



**TBRHSC Board of Directors
Open Meeting**

Wednesday, September 10, 2014 – 5:00 pm Boardroom, Level 3, TBRHSC

980 Oliver Road, Thunder Bay

AGENDA

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 (X)	Presenter	Item & Purpose (Y)	Expected Outcome (Z)			
				Recommendation / Decision/Action	Education	Discussion	Information
1.0			CALL TO ORDER				
2.0			PATIENT STORY – Andrée Robichaud				
3.1	1	S. Fraser	Quorum (8 members total required, 6 being voting)				
3.2	1	S. Fraser	Conflict of Interest				
3.3	1	S. Fraser	Approval of the Agenda	X			
3.4	3	S. Fraser	Chair's Remarks				X
4.0			PRESENTATIONS				
4.1	5	S. Fraser	Presentation to retired Board member				X
4.2	15	S. Kennedy	Physician Recruitment*		X		X
5.0			CONSENT AGENDA				
5.1			Board of Directors: Approval of Minutes – June 12, 2014*	X			X
5.2			TBRHS Foundation*				X
5.3			Volunteer Association				X
5.4			Professional Staff Association				X
5.5			Thunder Bay Regional Research Institute*				X
6.0			REPORTS AND DISCUSSION				
6.1	5		Report from Senior Management*	X		X	X
6.2	10	A. Robichaud	Report from the President and CEO			X	X
6.3	5	Dr. G. Porter	Report from the Chief of Staff*			X	X
6.4	5	Dr. Crocker Ellacott	Report from the Chief Nursing Executive*			X	X
6.5	5	Dr. R. Strasser	Northern Ontario School of Medicine (NOSM)*			X	X
7.0			BUSINESS/COMMITTEE MATTERS				
7.1	5	C. Covino	Quality Committee Minutes – June 17, 2014* 7.1.1 Patient Safety Plan*	X			
7.2	5	P. Myllymaa	Hospital Service Accountability Agreement (HSAA)*	X			
7.3	5	P. Myllymaa	Multi-Sectoral Accountability Agreement (MSAA)*	X			
7.4	5	C. Pothier	Co-branded entrance signage*	X			
7.5	5	C. Pothier	TBRHSC visual identity refresh*	X			
8.0			FOR INFORMATION				

#	Time (X)	Presenter	Item & Purpose (Y)	Expected Outcome (Z)			
				Recommendation /Decision/Action	Education	Discussion	Information
8.1			Board Comprehensive Work Plan*				X
8.2			Webcast Statistics*				X
9.0	BOARD MEMBER COMMENTS					X	
10.0	DATE OF NEXT MEETING – October 1, 2014						X
11.0	ADJOURNMENT						
<div>Ethical Framework</div> <p>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.</p> <div><div>1.</div><div>Does the course of action put ‘Patients First’ by responding respectfully to needs & values of patients and families?</div></div> <div><div>2.</div><div>Does the course of action demonstrate ‘accountability’ by advancing quality, safety and Patient and Family Centred Care & delivering fiscally responsible services?</div></div> <div><div>3.</div><div>Does the course of action demonstrate ‘respect’ by honouring the uniqueness of every individual?</div></div> <div><div>4.</div><div>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?</div></div> <p>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.</p> <p>http://intranet.tbrhsc.net/Site_Published/i5/render.aspx?DocumentRender.IdType=5&DocumentRender.Id=110784</p>							

BOARD OF DIRECTORS (Open)
September 10, 2014 - REVISED

Agenda Item	Committee or Report	Motion or Recommendation	Approved or Accepted by:
3.3	Agenda – September 10, 2014	“That the Agenda be approved as circulated.”	Moved by: Seconded by:
5.0	Consent Agenda	<p>“That the Board of Directors:</p> <p>5.1 Approves the Board of Directors Minutes of June 12 2014,</p> <p>5.2 Receives the TBRHS Foundation Report – dated September, 2014,</p> <p>5.3 Receives the Volunteer Association Report – n/a</p> <p>5.4 Receives the Professional Staff Association Report – n/a,</p> <p>5.5 Receives the TBRI Report dated September, 2014,</p> <p>as presented.”</p>	Moved by: Seconded by:
6.0	Reports and Discussion	<p>“That the Board of Directors:</p> <p>6.1 Accepts the Report from Senior Management,</p> <p>6.2 Accepts the Report from the President and CEO,</p> <p>6.3 Accepts the Report from the Chief of Staff,</p> <p>6.4 Accepts the Report from the Chief Nursing Executive,</p> <p>6.5 Receives the Report from the NOSM,</p> <p>dated September, 2014 as presented.”</p>	Moved by: Seconded by:
7.1.1	Patient Safety Plan	“That upon recommendation from the Quality Committee, the Board of Directors approves the 2014-15 Patient Safety Plan, as presented.”	Moved by: Seconded

Agenda Item	Committee or Report	Motion or Recommendation	Approved or Accepted by:
7.2	Hospital Service Accountability Agreement (H-SAA) Declaration	<p>“That the Board of Directors approves the Board Chair to execute the Declaration of Compliance for the period of April 1, 2013 to March 31, 2014 confirming that the Hospital has complied with the following:</p> <ul style="list-style-type: none"> • the HSP has complied with the provision of the Local Health System Integration Act, 2006 and the Broader Public Sector Accountability Act (the “BPSAA”) that apply to the HSP; • the HSP has complied with its obligations in respect of CritiCall that are set out in the Agreement; • every Report submitted by the HSP is complete, accurate in all respects and in full compliance with the terms of the Agreement; and • the representations, warranties and covenants made by the Board on behalf of the HSP in s. 10.3 of the Agreement remain in full force and effect.” 	<p>Moved by: Seconded by:</p>
7.3	Multi-Sector Service Accountability Agreement (M-SAA) Declaration	<p>“That the Board of Directors approves the Board Chair to execute the Declaration of Compliance for the period of April 1, 2013 to March 31, 2014 confirming that the Hospital has complied with the following:</p> <ul style="list-style-type: none"> • Article 4.8 of the M-SAA concerning application procurement practices; • The Local health System Integration Act, 2006 and • The Public Sector Compensation Restraint to Protect Public Services Act, 2010.” • The following specific performance requirements as outlined in Schedule E4 of the 2011-2014 M-SAA: <ul style="list-style-type: none"> a. Chronic Disease & Prevention Management b. “Home First” Philosophy c. Health Services Blueprint – Community Engagement d. Quality Improvement Plans (QIP) 	<p>Moved by: Seconded by:</p>

Agenda Item	Committee or Report	Motion or Recommendation	Approved or Accepted by:
		e. Behavioural Supports Ontario Action Plan f. Emergency Preparedness Plans g. E-Health h. Information Technology i. Ministry LHIN Performance Agreement (MLPA)"	
7.3	Co-Branding Entrance Signage	"That the Board of Directors approves the co-branded signage at three main TBRHSC entrances, as presented."	Moved by: Seconded by:
7.4	Visual Identity Refresh	"That the Board of Directors approves the update to TBRHSC's visual representation of its brand, as presented."	Moved by: Seconded by:

Recruitment update

Presentation for the Board of Directors
September 10. 2014

Dr. Stewart Kennedy, EVP Medical and Academic Affairs



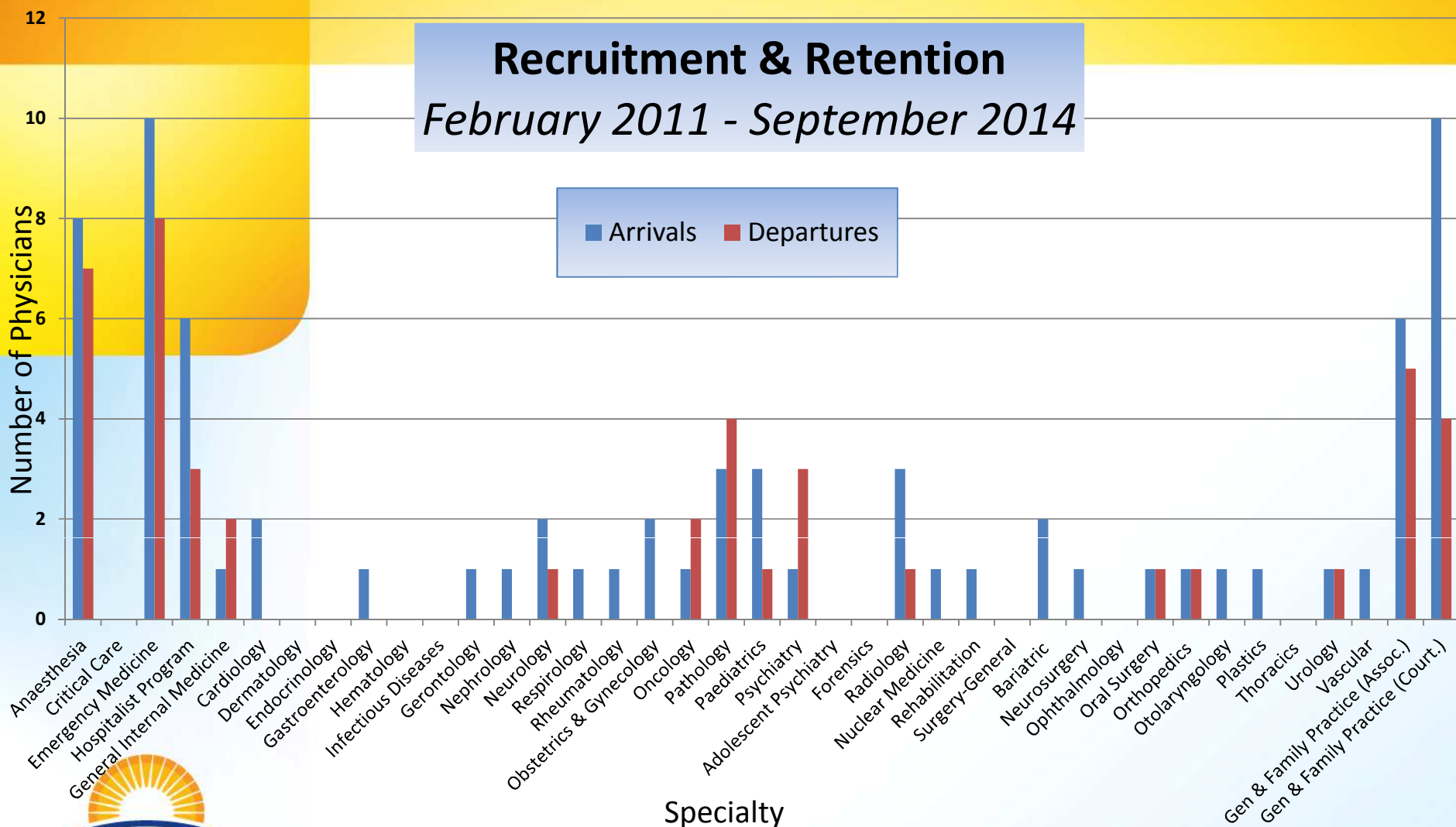
Recruitment & Retention

February 2011 - September 2014

Number of Physicians

Arrivals Departures

Specialty



Our Challenges

Pathology

Current

- 5 full time
- 2 pathologists on undetermined LOA (these gaps are currently being covered by locums through the Health Force Ontario (HFO) Locum Specialist Program)
- Currently advertising for 2 full time pathologists
- Plan to do workload analysis to determine appropriate compliment



Our Challenges

Psychiatry

Current

- 4.7 (2 for Forensics and 2.7 for Adult Mental Health (AMH))
- Currently advertising jointly with SJCG for General Psychiatrists, and Psychiatrists specializing in Child and Adolescents, Geriatrics and Addictions

Required

- 10 psychiatrists- additional 2 for AMH, 2 for CAMHU, and 1-2 for urgent care/consultation through the ED or other units.



