



**TBRHSC Board of Directors
Open Meeting**

**Wednesday, October 1, 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 – Cathy Covino				
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	10	A. Skillen	Gridlock Status Update*		X		X
4.2	10	P. Myllymaa	Environmental Review and Compliance Update*		X		X
4.3	10	KJ Gillis/A. Carr	Respect Campaign*	X			
5.0			CONSENT AGENDA				
5.1			Board of Directors: Approval of Minutes – September 10, 2014*	X			X
5.2			Volunteer Association				X
5.3			Thunder Bay Regional Research Institute*				X
5.4			Quality Committee Minutes – September 16, 2014*				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	G. Craig	TBRHS Foundation*			X	X
6.4	5	Dr. Thibert	Professional Staff Association			X	X
6.5	5	Dr. M. Henderson	Report from the Chief of Staff*			X	X
6.6	5	Dr. Crocker Ellacott	Report from the Chief Nursing Executive*			X	X
6.7	5	Dr. R. Strasser	Northern Ontario School of Medicine (NOSM)*			X	X
7.0			BUSINESS/COMMITTEE MATTERS				
7.1	5	P. Myllymaa	Resource Planning Committee – September 16, 2014 7.1.1 Attestation – Wages and Sources Deduction*	X			
8.0			FOR INFORMATION				
8.1			Board Comprehensive Work Plan*				X
8.2			Webcast Statistics*				X

#	Time (X)	Presenter	Item & Purpose (Y)	Expected Outcome (Z)			
				Recommendation / Decision/Action	Education	Discussion	Information
8.3			Volunteer Newsletter*				X
9.0	BOARD MEMBER COMMENTS					X	
10.0	DATE OF NEXT MEETING – Thursday, November 6, 2014						X
11.0	ADJOURNMENT						
Ethical Framework							
<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> <ol style="list-style-type: none"> Does the course of action put 'Patients First' by responding respectfully to needs & values of patients and families? Does the course of action demonstrate 'accountability' by advancing quality, safety and Patient and Family Centred Care & delivering fiscally responsible services? Does the course of action demonstrate 'respect' by honouring the uniqueness of every individual? 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? <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)

October 1, 2014

Agenda Item	Committee or Report	Motion or Recommendation	Approved or Accepted by:
3.3	Agenda – October 1, 2014	“That the Agenda be approved as circulated.”	Moved by: Seconded by:
4.3	Respect Campaign	“That the Board of Directors approves the concepts of the Respect Campaign prior to the launch within the organization, as presented.”	Moved by: Seconded by:
5.0	Consent Agenda	“That the Board of Directors: 5.1 Approves the Board of Directors Minutes of September 10 2014, 5.2 Receives the Volunteer Association Report – n/a 5.3 Receives the TBRI Report dated September, 2014, 5.4 Receives the minutes of the Quality Committee – September 16, 2014, as presented.”	Moved by: Seconded by:
6.0	Reports and Discussion	“That the Board of Directors: 6.1 Accepts the Report from Senior Management, 6.2 Accepts the Report from the President and CEO, 6.3 Accepts the Report from the TBRHS Foundation, 6.4 Accepts the Report from the Professional Staff Association, 6.5 Accepts the Report from the Chief of Staff, 6.6 Accepts the Report from the Chief Nursing Executive, 6.7 Receives the Report from the NOSM, dated October, 2014 as presented.”	Moved by: Seconded by:

Agenda Item	Committee or Report	Motion or Recommendation	Approved or Accepted by:
7.1.1	Attestation – Wages and Sources Deduction	“That the Board of Directors accepts the Q4 2013-2014 and Q1 2014-2015 Board Wages and Source Deduction Attestation, as presented.”	Moved by: Seconded by:



Board of Directors

healthy
together

980 Oliver Road
Thunder Bay, ON
P7B 6V4

Phone:
684-6007

Website:
www.tbrhsc.net

**Report from Susan Fraser
Chair, Board of Directors
October, 2014**

Healthy Together. That is the Vision of Thunder Bay Regional Health Sciences Centre (TBRHSC), and it captures our desired state for the people of Northwestern Ontario. It also reflects the way we progress as an organization. In all areas, at every level, we work closely with a variety of partners to provide the best care possible. Patients and families are principal among our partners.

Recently, we celebrated TBRHSC's dedication to PFCC at the 5th annual Caring & Sharing Exhibition. This event showcases some of the many initiatives that improve experiences for patients and families. I am very proud of the commitment demonstrated by staff, physicians, volunteers and donors to deliver care that is respectful of, and responsive to the needs of patients and families.

Cancer Care Ontario (CCO) is also an important partner in care. CCO is embarking on its own PFCC journey, and President & CEO Michael Sherar is conducting a province-wide tour of regional cancer centres to strengthen partnerships with patients and families, as well as with providers, foundations and volunteers. While at TBRHSC, Mr. Sherar noted that efforts to improve care are absolutely dependent on these partnerships. I couldn't agree more, and am pleased that our partners are as committed to patient outcomes as we are.

Another partner critical to our success is the Health Sciences Foundation. Last October, the Foundation launched its Exceptional Cancer Care Campaign. Already, thanks to the generosity of donors, they have raised \$5.1-million, which is just over 85% of the \$5.9-million goal. These funds help purchase cutting-edge equipment to provide exceptional diagnoses, treatments and research. I am grateful and very thankful to the Foundation for its outstanding support.

Our research arm, the Thunder Bay Regional Research Institute, continues to engage in ground-breaking initiatives. Recently, Dr. Naana Jumah participated in High-Intensity Focused Ultrasound (HIFU) procedure training in Seoul, Korea, in anticipation of the HIFU clinical trial Dr. Jumah and Dr. Laura Curiel will be offering, pending Research Ethics Board, in which MRI guidance will allow the clinician to identify the exact location of a uterine fibroid and remove it with HIFU – a much less invasive procedure for the patient with faster recovery times.

Another milestone celebrated in the past month was the launch of bariatric surgery at TBRHSC. Now, patients from Northwestern Ontario in need of bariatric surgery can receive the service here instead of travelling. With the introduction of a surgical program and two bariatric surgeons – Dr. Andrew Smith and Dr. Scott Cassie – ours is evolving from a Regional Assessment and Treatment Centre to a Bariatric Centre of Excellence, one of six in Ontario.

I thank the many people who make our successes possible, and look forward to reporting more of them in the months to come.

Finally, October is Women's Health Awareness Month. I take this opportunity to remind all women of the importance of healthy living, including regular cancer screening. For information on where you can get screened for cancer, call the Cancer Screening Hotline at (807) 684-7787. Or, to book your cancer screening appointment on the Screen for Life mobile coach call: 1-800-461-7031.

Respectfully,
Susan Fraser, Chair
Board of Directors

TBRHSC Bed Management Update: Overcapacity/Gridlock and the Impact of the MOH LTC's \$14M investment

TBRHSC Board Meeting (Open Session) Presentation:
Wednesday, October 1, 2014

Aaron Skillen, Interim Vice President Patient Services,
Program Director, Chronic Disease Prevention & Management and
Medicine Service
Thunder Bay Regional Health Sciences Centre



Presentation Outline

1. Review TBRHSC Admitted Patient Capacity
2. 2014 Overcapacity at TBRHSC
 - a) Admitted Patient Census
 - b) Gridlock
3. Drivers of Overcapacity at TBRHSC
4. MOH LTC Investments & TBRHSC Impact



TBRHSC Beds for Admitted Patients (October 2014)

395 Funded

- 375 Beds
- 10 Medical Short Stay Unit beds (3TM) *temporary funding
- 8 Overflow beds (Surgical Day Care) *temporary funding
- 2 PCI recovery beds (IP Unit 2C, 290) *temporary funding

36 Not Funded

- 12 Treatment room beds
- 14 Patient lounges
- 10 Emergency Department
- 431 Maximum admitted patient beds



2014 Daily Admitted Pt. Census @ 0945 Bed Rounds

Month	Average	Minimum	Maximum
January	434	403	452
February	418	400	436
March	417	391	430
April	421	379	454
May	427	378	455
June	409	376	436
July	402	364	435
August	395	366	439
September (1-23)	417	390	449
2014 Mo. Ave.	414	383	443

Number of Gridlock Days per Month at TBRHSC

Month	2012	2013	2014
January	11.2	29.5	31
February	4.8	14.6	18
March	0.2	16.4	23
April	10.2	20.7	30
May	13.4	4.6	31
June	10.8	3.5	30
July	0	3.7	19
August	6.1	17.2	27
September	2.5	13.7	
October	4.8	23.0	
November	20.6	26.5	
December	8.5	18.3	
Total	93.1	191.7	209
Mo. Ave.	7.8	16.0	26.1

Gridlock 112 consecutive days
(March 18 – July 8, 2014)

Gridlock 25.5% of 2012
Gridlock 52.5% of 2013
Gridlock 85.8% of 2014



ED Daily Visits & Admissions

Dates	ED Daily Visit Ave.	ED Daily Admits Ave.	Admission Rate
2011-12	299.1	32.9	11.00%
2012-13	305.9	31.1	10.20%
2013-14	291.9	29.7	10.16%
2014-15 (YTD Aug. 31)	293.1	29.2	9.96%

1. ED Daily visits decreased 13-14 vs. 12-13 (5,121 visit decrease)
2. ED Daily admits decreased 13-14 vs. 12-13 (520 fewer admits)
3. ED Admission rate decreased 13-14 vs. 12-13 (0.04% lower)

*520 admitted patients x 7.08 ALOS = 3,682 patient days “saved” = 10 beds “found”

Conclusion – ED visits and admissions (patient demand) are not significantly contributing to overcapacity at TBRHSC.



TBRHSC Admitted Patient Data & Analysis

Year	Total Cases	ALOS (inc. ALC)	ALC Days	ALOS (w/o ALC)	Ave ELOS (w/o ALC)
2011-12	18,699	6.55	15,304	5.73	5.76
2012-13	18,012	6.66	17,405	5.70	5.93
2013-14	17,710	7.08	20,549	5.92	6.09
13-14 vs. 11-12	989	0.53	5,245	0.19	0.33



Conclusions:

1. TBRHSC is providing care to fewer patients, a greater proportion of whom accrue ALC days.
2. TBRHSC's high occupancy is effected by increased ALOS (driven primarily by ALC growth), however consistently below ELOS.

TBRHSC Inpatient Activity Analysis

Dates	Total IP Days	ALC Days	Total Acute Days (excl. ALC days)	ALC Rate
2011-12	122,504	15,304	107,200	12.5%
2012-13	120,002	17,405	102,597	14.5%
2013-14	125,471	20,549	104,922	16.4%
13-14 vs. 11-12	2,967	5,245	-2,278	3.9%

Conclusion: Although TBRHSC is providing more patient care days, it is increasingly providing care to an ALC patient population and experiencing an erosion of its ability to meet its acute care service mandate.



\$14M MOH Investments & TBRHSC Impact

TBRHSC (\$4.0M):

- a) ED recruitment of \$270k in 13/14 and \$510k in 14/15. TBRHSC impact - good (although not directly an ALC reduction strategy).
- b) Nurse Lead Outreach Team of \$75k in 13/14 and \$300k in 14/15. TBRHSC impact - TBD (anticipated good). Service just began in August. Should be a TBRHSC ED visit and ED admission reduction initiative.
- c) 10 overcapacity beds of \$1.2 million in 13/14 and \$1.6 million in 14/15. TBRHSC impact - good. If these patients were not in these overcapacity IP beds, they would likely be waiting in the ED each day.



\$14M MOH Investments & TBRHSC Impact

NW CCAC (\$4.0M):

- a) to maintain those clients on wait-lists for Long Term Care and to operate a "virtual" long term care unit.

SJCG (\$4.5M) :

- a) to operate 26 beds at LPH. TBRHSC impact - good.
- b) 13 beds at McKellar Place, providing services with partners HAGI and BISNO. TBRHSC impact - good.
- c) 4 beds at P.R. Cook. TBRHSC impact - negligible (have not identified appropriate patients for these 4 beds yet).
- d) provide enhanced Assess and Restore services - TBRHSC impact - TBD. Service just beginning in Sept. May be a TBRHSC ALC reduction initiative.

City of Thunder Bay (\$1.2M):

- a) to provide "enhanced" funding for Jan - Mar 2015 for the operation of Grandview and Dawson Court. TBRHSC impact - an absolute must.



Average Number of ALC Patients at TBRHSC

Month	2011-12	2012-13	2013-14	2014-15
April	39.0	46.3	55.7	69.5
May	32.0	48.8	46.6	79.0
June	34.7	42.3	55.8	70.5
July	37.4	44.7	63.9	70.5
August	42.1	53.9	61.6	60.9
September	39.8	57.4	59.3	52.4
October	35.4	65.0	64.8	
November	35.6	59.3	63.0	
December	36.4	56.4	50.1	
January	43.9	61.8	55.4	
February	52.5	58.4	57.1	
March	46.5	56.6	55.4	
Total	39.6	54.2	57.4	67.1



June 2: Temporary Transitional Care Unit opens at SJH LPH site

14-15 YTD ALC Ave. = 67.1
27.5 more ALC 14-15 vs. 11-12



2014 TBRHSC ALC-LTC monthly averages

Month	Average ALC-LTC
June 2014	28.2
July 2014	32.5
August 2014	33.8
Change	+5.6

Conclusion: Growth in ALC-LTC at TBRHSC continues (as well as everywhere else in our local health system).

