

**Board of Directors
Open Meeting
Wednesday, November 1, 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 – Gary Whitney and Dr. Henderson				
3.1	1	N. Doucette	Quorum (8 members total required, 6 being voting)				
3.2	1	N. Doucette	Conflict of Interest				
3.3	1	N. Doucette	Approval of the Agenda	X			
3.4	3	N. Doucette	Chair's Remarks*				X
4.0			PRESENTATIONS/EDUCATION				
4.1	10	C. Harris Dr. Rudnick	TBRHRI Update*				X
4.2	10	T. Smith	French Language Services*		X		X
5.0			CONSENT AGENDA				
5.1	-		Board of Directors Open Minutes – October 4, 2017*	X			X
5.2	-		Quality Committee Minutes October 18, 2017*				X
5.3	-		Q2 2017-2018 Wages and Source Deduction Attestation*				X
6.0			REPORTS AND DISCUSSION				
6.1	5	J. Bartkowiak	Report from the President and CEO*	X			X
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
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				X

#	Time (X)	Presenter	Item & Purpose (Y)	Expected Outcome (Z)			
				Recommendation /Decision/Action	Education	Discussion	Information
			7.3.1 Report from the Chair of the Governance and Nominating Committee				
7.4	5	J. Bartkowiak	Accreditation Sub-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	-		Letter to Dr. Habian*				X
8.6	-		Environmental Compliance and Fire Safety Update*				
9.0	BOARD MEMBER COMMENTS					X	
10.0	DATE OF NEXT MEETING – December 6, 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)
November 1, 2017 – DRAFT

Agenda Item	Committee or Report	Motion or Recommendation	Approved or Accepted by:
3.3	Agenda – November 1, 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 October 4, 2017;</p> <p>5.2 Accepts the Minutes of the Quality Committee meeting of October 18, 2017;</p> <p>5.3. Accepts the Q2 2017-2018 Wages and Source Deduction Attestation, as presented."</p>	Moved by: Seconded by:
6.0	Reports and Discussion	<p>"That the Board of Directors accepts reports dated November 1, 2017 from the:</p> <p>6.1 President and CEO;</p> <p>6.2 Senior Leadership;</p> <p>6.3 Chief of Staff;</p> <p>6.4 Chief Nursing Executive;</p> <p>6.5 Northern Ontario School of Medicine;</p> <p>6.6 Professional Staff Association;</p> <p>6.7 Foundation,</p> <p>as submitted."</p>	Moved by: Seconded by:



Thunder Bay Regional
Health Sciences
Centre

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Board of Directors
Conseil d'administration

**Report from Nadine Doucette
Chair, Board of Directors
November 1, 2017**

Our Hospital is in the process of developing a new Quality Framework. This tool will be applied to guide and inform the various ways in which we are continuing to build a system that provides the highest quality of care. As a Board of Directors, we are invested in quality, and committed to directing and monitoring quality activities. There is a Quality Committee of the Board, chaired by Gary Whitney, and this committee will move the agenda forward. A Board Governance Retreat will be scheduled shortly to provide all Board Directors an opportunity to discuss how the Board will fulfill its responsibility to oversee quality and safety at our Hospital from the governance perspective.

We're moving ahead with recruitment for our Hospital Board. Five interviews for new Board Directors were held on October 16th and 19th. The recommendations to fill three vacancies on the Board will be put forth at the November 1st Board meeting. There is also opportunity for community members to serve as community representatives on the committees of the Board. It's an effective way for prospective Board Directors to be involved with our Hospital and to learn for a future membership role on the Board. Board Directors and community representatives on committees of the Board serve as volunteers. It is a demanding, yet highly rewarding commitment, and I am grateful to those who choose to serve in this way.

I am always impressed by the level of support our community provides to our Hospital. The 12th annual Resolute Save a Heart Ball, held on Saturday, October 14th, is one of many examples. It was an incredible and well-attended event in support of enhanced cardiovascular services. One of our interventional cardiologists, Dr. Andrea MacDougall shared an update on the plans and progress being made with our comprehensive cardiovascular surgery program. Special thanks goes out to the event's title sponsor Resolute, along with the event's other contributors and donors. Without their support, this great event would not have been possible. I encourage my fellow Board members and the community to attend future Foundation events just like this one. Visit the [Events](#) section on their website for more information.

As part of its commitment to transparency and accountability to patients and families in Northwestern Ontario, our Hospital continues to make the open meetings of its Board of Directors accessible for viewing via a live webcast. The option makes it possible for anyone interested in the decisions being made about our Hospital to watch the open Board meetings online. These meetings occur monthly and are webcast live via the Ontario Telemedicine Network (OTN). Please visit www.tbrhsc.net/webcast to find a link to the webcast, a meeting agenda, and a full schedule of upcoming open Board meetings.

Finally, as we head into flu season, I remind everyone to "Be Wise. Immunize." The flu shot is an effective way to avoid illness and reduce strain on the Emergency Department. In addition, people with non-emergency health care concerns should visit their primary care physician or a walk-in clinic. For a list of clinic locations and hours of operation, please visit <http://search.211north.ca/record/TBY0738>

TBRHRI Update to Hospital Board

November 1, 2017

Clint Harris, Board Chair – TBRHRI

**Dr. Abraham Rudnick, Chief Scientist – TBRHRI
VP Research & Chief of Psychiatry – TBRHSC**

Overview

- **Staffing & Scientist Recruitment**
- **Operational Review**
- **Cyclotron Update**
- **Financial Update**
- **Clinical Research Services Department (CRSD) Update**
- **Business Development Update: Intellectual Property and Validation of Health Technologies**

Staffing & Scientist Recruitment

- Starting November 11th, Dr. Roxanne Deslauriers, Scientific Director, will transition to part-time
- Also effective November 11th, Dr. Jane Dewar will transition to part-time and will travel from Winnipeg monthly to continue her research here
- Dr. Samuel Pichardo moved to Calgary in September and is now an Associate Scientist with the Institute; he will continue his research & development work involving LU students
- Dr. Laura Curiel will be leaving at the end of December for Calgary; we expect she will continue her involvement with the Institute as an Associate Scientist

Staffing & Scientist Recruitment continued ...

- Discussions are underway with Lakehead University and NOSM regarding opportunities for joint recruitment of up to 3 Scientists
- One focus will be on the addition of a Scientist in the area of Smart Health Technology

Operational Review

- A team of 4 individuals will be coming from St. Boniface Hospital Albrechtsen Research Centre November 13th – 15th
- The review will look at the Institute's science, operations and business and cross-over to the hospital such as clinical trials
- Interviews will be scheduled with a wide range of individuals from the Institute, Hospital and external partners
- A final report is expected to be delivered by February, 2018

Cyclotron Update

- On August 8th, the Notice of Compliance was received from Health Canada allowing the facility to produce FDG intended for clinical use
- The application for the Drug Establishment License (DEL) has been submitted; once approved, the facility will be able to supply FDG to the Hospital and other facilities who use this product
- An Internal review of non-medical and long-lived radioisotopes is complete; work will start after an independent review by an external expert/agency with the appropriate knowledge



Mid-Year Budget Update

For 6 months ending Sept. 30, 2017			Variance
	Budget	Actual	\$
REVENUE			
Grant-Based Funding	2,205,998	1,547,199	(658,798)
Unrestricted	1,064,125	1,119,190	55,065
Total Revenue	3,270,123	2,666,389	(603,734)
EXPENSE			
Eligible for Grant Funding			
Salaries and wages	1,795,817	1,713,103	82,715
Employee benefits	247,340	220,208	27,131
Professional and consulting fees	45,600	44,833	767
Support services	116,100	116,100	0
Supplies and other	387,691	196,193	191,498
Repair and maintenance	245,444	156,991	88,453
	2,837,992	2,447,428	390,564
Ineligible for Grant Funding			
Salaries and wages	82,703	81,041	1,662
Employee benefits	18,195	14,106	4,089
Travel and training	30,000	56,609	(26,608)
Board and committee meetings	5,500	4,799	701
Communication	7,750	9,538	(1,788)
Recruitment	1,500	0	1,500
Supplies and other	286,482	243,156	43,326
	432,131	409,249	22,881
Total Expense	3,270,123	2,856,677	413,446
Excess of revenue over expense	0	(190,288)	(190,288)

