop a Comprehensive Governance Framework (CGF) for research activities that take place at the TBRHSC.
- A report is being reviewed at the June Board of Directors meeting.

Emergency Preparedness

- Equipment has been purchased for staff to wear during a Chemical, Biological, Radiological or Nuclear (CBRN) events.
- CBRN training is ongoing to increase capacity to deal with these potential events.
- Accreditation Canada suggests implementation of an Incident Management system during their site visit and this is a planned activity for 2015.
- Yearly fire extinguisher training is booked over the summer months.
- Online Fire Drill Observation Form submission was trialed in May and will continue in June, with organization wide implementation to follow.

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Chronic Disease Prevention & Management

Cardiovascular & Stroke Program

• The development of a "Cardiovascular Corridor of Services" is one step closer to reality! In partnership with the University Health Network, the TBRHSC community completed preliminary planning activities to bring vascular and cardiac surgery to the Northwest region. The joint proposal to the Ministry of Health and Long-Term Care was submitted on May 28th, 2014. The initiative will serve over 1,000 patients every year and bring 65 full-



time healthcare positions to TBRHSC. These new services will enhance TBRHSC's abilities to meet the needs of our regional community and support excellent patient outcomes.

Regional Cancer Program

- On May 29th and 30th the Regional Cancer Program hosted the annual Community
 Oncology Professional Education Workshop (COPE) with over 150 health care providers
 in attendance. Highlights included presentations from local farmers Jodi and Kevin Belluz
 on eating locally and keynote speaker Steven Lewis who shared some big picture benefits
 on the implementation of an EMR and Patient-Centred Care.
- An annual report of our services was submitted to Cancer Care Ontario in review of 2013/14, which included reports from all physician leads.
- On June 23rd, Mary Jane Esplan, Executive Director of the de Souza Institute will be visiting the Regional Cancer Program and meeting with staff regarding training and education.
- The Cancer Program, and specifically Systemic Therapy and 1A In-Patient Oncology, participated in accreditation with a Surveyor spending an entire day in the program. Overall the response was very positive.
- The Cancer Quality Council of Ontario has delayed the Cancer System Quality Index launch to June 24th. This event will take place in Toronto, but will be available across Ontario, including TBRHSC via webinar.

Renal Services

• Rebecca Harvey, VP ORN, and Dr. Peter Blake, Provincial Medical Director, ORN, did a site visit at TBRHSC on April 28th. After a tour of the hospital and Renal Services, we participated in a luncheon and presentation by the renal team that highlighted the care provided and the challenges and obstacles we face caring for our patients. The following day Dr. Watson, Rebecca, Dr. Blake, and Kanita Johnson flew to Sioux Lookout for a tour of Meno Ya Win Health Centre followed by a trip to Lac Seul to meet the chief, visit the reserve, their nursing station, and a patient's home. The tour was very well received and enlightening for Rebecca and Dr. Blake.

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Adult Mental Health Services

- Darcy Price, Manager Adult Mental Health, and Nadia Bottoset, Site Lead, were participants in a panel presentation on the implementation of the Transitional Discharge Model at the Annual Addictions and Mental Health Conference held on May 27th in Toronto.
- The AMH Interprofessional team has begun the process of developing a team agreement.
- The unit continues to operate in an overcapacity state.

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Forensic Mental Health



- Forensic Mental Health has been able to recruit a part-time psychiatrist with Forensic qualifications to provide service to the new program Brief Assessment Unit. The goal for start date is mid-June pending contract negotiations.
- Conversations with potential community partners regarding the Youth Forensic funding are underway.
- The Blackboards within the patient rooms have been successfully completed. Positive response has been received from the majority of patients on the unit.

Assertive Community Treatment

- Work continues with community partners to reorganize/realign current rapid response and case management services to meet community needs.
- Partnership continues with SJCG to develop a single point of entry at the front end for access into case management/housing/outpatients (integrated intake).
- ACT is in the process of posting for a permanent manager position.

Prevention & Screening Services

- In the Lung Diagnostic Assessment Program, the Nurse Navigator will now be providing the nursing monitoring for CT guided biopsy instead of an RN from Diagnostic Imaging.
- The Smoke-Free Grounds working group is trying to boost education efforts around the smoke-free grounds as the one-year anniversary of the 'education phase' of the initiative was on May 31st. Efforts include educational booths in the cafeteria, information on iNformed, Chronicle Journal articles, a parking lot blitz, and a medworxx course.
- In an effort to increase TBRHSC's participation in the national event called the 'Commuter Challenge', Prevention and Screening Services and the Wellness Committee held two onsite bike tune-ups with two local bike shops, and also increased promotional efforts. The challenge is to get to work one day during the week of June 1-7 without driving in a single occupancy vehicle (e.g. carpooling, walking, biking, etc.) To date, TBRHSC has the most participants signed up in Thunder Bay with 114 participants, and Thunder Bay has the most participants signed up for a city with less than 250,000 people in Canada!

Corporate Services & Operations

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Financial Services

- The financial position of TBRHSC as at April 30, 2014 is a \$1,262,930 deficit compared to a budgeted deficit of \$531,354 and prior year surplus of \$37,319
- The largest unfavourable variance of \$782K is in salaries and benefits with earned hours 10,823 more than the prior year
- The Board approved a deficit budget of \$5.6 million for fiscal 2014-2015 due to overcapacity pressures and functional level details from SMC directives are being finalized

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Informatics

• TBRHSC has begun scanning the paper portion of the patient health record in to the Electronic Medical Record (EMR). Having all clinical documents available in the EMR



- will further enhance care by providing clinicians with quicker access to historical patient information.
- The consultants hired to conduct a review of the options for mitigating risk to the Data Center have recommended that the best option, in terms of performance, risk mitigation, and operational efficiencies is to build a data center in the new professional building. A business case for will be prepared for consideration by Senior Management by the fall 2014.
- A new Abstracting and Coding System to be utilized by Health Records at TBRHSC and 10 hospitals in the region was acquired and installed by the IT department.

Capital Planning and Operations

- Fire Inspection
 - Work is ongoing on deficiencies and opportunities identified by Fire Department
 - · Department education and auditing continues
- Capital Projects
 - Health Services Building is on schedule for early summer occupancy;
 - Parking Lot B expansion MOE approval has been received tender closed endorsed by LHIN Board of Directors.
 - The Noise Abatement project was completed and MOE's has confirmed the outstanding order is closed.
 - Preliminary functional planning and order-of-magnitude costing was completed for the Cardio-Vascular Surgery program.
- Northwest Supply Chain Collaboration
 - Year 3 projected savings exceed \$2.95 million annual threshold for the member hospitals.
- Nutrition and Food Services
 - N&FS Hostesses are using the more efficient CBORD computer program to take patient meal preferences enabling more patients to be seen to collect meal preferences.