Rationale: Thunder Bay's LTC bed capacity (& thus overall bed offer rate) has not changed.

Strategy: To reduce this number "quickly", declare category 1 crisis designation for TBRHSC.



2014 TBRHSC ALC-SJH monthly averages

Month	Average ALC-SJH
June 2014	18.2
July 2014	12.8
August 2014	3.6
Change	-14.6

Conclusion: Decrease in ALC-SJH at TBRHSC.

Rationale: Directly correlated to the expansion of SJH (addition of 26 beds at the LPH site and 8 (of 13) SH/AL beds at McKeller place.

Questions?



Thunder Bay Regional Health Sciences Centre

Environmental Update
For the Board of Directors
October, 2014



PROJECTS

- Requirements under the Environmental Protection Act – Ministry of Environment
 - CoA – ‘Certification of Authorization’ prior
 - Now called ECA - ‘Environmental Compliance Approval’



Parking Lot 'B' Expansion

- Regulatory bodies requested review of opportunities and impacts; to maintain the intent and purpose of the storm water management and bog system
- Architect/Engineers engaged to commence a design – met the approval of regulatory bodies
- ECA amendment prepared by TruGrit and submitted to MoE – **APPROVED**



Noise

- Noise abatement project completed and study completed to meet the requirements for noise levels and MoE orders
- Noise is considered part of the Air Emissions CoA
- MOE Order **Closed** December 2013



New Building

- Environmental Compliance Approval (MOE) Submissions **submitted**:
 - Noise and air emissions from building (235)
 - Noise and air emissions from cyclotron-radiopharmacy (TBRHSC/TBRRRI)
- CNCS license for cyclotron-radiopharmacy submitted and is under review – **approved for construction**



Sterilization (in SPD)

- Decommissioning of Ethylene Oxide (EtO) system for sterilization to occur in 2014 (replaced with peroxide-based sterilizer)
- Working with Pinchin to prepare ECA amendment for approval - **in progress**

Green Energy Act

- Green Energy Act 2009
 - Ministry of Energy
 - Annual energy reporting to commence July 2013 for all BPS
 - Commenced at TBHRSC
 - July 2014 every hospital (all BPS) must have an five-year energy reduction program stated and communicated
 - **Posted by deadline**

- Questions?



BRIEFING NOTE

BRIEFING NOTE

Date: September 23, 2014

TOPIC:	respect. Campaign		
PREPARED BY :	Prevention & Screening Services and Human Resources & Organizational Development		
APPROVED BY:	Rod Morrison, Executive Vice President, Health Human Resources, Planning and Strategy		
PREPARED FOR:	President & CEO	Board of Directors	X

PURPOSE/ISSUE(S)

Bring forward a proposal to launch the respect. campaign at the TBRHSC.

BACKGROUND

The 'respect.' campaign originates from Confederation College and is being extended throughout the City of Thunder Bay by the City's Anti-Racism Advisory Committee and the Crime Prevention Council. Currently, there are 'respect.' billboards, bus signs, posters, and buttons around the city to promote the campaign. In practice, the campaign has been implemented in local schools as a means of promoting good citizenship and preventing crime and discrimination at an earlier age.

The 'respect.' campaign is being embraced by the City of Thunder Bay to promote the creation of a respectful community. The goal of the campaign is to raise awareness of how people should treat one another and how we can be better members of the community where we live, work, and play.

The 'respect.' campaign's slogan is: "*respect. It begins with you & me.*"

As part of the next phase in the expanding the campaign, Thunder Bay Regional Health Sciences Centre has an opportunity to be the first employer to embrace and launch 'respect.'. Currently, the City is reaching out to workplaces like TBRHSC, to build partnerships to sponsor the campaign. Organizations are able to register with the 'respect.' campaign online. TBRHSC is registered along with many other organizations, such as: Port Arthur Health Centre, Hospice Northwest, Lakehead University, Thunder Bay Police Service, and Thunder Bay Counseling Centre.



ANALYSIS/CURRENT STATUS

'respect.' is an action and attitude that applies to everybody. This is especially true in healthcare where diversity in health needs, treatment, and care teams interact constantly in a wide range of situations from coordinating care to medical emergencies. At TBRHSC, respect is fundamental to working together to provide excellent care.

The 'respect.' campaign is positive and versatile with potential to promote and support TBRHSC initiatives, such as:

TOPIC:	respect. Campaign			
PREPARED BY :	Prevention & Screening Services and Human Resources & Organizational Development			
APPROVED BY:	Rod Morrison, Executive Vice President, Health Human Resources, Planning and Strategy			
PREPARED FOR:	President & CEO		Board of Directors	X
<p>1. Promote Patient and Family Centred Care (PFCC)</p> <p>'respect.' is a core value of PFCC. In order for us to provide our patients with the care that is the best for them we need to respect them and their families. At TBRHSC we are accountable for showing respect to advance patient care to provide excellent care that incorporates each patient's unique needs and values.</p> <p>2. Advance strategic directions</p> <p>Aboriginal Health and Mental Health and Addictions are two strategic directions where 'respect.' can be applied directly. We know that these are two patient populations where 'respect.' can offer many benefits in the way we provide care and the way patients receive it.</p> <p>3. Promote a respectful and healthy workplace</p> <p>There are benefits to both the organization and staff members when everybody feels like they are respected personally and professionally. A vital part of being "Healthy Together" is the need to promote a respectful and healthy community at TBRHSC for our employees, volunteers, and learners.</p> <p>4. Demonstrate leadership in Thunder Bay and surrounding region</p> <p>If TBRHSC partners with the 'respect.' campaign, it would be the first official workplace in Thunder Bay to promote the campaign. As the largest employer in the city and as a regional hospital, TBRHSC has a large role in the community for promoting 'respect.' TBRHSC is held to the highest standards in our community when it comes to respecting people and treating them with dignity. Therefore, we are one of the most appropriate community leaders to promote 'respect.' more outwardly as we embrace it internally.</p>				
RECOMMENDATION				
<p>There are many low cost and internal opportunities to promote 'respect.' at TBRHSC. With respect to resources, the timeless nature of 'respect' ensures this campaign will be relevant to our organization for years to come. With the collaboration between Human Resources, Prevention & Screening Services, the Wellness Committee and the City of Thunder Bay, some opportunities at TBRHSC include:</p> <p>Launch 'respect.' campaign at TBRHSC:</p> <ul style="list-style-type: none"> Plan a launch week for 'respect.' at TBRHSC that includes: lunch and learn about the campaign, training sessions in respect, promotional booths at TBRHSC where buttons can be handed out, a "respect.' Day' where staff wear green to work, "respect." promotion on iNformed, and newspaper articles in the Chronicle Journal, random acts of kindness Send 'respect.' posters, window stickers, and buttons to all TBRHSC departments (materials to be supplied by the City of Thunder Bay) General orientation presentation Use respect. as the foundation for a newly revised HSC Code of Conduct Incorporate respect. Award into Annual Walk the Talk Awards campaign Department respect. photo challenge <p>Sustain 'respect.' campaign at TBRHSC:</p> <ul style="list-style-type: none"> Create a "respect." award with for the annual Walk the Talk Awards Partner with the City and their workplace sustainability initiatives Continue to promote respect at staff health and wellness events Leadership orientation Recruitment Staff health and wellness calendar 				

TOPIC:	respect. Campaign			
PREPARED BY :	Prevention & Screening Services and Human Resources & Organizational Development			
APPROVED BY:	Rod Morrison, Executive Vice President, Health Human Resources, Planning and Strategy			
PREPARED FOR:	President & CEO		Board of Directors	X
Respect is not a project; it is a concept that we can embed into everything we do. The idea to adopt this campaign started with our working group, and the true value resides in using it to support our existing corporate directions and philosophies, such as Aboriginal Health and Patient and Family Centred Care.				
NEXT STEPS				
<ul style="list-style-type: none"> • January 2015: <ul style="list-style-type: none"> • Launch campaign activities including, communications plan, promotional booths, education sessions, department photo challenge, among other strategies • Engage iLead group to suggest composition of new respect. based Code of Conduct (next available session) • March 2015 <ul style="list-style-type: none"> • Launch annual 'Green Day' in-line with the International Day for the Elimination of Racial Discrimination 				
STAKEHOLDER REACTION				
The concept of respectful behavior and communication is fundamental in nature. As such, we anticipate leaders will accept this as a formalization to a concept already practiced. Supportively, we anticipate staff to be receptive to this concept as something they already do, or something they, and/or their peers are in need of. As this initiative should not carry the perception of increased workload among leaders or staff, successful staff adoption will be contingent on our ability to effectively communicate the value of respect.				
COMMUNICATIONS				
Upon Board approval, we will communicate this great initiative and our action plan first to the Directors and Managers at their next monthly meeting. Once we have established shared understanding among leadership, we will communicate and promote the campaign through internal resources such as Daily iNformed and the iNtranet. During launch week, we will ramp up our communication strategy with physical display booths, information sessions, and features in the Chronicle Journal.				
FINANCIAL IMPACTS				
<ul style="list-style-type: none"> • Cost of promotional materials: While the City of Thunder Bay has provided us with a starting supply, we may require additional materials for which the funding can be found through the HR/OD, and Prevention and Screening budgets. • Human resource cost: The time invested from our working group (Kelly-Jo Gillis, Sarah Chow, Amy Carr, Carmen Blais, Nicole Moorey, Adam Shaen, Sarah Schoales, Rodney Halstead (PFA)). 				
APPENDIX SECTION				
<ul style="list-style-type: none"> • N/A 				

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 implication 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 Centred Care through the alignment of Academics and Research with Clinical Services?

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



respect. at TBRHSC

Presenter: Amy Carr, Kelly-Jo Gillis
October 1, 2014



TBRHSC Values Integration

Values:

Patients ARE First

Patients First

Accountability

respect.

Excellence



PFCC Integration

Core Concepts:

- Dignity & **respect.**
- Communication and Information Sharing
- Participation
- Collaboration



TBRHSC Branding

Patients First. Accountability. Excellence.

respect.
works here.



What this means for us...

Promotion

- Formal launch
- Buttons, stickers, etc.
- Department photo challenge

What this means for us...

Education

- Leadership training
- Staff information sharing

What this means for us...

System Integration

- Values
- Code of Conduct
- Reward and Recognition
- Annual 'Green Day'

What this means for us...

Public Recognition

- 1 of 40 organizations to commit
- 1 of 3 to embrace & adopt



Thunder Bay Regional Health Sciences Centre

Board of Directors

Wednesday, September 10, 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. Mark Thibert*	John Friday	Gerry Munt

By Invitation – Senior Management Team:

Cathy Covino	Tracie Smith	Dawn Bubar
Peter Myllymaa	Glenn Craig	Dr. Mark Henderson
Dr. Roxanne Deslauriers	Dr. Stewart Kennedy	Chisholm Pothier
Rod Morrison		

By Invitation:

Jessica Nehrebecky <i>Rec Sec.</i>	Renée Laakso	Jay Storeshaw
------------------------------------	--------------	---------------

Regrets Board Members:

Dr. Gordon Porter*
Dr. Roger Strasser

Regrets Administration:

Janet Northan
Carolyn Freitag

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.

3.4 Chair's Remarks – *for information*

The Chair welcomed Dr. Mark Thibert, President of the Professional Staff Association, Mr. John Friday and Mr. Gerry Munt as new Board members.

The Chair announced the retirement of Dr. Gordon Porter as Chief of Staff.

Dr. Porter has served Thunder Bay Regional Health Sciences Centre (TBRHSC) in a leadership role for several years as the Executive Vice President of Medical and Academic Affairs and most recently as Chief of Staff. He has always demonstrated a dedication to our hospital and to quality and patient care. Dr. Porter has been the source of sound advice to the Board of Directors and Senior Management Council on the challenges facing health care and demonstrated his capacity to manage many difficult files and competing priorities.

Dr. Porter's last day in his role as Chief of Staff, will be September 19, 2014. Dr. Mark Henderson, Executive Vice President, Patient Services and Regional VP, Cancer Care Ontario, has agreed to serve as Chief of Staff on an interim basis. Work on recruitment of a new Chief of Staff will begin in the coming days.

The Board of Directors thanked Dr. Porter for his years of excellent service and wished him the best in all his future endeavours and in his continued role as a physician at TBRHSC.

4.0 PRESENTATIONS

4.1 Presentation to retired Board Member

Mr. Jay Streshaw retired from the Board of Directors on June 25, 2014. In recognition of Jay's dedication and work on the TBRHSC Board of Directors from June 2008 to June 2014, a tribute donation in Jay's name was made to the Northern Ontario School of Medicine (NOSM) "Thunder Bay Regional Health Sciences Centre Bursary". The bursary will be disbursed in this academic year and will provide financial assistance to a NOSM student who is a resident of Northwestern Ontario. A certificate was presented by the Board Chair to Mr. Streshaw. Mr. Streshaw was thanked by the entire Board of Directors on his years of service at TBRHSC.