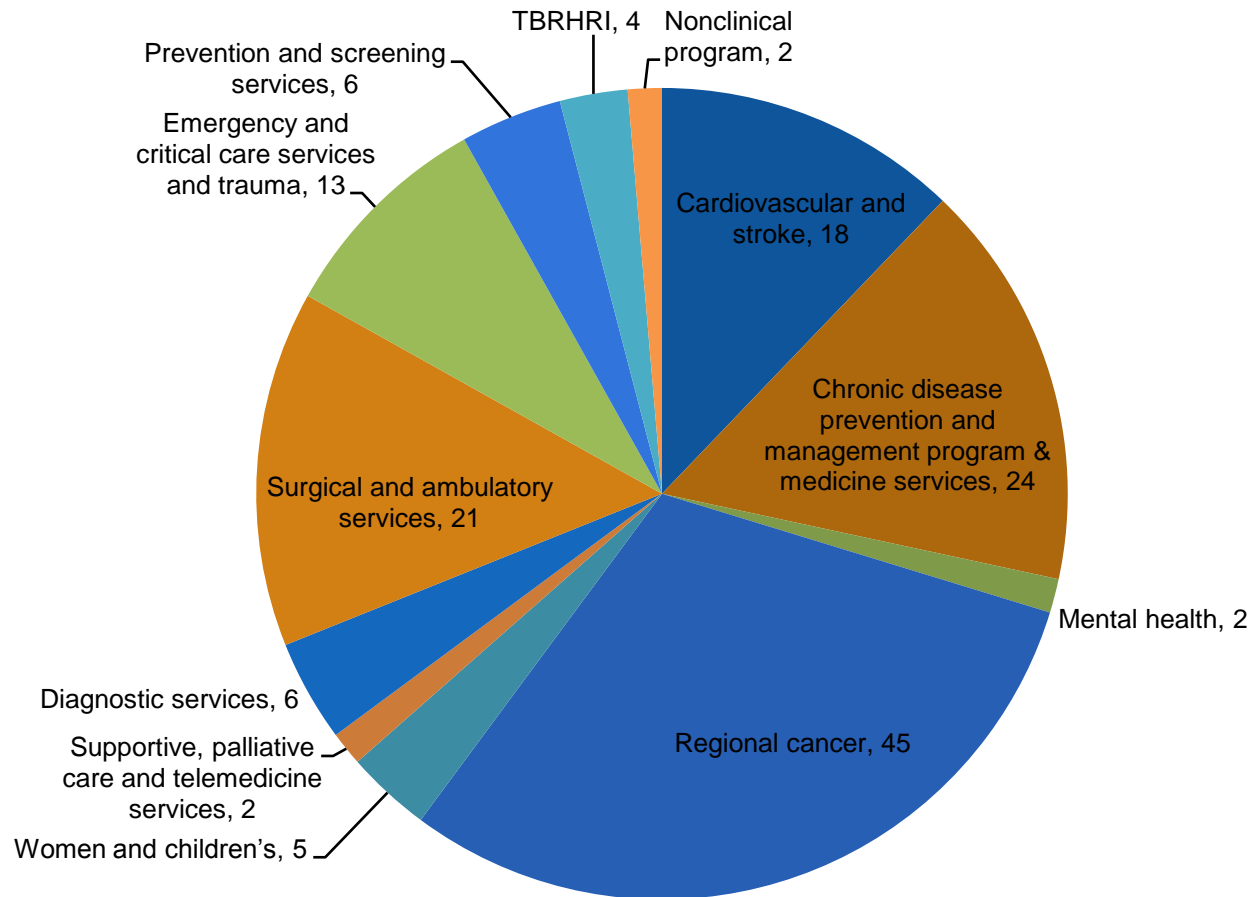


CRSD: current state

- Actively servicing ~ 60 projects at TBRHSC
- Clients include physicians, residents, nurses, TBRHSC staff, and TBRHRI scientists
- Supporting the orthopaedic research platform
- Provided grant support services for submission to NOAMA CIOF & AFP, PSI Foundation, Medbuy
- ~\$1.5 million grant dollars awarded for the projects we service
- Directly supported successful grant applications totaling \$900,000
- Assist with chart reviews, quality improvement initiatives, clinical trials and other clinical research studies

Total Number of Open Clinical Research Projects by Program and Service

N=148



*Current to October 12, 2017

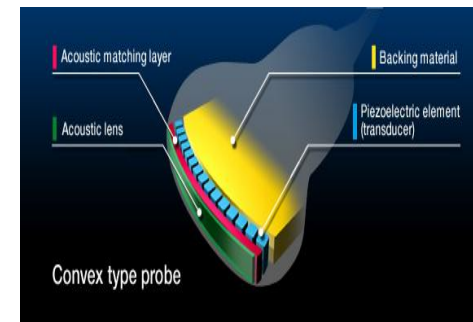
Open Clinical Research Projects

- **Total # non-oncology: 11**
 - 10 clinical trials
 - 1 clinical research project
- **Total # oncology: 44**
 - 33 clinical trials
 - 11 clinical research projects
- **Total investigator initiated: 3**
 - 2 clinical trials
 - 1 clinical research project
- **58 of 148 (39%) open clinical research projects operate through Clinical Trials**

Intellectual Property and Validation of Health Technologies

■ Intellectual Property-Medical Devices

- Ultrasound Transducer project (Dr. Pichardo et. al.);
- First prototype developed by Sunnybrook and tested at TBRHRI after the first patent was filed;
- New patent application to be filed by Nov. 30, 2017 based on new results;
- The work may result in a hand-held transducer device;
- TBRHRI is working with MaRS Innovation to identify partners to further validate and commercialize this technology.



<http://www.ndk.com/en/sensor/ultrasonic/basic02.html>

■ Validation of Health Technologies at TBRHSC/RI

- Innovators (mostly private health technology companies) are now responding to a request for applications published by the Council of Academic Hospitals of Ontario (CAHO)-Innovation Broker;
- TBRHRI is receiving approximately five opportunities per month for review in terms of feasibility of validating these technologies;
- TBRHRI is screening these opportunities based on established decision criteria such as availability of funds from the vendor or grants and the expected revenues for TBRHRI.



<http://medrobotics.com/gateway/flex-robotic-system/?c=US>

Questions?



Thunder Bay Regional
Health Research
Institute

Bringing
Discovery
to Life

Donner vie à la
découverte

French Language Services

at Thunder Bay Regional Health Sciences Centre



The Hospital is an *Identified Provider*

As an Identified Provider, our commitments consist of:

- Holding French designated positions. 292 French designated positions, 52 currently filled;
- Leading a Francophone Advisory Committee;
- Public signage, patient education materials, and key patient forms in a bilingual format;
- Annual reporting to the NW LHIN;
- Linguistic Variable Questions and Active Offer.

The Linguistic Variable Questions

Background:

- **Two mandatory questions;**
 - *“What is your mother tongue?”*
 - *“If your mother tongue is neither English nor French in which of Canada’s official languages are you most comfortable?”*
- **Provides statistical data on the Francophone clients of our region;**
- **The LHIN selected to implement this recommendation;**

Implementation of LVQ

Actions completed in order to implement the Linguistic Variable Questions at the Hospital:

- Frequently Asked Questions;
- Presentation to Managers and Directors;
- Education session for staff;
- Collaboration with Information Technology in uploading the questions to Meditech.

Active Offer

Moving from asking the questions, to offering service in French

- Active Offer implemented next fiscal year;
- Offering services in French will enhance patient experience;
- Research project is supporting preparation.

The Active Offer Research Project

Research Partners

- University of Ottawa
- Société Santé en français
- Savoir Montfort
- Thunder Bay Regional Health Sciences Centre

Purpose

- Train managers to empower their unit's staff to implement Active Offer;
- Identify what enables or hinders managers' ability to empower their unit's staff to implement Active Offer.

The Active Offer Research Project

Time Line

- **Phase 1: Managers attend workshop, prepare and deliver action plan.**
- **Phase 2: Participating departments initiate Active Offer operations and begin to offer services in French.**

Participating Departments at our Hospital

- **Admitting**
- **Ambulatory Care**
- **Fracture Clinic**
- **Nursing Resource Team**
- **3C Surgical Unit**

Workshop Provided at our Hospital

- **September 15, 2017;**
- **Active Offer guidance and examples;**
- **Time lines identified.**

Next Steps in Preparation for Active Offer

- Bilingual signs on identified units, including statement outlining our ongoing commitment to provide services in both official languages on all new signs;
- Bilingual employees and volunteers will be provided with lapel pins which indicate that they can provide services in French;
- The identified unit's telephone and voice mail greetings will be in both French and English;
- Information, education tools and resources on the identified units will be made available in both French and English.

French Language Services *Online Resources*

Internal Website

French Language Services page includes:

- Professional interpreting services;
- French-speaking staff for interpreting;
- Link to LHIN's French Toolkit;
- Francophone health provider and other organizations;
- Active Offer Video;
- FAQ document on LVQ;
- Process for bilingual documents;
- French course reimbursement program information for staff.

External Website

- Majority of website is available in French;
- Patient Services Directory;
- Consistent and continued efforts to supplement French website content;
- Website formatting guidance provided by the Francophone Advisory Committee.

Questions?





Board of Directors - Open

Wednesday, October 4, 2017

Boardroom – 5:00 p.m.

Action

Present:

Grant Walsh, (Acting Chair)
Jean Bartkowiak*
Dr. Penny Moody-Corbett
Dr. Rhonda Crocker Ellacott*

Gary Whitney
Dick Mannisto
Dr. Mark Thibert*
Patricia Lang

Anita Jean
Matt Simeoni
Dr. Gordon Porter
Eric Zakrewski

By Invitation – Senior Leadership:

Peter Myllymaa
Dr. Rami Rudnick

Dr. Stewart Kennedy
Glenn Craig

Dr. Mark Henderson

By Invitation:

Jessica Nehrebecky, Rec. Sec.
Carolyn Freitag

Adam Shaen (A. Björn)
Michael Del Nin

Jody Nesti

Regrets Board of Directors:

Nadine Doucette

John Friday

Regrets Senior Leadership:

Amanda Björn

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

Dr. Stewart Kennedy, Executive Vice President, Medical and Academic Affairs, shared a story regarding a patient that received enhanced quality care due to patient order sets.

3.1 Quorum – Quorum was attained.

3.2 Conflict of Interest - None.

3.3 Approval of the Agenda

Moved by: Gary Whitney

Seconded by: Anita Jean

Motion



"That the Agenda be approved, as presented."

CARRIED

3.4 Chair's Remarks

New Board members, Ms. Patricia Lang and Mr. Eric Zakrewski were welcomed to their first Board meeting.

4.0 PRESENTATIONS

4.1 Foundation Update

Ms. Jody Nesti, Chair, Thunder Bay Regional Health Sciences Foundation (the Foundation) and Mr. Glenn Craig, President and CEO, the Foundation, provided highlights of the 2016-17 year, which included donations of over \$3.2M to support healthcare at the Hospital and \$126K to support regional hospitals. In the last five years, the Foundation has contributed more than \$16M to the Hospital. The Foundation provides financial support to several programs and services such as Cancer Care, Cardiac Care, Women and Children, Regional Orthopaedic Program, Lion's Vision Centre and the Health Research Institute.