Our Challenges

- Radiology

Current

- 5 General Radiologists
- 1.5 Nuclear Medicine
- 1 Interventionalist

Required (Currently advertising for)

- 1 Interventionalist
- 1 Radiologist with expertise in Mammography
- Gaps are currently being covered by locums through the Health Force Ontario (HFO) Locum Specialist Program and Respite Programs



Our Challenges

Dermatology

Current

- 1 (who has indicated retirement in near future)
- Supplemented by additional locum coverage in the community only

Required

- 1 full time Dermatologist (currently advertising)



Our Challenges

Hospitalist

Current

- 7 full time with additional 3 providing some coverage
- Additional gaps in schedules being filled by locums

Required

- 4 additional full time needed in order to implement new schedule and become locum independent



Our Successes

ED recruitment

- Departures 8
- Arrivals-8 with an additional 2 to start in October

2 Bariatric surgeons started in July 2

1 Vascular surgeon starting October 2014- has done some locum work during summer months for vascular access

1 Internal Medicine specialist (will cover Gerontology, Hospitalist service and MCTU) 1



Our Successes

Otolaryngology (ENT)

- many years had only 2 physicians-currently have 4

Obstetrics/Gynecology

- Currently have 8 physicians with highlight of recent recruitment of Dr. Naana Jumah (physician/researcher)

Paediatrics

- After working some time with depleted numbers due to retirements and moves, recently had our 6th paediatrician start.
- Looking for approval through their APP to recruit 2 more



Our Successes

Family Practice

- Several new family physicians have opened offices in the community
- Some of these physicians have expressed an interest in Active hospital privileges



Opportunities

Academic mission

- All members of the Active/Associate Professional Staff shall hold a full time or other teaching appointment with the Northern Ontario School of Medicine



Ongoing concerns

Hospital resources

- Availability of time/space in the respective departments (OR, Endoscopy, etc)
- Availability of required professional resources (nursing, OT/PT, etc)
- Availability of special equipment (instrumentation, implants, etc)



Thunder Bay Regional Health Sciences Centre

Board of Directors

Thursday, June 12, 2014

Boardroom – 5:00 p.m.

healthy together

Present:

Susan Fraser, <i>Chair</i>	Nadine Doucette	Doug Shanks
Andrée Robichaud*	Grant Walsh	Dick Mannisto
Dr. Rhonda Crocker Ellacott*	Sharon Cole-Paterson	Anita Jean
Dr. Gordon Porter*	Dr. Roger Strasser (audio)	
Dr. William Hettenhausen* (<i>Dr. Thibert</i>)		

By Invitation – Senior Management Team:

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

By Invitation:

Jessica Nehrebecky <i>Rec Sec.</i>	Anne Marie Heron (<i>audio</i>)	Renée Laakso
Arlene Thomson (<i>Dr. Henderson</i>)		

Regrets Board Members:

Jay Storeshaw
Dr. Mark Thibert*

Regrets Administration:

Dr. Mark Henderson

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 – *Rod Morrison*

Mr. Rod Morrison, Executive Vice President, Health Human Research, Planning and Strategy, shared a patient story.

Dr. Roxanne Deslauriers joined the meeting.

3.1 Quorum – *Quorum was attained.*

3.2 Conflict of Interest – *None.*

3.3 Approval of the Agenda

Moved by: Grant Walsh

Seconded by: Doug Shanks

Motion

"That the Agenda be approved, as circulated."

CARRIED

3.4 Chair's Remarks – for information

The Chair acknowledged Mr. Jay Storeshaw, retiring Board member, and thanked him for his commitment and dedication to the Board of Directors and the organization.

Dr. Mark Thibert was appointed as the President of the Professional Staff Association (PSA) at their June 10, 2014 meeting. Dr. Suzanne Allain was thanked for her commitment to the Board in the past year.

Condolences were expressed to the family of Dr. Geoffrey Gooding, a local physician and member of the TBRHSC healthcare team. Dr. Gooding dedicated his life to providing exceptional care to patients in our community. He specialized in internal medicine during his career, practicing at St. Joseph's Hospital, Port Arthur General Hospital, and the TBRHSC where he worked until April 2014. Dr. Gooding passed away on May 23, 2014.

4.0 PRESENTATIONS

4.1 Co-Generation Project– Anne Marie Heron (audio)

Ms. Anne Marie Heron, Executive Director of Capital Planning and Operations, provided a high level overview of the energy retrofit program. As a result of a Request for Proposal (RFP) in 2012, TBRHSC and Johnson Controls entered into a Project Development Agreement to develop and implement a performance based energy retrofit program with guaranteed savings. The project is expected to have a value of investment after 20 years of \$8.2M without the Ontario Power Authority (OPA) funding and \$10.4M with funding.

The funding opportunity with OPA is only available until December, 2015; however, the project is financially favourable without successful funding.

Approximately 10-years ago, a study was conducted if another nearby facility could use the extra energy. The outcome of the research showed that it was not efficient. More recently, it was again considered at a high level and demonstrated the same results.

Project construction, commissioning, etc. is expected to begin in January, 2015 until December, 2015.

Moved by: Nadine Doucette
Seconded by: Doug Shanks

Motion

“That the Board of Directors approves the Co-Generation Project to proceed, as presented.”

CARRIED

Ms. Heron was excused from the meeting.

4.2 **Critical Incidents** – Cathy Covino

Ms. Cathy Covino, Senior Director, Quality and Risk Management, provided a overview of the critical incidents process including the disclosure process, how it relates to the Excellent Care For All Act (ECFAA), the Quality of Care Information Protection Act (QCIPA) and the roles of the Quality of Care Committee (QOCC) and the Quality Committee of the Board (QCOTB).

5.0 **CONSENT AGENDA**

Moved by: Dick Mannisto

Seconded by: Anita Jean

Motion

“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 dated 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.”

CARRIED

6.0 **REPORTS AND DISCUSSION**

6.1 **Report from Senior Management**

- It was clarified that the Adult Mental Health capacity is at approximately +4. The urgent care clinic is expected to alleviate the pressure.
- The Health Services building currently has 50-60 tenants confirmed, with the first tenant moving in in early September.
- Although the organization has been in gridlock since March 18, 2014, the number of Alternate Level of Care (ALC) patients has decreased.
- A lawyer is typically not used for the local labour relations negotiations.
- The current wait time in the Fracture Clinic is 92 minutes. This is from the time of check-in to the time of leaving the hospital (seeing the physician, x-ray, etc.). More data is being collected to more accurately measure the wait time. Significant improvement has been made; however, more work is yet to be done.

6.2 **Report from the President and CEO**

- The President and CEO congratulated general surgery, orthopedic surgery and paediatrics for getting their accreditation for six years, as well as family medicine for two years.
- On May 13, 2014, the TBRHS Foundation hosted their Major Donors Reception. The

President thanked the donors and members of the Foundation for their hard work.

- The 5-partner accountability session was held on May 22, 2014, where over 100 people were in attendance. Evaluations of the session were positive.
- A preliminary report was provided by Accreditation Canada demonstrating good results. The staff were thanked for their work and efforts during the week of the accreditation and the planning involved.
- A tour of the Temporary Transitional Care Unit (TTCU) at the SJCG's Lakehead Psychiatric Hospital (LPH) site was held on May 29, 2014 for Board members and Senior Management.
- In early June, the President attended the Medbuy Annual General Meeting in conjunction with a Canadian College of Healthcare Leaders (CCHL) 2014 National Health Leadership Conference.

6.3 Report from the Chief of Staff – for information

- Dr. George Morrison recently retired and will be missed by many.

6.4 Report from the Chief Nursing Executive

- Successful meetings have been held with the Service Employees International Union (SEIU) and the Ontario Nurses' Association (ONA) regarding nursing comportment. The goal for implementation is the summer of 2015. A date will be put in place as to when new staff members will be required to wear the identified new garb.

6.5 Report from the Dean, Northern Ontario School of Medicine – for information

Moved by: Nadine Doucette
Seconded by: Sharon Cole-Paterson

"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 June, 2014 as presented."

CARRIED

7.0 BUSINESS/COMMITTEE MATTERS - none

7.1 Resource Planning Committee – May 20, 2014

The following motion demonstrates compliance with items that are required under the Broader Public Sector Accountability Act (BPSAA).

Motion

7.1.1 BPSAA 2013-14 Attestation

Moved by: Nadine Doucette

Seconded by: Grant Walsh

Motion

"That the Board of Directors approves the President and CEO to execute the Attestation Certificate for 2013-2014 in accordance with 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."

CARRIED

7.1.2 Wages and Sources Deduction Attestation

The wages and sources deduction attestation is required under the corporate By-Laws. The process will begin in September, 2014 and will be reported on a quarterly basis thereafter.

Moved by: Dick Mannisto

Seconded by: Anita Jean

Motion

"That the Board of Directors approves the Wages and Sources Deductions Attestation template and its schedule, as presented."

CARRIED

7.2 Corporate Membership

It was noted that Mr. Donald Murrell has passed away.

Moved by: Nadine Doucette

Seconded by: Anita Jean

Motion

"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."

CARRIED

8.0 FOR INFORMATION

8.1 Board Comprehensive Work Plan – *for information*

8.2 Webcast Statistics – *for information*

9.0 BOARD MEMBER COMMENTS – *none*

The 5-partner engagement session was very successful with many positive comments received. Compliments to the presenters and organizers were given.

10.0 DATE OF NEXT MEETING – *September 10, 2014– 5:00 p.m.*

11.0 ADJOURNMENT

There being no further business, the meeting adjourned at 6:15p.m.

Chair

Board Secretary

Recording Secretary



**Thunder Bay Regional
Health Sciences
Foundation**

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**Northern
Cancer Fund**



**Northern
Cardiac Fund**



**Health Sciences
Discovery Fund**

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

Making Exceptional Cancer Care possible

The Health Sciences Foundation team has been working diligently towards our fund raising goal of \$5.9 Million. We are working hard on a multi-million dollar capital/major gifts campaign to support the realization of the Thunder Bay Regional Health Sciences Centre's Regional Cancer Care Plan III - Exceptional Cancer Care 2015. To date we have had numerous generous donations from employee donors and community partners and have raised over \$5 Million! This powerful demonstration of support will mean better cancer care for the 1 in 2 of us touched by cancer in our lifetime. For more information or if you would like to make a give please contact Lindsey Wychopen at 684-7106.

Caribou Charity Ride presented by Fresh Air Experience

The Caribou Charity Ride in support of the Northern Cancer Fund will take place on September 14, 2014. Cyclists can choose between a 50k or a 100k ride. The ride is for everyone from the average weekend warrior to accomplished cyclists. If you are interested in taking part please visit www.cariboucharityride.com or if you are interested in volunteering please contact Maureen Mills at 684-7278.

Miles with the Giant 2014: Thunder Bay Marathon

Please join us on September 21 for this great local event! This event features a marathon of 26.2 miles, a half marathon of 13.1 miles, 10K & 5K races and a series of associated events. You can choose your charity, one of which is the Thunder Bay Regional Health Sciences Foundation. For more information please go to <http://www.thunderbaymarathon.com>

Hole in One!

The golfers had a fantastic summer. They enjoyed beautiful weather and supported many areas healthcare for all residents of Northwestern Ontario. Thanks to the players, volunteers, sponsors and committee members for another fantastic summer of golf.

Guess who is leaving a legacy?

Back in the late 1990's Anne Pelto had a heart attack and was treated at the Thunder Bay Regional Health Sciences Centre. The care she received made an impression upon her as Anne, through her Will, made a Bequest of \$141,332 to the Foundation's Northern Cardiac Fund. Little did Ann know the lasting impact that she could have in Northwestern Ontario. Ann wanted to impact cardiac care and now she will impact your family and mine with her generous gift.

Donations to the Thunder Bay Regional Health Sciences Foundation's Northern Cardiac Fund support life-saving equipment used in our cardiac programs. Anne's gift will support areas like angioplasty, cardiac rehabilitation, and more.

To learn more about how your Will can be a gift, please contact Terri Hrkac, Director, Major and Gift Planning at (807) 684-7109

Simple ways to improve care

The main doors opposite the Information Desk at the Thunder Bay Regional Health Sciences Centre is an obvious place for patients to get picked up. Of course in the summer, many patients prefer to wait outside for their ride and enjoy the fresh air. Now there is even a place to sit down, thanks to a Family CARE Grant.

Most people, when they think of helping patient care, think of huge pieces of expensive medical equipment. Of course that's important, but patient care is as much about comfort as it is quality of care. Something as simple as a little bench in the pick-up area so a patient can get some fresh air while waiting for a ride can make the world of difference.

The bench is just one of 49 Family CARE Grants funded by the Health Sciences Foundation and Volunteer Association. The Family CARE Grants are initiatives requested by staff to help improve the care they provide to patients and their families.

You can help us fund these efforts by making a donation today to either the Volunteer Association or the Health Sciences Foundation. You can even direct your kind gift specifically to the Family CARE Grant program to support more great projects like this one. For more information or to make your donation, please visit our website at www.healthsciencesfoundation.ca/familycare or call us at (807) 345-4673.

www.healthsciencesfoundation.ca
info@healthsciencesfoundation.ca

OUR MISSION: **To raise funds to support excellence in
healthcare for the people of Northwestern Ontario.**



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

Submitted by: Dr. Roxanne Deslauriers – August 28th, 2014

Premier Announces Funding

TBRRI was visited by Premier Kathleen Wynne and Ministers Michael Gravelle and Bill Mauro on July 30th for the announcement of more than \$4 million from the NOHFC to support the Research Institute. This funding will allow TBRRI to create 29 highly-skilled jobs, continue to advance the cyclotron project and contribute to other scientific positions, impacting patient-care, research and the local economy. This support will enhance Thunder Bay's reputation and role for advanced medical research, improve regional health and benefit people internationally through the continuation of cutting-edge research and the purchase of equipment that will help beat diseases such as cancer.



Premier Kathleen Wynne

Premier Wynne noted that her visit to Northern Ontario was important to her to understand how the North is thriving and the uniqueness of the area, and most importantly to understand healthcare in the region and to recognize that solutions are not one-size-fits-all. She had an opportunity to listen to students in the RI lab and noted that Dr. Zehbe and her lab are a great example of a collaborative approach to research with both academic and industry partners.

Northern Ontario Heritage Fund Corporation Board Tour



On August 6th members of the Northern Ontario Heritage Fund Corporation Board and staff toured TBRRI facilities at the hospital and had an opportunity to interact with scientists and staff to hear about their research and how NOHFC funding has contributed to TBRRI's successes. NOHFC has committed more than \$27M in funding to TBRRI over the years and the tour helped to give Board members a clear understanding of how their funding has fuelled research resulting in beneficial

economic and healthcare impacts to our region and how future investments will continue to contribute to local jobs, the economy and impact patient care.