2.0 PATIENT STORY – *Andrée Robichaud*

Ms. Andrée Robichaud, President and CEO shared a patient story.

3.1 Quorum – *Quorum was attained.*

3.2 Conflict of Interest – *None.*

3.3 Approval of the Agenda

Moved by: Nadine Doucette

Seconded by: Dick Mannisto

Motion

"That the Agenda be approved, as circulated."

CARRIED

Mr. Streshaw was excused from the meeting.

4.2 Physician Recruitment – *Dr. Stewart Kennedy*

Dr. Stewart Kennedy, Executive Vice President, Medical and Academic Affairs provided a physician recruitment update at TBRHSC. He spoke to each of the challenges and successes within each specialty area. It was noted that TBRHSC does not currently have any significant gaps and that the organization is now in a position to recruit physicians with strong academic background and who want to conduct research as well as practice medicine.

Some of the highlights included:

- A recent Laboratory accreditation was conducted and the accreditors were impressed with the services at TBRHSC. A full report will be available in approximately two weeks.
- Psychiatry recruitment is a problem throughout the country and not solely a local issue.
- TBRHSC does not currently have a child psychiatrist, however a proposal will be submitted to the North West Local Health Integration Network (NW LHIN) in efforts to recruit one.
- TBRHSC and the Northern Ontario School of Medicine (NOSM) have a working collaborative relationship whereas the School does not need to approve physicians' appointments.

5.0 CONSENT AGENDA

Moved by: Anita Jean

Seconded by: Doug Shanks

"That the Board of Directors:

5.1 Approves the Board of Directors Minutes of June 12, 2014,

5.2 Receives the TBRHS Foundation Report dated September, 2014,

5.3 Receives the Volunteer Association Report - n/a

5.4 Receives the Professional Staff Association Report – n/a,

5.5 Receives the TBRI Report dated September, 2014,

As presented."

Motion

CARRIED

6.0 REPORTS AND DISCUSSION

6.1 Report from Senior Management

The following information was highlighted from the report:

- Although successful in the recruitment of family physicians to the community and TBRHSC, opportunities to examine the recruitment process are being reviewed. Currently TBRHSC uses a recruiter from the City of Thunder Bay, however the option to use an in-house recruiter to specifically look at needs for TBRHSC will be investigated.
- As of July 31, 2014, TBRHSC has a \$3.9M deficit. In light of this, TBRHSC is required to submit a Hospital Improvement Plan (HIP) to the NW LHIN that identifies what the organization requires in order to balance in the upcoming year. Various strategies will be identified and be brought to the Resource Planning Committee.
- The parking lot project is on time and on budget.
- The first tenant of the new building on Oliver Road has moved in on Monday, September 8, 2014.
- A new Associate Dean at NOSM, that has previously worked at the National aeronautics and Space Administration (NASA) will be working with learners on

various simulation techniques that will enhance quality initiative and processes.

- On July 30, 2014, Premier Wynn announced more than \$4M in support of the Thunder Bay Regional Research Institute (TBRRI).
- TBRHSC is working with Sioux Lookout Meno Ya Win Health Centre to integrate clinical documentation.
- The Ontario Hospital Association (OHA) is working on guidelines for patient relations and is using many of the templates that have been developed by TBRHSC.
- The Walk the Talk Awards nominations are underway, which rewards exceptional performance of staff members.
- The Chronic Disease Prevention Management portfolio welcomed new leadership staff.
- The Sharing and Caring Exposition will be held on September 26, 2014, which highlights how partnerships with families, patients and communities can transform healthcare through Patient can Family Centred Care (PFCC).
- The Exceptional Cancer Care Campaign has raised \$5.1M towards their goal \$5.9M.

6.2 **Report from the President and CEO**

The President and CEO highlighted the following:

- Due to lack of engagement, planning for the Strategic Plan 2020 will be postponed until January, 2015. Ms. Carolyn Freitag and Mr. Chisholm Pothier were thanked for their work thus far.
- The President, TBRHSC and the President from TBRRI met with Chief Goerjann Morriseau, Chief of Fort William First Nation. Chief Morriseau was impressed with the tour of the TBRRI. We look forward to working with Chief Morriseau to meet the needs of the Aboriginal population.
- On July 30, 2014 Premier Wynn had a meeting with the President and CEO and members of the Board of Directors. Alternate Level of Care (ALC) and the need to continue to fund the plan that was put forth by the NW LHIN and the cardiovascular proposal were discussed.
- The President met with Dr. Michael Apkon, CEO of Sick Kids where corridors of services and how he could support the North was discussed.

6.3 **Report from the Chief of Staff** – for information

6.4 **Report from the Chief Nursing Executive**

The Chief Nursing Executive highlighted the following:

- BRHSC is hosting a Nursing Best Practice champion Level One Workshop on September 15, 2014.
- Different task groups are looking at various aspects of the nursing uniforms (colours, styles, etc) and will create a fulsome recommendation, that will eventually be brought to the Board for ratification. The larger nurse population has yet to be engaged. The roll out is expected to happen in the Summer of 2015.

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

Motion

Moved by: Anita Jean

Seconded by: Doug Shanks

“That the Board of Directors:

- 6.1 Accepts the Report from Senior Management,*
- 6.2 Accepts the Report from the President and CEO,*
- 6.3 Accepts the Report from the Chief of Staff,*
- 6.4 Accepts the Report from the Chief Nursing Executive,*
- 6.5 Receives the Report from the NOSM,*

Dated September, 2014 as presented.”

CARRIED

7.0 BUSINESS/COMMITTEE MATTERS

7.1 Quality Committee Minutes – June 17, 2014

The Patient Safety Plan was presented for the upcoming year and will be refreshed on an annual basis.

Motion

7.1.1 Patient Safety Plan

Moved by: Dick Mannisto

Seconded by: Gerry Munt

“That upon recommendation from the Quality Committee, the Board of Directors approves the 2014-15 Patient Safety Plan, as presented.”

CARRIED

7.2 Hospital Service Accountability Agreement (HSAA)

The Hospital Service Accountability Agreement (HSAA) and the Mutli-Sectoral Accountability Agreement (MSAA) were due to the NW LHIN on June 30, 2014, however were submitted on July 21, 2014 with the agreement that they would be brought to the September Board meeting for ratification.

Moved by: John Friday

Seconded by: Nadine Doucette

Motion

“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:

- 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."*

CARRIED

7.3 Multi-Sectoral Accountability Agreement (MSAA)

Moved by: Anita Jean
Seconded by: Doug Shanks

Motion

"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:

- *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:*
 - Chronic Disease & Prevention Management*
 - "Home First" Philosophy*
 - Health Services Blueprint – Community Engagement*
 - Quality Improvement Plans (QIP)*
 - Behavioural Supports Ontario Action Plan*
 - Emergency Preparedness Plans*
 - E-Health*
 - Information Technology*
 - Ministry LHIN Performance Agreement (MLPA)"*

CARRIED

7.4 Co-Branded Entrance Signage

The Northern Ontario School of Medicine (NOSM) has a budget to support signage at partner facilities to increase awareness of NOSM affiliation. The purpose of the signage is to highlight collaboration with partners. TBRHSC's logo would be the dominant one with all the partners' logos smaller. There is no cost to TBRHSC.

Motion

Moved by: Dick Mannisto
Seconded by: Doug Shanks

"That the Board of Directors approves the co-branded signage at three main TBRHSC entrances, as presented."

CARRIED

7.5 TBRHSC Visual Identify Refresh

A visual identify refresh is proposed in order to have a consistent font throughout all corporate communication material. The refresh would also include a horizontal version of the logo which would support versatility in the application of the logo and supports increased logo prominence on corporate materials. The proposed change would also reflect a better alignment with the logos of TBRHSC's closest partners; Thunder Bay Regional Research Institute and Thunder Bay Regional Health Sciences Foundation.

The existing stock of communication materials (letterhead, business cards, etc), with the current logo will be used. With the exception of the entrance signs at Golf Links and Oliver Road, no financial impact is expected. A capital request to re-face the entrance signs for approximately \$10k will be submitted in the future.

Moved by: Nadine Doucette

Seconded by: Grant Walsh

Motion

"That the Board of Directors approves the update to TBRHSC's visual representation of its brand, as presented."

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

10.0 DATE OF NEXT MEETING – October 1, 2014– 5:00 p.m.

11.0 ADJOURNMENT

There being no further business, the meeting adjourned at 6:22 p.m.

Chair

Board Secretary



Recording Secretary

healthytogether

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

Submitted by: Dr. Roxanne Deslauriers – September 22nd, 2014

Dr. Jumah Visits Korea for HIFU Training



On May 20th and 21st, 2014, Naana Jumah participated in High-Intensity Focused Ultrasound (HIFU) procedure training at the Samsung Medical Centre (SMC) in Seoul, Korea. The SMC was founded on November 9, 1994 under the philosophy of “contributing to improving the nation’s health through the best medical service, advanced medical research, and development of outstanding medical personnel.” It consists of a hospital and a cancer centre and has successfully incorporated and developed an advanced model with the motto of becoming a “patient-centred hospital”, a new concept in Korea, but one with which we in Thunder Bay are very familiar.



Dr. Jumah’s training was in anticipation of the HIFU clinical trial she and Dr. Laura Curiel will be offering, pending TBRHSC REB approval, in which MRI guidance will allow the clinician to identify the exact location of a uterine fibroid and remove it with HIFU – a much less invasive procedure for the patient with faster recovery times.

Dr. Oleg Rubel’s Lab Update

Engaging College Students in Research by Oleg Rubel

Research funding is structured in a way that limits access of college students to academic research. Anton Bokhanchuk, a Confederation College student, managed to bridge this gap and joined TBRII this year as a Research Assistant. He worked on the development of software which enables us to quantify the impact of the material structure and defects on the performance of optoelectronic devices including lasers, solar cells, and detectors. Recently his paper was published in the *Physical Review B*, which is a prestigious, top-tier physics journal. TBRII looks forward to future opportunities to work with the College and its students.



Anton Bokhanchuk with
Oleg Rubel

Thunder Bay Regional
Research Institute

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

Translational
Research Office:

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

Pre-Clinical
Research Office:

290 Munro Street,
Thunder Bay, Ontario
P7A 7T1

www.tbrii.com

TBRI in the Community

The Research Institute wants to let the public know what we are all about and wants to stimulate interest in the important research that is happening right here in Thunder Bay. This research is being undertaken to improve the healthcare of patients not only in Northwestern Ontario but potentially around the world. That is why TBRI has developed a series of advertisements that will be featured at the Thunder Bay International Airport and in the local Chronicle Journal. We would like to take this opportunity to thank both organizations for sponsoring these ads.

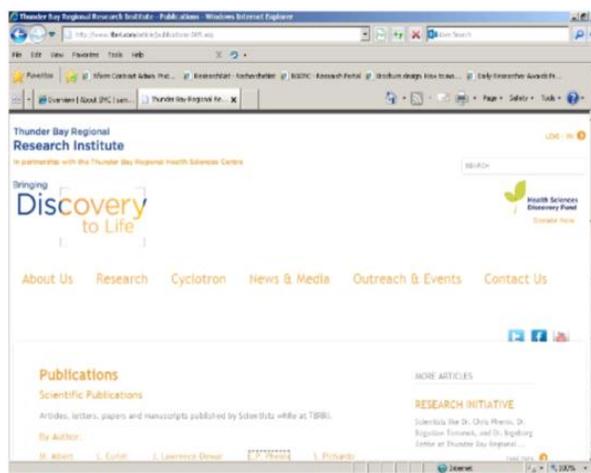


Poster displayed at TBI Airport Arrivals/Departures area.

The work of TBRI has been frequently highlighted on the *Health* page of the Chronicle Journal. Material for the *Health* page is submitted by the TBRHS Foundation. Between September 10th to September 17th a series of three articles were featured on the *Health* page that provided a more in-depth look at the Research Institute. If you missed the publications and are interested in reading any of the following articles please contact Lisa at niccolil@tbh.net:

- *TBRI Research Drives Better Healthcare Today as well as Tomorrow*
- *TBRI a Key Driver of Thunder Bay's Knowledge-Based Economy*
- *Is TBRI Making Thunder Bay Smarter?*

Publications



In an effort to increase awareness of the work TBRI scientists, students and staff are doing, the TBRHSC Library has recently begun displaying a list of scientific publications from the past few years. Publications are also available on www.TBRI.com under 'About Us / Scientific Publications'. From this area you can click on the article listed to be directed to a PubMed or similar listing or either the abstract or the full article. If you are interested in reading some of the scientific work being undertaken at the Research Institute please visit the TBRI website.