The Foundation's 2020 Strategic Plan was briefly reviewed with the following Strategic Directions: Diversification and Excellence, Trusted and Durable Brand, and Culture and Spirit of Philanthropy.

The Foundation staff and Board of Directors have organized a cabinet in support of the upcoming Cardiovascular campaign.

Ms. Nesti was excused from the meeting.

4.2 2020 TBRHRI Strategic Plan

Dr. Rami Rudnick, Vice President, Research, presented Thunder Bay Regional Health Research Institute's (the Institute) 2020 Strategic Plan. The Vision of "Bringing Discovery to Life" has remained the same as well as the Institute's Mission "To be an international leader in health technology research and other strategic health innovations that improve the health of the people of Northwestern Ontario and others". The Values are now Excellence, Collaboration, Innovation, Integrity, Respect and Accountability. Lastly, the Plan now includes a Philosophy that mirrors that of the Hospital specifically that "Patients and Families are at the centre of everything we do".

Board members requested that the Institute provide the Hospital with a progress update on the Plan on an annual basis.

Action

4.3 OHA Health Care Leadership Summit Overview (Sept 6-8, 2017)

Mr. Gary Whitney and Mr. Jean Bartkowiak attended the Ontario Hospital Association (OHA)'s Health Care Leadership Summit in Blue Mountains on September 6-8, 2017. Some of the conference highlights included:

- Health system reconfigurations and global rankings;
- Deputy Minister Bell explained that the MoHLTC focus is now moving from the hospital sector to the community care sector in order to improve patient flow;
- Individualized medicine and improvements in clinical applications using genetics;
- Cleveland Clinic President & CEO describing how that institution earned a world class reputation for its care. He also impressed participants that patient satisfaction survey results are shared at every Board meetings and presentations are made by patients at their Quality Committee meetings.

4.4 OHA Essentials Certificate in Hospital Governance for New Directors (Sept 15, 2017) and OHA Understanding Hospitals and the Health Care System (Sept 16, 2017)

Ms. Patricia Lang, attended the OHA's Essentials Certificate in Hospital Governance for New Directors as well as the Understanding Hospitals and the Health Care System sessions on September 15 and 16, 2017, respectively.

Takeaways from these conferences include:

- The Chartered Professional Accountants of Canada have developed 20 questions on what not-for-profit Board members should ask and focus on with respect to management's risks oversight;
- A key better governance practice is to ensure that the Boards discusses integration regularly during Board meetings;
- Establishing relationships with partner Boards and having Board-to-Board meetings is important;
- The Governance and Nominating Committee should review recommendations from hospitals that were assigned a Supervisor (currently three in Ontario).

5.0 **CONSENT AGENDA**

As per the Quality Committee minutes of May 17, 2017, it was noted that the Committee is reviewing the Quality and Patient Safety Toolkit. It was recommended to discuss if



members want to review the OHA's Centre for Governance Excellence's Guide to Good Governance during a generative discussion session at a future Board meeting.

Action

Moved by: Matt Simeoni
Seconded by: Gary Whitney

Motion

"That the Board of Directors:

5.1 Approves the Board of Directors Minutes of June 7, 2017;

5.2 Accepts the Minutes of the Quality Committee meeting of September 20, 2017;

5.3. Accepts the Minutes of the Quality Committee meeting of May 17, 2017;

5.4 Accepts the Q1 2017-2018 Wages and Source Deduction Attestation, as recommended by the Resource Planning Committee;

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;

Appoints Ms. Joy Wakefield, to a three (3) year term effective immediately to August 31, 2020, as a alternate member knowledgeable in relevant law;

Appoints Mr. Jack Jamieson, to a three (3) year term effective immediately to August 31, 2020, as a alternate member knowledgeable in relevant law,

as presented."

CARRIED

6.0 REPORTS AND DISCUSSION

6.1 Report from the President and CEO

The President and CEO highlighted the following:

- The President and CEO thanked members of the Senior Leadership Team for providing coverage while he was away for an extended period for personal reasons. Board members echoed their thanks to the Senior Leaders;
- The Decision Support Department is analyzing the admissions volumes especially this Summer as compared to previous years in order to better understand the current overcapacity phenomenon;
- Accreditation Canada surveyors will be onsite in the spring, 2018; a simulation session will be held on October 12, 2017. All Board members are encouraged to participate;



- This year's Board retreat will be held on Friday, October 13, 2017; it will focus on quality oversight from a Governance perspective.

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

6.1.1 2017-18 Strategic Progress Report Q1

Mr. Michael Del Nin, Director, Decision Support and Ms. Carolyn Freitag, Director, Strategy and Performance, provided a summary of the 2017-18 Strategic progress report for this year's first quarter. The report's new format clearly outlines what has been completed and what is behind schedule. Clarification on the "Prior to Start" project category indicates that the said initiatives has not begun. Mr. Del Nin noted that the "pressure ulcer incidence" indicator records the most positive results, whereas the "ER length of stay for admitted patient" indicator has the worst score this year.

*Ms. Freitag and Mr. Del Nin were excused from the meeting.
Dr. Kennedy was excused from the meeting.*

6.2 Report from Senior Leadership

The following information was highlighted:

- The Hospital maintained the lowest 90th percentile ED length of stay for all patients (8.5 hours), whereas the province averaged over 11 hours;
- A one time \$481k funding allocation was granted for the Child and Adolescent Mental Health Unit, to increase staffing to handle the Wapekaka suicide crisis;
- Staff and physicians were acknowledged for their quick response in opening additional beds given overcapacity crisis the Hospital is currently facing;
- The Human Resources Department has been reorganized to better align with the Strategic Directions;
- As at August 31, 2017, the deficit is \$2.8M, compared to a budget deficit of \$3.4M. Failing any relief, the year end deficit is estimated at \$6M to \$8M. In addition, cash flow overdraft projections are expected to exceed \$12M January, 2018;
- Hogarth Riverview Manor (HRM) still has 64 unopened beds because of staffing shortage;
- The Data Centre construction at 1040 Oliver Road will be completed in October, 2017, with equipment staging to follow;
- A pre-capital submission approval for the cardiovascular surgery project was received. A \$500k planning grant was allocated by the Ministry of Health and Long-Term Care;
- All Directors were encouraged to get the influenza vaccine;
- Three Institute scientists are leaving to pursue new tenured positions elsewhere.



The Institute will recruit new scientists in the near future.

6.3 Report from the Chief of Staff – For information.

6.4 Report from the Chief Nursing Executive – For information.

A new interprofessional rounding practice was introduced in September in the Paediatric unit.

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

Dr. Moody-Corbett highlighted various activities within the NOSM Activity Report.

6.6 Report from the Professional Staff Association (PSA) – For information.

The PSA is developing a new vision statement that will be presented to the Board in early, 2018. The PSA Rules and Regulations, developed in 1995, will be reviewed in the coming months.

6.7 Report from the Foundation – For information.

The Resolute Save a Heart Ball Gala will be held on October 14, 2017 at the Victoria Inn. All Board members are encouraged to attend.

Moved by: Eric Zakrewski

Seconded by: Dick Mannisto

Motion

"That the Board of Directors accepts reports dated October 4, 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 Quality Committee

7.1.1 Report from the Chair of the Quality Committee

At the September 20, 2017, Quality Committee meeting, members toured the Critical Care Services and the Regional Critical Care Response Program.

7.2 Resource Planning Committee

7.2.1 Report from the Chair of the Resource Planning Committee – None.

7.3 Governance and Nominating Committee

7.3.1 Report from the Chair of the Governance and Nominating Committee

The Chair of the Governance and Nominating Committee reported that the regular meeting scheduled on October 16 was changed to accommodate interviews to fill the 3 Board vacancies. A recommendation is expected to be brought to the November 1, 2017 Board meeting.

The Committee has been tasked to review the need for tours of Hospital Departments and programs for the Board of Directors, as well as to review the Terms of Reference for the Board Committees, with a special focus on voting rights of non-voting members.

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 Accreditation Canada On-site survey – October 12, 2017 – For information.

9.0 BOARD MEMBERS COMMENTS

10.0 DATE OF NEXT MEETING – November 1 2017



11.0 ADJOURNMENT - The meeting adjourned at 7:01 p.m.

Chair

Board Secretary

Recording Secretary



Quality Committee

October 18, 2017

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

Present:

Nadine Doucette (Chair), Jean Bartkowiak, 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: Dave Van Wagoner, John Friday

By Invitation:

Cathy Paroschy Harris, Director, Prevention and Screening Services
Gary Ferguson, Consultant, Strategy & Performance Improvement
Mike Del Nin, Director, Decision Support
Carolyn Freitag, Director, Strategy & Performance Improvement
Dr. Sheppard, Physician, Forensic & Adult Mental Health
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. Cathy Paroschy Harris was welcomed to the meeting.

2.1 **Prevention and Screening Services**

Ms. Paroschy Harris, Director, Prevention and Screening Services, presented an overview of the Prevention and Screening Services Department. The Department provides



leadership and direction in disease prevention, health screening, assessment and genetic screening and counseling services. As part of the Strategic Plan they will adopt the Ontario Chronic Disease Prevention and Management Framework.

Ms. Paroschy Harris informed the group of the health and wellness initiatives currently taking place at the Hospital. Initiatives include relaxation classes, staff health & wellness events, healthy get togethers, fresh market and the staff calendar which includes healthy tips for the entire year. Preventive Health Services also provides local and regional outreach services, chronic disease prevention initiatives and cancer screening and prevention promotion communication.

Ms. Paroschy Harris was excused from the meeting.

Mr. Ferguson was welcomed to the meeting.

2.2 Accreditation

Mr. Gary Ferguson, Performance Improvement Consultant, Strategy and Performance, provided an Accreditation update. The simulated On-site Survey was completed and information collected was used to create an action plan to address any areas where it was felt that compliance to the standards is currently not being achieved.

