

**Board of Directors
Open Meeting
Wednesday, October 4, 2017 – 5:00 pm Boardroom, Level 3, TBRHSC
980 Oliver Road, Thunder Bay
AGENDA**

Vision: *Healthy Together*

Mission: *We will deliver a quality patient experience in an academic health care environment that is responsive to the needs of the population of Northwestern Ontario*

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 and WELCOME | | | | |
| 2.0 | | | PATIENT STORY – Dr. Stewart Kennedy | | | | |
| 3.1 | 1 | G. Walsh | Quorum (8 members total required, 6 being voting) | | | | |
| 3.2 | 1 | G. Walsh | Conflict of Interest | | | | |
| 3.3 | 1 | G. Walsh | Approval of the Agenda | X | | | |
| 3.4 | 3 | G. Walsh | Chair's Remarks* | | | | X |
| 4.0 | | | PRESENTATIONS/EDUCATION | | | | |
| 4.1 | 10 | G. Craig J. Nesty | Foundation Update | | | | X |
| 4.2 | 10 | Dr. Rudnick | 2020 TBRHRI Strategic Plan* | | X | | X |
| 4.3 | 5 | G. Whitney J. Bartkowiak | OHA Health Care Leadership Summit Overview (Sept 6-8/17) | | X | | X |
| 4.4 | 5 | P. Lang | OHA Essentials Certificate in Hospital Governance for New Directors (Sept 15/17) OHA Understanding Hospitals and the Health Care System (Sept 16/17) | | X | | X |
| 5.0 | | | CONSENT AGENDA | | | | |
| 5.1 | - | | Board of Directors Open Minutes – June 7, 2017* | X | | | X |
| 5.2 | - | | Quality Committee Minutes – September 20, 2017 <small>(will be uploaded on Oct 3)</small> | | | | X |
| 5.3 | - | | Quality Committee Minutes – May 17, 2017* | | | | X |
| 5.4 | - | | Attestation: Wages and Source Deduction Q1 2017-18* | | | | X |
| 5.5 | - | | Appointment – Research Ethics Board members* | | | | X |
| 6.0 | | | REPORTS AND DISCUSSION | | | | |
| 6.1 | 5 | J. Bartkowiak | Report from the President and CEO* | X | | | X |
| 6.1.2 | 10 | Senior Leadership | 2017-2018 Strategic Progress Report Q1* | | | | |
| 6.2 | 10 | Senior Leadership | Report from Senior Leadership* | | | | X |
| 6.3 | 5 | Dr. Porter | Report from the Chief of Staff* | | | | X |
| 6.4 | 5 | Dr. Crocker Ellacott | Report from the Chief Nursing Executive* | | | | X |
| 6.5 | 5 | Dr. Moody- Corbett | Report from the Northern Ontario School of Medicine* | | | | X |

| # | Time (X) | Presenter | Item & Purpose (Y) | Expected Outcome (Z) | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------|---------------------------------|-----------|------------|-------------|
| | | | | Recommendation /Decision/Action | Education | Discussion | Information |
| 6.6 | 5 | Dr. Thibert | Report from the Professional Staff Association | | | | |
| 6.7 | 5 | G. Craig | Report from the Foundation* | | | | X |
| 7.0 | COMMITTEE MATTERS | | | | | | |
| 7.1 | 2 | G. Whitney | Quality Committee 7.1.1 Report from the Chair of the Quality Committee | | | | X |
| 7.2 | 2 | G. Walsh | Resource Planning Committee 7.2.1 Report from the Chair of the Resource Planning Committee | | | | X |
| 7.3 | 2 | D. Mannisto | Governance and Nominating Committee 7.3.1 Report from the Chair of the Governance and Nominating Committee | | | | X |
| 8.0 | FOR INFORMATION | | | | | | |
| 8.1 | - | | Board and Committee Work Plans* | | | | X |
| 8.2 | - | | Webcast Statistics* | | | | X |
| 8.3 | - | | Report from the Health Research Institute* | | | | X |
| 8.4 | - | | Report from the Volunteer Association* | | | | X |
| 8.5 | - | | Accreditation Canada On-site survey – October 12* | | | | X |
| 9.0 | BOARD MEMBER COMMENTS | | | | | X | |
| 10.0 | DATE OF NEXT MEETING – November 1, 2017 | | | | | | X |
| 11.0 | ADJOURNMENT | | | | | | |
| Ethical Framework | | | | | | | |
| The Hospital is committed to ensuring decisions and practices are ethically responsible and align with our Vision, Mission and Values. Leaders should consider decisions from an ethics perspective including their implications on patients, staff and the community. | | | | | | | |
| The following questions should be considered for each decision: | | | | | | | |
| 1. Does the course of action put ‘Patients First’ by responding respectfully to the needs, values, and expectations of our patients, their families, and the communities? | | | | | | | |
| 2. Does the course of action demonstrate ‘Accountability’ by advancing a quality patient experience that is socially and fiscally accountable? | | | | | | | |
| 3. Does the course of action demonstrate ‘Respect’ by honouring the uniqueness of each individual and his/her culture? | | | | | | | |
| 4. Does the course of action demonstrate ‘Excellence’ by fostering an environment of innovation and learning to provide a quality patient experience? | | | | | | | |
| For more detailed questions to use on difficult decisions, please refer to the Hospital’s Framework for Ethical Decision Making | | | | | | | |

BOARD OF DIRECTORS (Open)
October 4, 2017 – DRAFT

| Agenda Item | Committee or Report | Motion or Recommendation | Approved or Accepted by: |
|--------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| 3.3 | Agenda – October 4, 2017 | “That the Agenda be approved as circulated.” | Moved by: Seconded by: |
| 5.0 | Consent Agenda | <p>“That the Board of Directors:</p> <p>5.1 Approves the Board of Directors Minutes of June 7, 2017;</p> <p>5.2 Accepts the Minutes of the Quality Committee meeting of September 20, 2017;</p> <p>5.3. Accepts the Minutes of the Quality Committee meeting of May 17, 2017;</p> <p>5.4 Accepts the Q1 2017-2018 Wages and Source Deduction Attestation, as recommended by the Resource Planning Committee;</p> <p>5.5 Appoints Dr. Ghazala Basir to a three (3) year term effective immediately to August 31, 2020, as a alternate member knowledgeable in relevant research methodologies (physician); Appoints Ms. Andrea Raynak to a three (3) year term effective immediately to August 31, 2020, as a alternate member knowledgeable in relevant research methodologies;</p> <p>Appoints Ms. Joy Wakefield, to a three (3) year term effective immediately to August 31, 2020, as a alternate member knowledgeable in relevant law;</p> <p>Appoints Mr. Jack Jamieson, to a three (3) year term effective immediately to August 31, 2020, as a alternate member knowledgeable in relevant law,</p> <p>as presented.”</p> | Moved by: Seconded by: |
| 6.0 | Reports and Discussion | <p>“That the Board of Directors accepts reports dated October 4, 2017 from the:</p> <p>6.1 President and CEO;</p> | Moved by: Seconded by: |

| Agenda Item | Committee or Report | Motion or Recommendation | Approved or Accepted by: |
|-------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| | | 6.2 Senior Leadership; 6.3 Chief of Staff; 6.4 Chief Nursing Executive; 6.5 Northern Ontario School of Medicine; 6.6 Professional Staff Association; 6.7 Foundation, as submitted." | |



Thunder Bay Regional
Health Sciences
Centre

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www.tbrhsc.net

Board of Directors
Conseil d'administration

**Report from Nadine Doucette
Chair, Board of Directors
October 4, 2017**

On Thursday, June 22, 2017, for the first time, the Hospital and its research arm, the Thunder Bay Regional Health Research Institute, hosted a joint Annual General Meeting. Both the Hospital and the Health Research Institute are focusing priorities on health challenges that most affect the residents of Northwestern Ontario. That focus has been sharpened through collaborations between clinicians at our Hospital, our scientists, and the Institute.

One of the shared priorities of our Hospital and Health Research Institute is a particular focus on improving Indigenous health status disparities. Geographical isolation and socio-economic disadvantages induce health disparities in the 69 Indigenous communities we serve. Speakers at the Annual General Meeting specifically focused on how our scientists and clinicians are connecting with Indigenous communities and their leaders to better address their health needs and expectations. I am grateful to Dr. Sheldon Tobe, Dr. Ingeborg Zehbe, and Chief Peter Collins for sharing their expertise.

At the Inaugural meeting of the Board of Directors, four, three-year term Board of Directors vacancies were filled. Returning to the Board of Directors for three-year terms are John Friday and Grant Walsh. Joining the Board for first time three-year terms are Patricia Lang and Eric Zakrewski. Continuing their terms of office on the Board are Anita Jean, Dick Mannisto, Matt Simeoni, Gary Whitney and myself. The Board includes the following ex-officio Directors:

- Jean Bartkowiak, President and CEO;
- Dr. Rhonda Crocker Ellacott, Chief Nursing Executive;
- Dr. Gordon Porter, Chief of Staff;
- Dr. Penny Moody-Corbett, Associate Dean, Research, Northern Ontario School of Medicine;
- Dr. Mark Thibert, President, Professional Staff Association.

The Officers of the Corporation were elected as follows:

- Chair – Nadine Doucette;
- 1st Vice Chair – Grant Walsh;
- 2nd Vice Chair – Dick Mannisto;
- Treasurer – John Friday.

I look forward to a productive and meaningful year serving with these dedicated people. Our focus is on achieving the Hospital's Mission to provide a quality patient experience in an academic health care environment that is responsive to the needs of the population of Northwestern Ontario.

Finally, I would like to acknowledge that, over the summer, our Hospital experienced high occupancy rates. I commend the staff, physicians, volunteers and leaders for their outstanding efforts to manage patient flow. Under conditions of heightened pressure, they demonstrate every day that they are committed to meeting the acute care needs of the patients of our region. Through their efforts, and by working together with our health system partners, we can persevere through difficult challenges.



**Thunder Bay Regional
Health Sciences
Foundation**



**Northern
Cardiac Fund**



**Health Sciences
Discovery Fund**



**Northern
Cancer Fund**

**Thunder Bay Regional
Health Sciences Centre
Board of Directors
October 4, 2017**

2016-17 Highlights



Thunder Bay Regional
Health Sciences
Foundation

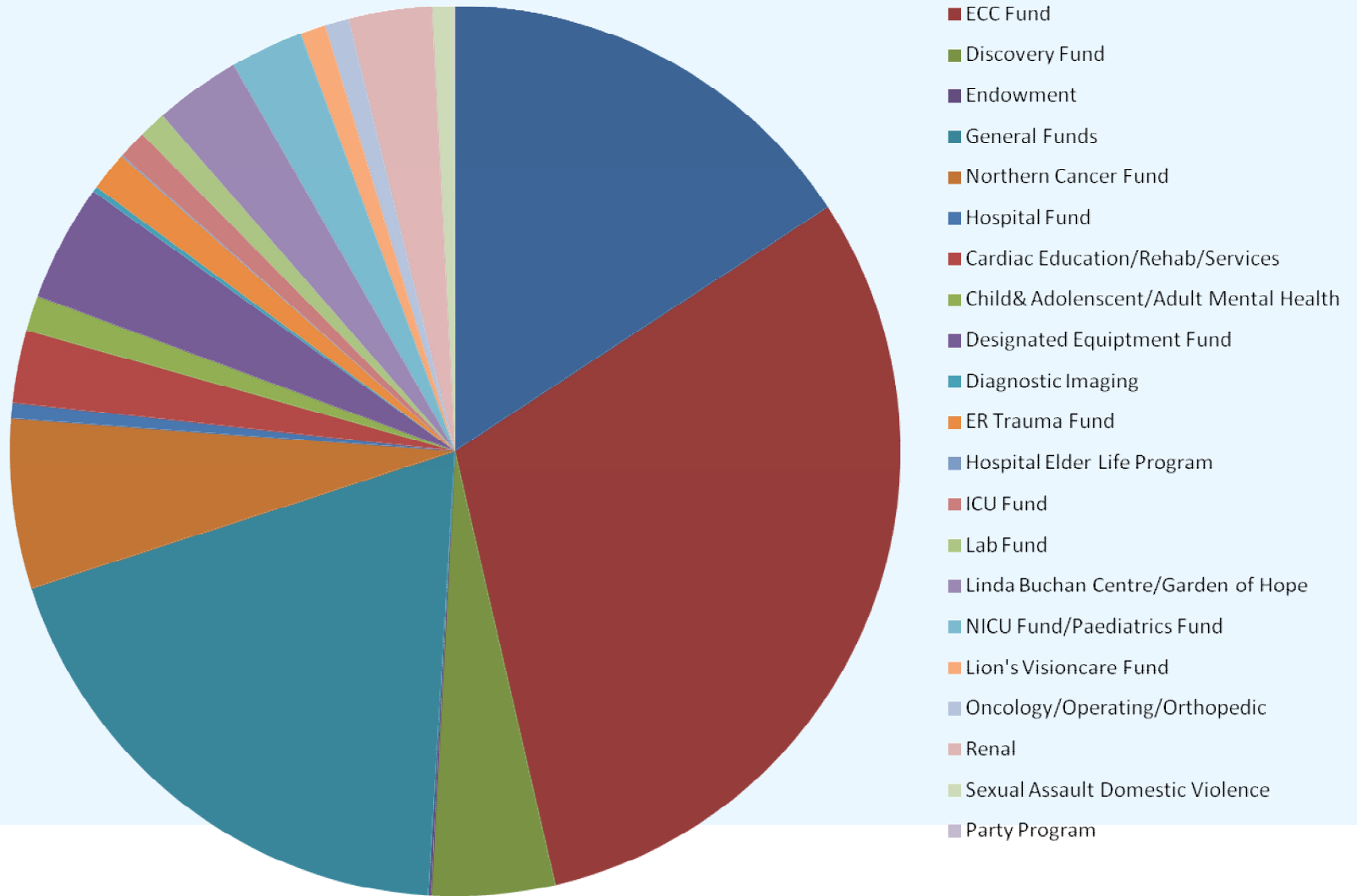


Diversity of Support



Thunder Bay Regional
Health Sciences
Foundation

Foundation Funding



Thunder Bay Regional
Health Sciences
Foundation

5 Years of Funding Chart

| Thunder Bay Regional Health Sciences Foundation | | | | | |
|----------------------------------------------------------------------------------|---------------|----------------|---------------|--|--|
| Fund Distribution to Health Sciences Centre & Region/Other - Breakdown by Fiscal | | | | | |
| | HSC | Regional/Other | Total | | |
| 2016/2017 | \$ 3,142,874 | \$ 126,502 | \$ 3,269,376 | | |
| 2015/2016 | \$ 5,112,432 | \$ 43,441 | \$ 5,155,873 | | |
| 2014/2015 | \$ 2,689,859 | \$ 50,408 | \$ 2,740,267 | | |
| 2013/2014 | \$ 2,457,758 | \$ 18,522 | \$ 2,476,280 | | |
| 2012/2013 | \$ 2,975,349 | \$ 48,000 | \$ 3,023,349 | | |
| | \$ 16,378,272 | \$ 286,873 | \$ 16,665,145 | | |
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Thunder Bay Regional
Health Sciences
Foundation



2020 Strategic Directions

- Diversification & Excellence



Thunder Bay Regional
Health Sciences
Foundation



2020 Strategic Directions

- Trusted & Durable Brand



Thunder Bay Regional
Health Sciences
Foundation

2020 Strategic Direction

- Culture & Spirit of Philanthropy



Thunder Bay Regional
Health Sciences
Foundation

A red ECG (heart rate) line graphic runs horizontally across the top of the image, set against a background of overlapping red and orange curved shapes.

Saving Lives

Bringing Life-Saving Cardiovascular
Surgery to Northwestern Ontario



Thunder Bay Regional
Health Sciences
Foundation



QUESTIONS



Thunder Bay Regional
Health Sciences
Foundation

Thunder Bay Regional Health Research Institute

2020 Strategic Plan

Dr. Abraham (Rami) Rudnick
Vice-President Research & Chief of Psychiatry - TBRHSC
Chief Scientist – TBRHRI

TBRHSC Board of Directors
October 4th, 2017

2020 Strategic Plan

Vision



Mission

To be an international leader in health technology research and other strategic health innovation, that improves the health of the people of Northwestern Ontario (NWO) and others.

Vision

Excellence,
Collaboration,
Innovation,
Integrity,
Respect,
Accountability

Philosophy

Patients and Families are at the centre of everything we do.

Healthier

Enhance research to improve the health outcomes of the people of NWO and beyond.

1. Partner with Indigenous researchers & communities to advance their health priorities.
 - a. Develop a shared vision and research priorities
 - b. Conduct environmental scan of Indigenous research landscape.
2. Investigate & apply assessment and intervention solutions that are responsive to our geographic challenges.
 - a. Develop solutions that increase access to screening and diagnostics for people living in remote indigenous communities.
 - b. Apply solutions to increase screening and diagnostics for broader populations.
 - c. Foster adoption of strategic health-related technology among local health care practitioners.
3. Strengthen local clinical research.
 - a. Increase patient opportunities to participate and engage in research.
 - b. Streamline investigator initiated trials.
 - c. Advocate for hospital participation in CAHO/ARTIC initiatives.