Thunder Bay Regional
Research Institute

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

Translational
Research Office:

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

Pre-Clinical
Research Office:

290 Munro Street,
Thunder Bay, Ontario
P7A 7T1

www.tbri.com

**Thunder Bay Regional Health Sciences Centre
Quality Committee of the Board**

Tuesday, September 16, 2014

Administration Boardroom – 4:00 – 6:00 p.m.

healthytogether

Present: Georgia Carr, Cathy Covino, Susan Fraser, Anita Jean, Dick Mannisto,
Gerry Munt, Keith Taylor

Regrets: Dr. Rhonda Crocker Ellacott, Dr. Gordon Porter, Andrée Robichaud,
Doug Shanks

By Invitation: Evelyn Armstrong, Manager, Laboratory Services
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 4:03 p.m.

The committee welcomed the new Chair Dick Mannisto and new members Gerry Munt and John Friday to its membership.

Dr. Henderson will be invited as acting Chief of Staff going forward.

2.0 APPROVAL OF AGENDA

Moved by: Susan Fraser

Seconded by: Gerry Munt

“That the Agenda be approved as circulated.”

Motion

CARRIED

2.1 CONFLICT OF INTEREST – None.

3. PRESENTATIONS

3.1 Ontario Laboratory Accreditation Presentation

Evelyn Armstrong, Manager, Laboratory Services gave the Ontario Laboratory Accreditation presentation.

This presentation was previously given to the Senior Management Council.

The laboratory did well on its accreditation with 97 percent compliancy. The point of care had no infractions. All minor infractions are being addressed.

Point of Care Testing consists of testing not done in laboratory but at patient's bedside by health care providers. All out-patient testing is done in the laboratory.

Point of Care Testing began at Thunder Bay Regional Health Sciences Centre in 2004. The Director oversees the program and they have a Point of Care Testing Coordinator. Support is also provided to St. Joseph's Care Group.

Only testing that meets quality guidelines that we give support for is done. Every two years front line nurses must prove they can perform Point of Care Testing.

It is much like a screening protocol and if an abnormal result is found a test is verified in the laboratory.

The Quality Committee of the Board commended the Laboratory on the accreditation results.

4. CONSENT AGENDA

Moved by: Susan Fraser

Seconded by: Anita Jean

"That the Quality Committee of the Board:

4.1 Approves the Quality Committee of the Board Minutes of June 17, 2014"

Motion

CARRIED

5. REPORTS

5.1 Patient Safety Report

Dr. Michelle Langlois, Lead, Patient Safety and Evidence-Based Processes gave the 2014/15 1st Quarter Patient Safety Report.

In the 1st quarter, there were 1860 safety huddles held across the organization, with 48 departments/units participating.

There were a total of 845 reports submitted during the 1st quarter, with 743 incidents and 102 near miss events.

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

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 167 falls reported during the 1st quarter. The most number of falls reported was by Oncology, followed by Medicine. The majority of falls were considered no harm or minor.

There were 137 Safety/Security/Conduct incidents reported during the 1st 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 123 Medication/IV incidents reported during the 1st quarter. The unit with the highest number of Medication/IV incidents reported was Surgery, followed by Medicine and the Emergency Department. The majority of incidents were considered no harm or minor.

A summary of improvements related to patient safety reports for the 1st quarter were included in the report.

6. BUSINESS/COMMITTEE MATTERS

6.1 Terms of Reference

The Quality Committee of the Board's Terms of Reference was reviewed.

A request was made to add an Enterprise Risk Management Report quarterly, as a report is currently brought to the Senior Management Council quarterly. This will be discussed with the President and CEO and the Terms of Reference will be added to October's agenda as Business Arising for discussion.

6.2 Work Plan

The Quality Committee of the Board's 2014/15 Work Plan was reviewed.

The Research Ethics Board Report was a new item added to this year's work plan.

Moved by: Susan Fraser

Seconded by: Keith Taylor

"The Quality Committee of the Board recommends that the Governance Committee approve the Quality Committee of the Board's Work Plan as amended."

Motion



healthytogether

CARRIED

7. DATE OF NEXT MEETING

The next Quality Committee of the Board meeting will take place on October 21, 2014 at 4:00 p.m. in the Administrative Boardroom.

8. ADJOURNMENT

The Quality Committee of the Board meeting adjourned at 5:00 p.m.



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

Academics, Interprofessional Education, Medical Affairs and Pharmacy

Academic Affairs and Interprofessional Education

- We are pleased to announce the appointment of Kelly Meservia Collins to the position of Director, Academics and Interprofessional Education. Kelly will work closely with Dawna Perry, Acting Director, Nursing Practice and Michelle Addison, Director, Health Professions and Collaborative Practice, to advance practice and education in the organization.
- In an effort to create a more “Learner friendly” work environment, Academic Affairs is conducting an assessment of the types of spaces needed to support students on placements. The assessment is designed to determine the specific needs for confidential debriefing, consultation and teaching space.

Medical Affairs

- We are pleased to welcome Dr. Michelle Langlois as the new Manager of Medical Affairs.
- A total of four site visits were held during the month of September: 1 Psychiatrist, 3 Radiologists, and 1 Hospitalist.
- We are currently organizing several upcoming site visits for the Hospitalist Program, Radiology, Psychiatry, and Pathology Programs.
- The Physician Recruitment Assistant attended the Canadian Psychiatry Association Conference and successfully generated interest in TBRHSC.

Pharmacy

- Beginning October 1, 2014, the Antimicrobial Stewardship Program (ASP) team will expand their roster by reviewing new 1A patients that meet the criteria of being on ≥ 2 systemic antimicrobials with at least one being IV route. The ASP team will make recommendations to optimize current therapy. Examples of recommendations that the ASP team will make include: renal dose adjustments, de-escalation of therapy based on culture results, duration optimization, IV to PO step-down, etc.
- The ASP has completed the 2013-14 Antibigram and will publish this shortly on the iNtranet.
- The Pharmacy Dept. continues to perform monthly “Safer Healthcare Now” audits for Admission Medication Reconciliation.

Research

Dr. Jumah Visits Korea for HIFU Training:

- In May Dr. Naana Jumah participated in High-Intensity Focused Ultrasound (HIFU)



procedure training at the Samsung Medical Centre in Seoul, Korea

- Her training is in anticipation of the HIFU clinical trial which she and Dr. Laura Curiel (TBRRI Scientist) will be offering pending TBRHSC Research Ethics Board approval
- The trial will involve the use of MRI guidance to allow the clinician to identify the exact location of uterine fibroids and remove them using HIFU which is a much less invasive procedure for the patient.

Engaging College Students in Research:

- This year was the first year that TBRRI has been able to engage a College student in academic research
- Dr. Oleg Rubel hired Confederation College student, Anton Bokhanchuk, as a Research Assistant;
- Anton worked on the development of software which enables researchers to quantify the impact of the material structure and defects on the performance of optoelectronic devices including lasers, solar cells and detectors - their work was published in a prestigious physics journal
- TBRRI looks forward to future opportunities to work with the College and its students.

TBRRI in the Community & Beyond:

- The Research Institute would like to increase public awareness and stimulate interest in the research that is being undertaken to improve the healthcare of patients in Thunder Bay, Northwestern Ontario and beyond
- Staff have developed a series of advertisements that will be featured at the Thunder Bay International Airport and in the Chronicle Journal – thanks to both organizations for sponsoring these ads
- As well, the TBRHSC Library has recently begun displaying a list of scientific publications by TBRRI Scientists, students and staff
- If you would like to read some of the work being undertaken at TBRRI visit www.tbrii.com and look for Scientific Publications under the About Us tab.

Other Research News:

- There are now 41 Physician Researchers and 2 new Affiliated Scientists collaborating with the Research Institute
- The Cyclotron project continues to move ahead and is on budget and on target to meet established installation timelines
- The new Director, Clinical Business Development is working with the Managers of both the Clinical Research Program and the Clinical Trials Department to continue to grow these important areas within the hospital
- TBRRI's current Strategic Plan will conclude in 2016 and staff will be working with the Board on a strategy for the development of the next plan and will be working with TBRHSC and the Foundation to incorporate research into their new strategic plans
- Significant staff resources from both TBRRI and TBRHSC are being directed towards moving forward with recommendations from the Research Enterprise Initiative



Working Group's final report – the goal is to have this initiative completed by December, 2015.

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 Director's Award.
- Learning sessions were held on New Leader Training and Time Management.
- A recruitment event to generate candidates for French designated positions and awareness of our French language initiatives was held.
- Participated in the Health Care Career Expo for Nishnawbe-Aski Nation youth as well as the Denis Franklin Cromarty new student orientation day to promote work and volunteer opportunities at TBRHSC.

Labour Relations

- **ONA** (April 1, 2014 - March 31, 2016)
- **OPSEU** (April 1, 2014 until March 31, 2016): Central bargaining went to arbitration and was awarded on September 18.
- **OPSEU-Maintenance** (September 29, 2013 - September 28, 2017): Negotiations are complete and have been ratified by OPSEU and TBRHSC as of June 2014.
- **SEIU** (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** (April 1, 2011 - March 31, 2013): This contract is entirely local. The parties went to conciliation; however, no new term was negotiated. Arbitration is proposed for April 2015.
- **PIPSC**
Medical Physicists (July 1, 2010 - June 30, 2013): Central negotiations have commenced with future bargaining dates to be scheduled. Pending notice to bargain.
Radiation Therapists (Oct 1, 2011 – Sept 30, 2014)

2014 Grievance Activity - As at September 30, 2014

	TOTAL Since Jan 1/14	GRIEVANCES		ARBITRATION		Employees by Union
		Active	Resolved	Active	Award	
ONA	11	24	13	0	0	1062
COPE	4	3	5	1	0	324
OPSEU	4	12	32	0	1	403
OPSEU - Mtc.	0	3	1	0	0	21
SEIU	8	15	12	0	0	580
PIPSC	0	0	0	0	0	2



PIPSC - Assoc.	7	5	3	1	0	22
TOTALS	34	62	66	2	1	2414

Strategy & Performance

- Accreditation Canada’s final report cited areas for improvement in the short and long-term. A short-term action plan was developed over summer and work is in progress to prepare for an Oct. 31 submission. An action plan will be presented to the Board Quality Committee.
- A six-month pilot trialing a Quarterly Performance & Planning forum for Q1 and Q2 will be conducted. A working group redesigned the forum to improve communication of strategy, performance and key corporate initiatives and ensure better leadership organizational awareness.
- The 2020 Strategic Planning process has been adjusted to ensure adequate planning time to successfully engage our partners.
- Several projects and process improvement initiatives are supported by Strategy & Performance. A few to note that are ready for implementation this fall include the Family Health Care Clinic for Medically Complex Patients, Vascular Service (interim), Pediatric standardized admission/discharge, and WSIB Specialty Surgery Clinic.
- Deployment of a web-based software solution to enable more efficient and effective initiative and project tracking. Initially, the software will be used to track progress on risk management, quality improvement plan initiatives, and the 2020 Strategic Plan.

Health Records

- Health Records coding staff attended a full day education session on Health System Funding Reform. The session focused on Quality Based Procedures as it relates to capturing key clinical information collected by Health Records. TBRHSC was privileged to host an on-site session as one of 18 hospitals. Feedback from staff was positive because the content related directly to the work they do.
- The Scanning Project has encountered some delays due to technical difficulties. The vendor is working to resolve outstanding issues.

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	Aug
------	-----	-----	-----	-----	-----	------	------	-----



Total Number of Incidents	76	60	53	74	62	59	54	48
WSIB Health Care Claims	10	16	7	13	7	11	10	9
WSIB Lost Time Claims	0	1	0	0	0	0	0	0
WSIB Lost Time Recurrences	0	0	0	0	0	0	0	0
Lost Time Days	0	15	3	0	0	0	0	0
Near misses/hazardous situations	16	8	13	24	22	23	16	13

Health and Safety: 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, and OR devices. The money received from Safety program has been approximately \$70,000-\$80,000 yearly.
- Flu immunization will begin in October.
- Presently providing TB testing for three separate exposures. Investigation is ongoing regarding how this happened and working with Infection Control to plan education sessions.
- MMR (Measles Mumps Rubella) surveillance is also being conducted to ensure that long-term employees have had their immunization.

Volunteer Services

- *Annual Educational Retreat:* The Annual Volunteer Retreat will be held on Wednesday, October 15, 2014 from 2:00 pm to 4:30 pm at the Oliver Road Community Centre. The guest speakers will be: Chisholm Pothier, VP of Communications and Engagement, Aboriginal Relations, Government Relations, a representative from Screening and Prevention and Elder Help, with Kelsey Lecappilan. Kelsey will conduct a short training session on working with patients with early signs of dementia/Alzheimers.
- *Recruitment:* Regular fall recruitment continues including opportunities to attend recruitment sessions at Dennis Franklin Cromarty High School and Nishnawbe Aski Nation Health Careers Expo.
- *Elder Help Program:* We have been conducting special recruitment for the Elder Help Program which began in September. The program, which is being piloted on 2A, utilizes volunteers who have undergone an extensive training program facilitated by the Elder Life Program Coordinator. Volunteers provide patients with daily visiting, companionship during meals, mental stimulation, socialization, and daily exercise.
- *Info Ambassadors:* To improve the Information Desk Services we are adding an Info Ambassador who will walk around the building assisting visitors who are lost or are in need of assistance.