TBRRI Welcomes

Carla Wiersema joined TBRRI on July 28th as the **Director of Clinical Business Development**. Carla will play a fundamental role in identifying business, commercialization and strategic partnership opportunities for TBRRI as well as working to advance clinical trials and clinical research at TBRHSC.



**Thunder Bay Regional
Research Institute**

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

**Translational
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Thunder Bay, Ontario
P7B 6V4

**Pre-Clinical
Research Office:**

290 Munro Street,
Thunder Bay, Ontario
P7A 7T1

www.tbrri.com



Carol Pelletier has joined TBRRI as an **Ethics and Regulatory Officer**. Reporting to the Manager of Clinical Trials and the Manager of the Clinical Research Program, Carol will be responsible for the implementation and maintenance of the ethics and regulatory documents for the Clinical Trials Department and the Clinical Research Program. She will be responsible for all initial ethics and regulatory submissions related to industry-sponsored and intergroup clinical trials supported by the Clinical Trials Department, as well as investigator-initiated research projects being supported by the Clinical Research Program.

Dr. Samuel Pichardo has returned to TBRRI, as a **Scientist**. For the past year, Dr. Pichardo has been working with the Sunnybrook Research Institute. He will continue to work collaboratively with Sunnybrook to move TBRRI's HIFU program forward. Dr. Pichardo is already involved in the development of intellectual property (IP) created in the area of new ultrasound transducer technology at TBRRI with Dr. Oleg Rubel and Dr. Laura Curiel.



Clinical Research Program (CRP)

This year the CRP has access to 9 individuals who can assist individuals interested in conducting research at TBRHSC and TBRRI. The team is there to help with direction on where to start, to assisting with grant applications and research ethics submissions, etc. For more information regarding the Research Program visit <http://www.tbri.com/article/research-program-270.asp>

Thunder Bay Regional Research Institute

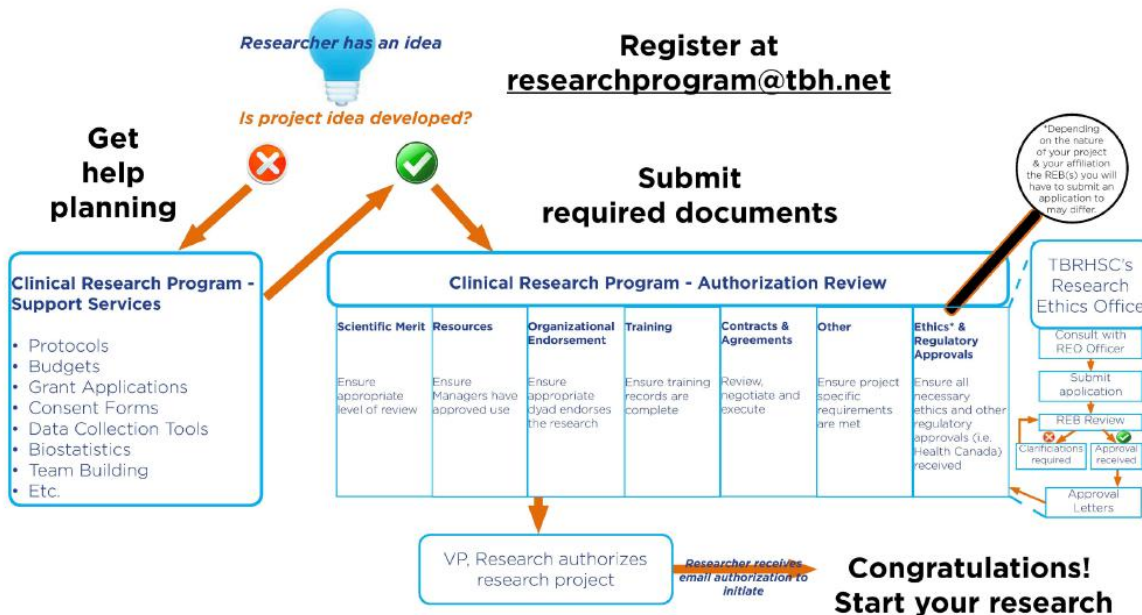
Ph. (807) 684-7223
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**Pre-Clinical
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P7A 7T1

www.tbri.com

How Do I Start a Research Project at TBRHSC?



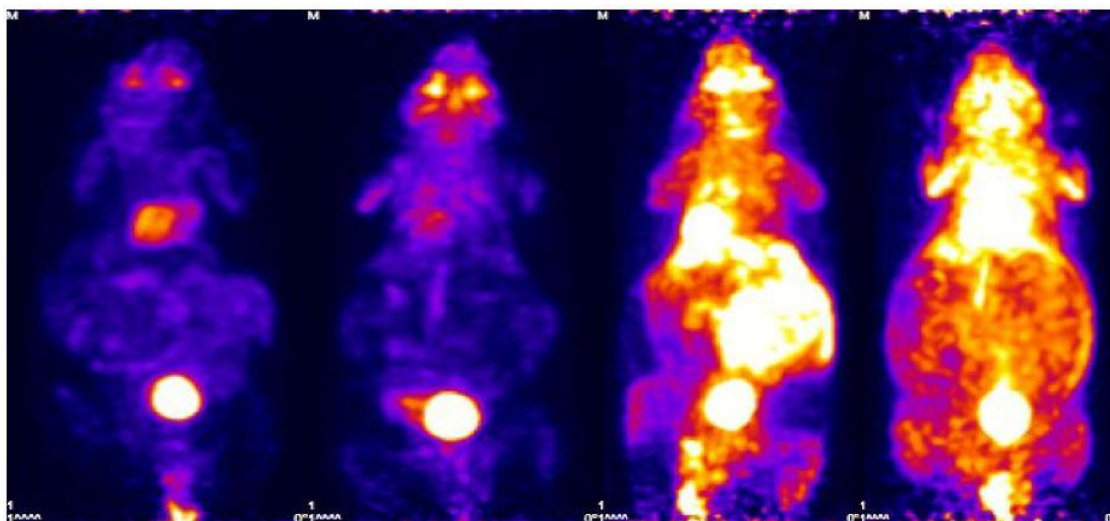
Equipment Updates

Preparations for the arrival of the **cyclotron** are moving ahead and starting in early September the concrete walls and ceiling for the cyclotron bunker will be poured. The walls and ceiling will be up to 2.5m thick and will provide radiation protection while the cyclotron is running. The radiopharmacy facility is also being built in the basement of the new Health Services building. Construction actively began on the cyclotron portion of the building in March and is slated for completion in January or February, 2015.



There are also several hundred tons of equipment being received including hotcells, radiation monitoring equipment, synthesis units and one of the largest pieces a 2.5m thick steel and concrete filled door. The first big piece will arrive in mid-September with the cyclotron itself being one of the last pieces to arrive at the end of November. If you want to follow the progress of the construction and the equipment arrival please visit our photo stream at <https://www.icloud.com/photostream/#A1G6XBubG6sYxz>

The long-awaited **microPET** was delivered to ICR Discoveries at the end of June and the first scans were completed on July 3rd. A microPET is a bench-top positron emission tomography scanner specially designed to image small animals such as mice. TBRRI purchased this microPET scanner to operate in conjunction with our cyclotron and radiopharmacy that are set to open in early 2015. The microPET will enable TBRRI, Lakehead and NOSM scientists to conduct critical preclinical experiments prior to human studies for the development of new therapies, diagnostics and surgical procedures. Future experiments will involve comparing insulin response in geriatric animals vs. young vs. exercised animals to evaluate this simple approach.



Images from first scans in microPET From left to right: Control – no insulin, anaesthetic; No insulin, no anaesthetic (awake); Insulin and anaesthetic; Insulin, no anaesthetic (awake).

Thunder Bay Regional
Research Institute

Ph. (807) 684-7223
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Translational
Research Office:

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980 Oliver Road,
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Research Office:

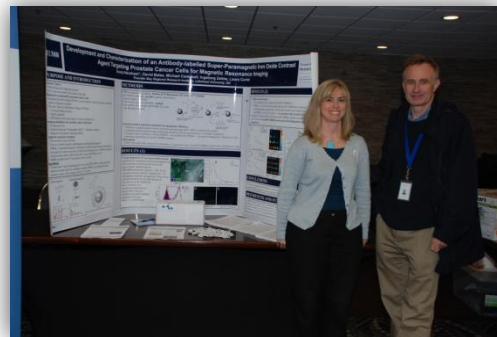
290 Munro Street,
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Conferences & Events

Bell Ride for Dad was held on June 14th and this year TBRI was present to showcase the prostate cancer research that Drs. Tomanek, Curiel and Zehbe, and their teams are conducting to develop tools that can be used for HIFU guidance and to target prostate cancer cells that are more likely to be aggressive.

Dr. Tomanek spoke to the group and explained that his research into the potential of MRI as a more accurate diagnostic tool using nanoparticles that concentrate in the tumour site is the first step needed in order to bring prostate cancer imaging to patients who need it, and that this research is in part possible due to the generosity of those who donate to TBRIHS Foundation's Health Sciences Discovery Fund.



Terry Fodé and Dr. Tomanek manning the TBRI booth.

TBRI 7th Annual General Meeting took place on June 26th. An enthusiastic group of diverse people attended the AGM to hear keynote speaker, Dr. John Bell talk about the therapeutic use of viruses to attack cancer. Dr. Bell spoke about the work of the Centre for Innovative Cancer Research at the Ottawa Hospital Research Institute and gave some truly amazing examples of how virus therapy can be used to fight tumours and other types of cancer. He noted that combining viral therapies, cell therapies and synthetic antibodies will treat cancer in a much more rational way and have better outcomes. Everyone present was excited about the development of targeted therapies to treat cancer and how this will lead to better patient care.



Dr. John Bell

Thunder Bay Regional Research Institute

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Shad Valley Students Visit On July 18th TBRI hosted 65 students and 6 Program Assistants from the Shad Valley Program that was held at Lakehead University. TBRI arranged a series of 6 mini-lectures and demos at the hospital for the group. In two hours, 6 groups rotated through the stations where they learned about the Cyclotron and Radiopharmacy; HIFU; functional MRI; PET and biomarker exploration; and magnetic resonance imaging.



2014 DNA Tumour Virus Conference Dr. Zehbe's lab was well represented at this conference in Madison, Wisconsin on July 21st – 26th. Graduate students Robert Jackson, Sean Cuninghame and Melissa Togtema gave oral presentations. This is an international conference on the molecular biology of DNA tumour viruses.

Summer School of Medical Imaging TBRI wrapped up the fourth annual Summer School on August 15th with end of term student project presentations. The program which ran for 16 weeks is a joint initiative between TBRI and Lakehead University. 31 students participated in the 2014 program with 21 presenting on the final day.



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

Academics, Interprofessional Education, Medical Affairs and Pharmacy

Academic Affairs

- Moving towards a centralized process for all learners within the organization, an inaugural meeting with the nursing programs at LU and Confederation College along with key departments at TBRHSC has taken place to review the nursing student process. Immediate changes to Orientation and Identification processes will take place to ensure all nursing learners have the information they need to complete placements at TBRHSC.

Interprofessional Education

- To support advancing simulation at TBRHSC and meeting the education needs of the organization, the Interprofessional Educators have started to run Mock Code Blue simulation exercises monthly. Staff, managers and learners have commented on the value of exercises and their appreciation for the safe learning environment.

Medical Affairs

- Letters of offer for a Vascular Surgeon and an IM/Geriatrics/Hospitalist physician have been accepted. They are expected to start in October 2014.
- The Physician Recruitment Assistant will be attending the Canadian Psychiatry Association Conference September 11-13 to generate interest in TBRHSC.
- We are currently organizing site visits for a couple of Psychiatrists, a Pathologist and a Hospitalist.
- The draft Medical Leadership Responsibility Profile was presented to Senior Management Council and we are now waiting for feedback from that group.
- We are reviewing opportunities for changing how we recruit Family Physicians to the community and the hospital.

Pharmacy

- Two pharmacy staff members from the Cancer Centre Pharmacy retired over the summer. Jadine Lee Bukovy (RPh) and Patrice Huston (Pharmacy Technician) have been hired to fill the vacancies.
- We are working on an affiliation agreement with the University of Waterloo to begin hosting Pharm D. student rotations starting in January 2015. This will be the first time that we have hosted student placements from this university.
- The Pharmacy Dept. continues to perform monthly "Safer Healthcare Now" audits for Admission Medication Reconciliation.



Research

Premier Announces Funding:

- Premier Wynne and Ministers Gravelle and Mauro attended a media event at TBRHSC on July 30th to announce more than \$4M from the NOHFC to support the Research Institute;
- This funding will be used to advance the Cyclotron project and will contribute to other research initiatives that will ultimately impact patient care.
- Premier Wynne had an opportunity while here to visit the RI's Oliver Road lab and to hear about some of the research being undertaken by Dr. Zehbe's group.

Northern Ontario Heritage Fund Corporatino Board Tour:

- As a follow-up to a tour of the RI's Munro Street facilities in 2012, representatives of the NOHFC Board and staff visited TBRRI's Oliver Road facilities on August 6th;
- The delegation had an opportunity to tour the wet lab and the research MRI suite and to interact with a number of TBRRI Scientists who spoke about their research;
- The tour was very well received and provided NOHFC members with a better appreciation of how their funding has improved the local economy and fuelled research that is impacting patient care.