Success Criteria:

Indigenous people are involved in research about them

Assessment and intervention solutions improve access to care for people living in remote Indigenous communities.

Everyone participates in all phases of research

Wealthier

Enhance philanthropic and other support and generate revenue through science and partnerships.

4. Engage stakeholders in philanthropy and other support of research.
 - a. Partner further with the Foundation.
 - b. Build awareness and promote interest in research.
 - c. Integrate community resources including, Business Development and commercialization with partners.
 - d. Enhance industry investment to maximize grant matching opportunities.
5. Develop health technology products and assets.
 - a. Identify and pursue high potential opportunity areas.
 - b. Bring radioisotopes to market.
6. Secure a robust clinical trials program.
 - a. Enhance quality management system.
 - b. Nurture clinical researchers.
 - c. Mature as a Clinical Trials Ontario accruing site.
 - d. Ensure industry and other sponsorship.

Success Criteria:

Increased funding supports research

Emergence of spin-off companies and/or licensing agreements

Increased quality and quantity of clinical trials

Smarter

Enhance the academic environment.

7. Participate in development of academic programs relevant to our health research priorities.
 - a. Partner with academic institutions to offer educational training programs across the continuum (undergraduate, graduate, post-graduate, fellowship).
 - b. Recruit more strategic joint researchers with academic partners.
8. Facilitate a research culture.
 - a. Support a robust clinical research model.
 - b. Facilitate the development of all researchers.
 - c. Facilitate an environment that promotes interprofessional collaboration.
9. Grow strategic research partnerships and networks to expand research capacity and impact.
 - a. Advance partnerships with regional stakeholders such as Indigenous communities and community hospitals.
 - b. Advance partnerships with other academic health science centers.
 - c. Facilitate active membership on key research organizations.

Success Criteria:

Curriculum designs align with health research priorities

More Health Professionals integrate research into practice

More partnerships expand research capacity

Questions?

To learn more about the Institute and our new Strategic Plan please visit our website at www.tbrhri.ca.



Board of Directors - Open

Wednesday, June 7, 2017

Boardroom – 5:00 p.m.

Action

Present:

| | | |
|-----------------------------------|-------------------|------------------------------|
| Nadine Doucette, (<i>Chair</i>) | John Friday | Gary Whitney (<i>tcon</i>) |
| Jean Bartkowiak* | Grant Walsh | Dick Mannisto |
| Dr. Penny Moody-Corbett | Dr. Mark Thibert* | Dr. Gordon Porter |
| Dr. Rhonda Crocker Ellacott* | | |

By Invitation – Senior Leadership:

| | | |
|------------------|---------------------|--------------|
| Peter Myllymaa | Dr. Stewart Kennedy | Amanda Björn |
| Dr. Rami Rudnick | Glenn Craig | |

By Invitation:

| | | |
|----------------------------------------|------------------------|-----------------|
| Jessica Nehrebecky, <i>Rec. Sec.</i> | Adam Vinet | Caroline Fanti |
| Aaron Skillen (<i>Dr. Henderson</i>) | Dr. David Puskas | Amy Carr |
| Donna Jean-Pierre | Debora Prokopich Buzzi | Kelly-Jo Gillis |
| Michael Del Nin | Carolyn Freitag | |

Regrets Board of Directors:

| | | |
|------------|--------------|-------------|
| Gerry Munt | Matt Simeoni | Doug Shanks |
| Anita Jean | | |

Regrets Senior Leadership:

Dr. Mark Henderson

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

The Chair welcomed Board members, Senior Leadership Team members, guests, and the webcast audience.

2.0 PATIENT STORY

Ms. Kelly-Jo Gillis, Manager, Preventive Health Services, introduced Ms. Debora Prokopich Buzzi, Volunteer, who explained why she was honoured with Cancer Care Ontario's Human Touch Award.

3.1 Quorum – Quorum was attained.

3.2 Conflict of Interest - None.



3.3 Approval of the Agenda

Moved by: Dick Mannisto
Seconded by: Dr. Penny Moody-Corbett

Motion

"That the Agenda be approved, as presented."

CARRIED

3.4 Chair's Remarks

The Board Chair thanked her fellow Board members for their active participation and support throughout the last year as well as the Senior Leadership Team for their engagement and dedication to the Hospital and Research Institute. On behalf of the Board of Directors, the Chair thanked all the staff, professional staff, scientists and volunteers who emulate the Patient and Family Centred Care philosophy.

4.0 PRESENTATIONS

Mr. Adam Vinet, Ms. Caroline Fanti and Dr. David Puskas were welcomed to the meeting.

4.1 Regional Orthopaedic Program – Musculoskeletal Centre of Excellence

Mr. Adam Vinet, Director, Surgical and Ambulatory Services, Ms. Caroline Fanti, Director, Regional Orthopaedic Program and Dr. David Puskas, Medical Director, Musculoskeletal Health provided an overview of the Regional Orthopaedic Program Musculoskeletal Centre of Excellence (ROP MSK).

The Centre will aim for patients to have their surgeries in a more timely fashion if they are willing to travel to the Region. A three year implementation plan and operational budget were submitted to the Ministry to be recognized as a beta development site for the ROP MSK. The program is expected to provide accurate data on surgical waitlists as well as help identify priority patients. In addition, the program is expected to be used as a model for other hub and spoke clinical projects. The go-live date for the Procedure Management Information System (PROMIS) is September 11, 2017.

Mr. Vinet, Ms. Fanti and Dr. Puskas were excused from the meeting.



5.0 CONSENT AGENDA

Moved by: John Friday
Seconded by: Dick Mannisto

Motion

"That the Board of Directors:

5.1 Approves the Board of Directors Minutes of May 3, 2017;

5.2 Approves the 2017-18 Work Plans from the Governance and Nominating Committee, Audit Committee, Fiscal Advisory Committee and the Resource Planning Committee;

5.3.1 Approves the Broader Public Sector Travel and Expense Report, for the period October 1, 2016 to March 31, 2017, as recommended by the Resource Planning Committee;

5.3.2 Approves the Broader Public Sector Accountability Act Attestation Certificate, for the period April 1, 2016 to March 31, 2017, in accordance with Section 15 of the Broader Public Sector Accountability Act, 2010, confirming that the Hospital attests to:

- (i) the completion and accuracy of reports required of the Hospital pursuant to section 6 of the BPSAA on the use of consultants;*
- (ii) the Hospital's compliance with the prohibition in section 4 of the BPSAA on engaging lobbyist services using public funds;*
- (iii) the Hospital's compliance with any applicable expense claims directives issued under section 10 of the BPSAA by the Management Board of Cabinet;*
- (iv) the Hospital's compliance with any applicable perquisite directives issued under section 11.1 of the BPSAA by the Management Board of Cabinet;*
- (v) the Hospital's compliance with any applicable procurement and directives issued under section 12 of the BPSAA by the Management Board of Cabinet, as recommended by the Resource Planning Committee;*

5.3.3 Recommends that the Board of Directors approves the Hospital Service Accountability Agreement Declaration of Compliance for the period of April 1, 2016 to March 31, 2017 confirming that the Hospital has complied with the following:

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



5.3.4 Approves the Multi Sector Service Accountability Agreement Declaration of Compliance for the period of April 1, 2016 to March 31, 2017 confirming that the Hospital has complied with the following:

- (i) Article 4.8 of the M-SAA concerning applicable procurement practices;*
- (ii) The Local Health System Integration Act, 2006; and*
- (iii) The Public Sector Compensation Restraint to Protect Services Act, 2010;*
- (iv) The following specific performance requirements as outlined in Schedule E4 of the 2014-2017 M-SAA:*
 - a. "Home First" Philosophy*
 - b. Diversity Planning requirement*
 - c. Behavioural Supports Ontario Action Plan*
 - d. Emergency Preparedness Plans*
 - e. E-Health requirement*
 - f. Information Technology requirement*
 - g. Health Services Blueprint – Community Engagement, as recommended by the Resource Planning Committee;*

5.4 Accepts the Minutes of the Quality Committee meeting of April 12, 2017;

5.5 Approves the applications for membership to the Corporation for the 2017-2018 Corporate membership year, received for the period of April 1 to June 2, 2017;

as presented."

CARRIED

6.0 REPORTS AND DISCUSSION

6.1 Report from the President and CEO

The President and CEO highlighted the following:

- The CEE participated in Lakehead University's Council of Ontario Universities Roundtable to discuss the role universities play in building and maintaining strong sustainable communities;
- The Hospital was recognized by Le Réseau du mieux-être francophone du Nord de l'Ontario for its dedication and contribution to the provision of French services in health;
- The Hospital and Research Institute hosted the Governor General's Canadian Leadership Council, which brings together Canada's emerging leaders from business, labour, government, non-governmental organizations, education and the cultural sector for a unique two-week experience aimed at broadening their perspectives on work, leadership, their communities and their country;
- The Hospital was recognized by the Canadian Nuclear Safety Commission for the



exemplary Public Information and Disclosure Protocol prepared and implemented as part of establishing our Cyclotron and Radiopharmacy. The Commission has requested permission to share our protocol with international counterparts. Congratulations to the cyclotron staff who were involved in drafting this submission;

- A well attended 5-Partners session was held on June 7, 2017 to learn of this year's Strategic Plan 2020 achievements, and provide input on specific strategic initiatives;
- The CEO and the Senior Leadership Team have launched a review of the Hospital's program management structure; no decisions have been made as the review is in its initial stage.

Ms. Amy Carr and Ms. Donna Jean-Pierre were welcomed to the meeting.

6.1.1 Indigenous Health Strategic Direction Update (Recruitment)

Ms. Amanda Björn, Vice President, Human Resources, Ms. Amy Carr, Director, Human Resources and Organizational Development, and Ms. Donna Jeanpierre, Manager, Volunteer Services, provided progress relative to recruitment, one of the Indigenous Health Strategic Direction objectives.

Some of the challenges in attracting Indigenous workers were presented as well as strategies and initiatives to overcome the challenges, which include liaising with post secondary education facilities and other community organizations. Until a self identification process is in place (expected in the fall, 2017), the Hospital will not have an Indigenous staff baseline data and is unable to set a target on the initiatives to recruit Indigenous staff are successful.

Ms. Carr and Ms. Jean-Pierre were excused from the meeting.

Ms. Carolyn Freitag and Mr. Michael Del Nin were welcomed to the meeting.

6.1.2 Q4 Strategic Progress Report and Related Performance Indicators

Mr. Michael Del Nin, Director, Decision Support and Ms. Carolyn Freitag, Director, Strategy and Performance provided a briefing of the 2016-17 Strategic Plan Q4 accomplishments, overall progress, strategic performance indicator results and associated improvement action plans. The 5-year plan is approximately 38% complete and the staff are satisfied with the level of completion. There is concern on the number of projects to implement, which will impact staff workload.

Ms. Freitag and Mr. Del Nin were excused from the meeting.



6.2 Report from Senior Leadership

The following information was highlighted:

- The Fracture Clinic wait times remain below the target;
- The Length of Stay (LOS) for admitted patients in the Emergency Department (ED) has increase from 39 to 41.9 hours; several initiatives are being implemented to bring wait time to the 27 hours target;
- A \$2.12M funding allocation was awarded for the Regional Critical Care Response project;
- The Cardiovascular surgery implementation is moving forward with Capital Branch;
- As at March 31, 2017, the deficit is \$449k compared to a budget deficit of 6.9M and prior year deficit of \$727k;
- The Hospital currently has no orders under the Fire Code. The order reported in the written report has been completed;
- In response to the recent ransomware threat “Wanna Cry”, the Information Technology Department confirmed that all end user devices have the most recent security updates applied, however some of the systems had to be temporarily shut down in order to apply patches to the servers;
- The Research Institute is collaborating with the Foundation on garnering financial support for Indigenous health research.

6.3 Report from the Chief of Staff

The Physician Leadership Institute session held in May was focused on Self-Awareness and Effective Leadership; 27 new medical leaders attended.

6.4 Report from the Chief Nursing Executive

Interprofessional rounding was supported by members of the Medical Advisory Committee. A subsequent meeting was held with the Medical leadership from the Paediatric Department to discuss and implement further. It is hoped that this initiative will be rolled out corporately and will reduce LOS and translate in a more positive patient experience.

6.5 Report from the Northern Ontario School of Medicine – For information.

Dr. Penny Moody-Corbett, Senior Associate Dean, highlighted the following:

- A pamphlet providing an overview of the programs offered at the School was distributed;
- The School is also developing a graduate program.



6.6 Report from the Professional Staff Association – For information.

A presentation regarding “Methods to Unify Communications” was presented at the last Professional Staff Association meeting.

6.7 Report from the Foundation – For information.

Representatives from the Smile Zone Foundation were onsite to visit the Child and Adolescent Mental Health Unit to explore opportunities to improve the physical environment in that Department.

Moved by: Dick Mannisto
Seconded by: John Friday

Motion

“That the Board of Directors accepts reports dated June 7, 2017 from the:

- 6.1 President and CEO;*
- 6.2 Senior Leadership;*
- 6.3 Chief of Staff;*
- 6.4 Chief Nursing Executive;*
- 6.5 Northern Ontario School of Medicine;*
- 6.6 Professional Staff Association;*
- 6.7 Foundation;*

, as submitted.”

CARRIED

7.0 COMMITTEE MATTERS

7.1 Governance and Nominating Committee – May 17, 2017

7.1.1 Hospital By-Law

The Chair of the Governance and Nominating Committee, Mr. Dick Mannisto, provided an overview of the recommended changes to the By-Law. Dr. Gordon Porter, provided the recommended changes to the Professional Staff section of the By-Law. Notable changes include the word “Corporation” has been changed to “Hospital”, and the word “By-Laws” has been changed to “By-Law”, increase of Board members from 10 to 12, addition of provision to reflect the academic mission, and removal of the section that prevents the Board to make a decision electronically.



The word “Health” will be added when referring the Research Institute so that it reads “Thunder Bay Regional Health Research Institute”.

Moved by: Dick Mannisto

Seconded by: Grant Walsh

Motion

“That upon recommendation from the Governance and Nominating Committee and the Medical Advisory Committee, the Board of Directors approves the proposed changes to the Thunder Bay Regional Health Sciences Centre Corporate By-Law to be confirmed at the Annual Meeting of the Corporation on June 22, 2017, as amended.”

CARRIED

8.0 FOR INFORMATION

8.1 Board Comprehensive Work Plan - For information.

8.2 Webcast Statistics - For information.

8.3 Report from the Health Research Institute - For information.

8.4 Report from the Volunteer Association – For information.

8.5 2014-19 Energy Usage & Conservation Demand Management Plan – For information.

9.0 BOARD MEMBERS COMMENTS

10.0 DATE OF NEXT MEETING – October 4, 2017

11.0 ADJOURNMENT - The meeting adjourned at 6:44 p.m.

Chair

Board Secretary

Recording Secretary



Quality Committee

September 20, 2017

Administration Boardroom – 4:30 - 6:30 p.m.

Present:

Nadine Doucette (Chair), , Cathy Covino, Dr. Rhonda Crocker Ellacott, John Friday, Filomena Gregorash, Patricia Lang, Michelle Langlois, Rami Rudnick, Matt Simeoni, Dave Van Wagoner, Dr. Peter Voros, Eric Zakrewski

Regrets: Jean Bartkowiak, Anita Jean, Dr. Gordon Porter, Gary Whitney

By Invitation:

Lisa Beck, Director, Emergency/Critical Care
Dr. Michael Scott, Chief of Critical Care & NW-LHIN ICU Lead
Wendy Winslow, Manager, Intensive Care
Stephanie Craig, Lead, Patient Safety and Evidence Based Process
Judy Atkinson, Rec. Sec.

1.0 **CALL TO ORDER** – The Chair called the meeting to order at 4:30 p.m.

1.1 **Quorum** – Attained.

1.2 **Conflict of Interest** – None.

1.3 **Approval of the Agenda**

Moved by: Peter Voros

Seconded by: Eric Zakrewski

"The agenda be approved as circulated."

Motion

CARRIED

2.0 **PRESENTATIONS/REPORTS**

Ms. Beck was welcomed to the meeting.

Ms. Winslow was welcomed to the meeting.

Dr. Scott was welcomed to the meeting.

2.1 **Critical Care Services**

Ms. Lisa Beck, Director, Emergency and Critical Care, Ms. Wendy Winslow, Manager,



Intensive Care and Dr. Scott, presented an overview of the Critical Care services which includes the Emergency Department, Trauma and Base Hospital programs, Intensive Care Unit and Organ Donation.

Ms. Beck informed the group that the TBRHSC Emergency Department is the 4th busiest in Ontario with a volume of 109,089 in 2016-17. The Upsala Nursing Station has had 530 patient visits in 2016-17 primarily providing care to older patients with chronic diseases.