EVP, Patient Services & CNE

Lab Accreditation

- Five Ontario Laboratory Accreditation (OLA) surveyors were in Thunder Bay for the Laboratory’s accreditation assessment September 8th - 10th. The challenging



assessment was rigorous as TBRHSC had applied for advanced ISO 15189 Plus certification - assessment at the highest levels for patient safety and quality. The assessors praised the high standards of TBRHSC Laboratory as they found the Laboratory to be 97% compliant with the 512 standards, with no major non-compliances.

Vascular Surgery Services

- In anticipation of the arrival of our new vascular surgeon, and in consultation with the various Service Providers the following needs and impact analysis are being addressed;
 - Capital equipment and ongoing consumable supply costs
 - Human resource and clinical space requirements
 - Nursing education
 - Physician coverage for surgical and interventional cases
 - Regional communication strategy

“C” Case Efficiencies Task Force Activity

- This group maintains a focus on continued development and evaluation of process improvement strategies to manage non-elective, urgent surgical procedures
- A proposed Patient Flow algorithm will outline non-elective patient pathways related to OR bookings, patient admission and surgical scheduling
- The trial implementation of a “C” Case Facilitator position is expected to ensure patient readiness for surgery, provide coordinated patient care, enhance patient flow and improve the patient’s overall experience

ED Patient Flow & Overcapacity

- ED continues to exceed provincial targets for non-admitted high acuity patients with a length of stay (LOS) of 6.4 hours (target 7 hours) and low acuity LOS 3 hours (target 4 hrs) for the month of August 2014
- Overcapacity continues to be a challenge resulting in sustained gridlock since September 2. The average number of ALC patients has been declining from 79 in May to 61 in August. Despite reducing ALC numbers on average 16 admitted patients wait in ED each morning with LOS of 34 hrs (target 25-27 hours) which increased from 27 hrs from the previous year

ED High Acuity Assessment Zone (HAAZ)

- A new ED intake process for select high acuity patients (ie. abd pain, complex elderly) began in July this year
- The Staffing model utilizes 3 RNs with unique duties assigned to 3 dedicated rooms. Patients are individually assessed in one of these rooms then moved to a re-assessment area with the assistance of a support worker
- HAAZ was developed to maximize efficiency, capacity and volume increases in “high acuity” (CTAS 2 & 3) patients. For example, in August 2014 ED volume was 9,300 which is identical to the previous year but increases are seen in patient acuity. In

980 Oliver Road
Thunder Bay, ON
P7B 6V4

Phone:
684-6007

Website:
www.tbrhsc.net



August 2014, 6,728 (72%) of patients were “high acuity” compared to 2013 which saw 6,371 (68%) in this category

- Outcomes measures will be monitored as the process matures.
- HAAZ is expected to reduce LOS, Physician Initial Assessment Time (PIA) and Left without being seen rates (LWBS)

PFCC

- TBRHSC has provided support to the Canadian Foundation for Healthcare improvement as it launches its partnership with patients and families initiative
- We will provide coaching and advice to guide support improvement teams across Canada on their 17 month journey to in partnering with patients and families for quality improvement

Diagnostic Imaging - TAT

- Diagnostic Imaging has convened a working group with Patient Family Advisor participation to assess wait time challenges in Ultrasound. The group has made several preliminary recommendations that are being implemented to improve booking turn- around times and processes.

WSIB - WSIB Specialty Clinic

- TBRHSC has been awarded the contract for Specialty Clinic – Surgical Northern Ontario. The WSIB’s Surgical Program is intended to provide expedited assessments and elective orthopedic surgical assessment and surgery for workers with work related orthopedic injuries. The Specialty Clinic Provider will consist of an interdisciplinary team comprised of the appropriate surgical specialist expertise in the assessment and clinical management of patients with upper extremity (shoulder/elbow/wrist/hand) and lower extremity (hip/knee/foot/ankle) injuries.
- Rationale exists that the Clinic will diminish travel costs to the patient, reduce anxiety and remove the potential challenges for the continuum of care by providing service delivery in the individual community or region.

Next Steps

- Once the final approval for this contract has been given by the Board TRHSC we will move forward with the signing of the contract and implementation of a communication plan prior to the start of clinician services.
- There has been no date set in relation to when the first WSIB patient could be seen, however it is believed that once approved, this could occur as early as mid December 2014.

Paediatric Echocardiogram Demonstration Pilot Project

- TBRHSC has applied to be a demonstration site for Paediatric Echocardiograms.
- Recently eHealth Ontario has approved through the Emergency Neuro Image Transfer System (ENITS) that will be used to transmit paediatric echocardiography images to a Paediatric Academic Health Sciences Centre for remote interpretation by a paediatric cardiologist. ENITS is a centralized web-based picture archiving and communication

system that makes remote neuro consultations easier, faster and more accurate. The ENITS project is a perfect example of how technology is being used to enhance access to specialized expertise and ultimately, to improve patient care. The purpose of the *demonstration project*, Phase 1, is to increase access to quality paediatric echocardiograms for Ontario's newborns, children and youth.

Paediatric Admission Process

- On Wednesday, September 23, 2014, the Women and Children's Program facilitated a half-day Stakeholder Engagement session to standardize and streamline the admission process for paediatric patients. A standardized process will ensure more efficient bed utilization, improved communication between internal departments and increased patient satisfaction.

Paediatric Obesity Funding Proposal

- In response to an invitation from the MOHLTC to all Ontario Hospitals, TBRHSC is preparing a proposal for funding to develop a Paediatric Bariatric Clinic at TBRHSC. Hospitals are required to commit space, equipment, management and allied health resources. The MOHLTC funding will augment this commitment by providing funding for additional allied health services. The due date for this proposal is Wednesday, October 15, 2014.

Corporate Services & Operations

Financial Services

- The financial position of TBRHSC as at August 31, 2014 is a \$3,706,460 deficit compared to a budgeted deficit of \$2,330,701 and prior year deficit of \$130,839
- Paid hours are 28,136 greater than budget and 53,654 more than the prior year
- Overall, Patient Days are 1,765 greater than budget and 2,958 more than the prior year due, in part, to the full operation of the added 10 bed ALC unit in the current year
- Together, with Human Resources, Financial Services staff have developed a mandatory business education course for TBRHSC leadership that is geared to identified business acumen requirements per leadership position and level.

Capital Planning and Operations

- Fire Code Updates
 - Work is ongoing on opportunities identified by Fire Department
 - Department education and auditing continues
- Fire Inspection
 - Fire Inspection scheduled for Oct. 15/14
 - 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
 - Parking Lot B expansion – project is currently on schedule and on budget



- Northwest Supply Chain Collaboration
 - Year 3 projected savings exceed \$3.3 million annual threshold for the member hospitals.

Informatics

- IS/IT is investigating solutions that will enable clinicians at TBRHSC & UHN to easily and quickly transfer vascular and cardiac diagnostic images between the 2 sites.
- TBRHSC/SJCG Informatics has completed the implementation of a Scheduling system at 4 hospitals in the region and complemented the implementation of an Operating Room clinical system at SLMHC and LWDH.
- Design plans to develop a clinical viewer from the hospital electronic medical record that will launch into the provincial electronic health record are well underway. Once developed, clinicians will be able to view laboratory results on any current patient acquired at a private laboratory or another participating hospital in the province reducing duplicate testing and providing clinicians quicker access to lab results acquired outside of the hospital. It is expected that this will be in place by April 2015.
- Plans are underway to support the transmission of echo images from Sioux Lookout Meno Ya Win to TBRHSC for clinical reading by the Cardiologists through the integration of SLMHC echo modality with TBRHSC's Cardiology System. This work is expected to be completed by November 2015.

Quality and Risk Management

Patient Safety

- A new procedure for handling hazards, recalls, failures of biomedical devices and product notifications has been implemented using the Safety Reporting System. This enables more timely and wide-spread communication, expediting the process and consequently reducing the risk of harm to patients, visitors, and staff. The documentation requirements are also now standardized across the organization.
- The working group tasked with developing a new clinical pathway and admission orders for Community-Acquired Pneumonia began meeting in September.
- Arrangements have been made for Dr. Gordon Wallace from the Canadian Medical Protective Association (CMPA), to come to TBRHSC at the end of October to offer educational sessions for physicians and other healthcare professionals regarding proper follow up to patient safety incidents and appropriate documentation in safety reports.

Infection Prevention & Control

- Infection Prevention and Control (IPAC) is in the final stages of the Methicillin-Resistant Staphylococcus Aureus (MRSA) research study. There are a total of 150 persons enrolled out of 450 positive MRSA individuals. An evaluation of the data collected and summary of the findings will be documented.
- The department along with St. Joseph's Care Group is in the process of awaiting the response from vendors for a comprehensive IPAC software module which will assist the departments in functioning more efficient and relay less on manual



functions. Several key components are hand hygiene, antibiotic stewardship, and early detection of microorganisms to enhance isolation measures.

- A new medical directive for C.difficile and Extended Spectrum Beta-Lactamase (ESBL) is presently being developed. Both documents will assist staff in early detection and treatment for patients presenting potential signs and symptoms of these organisms.
- The department is planning for Infection Prevention and Control Week in October which will have an education component for Carbapenemase-Producing Enterbacteriaceae (CPE) as well as a review on isolation practices.

Chronic Disease Prevention & Management

Cardiovascular & Stroke Program

- In April 2015, TBRHSC will advance the region’s stroke care with the creation of a 12 bed Regional Stoke Unit located within the 2C Cardiovascular Unit. Patients will receive care from a multidisciplinary team dedicated to stroke care. This enhancement will support better patient outcomes and ensure Quality Based Procedure guidelines are achieved.
- TBRHSC’s unique, award-winning Cardiac Tele-Rehab Program (that provides services to 9 communities) is being promoted as a recommended practice by the Cardiac Care Network of Ontario. Kyle Baysarowich, Healthy Lifestyles Rehab Program Coordinator, will address the meeting of provincial rehab leaders in Toronto; the forum is entitled “Standards for the Provision of Cardiovascular Rehabilitation.”

Regional Cancer Program

- Dr. Colleen Valente is the new General Practitioner in Oncology (GPO) on 1A as Dr. Kathy Simpson has transitioned to palliative care. An application was submitted for funding to support a Physician Assistant on 1A as the workload continues to be extremely heavy.
- Regional Lead work plans for 2014/15 are under development and due for submission to Cancer Care Ontario by September 30th. These work plans include measurable deliverables in the areas across the cancer continuum from Pathology to Patient Education.

Work is underway to develop Multidisciplinary Clinic space, consisting of 2 exam rooms, on the 2nd floor of the Cancer Centre to accommodate specialty clinics held regularly for both Gynecological Cancer and Head and Neck Cancer. This will allow for better patient access to special procedures such as laryngeal scope.

- Delegates from the Cancer Program and Information Systems were invited to provide a presentation in conjunction with ASTRO on September 13th. The presentation focused on Clinic Efficiencies with the use of automation in the MOSAIQ electronic medical record. The presentation was well-received with over 200 health care providers from across North America in attendance.

Mental Health Program

Adult Mental Health Services



- As part of the implementation of the Brief Intervention Treatment Team, there is now social work staff working with the MHAT team in the ED during daytime hours, seven days per week. Their role is to address patient needs that could avoid unnecessary admissions to AMH.
- The unit continues to operate in an overcapacity state. Currently, there are ten patients on AMH awaiting transfer to the Adult Rehab Unit at the Lakehead Psychiatric Hospital.

Senior Management

Forensic Mental Health

- The unit continues to run at capacity with a number of patients growing under the jurisdiction of the Ontario Review Board (ORB).
- Wait lists for ORB transfers are on the rise with 3 waiting to transfer to Thunder Bay from other Forensic facilities in the province. These individuals are from TBRHSC - Forensic Program's catchment area.

Mental Health Outpatients

- Medication reconciliation will be initiated the week of September 22, 2014.
- ACT has initiated planning to discuss its strategic direction for the next 2 years.
- Intakes have been increased 26.6 % since last month on CAST.
- Wait list and flow issues continue to be addressed.
- Individualized service planning will be resurrected.

Prevention & Screening Services

- The Cancer Wait Times Steering Committee formally acknowledged TBRHSC as the most improved hospital in the province for the performance of the Lung Diagnostic Assessment Program (DAP). In addition to most improved, the Lung DAP was also acknowledged for exceeding the provincial annual improvement target.
- The monthly Healthy Get-Together chronic disease prevention workshops, hosted by Prevention and Screening Services started back up in September after a summer break. The first presenter in the series was Jodi Belluz, Belluz Farms, who hosted a workshop on canning, freezing, drying, and root cellaring your fall harvest.
- A relaxation class called 'Build in Balance: Rest and Relaxation Classes' was piloted every Thursday over the lunch hour in August. The sessions were hosted by TBRHSC staff member, Dave Gladun, and were very well received by staff. Follow-up sessions will start in November.