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New Consent to Treatment / Pre Admission Package

- The new consent will roll out June 16th, 2014 replacing the numerous consents currently in existence (minor exceptions ie. Mental Health).
- The Pre Admission Package has been revised to coincide with the role out of the new consent.
- Education of all staff and physicians is currently underway.

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Fracture Clinic Wait Times

• An analysis of wait times in the fracture clinic has been completed – Improvements in wait times have been seen for 7 of 9 physicians.



- Further opportunities to decrease volume, improve flow and reduce wait times are currently being evaluated - methods include an analysis of the patient criteria for referral.
- Current average wait time from check in to discharge, is 92 minutes .

Summer Service Reductions

- The Operating Room will reduce services to 6-7 rooms from June 30th Sept 2nd, as per past practice.
- Summer reductions are required to accommodate vacations for surgeons, anesthetists and OR staff.

ED Patient Flow & Overcapacity

- ED continues to exceed provincial targets for non-admitted high acuity patients with a length of stay (LOS) of 6.5 hours (target 7 hours) and low acuity LOS 2.5 hours (target 4 hrs) for the month of April 2014
- Overcapacity continues to be a challenge resulting in sustained gridlock since March 18th. The average number of ALC patients for April was 69.5 compared to 55 last year at that time. In April there were 19 admitted patients waiting in ED each morning with LOS of 33 hrs (target 25-27 hours), which increased from 30.5 hrs in March (based on 90th% data).

Child and Adolescent Mental Health Unit (CAMHU) Services Review

- Phase 1 of the CAMHU Review is nearing completion. The Environmental scan is progressing well and expected to conclude by June 30th, 2014.
- An HSIP to the LHIN has been submitted to support the engagement of Child and Adolescent Mental Health Experts to provide advice to the steering committee. The objective remains to examine a future state model for CAMHU that is more responsive, sustainable, and that will benefit the care provided to our patients. The engagement with experts is planned for September 2014.

Maternal Substance Use Regional Workshop

- On Thursday, June 5th, 2014; Dr. Naana Jumah facilitated a regional workshop in Sioux together Lookout Ontario, with the funding support of a CIHR Planning and Dissemination Grant, entitled "Northwestern Ontario Management Strategies for Opioid Dependence in Pregnancy: Sharing Knowledge and Improving Care."
 - Clinicians (physicians, nurses, nurse practitioners and midwives) from the eleven regional hospitals that provide maternity care services and care for women with opiate dependence in pregnancy, will share management strategies and clinical care tools, as well as discuss the development of shared care pathways for the medical management of opiate dependence in pregnancy.

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Human Resources, Organizational Development and Library Services

HR participated in Improving Quality, Outcomes and Patient Engagement Through the Provision of French Language Health Services.



- HR will be participating in a Provincial "Think Tank" regarding the recruitment of Aboriginal Health Human Resources.
- Learning sessions were held in May on Customer Service, Team Building and Emotional Intelligence. The Know Your Collective Agreement series continues in June.
- 124 retirees and guests celebrated at the Annual Retirement Banquet on May 5.

Labour Relations

- **ONA** (Current Term: April 1, 2014 March 31, 2016): Central bargaining is now complete. An arbitration hearing has taken place and award has been released. Local negotiations for the 2014 collective agreement are complete and has been ratified by ONA.
- **OPSEU** (Current Term: April 1, 2011 March 31, 2014): Central bargaining will be proceeding to interest arbitration. Local negotiations are complete and has been ratified.
- **OPSEU-Maintenance** (New Term is September 29, 2013 September 28, 2017): Negotiations are complete and has been ratified by OPSEU-Mtc. as of May 28. The agreement is awaiting TBRHSC Board ratification.
- **SEIU** (Current Term: October 12, 2013 December 31, 2017): The current central contract was negotiated for a term of four years, 2013-2017. Parties have differing views on whether certain proposals deal with subjects that are within the Local Interest Arbitration Board's jurisdiction. The central parties are currently in discussions to determine an appropriate resolution process. Local negotiation dates remain on hold.
- **COPE** (Current Term: April 1, 2011 March 31, 2013): This contract is entirely local. The Hospital and Union went to conciliation; however no new term was negotiated. Interest arbitration dates have not been set at this time.
- PIPSC

Medical Physicists (Current Term: July 1, 2010 - June 30, 2013): Central negotiations have commenced with future bargaining dates to be scheduled. Pending notice to bargain – no update.

<u>Radiation Therapists</u> (Current Term: Oct 1, 2011 – Sept 30, 2014): No update since the previous negotiations.



2014 Grievance Activity - As at May 31, 2014

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	TOTAL Since Jan 1/14	GRIE	VANCES	ARBIT	RATION	Employees by Union
		Active	Resolved	Active	Award	
ONA	4	4	6	0	0	1018
COPE	3	3	1	1	0	329
OPSEU	5	4	9	0	0	406
OPSEU -	1	1	1	0	0	20
Mtc.						



SEIU	3	2	4	0	0	561
PIPSC	3	3	0	0	0	2
PIPSC -	0	0	0	0	0	22
Assoc.						
TOTALS	19	17	21	1	0	2358

Strategy & Planning

Strategy and Performance Management

- The 5 Partners Accountability Session on May 22 proved successful to inform and
 engage our partners. Positive comments received include "diversity of perspectives in
 brainstorming activity ideas for improvements" and "valuable morning nice to keep
 everyone informed. Keeps everyone thinking about their part and reminds us of
 priorities." The EVPs will take the additional ideas generated for each of the strategic
 initiatives presented to their June leadership meeting for consideration.
- Planning for the 2020 Strategic Plan has begun. Initial steps include preparing the environmental scan, convening a Strategic Planning Steering Committee, securing a visionary facilitator, and preparing a draft Strategic action plan. SMC will conduct a retreat to finalize the action plan and review the strategic directions over the summer in preparation for the Board Strategic Planning Day September 13.
- Surveyors were complimentary on the organizations progress since the last Accreditation and scored TBRHSC at 97%. TBRHSC has now demonstrated Compliance with the MEDREC Required Organizational Practice (ROP). The ROPs cited for improvement presently have processes in place; compliance will be achieved through modification or addition to current processes.
- Project management has contributed to two significant strategic milestones with the completion of the Cardiovascular Proposal development and the Medworxx UMS Implementation in May. New project initiatives recently launched include: Family Health Care Clinic for Medically Complex Patients, Psychiatric Corridor of service and CAMH Review

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Decision Support

- Select staff will complete the MOHLTC's Intellihealth training which will enable
 access to detailed patient usage information across various providers, both within and
 outside the Northwest region. It will be used to better inform operational planning
 and decision making processes, and will be helpful in reviewing compliance with
 quality standards outlined in the MOHLTC's Quality Based Procedure guidelines.
- A multi-year project plan for implementation of case costing has been developed and will be reviewed with SMC by the end of June 2014. Case costing provides valuable information to assist with strategic and operational planning and management.