The Critical Care Unit is a regional 22 bed unit that serves for approximately 1400 patients per year. There is a staff of 95 RNs and 11 Intensivists who are supported by an interprofessional team. The Critical Care Unit also provides operational leadership for Organ Donation.

Ms. Winslow provided a brief overview of the Regional Critical Care Response program which started in 2015. This program provides a Critical Care Team consultation via videoconference, to the Northwest Region, which improves patient care and transport times through standardization of transport protocols, medications and equipment.

A partnership between TBRHSC, ORNGE, First Nations and Inuit Health Branch Ontario Region, KO eHealth Telemedicine Services, K-Net, OTN, and Meno Ya Win Sioux Lookout Health Centre will expand RCCR direct access to Indigenous communities with Northwestern Ontario. As of March 2017, Deer Lake, Sandy Lake, Pikangikum and Mishkeegogamang (Osnaburgh) have access to RCCR and ORNGE via telemedicine. The hope is to have all 19 nursing stations in various Indigenous communities fully equipped and trained to access Regional Critical Care Response (RCCR) and ORNGE.

The Board members proceeded to tour the Intensive Care Unit.

Ms. Beck was excused from the meeting.

Ms. Winslow was excused from the meeting.

Dr. Scott was excused from the meeting.

Ms. Craig was welcomed to the meeting.

The Committee provided feedback on the new format of including a tour as part of the presentation. It was felt that the new format is definitely more interactive and enables staff members to interact with the Board Members. The frequency of the tours will be assessed.

2.2 Q1 Patient Safety

Ms. Stephanie Craig, Lead, Patient Safety and Evidence Based Process, provided an overview of the 2017/18 Q1 highlights for Patient Safety. Key highlights included a larger



proportion of incidents caused less harm to patients and a change to the most frequently reported incident categories compared to the last quarters. Trends in patient safety continue to vary in the most frequently reported incident categories compared to previous years. In Q1 2017, the most frequently reported incident categories were behavior, falls and clinical process/procedures.

Key updates in patient safety since Q4 include having a security guard at the Emergency Department Main Entrance. In addition, cameras and an intercom has been added to the doors in the main public corridor outside of 2C.

Action

Ms. Craig informed the group that Phase I updates to the Patient Safety Reporting Console is complete and Phase II will be implemented in Q3 2017.

A discussion took place regarding the Provincial averages and how we compare. The Committee would like a list of the Quality Indicators and a future presentation on the Indicators.

Ms. Craig was excused from the meeting.

3.0 CONSENT AGENDA

Moved by: Dave Van Wagoner

Seconded by: John Friday

"That the Quality Committee of the Board approves the Quality Committee of the Board minutes of May 17, 2017, as amended, and receives the Research Ethics Board minutes of March 27, 2017, as presented."

CARRIED

4.0 WORK PLAN

4.1 Quality Committee of the Board: 2017-2018 Work Plan

The Committee reviewed the pre-circulated work plan for information.

5.0 BUSINESS ARISING/COMMITTEE MATTERS

5.1 Quality Terms of Reference

The Terms of Reference (TOR) were reviewed. C. Covino will modify the TOR to include the addition of a community member to the membership and the option of inviting

Action



delegates at the member's discretion if they cannot attend. All positions will be voting members.

Terms of Reference will be presented to the Governance Committee for review.

N.
Doucette

5.2 Quality and Patient Safety – Governance Toolkit – Chapter 4

Ms. Cathy Covino, provided an overview of Chapter Four of the Quality and Patient Safety Governance Toolkit. This chapter focuses on governance functions for quality, patient safety and patient and family centered care and will be reviewed fully at the October 18th, 2017 meeting.

6.0 FOR INFORMATION

6.1 COMMITTEE MEETING EVALUATION

Committee members completed their meeting evaluations.

7.0 RECOMMENDATIONS TO THE BOARD – None.

8.0 BOARD MEMBER COMMENTS – None.

9.0 DATE OF NEXT MEETING

The next meeting is scheduled for October 18, 2017.

10.0 ADJOURNMENT - The meeting adjourned at 6:40 p.m.



Quality Committee

May 17, 2017

Administration Boardroom – 4:30 - 6:30 p.m.

Present:

Doug Shanks (Chair), Jean Bartkowiak, Cathy Covino, Dr. Rhonda Crocker Ellacott, Nadine Doucette, John Friday, Anita Jean, Dr. Gordon Porter, Rami Rudnick, Matt Simeoni, Dave Van Wagoner, Dr. Peter Voros

Regrets: Georjann Morriseau

By Invitation:

Donna Jeanpierre, Director, Volunteer Services
Lorraine Campbell, Manager, Occupational Health & Safety
Katherine Bell, Manager, Quality and Research Ethics
Fraser Pennie, Consultant, Emergency Preparedness & Enterprise Risk Management
Stephanie Craig, Lead, Patient Safety and Evidence Based Process
Michelle Allain, Bioethicist
Judy Atkinson, Rec. Sec.

1.0 CALL TO ORDER – The Chair called the meeting to order at 4:30 p.m.

1.1 Quorum – Attained.

1.2 Conflict of Interest – None.

1.3 Approval of the Agenda

Moved by: Matt Simeoni

Seconded by: Dave Van Wagoner

"The agenda be approved as circulated."

CARRIED

2.0 PRESENTATIONS/REPORTS

Ms. Jeanpierre was welcomed to the meeting.

2.1 Volunteer Services Program

Ms. Donna Jeanpierre, Director, Volunteer Services, presented an overview of Volunteer Services at Thunder Bay Regional Health Sciences Centre (TBRHSC). There are

Motion



approximately 500 volunteers contributing over 42,000 hours per year in all areas of the hospital. Community Partnerships such as the Look Good Feel Better Program, St. John Ambulance Pet Therapy and Community Living Thunder Bay Placements have also been formed.

Ms. Jeanpierre informed the group of the new/upcoming projects for Volunteer Services such as a joint initiative with Human Resources to launch an Indigenous Career Experience program for indigenous secondary school students in Thunder Bay to inspire and attract potential new Indigenous volunteers and/or employees, ongoing recruitment initiatives to ensure our volunteer team reflects our community's diversity, participation in the biennial provincial Standardized Volunteer Opinion Survey to identify areas of strength and growth, improving the experience for volunteers and rounding for outcomes on volunteers and managers/staff.

Ms. Jeanpierre was excused from the meeting.

Ms. Campbell was welcomed to the meeting.

2.2 Occupational Health & Safety

Ms. Lorraine Campbell, Manager, Occupational Health and Safety provided an overview of the Occupational Health and Safety department. The department is part of the Vice President, Human Resources portfolio and provides a variety of integrated services at the Hospital.

The committee's mandate is to identify hazardous situations; recommend the establishment, maintenance & monitoring of programs & procedures for the health & safety of workers; develop & monitor the inspection of the entire workplace on an annual basis; be involved in the training of workers related to health & safety; review accidents & incidents that occur in the workplace; develop & monitor indicators of quality and use these indicators of quality as tools for making improvements.

The committee is comprised of both union & non-union staff as well as both management and non-management in equal proportions. All hospital unions are represented as well as all major areas of service. It is the responsibility of the Occupational Health and Safety department, under the direction of the EVP, Human Resources, to ensure that the JOHSC fulfills its obligation as outlined in the Occupational Health and Safety Act. In 2016, the Ministry of Labour was on site 18 times issuing 49 orders in total. All orders have been complied with.

Future improvement plans include personal safety alarms based on risk assessment, hands on, module retraining based on risk assessment, education in caring for



Alzheimer's/dementia patients and minimal lift re-education.

Ms. Jeanpierre was excused from the meeting.

Ms. Bell was welcomed to the meeting.

Mr. Pennie was welcomed to the meeting.

2.3 Emergency Preparedness

Ms. Katherine Bell, Manager, Quality and Research Ethics, and Mr. Fraser Pennie, Consultant, Emergency Preparedness and Enterprise Risk Management, provided a summary of accomplishments in Q3 & Q4 for 2016. Three goals were focused on, develop a sustainable and integrated emergency management program, strengthen staff competency through drills and training and build community partnerships to effectively prepare for emergencies. By work done to achieve a sustainable and integrated emergency management program that drives competency through drills, training and partnerships with our community, the Hospital is becoming better positioned to respond to and recover from emergencies and hazards of all types.

2.4 Research Ethics Board/REB Annual Report

The Research Ethics Board Annual Report was distributed for information.

Ms. Bell was excused from the meeting.

Mr. Pennie was excused from the meeting.

Ms. Craig was welcomed to the meeting.

Mr. Allain was welcomed to the meeting.

2.5 Patient Safety

Ms. Stephanie Craig, Lead, Patient Safety and Evidence Based Process, provided an overview of the 4th Quarter Patient Safety Incident Report. Key updates include:

- The "Acting Out Behaviours" pilot project continues on 2B as a trial unit.
- Non Violent Crisis Intervention training is ongoing.
- Security is in place at the Emergency Department door.
- A root cause analysis has taken place to identify four key themes as contributing to delays in patients being transferred to the floor once a bed is assigned.
- A code status level audit was conducted as a result of a large increase in patients presenting to the Diagnostic Imaging department with incomplete or improperly completed Code Status Level forms.
- Draft proposal of updates to the Patient Safety Reporting Console has been completed.



There continues to be an emerging concern around incidents involving patient identification. These incidents are captured under the "ID/Documentation" category involving wrong patient registration, wrong patient specimen collections and duplicate patient accounts. These incidents have the potential to cause serious harm to a patient and continue to occur.

2.6 Ethics

Ms. Stephanie Craig provided an overview on Clinical & Organizational Ethics. The purpose of the ethics portfolio is to support the improvement of patient care by assisting patients, families, staff, professional staff, students and volunteers resolve complex ethical issues. The Ethics portfolio ensures quality of care by providing a mechanism for hospital staff, patients and families to identify and discuss ethical issues of importance to the institution and being available in a consultative capacity on specific ethical cases. Education is also an important component and the Bioethicist provided 15 formal education sessions over the 2016-2017 fiscal year.

Ms. Craig was excused from the meeting.

Mr. Allain was excused from the meeting.

3.0 **CONSENT AGENDA**

Moved by: Matt Simeoni
Seconded by: Peter Voros

"That the Quality Committee of the Board approves the Quality Committee of the Board minutes of April 12, 2017, as amended, and receives the Research Ethics Board minutes of March 27, 2017, as presented."

CARRIED

4.0 **WORK PLAN**

4.1 Quality Committee of the Board: 2016-2017 Work Plan

The Committee reviewed the pre-circulated work plan for information.

5.0 **BUSINESS ARISING/COMMITTEE MATTERS**



5.1 Quality Framework

Ms. Cathy Covino provided an overview on Quality Health Care Framework. The Quality Health Care Framework addresses the Hospital's 2020 Strategic Plan, specifically our commitment to enhance the quality of the patient experience. Next steps include merging PFCC with Quality with a more positive focus and ensuring the 4 principles are clear. The Board Retreat will focus on Quality.

5.2 Quality and Patient Safety – Governance Toolkit – Chapter 3

Ms. Cathy Covino, provided an overview of Chapter Three of the Quality and Patient Safety Governance Toolkit. Chapter three provided an overview on Hospital Board and Board Quality Committee Roles and Relationships. An action plan will be developed to capture the items that we are currently non compliant with. Chapter four will be reviewed at the September 20, 2017 meeting.

6.0 FOR INFORMATION

6.1 COMMITTEE MEETING EVALUATION

Committee members completed their meeting evaluations.

7.0 RECOMMENDATIONS TO THE BOARD – None.

8.0 BOARD MEMBER COMMENTS – None.

9.0 DATE OF NEXT MEETING

The next meeting is scheduled for September 20, 2017.

10.0 ADJOURNMENT - The meeting adjourned at 6:40 p.m.



Thunder Bay Regional
Health Sciences
Centre

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P7B 6V4 Canada

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ATTESTATION

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

FROM: Jean Bartkowiak, MHSc, CHE
President and Chief Executive Officer

DATE: September 19, 2017

RE: **Q1 2017-18** Wages and Source Deductions for Fiscal Year Beginning
April 1, 2017 and ending March 31, 2018 (the "Applicable Period")

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

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

during the Applicable Period.

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

Dated at Thunder Bay, Ontario this ____ day of September, 2017.

Original signed

Jean Bartkowiak, MHSc, CHE
President and Chief Executive Officer
Thunder Bay Regional Health Sciences Centre
Chief Executive Officer
Thunder Bay Regional Research Institute

Thunder Bay Regional Health Sciences Centre is a leader in Patient and Family Centred Care and a research and teaching hospital proudly affiliated with **Lakehead University** and the **Northern Ontario School of Medicine**.
Le Centre régional des sciences de la santé de Thunder Bay, un hôpital d'enseignement et de recherche, est reconnu comme un leader dans la prestation de soins et de services aux patients et aux familles et est fier de son affiliation à l'université Lakehead et à l'École de médecine du Nord de l'Ontario.

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En santé
ensemble



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September 13th, 2017

Ms. Nadine Doucette
Chair, Board of Directors
Thunder Bay Regional Health Sciences Centre
980 Oliver Road
Thunder Bay, ON P7B 6V4

Re: Research Ethics Board (REB) Member Appointments

Dear Ms. Doucette:

I am writing to request approval from the Board of Directors regarding the appointment of members to the TBRHSC Research Ethics Board (REB).

The REB interview panel recommends the following members for appointment to the REB:

- Dr. Ghazala Basir-alternate member knowledgeable in relevant research methodologies (physician)
- Ms. Andrea Raynak-alternate member knowledgeable in relevant research methodologies
- Ms. Joy Wakefield-alternate member knowledgeable in relevant law
- Mr. Jack Jamieson-alternate member knowledgeable in relevant law

Thank you for your attention to this matter. If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

Dr. Peter Voros, C. Psych.
Chair, Research Ethics Board
Thunder Bay Regional Health Sciences Centre
researchethics_chair@tbh.net 807-684-6440



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President and CEO
Président directeur général

**Report from Jean Bartkowiak
President and CEO
October 4, 2017**

As many are aware, on July 25, 2017, my beloved wife Lucie Dechêne peacefully passed away with family at her side. I am truly touched and comforted by the thoughtful condolences I received, and am thankful for the kindnesses extended by so many colleagues and friends.

I am also grateful to my Senior Leadership Team, whose support meant that I could be at home with my wife as she battled cancer, and then allowed me to spend time away and with family following her passing. It is during these greatest times of need that we learn the true value of our relationships. The Senior Leadership Team acted on my behalf throughout much of the summer, and I extend to them my deepest gratitude.

I met on June 16 with Pic River First Nation Chief Duncan Michano to discuss mental health services. Discussions on June 20 with Dr. Rudnick and City Manager Norm Gale explored opportunities for collaboration between our Health Research Institute and the City of Thunder Bay. On June 21, we hosted the Annual General Meetings of our Hospital and Health Research Institute. I welcome the new Board Directors of both organizations, and congratulate those who will continue their terms.

I participated on June 23 in a workshop hosted by Ontario SPOR SUPPORT Unit (OSSU), a partnership between the Ontario Government and the Canadian Institutes for Health Research (CIHR) devoted to implementing the Strategy for Patient Oriented Research (SPOR) in Ontario.

I was pleased to attend on June 28 a workshop hosted by our academic partner, the Northern Ontario School of Medicine. Indigenous youth, Indigenous leadership, government representatives and selected community-based healthcare providers attended to facilitate a plan to address the suicide crisis in the Northern Indigenous Communities and develop Pathways to Well-Being. Several meetings, including one on August 15 with Dr. Peter Voros, focused on a primary care proposal submitted to the MOHLTC by Anishnawbe Mushkiki Community. The proposal addresses gaps in service and, if approved, will enhance care for Indigenous people in our community. We are pleased to support this vision.

I was joined on August 15 by Peter Myllymaa and Dr. Abraham (Rami) Rudnick for a discussion via video conference with Honourable Kirsty Duncan, Minister of Science. The roundtable discussion focused on the Prosperity and Growth Strategy for Northern Ontario.

On August 22, Dr. Rhonda Crocker Ellacott attended on my behalf a Joint Nishnawbe Aski Nation and Ministry of Children and Youth Services Networking Session. I met on September 5 with representatives of Anishnawbe Mushkiki, including Deputy Grand Chief Jason Smallboy and Grand Council Treat #3 Health Policy Advisor and others to discuss processes to advance Indigenous Health.

On September 6-7, along with Mr. Gary Whitney, Board member, I attended the Ontario Hospital Association (OHA) Annual General Meeting, followed by the Annual Health Care Leadership Summit in Blue Mountain Resort near Collingwood, Ontario. We had the opportunity to hear from Physician leaders from several hospitals about their challenges and strategic to improve physician engagement in their respective organizations.



Finally, I attended on September 27 in Ottawa a session hosted by the Public Policy Forum on Partner in Reconciliation: Recognizing and Respecting Indigenous Health. The well attended session gave me an opportunity to connect with HealthCareCAN leaders doing research on Indigenous health clinical and scientific priorities, looking also at initiatives to engage more fruitfully with Indigenous Communities as well as identifying potential recruits to our Hospital.