Renal Services

- Cancer Care Ontario, who also leads provincial renal care, had their annual Roadshow on September 18th. During this visit, renal services representatives discussed capacity issues, status update on proposals, and Lake of the Woods Hospital integration.
- Hemodialysis, peritoneal dialysis and predialysis are all experiencing growth in patient numbers and are expected to continue to grow.
- Discussion with Lake of the Woods Dialysis Service is ongoing as we develop a Memorandum of Understanding as they become a satellite of the TBRHSC Renal Service. They are to be integrated as of April 1, 2015.

980 Oliver Road
Thunder Bay, ON
P7B 6V4

Phone:
684-6007

Website:
www.tbrhsc.net

healthy
together



Bariatrics

- The Bariatric Program welcomed Dr. Andrew Smith and Dr. Scott Cassie to the team. With our new physicians, bariatric surgery has now commenced at TBRHSC. During the press release our first patient spoke to the media expressing how access to services at this site made her decision to proceed with the surgery much easier.

Centre for Complex Diabetes Care

- Representatives from the Ministry of Health and Long-Term Care were onsite and also traveled to Meno Ya Win Health Centre in Sioux Lookout as part of a program review. CCDC members participated in both the local and regional sessions.

Internal Medicine Clinic

- Nurse Practitioner staff have begun utilization of the new Telehomecare equipment for both the CHF and COPD programming with funding from the NW LHIN. We continue to work with OTN to refine the technical aspects of the program.
- The clinic will move forward with a partnership with Dr. Kevin Miller and his team to offer palliative services to our Telehomecare patients and families.

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

Media Activity – Aug 26 – Sep 22, 2014

- Media Advisories/Releases = 3
 - Bariatric Surgery
 - Caribou Charity Ride
 - Cancer Care Ontario - Inviting Ontarians to screen for cancer
- Media Events = 2
 - Bariatric Surgery launch
 - Cancer Care Ontario CEO visit - Photo Opp
- Media calls = 7
 - Bariatric program
 - Accessibility x 2
 - Interview for feature report on The National - Rape Culture on Canadian Campuses
 - Update on opening of New Medical Services Building
 - Physician Recruitment (as follow-up to Board Meeting)
 - Exceptional Cancer Care Campaign
- *Chronicle Journal* feature stories = 20

PFCC Sharing & Caring Exhibition:

- A full page in the Sept. 20th edition of the CJ was published to promote the PFA Open House (25th) and the Expo (26th) to the community; additional promotion included social media, the intranet and iNformed. Media event on Sept. 26 to officially launch the Expo.



New TBRHSC Website:

- One on one user testing is anticipated to begin by mid-October. 30-40 participants will include TBRHSC staff, volunteers, PFAs, learners and external stakeholders.

10th Anniversary:

- Planning is underway to provide community tours of the TBRHSC facility. In addition, the 10th Anniversary mascot, Reggie, is scheduled for appearances at community event. The 10th Anniversary display units are now on display at the Thunder Bay Airport. They were previously at Confederation College and Lakehead University.

Additional Support provided:

- C & E is assisting the Nurse Uniform Task Force to develop displays to encourage voting / and inform front line staff on the uniform colours
- Promotional materials and resources are being developed to help spread awareness of the Paediatric OR Tours video to regional health organizations, physicians, and other stakeholders.
- Providing Communications support for the HELP initiative
- Planning activities and communications around Franco-Ontario Day (Sept. 25)
- Communications support to the Mental Illness Awareness Week committee (MIAW Oct. 6-10)
- Communications support to Employee Reward and Recognition Week
- Working with Morravision Films and TBRI on CEDC video

Aboriginal Affairs:

- A new relationship with Northern Development and Mines allows Prevention & Screening and Communications & Engagement staff to participate in open house events in remote First Nations communities.
- A new Aboriginal Patient Family Advisor has been recruited.
- Surveys to measure patient satisfaction among Aboriginal patients and families are in development, in collaboration with PFCC.
- TBRHSC served as a stop in the Dennis Franklin Cromarty High School Amazing Race – an event geared at introducing students to local healthcare facilities.
- Donor funding of \$10,000 was secured to support Aboriginal Health initiatives at TBRHSC.
- Secured four external members to participate in a panel discussion on “Research Questions of Interest to First Nations People” at the TBRI Rainbow of Clinical Research Retreat.
- Meetings held with representatives of Health Canada’s Non-Insured Health Benefits, TBRHSC social workers and Aboriginal Patient Navigators to explore opportunities to collaboratively support patients.
- Exploring cultural awareness training opportunities in partnership with Human Resources.



**Thunder Bay Regional
Health Sciences
Foundation**

980 Oliver Road
Thunder Bay ON
P7B 6V4 Canada

TEL: 807 345 4673
FAX: 807 684 5802
TOLL FREE: 1 877 696 7223



**Northern
Cancer Fund**



**Northern
Cardiac Fund**



**Health Sciences
Discovery Fund**

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

Tbaytel Luncheon of Hope

Do you have your tickets yet? The Tbaytel Luncheon of Hope is nearly sold-out and hundreds are ready to hear Gerry Rogers. Gerry remarks about her cancer journey and her professional experiences as a Canadian radio personality, entertainer and comedian. This event has proudly supports the Breast Cancer Fund of the Northern Cancer Fund and has supported initiatives like the Linda Buchan Centre, Breast MRI and the mobile screening coach that provides breast screening to women throughout Northwestern Ontario. **Get your tickets today by calling 345-HOPE (4673).**

More than just Miles

On September 21, 2014, almost 8000 people took the streets of Thunder Bay. There were lots of goals – win the race, beat your personal best time, raise funds for causes close to their hearts. Thanks and congratulations to the runners who chose the Health Sciences Foundation in their 'Run for a Reason'. The pledges they collected improve healthcare for each and every one of us.

Get out your dancing shoes

Work is well underway for the **Balmoral Park Acura Save a Heart Ball on October 18, 2014 at the Victoria Inn.** This gala event celebrates our successes in cardiac care and helps to make even more possible. Tickets for this event, which include live and silent auction, a champagne reception, gourmet dinner and live music, are now available at the Donation Centre for \$150 each or a table of 8 for \$1200. Gather your friends for what promises to be an elegant evening.

What's YOUR idea to improve care? \$60,000 up for Grabs!

The Volunteer Association and Health Sciences Foundation have teamed up to offer the Family CARE (Care Advancement Recommended by Employees) Grants again – and the due date is fast approaching. What's your idea to improve care at the Health Sciences Centre? Submit an application by October 20/14 to be a part of the Volunteer Association and Health Sciences Foundation Family CARE Grants. **Have questions? Please call Megan Upton at 684-7276.**

Fall 'to do' list – make a will

Back to routine after a beautiful summer, many days are consumed by tasks and 'to do' lists. Revising your will is an important part of keeping your affairs in order, including understanding how your estate can make a difference in healthcare for our region.

There are few key questions that you can ask yourself to see if your Household is in order. Do you know what the first step over every estate plan is? A personally inventory lists all of your assets and allow the state planning attorney the ability to address all the assets within your estate plans. What is trust used for? A professional trustee can be hired to manage the assets inside a trust. It is important to know that even revocable living trusts do not entirely replace the need for a will. It is important to plan now for your future.

Do you have questions about planned giving? Please call Terri Hrkac, Director, Planned and Major Gifts at 684-7109 for more information.

Chief of Staff Board Report

October 2014

Credentialing

- We continue to wait for a response from Dr. Geoff Davis, Chief of Staff regarding their bylaw changes to align SJCG/TBRHSC bylaws to meet our current process of a common Professional Staff
- All credentialing is now done through our electronic system, the Northwest Regional Electronic Credentialing System (NRECS)

Incomplete Records

- A draft policy was reviewed by the Medical Advisory Committee (MAC) outlining the procedure to be followed to ensure accountability for the timely completion of medical records by Professional Staff

Medical Staff Policy

- Education for Physicians regarding the recently revised policy 'Clinical Consultation for Most Responsible Physician (MRP) – Emergency Department' is currently underway

Standard Admission and Discharge

- The Standard Admission and Discharge group are evaluating and re-establishing group membership, with meetings likely to reconvene in October, while smaller working groups continue to meet regularly

Regional Chief of Staff Leadership Council

- The next Regional Chief of Staff Leadership Council meeting is being scheduled in October
- The Council includes 13 Northwestern Ontario organizations and is supported by the LHIN
- The Terms of Reference have now been vetted by legal counsel and will be reviewed at the upcoming meeting



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

October 1, 2014

CNE – Open Report

Professional Practice

Culture of Professional Practice

- Through the review of the Practice and Education structure, gaps were identified in the ability to move professional practice forward. As such, ongoing meetings have been established to help create a culture of professional practice. To achieve this, Practice Heads and Leads from all health professions including nursing identified a number of strategies. The top three areas of focus at this time are:
 - Common understanding of professional practice across the organization
 - Clarity regarding the role of professional practice and better integration within organizational processes
 - Well established professional practice meetings (Practice Area and Discipline Council)

RNAO Best Practice Spotlight Organization (BPSO)

- Teleconference with the RNAO on September 16 to review our 2014-15 final report that was submitted on March 31, 2014. RNAO will be holding focus group in October to get feedback about the program and gain recommendations regarding elements that may need to be modified or incorporated into the program prior to the development of the 2014-16 contract. TBRHSC will participate in a focus group discussion on September 29.
- As part of our BPSO commitment we are required to have at minimum 15% of our nursing staff trained as BP Champions. In order to maintain this commitment we hosted a RNAO Nursing Best Practice Champion Level One Workshop on September 15. Twenty – two staff attended and learned how to evaluate evidence, how to assess practice and our workplace, and how to plan for implementing Best Practice Guidelines, including marketing, engaging stakeholders and developing plans and proposals. Thus we have maintained our BP Championship commitment.

Nursing Resource Team

RN

- 72 RN's were hired into temporary 0.8 part-time positions (TPT) with an end date of September 8, 2014, 5 did not pass the CRNE (Canadian Registered Nurses Exam) 3 of the 67 have obtained permanent positions, 27 have been assigned to temporary positions (filling vacancies created by such things as sick time or maternity leaves) and 36 have been moved to casual status.

NPN

- 12 RPN's hired for temporary summer relief, 1 resignation prior to the end of summer, 8 have been assigned to positions (filling temporary vacancies created by such things as sick time and maternity leaves) and 3 have been moved to casual status.

980 Oliver Road
Thunder Bay, ON
P7B 6V4

Phone:
684-6007

Website:
www.tbrhsc.net

healthy
together

Senior Management



Northern Ontario
School of Medicine
École de médecine
du Nord de l'Ontario
ᐅᐅᐅᐅᐅᐅ ᐅᐅᐅᐅᐅᐅ
ᐅᐅᐅᐅᐅᐅ ᐅᐅᐅᐅᐅᐅ



Laurentian University
935 Ramsey Lake Rd.
Sudbury, ON
P3E 2C6
Tel: 1-705-675-4883
Fax: 1-705-675-4858

Université Laurentienne
935, chemin du lac Ramsey
Sudbury, ON
P3E 2C6
Tél: 1-705-675-4883
Télé: 1-705-675-4858

Lakehead University
955 Oliver Rd.
Thunder Bay, ON
P7B 5E1
Tel: 1-807-766-7300
Fax: 1-807-766-7370

Lakehead University
955, chemin Oliver
Thunder Bay, ON
P7B 5E1
Tél: 1-807-766-7300
Télé: 1-807-766-7370

nosm.ca

Northern Ontario School of Medicine Report

Dr. Roger Strasser, Dean-CEO
September-October 2014

Four New Members Appointed to NOSM Board of Directors

The Northern Ontario School of Medicine (NOSM) held its Annual Members and Board of Directors meetings on Wednesday, September 24, 2014. These meetings were video-conferenced between Lakehead University in Thunder Bay and Laurentian University in Sudbury, with other members participating via tele- and web-conference.

Board members Kevin Cleghorn and Dr. Kathryn Gibson were thanked for their significant contribution to the Northern Ontario School of Medicine, as their terms completed September 24, 2014.

At the recommendation of the Board's Governance Committee and Nominations and Community Relations Subcommittee, the Board appointed four new members to NOSM's Board of Directors:

- Ken Boschoff
- Pierre Dumas
- Krista Marcotte
- Gary Boissoneau

In accordance with Board policy regarding Officers of the Corporation, Dr. Brian J.R. Stevenson, President of Lakehead University, was confirmed as Chair of the Board and Dr. Robert Kerr, Vice President, Academic and Provost of Laurentian University, was confirmed as Vice-Chair.

The audited financial statements for the year ending April 30, 2014, and the Board approved that BDO Canada LLP be appointed as auditors for the fiscal year ending April 30, 2015.

In an overview of recent NOSM activities, Dr. Roger Strasser, Dean, spoke about the extensive community engagement that took place over the last four months. From May to September 2014, Dr. Roger Strasser, Associate Dean of Community Engagement and Senior Associate Dean at Laurentian University, Dr. David Marsh, senior leaders, and staff travelled to more than 50 Northern, rural, remote, Francophone, and Aboriginal communities across the North to meet with individuals, organizations, health-care professionals, and faculty to discuss Northern Ontarians' ongoing health-related needs. The input received is providing important guidance to setting the priorities of NOSM's 2015-2020 Strategic Plan.