As part of the Accreditation process, all teams in the organization were required to complete relevant self assessment tools. One of the areas that Accreditation Canada reviews during the on-site survey is that of organizational governance.

To prepare the organization for the upcoming Accreditation onsite visit action plans have been developed for Governance, Leadership and all relevant services which will be assessed by the Accreditation Canada Survey team. Each Accreditation an Accreditation Sub- committee of the Quality Committee of the Board is assembled to review the survey results and create action plans. This committee reviews the deficiencies and determines the following:

- Policy/process in place but Board members not aware
- Policy/process in place that needs updated
- No policy/process

C. Covino will submit a Briefing note to recruit members to form a sub-committee which will report back to the full Board.

Mr. Ferguson was excused from the meeting.



2.3 Enterprise Risk Management

Ms. Covino highlighted the top 3 quality challenges and the steps to overcome them. This month Leads will begin populating their risks into the risk registration which will then be part of the centralized enterprise risk registry which allows for monitoring, review and continual improvement.

Mr. Del Nin was welcomed to the meeting.

Ms. Freitag was welcomed to the meeting.

2.4 Quality Improvement Plan Excerpt from Balance Scorecard

Mr. Michael Del Nin, Director, Decision Support and Ms. Carolyn Freitag, Director, Strategy and Performance, provided an overview of the 2017/18 Q1 Strategic & Operational Indicators, 2017-18 Q1 QIP Progress Reports and 2018/19 QIP Preliminary Indicators.

Emergency Department length of stay was discussed. A number of initiatives have been undertaken which should lead to small improvements. Larger improvements are not likely achievable without reductions in occupancy. ALC rates and overall occupancy continue to be very high.

Ms. Freitag updated the group on the Health Quality Ontario (HQP) preliminary 2018/19 quality indicators which were released September 29, 2017. The indicators will be reviewed and prioritization is required prior to launching into the 2018/19 QIP plan development.

Mr. Del Nin was excused from the meeting.

Ms. Freitag was excused from the meeting.

Dr. Sheppard was welcomed to the meeting.

2.5 Adult and Forensic Mental Health Program

Dr. Peter Voros provided an overview of the Mental Health Program. TBRHSC is 1 of 2 Schedule-One mental health facilities in Northwestern Ontario and is responsible for providing acute mental health services to the Thunder Bay District. TBRHSC is the only forensic mental health facility in Northwestern Ontario. 30 beds are available on the Acute Mental Health Unit and 20 beds on the secure Forensic Mental Health Unit. Challenges continue to be psychiatrist recruitment, scope of inpatient nursing practice, patient flow and physical space. Dr. Voros reviewed some current initiatives which include adopting the Safewards model on the Forensic Unit, adopting eHarm, redeveloping the model of



care to small teams that work with groups of patients for better continuity of care and creating a robust Consultation Liaison Services throughout TBRHSC.

2.6 Reports – Chief of Staff/PFA

Deferred

3.0 CONSENT AGENDA

Moved by: Patricia Lang
Seconded by: Eric Zakrewski

“That the Quality Committee of the Board approves the Quality Committee of the Board minutes of September 20, 2017, as amended, and receives the Research Ethics Board minutes of June 26, 2017, as presented.”

CARRIED

4.0 WORK PLAN

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

The Work Plan was amended to include the additional report for Enterprise Risk Management and the addition of the employee satisfaction survey.

5.0 BUSINESS ARISING/COMMITTEE MATTERS

5.1 Quality Terms of Reference

The Terms of Reference (TOR) were reviewed. Ms. Lang will review the QCOB TOR and report back at the November meeting.

Action

5.2 Quality and Patient Safety – Governance Toolkit – Chapter 4

Deferred

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 November 15, 2017.

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

DRAFT



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Health Sciences
Centre

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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: October 17, 2017

RE: **Q2 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 October, 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



**Report from Jean Bartkowiak
President and CEO
November 1, 2017**

I am pleased to begin my report by sharing the praise and congratulations I received from Donna Kline, Executive Lead of the Provincial Digital Quality Based Procedures Program. In her note, Ms. Kline extended congratulations on the implementation and use of digital order sets in our Hospital, which enhance patient experiences and safety. She specifically recognized the “entire project team, clinicians and staff for their hard work and dedication to moving forward the goal of improved evidence based, standardized care for your patients.” I appreciate and echo Ms. Kline’s sentiments. I also want to extend my appreciation and congratulations to Dr. Porter who kindly and enthusiastically accepted the challenge to the implementation team in the arduous endeavour.

The Hospital’s Francophone Advisory Committee met on October 16. Members heard details of an Active Offer of French Language Services research project in which our Hospital is participating. The research project, led by the Institut de Recherche de l’Hôpital Montfort and Société Santé en français, will guide our planning as we strive to ensure patients and families are offered service in French. The first phase will begin this fall, when we implement linguistic variable questions at admitting and registration. The linguistic variable questions ask patients to identify their mother tongue, and if the mother tongue is neither French nor English, in which of Canada’s official languages the patient is most comfortable. This supports our Hospital to collect important data and plan for enhanced service in the future. We are also committed to further developing the bilingual documentation content available on our website.

I attended on October 21 the Resolute Save a Heart Ball in support of our Foundation’s Northern Cardiac Fund. As always, the Foundation team’s outstanding efforts resulted in a magical and memorable event, as well as thousands raised in support of cardiovascular care. It was a pleasure to share the evening with so many cardiac care staff and physicians.

On October 23, I was the guest speaker of the Catholic Health Sponsors of Ontario Catholic Leadership training session for their Leaders. I was honoured to share my experiences in Catholic health care with the group and discuss the many lessons I learned as the CEO of three Canadian Catholic health care institutions.

Also on October 23, we received notice that the Ministry of Health and Long-Term Care is funding over 2,000 additional beds and spaces to improve patient access to the care they need, whether in hospital, at home or in the community. This includes 12 for our Hospital, 6 for Short-Term Transitional Care Spaces (a partnership with St. Joseph’s Care Group), and 10 for Short-Term Transitional Care Spaces (a partnership with our Hospital and St. Joseph’s Hospital). We will collaborate with the North West LHIN and our partners to determine the best mechanisms and locations for the 12 spaces designated for our Hospital; we are also partnering with the LHIN and SJCG to actually reach 32 additional beds to help relieve the pressure from our ALC group of patients. I welcome the announcement and other initiative, as all new care capacity in our community should reduce surge capacity pressure.

Concomitantly, we are considering measures to use our clinical resources as efficiently and effectively as possible, so that our patients access the right care at the right time. When a person needs a bed in our Hospital, our priority is to place that person in a unit bed that meet his or her health care needs. Co-gendering helps admitted patients waiting in the Emergency Room to get the care they need sooner. We have to mix male and female patients when there is a severe demand for in-patient beds



and a room with a person of the same gender is not available. Most hospitals in Ontario and elsewhere in Canada have to do the same, and research demonstrates that this practice is as safe as same-gender hospitalizations. While patient preferences will be accommodated when possible, our primary responsibility is to ensure the admitted waiting patients get the care they need. Co-gendering allows us to meet patient needs by using resources wisely and efficiently.

Caroline Fanti, Director of the Regional Orthopaedic Program, attended as a member of the Ministry of Health and Long-Term Care's Musculoskeletal (MSK) Steering Committee on October 23. Our LHIN is one of only two in the province chosen to pilot a full roll-out to test an MSK intake assessment and management model for all orthopaedic conditions. Our Hospital is leading this project as this supports the expansion of our regional clinical program model that is recognized as best practice.

It is with great pride and honour that I celebrate one of our outstanding senior leaders. On October 24, Dr. Rhonda Crocker Ellacott was named to the 2017 Minister's Medal Honour Roll in the Individual Champion category. The prestigious Minister's Medal recognizes the excellent performance of health care partners across the province. The recipient of the award is someone who places patients at the centre of the circle of care, while promoting value and quality in the health care system. Dr. Crocker Ellacott, is a passionate champion of our Patient and Family Centred Care (PFCC) philosophy, and is critical to its success at our Hospital. Through organizational transformation and a focus on safe quality patient care, she led the development of a PFCC blueprint for system wide changes through partnerships between patients and families, staff, physicians and volunteers to improve the care experience for every patient, every time.

Starting January 1, 2018, Ontario hospitals outdoor grounds must be completely smoke-free. Our Hospital has been a leader in this obligation, with both a long-standing policy and a City of Thunder Bay by-law prohibiting smoking on our property. Given the known risks to health associated with smoking, our focus is to provide a safe and healthy environment for patients, families, staff and visitors, and to support smokers quit the habit. We encourage our staff to interact with and educate smokers on our property, as is our responsibility under the legislation.

Finally, as we look forward to winter, we are planning the annual delivery of Holiday baskets to staff on the patient units. This is one of many initiatives that allows the Board of Directors and Senior Leadership Team to express gratitude to our dedicated health care providers who consistently provide safe quality patient care. The participation of Board Directors has been particularly appreciated by staff, and I look forward to their ongoing involvement.

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

Communications, Indigenous Affairs & Engagement

- Linguistic Variable Questions “*What is your mother tongue*” and “*If your mother tongue is neither English nor French, which of Canada’s official languages are you most comfortable in?*” for all points of registration and admission to be implemented November 30th;
- French content on the corporate website will increase following direction received at the Francophone Advisory Committee meeting;
- The Discharge Planning Working Group for Patients Returning to First Nations developed resources for staff to enhance patient education, referral and discharge processes;



- Senior Director attended the LHIN's Aboriginal Health Services Advisory Committee;
 - Senior Director attended the Indigenous Learning Series engagement session through the Canada School of Public Service and discussed conflict resolution, Non-Insured Health Benefits, respect, awareness and discussion skills;
 - Presentations provided throughout the organization are increasing awareness of Non-Insured Health Benefits. This contributes to enhanced experiences for Indigenous patients;
 - On October 20th, the Senior Director facilitated the engagement session at the Health Research Institute's Board Retreat with a focus on Operational Review priorities;
 - Materials and strategies have been developed to enhance staff awareness regarding the respect project, which is an organization-wide education initiative.
-
- Media releases:
 - October 2: Breast Cancer Awareness Month;
 - October 16: Cervical Cancer Awareness Week.
 - Media requests:
 - September 27: Opening beds for surge capacity (x2);
 - October 10: Opioid overdoses;
 - October 23: Over-capacity beds (x3).