The following reports from my portfolio highlight recent activities and developments:

Strategy & Performance

The *5 Partners Annual Accountability Session*, held June 7, 2017, had representation from all 5 partners including health professional (10%), health managers (67%), policy makers (6%), community representatives (14%) and researchers (1%). Since the first forum convened in 2014, we participation has decreased. Next year, we intend to enhance representation for all partners, except health managers, given their attendance very good.

The evaluation results indicate the session was very effective (>90-98% positive responses) and met the expected outcomes including: shared understanding of strategic priorities; gathering feedback; providing good value for participants' time; and, participants sharing information from the meeting with others.

The participants felt that the selection of topics were relevant, interesting and well presented. The highlight was definitely the mix of perspectives and the opportunity to build relationships and generate ideas in the engagement activities. The evaluation also revealed that the session logistics went well, despite technical difficulties.

The responses clearly indicate a desire to increase the time allocation for the engagement activity and to ensure the 5 Partner perspectives fuel the rich discussion. Logistically, some creative ideas informed how to manage the pre-reading and post-presentation feedback more effectively.

The *Program Management organizational structure* implemented in 2011, has not been evaluated to date. A review of its impact and effectiveness has been undertaken. In collaboration with the Director of Decision Support, a survey was handed out to the leadership team to assess their appreciation of the following dimensions of the structure: organization effectiveness, decision-making, patient and family centeredness, leadership capacity, medical DYADs, workload productivity and performance and program/service focus and effectiveness. The response rate was high and the results will be themed and compiled for Senior Leadership this fall.

In response to the poor Q1 performance results for the *ED admitted Length of Stay*, a core group from the Patient Flow Steering Committee conducted a root cause analysis of the data to determine the primary causes for delays. New tactics were incorporated into the QIP action plan to include an investigation and process improvement 'design event' focused on the bed allocation process.

The *Q1 Strategic Progress Report* is included in your package. It has been reformatted to present a more comprehensive summary of the strategic activity progress and related performance results and where falling short of targets, the remedial tactics to help achieve them.



Communications, Indigenous Affairs & Engagement

Indigenous Health:

- Terms of Reference for the new Health and Reconciliation Steering Committee, and the revised Indigenous Advisory Committee are awaiting approval;
- On June 13, Ms. Tracie Smith, participated in the All Ontario Chief's conference in Lac Seul First Nation;
- 15 Ojibwe language and culture lunch and learns were offered this summer with excellent participation from staff, volunteers and students;
- Senior Director presented at the Annual General Meeting of Anishnawbe Mushkiki to discuss a submission of an Expression of Interest for funding from the Ministry of Health and partnership with the Hospital to access funding to enhance care for the urban Indigenous population with a focus on diverting visits from the Emergency Department;
- Presented to Grand Council Treaty #3 Health Council regarding the Hospital's Indigenous Strategic Direction, Goals and Objectives;

French Language Services:

- Educational workshop offered to the managers of the departments involved in the Active Offer pilot project (Emergency Department, 3C, Virtual Nursing Unit and Ambulatory Care) and provided by the lead researchers from Hopital Montfort;
- Senior Director attended a North West LHIN meeting to join other health service providers in the City of Thunder Bay sub-region to plan for French Language Services at the sub-region level;
- Messaging to Managers and Directors regarding the November 30, 2017 implementation of the Linguistic Variable Questions at all points of admission and registration;

Media releases:

- June 5: Hospital Joins Commuter Challenge for 5th Consecutive Year
- June 9: NOHFC investment in Regional data centre
- June 13: Health Sciences Centre Continues to Perform Well Among Other Teaching Hospitals in Ontario and Canada
- June 14: Northwestern Ontario Regional Stroke Network Demonstrates Improvements in Care
- June 22: Health Sciences Centre and Health Research Institute Celebrate Joint Annual General Meeting
- June 23: Health Sciences Centre Announces New Board of Directors
- July 12: MOHLTC Announcement for Cardiovascular Surgical Program
- September 6: Digital Order Sets
- September 8: World Suicide Prevention Display
- September 19: Access Point Northwest
- September 19: Regional Critical Care Response Special Announcement
- September 29: PFCC Sharing & Caring Together / Patient Discount Program
- October 2: Breast Cancer Awareness Month
- October 16: Cervical Cancer Awareness Week

Media requests:

- June 13: CIHI report
- June 15: Stroke report card (x2)
- June 20: Canadian Cancer Society statistics



- July 4: Hip/knee replacement wait times
- July 20: Process for Code Green
- July 31: Dr. Elmansi's new prostate surgery
- August 1: Heat stroke statistics
- August 11: Ambulance bay wait times
- August 14: Smoking ban as of January 1, 2018 (x3)
- September 13: OHA warning of over capacity this flu season
- September 13: Dr. Alla Reznik's research article on screening
- September 14: CIHI report and hospitalizations due to opioid poisoning
- September 19: Article on E.D. physicians possible departure (x2)
- September 20: Regional Critical Care Response program funding announcement

Quality and Risk Management

Patient Safety:

- The Patient Safety Reporting Console was renamed 'Incident Learning System';
- Modifications to that system will enable better distinction between patient safety incidents and those incidents not meeting criteria to be classified as a patient safety incident;
- During Patient Safety Week (Oct 30 – Nov 3), the Hospital will participate in Accreditation Canada's Patient Safety Culture Survey to assess the current status of the patient safety culture and identify strengths and areas for patient safety culture improvement.

Infection Prevention and Control:

- The Hospital has experienced an unprecedented number of units in Vancomycin-resistant Enterococcus (VRE) outbreak between June and September. Outbreaks are called when patients acquire the organism in hospital. Infection in your blood may result in death;
- High patient flow through the organization contributes to the risk of outbreaks as the hospital is forced to place patients in unconventional settings with reduced access to bathrooms and sinks and insufficient barriers between patients;
- The Clostridium difficile (C. difficile) rates are also on the rise.

BRIEFING NOTE

| | |
|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| TOPIC | 2017-2018 Q1 Strategic Progress Report & Performance Results |
| PREPARED BY | Carolyn Freitag, Director, Strategy & Performance, Michael Del Nin, Director, Decision Support |
| APPROVED BY | Jean Bartkowiak, President & CEO |
| CO-SPONSER (if required) | <Does this impact another E/VP's portfolio/program? Have they been consulted on this briefing note?> |
| PREPARED FOR: President & CEO <input checked="" type="checkbox"/> Board of Directors <input type="checkbox"/> Other: | |

DATE PREPARED Sept 26, 2017

Our Hospital is committed to ensuring decisions and practices are ethically responsible and align with our Vision, Mission, and Values. Leaders should consider decisions from an ethics perspective including their implications on patients, staff and the community.

The reader considers the following questions to ensure each decision are ethically responsible by indicating with a ✓:

- ☐ 1. We put '**Patients First**' by responding respectfully to needs, values, & expectations of our patients, families, and communities?
- ☐ 2. We demonstrate '**Accountability**' by advancing a quality patient experience that is socially and fiscally responsible?
- ☐ 3. We demonstrate '**Respect**' by honouring the uniqueness of each individual and his or her culture?
- ☐ 4. Does the course of action demonstrate '**Excellence**' by fostering an environment of innovation and learning to advance a quality patient experience?

For more detailed questions to use on difficult decisions, please refer to the Hospital's Framework for Ethical Decision Making on the iNtranet under [Quality and Risk Management>Ethics](#).

PURPOSE/ISSUE(S)

To highlight the overall progress for the 2017-18 Strategic Plan Q1 strategic directions, the related tactics to achieve targets, associated indicator results and improvement action plans.

BACKGROUND

The Strategic Quarterly report is reformatted to provide a more comprehensive description of strategic tactics in each strategic direction to address the **achievement of the targets, the related strategic indicators, and any new tactics planned where targets fall short**. The Balanced Scorecard (BSC) attached provides a summary of the strategic indicators and trending.

ANALYSIS/CURRENT STATUS

Refer to attached report and BSC.

RECOMMENDATION

What is the recommended course of action?

None required.

NEXT STEPS

What are the anticipated outcomes? What needs to occur next on this issue?

The Board could provide feedback to the President & CEO on the format and content of this report. This revised format aims to provide more description and correlation to performance results as well as plans for new tactics to meet year end targets where targets fall short.

STAKEHOLDER REACTION

Would there be any anticipated reaction from stakeholders? Is an issues management plan required?

There are plans and tactics in place for strategic initiatives falling short of targets or specific projects falling behind slightly.

COMMUNICATIONS

What kind of targeted communication(s) is necessary?

Communication of progress, challenges and remedial actions to staff, physicians, volunteers, patient and family advisors carried.

Success stories and profiles will be communicated to the community in Chronicle Journal articles and on public bulletin board in the Hospital.

FINANCIAL IMPACTS

Is it resource neutral or is there a cost involved?

Strategic initiative cost captured within the operational budget process.

APPENDIX SECTION








If there is related material, please provide here.

2017-2018 Strategic Progress Report Q1

2017-18 Balanced Scorecard Q1 - Strategic Indicators;

2017/18 Q1 Strategic Report- Board

Strategic Progress Summary

| Strategic Directions | Complete  | On Time  | Moderately Behind  | Significantly Behind  | Prior to Start  | Modified  | Deleted  |
|-----------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Patient Experience | 34% (24) | 37% (26) | 10% (7) | 1% (1) | 18% (13) | 0 | 0 |
| Comprehensive Clinical Care | 44% (16) | 33% (12) | 0 | 3% (1) | 14% (5) | 0 | 6% (2) |
| Seniors' Health | 40% (12) | 30% (9) | 0 | 0 | 30% (9) | 0 | 0 |
| Indigenous Health | 63% (22) | 11% (4) | 3% (1) | 0 | 23% (8) | 0 | 0 |
| Acute Mental Health | 45% (21) | 21% (10) | 0 | 2% (1) | 32% (15) | 0 | 0 |

Strategic Direction 1: Patient Experience

| Performance Measure | 16-17 YTD Actual | Annual Target | Q1 Actual | Q2 Actual | Q3 Actual | Q4 Actual |
|----------------------------------------------------------------------------|------------------|---------------|-----------|-----------|-----------|-----------|
| Rate of hand hygiene compliance before initial patient/environment contact | 86.91% | 93% | 92.15% | | | |
| 30-day in-hospital deaths following major surgery (risk-adjusted) | 1.90 | 1.67 | 1.50 | | | |
| Number of critical events | 6 | 0 | 0 | | | |
| Patient Satisfaction: All Dimensions – Inpatient | 60.3% | 61.3% | 59.3% | | | |
| Learner Satisfaction | 85.2% | 87.0% | - | | | |
| Total Researchers | 316 | 301 | 322 | | | |
| Paid sick hours as a percentage of worked hours | 3.53% | 3.48% | 4.49% | | | |
| Staff satisfaction | - | - | - | | | |
| Physician satisfaction | - | - | - | | | |

Describe the tactics that were implemented in this quarter to address the achievement of the target.

Quality

The development of the Integrated Quality Framework continues and the expected end date is extended to December. In Q1, an image was designed to illustrate the framework in a meaningful way, following extensive consultation. The integrated quality committee structure received Senior Leadership approval to move forward in April. Testing the committee structure and developing the committee(s) terms of reference is in progress. The exercise ensures quality is integrated and information flows across the organization as described within the Quality Framework.

The QBP Digital Order Sets Development and Implementation Groups, consisting of inter-professional members, designed standardized order sets for COPD, CHF, Community Acquired Pneumonia, Hip Fracture and Hip & Knee Replacement. Bi-weekly walkabouts with the Chief of Staff and project team were conducted, along with posters on the units and iNformed to increase awareness of the project.

Patient Experience

In order to improve patient satisfaction results, 6 of 8 clinical programs and 6 of 13 non-clinical programs completed development of their PFCC action plans in Q1. Follow-up coaching sessions with directors ensured all action plans were developed by August 2017.

Leadership

The second Quarterly Leadership Enhancement and Performance (LEAP) session was held in May. Leaders learned more about strengths-based leadership, the model – “me, we, all” and applied strengths into agenda activities as they relate to performance. As a case study, the leadership explored how to better use our collective ‘collaboration’ strength to do things differently to work within our 17/18 budget assumptions. These sessions continue to help enhance formal leaders and medical directors' leadership skills and knowledge required to support our staff and our patients and families, while keeping our strategic and operational performance top of mind.

The plan to address the Clinical Manager work flow/workload was developed and includes an Inpatient Manager Workload ‘Design Event’ scheduled for September. A selection of Managers will review the current workload, accountabilities and priorities, consider inefficiencies and work alignment; as well as participate in activities of redesign. Managers continue to focus on staff and patient rounding.

Academics

Development of an expanded preceptor program is behind target due to a lack of support structures required to ensure sustainability. The GAP analysis is complete and training requirements for new preceptors confirmed. Additional time is needed to determine the implementation rollout.

Senior leadership endorsed a business case to expand the simulation program, in principle, and will explore fundraising opportunities with the foundation. An expanded program will improve learner satisfaction and contribute to staff development by providing an effective and safe learning environment.

Core Competencies

The core competencies will encompass all staff, rather than distinguish between clinical and non-clinical. The core competencies were developed to align with our values of accountability, respect and excellence, and with the 'Me to We to All' framework. The group is currently designing expected behaviours for each section, and expects to complete in Q3.

Staff Wellness

The healthy workplace model developed working groups, consisting of inter-professional staff and experts, for each of the key areas; physical work environment, psychosocial work environment and personal health resources. These working groups began analyzing staff feedback for desired future state in order to develop recommendations for staff wellness initiatives over the next three years.

Staff Engagement

The VP, Human Resources assumed leadership of the Staff Engagement working group. The 'Me to We to All' Framework for Employee and Organizational Engagement and Development was launched. To date, numerous leadership initiatives tied to the Framework have rolled out to build leadership skills and mindsets focused on employee engagement (eg: LIFT team, LEAP sessions, LEAP Coaches, Learning Communities, Design Events).

Respect

The development of the learning modules and the interactive education sessions are complete. A core team of individuals from within the organization who possessed the skill set to facilitate simulation sessions were selected and learning sessions are scheduled to begin in September of 2017. Over the summer, the team will develop the Respect communication strategy.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff.

Rate of hand hygiene compliance before initial patient/environment contact

Hand Hygiene results have improved from prior quarter but remain below target. Ongoing leader engagement with staff to educate and stress the impact of best practice to patient outcomes is a priority to reduce the occurrence of hospital acquired infection and outbreaks. Additional measures taken include increased environmental inspections, education sessions and staff use of disposable blood pressure cuffs. The Infection Control Specialist, Dr. Gamble is now adjudicating the infection indicator incidence and linking to hand hygiene.

30-day in-hospital deaths following major surgery (risk-adjusted)

Results have improved since early 2016-17 and CIHI is adjusting its methodology to ensure it appropriately reflects risks. The 17-18 target has been adjusted to reflect expected deaths and may be adjusted further based on CIHI's further adjustments.

Patient Satisfaction: All Dimensions - Inpatient

Indicator has changed due to changes in National Research Canada reporting criteria and in order to ensure results can be accurately compared to Ontario peers. Preliminary 17-18 Q1 results are slightly worse than 16-17 and below target.

Paid sick hours as a percentage of worked hours

Sick hours are up sharply for 17-18 Q1. A number of root causes were reviewed and discussed during the recent 17-18 Q1 Quarterly review sessions, including pressures related to ongoing overcapacity, many employees who are off on longer leaves due to serious medical issues, and sick leave targets which do not adequately reflect likely usage.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

Rate of hand hygiene compliance before initial patient/environment contact

The Manager Workload redesign should allow managers to more time to monitor progress and provide focused coaching. Leader rounding reinforces to staff the importance of best practices and its impact on patient safety and allows staff to voice ideas for improvement.

30-day in-hospital deaths following major surgery (risk-adjusted)

On track. No new tactics planned.

Patient Satisfaction: All Dimensions – Inpatient

Overall root cause analysis not yet complete but underway. Individual units continue working on their individual improvement activities, which are based on 16-17 results.

Paid sick hours as a percentage of worked hours

Not on track and paid sick hours are likely to considerably exceed budget for 17-18. Additional work is underway and a further update will be provided for the next quarterly review.

Strategic Direction 2: Comprehensive Clinical Care

| Performance Measure | 16-17 YTD Actual | Annual Target | Q1 Actual | Q2 Actual | Q3 Actual | Q4 Actual |
|----------------------------------------------------------------------|------------------|---------------|-----------|-----------|-----------|-----------|
| Emergency Department length of stay (90th percentile in hours) (QIP) | 37.3 | 31.0 | 39.4 | | | |

Describe the tactics that were implemented in this quarter to address the achievement of the target.