Staffing Updates:

- TBRRI welcomed **Carla Wiersema** on July 28th as our new Director of Clinical Business Development;
- Carla's main goals are to: 1) support the financial sustainability of the RI through the identification of strategic industry partnerships and relationships for both clinical research and clinical trials; and 2) to maximize the Institute's contribution to the local economy;
- **Samuel Pichardo** has returned to the Research Institute as a Scientist;
- Sam will work collaboratively with the Sunnybrook Research Institute to move TBRRI's HIFU program forward;
- the **Clinical Research Program (CRP)** has grown to now include 9 individuals who can assist individuals interested in conducting research at TBRHSC and TBRRI;
- for more information about the Research Program visit <http://www.tbrri.com/article/research-program-270.asp>

Equipment Updates:

- Work continues in the new Health Services building to prepare for the arrival of the **Cyclotron**;
- the concrete bunker that will house the unit will be poured in early September and work is underway on the radiopharmacy facility that will be housed in the building's basement;
- Various pieces of equipment will start arriving in mid-September with the Cyclotron scheduled to arrive in November – the facility should be completed in January or February, 2015;

- The **microPET** has been installed at the Institute's Munro Street facility – this equipment will enable TBRRI, Lakehead University and NOSM scientists to conduct preclinical experiments prior to human studies for the development of new therapies, diagnostics and surgical procedures.

Other Summer News:

- TBRRI continues to help mentor future scientists and this year hosted 65 **Shad Valley Students** for a half day program on July 18th – we also completed our 4th annual **Summer School of Medical Imaging** which saw 31 students participate in the 16 week program which is jointly sponsored with Lakehead University;
- Throughout the summer TBRRI Scientists submitted a number of articles for publication as well as grant applications that if awarded, will provide funding to further their research endeavours.

Human Resources, Organizational Development and Library Services

- Preparations for the 2014 Walk the Talk Campaign are underway. The Board will be asked to select the recipient of the Board of Directors Award.
- Learning sessions were held on Performance Coaching, Collective Agreement Administration, Presentation Skills, and French Language Services.

Labour Relations

- **ONA** (Current Term: April 1, 2014 - March 31, 2016)
- **OPSEU** (Current Term: April 1, 2011 - March 31, 2014): Central bargaining will be proceeding to interest arbitration. Local negotiations are complete and have been ratified.
- **OPSEU-Maintenance** (New Term is September 29, 2013 - September 28, 2017): Negotiations are complete and have been ratified by OPSEU and TBRHSC as of June 2014.
- **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.

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

2014 Grievance Activity - As at Aug 31, 2014

	TOTAL Since Jan 1/14	GRIEVANCES		ARBITRATION		Employees by Union
		Active	Resolved	Active	Award	
ONA	10	23	13	0	0	1069
COPE	4	3	4	1	0	325
OPSEU	4	15	29	0	1	410
OPSEU - Mtc.	1	1	1	0	0	21
SEIU	8	19	7	0	0	589
PIPSC	0	0	0	0	0	2
PIPSC - Assoc.	7	6	2	1	0	23
TOTALS	33	67	56	2	1	2439

Strategy & Performance

- To increase staff awareness of our 2015 annual strategic plan progress, the CEO and EVPs delivered the same presentations from the 5 Partners engagement to staff learning sessions in July. The EVPs will also bring the 5 Partners Engagement session feedback to the portfolio councils in June and September.
- The 2014-15 Environmental Scan was prepared to support SMC's 2020 Strategic Planning Retreat and upcoming 2020 Strategic Planning. Also, it will be shared at all levels of organization
- The SMC Strategic Planning Retreat held on August 21 and 22 was productive and developed new strategic themes that will inform the Board Strategic Planning Retreat Sept 13th.
- 2020 Strategic Planning process has been established. The Board will lead key activities. A Steering Committee will convene in September and engagement activities will be launched in October.
- The 2014-15 Q1 balanced scorecard and related results were reviewed with SMC. Meetings with directors/leads have been completed to finalize program/service balanced scorecards and related targets. All levels of scorecards are now available for review.
- Extensive support was provided to assist with preparation of a hospital improvement plan (HIP) for submission to the Northwest LHIN.

Health Records

- The education for the new report writing system for Health Records analysts is complete. Reports are created from the health records clinical information system for decision making, planning and trending activity.
- The Scanning Project has launched. The new scanning technology will transform the paper patient record into an electronic one. The project will roll out in 3 phase: out-patient, Emergency & in-patient records.

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 situations				312	305	388

2014	Jan	Feb	Mar	Apr	May	June	July
Total Number of Incidents	76	60	53	74	62	59	54
WSIB Health Care Claims	10	16	7	13	7	11	10
WSIB Lost Time Claims	0	1	0	0	0	0	0
WSIB Lost Time Recurrences	0	0	0	0	0	0	0
Lost Time Days	0	15	3	0	0	0	0
Near misses/hazardous situations	16	8	13	24	22	23	16

Current Initiatives

- Safety Group funding continues to be 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-\$80,000.
- Health and Wellness initiatives include: continued screening and immunization for high risk areas, new hire assessments, update of all health policies, trial of stretching programs for staff after hours and over their lunch time.

Volunteer Services

- Recruitment has begun for the Hospital Elder Life Program (HELP) pilot program which is starting on 2A. Volunteers over the age of 18 will be recruited to provide supervised, services to patients. The services may include companionship at mealtimes, helping with exercise programs, providing mentally stimulating activities and socialization. HELP is a registered, comprehensive program of care for hospitalized older patients, designed to prevent delirium and functional decline during hospitalization.
- The Volunteer Advisory Council comprises of a group of volunteers and volunteer leaders who will meet monthly starting in September. The purpose of the Council is to provide feedback, planning recommendations and promotion of the Volunteer Program. The first topic to review is the Volunteer Retreat. Further topics include recognition and orientation.

EVP, Patient Services & CNE

North West LHIN Town Hall Meeting

Critical Care Services Ontario (CCSO) in collaboration with Criticall will be facilitating a Town Hall meeting on September 23 at TBRHSC. Topics for this meeting include repatriation, provincial Life or Limb policy, surge capacity and strategic planning for Critical Care. The afternoon component of this meeting will review how CCSO uses critical care data to inform and advise the MOH on provincial strategic initiatives and how data enables system improvement and integration.

New Surgical Services

- Two bariatric surgeons (Dr. Scott Cassie, Dr. Andrew Smith) began practice in July with surgeries scheduled as of August 6th. Initial surgical volumes have been low due to patient readiness and Clinic backlogs - process evaluation and improvement underway strategies are underway to address this
- Dr. Yaasin Abdulrahman (vascular surgeon) has been recruited and will begin practice in October 2014. He has provided periodic vascular access surgery on a locum basis in July and August, and will again in September.

Assess and Restore Project

- LHIN has approved transfer of 125K from SJCG to TBRHSC to provide focused rehab support to hospitalized "frail seniors" 65 years + who are identified as high risk aimed at preserving their ability to live independently in their community
- Funding will support a 6 month project and involves increased Rehab. Assistant services and enhanced weekend Social Work coverage; to start ASAP
- Performance indicators have been defined with an intent to look for ongoing support from MoH next fiscal
- The goal of the program is to preserve functional mobility for "frail seniors" and support their safe return to the community

Fracture Clinic Orthopedic Telemedicine Clinic Pilot

- Telemedicine access to the TBRHSC Fracture Clinic MD for Regional Clinics
- Pilot currently provides weekly telemedicine services to one TBRHSC Orthopod
- Ongoing evaluation is planned to determine the future scope of this service

Ontario Laboratory Accreditation (OLA) & Point of Care Testing

- Ontario Laboratory Accreditation (OLA) September 8th – 10th, 2014
- TBRHSC diagnostic laboratory has applied for advanced ISO 15189 Plus certification - highest level requirements for patient safety, quality of care, competency and safe work practices – attainment would attest to laboratory's commitment to quality/service excellence and enhance confidence of our patients, providers, staff and community
- Accreditation process includes rigorous Point of Care Testing assessment – laboratory testing carried out by multidisciplinary healthcare providers at the patient bedside on

nursing units, in Emergency Department, Cardiac Cath Lab, Diagnostic Imaging, ICU, Internal Medicine Clinic, etc

Patient Family Centred Care

- September 26th marks the 5th Annual Sharing and Caring Together Exhibition. This is an opportunity to promote, educate, discover and raise awareness on how partnerships with our patients, families and community can transform healthcare through Patient and Family Centred Care.
- PFCC paediatric practices at TBRHSC published in "[Paediatric Patient and Family-Centred Care: Ethical and Legal Issues \(International Library of Ethics, Law, and the New Medicine\)](#)" and is receiving 5 stars on Amazon

NW Region Base Hospital Program (NWRBHP)

NWRBHP has successfully met Ontario's Performance Agreement requirements based on a review done by the MOH in April. The Executive Summary Report commended the team's excellent work in the following areas:

- Continuous Quality Improvement (CQI) Records
- Policies and Procedures
- Paramedic Education
- Ambulance Call Report (ACR) Audit Process

The Report also identified the following areas for improvement:

- Documentation to ensure Paramedic practice meet standards
- Base Hospital Physician records re: authorization and revocation dates
- Completion of canceled call audits (1 of 27 calls audited were incomplete)
- Monitoring to ensure care is in accordance with Advanced Life Support Standards
- Documentation of annual education, policies and controlled acts
- Update Quality of Care Advisory Committee terms of reference

The MOH returned in July and conducted a post review meeting. Improvements to-date were acknowledged and accepted. The final report will be sent within 8 weeks.

New Code Policy

- On July 21 a new code policy was implemented at TBRHSC for all admitted patients
- Key components of the new policy include:
 - Five code status levels from Level 5 (full code) to Level 1 (comfort care)
 - New color coded armbands (blue & purple) to communicate code status to the healthcare team
 - A new Code Status Form that is completed and placed at the front of the chart within 24 hours of admission
 - Patients may be designated as Level 5 by their MRP without a discussion provided that they do not fulfill the criteria for a mandatory code status discussion. (i.e. any pt. with end-stage disease)

- In an emergency situation when patient/SDM is incapable or unavailable, a patient's previously expressed wishes for No CPR (Level 2 or Level 1) may be implemented, even in the absence of a physician order

Professional Practice

We have successfully recruited a new Director of Health Professions and Collaborative Practice. Michelle Addison brings a wealth of experience related to Professional Practice and Interprofessional Collaborative Practice. Michelle will be responsible for the practice of approximately 400 health professionals and for growing our Collaborative Practice model.

Corporate Services & Operations

Financial Services

- The financial position of TBRHSC as at July 31, 2014 is a \$3,823,296 deficit compared to a budgeted deficit of \$1,858,468 and prior year deficit of \$966,935
- The largest unfavourable variance of \$1.5M is in salaries and benefits with earned hours 35,775 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

Capital Planning and Operations

- Fire Code Updates
 - Work is ongoing on opportunities identified by Fire Department
 - Department education and auditing continues
 - Fire Lane issue resolved and Patient Pick Up/Drop Off Lane created
- 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 and will start phased in occupancy in September;
 - Parking Lot B expansion – project is currently on schedule and on budget for a mid-fall completion.
 - Preliminary functional planning and order-of-magnitude costing was completed for the Cardio-Vascular Surgery program which was submitted as part of the proposal to MOH.
- Northwest Supply Chain Collaboration
 - Year 3 projected savings exceed \$3 million annual threshold for the member hospitals.
 - Phase 8 of 12 completed for the TPA agreement
 - Approximately 38% of Medbuy contracts for Medical Surgical and Pharmacy have now been converted with the goal of full standardization throughout the region within 5 years.



- Nutrition and Food Services
 - Two Registered Dietitians were published in Dietitians of Canada journal for the malnutrition research they've conducted at TBRHSC. They also presented their poster of their research at the Northern Health Research Conference in Sioux Lookout.
 - TBRHSC's Expressly For You Hostess statistics reveal in 2013 the various hostess saw ~35 patients per day to take patients' meal preferences. At the beginning of 2014, the number was up to ~95 patients per day and by September 2014, the three hostesses are currently seeing ~135 patients per day with a goal of increasing this frequency over time.

Chronic Disease Prevention & Management

Cardiovascular & Stroke Program

- The development of a "Cardiovascular Corridor of Services" that would bring vascular and cardiac surgery to the Northwest is one step closer to reality. TBRHSC continues to work with local politicians, city representatives, and the University Health Network on the proposal and to respond to MOHLTC approvals.
- During a site visit to Meno Ya Win (MYW) Health Centre in Sioux Lookout in July, TBRHSC leaders from the CV&S, CDPM and Informatics Programs, and Dr. Mark Henderson learned about MYW's regional challenges and how they address them. An agreement between TBRHSC and MYW was reached that will support MYW's echocardiography services. It includes local reading of studies by trained cardiologists with e-reporting and archiving in TBRHSC's cardiac PACS system. Full implementation is anticipated late in 2014.
- In January 2014, TBRHSC concluded a review process and signed an agreement with the Airline Hotel to provide special value pricing and transportation services for patients/clients of TBRHSC. Between January and July, 130 patients from across the Northwest chose to stay at the Airline for a total of 245 nights. An additional 70 employees of regional hospitals stayed for 122 nights. This is a tangible example of PFCC values in action that was accomplished with the dedicated support of our Purchasing team.
- Our "Healthy Rehab" (Cardiac) Program will be moving into a new space in the Professional Building on Oliver Road during the first week of October. This will support the ongoing expansion of "Healthy" programs to support patients chronic conditions.

