

TBRHSC Board of Directors Open Meeting

Wednesday, December 3, 2014 – 6:00 pm Boardroom, Level 3, TBRHSC 980 Oliver Road, Thunder Bay AGENDA

Vision: Healthy Together

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

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

#	Time	Presenter	Item & Purpose (Y)			Expected			
	(X)					Outcome (Z)			
				Recommendation /Decision/Action	Education	Discussion	Information		
1.0	CALL T	O ORDER							
2.0	PATIE	NT STORY – Dr. Rho	nda Crocker Ellacott						
3.1	1	S. Fraser	Quorum (8 members total required, 6 being voting)						
3.2	1	S. Fraser	Conflict of Interest						
3.3	1	S. Fraser	Approval of the Agenda	Х					
3.4	3	S. Fraser	Chair's Remarks*				Χ		
4.0	PRESE	NTATIONS							
4.1	10	J. Ross	Gridlock Status Update*		Χ		Χ		
4.2	10	Dr. S Kennedy	Physician Recruitment Plan Update*		Х		Χ		
4.3	10	A. Robichaud	Strategic Planning Process*		Х		Х		
5.0	CONS	ENT AGENDA							
5.1			Board of Directors: Approval of Minutes – November 6, 2014*	Х			Χ		
5.2			Volunteer Association Board*				Χ		
5.3			Thunder Bay Regional Research Institute*				Χ		
5.4			Quality Committee Minutes –November 18, 2014*				Χ		
6.0	REPOR	RTS AND DISCUSSIO	DN	ı		l			
6.1	5		Report from Senior Management*	Х		Χ	Х		
6.2	10	A. Robichaud	Report from the President and CEO			Х	Х		
6.3	5	G. Craig	TBRHS Foundation*			Χ	Х		
6.4	5	Dr. Thibert	Professional Staff Association			Χ	Х		
6.5	5	Dr. M. Henderson	Report from the Chief of Staff*			Х	Χ		
6.6	5	Dr. Crocker Ellacott	Report from the Chief Nursing Executive*			Х	Х		
6.7	5	Dr. P. Moody- Corbett	Northern Ontario School of Medicine (NOSM)*			Х	Х		
7.0	BUSIN	ESS/COMMITTEE N	MATTERS	1		1			
8.0	FOR IN	NFORMATION							
8.1			Board Comprehensive Work Plan*				Χ		
9.0	BOARD MEMBER COMMENTS					Х			
10.0			– Wednesday, January 7, 2014				Χ		

#	Time (X)	Presenter	Item & Purpose (Y)	Expected Outcome (Z)			
				Recommendation /Decision/Action	Education	Discussion	Information
11.0	ADJO	URNMENT					

Ethical Framework

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

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

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

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

BOARD OF DIRECTORS (Open) December 3, 2014

Agenda Item	Committee or Report	Motion or Recommendation	Approved or Accepted by:		
3.3	Agenda – December 4, 2014	"That the Agenda be approved as circulated."	Moved by: Seconded by:		
5.0	Consent Agenda	"That the Board of Directors: 5.1 Approves the Board of Directors Minutes of November 6, 2014, 5.2 Receives the Volunteer Association Board Report dated December, 2014, 5.3 Receives the TBRRI Report dated November, 2014, 5.4 Receives the minutes of the Quality Committee – November 18, 2014, as presented."	Moved by: Seconded by:		
6.0	Reports and Discussion	"That the Board of Directors: 6.1 Accepts the Report from Senior Management, 6.2 Accepts the Report from the President and CEO, 6.3 Accepts the Report from the TBRHS Foundation, 6.4 Accepts the Report from the Professional Staff Association, 6.5 Accepts the Report from the Chief of Staff, 6.6 Accepts the Report from the Chief Nursing Executive, 6.7 Receives the Report from the NOSM, dated December, 2014 as presented."	Moved by: Seconded by:		



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

It's hard to believe that 2014 is almost behind us. As I look back on the year, I realize how much we have to celebrate. Thunder Bay Regional Health Sciences Centre (TBRHSC) met many milestones, including our 10th anniversary, the introduction of bariatric surgery and the Hospital Elder Life Program, and recognition as one of Canada's 10 Most Admired Corporate Cultures of 2014. We remain one of Canada's top 40 Research Hospitals, and made 6th place on a list of the world's 30 most architecturally impressive hospitals. TBRHSC also received recognition from the Ministry of Health and Long-Term Care for "its commitment to reducing provincial wait times and improving emergency care for the people of Ontario".