Comprehensive Cardiovascular (CV) Surgical Program

Most notable, the CV Surgical Project received MOH approval and funding to move ahead with the Capital Planning Project. The team immediately developed the RFP process required to select a functional planner, project management firm and architect. The expected CV surgery program launch remains March 2020 and until such time the functional planning further informs the capital project timeline.

Dr. Barry Rubin, UHN vascular surgeon, was appointed as the joint program's first Medical Program Director. Unanticipated delays have pushed the start date for our second vascular surgeon, Dr. R. Osmand, out to January 2018. As a result, the vascular case volumes in Q1 are below target.

More recently, TBRHSC and UHN were invited to meet with the MOHLTC Assistant Deputy Minister on Oct 23rd regarding program funding.

Patient Flow

A report was completed in Q1 outlining the issues facing Emergency Department 90% Admitted Length of Stay. The following priority issues were identified; long waits for medical and mental health patients, the volume of isolation patients, the bed allocation process and discharge times. Targeted improvement plans will be conducted in Q2 and Q3.

Related to the overall Patient Flow Strategy, challenges have occurred with the inclusion of expected length of stay (ELOS) data into patient flow software reports. Decision Support and Information Technology are pursuing options for a suitable solution to provide the ELOS to physicians in real time. Automation of the ELOS in the patient flow software assists physicians to better manage treatment plans within the expected targets by diagnosis.

The ED transfer communication pilot project implementation was delayed due to issues with setting up the 'alert admissions' phone. The pilot began in July and an evaluation of the process will be reported back to Patient Flow Steering at the end of Q2.

Chronic Disease Prevention and Management Framework

The Chronic Disease Prevention and Management (CDPM) Framework Steering Committee finalized an action plan for all eight elements of the framework. Many initiatives will leverage existing work to improve the CDPM services, but a new initiative was identified to develop a chronic disease self-

management resource portal. This portal will provide access for staff to all available patient self-management resources in one location on the iNtranet.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff.

Admitted patients are waiting 39.4 hours in the emergency department for an inpatient bed, which is well above the target of 29.7 hours.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

Implementation of the new bed management policy, along with design events targeting issues in the bed allocation process will look to improve wait times for admitted patients. Two patient groups contributing to the prolonged wait times include patients awaiting Mental Health services and those on Isolation and concerted efforts are underway to alleviate delays.

Strategic Direction 3: Seniors' Health

| Performance Measure | 16-17 YTD Actual | Annual Target | Q1 Actual | Q2 Actual | Q3 Actual | Q4 Actual |
|--------------------------------|------------------|---------------|-----------|-----------|-----------|-----------|
| Pressure Ulcer Incidence (QIP) | 3.70% | 7.00% | - | | | |

Describe the tactics that were implemented in this quarter to address the achievement of the target.

Processes of Care

As part of the 17/18 RNAO BPSO priority initiatives for urinary incontinence, approval was received from both the medical and surgical groups to create a medical directive for removing Foley catheters when no longer medical required. Development will commence in Q2.

A project was launched with funding from the LHIN to assist with the transfers of frail senior patients from TBRHSC to St Joseph's Care Group. An assessment tool was created to identify frail senior patients who could be a potential candidate for transfer to St Josephs. A goal of this project is to reduce unnecessary admissions and length of stay for frail seniors at TBRHSC.

Advanced Care Planning

The literature review of best practices in Advanced Care Planning for seniors was completed. Results of the findings will be presented at the Ethics committee meeting in September.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff.

Results are released bi-annually. 2016/17 Q4 reported 2.5% of patients develop a pressure ulcer, which is performing better than the target of 7.0%.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

Monitoring and tracking of compliance for the current activities will continue in order to embed best practices. No new tactics are currently required. Await Q2 results.

Strategic Direction 4: Indigenous Health

| Performance Measure | 16-17 YTD Actual | Annual Target | Q1 Actual | Q2 Actual | Q3 Actual | Q4 Actual |
|-----------------------------------------------------------------------------------------|------------------|---------------|-----------|-----------|-----------|-----------|
| Acute hospital admissions per 1,000 population for patients from Indigenous communities | 249 | - | - | | | |

Describe the tactics that were implemented in this quarter to address the achievement of the target.

Partnership Development

Considerable activity is supporting partnership development that is integral to our strategic success. In Q1, meetings took place with Indigenous community leaders, councils and organizations to identify mutual priorities and guide next steps. Q2 will now focus on strengthened relationships, formalizing agreements and collaboration on actions to enhance patient flow, discharge planning and access to care. These positive and productive interactions have shed light on the opportunity to renew the organization's current approach to advance Indigenous Health.

Discharge Planning

An additional 1.0FTE from Dilico was added to assist with discharge planning, which has expanded the services available hours to 8am – 7pm on Monday to Friday.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff.

Validation of the data quality is in progress and will be available in Q2.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

A more in-depth analysis is planned in Q2 to understand the areas of opportunities and develop improvement plans to ensure care is accessible at the right time, right place and right provider.

Strategic Direction 5: Acute Mental Health

| Performance Measure | 16-17 YTD Actual | Annual Target | Q1 Actual | Q2 Actual | Q3 Actual | Q4 Actual |
|------------------------------------------------------------------------------------------------------|------------------|---------------|-----------|-----------|-----------|-----------|
| Psychiatrist full-time equivalent staffing as percentage of required full-time equivalent complement | 55.70% | 83.3% | 58.3% | | | |

Describe the tactics that were implemented in this quarter to address the achievement of the target.

Psychiatry Recruitment & Governance

Despite challenges with psychiatry recruitment, we recruited a 0.7 FTE psychiatrist in Q1. While we are no longer working towards a shared governance structure with SJCG, a collaborative relationship is under development.

Off-Unit Mental Health Services

The Consultation Liaison nurse led model that provided off-service consultation to mental health patients, has been put on hold due to dissatisfaction of our psychiatrists. The psychiatrist led model has been developed, but requires additional psychiatrists to implement. Additionally, the previously implemented tactic to integrate SJCG physicians into the episode of care when patients are admitted here has not functioned as intended. New methods of integration are being explored to ensure consistent communication of care.

Child and Adolescent Mental Health Unit

Transition needs from Child and Adolescent Mental Health unit to Pediatrics were assessed and a transitional discharge model has been developed. An additional transition resource will be secured, along with the development of admission and discharge education guides will be completed as part of this model.

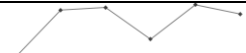

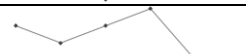



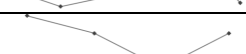


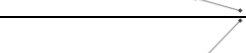

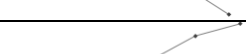
Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff.

The current performance translates to 3.5 FTE out of the required 6.0 FTE psychiatrists.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

Recruitment and retention of suitable psychiatrists proves to be significantly challenging despite active recruitment and innovative ways to attract psychiatrists to the hospital.

Balanced Scorecard
Strategic Indicators: For Board
Report for 17-18 Q1

| | | | | 2016-17 Fiscal | | | | | | | | 2017-18 Fiscal | | | | | | | | Trending (last 6 or available quarters) |
|-----------------------------|------------------|------------------------------------------------------------------------------------------------------|-------|----------------|-----------|-----------|-----------|-----------|--------|------------|--------------|----------------|-----------|-----------|-----------|---------------|------------|------------|--------------|---------------------------------------------------------------------------------------|
| 2020 alignment | Domain | Indicators | QIP | Ind Group | Q1 Actual | Q2 Actual | Q3 Actual | Q4 Actual | Target | YTD Actual | YTD Variance | Q1 Actual | Q2 Actual | Q3 Actual | Q4 Actual | Annual Target | YTD Target | YTD Actual | YTD Variance | |
| Patient Experience | Quality & safety | Rate of hand hygiene compliance before initial patient/environment contact | | ST | 93.04% | 93.64% | 86.52% | 94.27% | 93.00% | 86.91% | (6.09%) | 92.15% | | | | 93.00% | 93.00% | 92.15% | (0.85%) |  |
| Patient Experience | Quality & safety | 30-day in-hospital deaths following major surgery (risk-adjusted) | | ST | 3.40 | 1.20 | 1.40 | 1.60 | 1.30 | 1.90 | (0.60) | 1.50 | | | | 1.67 | 1.67 | 1.50 | 0.17 |  |
| Patient Experience | Quality & safety | Number of critical events | | ST | 1 | 2 | 3 | 0 | 0 | 6 | (6) | 0 | | | | 0 | 0 | 0 | 0 |  |
| Seniors' Health | Quality & safety | Pressure ulcer incidence | 17-18 | ST | | 4.90% | | 2.50% | 7.00% | 3.70% | 3.30% | | | | | 6.00% | 6.00% | | 6.00% |  |
| Comprehensive Clinical Care | Quality & safety | 90th Percentile ER length of stay (hours) for admitted patients | 17-18 | ST | 30.8 | 34.0 | 39.5 | 44.9 | 29.7 | 37.3 | (7.6) | 39.4 | | | | 31.0 | 31.0 | 39.4 | (8.4) |  |
| Indigenous Health | Quality & safety | Acute hospital admissions per 1,000 population for patients from Indigenous communities | | ST | 235 | 253 | 259 | 231 | | 244 | | | | | | | | | |  |
| Acute Mental Health | Quality & safety | Psychiatrist full-time equivalent staffing as percentage of required full-time equivalent complement | | ST | 53.3% | 64.3% | 58.3% | 46.7% | 83.3% | 55.7% | (27.6%) | 58.3% | | | | 83.3% | 83.3% | 58.3% | (25.0%) |  |
| Patient Experience | Customer | Patient satisfaction: Overall rating of care - Inpatients | 16-17 | ST | 92.9% | 94.9% | 95.4% | 94.2% | 93.9% | 94.1% | 0.2% | | | | | | | | |  |
| Patient Experience | Customer | Patient satisfaction: All dimensions - Inpatients | 17-18 | ST | 62.4% | | 65.8% | 61.9% | | 63.4% | | 60.6% | | | | 64.4% | 64.4% | 60.6% | (3.8%) |  |
| Patient Experience | Academics | Total researcher staff (CAHO definition) | | ST | 210 | 231 | 222 | 220 | 301 | 316 | 15 | 322 | | | | 301 | 301 | 322 | 21 |  |
| Patient Experience | Academics | Learner satisfaction | | ST | | 89.2% | 87.4% | 78.9% | 87.0% | 85.2% | (1.8%) | | | | | 87.0% | 87.00% | | (87.0%) |  |
| Patient Experience | Financial | Paid sick hours as a percentage of worked hours | | ST | 3.47% | 3.04% | 3.47% | 4.14% | 3.48% | 3.53% | (0.05%) | 4.49% | | | | 3.48% | 3.48% | 4.49% | (1.01%) |  |

At or better than target

Slightly (less than 5%) worse than target

Significantly (5% or more) worse than target

Data not expected for reporting period

Blue text

Incomplete period or result not yet finalized



Senior Leadership Report
to the
Board of Directors
Thunder Bay Regional Health Sciences Centre
October 4, 2017

Patient Services and Chief Nursing Executive

Overcapacity Measures

- TBRHSC continues to operate in Surge Capacity. As part of our commitment to meet the healthcare needs of our patients, the following internal strategies are in effect to increase hospital capacity:
- 6 large private rooms have been converted to semi-private accommodation
- 8 Surgical Day Care (SDC) beds have been converted into an inpatient ALC to LTC Unit. As a result, a patient prep and recovery area has been created in the Diagnostic Imaging (DI) Department to handle outpatient DI activity and relieve SDC overcapacity.
- Treatment rooms and family rooms are being utilized to capacity
- "Flex" beds can be made available in the T3 Medicine Unit over census
- And, patients have been cohorted as much as possible

Emergency (ED) Patient Flow

- In August, ED performed within provincial targets for non-admitted high acuity patients with a length of stay (LOS) of 7 hours (target 7 or less) and low acuity LOS of 3.7 hours (target 4 or less)
- Throughout the summer months, overcapacity has remained an ongoing challenge. ED LOS for admitted patients has increased from 37 hours in June to 42.5 hours in August (target 27 or less). On average, each morning, there were 24 patients waiting in ED for an in-patient bed.
- ED admission rate increased year to date to 11.6% versus 10.5% previous year. An analysis of ED admissions is being completed given shift in CTAS volumes.
- A patient flow analysis was completed that identified areas for improvement. This includes education and implementation of revised bed management policies and standard processes for efficient bed allocation.

Emergency Department Performance

- On September 5, 2017, TBRHSC received correspondence from the MOHLTC to recognize outstanding Emergency Department (ED) performance in 2016
- TBRHSC maintained the lowest 90th percentile ED length of stay for all patients (8.5 hours) compared with the Teaching Hospital Group's performance (11.5 hours)
- The NW LHIN will continue to have ongoing discussions with TBRHSC regarding how the strategies that contributed to this achievement can be leveraged to help improve ED performance at other hospitals across the province

Nurse Lead Outreach Team (NLOT) Program

- As of September 25, the NLOT Program has been realigned to the Emergency Service
- NLOT is comprised of 6 Nurse Practitioners and 2 Registered Nurses who support all Long Term Care Homes, three Assisted Living facilities and six Retirement Homes
- The NLOT program model has been in place for several years and is aimed at improving health of seniors and reducing unnecessary ED visits



- The goal of the program is to support seniors to age and have their health managed in their place of residence. This includes the effective reduction in transfers to ED, facilitating repatriation for higher needs residents and provides support to reduce hospital admissions.

Bariatric Surgery

- The Bariatric Surgery service is in its fourth year and has been extremely successful for patients receiving care closer to home. It started with a Provincial funding volume of only 130 surgeries a year, and with demonstrated success, has grown to 200 surgeries per year.
- The latest bariatric surgical volume increased by 15 – enabling more patients to receive surgery. TBRHSC will receive an additional \$150,000 for these newly funded bariatric surgeries to support improved access to care.

Child & Adolescent Mental Health

- One time funding has been received in the amount of \$481,200 to cover increased staffing and operational costs resulting from the Wapekeka suicide crisis
- Proposals in support of permanent base funding to augment access and service for youth with Mental Health crises have been submitted in response to the regional community youth suicide crisis
- The addition of a Transition Specialist has been successfully recruited to assist youth and families with transitions into and out of hospital, to ensure that appropriate discharge follow up is in place and is accessed
- A further funding proposal has been submitted to support the recruitment of 4.0 FTE Child Psychiatrists to Thunder Bay

Starlight Foundation Grant

- The Starlight Foundation will be presenting the Paediatric Program with a grant from Toys'R'Us on October 9th at our local store
- The Starlight Foundation partners with Toy'R'Us to raise funds for sick, hospitalized children to assist them with coping with hospitalization and has donated a total of \$34,500 to our Paediatric Department over the years
- This grant is used to purchase activity kits, crib activity sets, toys, books and games for children receiving care in the Paediatric Program

Patient & Family Centred Care – National Patient Experience Summit – Sept. 26 & 27, 2017

- Keith Taylor is a well known, committed and passionate Patient Family Advisor at TBRHSC. He is the voice of the patient here at home, as well as on a national platform.
- Keith has participated as a speaker and chair for the National Patient Experience Summit for the past two years. Keith is now a contributor in the 2017 Insights E-Book by National Forum on Patient Experience. In the book, he shares his insight on how to engage with patients in meaningful ways, as well as where Patient Experience in Canada is heading on a national level and what organizations need to do to improve.

Human Resources

Walk the Talk Awards

The 2017 Walk the Talk Awards campaign opened on April 1st. Throughout September this year, the Walk the Talk Awards were promoted to encourage program participation. We look forward to honouring the winners and nominees at the Award ceremony on January 23, 2018.



Q1 Leadership Enhancement and Performance (LEAP)

These quarterly sessions enhance and connect leadership skills and knowledge to our strategic and operational performance. The third LEAP session for our leadership team was held on September 27, 2017 and focused on exploring and understanding ME (our own individual strengths). Additionally, this session prepared our leaders for the Respect training that will launch organization-wide. Leaders were encouraged to step outside of their comfort zones in order to build the knowledge, skills and mindsets required to create a Learning Organization - one of the key success criteria of our Strategic Plan. Planning for the November LEAP session is now underway.

Human Resources and Organizational Development

Adam Shaen is the new Manager of Human Resources and Organizational Development. One of his priorities will be to develop an HR Strategy that will build and nurture a workplace where employees and teams can thrive. A focus will be to improve the collaborative and productive relationships with managers, colleagues, and employees in order to improve the employee experience, and ultimately the patient experience.

Labour Relations Update

Laura Macgowan is the new Manager, Labour Relations and one of her priorities is to develop a Labour Relation Strategy that will embed the HR People Guiding Statement - "We are your Partners working together to imagine, build, and nurture a workplace where all can thrive."

A collaborative approach with ONA Local Executive has seen resolutions or withdrawals of numerous grievances. The parties continue to have monthly meetings to be proactive rather than reactive to issues. OPSEU mediation occurred on September 15, 2017, with a resolution or withdrawal on eight outstanding grievances.

Negotiations for OPSEU Maintenance, COPE and SEIU shall be commencing over the next few months. All negotiation teams have prepared their proposals and are awaiting confirmation of negotiation dates.