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Health Records

• Health Record coders began learning encoding software and the replacement abstracting software.



- Ambulatory Care and Surgical Day Care patient records are being scanned after discharge.
- Four summer students have been hired to relocate records off site.

Occupational Health & Safety (OHS)

Lost Shifts due to WSIB

	2008	2009	2010	2011	2012	2013
Total Number of Incidents	637	515	537	688	757	762
WSIB Health Care Claims	115	118	111	115	108	117
WSIB Lost Time Claims	92	48	47	12	6	5
WSIB Lost Time Recurrences	13	4	11	6	7	2
Lost Time Days	3842	2359	1615	593	278	105
Near misses/hazardous				312	305	388
situations						

2014	Jan	Feb	Mar	Apr
Total Number of Incidents	76	60	53	72
WSIB Health Care Claims	12	17	8	13
WSIB Lost Time Claims	0	1	0	0
WSIB Lost Time Recurrences	0	0	0	0
Lost Time Days	0	15	3	0
Near misses/hazardous	16	8	7	13
situations				

Current Initiatives

- Safety Group funding is being used to support the hospital's plan to decrease injuries. Items purchased include transfer devices, ergonomic chairs, bariatric equipment, OR devices and much more. The refunds are approximately \$70,000-\$80000.
- Occupational Health and Safety Week (May 20-23). The goal was to familiarize staff
 with hazards that they may encounter during their work day, and the process of
 reporting.
- Health and Wellness initiatives include: meningitis immunization for high risk areas, blitz to update immunizations, new hire assessments, update of all health policies, trial of stretching programs for staff after hours and over their lunch time.

Volunteer Services

- Volunteer Association AGM is scheduled at 7pm on June 10, 2014 in TBRHSC Auditorium. By-law changes will be presented for voting and include changes to board size and membership fees. Dolores Mechtab (President), Donna Brown (Secretary), Joan Wheeler and Justin Garafalo will be leaving the Board.
- 2014 Ontario Volunteer Service Awards were presented to the following volunteers on May 29, 2014 - 25 Years: Marilyn Chisholm, Marilyn Hay and Laurette Patriquin, 20 Years: Kathryn Hughes, Dorothy Martell, and Linda Sargent, Youth: Conner Ferguson (PFA) and Christian O'Brien



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 Volunteer Association Bursaries were awarded to Marissa Curran and Gabrielle Gauthier.

Research

TBRRI Annual General Meeting:

- Everyone is welcome to attend our AGM on June 26th from 2:00 4:00 in TBRHSC Aud. A & B;
- Dr. John Bell, Senior Scientist at the Ottawa Hospital Research Institute will be the keynote speaker
- Dr. Bell will be speaking about *Using Viruses to Fight Cancer*.

Summer School on Medical Imaging:

- TBRRI and Lakehead University are jointly hosting the 4th Summer School on Medical Imaging;
- the 16-week multidisciplinary program emphasizes technical and scientific skills and their application in a broader, "real-life" context;
- program content extends beyond the lab and participants are required to have an
 understanding of healthcare problems in order to develop new technologies and
 treatments that will meet patient needs.

Equipment Updates:

- The current HIFU table will be upgraded over the next few months;
- The upgrades will allow the Hospital and the Research Institute to advance the HIFU program and will enable TBRRI to explore new applications including oncology treatments where HIFU will be used to enhance radiotherapy;
- Construction on the Cyclotron facility is underway and most of the underground systems have been installed and concrete poured in parts of the facility - equipment has started to arrive;
- It is expected that the facility will be operational early in the new year.

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Strategic Direction: Mental Health & Addictions:

- Canada's First Nations communities are disproportionately affected by opioid addiction with an estimated rate of 50-80% in some communities;
- of the First Nations women receiving pre-natal care in Sioux Lookout, up to 18% abused narcotics during pregnancy;
- Dr. Naana Jumah (TBRHSC Clinician and TBRRI Clinician Researcher) has put together an integrated team of specialists to develop a Northwestern Ontario Strategy for Integrated Care of Opioid Dependence in Pregnancy and Postpartum;
- One of the goals will be to develop early identification and intervention programs for infants and mothers;
- Partners in this work include 11 regional hospitals; 8 First Nation health organizations; and 8 other service providers;
- Expected outcomes by the end of 2014/15 include:

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- ➤ An integrated regional strategy for caring for women with opioid dependence during pregnancy;
- ➤ Best practice guidelines and shared care pathways for the medical management of opioid dependence in pregnancy and postpartum; and
- Applying an understanding of the needs of the mother and child in the context of the family and the community of which they are a part, while they are at the centre of care.

Building the Clinical Research Program & Clinical Trials:

- Nearing the completion of the search for TBRRI's new Director, Clinical Business Development;
- Recruiting for two new TBRRI paid positions: an Ethics & Regularly Officer and a Clinical Research Program Assistant.

Academics, Interprofessional Education, Medical Affairs and Pharmacy

Academic Affairs

 Partnering with NOSM to implement a strategy to improve the functioning of the Medical Clinical Teaching Unit (MCTU). As part of the strategy an agreement is being developed to identify the roles and responsibilities of NOSM, TBRHSC, Learners and Attending Physicians.

Interprofessional Education

 The Education team (Interprofessional Educators and Clinical Nurse Specialists) is in the process of delivering education on the new Consent form being introduced at TBRHSC. In addition, they are finalizing the education plan for the new Code Level Status Protocol.

Medical Affairs

- Two site visits were held: 1 radiologist, 1 psychiatrist
- There is a letter of offer currently in negotiations for a vascular surgeon.
- We are working with SJCG on a letter of offer for an IM/Geriatrics/Hospitalist physician.
- Currently working on advertising to recruit physicians in Pathology, Psychiatry and Emergency Services. Physician Recruitment has a booth at the CAEP conference for May 30-June 3.
- Dr. Kennedy and Dr Porter have developed a draft leadership responsibility profile, which is currently being reviewed by the Program Medical Directors and Administrative Directors.
- Reviewing opportunities for changing how we recruit Family Physicians to the community and the hospital.