As always, I am extremely proud of the TBRHSC team and hold in the highest regard the many staff, physicians, volunteers and donors who support our success. They continue to demonstrate outstanding commitment, despite challenges with overcapacity.

The ongoing issue with overcapacity is driven largely by too high numbers of Alternate Level of Care (ALC) patients, as with many hospitals across Ontario and Canada. We worked with our partners - the provincial government, the LHIN, St. Joseph's and CCAC - to ease some of the pressure as we neared a crisis situation last spring. That support helped, and our ALC numbers have decreased.

There is much more to be done to effectively address this issue. We look forward to continuing to work positively with our partners, including the provincial government, to address the universal issue of an aging population and building community capacity to provide the most appropriate care for that population.

Regardless of Gridlock, patients will be provided the care they need at TBRHSC.

A recent development is the designation of TBRHSC as one of 11 hospitals in Ontario that will handle suspect Ebola cases. While the likelihood of a confirmed Ebola case presenting at our hospital is extremely remote, we must nonetheless be prepared as part of our commitment to care for our community and our obligation as a partner in the Ontario health care system. The hospital has formed an Ebola Task Force to oversee this preparedness work.



I commend TBRHSC leadership and staff for the considerable work accomplished in order to provide the safest care possible to the people of our community.

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Phone: 684-6007

Website: www.tbrhsc.net

Looking forward, I know that 2015 will bring many more achievements and celebrations, as well as challenges. As we begin to develop a new Strategic Plan to take us to 2020, we will seek your input. In the new year, we will provide opportunity for the entire community to contribute ideas. TBRHSC is your hospital, and I encourage you to participate in planning for its future. We are Healthy Together.

In the meantime, I wish you and your loved ones they very best of the season, and a happy and healthy new year!

Respectfully,

Susan Fraser, Chair Board of Directors

TBRHSC Bed Management Update: Overcapacity

TBRHSC Board Meeting (Open Session) Presentation: Wednesday, December 3, 2014

John Ross Manager, Corporate Patient Flow



Presentation Outline

- 1. TBRHSC Beds for Admitted Patients
- 2. 2014 Patient Flow Summary
- 3. TBRHSC Admitted Patient Data & Analysis

TBRHSC Beds for Admitted Patients (November 2014)

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

- 36 Not Funded
 12 Treatment room beds
 14 Patient lounges
 10 Emergency Department
 431 Maximum admitted patient beds

Admitted Patient Bed Use (October 2014)

Unprecedented admitted patient bed use in October 2014:

- Additional 4 Inpatients in PCI recovery beds (2C, 290)
- 5 additional Post-Anaesthesia Care Unit (PACU)
- 4-6 additional Surgical Day Care beds
- Cardiac Cath Lab Recovery Area beds

October Surgical Cancellations = 8

October PCI Cancellations = 1

Admitted Patient Census Oct. 28, 2014 (0945) = 469 patients



2014 Patient Flow Summary

Indicator (Daily Ave.)	October	November (1-25)	14-15 YTD	
ED Visits	290.4	278.3	292.7	
ED Admits	30.9	29.6	29.6	
ED Admit Rate	10.6%	10.6	10.2%	
Total Admits	55.6	52.5	51.8	
Admitted Pt. Census	434	420.7	417	
ALC Patients	57.8	58.3	66.2	
ALOS (incl. ALC)	7.67	8.00	7.93	
Gridlock Days	31	25	28.1	