The next Board of Directors meeting will be held in Sudbury on November 27 and 28, 2014.

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

Strategic Planning Summer

What a summer this has been! Despite the disappointing weather, I have had a wonderful time visiting communities across Northern Ontario with Dr. David Marsh, Associate Dean Community Engagement, other Associate Deans and NOSM staff, meeting with faculty members and community members seeking their input to the NOSM Strategic Plan 2015-2020. The process has included visits to over 50 communities, including visits to northern remote First Nations, as well as five sessions each in Thunder Bay and Sudbury. Several community



Northern Ontario
School of Medicine

École de médecine
du Nord de l'Ontario

ᐅᐅᐅᐅᐅᐅ ᐅᐅᐅᐅᐅᐅ
L'ᐅᐅᐅᐅᐅ ᐅᐅᐅᐅᐅᐅ

sessions have been conducted in, or included, French to ensure appropriate engagement of our Francophone collaborators.

Walking the Vision

The Aboriginal Community Partnership Gathering "Walking the Vision," which was held at Chapleau Cree First Nation, August 13-15. Over 100 Aboriginal people from across Northern Ontario were joined by NOSM Associate Deans, other SLG members, and staff to review progress since the 2011 "Living the Vision" workshop (see www.nosm.ca/walkingthevision) and receive recommendations for the next phase of developing the Aboriginal dimensions of NOSM. NOSM graduate and local physician Dr. Doris Mitchell provided a compelling keynote address in which she shared experiences of starting in practice with two NOSM graduate colleagues in the town where they all grew up. The Gathering concluded with a session in which participants provided their input to the NOSM Strategic Plan 2015-2020.

Orientation Week 2014

On August 25, the MD program entry class of 2014 joins NOSM for Orientation Week. Although just starting with NOSM, these students have been through quite a journey already. They were amongst 2115 applicants for this year's intake to the School. From the applicant pool, 317 were interviewed for the 64 available first year places. Fifty-nine of the students (92%) come from Northern Ontario and the other five (8%) are from rural and remote parts of the rest of Canada. Within the class: 38 are women (59%); three of the students are Aboriginal (5%); and there are 12 Francophone students (19%). Like students in all medical schools, these students have been selected from a very competitive field and are extremely academically able as reflected by a mean grade point average (GPA) of 3.83 on a four-point scale.

The members of the entry class of 2014 had a very full Orientation Week. Students, family and friends were welcomed to NOSM at each University including video linked sessions connecting the whole class. On the second day, the whole class came together in Thunder Bay and travelled by bus to Pic River First Nation for the day and then moved on to Marathon where they stayed for the next two nights. The next two mornings involved activities in and around Marathon before returning to Thunder Bay. The Oath ceremony took place on Thursday, late afternoon at Fort William Historical Park with dinner afterwards. On Friday, the learners spent time with the upper year student volunteers in activities that were intended to familiarize them with each other.

NOSM Researcher Participating in \$55.5M National Dementia Initiative

On Wednesday, September 10, 2014, the Honourable Rona Ambrose, Federal Minister of Health, announced the launch of the Canadian Consortium on Neurodegeneration in Aging (CCNA), a national initiative aimed at tackling the growing onset of dementia and related illnesses and improving the lives of Canadians with these illnesses and their families and caregivers.

Led by Dr. Howard Chertkow, a cognitive neurologist and co-founder and director of the Jewish General Hospital / McGill Memory Clinic, the CCNA brings together 20 research teams and experts from across Canada to focus research on three themes: delaying the onset of dementia and related illnesses; preventing these illnesses from occurring; and, improving the quality of life of Canadians living with these illnesses and their caregivers.

The CCNA is supported with funding of \$31.5 million over five years from the Government of Canada through the Canadian Institutes of Health Research (CIHR) and a group of 13 partners from the public and private sectors, including the Alzheimer



Northern Ontario
School of Medicine

École de médecine
du Nord de l'Ontario

ᐅᐅᐅᐅᐅᐅ ᐅᐅᐅᐅᐅᐅ
ᐅᐅᐅᐅᐅᐅ ᐅᐅᐅᐅᐅᐅ

Society of Canada and Fonds de recherche du Québec - Santé. The CCNA researchers will also benefit from an additional \$24 million investment by a subset of the partners in Ontario and Quebec.

Dementia Care Research in Northern Ontario

Dr. Kristen Jacklin, NOSM Associate Professor, Medical Anthropology, is one of 47 principal investigators on the CCNA and the only principal investigator in Northern Ontario. Jacklin is co-leading a research team called: "Team 20: Issues in dementia care for rural and Indigenous populations." Dr. Debra Morgan (University of Saskatchewan) is leading the rural research projects while Jacklin and Dr. Carrie Bourassa (First Nations University) are leading the Indigenous research stream.

Jacklin's team will be receiving \$1 million in funding over five years to carry out this research. The research will be carried out at NOSM, Laurentian University, and in Northern Ontario, and will focus on four areas:

- Examining pathways to dementia care for Indigenous people and identifying effective cultural approaches to care.
- The development of culturally appropriate cognitive assessment protocols for use in Aboriginal communities.
- Capacity building for age-related Indigenous dementia research.
- Regional epidemiological studies concerning dementia in rural and Indigenous populations (incidence and prevalence, patterns of care, and multi-morbidities).

"Our team is truly excited about the launch of the CCNA," says Dr. Kristen Jacklin, NOSM Associate Professor, Medical Anthropology. "I think it is highly significant that Indigenous issues will be a part of the Consortium's work and that there is a team headquartered here at NOSM and the Centre for Rural and Northern Health Research at Laurentian University leading this work."

Over the past four years Jacklin's team has worked in partnership with rural First Nations communities and urban Aboriginal organizations in Northern Ontario to begin exploring experiences with dementia. The CCNA will enable Jacklin and her team to foster cross-fertilization of ideas between research disciplines to support their research program and to develop innovative projects with other CCNA investigators.

"Initially, we will be working closely with the First Nations health centres on Manitoulin Island who were the first to bring the issue of dementia in their communities to our attention back in 2007," explained Jacklin. "Our funding is structured in such a way that there will be opportunities to involve other communities and organizations as we move forward. Addressing dementia in Indigenous populations is crucial. Ten years ago, dementia was not a significant illness in most Aboriginal communities. Through our research, we now know that rates of dementia in Aboriginal populations are higher than those in the non-Indigenous population and communities are struggling to deal with this emerging health issue."

Save the Date: NOSM Honours Dr. Jacques Abourbih

In recognition of his accomplishments at the Northern Ontario School of Medicine and in the Greater Sudbury community, NOSM will be honouring **Dr. Jacques Abourbih** at an evening cocktail reception as follows:

Date: Monday, October 6, 2014

Time: 5:00 p.m. - 8:00 p.m.

Location: Hellenic Centre, 486 Ester Road, Sudbury

Tickets: \$50.00 each

Innovative education and research for a healthier North.

Formation et recherche novatrices pour l'amélioration de la santé dans le Nord.



ATTESTATION

TO: The Board of Thunder Bay Regional Health Sciences Centre, (the "Board")
FROM: Andrée G. Robichaud, President and CEO
DATE: Sept. 16, 2014
RE: **Q4 2013-2014** Wages and Source Deductions for Fiscal Year Beginning April 1, 2013 and ending March 31, 2014 (the "Applicable Period")
and
Q1 2014-2015 Wages and Source Deductions for Fiscal Year Beginning April 1, 2014 and ending March 31, 2015 (the "Applicable Period")

980 Oliver Road
Thunder Bay, Ontario
Canada P7B 6V4

Telephone:
(807) 684-6000

Website
www.tbrhsc.net

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

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

during the Applicable Period.

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

Dated at Thunder Bay, Ontario this 22 day of September, 2014.

A handwritten signature in blue ink, appearing to read "A. Robichaud", is written over a horizontal line.

Andrée G. Robichaud, President and CEO



Thunder Bay Regional
Health Sciences
Foundation

TBRHSC Board of Directors Comprehensive Work Plan
Revised September 26, 2014

Item #	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June
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	Risk Identification and Oversight	Review Results of Interim Audit Conducted in January	Aud								x			
7	Performance Measurement and Monitoring	Discussion of Year-end Reporting Issues	Aud								x			
8	Financial Oversight	Review Audit Statement Presentation	Aud								x			
9	Financial Oversight	Individual Program Audit Reports	Aud								x			
10	Financial Oversight	Presentation of PSAB Standards	Aud								x			
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	Financial Oversight	Claims Summary	Aud										x	
16	Risk Identification and Oversight	Analysis of Legal Fees as at March 31	Aud										x	
17	Financial Oversight	Evaluation of Auditors	Aud										x	
18	Performance Measurement and Monitoring	Recommend Appointment of Auditors	Aud										x	
19	Performance Measurement and Monitoring	Approve Year-end Financial Statements	Aud											x
20	Financial Oversight	Statements for Approval to Board	Aud										x	
21	Stakeholder Communication and Accountability	Set up Partnership Meetings for the year	BD		x									
22	Strategic Planning and Vision, Mission, Values	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	Oversight of Management	Participate in COS Evaluation via website	BD									x		
25	Governance	Approval of By-Laws	BD										x	

TBRHSC Board of Directors Comprehensive Work Plan
Revised September 26, 2014

Item #	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June
26	Governance	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	Approval Committees Work Plans and Terms of Reference	BD				x							
30	Oversight of Management	Preliminary Review of By-Laws	BL								x			
31	Governance	Evaluation of CEO	EC										x	
32	Strategic Planning and Vision, Mission, Values	Evaluation of COS	EC										x	
33	Strategic Planning and Vision, Mission, Values	Ensure Board Meeting Evaluations are Completed	Gov		x	x	x	x	x	x	x	x	x	x
34	Governance	Identify Education Needs for Coming Year	Gov		x									
35	Governance	Plan Annual Board Retreat	Gov		x									
36		Review Annual Board Evaluation, Board Self Evaluation	Gov			x								
37	Governance	Review all Board Policies - Identify Revisions Required	Gov			x								
38	Oversight of Management	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	
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 Committee Work Plan	Gov			x								

TBRHSC Board of Directors Comprehensive Work Plan
Revised September 26, 2014

Item #	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June
48	Governance	Review Board Forms	Gov		x									
49	Governance	Review Committee Membership	Gov		x									
50	Risk Identification and Oversight	Review Applications for Board Vacancies	Nom								x			
51	Quality Oversight	Nominating Committee - Candidate Interviews for Board vacancy	Nom									x		
52	Quality 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				
53	Quality Oversight	Litigation	Qual						x					x
54	Quality Oversight	Patient Safety/Public Indicators	Qual		x				x			x		x
55	Quality Oversight	Review Quality Terms of Reference	Qual		x									
56	Risk Identification and Oversight	Review Quality Work Plan	Qual		x									
57	Risk Identification and Oversight	Programs & Services Presentations	Qual		x	x	x	x	x	x	x	x	x	x
58	Risk Identification and Oversight	Comments/Compliments/Complaints	Qual			x					x			
59	Quality Oversight	Quality Improvement Plan Except From Balanced Scorecard	Qual			x		x			x			x
60	Quality Oversight	Critical incidents/MAC recommendations	Qual				x					x		
61	Quality Oversight	Risk Management	Qual				x			x				
62	Risk Identification and Oversight	Emergency Preparedness	Qual					x					x	
63	Quality Oversight	Accreditation	Qual			x				x				

TBRHSC Board of Directors Comprehensive Work Plan
Revised September 26, 2014

Item #	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June
64	Performance Measurement and Monitoring	Quality Improvement Plan Approval	Qual								x			
65	Financial Oversight	Quality and Risk Management Policies	Qual										x	
66	Financial Oversight	Research Ethics Board	Qual			x			x			x		x
67	Financial Oversight	Financial Pressures Relating to Risk	Qual	x										
68	Financial Oversight	Credentiaing Process/Professional Staff & regulated licensed Professional processes	Qual		x									
69	Financial Oversight	Financial Statements and Variance Report and Quarterly Review	RP		x		x			x				
70	Financial Oversight	Health Services Centre Update	RP		x									
71	Financial Oversight	Hospital Improvement Plan	RP		x								x	
72	Financial Oversight	Board Attestation: Wages and Sources Deductions	RP		x	x			x			x		
73	Financial Oversight	Non Bargaining Salary and Benefits: Increases	RP		x									
74	Financial Oversight	Work Plan Approval	RP		x									
75														
76	Financial Oversight	Terms of Reference Approval	RP		x									
77	Financial Oversight	2359031 Ontario Inc Financial Statements (information)	RP		x									
78	Financial Oversight	Financial Statements (information)	RP		x	x		x	x		x	x		x
79	Financial Oversight	CAPS Submission to LHIN	RP			x								
80	Financial Oversight	Human Resources and Organizational Development	RP			x								
81	Financial Oversight	Corporate Balanced Scorecard Review	RP			x		x						x
82	Financial Oversight	H-SAA Operating Plan Submission (update)	RP			x								
83	Financial Oversight	Funding HBAM and Quality Based Procedures (update)	RP				x							
84	Financial Oversight	HAPS Update	RP				x							
85	Financial Oversight	Budget Planning Targets and Directives Presentation	RP				x							
86	Financial Oversight	Budget Planning Process Update	RP				x							
87	Financial Oversight	Broader Public Sector Travel & Expenses Reporting	RP				x							