Pharmacy

 Congratulations to Larry Bertoldo on his recognition from the Leslie Dan Faculty of Pharmacy, University of Toronto, Structured Practical Experience Program. Larry



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- was presented with a "Leadership Award" from the Faculty. Larry has been a teaching associate with the University of Toronto since 2002.
- The Pharmacy Dept. is hosting a second Pharmacy Technician student from Robertson College in Winnipeg.
- Two summer students have been hired. One student is a co-op pharmacy student placement from the University of Waterloo working in the Cancer Centre Pharmacy. The second student is a returning student from Lakehead University who is planning to enter the Pharmacy Program.
- The Pharmacy Dept. continues to perform monthly Safer Healthcare Now audits for Admission Medication Reconciliation.

Communications & Engagement (C&E)

Media Activity - April 30 - May 30, 2014

- Media events/Releases = 6
 - o Provincial Nursing Award
 - o Provincial budget reaction (declined)
 - o Mental Health Week comedian David Granrier
 - o Steven Lewis visits Regional Cancer Care
 - o Francophone engagement
 - o Celebrating 10 years of TBRHSC volunteers
- Media calls = 11
 - o Smoke-Free Grounds update
 - Fire Lane/Patient Drop-off
 - o Bariatric program
 - New Born abduction policy
 - o First Nations cancer and traditional medicine
 - o Mammogram research

Chronicle Journal feature stories = 27

• Submissions to Hospital News, The Walleye, Northern Ontario Medical Journal

togethe Staff: Welcome to Chisholm Pothier, VP, Communications, Government Relations & Aboriginal Health. Chisholm continues to meet with representatives of all areas of TBRHSC, as well as with community partners.

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Website: www.tbrhsc.net

In addition, C&E welcomed Jordan Manahan, a graduate of the University of Minnesota, for a five-week placement.

Aboriginal Health: Plans are underway for a week-long celebration at TBRHSC of National Aboriginal Day. Activities will include artist displays, drumming, the opening of the Healing Garden, teachings and traditional foods. The Aboriginal Engagement Lead continues to pursue arrangements with community organizations for patient and family access to sweat lodges.



<u>iLead:</u> In addition to regularly scheduled sessions (twice annually), C&E hosted a condensed iLEad meeting on June 2 to engageme mebers regarding employee giving at TBRHSC.

Ongoing high-priority projects: The draft of the 2013-2014 TBRHSC annual report has been circulated for review and feedback. Content develop, programming and testing of the new TBRHSC website continues. Promotion of Smoke-Free Grounds and smoking cessation supports in ongoing. New initatives will be launched in June and July, including internal engagement to determine additional activities to support success.

<u>Additional Support provided:</u> Temporary Transitional Care Unit (SJCG) communications support; NOSM accrediation support; Mental Health Week; 5 Partner Engagement; Clinical Dress Standards; accreditation awareness; donor reception; PFCC.



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Medical and Academic Affairs

Chief of Staff Board Report June 2014



Credentialing

- We continue to wait for a response from Dr. Geoff Davis, Chief of Staff regarding their bylaw changes to align SJCG/TBRHSC bylaws to meet our current process of a common Professional Staff.
- The Regional Credentialing working group is working towards the beginning of the electronic application for all new applicants with a workshop for all regional credentialing staff set for July.

Morbidity and Mortality Rounds

• Monthly M&M presentation schedule has begun at the MAC which takes the place of the previous presentations done by Quality and Risk Management

Incomplete Records

- Meetings have occurred with several physicians in ongoing effort to complete their outstanding charts
- Additional information has been provided by Heidi Greenwell, regarding charts that are incomplete waiting for physician review and signature
- We have been provided with inaccurate information from Health Records regarding the incomplete records and are working on a solution with Heidi Greenwell

Medical Staff Policy

- Revision of Medical Staff policy for Clinical Consultation (MS-23) has been completed by the MAC and was recommended for approval by the Policy and Procedure committee to SMC
- Next steps to develop an implementation strategy and data collection process

Standard Admission and Discharge

• Both the Standard Admission and Standard Discharge Groups continue to meet regularly.

healthy together Respectively submitted,

Thunder Bay, ON P7B 6V4

Phone: (807) 684-6000

www.tbrhsc.net

Dr. Gordon Porter, Chief of Staff





Senior Management Report to the Board of Directors Thunder Bay Regional Health Sciences Centre

June 2014

CNE - Open Report

Nursing Resource Team:

- 72 RN's accepted temporary 0.8 part-time offers and are in various phases of the orietation process in order to povide temporary summer relief.
- 12 RPN hired for temporary summer relief orientation to occur in June
- training to support the expansion of NRT to outpatient Renal has begun

Recent Changes to Respiratory Therapists

- MOHLTC approved changes to the lists of prescribed procedures that Respiratory
 Therapists may perform. For the majority of RTs these changes will not impact
 their authority to carry out patient care. For RTs who hold certificates of
 registration with terms, conditions or limits, these changes may allow for
 performance of procedures that they were previous prohibited from doing.
- At TBRHSC, the changes reflect practice changes going from added/advanced skills
 to basic skills that any RRT can do upon acquiring their Graduation License to
 practice. There is no current impact, as we have no RRT's with a Graduated or
 Restricted license. We will be making minor changes to the added skills policy to
 reflect this change.

Nurse Practitioner Education

• In 2016 there will be a change to the educational pathway to becoming a nurse practitioner. At that time all candidates must apply to the combined Masters degree/PHCNP program. This means that 2015 will be the final year that Lakehead University can admit students into the PHCNP certificate only program.

together

Nursing Uniforms Task Force

- Meetings held with Unions to engage in dialogue related to the "key principles" related to nursing uniforms that are important to Nursing Staff and Patients/ Families
 - Patient Family Advisory meeting reinforced desirability of Standard Uniform
 - Opportunities to discuss matters of importance and key principles will be the theme of the next task force meetings
 - Community engagement related to Nursing Uniforms and "key principles" of importance to be developed

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RNAO Best Practice Spotlight Update:

- In order to maintaion our deliverable of having 15% of our nursing staff trained as Best Practice Champions, we have applied for, and have been accepted to be, a host site for a Champions Workshop to take place September 15, 2014.
- We continue to work on the spread and sustainability aspects of our past BPG's and have selected the followinig additional BPG's for implimentation as part of our 2014-2016 cycle:
 - o Screening for Delirium, Dementia and Depression in the Older Adult
 - Caregiver Strategies for older adults with Delirium, Dementia and Depression.
 - o Collaborative Practice Among Nursing Teams



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Northern Ontario School of Medicine

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Northern Ontario School of Medicine Report

Dr. Roger Strasser, Dean-CEO May-June 2014

NOSM Board of Directors



Members Tour Debajehmujig Creation Centre, Welcome Manitoulin Island as Comprehensive Community Clerkship Site, and Participate in Strategic Planning

The Northern Ontario School of Medicine (NOSM) held its annual Board of Directors face-to-face meeting on Manitoulin Island, Ontario from May 8 to May 9, 2014.