Quality and Risk Management

Risk Management:

- The risk registration tool has now been finalized into a comprehensive, user-friendly tool to support the Enterprise Risk Registry;
- Risk Leads, as identified based on subcategories and departmental alignment will be guided through the procedure of registering their risks by utilizing the risk registration tool which will populate the risk register and allow for further analysis;
- QRM will develop a centralized risk registry for validation by Directors and Senior Leadership Team. Organizational monitoring, management, review and continual improvement will follow.

Patient Relations:

- We are adhering to best practices as outlined in the Ontario Hospital Association's Patient Relations Toolkit as resources allow;
- Key changes "go live" in the database on Oct. 30, 2017 include tracking of:
 - number of complaints per thousand patient days;
 - acknowledgement of concerns;
 - Concerns categories;
 - method of management;
 - Closure within 30 days as opposed to current 45 days;
 - Ombudsman requests management process.



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President and CEO
Président directeur général

Strategy & Performance

- Given the *Program Management* structure has never been assessed since its implementation, a review was conducted to provide background information for Senior Leadership review;
- A process improvement 'design event' scheduled for the end of November, will bring an inter-departmental team, including frontline staff from Emergency, Admitting, Portering, Housekeeping and 1A Unit for 3 days to identify waste, redesign and real-time test the bed allocation process. This activity is expected to be the first of a series to better define and make improvements in the delays experienced with the 90% *ED admitted Length of Stay*;
- The 2017-18 Quality Improvement Plan (QIP) progress report and 2018-19 *draft* QIP indicators were presented to the Leadership team, Quality Committee of the Board and Medical Advisory Committee. This year's approach incorporates a broader review of *all quality indicators* tracked including strategic, corporate and program or service level indicators. Over the next month, further engagement sessions are planned to gain a deeper understanding of the priority quality indicators to consider for next year's QIP.



Senior Leadership Report

to the
Board of Directors
Thunder Bay Regional Health Sciences Centre
November 1, 2017

Patient Services and Chief Nursing Executive

Emergency (ED) Patient Flow

- As a result of sustained levels of hospital overcapacity, ED did not meet provincial targets for non-admitted high acuity patients [length of stay (LOS) 7.5 hours versus ≤ 7 hour target] or low acuity [LOS of 4.1 hours versus ≤ 4 hour target]
- ED LOS for admitted patients remained high at 41.6 hours in September (target 27 or less). On average, each morning, there were 29 patients waiting in ED for an in-patient bed.

Canadian Triage Acuity Score (CTAS) Audit

- To assist in the analysis of ED admissions and confirm CTAS increases being recorded, CTAS chart audits are being completed
- Over the summer, 26 charts were audited that confirm 100% accuracy of assigned CTAS
- 24 CTAS chart audits will be completed each quarter until the new eCTAS software program is implemented in March 2018
- The eCTAS program will autocalculate the CTAS based on objective parameters and monitor compliance

Spine Surgery

- Instrumented spine surgery provides permanent spine stability through the use of a medical implant. This type of surgery treats patients with back pain or other unstable spine conditions. TBRHSC has, historically, received provincially funding for 92 instrumented spine cases per year. With consistent success at achieving its funding targets, a volume increase has been received.
- The latest instrumented spine volume increase will result in 18 additional spine patients receiving surgery. These newly funded instrumented spine surgeries will see TBRHSC receive an additional \$252,000 to provide greater access to instrumented spinal surgery.

Regional Critical Care Response (RCCR) Research Project

- On October 24th, members of the RCCR Research Project Team presented at the Health Quality Transformation Conference in Toronto
- The project is studying impacts of using standardization medication protocols, IV pumps and ventilators on critically ill patients in the NW region
- Expected outcomes include quicker transport times, reduced organ dysfunction and medication errors
- Results of the study will be available in December

Patient & Family Centred Care

- TBRHSC's 8th Annual Sharing & Caring Together Exhibition was recommended as #4 of the Walleye's Top Five for the month of September for good reason. The interactive displays highlighting the great work being done, in collaboration with our patients, care partners and staff, to improve the patient experience brought in record numbers of attendees. The positive energy and excitement was inspiring. Close to 1,000 people participated in the week-long events.



Human Resources

New Safety Consultant

After a period of vacancy, the Occupational Health and Safety Department has successfully recruited Sabrina Felice for the Safety Consultant position. Sabrina's background is that of a safety officer with a strong focus on ergonomics. Her start date is November 13, 2017.

Influenza Vaccinations

The flu clinic season has begun earlier this year as opposed to years past. To date we have immunized 477 staff and 191 other individuals including volunteers, learners, and security for a total of 668; exceeding last year's numbers at this time frame. Promoting the flu vaccine continues to be done through various modalities including the use of modified workers who travel to the units with the roaming cart on the evening and weekend shifts.

Labour Relations Update

Laura Macgowan, Manager, Labour Relations participated in SEIU Central Negotiations at the beginning of October. The parties were unsuccessful in negotiating an agreement and have proceeded to mediation commencing October 28, 2017.

Local negotiations for SEIU have been tentatively scheduled for December. We are currently in the process of assembling our local ONA negotiation team.

Human Resources E-Recruit

Work has continued with the implementation of a new career hosting site, E-Recruit, with a go-live date of November 1st.

Walk the Talk Awards Program for Staff

The Walk the Talk Awards campaign brought in over 130 well-deserved nominations, recognizing the exemplary work of our staff. The staff-based selection committee then met on October 31st to review and vote on the award winners for this year. We look forward to honouring the winners and nominees at the Award ceremony on January 23, 2018.

New Volunteer Coordinator

Megan Valente has accepted the permanent position of Volunteer Coordinator effective August 20, 2018. In the interim, we welcome Kiri Butter as temporary Volunteer Coordinator effective October 11, 2017, providing transitional support.

Volunteer Program Promotion

Donna Jeanpierre, Manager, Volunteer Services was invited on October 16 to make a presentation to staff at Thunder Bay Indigenous Friendship Centre about volunteering opportunities. In addition a presentation about TBRHSC Volunteers was made to hospital staff, students, volunteers, and PFAs during PFCC Week.

Volunteer Events

- A Volunteer Fall Retreat was held on Friday, October 20. The theme was "Caring for Others-Caring for Yourself" with local counsellor and teacher Claudia Otto speaking about "Coping with Grief and Loss".
- The Craft Group held a Pre-Christmas sale in front of Seasons on Thursday, October 26 with an additional Christmas sale scheduled on Wednesday, November 22.



Patient Services and Cancer Care Ontario

Adult and Forensic Mental Health Program

- With Dr. Hampe's return, we have seen growing improvement in our ED wait times and a decrease in inappropriate admissions.
- Efforts to finalize the functional program for a full Mental Health Emergency and Stabilization Unit continue.
- Efforts continue in our joint program development with the Canadian Mental Health Association and local Police forces in the development of a Joint Mobile Crisis Response Team that will hopefully see more community crises appropriately diverted from the ED, and see a smoother transition from police to hospital staff in the ED.

Cardiovascular and Stroke Program

- We welcome Dr. Alireza Bagherli to the position of Medical Lead, Cardiac Cath Lab. Dr. Bagherli will work in partnership with Nursing and Administrative Staff of the Cardiac Cath Lab, to ensure operational excellence and outcome-oriented, cost-effective, quality patient care.
- Replacement of the XIM Hemodynamic Monitoring System successfully occurred in the Cath Lab this October. The Hemodynamic Monitoring System, continuously monitors the movement of blood and pressures being exerted in the veins, arteries and chambers of the heart.
- Door to Needle Time for tPA administration Q2 results: TBRHSC continues to improve in tPA administration times for stroke patients. tPA is a thrombolytic or a "Clot Buster" drug. This clot buster is used to break-up the clot that is causing a blockage or disruption in the flow of blood to the brain. Q1 results for 2017/18 highlighted an average of 66 minutes, with the average for Q2 being 36 minutes. The provincial target is 30 minutes. Congratulations to the Stroke, ED, and EMS teams for their commitment and dedication to support efficient and timely access to care.

Cardiovascular Surgical Program Implementation

- Our major focus has turned to capital planning activities to accommodate the cardiovascular surgical program expansion. The selection of our Functional Planners is targeted for early November and the RFP for project management firms was issued in late October.
- The TBRHS Foundation hosted an excellent educational event for key staff in October. The session was led by Michael Farrell, expert Canadian healthcare fundraiser, about communication techniques to promote meaningful gifting by grateful patients and families.

Prevention and Screening Services

- Our service launched a project with Fort Hope/Eabametoong First Nation for capacity building in health promotion, prevention, and cancer screening.
- The Healthy Workplace Steering Committee presented and engaged with leadership October 25th, providing the opportunity for input and collaboration in the communication plan of initiatives.
- On November 1st, the Mobile Coach will be returning to screen in Thunder Bay until the end of March 2018. To schedule your appointment, call 807-684-7777 for local bookings.

Regional Cancer Program

- Two new physicians have joined the Medical Oncology Group. Dr. Olexiy Aseyev began seeing patients in July with a specialty in treating breast cancer and a fellowship in Cardio-Oncology. Hematologist, Dr. Gwynivere Davies started in October with a specialty in treating lymphomas. With these hires, there remains one vacant AFP (Alternate Funding Program) position in the Medical Oncology Group. Heavy recruitment has been ongoing with multiple site visits.