Recruiting

Work is underway to transition from our current job posting and career hosting site to our newly procured site. As an additional module of the current Human Resource Information System (HRIS) and Payroll system provider, this new system affords efficiencies between our applicant tracking and existing HRIS; we anticipate this will provide a better first experience with our organization for applicants. We will be officially live and fully transitioned by October 31, 2017.

Occupational Health and Safety Update

- Active recruitment is underway to fill the Safety Consultant position within Occupational Health and Safety. Interviews have been scheduled for the end of September.
- TB skin testing clinics for our high risk areas (ICU and ED) has commenced.
- Flu shot clinics will commence late October once the vaccine is available. This will include dedicated times, roaming clinics and drop-ins within the OHS department to promote immunization.
- Non-Violent Crisis Intervention training remains on going. Monthly sessions are currently being held and have been filled to capacity.
- In regards to the organization's short term sick leaves, the data shows an increase in mental health, pregnancy related health and musculoskeletal issues. We will bring this data to the Wellness Strategy working groups for targeted solutions.



Volunteer Services Update

- Volunteer Coordinator, Sarah Schoales, has moved to a full-time position in Human Resources; recruitment has taken place for a new Volunteer Coordinator
- First Volunteer Advisory Council to be held October 4, 2017.
- Master Gardener Carole McCollum and her team have done a great job of beautifying the courtyard gardens this summer.
- Volunteer Services welcomed a group of new volunteers in June and in August.
- Fall Volunteer retreat set for Friday, October 20 – 1:30 – 3:30 pm at the Lounge at ICR Discoveries on Munro Street – theme is “Caring for Others/Caring for Yourself”.

Patient Services and Cancer Care Ontario

Adult and Forensic Mental Health Program

- Recruitment of Psychiatrists continues to be a main focus for Adult Mental Health. Dr. Kyle Hampe has returned to Thunder Bay Regional Health Sciences Centre and is providing psychiatric care in the Emergency Room, with some limited inpatient work. Although Dr. Hampe has only been back with us for a few weeks, we already see the impact on our patient flow of having regular Psychiatric services in the ED.
- Our work continues on the development of a proposal for a full Mental Health Emergency Service. The functional plan for a Stabilization Unit is almost complete and we anticipate the full proposal going to the LHIN this fall.

Cardiovascular and Stroke Program

- September 6th, 2017, marked the successful launch of both the Congestive Heart Failure (CHF) electronic order set and the CHF Patient Oriented Discharge Summary (PODS), on 2C. Both tools aim to support quality patient care through evidence based practice, facilitate smooth transitions in care, and provide patients and caregivers/families with key information to effectively manage healthcare needs upon discharge from the hospital.
- The Cardiology team has welcomed three new Cardiologists: Dr. Ismeil Amhalhal, Dr. Masoud Sadreddini, and Dr. Atooshe Rohani.
- Meaghan Sharp and Esme French attended the recent National Stroke Congress in Calgary. Many best practices across the nation in stroke care were shared, and align with current strategies within TBRHSC and the Regional Stroke Network.
- Starting September 25th, 2017, the Healthy Lifestyles/Cardiac Rehabilitation Program, is offering expanded class options (10am-6pm vs. 8am-4pm on various week days), to meet the needs of our diverse patient needs, and to increase patient commitment to rehabilitation. This option was developed in conjunction with point of care staff and patients.

Cardiovascular Surgical Program Implementation

- A major media event was held on July 14, 2017 when Minister Eric Hoskins announced MOHLTC support for the capital project related to CV surgery. RFP processes are in progress for a Functional Planner, Architect and Project Management firm. Functional planning activities will unfold in 2018 and will define the scope of the project that preliminary estimates place in the range of \$30M.
- Dr. Barry Rubin, UHN vascular surgeon and medical leader, was appointed as the Medical Director for the joint CV Program. Dr. Rubin will lead quality assurance initiatives related to cardiac and vascular surgery, as well as cardiology.



Chronic Disease Prevention & Management and Medicine Services

- Nancy Saxberg has accepted the full-time permanent position of Manager, Corporate Patient Flow. Nancy served as our Interim Manager from June-September 2016 and our Acting Manager from June-September 2017.

Prevention and Screening Services

- The Coach started on the road in April, unveiling its new Northwestern Ontario look and feel to the region. Two new videos were created to promote the new coach, in English and Ojicree (<http://www.tbrhsc.net/programs-services/regional-cancer-care/screen-for-life/gallery-and-media/>)
- The TBRHSC Fresh Market started on June 21st, featuring two new vendors that have helped to increase the variety of local food available to staff, patients, and visitors. To date this season, the Fresh Market has more than 2,600 visits and it continues until October 4th.
- Our service, in partnership with Dr. Gordon Porter, TBRHRI and Lakehead University, has started a pilot study measuring the effectiveness of the use of fitness bands (i.e. Fitbits) in a health care setting. 30 staff have been enrolled in a 3-month pilot study that takes place until December.
- This year, we were able to replace the current bicycle racks with new inverted U-racks from the City of Thunder Bay. These racks provide more security, more parking spots, and reduce the amount of space used on walkways. The new racks are located at the Cafeteria East and Renal entrances.

Corporate Services & Operations

Financial Services

- As at August 31, 2017 the deficit is \$2.8 million compared to a budget deficit of \$3.4 million and prior year deficit of \$3.1 million with:
 - Patient Days 5.4% more than prior year and 4.8% more than budget;
 - Surgical Cases 3.8% less than prior year and 12.2% less than budget;
 - ER Visits 4% less than prior period and consistent with budget, and;
 - ER Patient Days are 48.7% more than prior year.
- Overall Paid Hours are 1.60% more than budget and 2.1% more than prior year.

Capital Planning & Operations

- The Hospital currently has no outstanding orders under the Fire Code (as overseen by the Fire Department) and no orders under the Environment Protection Act (as overseen by Ministry of Environment).
- *A number of program and facility capital projects are in progress , such as specialty pharmacy, renal capacity, pharmacy standards, and emergency mental health functional plan.*
- *The data centre construction at 1040 Oliver Road will be completed in October, with equipment staging to follow.*
- *An approval of the pre-capital submission for Cardio-vascular Surgery was received, and a \$500k planning grant has been allocated by the MOHLTC. Procurement is in progress for the professional services – i.e. project manager, architect, and functional planner, and will be expected to be the focus through the fall.*
- *A Security and Facilities working group, reporting to the Violence in the Workplace Steering Committee, will look to complete a holistic security review.*



- The next phase of energy conservation projects are under review with Johnson Controls completing an engineering review through the fall.

Decision Support

- Since June, Decision Support (DS) has spent considerable time and effort preparing for and supporting completion of the 17-18 Q1 review, the first in an ongoing series of quarterly reviews which fulfill a key recommendation from the Operational Review. Over the last several weeks, DS staff have been working closely with leadership and Financial Services to develop and refine the Hospital's 18-19 budget.

Northern Supply Chain (NSC)

- The Employee Benefits RFP was recently awarded with the Incumbent Green Shield winning the contract for Health and Dental. The award covers 21 Hospitals and CCAC/LHIN 14 initially with the remaining 15 Hospitals in the East joining as their contracts expire.
- Cardiovascular RFP for Project Manager & Prime Consultant closed and has moved to interview stage while the Functional Program RFP closed the week of September 25th.
- An Expression of Interest worth \$1.7m for OR Lean Review to include TBRHSC and 11 other Operating Rooms in Northern Ontario was approved by MGCS to move to a Business Case submission. TBRHSC having previously conducted a review will be accessing funds to implement recommendations.

Informatics

- Information Systems collaborated with MedBuy and Pharmacy to extract purchasing and inventory data from the Hospital Pharmacy System. This initiative was completed in July 2017 and has potential for significant cost savings in Pharmacy inventory management and contracts.
- The Clinitek Point of Care (POC) instrument interface project, which is a way to have results appear in patient electronic health records, is now live at all western sites - Lake of the Woods, Red Lake, Sioux Lookout, Fort Frances, Dryden and Atikokan.
- Information Technology collaborated with the Aboriginal Cancer Lead Assistant to develop a user friendly site on the iNtranet allowing Hospital staff easier access to information required when discharging Indigenous patients home to First Nations communities in NW Ontario while providing exceptional care.

Research

Research Strategic Plan

- the Institute's revised 2020 Strategic Plan was released at the June 22nd Annual General Meeting and presentations on the plan are being made to various professional and volunteer groups at the Hospital;
- a workplan to achieve the goals and strategic directions has been completed with the assistance of Strategy and Performance staff.

Staff Update

- in June, Dr. Rudnick was appointed as the Hospital's Chief of Psychiatry;
- in September, Institute Scientist, Dr. Samuel Pichardo left for a new position in Alberta. He will continue some research with TBRHRI as an Associate Scientist;
- in November, Dr. Jane Lawrence Dewar will change to a part time Scientist as her family has relocated to Winnipeg;
- also in November, Dr. Roxanne Deslauriers, Scientific Director, will transition to part time;



- in December, Dr. Laura Curiel, Joint LU/TBRHRI Research Chair, will also be moving to Alberta. It is expected that she will continue her current research with the Institute as an Associate Scientist;
- recruitment for new Scientists will get underway shortly.

Clinical Trials

- Clinical Trials staff continue to make progress increasing enrollment in existing trials as well as securing new trials;
- the Clinical Research Services Department has been working to expand the number and type of research studies and clinical trials undertaken at the Hospital and the Institute;
- in June, there were 57 regulated clinical trials being conducted at the Hospital and a total of 161 open clinical research projects.

Other Activities

The VP Research has been busy over the last four months attending a large number of local, provincial and international meetings and conferences on relevant health and technology topics. A snap shot of some of the meetings from June are listed below:

- June 5th Research Canada's Parliamentary Health Research Caucus on Indigenous Health Research in Canada;
- June 6th Research Canada's Annual General Meeting and Leadership in Health Research and Health Research Advocacy Health Research Caucus Luncheon;
- June 8th Thunder Bay Drug Strategy Community Partnership presentation;
- June 8th Reception with the Minister of Northern Development and Mines and the Chair & Board of the Northern Ontario Heritage Fund Corporation;
- June 9th Cancer Care Ontario's 2017 Joint CEO/RVP Forum;
- June 16th, Psychiatry Services Group Annual Retreat;
- June 23rd, Ontario Strategy for Patient Orientated Research Support Unit Health Human Resource Research Workshop;
- June 26-27, International Conference for Smart Health (Hong Kong).

For other news please refer to the May - September TBRHRI Report to the Hospital Board.

Academic Affairs and Interprofessional Education

Respect Learning Plan

The journey begins...

The Respect learning plan was introduced at the September LEAP session. All leaders participated in a team activity that will be used to build an environment of respect. An environment where we will make the following commitment to our patients, families and colleagues: I will be considerate and kind towards you. I want to learn about and acknowledge your experiences, views and beliefs.

Next steps include a communication strategy and the development of tools and resources to support the success of the learning plan.

Medical Affairs

- A total of ten site visits took place during the months of July, August and September for a variety of specialties
- Letters of offer have been accepted by the following physicians:
 - Dr. Bernadette Kovacs (Critical Care)



- Dr. Samantha Arora (Critical Care)
 - Dr. Rory Silverberg (Nephrology)
 - Dr. Atooshe Rohani (Cardiology)
- The following physicians are our newest recruits that have joined us:
 - Dr. Mahmoud Labib (Anesthesia)
 - Dr. Masoud Sadreddini (Cardiology)
 - Dr. Ismeil Amhalhal (Interventional Cardiology)
 - Dr. Tavis Marion (Ortho/Spine)
 - Dr. Eric Lai (Emergency)
 - Dr. Sarah Fernandez (Pediatrics)
 - Dr. Nishi Burute (Breast Imaging Radiology)
 - Dr. Amer AlAref (Breast Imaging Radiology)
 - Dr. Katie Murphy (Pediatrics)
- Our Physician Recruitment Assistant was joined by our Chief of Psychiatry and the Medical and Administrative Directors of Forensic and Adult Mental Health at the 67th Annual Canadian Psychiatric Association in Ottawa in September to promote our hospital

Pharmacy

- On July 18th, we had a site visit from Stantec Architects as part of the NWLHIN Pharmacy Gap Analysis based on National Association of Pharmacy Regulatory Authorities (NAPRA) requirements for sterile compounding. We are expecting the final report in October 2017.
- We are participating in the “Best Evidence Exchange Roadshow” research pilot project that is an academic detailing program focused on improving medication prescribing by primary care providers in Northwestern Ontario. The detailing is provided by two TBRHSC pharmacists. The pharmacists will travel out to the region and deliver evidence informed, unbiased, educational modules on prescribing.
- A working group is evaluating vendor submissions for the purchase of Automated Dispensing Cabinets for the Emergency Room and Critical Care Areas. Demonstrations with the top two vendors will take place in October. The new cabinets will replace the end-of-life cabinets currently in place in these two areas.

Medication Reconciliation

- In March, a pilot was initiated on Medical Unit 2B utilizing an Admission Nurse Role. A nurse received additional training to perform Best Possible Medication Histories, the building block for successful and quality Medication Reconciliation. The pilot has been completed and a report is being prepared outlining our findings.



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Chief of Staff
Médecin chef

Chief of Staff Report to the Board of Directors Thunder Bay Regional Health Sciences Centre

October 2017

Incomplete Health Records

- The Medical Advisory Committee is currently reviewing the proposed new process for incomplete health records; this new policy incorporates the quality improvement plan initiative to move towards discharge summaries completed within 48 hours
- Engagement and raising awareness of the policy will be key following the consultation and approval process

Policies and Procedures

- the Medical Advisory Committee is currently being consulted on several policies and procedures to increase standardization and ensure that expectations for Professional Staff are clear and consistent

Physician Length of Stay (LOS)

- The working group continues to advocate for clinicians to have easy access to an estimated expected length of stay (ELOS) by diagnosis; this is essential so physicians know what the target is and are able to change their practice accordingly
- Consultation with physician groups is ongoing to obtain feedback on how the current format of Physician LOS data reports provided by Health Records may be re-designed to be more user-friendly and meaningful

Professional Staff Leadership Development

- A Physician Leadership Institute (PLI) session is being planned for November in Thunder Bay on the topic of *Crucial Conversations*

Quality-Based Procedures (QBPs) and Think Research

- The hospital is participating in the provincial project to improve the adoption of QBP order sets
- On September 6, the order sets for Community Acquired Pneumonia (CAP) and Chronic Obstructive Pulmonary Disease (COPD) went live and corresponded with a media launch; orthopedic order sets (Hip and Knee Replacement and Hip Fracture) went live on September 25
- Engagement continues to be paramount to the success of the project with walkabouts occurring regularly, updates in Informed, information booths in the cafeteria and updates at the Medical Advisory Committee, Senior Leadership Committee, and medical department meetings

Thunder Bay Regional Health Sciences Centre is a leader in Patient and Family Centred Care and a research and teaching hospital proudly affiliated with **Lakehead University, the Northern Ontario School of Medicine and Confederation College**.

Le Centre régional des sciences de la santé de Thunder Bay, un hôpital d'enseignement et de recherche, est reconnu comme un leader dans la prestation de soins et de services aux patients et aux familles et est fier de son affiliation à l'université Lakehead, à l'École de médecine du Nord de l'Ontario et au Collège Confederation.

healthy
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En santé
ensemble



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Chief Nursing Executive **Open Report** **to the** **Board of Directors** **October 2017**

Chief Nursing Executive
Chef des soins infirmiers

Interprofessional Rounding – Paediatric Unit

- A design event took place Sept 20-22, 2017 to engage the Paediatric unit healthcare team in the creation of a model for interprofessional rounding. The intent: to provide a formal, organized and collaborative approach to patient care - ensuring that the health care team, patients and families participate in the plan of care, thereby increasing the effectiveness, efficiency and safety of patient care.
- The new model of rounding is currently being trialed on the unit, with continual evaluation and revision being done until it is working well for patients, families and staff alike

Collaborative Practice – Team Retreats

- Team retreats are planned for the Fall to enhance collaborative practice and team functioning. They have been jointly developed by committees comprised of internal facilitators and team members, to ensure they are meaningful in addressing the collaborative practice issues that are specific to each individual team. The teams include:
 - Northwestern Regional Stroke Network
 - Healthy Lifestyles Program
 - Women & Children Program

RNAO Best Practice Spotlight Organization (BPSO)

- As a BPSO, TBRHSC is required to maintain our deliverable of having 15% of our nursing staff trained as Best Practice Champions. To sustain this achievement, we are hosting a Level 1 Best Practice Champions Workshop on October 24, 2017.
- The Level 1 workshop will introduce participants to [RNAO's Best Practice Guidelines](#) (BPGs) and evidence-based practice, along with a model to implement practice change. Throughout the workshop, participants will utilize RNAO's [Toolkit: Implementation of Clinical Practice Guidelines](#), learning how to conduct a needs assessment and gap analysis in order to identify the practice change to be implemented, engage stakeholders, assess their organization's readiness and develop a plan for implementing best practice recommendations in their work setting.