On the first morning together, NOSM Board members enjoyed a tour of the Debajehmujig Creation Centre in Manitowaning, where they heard about how Debajehmujig Theatre Group members participate in simulation and standardized patient exercises for medical students on placement in the communities of Manitoulin Island. The Debajehmujig Theatre Group is a professional community-based non-profit organization dedicated to the vitalization of the Anishinaabeg culture, language and heritage, through education and the sharing of original creative expression with Native and Non-Native people.

In the afternoon, Board members helped Dr. Roger Strasser, NOSM Dean, and Dr. Roy Jeffery, Physician at Manitoulin Health Centre and NOSM Site Liaison Clinician, to officially welcome Manitoulin Island to the group of now 14 Comprehensive Community Clerkship (CCC) sites across Northern Ontario. Each year, Manitoulin Island will host two third-year medical students, who will undertake clinical placements at the Manitoulin Health Centre; the Manitoulin Central Family Health Team; the Northeastern Manitoulin Family Health Team; the Gore Bay Medical Centre; and, the Municipality of Assiginack Family Health Team, from September to April.

In the evening, NOSM Board members enjoyed a dinner with local community members, including several representatives from the health organizations of Manitoulin Island. Dr. Bill McCready, NOSM's Senior Associate Dean, West Campus and former Associate Dean of Faculty Affairs, and Dr. Greg Ross, NOSM's Associate Dean of Research, were thanked for their outstanding leadership and significant contributions to NOSM as they complete their terms as in June 2014.

During the two-day meeting, Board members participated in several presentations and interactive sessions on the topics of governance, advancement, financial sustainability, research, and strategic planning. NOSM has begun a widely consultative process of engaging the people and communities of Northern Ontario in the creation of a new strategic plan for the School for 2015-2020. Seeking the input of NOSM's many collaborators is key to the development of a plan that continues to support the School's social accountability mandate to contribute to improving the health of the people and communities across the region. All of NOSM's collaborators are invited to access the NOSM Strategic Plan 2015-2020 website at www.nosmsp2020.ca, review the background information, and contribute input online.

Innovative education and research for a healthier North. Formation et recherche novatrices pour l'amélioration de la santé dans le Nord.



Northern Ontario School of Medicine

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1-807-766-7300 Téléc.: 1-807-766-7370 At the formal Board meeting on the final day of face-to-face meeting, the Directors received reports from Board committees, including the Finance, Audit and Risk Management, Governance, and Executive Committees. The Directors also received reports from Academic Council and the School's Aboriginal and Francophone Reference Groups.

The Directors received a Financial Report for the 10-month period ending February 28. 2014. In addition, the Board approved the proposed balanced budget.

The next meeting of the Board of Directors is scheduled to occur on September 24, 2014.

For a complete list of Board members, please visit our website at nosm.ca.

PGE Accreditation Site Visit

On May 11 NOSM's first full PGE Accreditation Site Visit (ASV) began. Thirty-two surveyors represented the Royal College of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC), residents, regulatory authorities and teaching hospitals. Dr. Cathy Cervin and I spent two hours with the surveyors introducing them to NOSM and setting the scene for the ASV highlighting the advantages of NOSM's unique structure and how PGE at NOSM was built on previous success and is well on the way to fulfilling the vision of adaptable generalists with advanced expertise for the North.

Consistent with Distributed Community Engaged Learning (DCEL), 11 survey sub-teams visited seven communities over three days. This ASV schedule was very different from the standard model and was designed to ensure that the surveyors had positive experiences of DCEL and of NOSM.

At the conclusion of the visit, the team presented a brief summary of its immediate findings in a Conjoint Exit Conference. The report was remarkably good news and better than we might have been anticipated. This outcome is a huge credit to everyone involved. Congratulations, well done and thank you to everyone who worked so hard to achieve this success, particularly Dr Cathy Cervin, Jennifer Fawcett, Kate Beatty, Cathy Powell, residency program directors and coordinators, residents, PGE staff and faculty members, as well as many other faculty members and staff across the School, hospitals/health service personnel and community partners. Thank you all for this phenomenal team effort.

Although this exit report was positive and encouraging, it will be many months before the accreditation review process is complete. The formal process continues with the draft survey report providing an opportunity for the Dean and Associate Dean to correct any inaccuracies. Subsequently, the survey report will be considered at the fall meeting of RCPSC Accreditation Committee which means that we are likely to receive formal notification of that committee's decision later in this calendar year. For CFPC, the Accreditation Committee meets in June and January, so we may have to wait until early in 2015 for the final result.



Northern Ontario School of Medicine

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Northern Health Research Conference (NHRC)



The Northern Health Research Conference will be held June 6-7, 2014 in Sioux Lookout, ON. Dr. Sheldon Tobe, Chair of Aboriginal and Rural Health Research, is the lead for this year's conference.

Visit http://www.nosm.ca/nhrc/ for more information and to register.

NOSM Seeks High School Students for Health Sciences Summer Camps



Health Sciences Summer Camps at NOSM provide students with a unique opportunity to learn about professions in the health-care sector. These week-long programs take place within the modern, technologically advanced settings of the medical laboratories on NOSM's West Campus located at Lakehead University in Thunder Bay, and East Campus located at Laurentian University in Sudbury. The Camps provide students with an opportunity to explore health-care careers, obtain hands-on experience, and find

a mentor. NOSM is currently looking for interested high school students who will be attending Grade 10 and 11 in September 2014. The camps are free, and are held in Thunder Bay and Sudbury on July 7-11, 2014. Students interested in participating in the camps are encouraged to contact Véronique Poirier toll free at 1-800-461-8777 ext. 7198 or by email at camp@nosm.ca.