- Phase 1 of the Outpatient Pharmacy Project is nearly complete. A new centralized reception desk has been designed in the entrance to the Cancer Centre on the second floor. Patients will check in for all Centre appointments here before moving to the appropriate waiting room. This is an important patient safety and process efficiency improvement project.
- Hiring is underway for the Complex Malignant Hematology Clinic staff to include a Nurse Practitioner and Nurse.
- The Large Bore CT is operational and scanning/simulating most radiation therapy patients requiring treatment.

Telemedicine, Spiritual Care, Tbaytel Tamarack House

- The first 2017/18 Memorial service was held September 24th, with over 80 participants gathered to remember family and friends.
- Spiritual Care awareness week was the week of October 16th. On October 18th a booth was setup to raise awareness to staff and the public about spiritual care services available.
- A drum making workshop was held with patients in the Forensics area on September 26th. The workshop was well received and 5 drums were made during this event. An additional drum workshop is planned in November.
- Tbaytel Tamarack House continues to have high occupancy (80-90%) in 2017, full on most weekdays. This is due to both an increase in cancer patients needing care and maximizing room usage to non-cancer patients and families. Rooms for non-cancer patients are available to be filled during the same week for short-stay patient needs. This can be either patients coming to TBRHSC or post discharge awaiting additional tests or appointments.

Corporate Services & Operations

Financial Services

- As at September 30, 2017 the deficit is \$4.6 million compared to a budget deficit of \$3.5 million and prior year deficit of \$2.3 million with:
 - Patient Days 5% more than prior year and 6.1% more than budget;
 - Surgical Cases 3.5% less than prior year and 11.5% less than budget;
 - ER Visits 4.2% less than prior period and consistent with budget, and;
 - ER Patient Days are 44.5% more than prior year.
- Overall Paid Hours are 2% more than budget and 2% more than prior year.
- A preliminary 2018/19 operational budget summary has been prepared and is being reviewed by Senior Leadership.
- Finance and Capital Planning are working with program and service directors to develop the 2018/19 capital purchasing plan.
- Using a phased approach, Finance is implementing report drill down enhancements on Discovery EIS by providing leaders with digital images of invoices and other supporting documentation.
- Targeted for a November launch, Employee Self Service will be implemented by Payroll and will provide employees with web-based access to their electronic paystubs and annual T4 slips.

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.
- Planning for Stage 1 for Cardio-vascular Surgery has commenced. 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 over the fall and winter.
- The next phase of energy conservation projects are under review with Johnson Controls completing an engineering review through the fall.

Northern Supply Chain (NSC)

- The NSC held their semi-annual face to face meeting October 19 in North Bay where we reported our first year projected savings to the East of \$850,000 while the overall North has now exceeded \$35 million in contractual savings.
- As part of our NE Transfer Payment Agreement we have requested the Contingency funds of \$400,000 to fund a Data Analyst for 30 months as well as the remaining monies to assist with a potential relocation of the NSC Program to the Health Services Centre on Oliver Road.
- 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. The number has since increased to 14 Hospital Operating Room Programs or an ask of \$2.008m for the North. TBRHSC and North Bay having previously conducted a lean review and will be moved to Phase 2 that includes funds to implement recommendations.

Research

Adopting a Process for the Review of Health Technology Proposals

- the Executive Management and Senior Leadership Councils of the Institute and the Hospital have supported the use of a process for decision making regarding the initial evaluation of requests submitted by the CAHO Innovation Broker or by innovators to TBRHRI/TBRHSC;
- the process originally developed by CAHO's Innovation Broker Task Force (IBTF) is being applied locally with a set of identified criteria that include alignment with the research Strategic Plan of the Institute/Hospital and the availability of funds by the vendor for validation studies;
- although the IBTF is accepting applications and distributing them for review until the end of March, 2018, the process will likely continue to be used locally.

Operational Review

- a team from St. Boniface Hospital Albrechtsen Research Centre will be in Thunder Bay Nov. 13-15 to conduct a review of the Institute;
- areas of focus will include business, science and operations;
- meetings will be arranged with a wide range of Hospital, Institute and external individuals;
- staff are preparing a large number of documents to be considered by the review team and on October 20th, the Institute's Board and Executive Management Council participated in a facilitated session to consider areas of focus for the review taking into consideration the Institute's recently enhanced 2020 Strategic Plan.

Other Activities

An overview of some of the other significant meetings from the past month are listed below:



- on September 20th & 21st, Dr. Rudnick was the Keynote Speaker at the Centre for Health Care Ethics *Encounters in Bioethics* series; the topic of discussion was *Coercion in Mental Health Care: Ethical Issues*;
- on October 17th, Mr. Bartkowiak along with Drs. Rudnick, Deslauriers and Moody-Corbett, met with Dr. Janet McElhaney of the Health Sciences North Research Institute to talk about their PHEONICS initiative; this population health platform is designed to stimulate research and development on healthcare priorities of direct interest and commercial benefit to Northern and Indigenous populations; Thunder Bay looks forward to continued collaborations with Sudbury on this project;
- on October 17th Dr. Rudnick participated in the first meeting of Lakehead University's Research Priorities and Initiatives Planning Committee; the Committee has been formed to make recommendations on Lakehead University's Strategic Research Priorities and Research Initiatives for 2018-2023;
- on October 23rd Dr. Rudnick attended the presentation of Lakehead University's *Economic Impact Report*; the report outlines the findings of the University's recently completed study on its economic impact on the province of Ontario with a focus on Thunder Bay and Orillia.

For other news please refer to the October TBRHRI Report to the Hospital Board.

Academic Affairs and Interprofessional Education

Academic Affairs and Interprofessional Education

“Together We Are Stronger”

In 2007 a family practice physician would have expected to see patients' with minimally complex diagnoses, teach at NOSM and participate on a committee. In 2017, that same physician may expect to see more complex patients, manage a family health team, teach at NOSM, preceptor Medical students and Residents, hold an Academic Leadership position (i.e., Site Director), support Medical student/resident recruitment, partake in accreditation reviews and participate on several committees. To support the expansion of physicians' roles in the North, Health Sciences North (HSN), Thunder Bay Regional Health Sciences Centre (TBRHSC), and the Northern Ontario School of Medicine (NOSM), are committed to working together to further advance the integration of academic work in the AHSC settings, supporting their further transition from regional hospitals to academic centres. A work plan was approved to outline the necessary steps to create a single tri-partite affiliation agreement between NOSM, HSN and TBRHSC. The key areas of focus include:

- New leadership structures within the AHSCs which ensure accountability for academic as well as clinical deliverables
- Advancing the objective of protected time for physicians engaged in academic work
- Seamless administrative support for academic work in clinical settings
- New approaches to collaboration and governance, ensuring optimal use of available academic funds for our shared goals.

Medical Affairs

- A total of 5 site visits took place during the month of October for Nephrology, Medical Oncology, Gastroenterology, Emergency and Psychiatry
- Dr. Joshua LeClaire (Pathology) has accepted a position with a start date to be determined
- The following physicians are our newest recruits that have joined us:



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- Dr. Samantha Arora (Critical Care)
 - Dr. Bernadette Kovacs (Critical Care)
 - Dr. Kenneth Blonde (Critical Care)
 - Dr. Gwynivere Davies (Medical Oncology)
 - Dr. Rory Silverberg (Nephrology)
- Our Physician Recruitment Assistant attended the Canadian Society of Internal Medicine Annual Meeting and Conference in Toronto to promote our hospital and engage with potential recruits for our hospitalist program and other internal medicine needs
- A small working group reconvened in November to develop strategies for supporting our leadership to continue to develop and implement changes that support the Choosing Wisely philosophy

Pharmacy

- The top two vendors for the Automated Dispensing Cabinet RPF presented demonstrations on October 20th. Nursing and Pharmacy staff were able to provide feedback for the evaluations.
- The Medication Reconciliation Admission rate for September 2017 was 55.4%.
- A report based on findings from our pilot (Admission Nurse Role for Med Rec) has been prepared and will be presented to SLC shortly.

Senior Leadership
La haute direction



Thunder Bay Regional
Health Sciences
Centre

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Thunder Bay ON
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Tel: (807) 684-6564
www.tbrhsc.net

Chief of Staff
Médecin chef

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

November 2017

Policies and Procedures

- Consultation continues with both the Medical Advisory Committee and Professional Staff regarding several policies and procedures to increase standardization and ensure that expectations 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

Professional Staff Leadership Development

- A Physician Leadership Institute (PLI) session is being planned for early November in Thunder Bay on the topic of *Crucial Conversations* for our current and emerging leaders
- Dr. Gillian Kernaghan, President and CEO from St. Joseph's Health Care London, is a national leader in this area and will share leadership engagement stories
- The PLI aligns with the LEADS Framework (I, we, us) which is also aligned to our corporate strategy (me, we, all)
- Instructors Amanda Bjorn (VP, Human Resources at TBHRSC) and Dr. James Goertzen (NOSM) will participate as observers
- This PLI will be a true interprofessional session

Quality-Based Procedures (QBPs) and Think Research

- Progress continues on the provincial project to improve adoption of QBP order sets
- Our utilization rates since going live are approximately 30% for the medical order sets (Community Acquired Pneumonia (CAP), Chronic Obstructive Pulmonary Disease (COPD) and Heart Failure) and 100% for the orthopedic order sets (Hip and Knee Replacement and Hip Fracture)
- According to the project vendor, we have had the best uptake of digital order sets compared other hospitals they have worked with
- Work on developing the next 5 digital order sets will begin shortly
- 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

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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** **November 2017**

Chief Nursing Executive
Chef des soins infirmiers

Active Offer Research Project

- TBRHSC has recently initiated a collaboration with a group of researchers from the University of Ottawa and Hôpital Montfort aiming to carry out a pan-Canadian pilot study on low cost "Active Offer"
- Active Offer refers to pro-activeness in offering health services to Francophone minorities. The pilot study focuses on simple and easy ways to help Francophone minority patients access certain services in French.
- The Active Offer research project will be implemented in the Pre-admission Clinic, Ambulatory Care, 3C and the Admitting Department
- Initiatives will include
 - signs on the identified units will be posted in Canada's two official languages
 - bilingual employees and volunteers will be provided with lapel pins that indicate that they can provide services in French
 - the identified unit's telephone and voicemail greetings will be in both French and English
 - information, educational tools and resources on the identified units will be made available in both official languages

Interprofessional Rounding

- Paediatric Unit (1B) started Interprofessional Rounding on Sept 25th, 2017, after a 3 day design event
- The interprofessional team consisting of nurses, physicians, learners, dietician, pharmacist, social work, child life specialist, clinical nurse specialist, coordinator and manager meet every morning on the unit to collaboratively review each patient and determine the plan of care
- The physician, nurse and learners then meet each patient and their family in their rooms where they engage in discussion, answer questions and share the plan of care
- Whiteboards are updated as the team engages with the patient and families
- Feedback from the team has been overwhelmingly positive, and report value in working collaboratively with one another to address issues/concerns and develop the plan of care.