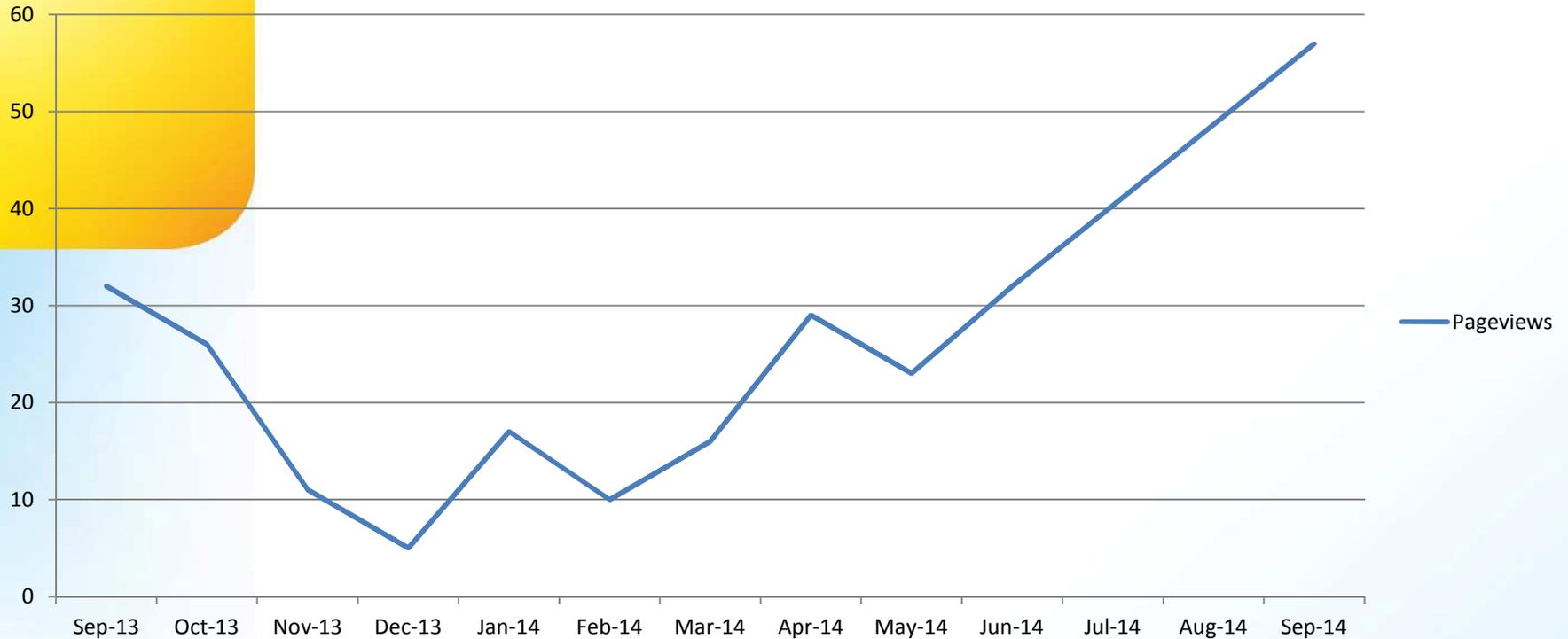
TBRHSC Board of Directors Comprehensive Work Plan
Revised September 26, 2014

Item #	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June
88	Financial Oversight	Investment Portfolio Update	RP					x						
89	Financial Oversight	Northwest Supply Chain Performance and Medbuy Update	RP					x						x
90	Financial Oversight	Capital Equipment and Capital Projects Update	RP						x			x		
91	Financial Oversight	Broader Public Sector Attestation Update	RP						x					
92	Financial Oversight	Capital Budget Planning Update	RP							x				
93	Financial Oversight	Physician Recruitment and Retention Update	RP							x				
94	Financial Oversight	Operating Plan Approval	RP								x			
95	Financial Oversight	Capital Plan Approval	RP								x			
96	Financial Oversight	Capital Budget Summary	RP								x			
97	Financial Oversight	Labour Relations, Grievances and Arbitration Update	RP								x			
98	Financial Oversight	Occupational Health and Safety Program update	RP								x			
99	Financial Oversight	Data Centre Disaster Recovery Plan update	RP								x			
100	Financial Oversight	Public Sector Salary Disclosure to MOH	RP								x			
101	Financial Oversight	Capital Budget	RP									x		
102	Financial Oversight	Unaudited Preliminary Year End Financial Statements	RP										x	
103	Financial Oversight	Numbered Companies Statements Unaudited	RP										x	
104	Governance	TBRRRI Financial Statements Unaudited	RP										x	
105	Governance	TBRRRI Operating and Capital Budget Report	RP										x	
106	Governance	Broader Public Sector T&E Expenses	RP										x	
107	Governance	BPS Compliance Reports	RP										x	
108	Risk Identification and Oversight	Non Patient Legal Matters Update	RP										x	
109	Financial Oversight	Declaration of Compliance H-SAA and M-SAA	RP											x
110	Financial Oversight	TBRRRI Audited Year End Financial Results	RP											x
111	Financial Oversight	Investments Performance Review	RP											x
112	Financial Oversight	Investments Policy Review	RP											x
113	Financial Oversight	Work Plan for following year	RP											x
114	Quality Oversight	Accessibility Update	BD					x						
115	Risk Identification and Oversight	Environmental Compliance Update	BD			x		x		x			x	
116	Risk Identification and Oversight	Critical Incidents Presentation	BD				x		x			x		x
117	Oversight of Management	Physician Recruitment Plan Update	BD					x						
118	Strategic Planning and Vision, Mission, Values	Strategic Plan Update	BD					x				x		
119	Oversight of Management	Research Ethics Board Appointments	BD			x								

TBRHSC Board of Directors Comprehensive Work Plan
 Revised September 26, 2014

Item #	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June
120	Oversight of Management	Research Ethics Board Report	BD								x			
121	Strategic Planning and Vision, Mission, Values	Scorecard	BD				x						x	
122	Oversight of Management	TBRRRI Update	BD				x						x	
123	Oversight of Management	Foundation Update	BD				x							
		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												

Unique Page Views: Open Board Meeting Webcast (Sept 2013 – Sept 2014)



Month	# Unique Page Views	Month	# Unique Page Views
Sept 2013	32	Mar 2014	16
Oct 2013	26	April 2014	29
Nov 2013	11	May 2014	23
Dec 2013	5	June 2014	32
Jan 2014	17	Sept 2014	57
Feb 2014	10		



Volunteer Voice

**TBRHSC Volunteer
Services Newsletter**

Fall 2014



Did you Know?

If you get a friendly email or call from our new Volunteer Services office volunteer, Jan Murchison, she's just saying hello and helping us stay in touch so that you are even more supported in your volunteering. We continue to appreciate the invaluable support of our other office volunteers Sylvia Macdonald and Cathy Britt.

TBRHSC Corporate Update

Walk the Talk Awards

Forms are available in the Volunteer Services office to nominate a volunteer or staff person. The deadline is Sept 26/14.

Patient and Family Centred Care

Come and see what Patient and Family Centred Care is all about at the PFCC Caring and Sharing Exhibition on Sept 26/14 from 9 am—4pm.

Mock Fire Drill—Actors Needed Nov 20/14

Have you ever wanted to be an actor? Here is your chance to act as a patient in our Mock Fire/Evacuation Drill. We need about 17 volunteers from all age groups. The Drill date is Thursday, November 20/14 at 8:00 pm. This is a great opportunity to help staff have a next to “real” experience with mock patients in a Fire Drill. Please let Liz or Nicole know if you can help.

TBRHSC Fresh Market Days

The Market continues until October 8/14 on Wednesdays, 11:30 am—1:00 pm in the courtyard by the cafeteria or across from Volunteer Services (if raining or snowing!).

What do the Lanyard Colours Mean?

	Volunteers	Lime Green
	Staff	Blue
	Nursing	Gold (RN, RPN, NP)
	Spiritual Care	Purple
	Post Grad Medical Students	Green
	Undergrad Medical Students	Red

Volunteer Services News

NEW! Elder Life Program

This program was started in Philadelphia by a doctor as a way to improve the quality of life for acute care patients who are showing signs of confusion and dementia. The program uses specially trained volunteers, under the direction of a HELP Coordinator, who provide 4 modalities on 3 shifts a day. They may take the patient for a walk, encourage eating at meal times and provide some mental and/or social interaction. Many hospitals in Ontario are adopting this program. TBRHSC started the program in August by hiring, Kelsey Lecappelain, Elder HELP Coordinator, and Joy Kolic, Elder HELP Nurse Specialist. We've started with 14 trained volunteers who are meeting with patients on a daily basis. And so far the results have been positive.

One volunteer has said: *“It was one of the best experiences of my life! ... It was like I was in this magical world or something where just my one visit made someone happy”*. Volunteers 18yrs+ can contact Kelsey at 684-7042 for more information.

NEW! Information Ambassadors

Info Ambassadors will be walking a designated route around the hallways of the HSC looking for visitors who may need assistance in finding their way. They'll wear a “May I help you?” badge. Shifts will be from 9-12 and 1-4 pm. The Co-Service Leaders, Connor Inglis and Marie Morrow, who are currently training. If you like keeping active and helping people, call Liz at 684-6267 or Nicole at 684-6266.

CONTACT US

Volunteer Voice is prepared by TBRHSC's Volunteer Services Program. Contributions may be sent to Liz Straiton, Manager, Volunteer Services, Thunder Bay Regional Health Sciences Centre, 980 Oliver Rd, Thunder Bay, ON P7B 6V4 or phone: 684-6267 or email: straitoe@tbh.net



DID YOU KNOW?

Cardiac Rehab, Information Technology, are scheduled to move into the new building on Oliver Road

Volunteer Voice

Volunteer Advisory Council Members

- Sanna Agombar
- Sonja Aldrich
- Lois Bentz
- Jocelyn Bodnar
- Cathy Britt
- Joan Cameron
- Marilyn Chisholm
- Sharron Deitweiler
- Diane Dixon
- June Feaver
- Mary Anne Fossum
- Kenny Gates
- Jacqueline Harvey
- Connor Inglis
- Lillianne King
- Elizabeth Lipowy
- Denise Lyzun
- Dolores Mechtab
- Kim Montanaro
- Marie Morrow
- Christian O'Brien
- Margaret Power
- Darlene Pyne
- Susan Thompson
- Beatrice Wilson
- ... for starters!

See posted updates in Volunteer Services!

NEW! Volunteer Advisory Council

We have grown our Service Leaders meetings to be more encompassing and have added some additional volunteers to provide a forum for feedback on our program.

Our first topic for discussion has been Recognition, examining what we've been doing and how we can improve our recognition to meet the needs of all volunteers. So far, consensus has indicated the need for various daily and annual recognition. For instance, we will continue with our "Rounding", visiting volunteers at their volunteer location to thank them and ask a series of questions about their comfort and satisfaction.

We will continue to meet with Service Leaders individually to discuss their issues and volunteer needs when they arise. Stay tuned for more information from this new council!

UPDATE! Diagnostic Imaging Ambassador

After trialing this position over the summer, we are tweaking this position to reflect the greeting nature of the role. If you would enjoy directing patients in this area, please ask Liz or Nicole for more details.

Volunteer Retreat

Everyone is invited to attend our annual Volunteer Retreat on **Wednesday, October 15, 2104!**

See the full invitation enclosed with this newsletter.



Volunteer Association Board News

President's Report

The Board continues to meet on the third Wednesday of the month from 9 am—10:30 am.

The Board members are:
Sharron Detweiler, President
Pat Skula, Secretary
Ann Donaldson, Treasurer
Directors: Margaret Power, Judy Gerolami, Jean Murray (Gift Shop Meeting Chair)

We want to thank the following for their past dedication and service on the Board: Dolores Metchab, for her work as President Donna Brown for her long service as Secretary and to the following Directors: Laurette Patriquin, and Joan Wheeler.

We value the many hours of time that you have given the Association over the years.

The Board is looking forward to having a planning session with Consultant, Diane Walker in October. Diane will help us make some changes to our Board model so we can move forward to become a governance modeled board.

Retiree Grants

Thank you to two of our volunteers who have applied for retiree grants from the companies that they worked for: Investors Group, Donna Brown (1,975.00) and Bell Canada, Maureen Verdore (\$250.00).

Spaghetti Supper Thank you to Dolores Mechtab for organizing and selling Italian Cultural Spaghetti Supper Tickets. The tickets are available at Seasons or from Dolores 767-7956—deadline Sept 26/15. (*we apologize for the late notice in this newsletter, posters were posted and emails were sent to all volunteers*).

Craft Group Bazaar
November 13, 2014
Main Lobby
9:30 am—4:00 pm

Contact Joceyln Bodnar for more information 983-3821