Read About Your Medical School



The Northern Ontario School of Medicine (NOSM) is a medical school of all of Northern Ontario – developed in the North, for the North. NOSM is guided by a social accountability mandate to contribute to improving the health of the people and communities of Northern Ontario. In support of this mandate, it is important to inform Northern Ontarians about the activities and achievements of their medical school. Last year–2013–was full of exciting developments in health education in the North. To learn more about how NOSM and partners across the region collaborated to

advance the dream of equitable, responsive health care for all Northern Ontarians, read NOSM's 2013 Community Report, titled "Working Together for a Healthier North." Download a version today <u>HERE</u>

Each quarter, Dean Dr. Strasser writes to Northern Ontarians about topics of importance at NOSM. Read what's on his mind

http://www.nomj.ca/2014/03/14/2020-vision-nosms-next-strategic-plan.html

For more news and information visit www.nosm.ca

Respectfully submitted,

Dr. Roger Strasser AM
Dean and CEO
Professor of Rural Health
Northern Ontario School of Medicine

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Prepared in accordance with Section 15 of the Broader Public Sector Accountability Act, 2010 (BPSAA)

ATTESTATION CERTIFICATE

TO: The Board of Directors

of Thunder Bay Regional Health Sciences Centre

FROM: Andrée G. Robichaud

President/CEO

Thunder Bay Regional Health Sciences Centre

Date: May 20, 2014

RE: April 1, 2013 to March 31, 2014

On behalf of the Thunder Bay Regional Health Sciences Centre I attest to:

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- The completion and accuracy of reports required of the Hospital pursuant to section 6 of the BPSAA on the use of consultants;
- The Hospital's compliance with the prohibition in section 4 of the BPSAA on engaging lobbyist services using public funds;
- The Hospital's compliance with any applicable expense claims directives issued under section 10 of the BPSAA by the Management Board of Cabinet;
- The Hospital's compliance with any applicable perquisite directives issued under section 11.1 of the BPSAA by the Management Board of Cabinet; and
- The Hospital's compliance with any applicable procurement directives issued under section 12 of the BPSAA by the Management Board of Cabinet,

during the applicable period.

In making this attestation, I have exercised care and diligence that would reasonably be expected of a President/CEO in these circumstances, including making due inquiries of Hospital staff that have knowledge of these matters.

I further certify that any material exceptions to this attestation are documented in the attached Schedule A.

Dated at Thunder Bay, Ontario this May 20, 2014.



Andrée G. Robichaud President/CEO Thunder Bay Regional Health Sciences Centre



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Telephone: (807) 684-6000

Website www.tbrhsc.net



Schedule A to Attestation

MATERIAL EXCEPTIONS TO DECLARE

1. Exceptions to the completion and accuracy of reports required in section 6 of the BPSAA on the use of consultants;

No Known Exceptions.

2. Exceptions to the Hospital's compliance with the prohibition in section 4 of the BPSAA on engaging lobbyist services using public funds;

No Known Exceptions.

 Exceptions to the Hospital's compliance with the expense claims directive issued under section 10 of the BPSAA by the Management Board of Cabinet, and

No Known Exceptions.

4. Exceptions to the Hospital's compliance with perquisites directive issued under section 11.1 of the BPSAA by the Management Board of Cabinet,

No Known Exceptions.

Exceptions to the Hospital's compliance with the procurement directive issued under section 12 of the BPSAA by the Management Board of Cabinet.

No Known Exceptions.

Andrée G. Robichaud President and CEO Thunder Bay Regional Health Sciences Centre

May 20, 2014



Payroll Attestation to the Board

Resource Planning Committee Tuesday, May 20, 2014



Governance/By-Laws Committee

9.4 Duties of Treasurer

(h) Ensure systems, as established by the Board, for the preparation and submission to the Board of compliance certificates, confirming that wages and source deductions have been accomplished, are in place, are functional and adequate and monitor for compliance with such systems;

9.6 President and Chief Executive Officer

(e) The President and Chief Executive Officer shall submit quarterly certificates to the Board in respect of the previous quarter that all wages owing to employees and source deductions relating to the employees that the Corporation is required to deduct and remit to the proper authorities pursuant to all applicable legislation, including without limitation, Income Tax Act (Canada), the Canada Pension Plan (Canada), the Unemployment Insurance Act (Canada), and Employer Health Tax Act (Ontario), have been made and remitted to the proper authorities, and that all taxes collected pursuant to the goods and services tax and harmonized sales tax have been collected and remitted to the proper authorities;



CEO Attestation Schedule

For Period	Resource Planning Committee Review	Board Mtgs
Q4 2013-14	2014-09	2014-09
Q1 2014-15	2014-09	2014-09
Q2 2014-15	2014-10	2014-10
Q3 2014-15	2015-01	2015-01
Q4 2014-15	2015-04	2015-04
Q1 2015-16	2015-09	2015-09
Q2 2015-16	2015-10	2015-10
Q3 2016-16	2016-01	2016-01
Q4 2015-16	2016-04	2016-04





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ATTESTATION

TO: The Board of Thunder Bay Regional Health Sciences Centre, (the "Board")

FROM: Andrée Robichaud, President and Chief Executive Officer

DATE: Sept. XX, 2014

RE: Q4 2013-2014 Wages and Source Deductions for Fiscal Year Beginning

April 1, 2013 and ending March 31, 2014 (the "Applicable Period")

On behalf of the Thunder Bay Regional Health Sciences Centre (the "Hospital") I attest that:

- all wages owing to employees have been recorded, processed, accrued and/or paid accordingly as per established payroll cycle and other scheduled payouts;
- all source deductions relating to the employees, which the Corporation is required to deduct and remit, pursuant to all applicable legislation, including without limitation, the Income Tax Act (Canada), the Canada Pension Plan (Canada), the Unemployment Insurance Act (Canada), and Employer Health Tax Act (Ontario), have been made and remitted to the proper authorities within established timelines;
- all taxes collected pursuant to the Harmonized Sales Tax have been collected, claims filed and/or remitted as required to the proper authorities;
- the Corporations Information Act Annual Return required of Registered Charities under the Income Tax Act (Canada) has been filed;
- that the systems in place, as established by the Board, for the preparation and submission to the Board of compliance certificates, confirming that wages, source deductions and other taxes have been accomplished, are in place, are functional, adequate and monitored

during the Applicable Period.

In making this attestation, I have exercised care and diligence that would reasonably be expected of a President and CEO in these circumstances, including making due inquiries of Hospital staff that have knowledge of these matters.