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Each member of the team reports that, after rounds, they have a clear understanding of the plan of care and find that, as a result, they are more efficient

- Whiteboard audits show that they are consistently complete and up to date, and leader rounds have confirmed that the patients and families have a clear understanding of the plan and feel they have had the opportunity to participate in the plan

**Interprofessional Education and Collaborative Practice Conference – Podium
Presentation – Me to We for IPC**

- Michelle Addison, Director, Health Professions & Collaborative Practice and Kelly Meservia-Collins, Director, Academics & Interprofessional Education presented at Collaborating Across Borders, a North American conference on interprofessional education and collaborative practice, with a focus on strategies to improve understanding of individual strengths in the enhancement of team functioning

Chief Nursing Executive
Chef des soins infirmiers

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

Past Events Highlight:

Tbaytel Luncheon of Hope

On September 29, over 400 guests celebrated 25 years of HOPE for breast cancer patients and their families in Northwestern Ontario. The room was enlightened by local guest speakers and together raised over \$32,000 for the Northern Cancer Fund to better the care received by breast cancer patients here and throughout our region.

Greek Supper Club

On October 3, 2017 the Greek Supper Club was held at Bistro One. It was a fabulous night featuring a five course meal prepared by renowned Chef Peter Minaki. The event raised \$20,000 for the Renal Unit and Northern Cardiac Fund! Thank you to Lisa Sandham Interior Designs for organizing an amazing night! There is word that Greek Supper Club may return for a third year in fall 2018.

Resolute Save a Heart Ball

Congratulations to the Resolute Save a Heart Ball Committee! This gala event was held on October 14, 2017 at the Victoria Inn. A champagne reception, followed by a gourmet meal, enticing silent auctions and fantastic entertainment was enjoyed by all! This great event supports excellence in cardiac care here at the Health Sciences Centre. The event raised over \$70,000 this year for the Northern Cardiac Fund! What a great way to generate excitement for the upcoming CVS Campaign.

Upcoming Raffles – Purchase tickets at healthsciencesfoundation.ca or 345-4673

Intercity 50/50 Raffle

The Foundation is proud to host the Intercity Shopping Centre 50/50 raffle again this year. Please consider signing up for a volunteer shift selling tickets during the busy holiday season. The winning ticket will be drawn on December 22, 2017! Proceeds support the Northern Cardiac Fund and the WE-Can Program (Wellness & Exercise for Individuals Living with Cancer) Please contact Devon Sokoloski for more information at 684-7278.

Media Coverage – Contact Heather ext. 7111

Past

- o Tbaytel Luncheon of Hope (Sept 29)
- o Launch of Intercity Shopping Centre 50/50 Cash Draw (Nov 1)

Upcoming

- o Launch of Christmas fundraising appeal (Nov/Dec)

CVS Campaign

Representatives from the Our Hearts at Home CVS Campaign presented to City Council at the end of September. We are hoping for a \$ 1.5M contribution towards our efforts to fund the local share. For any questions regarding the Campaign you can contact Terri Hrkac at ext.7109

BRIEFING NOTE

TOPIC	Accreditation Board Governance Action Plan Review
PREPARED BY	Gary Ferguson
REVIEWED BY DECISION SUPPORT (if required)	<Does this have financial impacts to the hospital's budget? Has a Decision Support Analyst been consulted on this briefing note?> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
APPROVED BY	Cathy Covino
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 checked="" type="checkbox"/> Other:
DATE PREPARED	

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)

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.

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- 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](#).

To seek volunteers to participate in an Accreditation sub-committee of the Quality Committee of the Board. The surveys taken by Board members results in result in a Board Self Assessment and Governance Functioning Tool that this committee will review and create action plans to address any deficiencies and education opportunities for informing Board members where required.

BACKGROUND

As part of the Accreditation process, all teams in the organization were required to complete relevant self assessment tools. One of the areas that Accreditation Canada reviews during the on-site survey is that of organizational governance.

To prepare the organization for the upcoming Accreditation onsite visit action plans have been developed for Governance, Leadership and all relevant services which will be assessed by the Accreditation Canada Survey team. Each Accreditation an Accreditation Sub- committee of the Quality Committee of the Board is assembled to review the survey results and create action plans. This committee reviews the deficiencies and determines the following:

1. Policy/process in place but Board members not aware
2. Policy/process in place that needs updated
3. No policy/process

The committee is typically members of the QCOB and other Board members willing to participate.

ANALYSIS/CURRENT STATUS

Information collected from the Self Assessment and Governance Functioning tool was used to create an action plan to address any areas where it was felt that compliance to the standards are not currently being achieved.

To ensure that the most comprehensive results are received during the Accreditation on site visit it is imperative that the Board review all non compliant standards and introduce corrective actions where required.

The review of the action plan will also enhance the Board members understanding of the standards and add additional preparation and knowledge for the onsite survey visit.

There are two options to consider in developing a response to the Board Self Assessment and Governance Functioning Tool results;

1. The Board create an Accreditation sub-committee of the Quality Committee of the Board to develop the Accreditation Action Plan and feed results up to the full Board.
2. The Board as a whole work on the action plan.

RECOMMENDATION

The recommendation is a smaller select group of volunteers from the Accreditation Sub- committee of the Quality Committee of the Board and report back to the full Board.

The Accreditation Coordinator and Senior Director, Quality and Risk Management will provide support to the Board in coordinating the completion of the Action Plan.

NEXT STEPS

A decision will be required by the Board as to the desired option for completion of the Accreditation Action Plan.

Should it be determined that corrective actions are required, work will then be done to meet compliance prior to the on-site survey visit by Accreditation Canada in May 2018.

The target dates for this group are November – January.

STAKEHOLDER REACTION

Expectation that the Board will be enthusiastic to participate in this process. This process will allow the Board the opportunity to identify the Board's current compliance in relation to the Governance Standards and consider changes to ensure compliance.

COMMUNICATIONS

Members of Accreditation Sub- committee of the Quality Committee of the Board will receive information to enable their participation and development of action plans required. The action plan will be shared with the full Board.

FINANCIAL IMPACTS

No additional financial impacts.

APPENDIX SECTION

Governance Functioning Tool results

Governance Self Assessment Action Plan

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						x			Completed in 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]

APPENDIX B - Quality Committee of the Board - 2017-18

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. Freitag / 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 (J. Wintermans)	
21	Quality Oversight	Research Ethics Board Annual Report										X	K. Bell (J. Wintermans)	
22	Quality Oversight	Annual Quality Research Report					X						A.M. Heron	
23	Quality Oversight	Quality-Based Procedures									X		S. Craig	
24	Quality Oversight	Employee Physician Satisfaction Survey								X			Amanda Bjorn	

Governance and Nominating Committee 2017-18

Updated: October 26, 2017

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		x										Meeting rescheduled to Oct/Oct meeting used for interviews
2	Governance	Review Gov/Nom Committee terms of reference	G				x								
3	Governance	Board members identify education needs for coming year	G		x										Meeting rescheduled to Oct/Oct meeting used for interviews
4	Governance	Review Board vacancies	G							x					
5	Oversight of Management	Review CEO/COS Performance Evaluation Process	G		x										Meeting rescheduled to Oct/Oct meeting used for interviews
6	Governance	Review Board forms	G		x										Forms to be reviewed every three years moving forward (last review in 2016) Meeting rescheduled to Oct/Oct meeting used for interviews
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		x										Meeting rescheduled to Oct/Oct meeting used for interviews
10	Governance	Review Work Plan	G		x					x					Meeting rescheduled to Oct/Oct meeting used for interviews

#	Accountability	Activity	Committee	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
11	Governance	Review meeting evaluations for the quarter	G				x						x		
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			

#	Accountability	Activity	Committee	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
27	Governance	Review incumbents	N									x			
28	Governance	Review of applicant interviews	N									x			
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: October 26, 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						

Page Views: Open Board Meeting Webcast

September 2017 – June 2018

Month	# of Page Views
Sept 2017	--
Oct 2017	18
Nov 2017	
Dec 2017	
Jan 2018	
Feb 2018	
March 2018	
April 2018	
May 2018	
June 2018	
Yearly Total # of Page Views	



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Thunder Bay Regional Health Research Institute Report for TBRHSC Board – October, 2017

Submitted by: Jean Bartkowiak, CEO & Abraham Rudnick, VP Research & Chief Scientist
October 25th, 2017

Working with Partners to Promote Research

On October 16th, Dr. Rudnick joined other members of Research Canada on Parliament Hill for the **Health Research Caucus Reception on Biotechnology Research in Canada**.