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- As a component of our on-going process to implement the RNAO BPGs related to pressure ulcer prevention and management, as well as meet accreditation standards, Nursing Practice conducted a hospital wide prevalence and incidence study on September 21 and 26, 2017.

Frail Seniors Clinical Pathway Development Update

- TBRHSC, in collaboration with St. Joseph's Care Group (SJCG) and the NW LHIN Home & Community Care Division (NWHACC) are developing screening protocols and a comprehensive clinical pathway aimed at enhancing the care of frail elderly patients who present at the Emergency Department, or who require admission to Hospital
- Pathway development is ongoing. Trials with the process improvement cycle PDSA (Plan, Do, Study, Act) continue in the Emergency Department, with Rapid Response Nursing through NWHACC and SJCG
- Processes have been developed to support priority access to out-patient Geriatric assessment and SJCG in-patient services, adoption of standardized assessment tools, enhanced communication practices, and Geriatric Care Coordinator referral

Patient Oriented Discharge Summary (PODS) Update

- PODS is a standardized tool to facilitate transitions in care and provide patients and caregivers with key information to effectively manage healthcare needs upon discharge
- The PODS tool and process contains five content sections for information that is actionable and useful for patients and their families. The tool includes medications, changes to daily activities and diet, follow-up appointments, resources for patients and families, and expected and worrisome symptoms to watch out for after leaving hospital. Implementation of PODS results in improved discharge processes, increased patient satisfaction, increased understanding and adherence to discharge.
- PODS trial implementation is underway on 2C Cardiology with Congestive Heart Failure (CHF) patients, and PODS tools for the top 5 medical discharge diagnoses are being developed on all Medical Units using a standardized approach



Dr. Roger Strasser, Dean-CEO

NOSM's Achievements and Upcoming Events

©Northern Ontario School of Medicine

research in Northern Ontario. This year's NICHE conference will be held in North Bay on October 19-20 at the Best Western Hotel and Conference Centre, hosted jointly by Nipissing University, Canadore College and NOSM.

This year's conference theme is Partnering to advance interprofessional learning: Education and practice. Indigenous perspectives in the Northern Ontario health care context will be highlighted at the [2017 NICHE conference](#) towards re-imagining the roles and interactions between health care providers and the recipients of health care in Northern communities. Conference emphasis will also be focused on exploring IPE engagement through portals such as eCampus Ontario. This conference is an opportunity for all disciplines to participate in building the future of interprofessional health learning in Northern Ontario. Now is the time for you to [register to find your NICHE 2017!](#)



Rural and Indigenous Health Symposium

Much of NOSM's success is the result of collaborations with many organizations, including the University of Toronto (UofT). Over the years, NOSM and UofT have shared expertise and supported each other in multiple education and research initiatives, including in the Physician Assistant Education Program. On Thursday, September 21st, UofT and NOSM hosted a full day [Indigenous and Rural Health Symposium](#), a joint initiative between the UofT Institute of Health Policy, Management and Evaluation (IHPE) and NOSM looks to create an agenda for research and health system design in rural, Indigenous and northern communities.

Participants heard from panels of experts including: Suzanne Stewart, Director of the Waakebiness-Bryce Institute for Indigenous Health and Carrie Bourassa, Scientific Director CIHR Institute of Aboriginal People's Health who will address challenges facing Indigenous health in rural communities; Gregory Marchildon of IHPE, who will speak to the health policy research agenda for rural and northern communities; and James Rourke, former Dean of Medicine, Memorial University of Newfoundland, who will present the Rural Road Map for Action, with a focus on capacity development and planning for rural, Indigenous and northern communities.

Dean Inducted as Fellow Into Canadian Academy of Health Sciences

On Thursday, September 14, Dr. Roger Strasser, NOSM's Dean and CEO, was inducted as a Fellow of the Canadian Academy of Health Sciences (CAHS) at a ceremony in Ottawa. The CAHS brings together

Canada's top-ranked health and biomedical scientists and scholars to make a positive impact on the urgent health concerns of Canadians. These Fellows, drawn from all disciplines across Canada's universities, health care and research institutes, evaluate Canada's most complex health challenges and recommend strategic, actionable solutions. Induction into the CAHS as a Fellow is considered one of the highest honours within Canada's academic community. CAHS Fellows, who serve as unpaid volunteers, are nominated by their institutions and peers and selected in a competitive process based on their internationally recognized leadership, academic performance, scientific creativity, and willingness to serve. Congratulations, Dr. Strasser!

Orientation Week – September 5 – 8, 2017

On September 5th, the MD program entry class of 2017 joined NOSM for Orientation Week. Although just starting with NOSM, these students have been through quite a journey already. They were amongst 2089 applicants for this year's intake to the School. From the applicant pool, 312 were interviewed for the 64 available first year places. 59 of the students (92%) come from Northern Ontario and the other five (8%) are from remote and rural parts of the rest of Canada. Within the class: 38 are women (59%); seven of the students are Indigenous (11%); and there are 14 Francophone students (22%). 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 3.81 on a four-point scale.

The members of the entry class of 2017 have a full Orientation Week ahead of them. Students, family and friends will be welcomed to NOSM at each University including video linked sessions connecting the whole class. Over the following days, students will begin learning about the practical aspects of the NOSM curriculum model and the four year MD program ahead of them, as well as exploring the cultural dimensions of the School guided by our Social Accountability mandate, and participating in the Oath Ceremony. On Friday the 8th, the new medical students participated in activities with the upper year student volunteers.

NOSM Researcher Participating in Nationwide Haemophilus influenzae type a (Hia) Vaccine Study



Dr. Marina Ulanova, researcher and professor at the Northern Ontario School of Medicine (NOSM), recently received a grant awarded by the Canadian Immunization Research Network (CIRN) for the project titled Studies in support of a new vaccine to prevent invasive Haemophilus influenzae type a (Hia) disease in Canadian Indigenous communities. The funding is provided by the Canadian Institutes of Health Research (CIHR) and the Public Health Agency of Canada (PHAC) to the Canadian Immunization Research Network to support 15 research projects across Canada. Ulanova, one of 15 principal investigators in Canada supported by these funds, received \$423,518 of the budget allocated for the NOSM project for a period of two years.

Reports and publications for information

[Northern Ontario School of Medicine – Report to Northern Ontario](#) – released September 20, 2017

[NOSM Achievement Report – 2017](#)

Northern Passages: *The Northern Ontario School of Medicine's (NOSM) newsletter, Northern Passages, is published twice yearly and conveys news about the School's activities. Volume 17, Issue 2 [\[English\]](#) [\[Français\]](#)*

Respectfully submitted,

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

Stay Connected





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**Northern
Cardiac Fund**



**Health Sciences
Discovery Fund**

Report to the Thunder Bay Regional Health Sciences Centre Board of Directors
October 2017

Past Event Highlight – The Staal Foundation Open, presented by Tbaytel

This summer the Health Sciences Foundation took a large part in the Staal Foundation Open and between the Fountain Tire Staal Classic Road Hockey Game, the PGA Canada Golf Tournament, the 50/50 draw and the Resolute Charity Walk what a week it was! All together the week raised over \$56,487 and was a week full of fun and memories! Thank you for everyone that helped make the week happen!

1. Oct 14: Resolute Save a Heart Ball (\$150/person or Table of 8 for \$1,200)

Gala evening includes auctions, champagne reception, gourmet dinner, live music

Supports: Northern Cardiac Fund for cardiac care at TBRHSC

Upcoming Grant Applications – Due Oct 20, 2016 – Contact Sara Cicchitano at ext.7276

The Volunteer Association and Health Sciences Foundation have teamed up to offer the Family CARE (Care Advancement Recommended by Employees) Grants again. Grants give employees a chance to make a difference to improve patient care where they work. Past grants profiled at: healthsciencesfoundation.ca/familycare

Media Coverage – Contact Heather Vita ext. 7111

Upcoming

- Greek Supper Club (Oct 3)
- Sleeping Giant Brewery OctoberFest (Oct 14)
- Resolute Save a Heart Ball (Oct 14)

Cardiovascular Surgery Campaign- Contact Terri Hrkac ext. 7109

The Health Sciences Foundation is very excited to share with the community that it's staff has been working on receiving lead gifts towards our CVS Campaign during the quiet phase. With that said, we are looking to begin our Family Campaign within these upcoming months.

Fall 'to do' list – Make a Will – Contact Terri Hrkac ext. 7109

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? It is important to plan now for your future.

| Colour Legend | |
|----------------------------------------------|--|
| Completed by target | |
| In progress but not completed by target | |
| Not in progress, and not completed by target | |

| # | Accountability | Activity | As Needed | September | October | November | December | January | February | March | April | May | Presenter | Comments |
|----|-------------------|---------------------------------------------------------------------------------------|-----------|-----------|---------|----------|----------|---------|----------|-------|-------|-----|------------------------------------|----------|
| 1 | Quality Oversight | Programs & Services Presentations | | X | X | X | X | X | X | X | X | X | Dyad Leads | |
| 2 | Quality Oversight | Comments / Compliments / Complaints | | | X | | | | X | | | | C. Covino | |
| 3 | Quality Oversight | Credentialing and Licensing Processes for Professional Staff and Health Professionals | | | X | | | | | | | | M. Addison / Dr. M. Langlois | |
| 4 | Quality Oversight | Critical Incidents / MAC Recommendations | | | | X | | | | | X | | C. Covino | |
| 5 | Quality Oversight | Emergency Preparedness | | | | | X | | | | | X | C. Covino /K. Bell/F. Pennie | |
| 6 | Quality Oversight | Financial Pressures Relating to Risk | X | | | | | | | | | | P. Myllymaa | |
| 7 | Quality Oversight | Patient Safety | | X | | | X | | | X | | | S. Craig | |
| 8 | Quality Oversight | Infection Prevention & Control Mandatory Patient Safety Indicators | | | | | | | | | X | | H. McIver / K. Bell R. Thompson | |
| 9 | Quality Oversight | Accreditation | | | X | | | | X | | | | G. Ferguson | |
| 10 | Quality Oversight | Quality and Risk Management Policies | | | | | | X | | | | | C. Covino | |
| 11 | Quality Oversight | Quality Improvement Plan Excerpt from Balanced Scorecard | | | X | | X | | | X | | | C. Covino / M. Del Nin | |
| 12 | Quality Oversight | Quality Improvement Plan Updates / Approval | | | | | | X | X | | | | All | |
| 13 | Quality Oversight | Risk Management / Enterprise Risk Management | | | X | | | | | | | | C. Covino /K. Bell/F. Pennie | |
| 14 | Quality Oversight | Terms of Reference Review | | X | | | | | | | | | D. Shanks / C. Covino | |
| 15 | Quality Oversight | Terms of Reference Approval | | | X | | | | | | | | D. Shanks / C. Covino | |
| 16 | Quality Oversight | Work Plan 2017-18 Review | | X | | | | | | | | | D. Shanks / C. Covino | |

| | | | | | | | | | | | | | | |
|----|-------------------|-------------------------------------|--|--|---|--|---|--|--|--|---|---|-----------------------|--|
| 17 | Quality Oversight | Work Plan 2017-18 Approval | | | X | | | | | | | | D. Shanks / C. Covino | |
| 18 | Quality Oversight | Ethics | | | | | | | | | | X | M. Allain | |
| 19 | Quality Oversight | Litigation | | | | | | | | | X | | C. Covino | |
| 20 | Quality Oversight | Research Ethics Board | | | | | X | | | | | X | K. Bell | |
| 21 | Quality Oversight | Research Ethics Board Annual Report | | | | | | | | | | X | K. Bell | |
| 22 | Quality Oversight | Annual Quality Research Report | | | | | X | | | | | | A. M. Heron | |
| 23 | Quality Oversight | Quality-Based Procedures | | | | | | | | | X | | S. Craig | |

Governance and Nominating Committee 2017-18

Updated: Sept 29, 2017 - DRAFT

Colour Legend
Completed by target
In progress
Delayed

| |
|--|
| |
| |
| |
| |

Committee legend:
G - Governance
N - Nominating business

Meetings Held:
Governance-September, November, February, May
Nominating-March, April (interviews)

| # | Accountability | Activity | Committee | As Needed | September | October | November | December | January | February | March | April | May | June | Comments |
|----|-------------------------|---------------------------------------------------------|-----------|-----------|-----------|---------|----------|----------|---------|----------|-------|-------|-----|------|-----------------------------------------------------------------------------------------------------------|
| 1 | Governance | Review Gov/Nom Committee work plan for upcoming year | G | | | | | | | | | | | | Meeting rescheduled to Oct |
| 2 | Governance | Review Gov/Nom Committee terms of reference | G | | | | x | | | | | | | | |
| 3 | Governance | Board members identify education needs for coming year | G | | | | | | | | | | | | Meeting rescheduled to Oct |
| 4 | Governance | Review Board vacancies | G | | | | | | | x | | | | | |
| 5 | Oversight of Management | Review CEO/COS Performance Evaluation Process | G | | | | | | | | | | | | Meeting rescheduled to Oct |
| 6 | Governance | Review Board forms | G | | | | | | | | | | | | Forms to be reviewed every three years moving forward (last review in 2016) Meeting rescheduled to Oct |
| 7 | Governance | Review all Board policies - identify revisions required | G | | | | x | | | | | | | | Only a portion of the policies to be reviewed annually on a three year rotation. |
| 8 | Governance | Plan annual Board retreat | G | | | | | | | | | | x | | Retreat to be held in September of each year |
| 9 | Governance | Review all Board committee terms of reference | G | | | | | | | | | | | | Meeting rescheduled to Oct |
| 10 | Governance | Review Work Plan | G | | | | | | | x | | | | | Meeting rescheduled to Oct |
| 11 | Governance | Review meeting evaluations for the quarter | G | | | | x | | | | | | x | | |

| # | Accountability | Activity | Committee | As Needed | September | October | November | December | January | February | March | April | May | June | Comments |
|----|----------------|-----------------------------------------------------------------------|-----------|-----------|-----------|---------|----------|----------|---------|----------|-------|-------|-----|------|----------------------------------------------------------------|
| 12 | Governance | Review Board and Board Committee attendance summary | G | | | | | | | | | | x | | |
| 13 | Governance | Review team effectiveness scale summary | G | | | | | | | x | | | x | | Distributed to Board members at December/April Board meetings. |
| 14 | Governance | Board Chair to review self assessment questionnaire | G | | | | | | | x | | | | | Only reviewed by the Board Chair |
| 15 | Governance | Appoint community member | N | | | | | | | x | | | | | |
| 16 | Governance | Review and approve nominating action plan | N | | | | | | | x | | | | | |
| 17 | Governance | Review Policy BD-45 Preferred Selection Criteria for Board Membership | N | | | | | | | x | | | | | |
| 18 | Governance | Review current Board member skills matrix inventory | N | | | | | | | x | | | | | Current Board members to complete at November Board meeting |
| 19 | Governance | Review and approve skills matrix for Board of Directors applicants | N | | | | | | | x | | | | | Under revision |
| 20 | Governance | Review and approve application for membership form | N | | | | | | | x | | | | | |
| 21 | Governance | Review and approve ad | N | | | | | | | x | | | | | |
| 22 | Governance | Review of Board of Directors applications | N | | | | | | | | x | | | | |
| 23 | Governance | Review and approve letters to applicants | N | | | | | | | | x | | | | Letters will be sent to Chair for approval. |
| 24 | Governance | Review and approve interview questions | N | | | | | | | | x | | | | |
| 25 | Governance | Review and approve interview schedule | N | | | | | | | | x | | | | |
| 26 | Governance | Interview candidates | N | | | | | | | | | x | | | |
| 27 | Governance | Review incumbents | N | | | | | | | | | x | | | |
| 28 | Governance | Review of applicant interviews | N | | | | | | | | | x | | | |

| # | Accountability | Activity | Committee | As Needed | September | October | November | December | January | February | March | April | May | June | Comments |
|----|----------------|---------------------------------------------|-----------|-----------|-----------|---------|----------|----------|---------|----------|-------|-------|-----|------|-------------------------------------------------------------------|
| 29 | Governance | Propose slate of nominees | N | | | | | | | | | x | | | |
| 30 | Governance | Review By-Laws | G | | | | | | | | | | X | | |
| 31 | Governance | Review orientation program | G | | | | | | | | | | x | | |
| 32 | Governance | Review Board annual evaluation tool summary | G | | | | | | | | | | x | | Distributed at April Board meeting |
| 33 | Governance | Review annual education session summary | G | | | | | | | | | | x | | |
| 34 | Governance | Determine Committee memberships | G | | | | | | | | | | | | NEW ITEM - Committee to decide on timing - Have meeting in July?? |

gional Health Sciences Centre Board of Directors Work Plan
 Revised: Sept 29, 2017

| Colour Legend | |
|----------------------------------------------|--|
| Completed by target | |
| In progress but not completed by target | |
| Not in progress, and not completed by target | |