Regional Cancer Program

- Under the direction of Dr. Mark Henderson, a new leadership team has been hired for the Regional Cancer Program: Andrea Docherty, Program Director, Regional Cancer Care Northwest; David McConnell, Manager of Radiation Therapy and Surgical Oncology; Chris McNaughton, Manager of 1A Oncology and Medicine; and Karen Roberts, Manager of Outpatient Nursing and Clinic Operations.



- On September 18th, leaders from Cancer Care Ontario will visit TBRHSC for an annual Partnership Tour. The Partnership Tour is an opportunity to share CCO's strategic vision and to learn from each of the 14 Regional Programs.
- In July and August, the Regional Cancer Program hosted site visits from American Health Corporations, OhioHealth and Inova (Virginia), who were interested in learning about our program's success in the Electronic Medical Record (EMR) implementation. In particular, our success at linking thirteen regional satellite clinics with one EMR and the quality and standardization that went into building "care plans" within the EMR.

Mental Health Program

Adult Mental Health Services

- As part of the Transitional Discharge Model research project, focus group feedback sessions were held Aug 7th for staff and patients. These were well attended with largely positive comments.
- The unit continues to operate in an overcapacity state.

Forensic Mental Health

- The Brief Assessment Unit is underway. The staffing compliment that was funded for this program is in place and planning regarding the model of care has begun.
- Contract negotiations regarding the funding for the Forensic Advanced Practice Clinician are being finalized. The model for this program will be a collaborative approach between a well known Forensic Psychologist and our Clinical Nurse Specialist.

Mental Health Outpatients

- Fern Tarzia is the new Manager, Adult Mental Health Outpatients. Fern will be responsible for the day to day management of ACT and Shared Mental Health Care.
- ACT is exploring a flexible assertive community treatment model that will serve a broader client population.
- **Applied Suicide Intervention Skills Training** is currently being explored as mandatory training of a larger education curriculum. Defensive driving training is scheduled for early September.
- Psychiatry resources continue to be an issue.
- Work continues with community partners to reorganize/realign current rapid response and case management services to meet community needs.

Prevention & Screening Services

- P&SS has been in discussion with the Aboriginal Cancer Care Unit at Cancer Care Ontario and regional First Nations, Inuit and Metis leadership tables about expanding our cancer screening services to more of the First Nation communities in the Northwest. As a result, in September the Screen for Life Coach will provide cancer screening services to the following communities in the CGT 3 area: Onigaming, Northwest Bay (Niacatchewenin), Northwest Angle #33 & 37, and Grassy Narrows. We know that cancer rates are higher in

our First Nation Communities and our goal is to respond to the needs in those communities.

- The 3rd annual TBRHSC Fresh Market has been a healthy success so far this year with more than 1,000 visits to purchase healthy, local produce and products. The Fresh Market runs every Wednesday from 11:30 am to 1:30 pm in the Cafeteria Courtyard until October 8th.

Palliative Care & Telemedicine

Palliative Care Program

- Funding for a second palliative care physician has been secured. This second position will be primarily attending to patients who do not have a cancer diagnosis.

Spiritual & Religious Care

- Rev. Merv Wilson has resigned and the process of recruiting a replacement will soon begin. In the meantime, our other spiritual care specialist (Lisa Laitinen-Egbuchulam) will remain full-time and be part of the new recruitment process.

Communications & Engagement (C&E), Aboriginal Affairs and Government Relations

Media Activity – June 1 – August 25, 2014

- Media Advisories/Releases = 12
 - National Aboriginal Day
 - Fresh Markets
 - TBRHSC Annual General Meeting
 - Celebrity Hockey Players support Exceptional Cancer Care Campaign
 - Cancer Care Ontario Signs Relationship Protocol with Nishnawbe-Aski Nation
- Media Events = 4
 - National Aboriginal Day
 - Shad Valley Student Tour
 - End of Life Codes
 - Cyclotron Funding Announcement (with Hon. Kathleen Wynne)
 - TBT News – Tour and Interview for Health Services Building
- Media calls = 26
 - Goose population control – fake foxes
 - Co-gen plant
 - ALC Update – Impact of new beds at LPH
 - Deficit
 - Parking Lot update
 - Physician recruitment
 - New assisted patient pick-up/drop-off
 - Mitonics in receivership



- *Chronicle Journal* feature stories = 66
- Additional story submissions = 15 (*Hospital News, The Walleye, Canadian Healthcare Technology, OHA's Governance Centre of Excellence, Anishinabek News, Sagatay Magazine, Wawatay*)
- Shaw TV = 4 video segments on Telemedicine Services

10th Anniversary Update :

- Welcome to Reggie the Regional Bear, TBRHSC's 10th Anniversary mascot, helping us celebrate at events throughout the community. He has appeared at National Aboriginal Day week events; did a walk-through in various hospital units, accompanied Prevention & Screening unit visits to hand out fruit, and participated at the Teddy Bear Picnic and the First Rider program. In addition, our 10th Anniversary displays have been hosted for 2 to 3 week periods at the Thunder Bay Museum lobby, Lakehead University Agora, Thunder Bay City Hall lobby, and Mary JL Black library. They are also scheduled for Confederation College and Thunder Bay Airport.

Ongoing high-priority projects:

- Content develop, programming and testing of the new TBRHSC website continues. Promotion of Smoke-Free Grounds and smoking cessation supports in ongoing.

Additional Support provided:

- 2020 Strategic Plan Engagement Sessions; PFCC; respect. campaign.

Aboriginal Affairs:

- Thunder Bay Regional Health Sciences Centre celebrated our 5th National Aboriginal Day Celebrations with a week of activities that included artist displays, drumming, the opening of the Healing Garden, teachings and traditional foods. Funding was provided by Heritage Canada. The Aboriginal Engagement Lead continues to pursue arrangements for increased Aboriginal artwork displayed at TBRHSC, implement Cultural Sensitivity Training for staff, and participate with Health Canada for First Nations and Inuit Health non-insured health benefits. This summer also celebrated the Protocol signing between Cancer Care Ontario and Nishnawbe-Aski Nation.

Government Relations:

- Advocacy for the Co-gen project, the Comprehensive Cardiovascular Proposal project and the Cyclotron project.

Enterprise Risk Management

- The journey towards Enterprise Risk Management began in June 2013. A full year of process implementation at the Manager and Director level is now being refreshed. The Senior Management Council is now identifying risks at the corporate level. The timing of this will identify risks and support us in our Strategic Planning for the next 5 years.
- Accreditation Canada applauded the start of our journey as we shift to a proactive response to managing risks.



Senior Management

- Quality and Risk Management welcomes a Lead for Emergency Planning and Enterprise Risk Management. Jennifer Masiak joins us from Brampton, Ontario with a Masters in Disaster and Emergency Management.

Quality

- Planning for the 2015-16 Quality Improvement Plan will start this fall as we review the 2014-15 Action Plans and targets. We should be mindful of the items that will require maintenance measures and those that will require improvement.
- Action items will be reviewed with those that submitted them to realize our targets.
- A working group from Northwestern Ontario is being formed to review the Quality Improvement Plan process and work on improvements for the upcoming year.
- The Ontario Hospital Association has presented a toolkit for management of concerns. TBRHSC is taking these guidelines into consideration for implementation this fall. Many of the templates that we use are part of this toolkit.

healthy
together

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Chief of Staff Board Report September 2014



Medical and Academic Affairs

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.
- Following a meeting of the Regional Credentialing Working group in July, the TBRHSC and the region have gone live with all applications.

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
- We have had ongoing meetings with Heidi Greenwell related to the updates and changes to the Incomplete Records Policy. This will be discussed at the September MAC.
- The new process, once finalized should allow for better communication and completion of these records.

Medical Staff policy

- The Clinical Consultation (MS-23) has been recommended for approval by the MAC and SMC.
- We are currently working with Interprofessional Education on the implementation strategy.
- The Interprofessional Educator has set up meetings with the sections starting in September and October.

Roles and Responsibilities for Chiefs, Program Medical Directors, and Medical Leads

- This document which was a collaborative effort between the Chief of Staff and the EVP Medical and Academic Affairs outlines the expected roles, responsibilities, accountability and authority for these physician leadership positions.
- It has been presented in draft form to the MAC, the Medical and Academic Affairs portfolio meeting in June and to SMC in August. Feedback on the document has been requested from these groups.

Regional Chief of Staff Leadership Council

- First meeting completed
- All 13 Northwestern Ontario organizations to be involved.
- Unanimous support
- Terms of Reference in draft being vetted by legal counsel
- LIHN financial support through the Small Hospitals Innovation Fund

healthy
together

500 Oliver Road
Thunder Bay, ON
P7B 6V4

Phone:
(807) 684-6000

Website:
www.tbrhsc.net

Respectively submitted,

Dr. Gordon Porter, Chief of Staff





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

September 2014

CNE – Open Report

Nursing Uniforms Task Force

- Task force has begun the process to identify preferred colours for nurse uniform standardization – consultation with communication / branding to collaborate prior to open selection process in progress
- We will be seeking to engage point of care staff in the process to select colour choice. Results will be used to develop recommendations
- Current dress code policies are being reviewed and updated.

Nursing Best Practice Champion Workshop

- TBRHSC is hosting a RNAO Nursing Best Practice Champion Level One Workshop on September 15, 2014
- The workshop will discuss how to evaluate evidence and assess practice in our workplace. In addition it will provide tools to implement Best Practice Guidelines, including marketing, engaging stakeholders and developing plans and proposals.
- The workshop will also assist TBRHSC to reach our goal of 15% trained BP Champions

RNAO Best Practice Spotlight Update:

- We continue to work on the spread and sustainability aspects of our past BPG's and have selected the following additional BPG's for implementation as part of our 2014-2016 cycle:
 - Screening for Delirium, Dementia and Depression in the Older Adult
 - Caregiver Strategies for older adults with Delirium, Dementia and Depression.
 - Collaborative Practice Among Nursing Teams

Senior Management

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Northern Ontario
School of Medicine

École de médecine
du Nord de l'Ontario

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nosm.ca

Northern Ontario School of Medicine Report

Dr. Roger Strasser, Dean-CEO

August-September 2014

NOSM Board of Directors

The next meeting of the Board of Directors is scheduled to occur on September 24, 2014 (4:00 – 6:00 pm). This meeting will also host the Annual Meeting of Members.

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

First Nations Communities Assess Progress at NOSM

From August 13-15, 2014, Chapleau Cree First Nation hosted the Northern Ontario School of Medicine's (NOSM) fourth Aboriginal Community Partnership Gathering, called "Walking the Vision."

NOSM senior leaders, faculty, and staff gathered with over 100 Aboriginal community members from across Northern Ontario to:

- Develop, strengthen, and enhance relationships.
- Provide information regarding past recommendations made to the School at the last gathering May 2011.
- Report about the tangible progress the School has made in implementing those recommendations.
- Seek recommendations about how the School can refine its practices, activities, and outcomes to ensure that NOSM continues to meet the needs of Aboriginal peoples across Northern Ontario.



"At these gatherings we ask, 'What do you think about NOSM's progress? What next steps can we take to ensure that NOSM truly meets your needs, and the needs of your community?'" says Dr. David Marsh, NOSM Associate Dean of Community Engagement and Senior Associate Dean of Medicine at Laurentian University. "This process of collaboration ensures that Aboriginal people of Northern Ontario have a voice at NOSM, and that the School is accountable to the priorities that our communities identify for us."

IDEAS Survey: Quality Improvement at NOSM



Improving & Driving Excellence Across Sectors (IDEAS) is a new, province-wide learning initiative to advance Ontario's health system priorities by building capacity in quality improvement, leadership and change management across all health-care sectors. The IDEAS Introductory Quality Improvement (QI) Program is coming to NOSM in the fall of 2014. The program is designed for physicians, nurses, other health-care professionals and managers from all parts of the health system who are seeking an introduction to quality improvement or a refresher on the fundamentals of quality improvement. In order for NOSM to adapt the provincial program to meet your needs, please take ten minutes to complete the needs assessment survey. <http://www.ideasontario.ca/survey/>

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



conference presentations and view poster presentations. Feedback received from the students was that, by participating in the session, they are now more interested in health-care careers and research. In particular, the youth enjoyed speaking with an Aboriginal NOSM graduate who is now practising in Northern Ontario.

- Conference participants had the opportunity to hear presentations from a wide variety of organizations, including: researchers based at NOSM; universities across the North, including Laurentian University, Lakehead University, and Algoma University; the Centre for Rural and Northern Health Research; partner organizations; and, hospitals in Thunder Bay and Sudbury. It was particularly exciting to see a number of presentations from current or former NOSM learners.

The Spring 2015 Conference will be held in Timmins. Visit <http://www.nosm.ca/nhrc/> for more information.