These events are designed by Research Canada to give Parliamentarians an opportunity to visit displays, speak one-on-one with researchers and innovators, to try out innovative devices and technologies used in diagnosing and treating disease, and meet with patients whose stories demonstrate the benefits of new therapeutics and treatments that improve quality of life. They also help to keep health research and health innovation high national priorities. Biotechnology research is being undertaken at the Institute by Dr. Zehbe's two PhD Candidates and by LU/TBRHRI Research Chair, Dr. Michael Campbell.



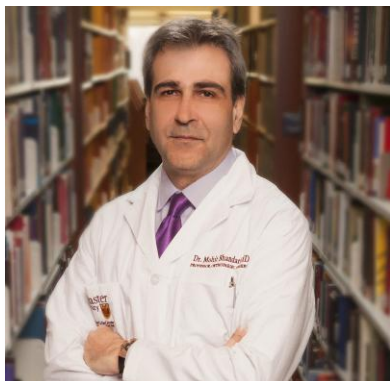
Council of Academic Hospitals of Ontario

On October 25th, Mr. Bartkowiak and Dr. Rudnick were in Toronto to participate in CAHO's **Queen's Park Day**. These regular Health Research Showcases are organized by CAHO to show MPPs and Government Officials all of the great developments happening in Ontario's Research Hospitals. At this event, the Institute partnered with Sudbury's Health Sciences North at a display regarding the PHEONICS initiative. PHEONICS stands for Population Health Ecosystem of Northern and Indigenous Communities. This project is being spearheaded by the Health Sciences North Research Institute.

Facilitating Research Knowledge Transfer



NORTHERN HEALTH
RESEARCH CONFERENCE



This year, the Northern Ontario School of Medicine hosted its 12th Annual Northern Health Research Conference at Lakehead University. The event was held on October 13 & 14th and provided attendees with an opportunity to explore research activities being undertaken in Northern Ontario. A number of lectures and poster presentations were given by Institute staff and researchers including Dr. Rudnick who presented on *Social Science Methods in Health Research*. On October 15th, the Institute and NOSM co-hosted a presentation and workshop by Dr. Mohit Bhandari. Dr. Bhandari is a recognized global leader in evidence-based surgery and orthopaedic research and currently serves as Professor and Academic Head of the Division of Orthopaedic Surgery at McMaster University. He spoke about *The Habits of Highly Successful Researchers* and then lead a workshop on *Evidence-Based Research*. This event was sponsored by the PSI Foundation.

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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Helping Young Researchers

For several years the Institute has been fortunate to be able to provide financial assistance to Master or PhD level students whose principal supervisor is an Institute Scientist. The **Elekta Student Travel Grant** is intended to support student's attendance at major national or international research gatherings where they must be actively participating by presenting a paper at an oral or poster session, exhibiting their work. A total of \$10,000 has been made available each year to assist students with travel expenses. Applications are reviewed four times per year.

This year the last two rounds of Elekta Student Travel Grants were awarded to:

- Chris Abraham - \$1,000 (*Prostate Cancer Canada Network-Thunder Bay Student Travel Award*) to attend 2017 ISMRM Conference in Honolulu, Hawaii, April 22-27;
- Braedan Prete - \$1,000 to attend 2017 ISMRM Conference in Honolulu, Hawaii, April 22-27;
- Ashlyn Kopanski - \$1,000 to attend 2017 ISMRM Conference in Honolulu, Hawaii, April 22-27;
- Muskaan Sachdeva - \$500 to attend 27th Annual Meeting of the Canadian Society of Brain, Behaviour and Cognitive Sciences in Regina, Saskatchewan, June 2-4 (pictured to the right);
- Sagid Delgado - \$750 to attend 2017 IEEE International Ultrasound Symposium, Washington, DC, September 6-9;
- Alanna Wade - \$750 to attend Polarization in Noble Gases (PiNG) 2017 Conference in Park City, Utah, October 8-13.



Clinical Trials Update

As of early September, there were 21 studies run through Clinical Trials and open to accrual (9 oncology and 12 non-oncology). There were also 36 studies run through Clinical Trials and in follow-up (28 oncology and 8 non-oncology). As well, there are 10 studies in the pipeline for Clinical Trials including 3 which are investigator initiated studies. The chart below provides an overview of patient visits to the end of August for Clinical Trials.

Clinical Trials Patient Visits 2017-18					
Non-Oncology	April	May	June	July	YTD TOTAL
Patients Screened	8	12	5	31	56
Patients Enrolled	2	4	1	4	11
Oncology	April	May	June	July	YTD TOTAL
Patients Screened	110	107	148	59	424
Patients Enrolled	3	4	2	4	13
Physician-Initiated	April	May	June	July	YTD TOTAL
Patients Screened	8	10	6	3	27
Patients Enrolled	0	0	1	2	3
Total Enrolled:					27

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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découverte



Volunteer Association
to Thunder Bay Regional
Health Sciences Centre

BOARD REPORT – October 2017

The Board has set the next two months to design our goals for 2018. Primarily, we hope to raise more monies to donate to the hospital. Discussions on Seasons and ways to enhance our shop were presented. It was decided that there would be Customer Appreciations Days and Themed sales to entice more shoppers as one route to raise our profits. Other thoughts were presented on raffles and 50/50.

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

HAAO had their Fall Teleconference on October 21. This alleviates the cost of travel. All auxiliaries and Associations met in their respective hospitals and called into the central depot, which was Geraldton this year. Superior North is our Region and includes most hospitals throughout Northern Ontario. The Teleconference presented the opportunity for the Volunteer Auxiliaries to present their successes and needs to the rest of the organizations. Further information on the Spring Conference in April 2018 was presented. The Volunteer Association to TBRHSC is host for the 2018 HAAO Spring Conference on April 27 and 28 in Auditorium A and B. Auxiliaries and Associations in the Superior North and Superior West will be attending. The President Elect of HAAO, Dorothy Friske, will be here. 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)



Thunder Bay Regional
**Health Sciences
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October 16, 2017

Dr. Andrej Habjan
Thunder Bay Medical Centre
63 N Algoma Suite 330
Thunder Bay, ON P7A 4Z6

Dear Dr. Habjan:

On behalf of the Thunder Bay Regional Health Sciences Centre (the Hospital) Board of Directors, we want to thank you for service to the Joint Credentials Committee, specifically in your role as Chair for the last ten years. Although no longer Chair, we are delighted to hear that you have accepted to remain a member on the Committee.

The importance of the Joint Credentials Committee in ensuring the qualifications and competences of the Professional Staff providing specific medical services to the Hospital and St-Joseph's Care Group is very significant to each of these organizations, the patients and their families.

Thank you for your countless voluntary hours and your commitment to achieve our Vision of "Healthy Together".

Sincerely,

Nadine Doucette
Board Chair

Jean Bartkowiak
President and CEO

c. Dr. Gordon Porter, Chief of Staff

BRIEFING NOTE

TOPIC	Fire & Environmental Compliance Update
PREPARED BY	Anne Marie Heron, Executive Director, Capital Planning & Operations
REVIEWED BY DECISION SUPPORT (if required)	<Does this have financial impacts to the hospital's budget? Has a Decision Support Analyst been consulted on this briefing note?> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
APPROVED BY	Peter Myllymaa, Executive Vice President, Corporate Services & Operations
CO-SPONSER (if required)	n/a
PREPARED FOR:	President & CEO <input type="checkbox"/> Board of Directors <input checked="" type="checkbox"/> Other:
DATE PREPARED	October 23, 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 provide the Hospital Board of Directors with an update on Fire and Environmental Compliance.

BACKGROUND

The Hospital has no outstanding orders under the Fire Code (as overseen by the Fire Department) or Environment Protection Act (as overseen by Ministry of Environment) - and the Hospital is not aware of any non-compliances in regards to the requirements of these legislations, except as noted following.

ANALYSIS/CURRENT STATUS

Summary of status:

Fire Code

- Annual Fire Inspection completed – June 28, 2017 – no orders issued
- Annual minimum staffing drill with Thunder Bay Fire and Rescue completed October 18, 2017 – no non-compliances reported by QRM

MOECC Inspections

- Main hospital –
 - July 14, 2017 - The purpose of this inspection was to assess and address any non-compliance issues related to the requirements of the Environmental Protection Act, Ontario Regulation 419/05 and the Environmental Compliance Approval with respect to air emissions and noise from the Health Science Centre – no non-compliances noted
 - June 2, 2017 - The Ministry of the Environment and Climate Change conduct inspections of industrial sewage facilities to determine compliance with their Environmental Compliance Approval and Ontario Water Resources Act including its relevant legislation. In addition, industrial sewage inspections ensure that the operation is not having a known or potential human health and/or environmental impact. - minor administrative non-compliance was noted with recommended actions
- Cyclotron & Radiopharmacy
 - June 14, 2017 - The purpose of this inspection was to assess and address any non-compliance issues related to the requirements of the Environmental Protection Act, Ontario Regulation 419/05 and the Environmental Compliance Approval with respect to air emissions and noise from the laboratory – no non-compliances noted

Environmental Compliance Approvals (ECA)

- Medical Device Reprocessing – decommissioning of Ethylene Oxide (EtO) system to occur after approval of amendment to ECA
- Facility noise and emission testing were completed following the cogeneration installation as part of the requirements under the ECA amendment – awaiting issuance of updated ECA with the above

Green Energy Act (Ministry of Energy)

- Annual energy reporting requirement commenced July 2013 – annual report completed by deadline of July 1, 2017

RECOMMENDATION

N/A

NEXT STEPS

N/A

STAKEHOLDER REACTION

N/A

COMMUNICATIONS

N/A

FINANCIAL IMPACTS

N/A

APPENDIX SECTION

N/A