TBRHSC Admitted Patient Data & Analysis

Year	Total Cases	Total IP Days	ALOS (inc. ALC)	ALC Days	ALOS (w/o ALC)	National Ave ELOS (w/o ALC)	Ontario Ave ELOS (w/o ALC)
2011-12	18,699	122,504	6.55	15,304	5.73	5.76	n/a
2012-13	18,012	120,002	6.66	17,405	5.70	5.93	n/a
2013-14	17,710	125,471	7.08	20,549	5.92	6.09	n/a
Q1 14-15	4,466	32,274	7.23	5,995	5.88	5.92	n/a
Proj. YE 14-15	17,913	129,451	7.23	24,046	5.88	5.92	4.95

Conclusions:

- 1. TBRHSC is providing care to fewer patients, a greater proportion of whom accrue ALC days.
- 2. TBRHSC's high occupancy is effected by increased overall ALOS, driven by ALC days growth
- 3. TBRHSC's ALOS without ALC days benchmark's well vs. National ELOS but is 0.93 days above Ontario's ELOS.



Questions?



Recruitment Update

Presentation for the Board of Directors December 3, 2014

Dr. Stewart Kennedy, EVP Medical and Academic Affairs

General Recruitment Overview

TBRHSC is currently recruiting an approximate total of:

30 Physicians

Across

17 Separate Specialties

For each actively recruiting specialty, we advertise with:

- TBRHSC Website
- Health Force Ontario (HFO) Jobs Website
- Canadian Association of Staff Physician Recruiters Job Bank
- the Canadian Federation of Medical Students
- the Canadian Medical Association Journal



Pathology (Department complement = 7 FTE)

Current:

 6 Full Time (includes 1 returning from leave, excludes 1 on leave who will be retiring)

Requirement Remaining:

 1 Pathologist (gap is currently being covered by locums through the Health Force Ontario Northern Specialist Locum Program)

- Currently advertising for 1 full time pathologist with the Ontario Association of Pathologists
- Plan to do workload analysis to determine appropriate complement, with hopes to increase numbers



Psychiatry (Department complement = 12 FTE)

Current:

4.7 (2 Forensics, 2.7 Adult Mental Health)

Requirement Remaining:

 7 Psychiatrists (2 AMH, 3 CAMHU, 1-2 for urgent care/consultation through the ED or other units)

- Advertising jointly with SJCG for General Psychiatrists and Psychiatrists specializing in Child and Adolescents, Geriatrics and Addictions
- Recruitment Assistant attended recent Canadian Psychiatric Association Convention
- Entertained 4 Site Visits between September and November
- Working in collaboration with NOSM re: Academic Licenses



Radiology (Department complement = 10 FTE)

Current:

- 5 General Radiologists
- 1.5 Nuclear Medicine
- 1 Interventionalist

Requirement Remaining:

- 1 Interventionalist
- 1 Radiologist with expertise in Mammography
- 1 General Radiologist (currently not recruiting)

- Entertained 3 Physicians on Site Visits
- Extended 1 letter of offer, which was declined



Hospitalist (Department complement = 12 FTE)

Current:

- 9 (includes 1 FTE and 0.6 FTE beginning in early 2015)
- Additional scheduling gaps being filled by extensive Locum pool

Requirement Remaining:

 3 Full Time physicians needed to implement new schedule and become locum independent

- Entertained 2 recent Site Visits
- Extended 1 letter of offer, which has been accepted as of November 7th



Dermatology (Department complement = 1 FTE)

Current:

- 1 Physician (who has indicated retirement in early 2016)
- Supplemented by additional locum coverage in the community only

Requirement Remaining:

1 Dermatologist

Present Recruitment Efforts:

Upcoming December Site Visit



Gastroenterology (Department complement = 4 FTE)

Current:

3 Physicians (1 of whom has indicated retirement in the near future)

Requirement Remaining:

- 1 general Gastroenterologist
- 1 Gastroenterologist with an interest in Hepatology

- Entertained 1 recent site visit
- 1 site visit planned for December



Recruitment Successes

Emergency:

- 5 new full time physicians started since summer 2014
- In negotiations with 4 locum physicians re: transfer to permanent staff (non-resident members)
- Tentative plans with 2 more physicians in 2015

Surgery:

- 2 Bariatric surgeons started summer 2014
- 1 Vascular surgeon started in October 2014

Anesthesia:

- 2 new full time physicians since summer 2014
- Staffing needs met for the next 6-12 months (future recruitment will be for specific skill-set)



Open Board Meeting

TBRHSC 2020 Strategic Planning Process

Andrée Robichaud President & CEO December 3, 2014



Objective

To inform the Board of the 2020 Strategic Plan process.