Dated at Thunder Bay, Ontario this	day of	, 2014
Andrée G. Robichaud, President and	d Chief Executive O	 fficer



Thunder Bay Regional Health Sciences Centre Corporate Membership List

Received for the period of April 26-June 11, 2014

Presented to the Board of Directors on June 12, 2014

SurnameFirst NameSurnameFirst NameBrunelleAngele

Previsouly Approved

Surname	First Name
Arnone	Margaret
Balacko Smith	Cheryl
Boucher	Josephine
Cole Paterson	Sharon
Covino	Cathy
Covino	Herb
Deslauriers	Roxanne
Doucette	Nadine
Edwards	Don
Fidler	Wesley
Fraser	Susan
Freitag	Carolyn
Hannaford	Joyce
Henderson	Mark
Hettenhausen	William
Jean	Anita
Johnson	Rebecca
Kemeny	Barbara
Kennedy	Stewart
Knibbs	Donald
Knibbs	June
Laakso	Renée
Leach	Gerry
Lynch	Kathleen
Bubar	Dawn
Crocker Ellacott	Rhonda
Culligan	Denyse

Surname	First Name
Mannisto	Richard (Dick)
Masood	Khaja
Mauro	Sylvianne
McMillan	Martin
Morrison	Rod
Murrell	Donald
Myllymaa	Peter
Nehrebecky	Jessica
Northan	Janet
Porter	Gordon
Powell	Dawn
Pulice	Suzanne
Robichaud	Andrée
Robichaud	Claude
Shanks	Doug
Sidorski	Stephen
Smith	Tracie
Straiton	Elizabeth
Sutton	Bruce
Tupker	Jules
Walsh	Grant
Williamson	Sara
Young	Sophie
Zanette	Helen
Josefchak	Joe
McDaid	Karen
Stasser	Roger

Total Corporate Members: 55

tem i	Accountability	Activity		Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
1	Financial Oversight	Initial Meeting of Audit Committee	Aud							х						
2	Financial Oversight	Review Evaluation of Auditors	Aud							Х						
3	Financial Oversight	Independence Questionnaire	Aud							Х						
4	Financial Oversight	Approve Audit Work Plan	Aud							Х						
5	Financial Oversight	Audit Plan (Grant Thornton)	Aud							х						
6	Performance Measurement and Monitoring	Review Results of Interim Audit Conducted in January	Aud									Х				
7	Financial Oversight	Review Draft Year End and Reporting Issues TITLE CHANGED FROM: Discussion of Year-end Reporting Issues	Aud									х				
8	Financial Oversight	Review Audit Statement Presentation	Aud									X				Remove as this is a duplicate of line 9
9	Financial Oversight	Individual Program Audit Reports	Aud									x				Removed from workplan as individual reports not being conducted this year
10	Financial Oversight	Presentation of PSAB Standards	Aud									Х				Remove as this is not relevant this year
11	Financial Oversight	Update on New Hospital Capital Audit	Aud									Х				
12	Financial Oversight	Review and Recommend Year End Financial Statements for Approval to the Board	Aud											х		
13	Financial Oversight	Audit Results (Grant Thornton)	Aud											х		
14	Financial Oversight	Management Letter	Aud											х		
15	Risk Identification and Oversight	Claims Summary	Aud											х		
16	Financial Oversight	Analysis of Legal Fees as at March 31	Aud											х		
17	Performance Measurement and Monitoring	Evaluation of Auditors	Aud											х		
18	Performance Measurement and Monitoring	Recommend Appointment of Auditors	Aud											х		
		Approve Year-end Financial Statements	Aud												х	
		Statements for Approval to Board	Aud											х		

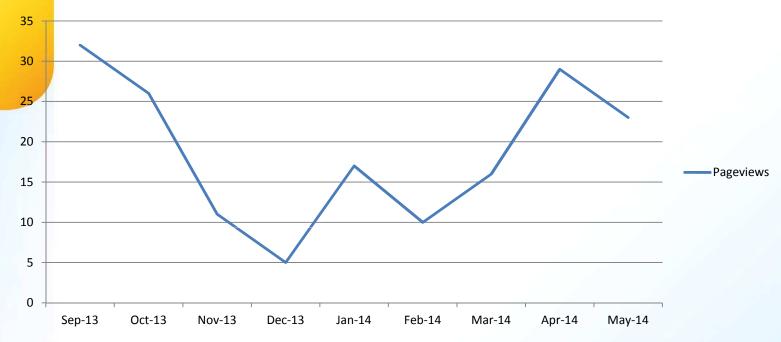
tem #	Accountability	Activity		Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
21	Strategic Planning and Vision, Mission, Values	Set up Partnership Meetings for the year	BD			x										
22	Oversight of Management	Monthly Education Topics for the Board	BD			Х	Х	Х	Х	Х	Х	х	х	Х	х	
23	Oversight of Management	Participate in CEO Evaluation via website	BD										х			
24	Governance	Participate in COS Evaluation via website	BD										х			
	Governance	Approval of By-Laws	BD											х		
	Oversight of Management	Approve Slate of Nominees to Fill Board Vacancies	BD											Х		
	Oversight of Management	Approve CEO Evaluation	BD												Х	
	Oversight of Management	Approve COS Evaluation	BD												Х	
	Oversight of Management	Preliminary Review of By-Laws	BL									Х				
	Governance	Evaluation of CEO	EC											х		
31	Strategic Planning and Vision, Mission, Values	Evaluation of COS	EC											х		Meeting to be scheduled in June/14.
	Strategic Planning and Vision, Mission, Values	Ensure Board Meeting Evaluations are Completed	Gov			х	х	х	х	х	х	х	х	х	х	
33	Governance	Identify Education Needs for Coming Year	Gov			х										
34	Governance	Plan Annual Board Retreat	Gov			х										y.
35	Governance	Proposal re: Committee Structure/Work Plan	Gov			х										
36	Governance	Review Annual Board Evaluation and Board Self Evaluation	Gov				Х									
37	Oversight of Management	Review all Board Policies - Identify Revisions Required	Gov				Х									
38	Governance	Review Board Committee Terms of Reference	Gov				х									
39	Governance	Review CEO/Chief of Staff Performance Evaluation Process (subject to revised policy approval)	Gov				х									
40	Governance	Review Meeting Evaluations for the Quarter	Gov				х				х		х			
	Governance	Board Self Assessment Questionnaire - Distribute to Board Members for Completion	Gov						х				х			
42	Governance	Team Effectiveness Scale - Distribute to Board Members for Completion	Gov						х				х			
43	Governance	Review Board Committee Attendance Summary	Gov							х				х		