Attention NOSM Partner Organizations

Help Create NOSM's 2020 Vision

Ensure your organization has a voice in the Northern Ontario School of Medicine's (NOSM) next Strategic Plan. NOSM invites all partner organizations to send a written submission outlining how NOSM can meet your needs, and how the School's priorities can complement and support our common goals of improving the health of Northern Ontarians.

See attached for further information.

À l'attention des organismes partenaires de l'EMNO

Aidez à créer la vision de l'EMNO pour 2020

Veillez à ce que votre organisme ait son mot à dire sur le prochain plan stratégique de l'École de médecine du Nord de l'Ontario (EMNO). L'EMNO invite tous les organismes partenaires à présenter un mémoire indiquant comment elle peut répondre à leurs besoins et comment ses priorités peuvent appuyer et apporter un complément à nos buts communs concernant l'amélioration de la santé de la population du Nord de l'Ontario.

Consultez le document en annexe pour en savoir davantage.

Submissions can be emailed to strategicplan2015-2020@nosm.ca.
Deadline: September 17, 2014

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

Thunder Bay Regional Health Sciences Centre Quality Committee of the Board

Tuesday, June 17, 2014

ICP Videoconference Room #2171 – 4:00 – 6:00 p.m.

healthytogether

Present: Georgia Carr, Sharon Cole-Paterson, Cathy Covino,
Dr. Rhonda Crocker Ellacott, Anita Jean, Dr. Gordon Porter,
Andrée Robichaud, Doug Shanks, Keith Taylor, Grant Walsh

Regrets: Susan Fraser

By Invitation: Dawna Maria Perry, Director, Nursing Best Practice and Research,
Michael Del Nin, Manager, Decision Support,
Dr. Michelle Langlois, Lead, Patient Safety and Evidence-Based Practices,
Wendy Lange, Rec. Sec.

1. **CALL TO ORDER** – The Chair called the meeting to order at 4:05 p.m.

2.0 **QUORUM** – Quorum was attained.

2.1 **CONFLICT OF INTEREST** – None.

2.2 **APPROVAL OF AGENDA**

Moved by: Doug Shanks

Seconded by: Sharon Cole-Paterson

“The Quality Committee of the Board approves the Agenda of June 17, 2014, as presented.”

Motion

CARRIED

3. **PRESENTATIONS**

3.1 **Nursing Best Practice and Research Presentation**

Dawna Maria Perry, Director, Nursing Best Practice and Research gave the Nursing Best Practice and Research presentation.

Dawna told a patient story regarding an experience with an IV that was started and the subsequent follow up education with the nurse regarding needle gauge and IV clamping.

Evidence based best practice is the implementation of best practice guidelines, the support nursing practice, and the development of policies.

Thunder Bay Regional Health Sciences Centre (TBRHSC) is a Best Practice Spotlight Organization (BPSO) and the deliverables are to train champions, to implement best practice guidelines (BPGs), to submit applications for Advanced Clinical Practice Fellowships, to submit manuscripts for publication related to BPSO activity, to present at conferences on activities related to BPSO, and to collect and submit data to Nursing Quality Indicators for Reporting and Evaluation (NQuIRE) on quality indicators related to BPGs.

The challenge for champions is covering their shifts so they may participate. The champions attend Nursing Practice Council meetings and subsequently co-chair a council meeting on their units to disseminate the information to nursing staff. A newsletter is distributed following Nursing Council meetings which highlights the champions. As well, champions have displays set up during Nursing Week on their current projects.

Guidelines have been implemented over the past six years including a product change of flat film dressing for stabilization, risk assessments for pressure ulcers, alternatives to restraints, screening for dementia, and the collaboration between Registered Nurses and Registered Practical Nurses.

Currently only data on falls is submitted to NQuIRE.

Nursing practice professional development consists of self identification, and remedial and group education. Education may be one-on-one with an individual nurse or in a group setting for systemic issues.

Nursing practice's Quality Improvement Plan initiatives are falls prevention and pressure ulcer prevention and management.

Falls data is safety report dependent. Reviews are done on any falls categorized as "Critical" on a safety report. A Cause and Effect (Fishbone) Diagram was completed for assessing falls.

The next steps for nursing practice are developing a nursing score card, completing a pressure ulcer prevalence and incidence study, reviewing the feasibility of the implementation of bedside hand over of care, developing Nurse Practitioner collaborative practice agreements, and continuing the spread and sustainment of evidence based best practices in the organization.

Hospital must apply to be a Best Practice Spotlight Organization. The organizations are recognized across Canada and significant deliverables must be submitted annually to maintain this status.

4. REPORTS

4.1 Quality Improvement Plan Excerpt from the Board Score Card Report

Michael Del Nin, Manager, Decision Support provided a report on the Quality Improvement Plan Excerpt from the Board Score Card.

There have been improvements in the way five day post-major surgery data is coded.

For purposes of Quality Improvement Plan reporting, the time period for the patient satisfaction data was change last year. Results from October are available.

The Total Margin data is better than the target due to the flow of funding from the LHIN.

The data for length of stay excluding alternate level of care is good.

Medication reconciliation on admission data has improved from earlier months. Data on ALC days is consistently exceeding the target.

Unplanned readmissions for selected CMGs is a complex indicator and there has been a lag in gathering the data. The challenge with data is that the readmission rate is of a narrow section of patients, across many organizations.

4.2 Patient Safety Report and Patient Safety Plan

Dr. Michelle Langlois, Lead, Patient Safety and Evidence-Based Practices provided a report on the 2014/15 Patient Safety Plan.

The 2014/15 Patient Safety Plan is broken down into four categories, Advancing the Culture of Safety, Partnering with Patients and Families, Enabling our People, and Risk Assessment and Mitigation.

For the category of Advancing the Culture of Safety, the plan consists of an annual Patient Safety Week, management walkabouts, promoting a just culture, and awards such as the Good Catch Safety Award and the Patient Safety Walk the Talk Award.

For the category of Partnering with Patients and Families, the plan consists of Discharge Telephone Call-Back Program, Leadership Rounding, the creation of a Discharge Record, and raising public awareness of Patient Safety during Patient Safety Week.

For the category of Enabling our People, the plan consists of developing clinical pathways, educating on policies for blood transfusions and point of care testing, educating on a just culture, and adopting the SBAR communication tool.

For the category of Risk Assessment and Mitigation, the plan consists of tracking publicly reported patient safety indicators to improve rates, implementing strategies to reduce the number of acquired pressure ulcers and reduce the number of patient falls, ensuring collaboration with the Risk Registry to support patient safety initiatives, and increasing the percentage of eligible patients that receive medication reconciliation upon admission.

The wording will be clarified with respect to “expanding” patient call back to see if there is a more accurate word.

Moved by: Keith Taylor

Seconded by: Doug Shanks

“The Quality Committee of the Board recommends that the Board of Directors approve the 2014/15 Patient Safety Plan as presented, pending clarification.”

Motion

CARRIED

Dr. Michelle Langlois also gave the 4th Quarter Patient Safety Report.

In the 4th quarter (January to March 2014), there were 1742 safety huddles held across the organization, with 55 departments/units participating. Some of the topics discussed include reviewing fire safety and codes red and green, slippery parking lots and walkways, sharps safety, and hand hygiene.

There were a total of 755 reports submitted during the 4th quarter, with 645 incidents and 110 near miss events.

The categories with the highest number of incident reports during this quarter were Falls, Medication/IV Safety, and Safety/Security/Conduct.

Of the closed reports, the majority of incidents reported were considered no harm or minor.

The categories with the highest number of near misses reported were Medication/IV Safety, Delivery of Care Issues, and ID/Documentation.

Of the closed reports, the majority of near misses reported were considered no harm or minor.

There were 129 falls reported during the 4th quarter. The most number of falls reported was by Oncology, followed by Medicine, and Surgery. The majority of falls were considered no harm or minor.

There were 111 Safety/Security/Conduct incidents reported during the 4th quarter. The unit with the highest number of incidents reported was Child and Adolescent Mental Health. The majority of incidents were considered no harm or minor. The most common incident type after 'other' was physical abuse/assault – aggressor.

There were 122 Medication/IV incidents reported during the 4th quarter. The unit with the highest number of Medication/IV incidents reported was Surgery, followed by Medicine and Cardiology. The majority of incidents were considered no harm or minor.

A summary of improvements related to patient safety reports for the 4th quarter were included in the report.

4.3 Litigation Report

Cathy Covino, Senior Director, Quality and Risk Management provided the Litigation Report.

The data graph related to actual opened, actual closed, potential opened, potential retired, and potential to actual litigation files was reviewed.

An update was given on settlements and upcoming legal files.

The Senior Director of Quality and Risk Management attends most of the legal Examinations for Discovery. On rare occasions, the Director or Manager of the area is requested to attend.

A graph will be requested from the hospital's insurer for comparing our data with other peer hospitals.

5. CONSENT AGENDA

Moved by: Georgia Carr

Seconded by: Keith Taylor

"That the Quality Committee of the Board:

5.1 Approves the Quality Committee of the Board Minutes of May 20, 2014,

5.2 Receives the Research Ethics Board Minutes of April 28, 2014."

Motion

CARRIED

6. DATE OF NEXT MEETING

The next Quality Committee of the Board meeting will take place on September 16, 2014 at

4:00 p.m. in the Administrative Boardroom.

7. ADJOURNMENT

The Quality Committee of the Board meeting adjourned at 5:40 p.m.



Patient Safety Plan

2014-2015

Mission

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

Advance the Culture of Safety

Participate in Patient Safety Week to help raise awareness of patient safety issues at the hospital

Re-energize a program for Management Walkabouts

Promote a just culture by providing education and increasing awareness among management

Continue to present the Good Catch Safety Award and the Patient Safety Walk the Talk Award

Partnering with Patients and Families

Implement a post discharge telephone call back program to improve patient experience, transition to home and reduce re-admissions

Promote Leadership Rounding, where leaders meet with patients/families within 24 hours of admission to unit

Create a discharge record reference sheet for patients

Raise public awareness of patient safety during Patient Safety Week

Enabling Our People

Provide appropriate services based on evidence by developing clinical pathways

Continue to provide education to ensure policies for blood transfusion and point of care tests are being followed.

Promote a just culture by providing education and increasing awareness among staff

Improve the handover of care by adopting a new communication tool called SBAR

Risk Assessment & Mitigation

Continue to track publicly reported patient safety indicators and improve rates

Implement strategies to reduce the number of hospital-acquired pressure ulcers and reduce the number of serious/critical inpatient falls.

Ensure collaboration with Risk Registry to support patient safety initiatives

Increase the percentage of eligible patients that receive medication reconciliation upon admission

Patient Safety Plan 2014-2015

Advance the Culture of Patient Safety			
Objective	Description	Measurement	Lead
Raise awareness about patient safety	Participate in Patient Safety Week, October 27-Oct 31 to raise awareness of patient safety issues at the hospital for all staff/physicians/learners/volunteers	Feedback from staff	Patient Safety Lead
Facilitate communication between management and frontline	Re-energize and commit to regular Management Walkabouts. A core group of senior leaders visit different areas of the hospital on a regular basis to discuss processes that impact safety (i.e. Hand hygiene, use of whiteboards).	As determined by Strategy and Performance Management. Expected to have a positive impact on Patient Safety Culture Survey results.	Strategy and Performance Management
Foster a Just Culture	Provide education to management group to increase awareness and promote a just culture.	Improved Patient Safety Culture Survey results	Patient Safety Lead
Increase levels of reporting of patient safety events	Continue to present the Good Catch Safety Award and the Patient Safety Walk the Talk Award to encourage safety reporting	Increase in near miss reporting	Patient Safety Lead

Patient Safety Plan 2014-2015

Partnering with Patients and Families			
Objective	Description	Measurement	Lead
Improve patient experience, transition to home and reduce readmissions	Implement a post-discharge telephone call back program, with patients called 24-72 hours post-discharge. With success of pilot, hope to expand throughout organization.	Evaluation as determined by PFCC Lead	PFCC Lead
Facilitate communication with patients/families	Establish a program for Leadership rounding – leadership meets with admitted patients/families within 24 hours of admission to unit. Expected to empower patient/families, increase trust level and improve the patient experience.	Evaluation as determined by PFCC Lead	PFCC Lead
Improve communication with patients and their families	Committee working on standardizing both the admission and discharge process. One objective of this project is creating a discharge record reference sheet for patients. This will improve communications with patients and their families.	As determined by Strategy and Performance Management	Strategy & Performance Management
Raise awareness of patient safety for patients and families	Participate in Patient Safety Week Oct 27 – Oct 31 to raise public awareness of patient safety	Feedback from patients and families	Patient Safety Lead

Patient Safety Plan 2014-2015

Enabling Our People			
Objective	Description	Measurement	Lead
To facilitate the incorporation of evidence-based processes and medicine	Provide appropriate services based on evidence by developing clinical pathways	Number of clinical pathways available for use	Patient Safety Lead
Increase knowledge regarding proper Clinical Laboratory Policies	Continue to provide education to ensure policies for blood transfusion and point of care tests are being followed. Skills accessed annually. Focus of education may change each year.	As determined by Laboratory	Laboratory/ Interprofessional Education
Improve patient safety through education	Promote a just culture by providing education and raising awareness among staff.	Improved Patient Safety Culture Survey Results	Patient Safety Lead
Improve handover of care	Adopt a new communication tool, SBAR, to improve communication at the time of handover.	As determined by Professional Practice	Professional Practice