2020 Strategic Planning Steering Committee

Purpose:

 Overall planning and development of the activities and milestones related to the Strategic Plan

Membership:

Comprised of membership from members of the Board, Senior
 Management, as well as representatives from the 5 Partner groups

2020 Strategic Planning Steering Committee Members

- Andrée Robichaud (Chair) TBRHSC
- Dawn Bubar TBRHSC
- Glenn Craig TBRHSF
- Dr. Rhonda Crocker Ellacott TBRHSC
- Anne Marie Heron –TBRRI
- Carolyn Freitag TBRHSC
- Gordie Garriock Community Representative
- Mona Hardy Aboriginal Advisor
- Rebecca Johnson Policy Maker Representative
- Dick Mannisto TBRHSC Board Member
- Dr. Mandy McMahan Health Professional

- Rod Morrison TBRHSC
- Gerry Munt TBRHSC Board Member
- Dr. Mark Henderson TBRHSC
- Chisholm Pothier TBRHSC
- Keith Taylor Patient/Family Advisor
- Dr. Mark Thibert –Professional Staff
- Dr. David Savage Medical Learner
- Joe Cordiero Academic Representative
- Dr. Michel Bédard Academic Representative
- Tracy Buckler/ Kathleen Lynch SJCG Representatives
- Ian Ritchie CCAC Representative



Strategic Planning Process

Phase 1 Establish the Context

June 2014 -December 2014

Current State Analysis

Identify
Strategic Drivers

Phase 2 Engagement

January 2015 - March 2015

> Engage Focus Groups and 5 Partners

Review, Refine and Confirm Strategic Drivers

Validate Strategic Drivers

Phase 3 Plan Development

April 2015 - May 2015

Work Plan Development

Balanced Scorecard Development

Align the Plan with Budget

Phase 4 Implementation

June 2015 - June 2016

Communicate
Strategic Plan:
internal &
external partners

Implement the Strategy

Manage Performance



Phase 1: Establish Context for Strategy Development

Mission, Vision, Values & Strategic Directions - Board December

Strategic Directions – SMC August -October

Environmental Scan July -Aug



Phase 2: Engagement Model



Boelen C. "Building a Socially Accountable health Professions School: Towards Unity for Health" Education for Health, 2004;17(2),223-231



Phase 2: Engagement Sessions

Internal Engagement

- Board / Physicians
- Leadership, iLead, MAC
- Joint Boards (TBRHSC, Foundation, TBRRI)

Focus Groups

- Aboriginal, Francophone
- Learners/Academics, Researchers, MAC, Newcomers
- Health Partners, Industry, PFAs, Volunteers, Regional Hospital Boards

5 Partners

- Engagement
- Accountability

Goal to expand consultation to 750!



Phase 2: Engagement Process

Engagement (January)