Legend:
 BD: Board of Directors
 EC: Executive Committee

| # | Accountability | Activity | Responsible Body | As Needed | October | November | December | February | March | April | May | June | Comments |
|---|-------------------------|---------------------------------------------------------|------------------|-----------|---------|----------|----------|----------|-------|-------|-----|------|----------|
| 2 | Governance | Monthly education topics for the Board | BD | | x | x | x | x | x | x | x | x | |
| 3 | Oversight of Management | Participate in CEO evaluation via website | BD | | | | | | | x | | | |
| 4 | Oversight of Management | Participate in COS evaluation via website | BD | | | | | | | x | | | |
| 5 | Governance | Approval of By-Laws | BD | | | | | | | | x | | |
| 6 | Governance | Approve Slate of Nominees to fill Board vacancies | BD | | | | | | | | x | | |
| 7 | Oversight of Management | Approve CEO evaluation | BD | | | | | | | | | x | |
| 8 | Oversight of Management | Approve COS evaluation | BD | | | | | | | | | x | |
| 9 | Governance | Approval of Committee terms of reference and work plans | BD | | | | x | | | | | | |

RESOURCE PLANNING COMMITTEE WORK PLAN

2017-2018

| Colour Legend | |
|----------------------------------------------|--|
| Completed by target | |
| In progress but not completed by target | |
| Not in progress, and not completed by target | |

| # | Accountability | Activity | As Needed | September | October | November | December | January | February | March | April | May | June | Comments |
|----|----------------------------------------|-----------------------------------------------------------------------|-----------|-----------|---------|----------|----------|---------|----------|-------|-------|-----|------|---------------------|
| 1 | Oversight of Management | 2017-18 Work Plan for information only | | x | x | x | x | x | x | x | x | x | | |
| 2 | Financial Oversight | ALC, LOS and Emergency Admissions Monthly Report for information only | | x | x | x | x | x | x | x | x | x | | |
| 3 | Financial Oversight | Attestation: Wages and Source Deductions | | x | x | | | x | | | x | | | |
| 4 | Financial Oversight | Financial Statements and Variance Report | | x | | x | | | x | | | x | | |
| 5 | Financial Oversight | Financial Statements for information only | | x | x | | x | x | | x | x | | | |
| 6 | Financial Oversight | Investment Policy Annual Review | | x | | | | | | | | | | |
| 7 | Financial Oversight | Investment Portfolio Reviews | | x | | | | | | | x | | | |
| 8 | Financial Oversight | Northern Supply Chain Performance and Medbuy Update | | x | | | | | | | x | | | Deferred to October |
| 9 | Oversight of Management | Work Plan Review 2017-18 | | x | | | | | | | | | | |
| 10 | Oversight of Management | Work Plan Approval 2018-19 | | | | | | | x | | | | | |
| 11 | Governance | Terms of Reference Review 2017-18 | | x | | | | | | | | | | |
| 12 | Governance | Terms of Reference Annual Approval 2018-19 | | | | | | | x | | | | | |
| 13 | Performance Measurement and Monitoring | Corporate Balanced Scorecard | | | x | | | x | | x | | | | |
| 14 | Financial Oversight | H-SAA 2017-18 Operating Plan Agreement | | | x | | | | | | | | | |
| 15 | Financial Oversight | CAPS Approval | | | | | x | | | | | | | |
| 16 | Performance Measurement and Monitoring | Human Resources and Organizational Development Update | | x | x | x | x | x | x | x | x | x | | |
| 17 | Financial Oversight | Broader Public Sector Travel & Expense Report | | | | x | | | | | | x | | |
| 18 | Financial Oversight | Budget Planning Targets & Directives Report and Process Update | | | | x | | | | | | | | |

[illegible]

AUDIT COMMITTEE
2017-2018 WORK PLAN

| Colour Legend | |
|----------------------------------------------|--|
| Completed by target | |
| In progress but not completed by target | |
| Not in progress, and not completed by target | |

| # | Accountability | Activity | As Needed | September | October | November | December | January | February | March | April | May | June | Comments |
|----|----------------------------------------|------------------------------------------------------------|-----------|-----------|---------|----------|----------|---------|----------|-------|-------|-----|------|----------|
| 1 | Oversight of Management | 2017-2018 Work Plan for information only | | | | | | x | | x | | x | | |
| 2 | Financial Oversight | 2017-2018 Audit Plan Overview - Grant Thornton | | | | | | x | | | | | | |
| 3 | Governance | Terms of Reference Annual Approval 2018-2019 | | | | | | x | | | | | | |
| 4 | Performance Measurement and Monitoring | Review Results of May 2017 Evaluation of Auditors | | | | | | x | | | | | | |
| 5 | Financial Oversight | Independence Questionnaire 2017-2018 | | | | | | x | | | | | | |
| 6 | Risk Identification and Oversight | Policy Reviews: Admin-19 & Admin-28 | | | | | | x | | | | | | |
| 7 | Risk Identification and Oversight | Expense Test Audit | | | | | | x | | | | | | |
| 8 | Risk Identification and Oversight | Interim Audit Review 2017-2018 | | | | | | | | x | | | | |
| 9 | Performance Measurement and Monitoring | Discussion of Year End Reporting Issues 2017-2018 | | | | | | | | x | | | | |
| 10 | Financial Oversight | Audit Statement Review 2017-2018 | | | | | | | | x | | | | |
| 11 | Financial Oversight | Individual Program Audit Reports | | | | | | | | x | | | | |
| 12 | Financial Oversight | Update on New Hospital Capital Audit | | | | | | | | x | | | | |
| 13 | Financial Oversight | Summary of Audit Fees Paid for 2017-2018 | | | | | | | | x | | | | |
| 14 | Financial Oversight | 2017-2018 Year End Financial statements for Board Approval | | | | | | | | | | x | | |
| 15 | Financial Oversight | 2017-2018 Audit Results - Grant Thornton | | | | | | x | | | | x | | |
| 16 | Oversight of Management | 2017-2018 Management Letter | | | | | | | | | | x | | |
| 17 | Risk Identification and Oversight | 2017-2018 Claims Summary | | | | | | | | | | x | | |
| 18 | Risk Identification and Oversight | Analysis of Legal Fees as at March 31, 2018 | | | | | | | | | | x | | |
| 19 | Performance Measurement and Monitoring | Evaluation of Auditors for 2017-2018 | | | | | | | | | | x | | |
| 20 | Performance Measurement and Monitoring | Recommend Appointment of Auditors for 2018-2019 | | | | | | | | | | x | | |
| 21 | Oversight of Management | 2018-2019 Work Plan Approval | | | | | | x | | | | | | |

FISCAL ADVISORY COMMITTEE
2017-2018

| | |
|----------------------------------------------|--|
| Colour Legend | |
| Completed by target | |
| In progress but not completed by target | |
| Not in progress, and not completed by target | |

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Page Views: Open Board Meeting Webcast

September 2013 – June 2017

| Month | # of Page Views | Month | # of Page Views | Month | # of Page Views | Month | # of Page Views |
|------------------------------|-----------------|------------|-----------------|------------|-----------------|--------------|-----------------|
| Sept 2013 | 32 | Sept 2014 | 57 | Sept 2015 | 68 | N/A | -- |
| Oct 2013 | 26 | Oct 2014 | 34 | Oct 2015 | 25 | Oct 2016 | 85 |
| Nov 2013 | 11 | N/A | -- | Nov 2015 | 44 | Nov 2016 | 17 |
| Dec 2013 | 5 | N/A | -- | Dec 2015 | 22 | Dec 2016 | 19 |
| Jan 2014 | 17 | N/A | -- | Jan 2016 | 30 | Jan 2017 | -- |
| Feb 2014 | 10 | Feb 2015 | 23 | Feb 2016 | 41 | Feb 1, 2017 | 38 |
| | | | | | | Feb 22, 2017 | 36 |
| March 2014 | 16 | March 2015 | 38 | March 2016 | 58 | March 2017 | -- |
| April 2014 | 29 | April 2015 | 29 | April 2016 | 38 | April 2017 | 19 |
| May 2014 | 23 | May 2015 | 41 | May 2016 | 35 | May 2017 | 9 |
| June 2014 | 32 | June 2015 | 31 | June 2016 | 20 | June 2017 | 12 |
| Yearly Total # of Page Views | 201 | | 253 | | 381 | | 235 |



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Thunder Bay Regional Health Research Institute Report for TBRHSC Board – June - September, 2017

Submitted by: Jean Bartkowiak, CEO & Abraham Rudnick, VP Research & Chief Scientist
September 27th, 2017

Research Seed Funding Awards Announced

In April, the Hospital and Institute announced the first research seed funding competition to support promising health research that addresses the research strategic plan of our organizations. Five applications were received and reviewed by peer reviewers prior to consideration by the Research Seed Fund Review Committee. We are pleased to announce that the following two proposals were approved to receive \$10,000 each pending REB and TBRHRI Research Program approval:



- 1) **Dr. Aislin Mushquash** and colleagues for their study entitled “Treatment for Pediatric Obesity: exploring the experiences of families from remote First Nations communities”; and
- 2) **Ms. Lisa Bishop** and colleagues for their study entitled “Creating an Integrated Service Delivery Program for Substance Involved Pregnant and Parenting Women in Thunder Bay: exploring the perspectives of service users”.

We look forward to receiving a report on the outcome of these studies by December, 2018 and hope to be able to hold another competition for a new round of funding next June.

Cyclotron Update



The hard work of staff at the Cyclotron facility has paid off and in August, the facility received Notice of Compliance from Health Canada to produce ^{18}F FDG intended for clinical use at the Hospital. Staff are now completing the application for a Drug Establishment License that would allow the facility to fabricate, package, label and distribute the FDG for clinical human use. The application is expected to be submitted in December. Staff are also investigating the production of additional isotopes and in the fall expect to be working with ACSI on new targets that the company has in development.

In addition, the Canadian Nuclear Safety Commission (CNSC) has asked the Institute for permission to share the Public Information and Disclosure Protocol that staff developed as part of the process around the construction of Thunder Bay's new Cyclotron facility. CNSC would like to share the protocol with international counterparts who are looking to implement the public information and disclosure protocol. Cyclotron staff have put together an excellent public information program and have interacted with over 1500 members of the public through facility tours, public information sessions and invited talks. This is quite an accomplishment!

Thunder Bay Regional Research Institute is the research arm of the Thunder Bay Regional Health Sciences Centre, a leader in Patient and Family Centred Care and a research and teaching hospital proudly affiliated with **Lakehead University** and the **Northern Ontario School of Medicine**.

L'institut régionale de recherche de Thunder Bay assure la mission de recherche du Centre régional des sciences de la santé de Thunder Bay, un hôpital d'enseignement et de recherche affilié à l'**université Lakehead** et à l'**École de médecine du Nord de l'Ontario**, et un leader dans la prestation de soins et de services centrés sur les patients et leurs familles.

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Scientist Updates



Dr. Jane Lawrence Dewar will be transitioning to part time employment with the Institute effective November 11th. Dr. Dewar will be based in Winnipeg and will travel to Thunder Bay at least once a month to continue on site work at the Institute.

Dr. Samuel Pichardo has accepted a position in Alberta. His last day as a Scientist at the Institute was September 14th, after which his status with the Institute will change to an Associate Scientist to continue some of his research and development work here involving Lakehead University students.



Dr. Laura Curiel has recently advised the Institute that she will be leaving at the end of December to move to Alberta. We anticipate that Dr. Curiel will continue to oversee her current research at the Institute in an Associate Scientist capacity.



We wish Sam and Laura all the best in their new positions. Recruitment is pending for new Scientists and opportunities will be posted once details have been finalized.

Facilitating Research Knowledge Transfer

On **May 29th** the TBRHS Foundation helped bring a little bit of Toronto to Thunder Bay. In follow-up to the Institute's April fundraising event held in Toronto, a group of interested individuals made the trip to learn more about our community and to tour the Hospital and Institute. It is hoped that one of the participating organizations will be interested in sponsoring a research study that will address one of our local health challenges.

On **June 6th** the Institute was pleased to host a delegation from the Governor General's Canadian Leadership Conference.

The group was comprised of 17 professionals from across Canada working in the private sector, unions, government and other areas. While at the Hospital, the delegation heard about the work of the Institute, met with several scientists and received tours of the research wet lab and the cyclotron.



On **June 22nd**, the Hospital and Institute hosted their first joint Annual General Meeting. This was the Institute's 10th Annual General Meeting. The meeting provided an opportunity for both organizations to celebrate their successes from the past year and to highlight shared goals and objectives for the coming year. The Institute also unveiled its enhanced 2020 Strategic Plan. For more details visit www.tbrhri.ca.



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On **July 13th** the Institute hosted **65 students from the annual SHAD Program.**

The students received an overview of the work of the Institute and then participated in tours and heard presentations from several researchers on their work related to women's health, neuroscience, visuomotor adaptation and hyperpolarized/inert Gas MRI. Each July, Lakehead University hosts more than 60 young innovators and entrepreneurs who are participating in the SHAD program. The program has now expanded to 13 host campuses across Canada and the Institute is excited to be able to provide the students in Thunder Bay with an opportunity to learn more about what is being done locally in the area of health research.



Summer School on Medical Imaging



Lakehead University and the Institute jointly held the seventh annual Summer School on Medical Imaging from May - August. The 16 week program is a unique research experience that showcases the graduate environment in Medical Imaging and Healthcare Technologies as a prospective career path for undergraduate students. Over the course of the program, students attend a mandatory seminar series on topics related to medical imaging and research in academic and industry settings, take tours of LU and TBRHRI research facilities, and have the opportunity to shadow radiologists working at the Hospital. The program also provides value to the City of Thunder Bay by retaining student research talent in the region and promoting Thunder Bay and Northwestern Ontario as a place of opportunity for future research scientists, medical professionals and science entrepreneurs. This year, 22 students participated in the program with additional students and staff attending the seminars.



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BOARD REPORT – September 2017

The Board welcomed Grant Thornton to our Annual General Meeting held on September 20, 2017. A motion was passed to retain these auditors for 2017-2018. The President in her summary remarks identified the progress made in the past year. Most important, the renovations for Seasons are now complete.

After the AGM, the regular Board meeting convened. Jean Murray, a noted Board member, resigned after a commitment of 10 years. The new Board member, Mary Ann Fossum, attended this meeting. She is extremely well qualified and has participated in many volunteer organizations. We welcome her expertise.

The Board has agreed to participate in the 2017 Family Support Grant, donate to scholarships to Confederation College and Lakehead University.

The Volunteer Association is host for the 2018 HAAO Spring Conference. It will be held on April 27 and 28 in Auditorium A and B. Auxiliaries and Associations in the Superior North area and Superior West will be attending. The President of HAAO, Dorothy Friske, will address the members on Friday evening. Saturday's speakers will focus on the theme of the conference – **This Is Your Life. Take Charge! Laugh it Up!**

Respectfully submitted,
Margaret Power (President)

From: Jessica Nehrebecky
To: Board of Directors - 2017-18
CC: Gary Ferguson; Cathy Covino; Judy Atkinson
Date: 9/19/2017 3:01 PM
Subject: Simulated on-site survey - Oct 12

Hello Board members,

Please see message below from Gary Ferguson regarding Accreditation Canada's simulated on-site survey that will be held on October 12.

Please advise if you are available to 8:30-9:30am (Aud B) and/or the 3:00-4:00pm sessions (Aud A) (details below) by return email.

Thank you.
Jess

>>> Gary Ferguson 9/19/2017 11:23 AM >>>
Good Afternoon

The date for the Simulated On-site **Survey has been finalized with Accreditation Canada and will take place October 12 2017. The survey will assist in preparing the organization for the actual on-site visit in May of 2018 by assessing our current compliance through the eyes of an expert advisor.**

The **survey** will provide a fact based evaluation of the organization's compliance with the relevant Accreditation standards and Required Organization Standards. **They** will simulate a leadership/governance meeting and conduct tracer activities throughout the organization to evaluate our compliance with Accreditation Canada standards. **The** coaching and guidance provided through this process **will** assist in further preparing and informing the Governance and Leadership team.

There is a session from 8:30-9:30 for Board members and the Senior Leadership team to meet with the surveyor. There is also opportunity for Board members to attend the wrap up session from 3:00-4:00. The Board may be asked questions related to the Governance Standards; and how the standards play a role in Strategic planning, Patient Safety and Risk Management. A key focus from Accreditation is the Patient and Family Centred Care journey and they may also want us to identify any strengths or challenges the Board may face.

A verbal report is provided at the end of the day to Senior Leadership and interested Board members. A written report will be provided 1 week following identifying organizational priorities, needs and risks related to preparing for the 2018 on site Accreditation Survey.

The three selected priority processes are ;

- **Integrated Quality Management**
- **Medication Management**
- **Episode of Care. medicine**

If you are interested in attending the 8:30-9:30 and/or the 3:00- 4:00 meetings please let Jess know.

Thank you for your ongoing commitment to this important process.

Regards
Gary