Patient Safety Plan 2014-2015

Risk Assessment and Mitigation			
Objective	Description	Measurement	Lead
Increase patient safety by monitoring indicators to assess performance	<p>There are currently nine patient safety indicators that are mandatory for hospitals to report:</p> <ul style="list-style-type: none"> • C. difficile * • MRSA • VRE • Surgical Site Infections • Central Line-Associated Infections * • Ventilator-Associated Pneumonia * • Surgical Safety Checklist • Hospitalized Standard Mortality Ratio • Hand Hygiene Compliance * 	Targets are set by the Ontario Hospital Association.	Infection Control/ Surgical Program/ Health Records
Reduce # of hospital-acquired pressure ulcers and number of serious/critical inpatient falls**	Implement strategies recommended by RNAO to reduce the number of hospital-acquired pressure ulcers. Continue to evaluate and make improvements to reduce the number of in-patient falls.	Reduction in the number of hospital-acquired pressure ulcers Reduction in the number of falls per 1000 patient days	Professional Practice
Mitigate Risk	Ensure collaboration with risk registry to support patient safety initiatives	As determined by Q&RM	Quality and Risk Management
Increase the proportion of patients that receive medication reconciliation upon admission**	Medication reconciliation** is a process designed to prevent medication errors when patients are admitted to*, transferred, or discharged from hospital care. The most complete and accurate list of home medications is created and used when writing orders. This list is compared against the physician's list, identifying discrepancies and making necessary changes.	Total number of patients with medications reconciled as a proportion of the total number of patients admitted to the hospital	Pharmacy

* Quality Improvement Plan Initiative for 2014-2015

** Quality Improvement Plan Initiative for 2014-2015 and Required Organizational Practice for Accreditation

Schedule D – Form of Compliance Declaration

DECLARATION OF COMPLIANCE

Issued pursuant to the Hospital Service Accountability Agreement

To: The Board of Directors of the North West Local Health Integration Network (the "LHIN"). Attn: Board Chair.

From: The Chair of the Board of Directors (the "Board") of Thunder Bay Regional Health Sciences Centre (the "HSP")

Date: July 21, 2014

Re: April 1, 2013 – March 31, 2014 (the "Applicable Period")

I hereby declare and attest to you as follows:

After making inquiries of the HSP's Chief Executive Officer and other appropriate officers of the HSP and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, to the best of the Board's knowledge and belief, the HSP has fulfilled its obligations under the hospital service accountability agreement (the "Agreement") in effect during the Applicable Period.

Without limiting the generality of the foregoing, the Board confirms that:

- (i) the HSP has complied with the provisions of the *Local Health System Integration Act, 2006* and the *Broader Public Sector Accountability Act* (the "BPSAA") that apply to the HSP;
- (ii) the HSP has complied with its obligations in respect of CritiCall that are set out in the Agreement;
- (iii) every Report submitted by the HSP is complete, accurate in all respects and in full compliance with the terms of the Agreement; and
- (iv) the representations, warranties and covenants made by the Board on behalf of the HSP in s. 10.3 of the Agreement remain in full force and effect.

Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the Agreement.

This Declaration of Compliance, together with its Appendix, will be posted on the HSP's website on the same day that it is issued to the LHIN.

The above attestation will be authorized by Board resolution at the September 10, 2014 Board of Directors meeting.



Susan Fraser
Chair, Board of Directors

SCHEDULE G – FORM OF COMPLIANCE DECLARATION

DECLARATION OF COMPLIANCE

Issued pursuant to the M-SAA effective April 1, 2011

To: The Board of Directors of the North West Local Health Integration Network (the "LHIN"). Attn: Board Chair.

From: The Chair of the Board of Directors (the "Board") of Thunder Bay Regional Health Sciences Centre (the "HSP")

Date: July 21, 2014

Re: April 1, 2013 – March 31, 2014 (the "Applicable Period")

Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the M-SAA between the LHIN and the HSP effective April 1, 2011.

I hereby declare to you as follows:

After making inquiries of the President and Chief Executive Officer and other appropriate officers of the HSP and subject to any exceptions identified on Schedule G, to the best of the Board's knowledge and belief, the HSP has fulfilled, its obligations under the service accountability agreement (the "M-SAA") in effect during the Applicable Period.

Without limiting the generality of the foregoing, the HSP has complied with:

- (i) Article 4.8 of the M-SAA concerning applicable procurement practices;
- (ii) *The Local Health System Integration Act, 2006*; and
- (iii) *The Public Sector Compensation Restraint to Protect Public Services Act, 2010*.
- (iv) The following specific performance requirements as outlined in Schedule E4 of the 2011-2014 M-SAA:
 - a. Chronic Disease & Prevention Management
 - b. "Home First" Philosophy
 - c. Health Services Blueprint – Community Engagement
 - d. Quality Improvement Plans (QIP)
 - e. Behavioural Supports Ontario Action Plan
 - f. Emergency Preparedness Plans
 - g. E-Health
 - h. Information Technology
 - i. Ministry LHIN Performance Agreement (MLPA)

The above attestation will be authorized by Board resolution at the September 10, 2014 Board of Directors meeting.



Susan Fraser
Chair, Board of Directors

BRIEFING NOTE



TOPIC	Co-branded entrance signage
PREPARED BY	Tracie Smith
APPROVED BY	Chisholm Pothier
PREPARED FOR: President & CEO <input type="checkbox"/> Board of Directors <input checked="" type="checkbox"/> Other SMC	
DATE PREPARED	August 13, 2014

PURPOSE/ISSUE(S)

To endorse signage at three main TBRHSC entrances to promote brand and heighten awareness of TBRHSC's academic affiliations.

BACKGROUND

The Northern Ontario School of Medicine (NOSM) has a budget to support signage at partner facilities to increase awareness of NOSM affiliation. NOSM will finance 100% of the costs associated with the production and installation of signs.

The NOSM Communications Director has agreed to produce and install signage at the main entrance (revolving doors), the Emergency Department Entrance and the Cafeteria entrance (see images attached) with the following:

- Inclusion of the logos of our primary academic partners
- Prominent positioning of the TBRHSC logo
- Signage materials which conform to all safety regulations and are considered permanent

Communications & Engagement has consulted with Academic Affairs and with Capital Planning & Facilities and acquired support for this project. The installation of signs will be supervised by TBRHSC to ensure all standards are met.

ANALYSIS/CURRENT STATUS

TBRHSC does not have branded signage at any of its main entrances. This presents an opportunity to improve brand awareness once patients, families and guests have entered the property, at no cost to TBRHSC. The proposed art work (attached) has been endorsed by SMC.

RECOMMENDATION

It is recommended that the Board of Directors endorse the proposed signage.

NEXT STEPS

Communications & Engagement will continue to work with NOSM to source a supplier and schedule installation. It is our goal to install the signage before winter.

STAKEHOLDER REACTION

Stakeholder reaction is anticipated to be positive as the signage supports increased awareness of TBRHSC's growth as an academic health sciences centre. It also supports heightened brand awareness.

COMMUNICATIONS

TOPIC	Co-branded entrance signage
PREPARED BY	Tracie Smith
APPROVED BY	Chisholm Pothier
PREPARED FOR: President & CEO <input type="checkbox"/> Board of Directors <input checked="" type="checkbox"/> Other SMC	
Communications & Engagement will continue to consult with Capital Planning & Facilities.	
FINANCIAL IMPACTS	
All costs assumed by NOSM.	
APPENDIX SECTION	
Entrance signage mock-ups.	

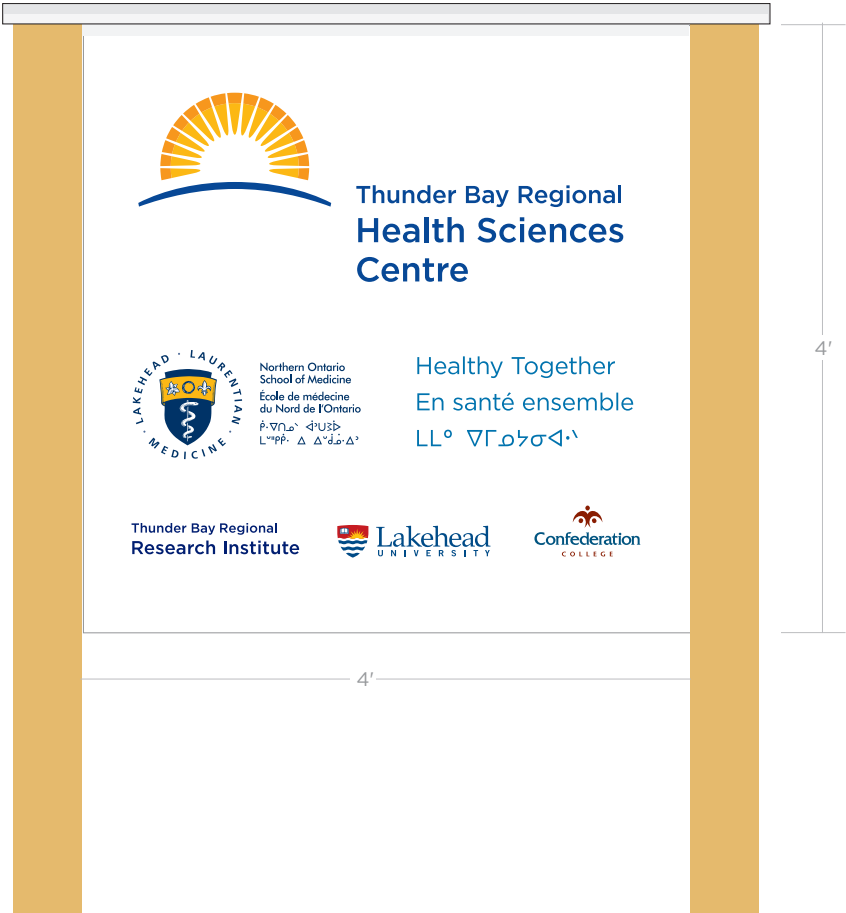
TBRHSC is committed to ensuring decisions and practices are ethically responsible and align with our mission/vision/values. All leaders should consider decisions from an ethics perspective including their implications on patients, staff and the community. The following questions should be reviewed for 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 on the iNtranet under [Quality and Risk Management > Quality > ECFAA \(Excellent Care for All Act\) > Presentations.](#)

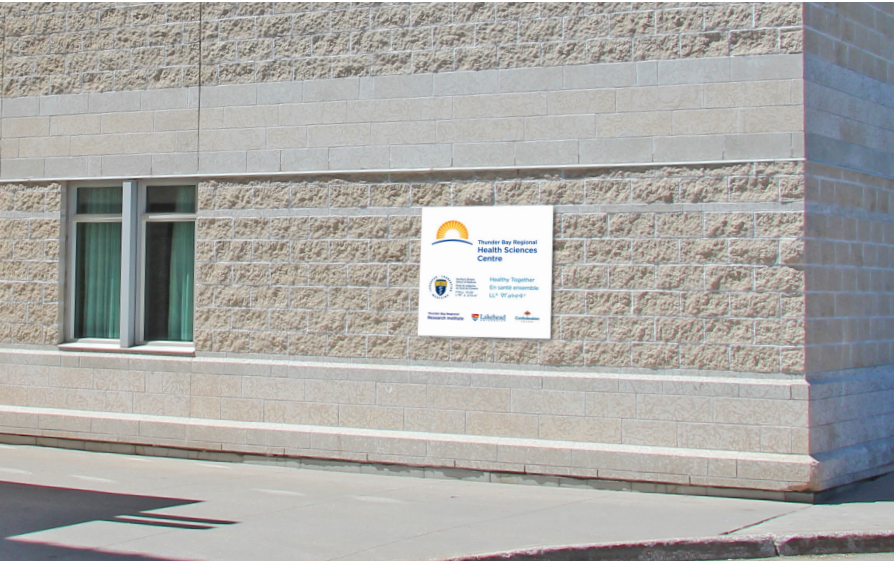
Thunder Bay Regional Health Sciences Centre
Working together for a healthier North Signage

Main Entrance



Thunder Bay Regional Health Sciences Centre
Working together for a healthier North Signage

East Entrance



Working together for a healthier North Signage



Emergency Entrance



BRIEFING NOTE



TOPIC	TBRHSC Visual Identity Refresh
PREPARED BY	Tracie Smith, Senior Director, Communications & Engagement
APPROVED BY	Chisholm Pothier, VP, Communications, Government Relations & Aboriginal Health
PREPARED FOR:	President & CEO <input type="checkbox"/> Board of Directors <input checked="" type="checkbox"/> Other
DATE PREPARED	Sept. 1, 2014

PURPOSE/ISSUE(S)

Communications & Engagement proposes a "refresh" of the TBRHSC visual identity. Updates to the visual representation of our brand can demonstrate to our stakeholders a cohesive and streamlined approach to healthcare delivery.