tem :	Accountability	Activity		Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
44	Governance	Review By-Laws	Gov										х			
45	Governance	Annual Board Evaluation - Performance Review	Gov											х		
46	Governance	Review Orientation Program	Gov											Х		
	Governance	Review Applications for Board Vacancies	Nom									х				
48		Nominating Committee - Candidate Interviews for Board vacancy	Nom										х			
		Review Board Composition Profiles documents for use of Nominating Committee: Policy BD-45 Preferred Selection Criteria for Board Membership Skills Matrix for Board of Directors Applicants									X					
50	Quality Oversight	Patient Safety/Public Indicators	Qual			Х				Х			Х		х	
		Review Quality Terms of Reference	Qual			Х										
	, ,	Review Quality Work Plan	Qual			Х										
	Quality Oversight	Programs & Services Presentations	Qual			х	Х	х	Х	Х	Χ	Х	Х	Х	х	
	Quality Oversight	Comments/Compliments/Complaints	Qual				Х					Х				
55	Risk Identification and Oversight	Quality Improvement Plan Except From Balanced Scorecard	Qual				х			X		×				Item deferred on agenda.
56	Risk Identification and Oversight	Critical incidents/MAC recommendations	Qual					Х					Х			
57	Risk Identification and Oversight	Risk Management	Qual					х					х			
58	Quality Oversight	Emergency Preparedness	Qual						х			Ī		х		
59	Quality Oversight	Accreditation	Qual				Х				х					
		Quality Improvement Plan Approval	Qual									х				
	Risk Identification and Oversight	Quality and Risk Management Policies	Qual											х		
		Financial Pressures Relating to Risk	Qual		х											
63		Credentialling Process/Professional Staff & regulated licensed Professional processes	Qual			х										
64	Financial Oversight	Financial Statements and Variance Report - (Review)	RP			Q1		Q2			Q3			Q4		

tem :	Accountability	Activity		Responsible Body	As Needed	September	October	November	December	January	February	March	April	Мау	June	Comments
	Financial Oversight	H-SAA Operating Plan Submission (Update)	RP			Х										
	Financial Oversight	Health Services Centre (Update)	RP			Х										
67	Financial Oversight	Data Centre Relocation and Disaster Recovery Plan Submission (Update)	RP			x										
68	Financial Oversight	Resource Planning Work Plan	RP			Х										
69	Performance Measurement and Monitoring	Financial Statements (information)	RP			х	Х		х	Х		х	Х		Х	
70	Financial Oversight	Corporate Balanced Scorecard - (Review)	RP				Q1		Q2			Х			Q4	
71	Financial Oversight	Wait Time Initiatives (Update)	RP				Х									Removed from agenda as nothing to report
72	Financial Oversight	Northwest Supply Chain - Performance (Update)	RP					Х					х			Deferred to June
	Financial Oversight	Medbuy - Overview and update	RP					х								
74	Financial Oversight	Funding HBAM and Qual Based Procedures (Update)	RP					х								
75	Performance Measurement and Monitoring	HAPS (Presentation)	RP					Х								
76	Financial Oversight	Budget Planning Targets and Directives (Presentation)	RP					х								
77	Financial Oversight	Budget Planning Process (Presentation)	RP					х								
78	Financial Oversight	Investment Portfolio Update	RP						х							
79	Financial Oversight	Benchmarking Results	RP						X							Removed from agenda as nothing to report
80	Financial Oversight	Human Resources and Organizational Development (Report)	RP						х							
81	Financial Oversight	Health Human Resources, Planning, Recruitment (Update)	RP						×							
82	Financial Oversight	Capital Equipment and Capital Projects (Update)	RP							Х			Х			
83	Financial Oversight	Informatics Projects and Initiatives (Update)	RP							х						Topic was decided irrevelevant at committee Level
84	Financial Oversight	Capital Budget Planning (Update)	RP							х						
		Operating Plan (Approval)	RP									Х				Moved to March
86	Financial Oversight	Capital Budget Summary	RP								Ì	х				Moved to March

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tem f	Accountability	Activity		Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
87	Financial Oversight	Broader Public Services (BPS) Disclosure	RP								×					
22	Financial Oversight	Data Centre Disaster Recovery Plan (Update)	RP									х				
89	Financial Oversight	Physician and Health Human Resources Recruitment & Retention (Update)	RP									x				Amended to 2 items 1)Physician Retention Upate deferred to 2014-06 20 (name changed) Human Resources and Organizational Development Strategy -deferred to 2014-09
90	Financial Oversight	Labour Relations - Grievances and Arbitration (Update)	RP									х				
	Financial Oversight	Occupational Health and Safety Program (Update)	RP									х				
92	Financial Oversight	TBRHSC Operating Plan (Update)	RP										Х			
	Financial Oversight	TBRRI Operating and Capital Budget (Report)	RP										х			
94	Financial Oversight	Non Patient Legal Matters (Update on Outstanding Issues)	RP										х			
95	Financial Oversight	Unaudited Preliminary Year End Financial Statements (March 31) (Review)	RP											х		
96	Financial Oversight	TBRRI - Financial Statements (Unaudited) (as at March 31)	RP											х		
97	Financial Oversight	Numbered Companies - Financial Statements (Unaudited) (as at March 31)	RP											х		
98	Financial Oversight		RP											х		
99	Risk Identification and Oversight	TBRRI Audited Year End Financial Results	RP												х	
100	Risk Identification and Oversight	Insurance - Review of Coverage	RP												х	
101	Risk Identification and Oversight	Investments - Performance Review	RP												х	
	Governance	Investments - Policy Review	RP												х	
103	Risk Identification and Oversight	Litigation	Qual							х						*new item added in March, 2014
		Responsible Body Legend:														
		Aud Audit Committee														
		BD Board of Directors														
		EC Evaluation and Compensation Committee														
		Gov Governance Committee														
		Nom Governance/Nominating Committee														
		Qual Quality Committee														
		RP Resource Planning Committee														
		BL Governance/By-Laws Committee														
		Colour Legend								Ī						
		Completed by target														
		In progress but not completed by target														
		Not in progress, and not completed by target														

Page Views for Open Board Meeting Webcast (September 2013 – May 2014)





Month	# Page Views	Month	# Page Views
Sept 2013	32	Jan 2014	17
Oct 2013	26	Feb 2014	10
Nov 2013	11	Mar 2014	16
Dec 2013	5	Apr 2014	29
		May 2014	23