BACKGROUND

An offer from the Northern Ontario School of Medicine to provide permanent, co-branded signage at TBRHSC entrances presents an opportunity to consider a refresh of the TBRHSC logo. The TBRHSC visual identity - the representation of the organization's brand - has not changed in over ten years. The proposed updates to the visual identity will not only result in a more modern logo, but also support stronger visual alignment with key partners, and allow flexibility in the application of the logo.

ANALYSIS/CURRENT STATUS

The proposed changes to the TBRHSC visual identity include changing the logo font to Gotham. The Gotham font has been applied to the text in corporate communications materials since 2009/2010. This includes annual reports, advertisements, business cards, patient education materials, and letterhead. The only piece outstanding is the actual corporate logo, which still includes the original font. The Gotham font is used in the visual identities of the Thunder Bay Regional Research Institute and the Thunder Bay Regional Health Sciences Foundation. Changing the TBRHSC logo font to Gotham promotes consistency in materials, and demonstrates alignment of the three organizations.

In addition, the visual identity refresh proposes a horizontal version of the logo. This supports versatility in the application of the logo and supports increased logo prominence on corporate materials.

RECOMMENDATION

Support the recommended refresh of the TBRHSC visual identity.

NEXT STEPS

With approval, Communications & Engagement will coordinate a "soft" roll-out of the new visual identity. This will include replacing letterhead, brochures, business cards, etc. as required. Minimal stock of these items exists. Site maps, etc. currently require updating. It is primarily a digital turn-over.

The entrance signs at Oliver Road and Golf Links Road will require refacing at a cost of approximately \$10,000. This would be a capital investment request.

STAKEHOLDER REACTION

Internally, staff will be supported in the roll-out. There will be minimal impact to staff. Likewise, there will be little impact to external stakeholders. However, all groups will benefit from the visual affirmation of the alignment between TBRHSC, TBRRI and our Foundation.

COMMUNICATIONS

TOPIC	TBRHSC Visual Identity Refresh
PREPARED BY	Tracie Smith, Senior Director, Communications & Engagement
APPROVED BY	Chisholm Pothier, VP, Communications, Government Relations & Aboriginal Health
PREPARED FOR: President & CEO <input type="checkbox"/> Board of Directors <input checked="" type="checkbox"/> Other	
What kind of targeted communication(s) is necessary? A full roll-out plan will be developed to ensure the effective and efficient implementation of the refreshed visual identity. This will include an estimated 30 hours of graphics required by Communications & Engagement, as well as staff education, work with patient education, etc.	
FINANCIAL IMPACTS	
The majority of the logo turn-over will be handled internally. A capital request to re-face entrance signs for approximately \$10,000 will be submitted.	
APPENDIX SECTION	
If there is related material, please provide here.	

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 on the iNtranet under [Quality and Risk Management > Quality > ECFAA \(Excellent Care for All Act\) > Presentations.](#)

Visual identity = representation of Brand

A promise to deliver a clearly stated, unique and relevant benefit that is consistently expressed both tangibly and intangibly to differentiate the offering from competitors.

The tangible components of a brand, such as the brand's name and logo, are often trademarked to create defensible assets for the organization.

Visual Identity System

The sum total of the brand's visual aesthetic. This is comprised of Logos, logotypes, symbols, colors, and other visual elements.



Alignment - Current

TBRHSC, TBRRI and TBRHSF



Thunder Bay Regional
Health Sciences
Foundation

Thunder Bay Regional
Research Institute

Alignment - Proposed

TBRHSC, TBRRI and TBRHSF



Thunder Bay Regional
**Health Sciences
Centre**



Thunder Bay Regional
**Health Sciences
Foundation**

Thunder Bay Regional
Research Institute

Versatility

Vertical



Thunder Bay Regional
Health Sciences
Centre



Thunder Bay Regional
Health Sciences
Foundation

Thunder Bay Regional
Research Institute

Horizontal



Thunder Bay Regional
Health Sciences
Centre



Thunder Bay Regional
Health Sciences
Foundation

Thunder Bay Regional
Research Institute

Examples: Visual Identity versatility and alignment



Visual Identity System – Program and Service application



Thunder Bay Regional
**Health Sciences
Centre**

Cardiovascular and
Stroke Program



Thunder Bay Regional
**Health Sciences
Centre**

Chronic Disease Prevention
and Management Program



Thunder Bay Regional
**Health Sciences
Centre**

Diagnostic Services



Thunder Bay Regional
**Health Sciences
Centre**

Surgical and
Ambulatory Services

The Corporate Font

GOTHAM

Gotham Thin. From the streets of New York City. **Gotham X-Narrow Book.** Flourishing at small sizes. **Gotham Book.** For both text and display. **Gotham X-Narrow Bold.** With roots in the lettering of the 1920s. **Gotham Bold.** Vernacular lettering. **Gotham Condensed Book.** The designer's photographic odyssey. **Gotham Ultra.** Maximum density. **Gotham Condensed Bold.** Examples of vernacular lettering. **Gotham Narrow Book.** Both narrow columns and headlines. **Gotham Rounded Book.** Templates for all. **Gotham Narrow Bold.** Headlines and text. **Gotham Rounded Bold.** Engravers' type.

Designs using the Gotham Font



Discussion

Roll out = soft-launch:

- Replace letterhead, brochures, business cards, etc. as required.
- Minimal stock
- Entrance signs – Capital investment, approx. \$10,000
- No other logos on signage.
- Site maps, etc. require changes anyway
- Mainly a digital turn-over

Time investment:

- Estimate 30 hours of graphics required by Communications & Engagement
- Staff education, work with patient education, etc.

Item #	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						x						
2	Financial Oversight	Review Evaluation of Auditors	Aud						x						
3	Financial Oversight	Independence Questionnaire	Aud						x						
4	Financial Oversight	Approve Audit Work Plan	Aud						x						
5	Financial Oversight	Audit Plan (Grant Thornton)	Aud						x						
6	Performance Measurement and Monitoring	Review Results of Interim Audit Conducted in January	Aud							x					
7	Financial Oversight	Review Draft Year End and Reporting Issues TITLE CHANGED FROM: Discussion of Year-end Reporting Issues	Aud							x					
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							x					Remove as this is not relevant this year
11	Financial Oversight	Update on New Hospital Capital Audit	Aud							x					
12	Financial Oversight	Review and Recommend Year End Financial Statements for Approval to the Board	Aud										x		
13	Financial Oversight	Audit Results (Grant Thornton)	Aud										x		
14	Financial Oversight	Management Letter	Aud										x		
15	Risk Identification and Oversight	Claims Summary	Aud										x		
16	Financial Oversight	Analysis of Legal Fees as at March 31	Aud										x		
17	Performance Measurement and Monitoring	Evaluation of Auditors	Aud										x		
18	Performance Measurement and Monitoring	Recommend Appointment of Auditors	Aud										x		
19	Financial Oversight	Approve Year-end Financial Statements	Aud											x	
20	Stakeholder Communication and Accountability	Statements for Approval to Board	Aud										x		

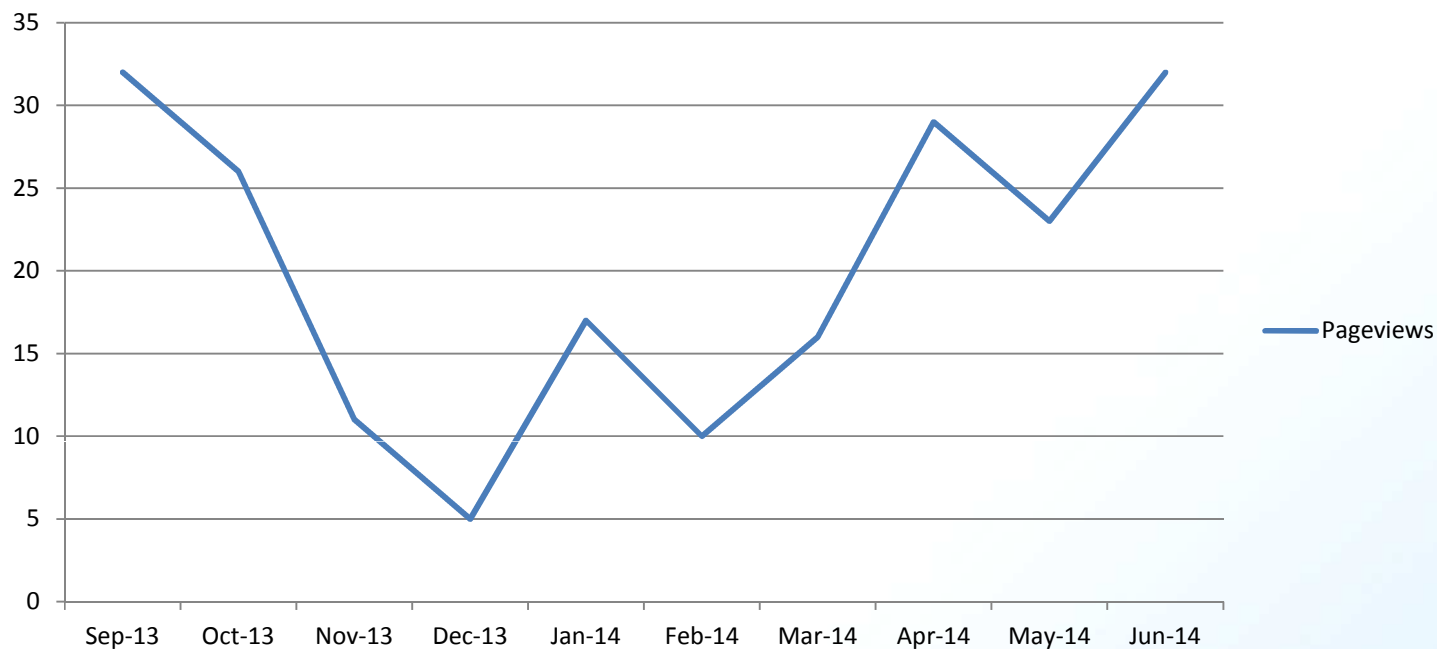
Item #	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
21	Strategic Planning and Vision, Mission, Values	Set up Partnership Meetings for the year	BD		x										
22	Oversight of Management	Monthly Education Topics for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

Item #	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
44	Governance	Review By-Laws	Gov									x			
45	Governance	Annual Board Evaluation - Performance Review	Gov										x		
46	Governance	Review Orientation Program	Gov										x		
47	Governance	Review Applications for Board Vacancies	Nom							x					
48	Governance	Nominating Committee - Candidate Interviews for Board vacancy	Nom								x				
49	Risk Identification and Oversight	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	Nom						x						
50	Quality Oversight	Patient Safety/Public Indicators	Qual		x			x				x		x	
51	Quality Oversight	Review Quality Terms of Reference	Qual		x										
52	Quality Oversight	Review Quality Work Plan	Qual		x										
53	Quality Oversight	Programs & Services Presentations	Qual		x	x	x	x	x	x	x	x	x	x	
54	Quality Oversight	Comments/Compliments/Complaints	Qual			x				x					
55	Risk Identification and Oversight	Quality Improvement Plan Except From Balanced Scorecard	Qual			x		x		x				x	
56	Risk Identification and Oversight	Critical incidents/MAC recommendations	Qual				x					x			
57	Risk Identification and Oversight	Risk Management	Qual				x					x			
58	Quality Oversight	Emergency Preparedness	Qual					x					x		
59	Quality Oversight	Accreditation	Qual			x				x					
60	Quality Oversight	Quality Improvement Plan Approval	Qual								x				
61	Risk Identification and Oversight	Quality and Risk Management Policies	Qual										x		
62	Quality Oversight	Financial Pressures Relating to Risk	Qual	x											
63	Performance Measurement and Monitoring	Credentiailling Process/Professional Staff & regulated licensed Professional processes	Qual		x										
64	Financial Oversight	Financial Statements and Variance Report - (Review)	RP		Q1		Q2			Q3			Q4		

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

Item #	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							x					
88	Financial Oversight	Data Centre Disaster Recovery Plan (Update)	RP							x					
89	Financial Oversight	Physician and Health Human Resources Recruitment & Retention (Update)	RP							x				x	Amended to 2 items 1)Physician Retention Update 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	RP							x					
91	Financial Oversight	Occupational Health and Safety Program (Update)	RP							x					
92	Financial Oversight	TBRHSC Operating Plan (Update)	RP								x				
93	Financial Oversight	TBRRRI Operating and Capital Budget (Report)	RP								x				
94	Financial Oversight	Non Patient Legal Matters (Update on Outstanding Issues)	RP								x				
95	Financial Oversight	Unaudited Preliminary Year End Financial Statements (March 31) (Review)	RP									x			
96	Financial Oversight	TBRRRI - Financial Statements (Unaudited) (as at March 31)	RP									x			
97	Financial Oversight	Numbered Companies - Financial Statements (Unaudited) (as at March 31)	RP									x			
98	Financial Oversight	BPS Compliance Reports - Executive Office Reduction, Use of Consultants, Expense Reporting	RP									x			
99	Risk Identification and Oversight	TBRRRI Audited Year End Financial Results	RP										x		
100	Risk Identification and Oversight	Insurance - Review of Coverage	RP										x		
101	Risk Identification and Oversight	Investments - Performance Review	RP										x		
102	Governance	Investments - Policy Review	RP										x		
103	Risk Identification and Oversight	Litigation	Qual						x					x	*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													
		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 – June 2014)



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