- Focus groups
- 5 Partners

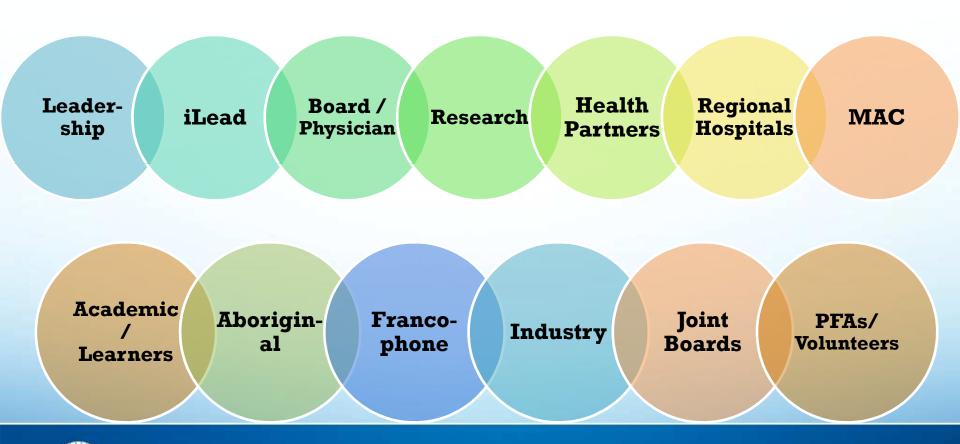
Accountability (March)

5 Partners

Validation (April-May)

- Steering Committee
- SMC
- Board

Phase 2: Engagement... More Focus Groups!





Phase 3: Plan Development

Work Groups develop work plans, key performance indicators. April - May

> Align performance measures with the strategic plan.

Strategic Plan Approval

June Board Meeting

Phase 4: Implementation

Translating Strategy to Action

Communicate organization wide work plan

Design performance indicators

Link strategy to budget

Translating to Next Level

Develop program /departmental work plans

Design performance indicators

Execution, Performance Management

Develop performance balanced scorecard

Develop Individual performance system based on strategy e.g. role profiles, performance reviews, etc.

Communication and Engagement are the Base of our Plan



Next Steps to complete Phase 1

- Board Strategic Planning Retreat –December 13
 - Review Vision, Mission, Values
 - Review & revise draft Strategic themes

Media Launch December 18

- Board Meeting January 7
 - Approve New Strategic Directions





Thunder Bay Regional Health Sciences Centre Board of Directors

Thursday, November 6, 2014 Boardroom – 5:00 p.m.

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Susan Fraser, Chair
Andrée Robichaud*

Dr. Rhonda Crocker Ellacott*

Nadine Doucette
Gerry Munt
Dick Mannisto
Dr. Paterson
Dr. Mark Thibert*

Dr. Mark Henderson*

Anita Jean

Dr. Penny Moody-Corbett

By Invitation – Senior Management Team:

Cathy Covino Carolyn Freitag Dawn Bubar
Peter Myllymaa Glenn Craig Aaron Skillen
Dr. Roxanne Deslauriers Janet Northan Chisholm Pothier

By Invitation:

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

Deb Emery (Dr. Kennedy) Michael Del Nin

<u>Regrets Board Members:</u> <u>Regrets Administration:</u>

Doug Shanks Rod Morrison Tracie Smith

Dr. Stewart Kennedy

1.0 CALL TO ORDER - The Chair called the meeting to order at 5:03 p.m.

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

The Chair also welcomed Dr. Penny Moody-Corbett, Associate Dean, Research, at the Northern Ontario School of Medicine (NOSM) as TBRHSC newest Board member. Dr. Moody-Corbett is responsible for the leadership of NOSM's research portfolio in the development of collaborative scholarly activity across Northern Ontario. Dr. Roger Strasser, Dean, NOSM was thanked for his years of service to the TBRHSC Board of Directors.

Dr. Roxanne Deslauriers was thanked for the contribution she has made to Thunder Bay Regional Research Institute (TBRRI) in her role as Vice President Research and Acting Chief Executive Officer. Dr. Deslauriers has taken the role as the Scientific Director for the Institute.

2.0 PATIENT STORY – Chisholm Pothier

Mr. Chisholm Pothier, Vice President, Communications & Engagement, Aboriginal Affairs and Government Relations, shared a patient story.



- 3.1 **Quorum** Quorum was attained.
- 3.2 <u>Conflict of Interest</u> *None*.

3.3 Approval of the Agenda

Moved by: Nadine Doucette Seconded by: Dick Mannisto

"That the Agenda be approved, as circulated."

CARRIED

- 3.4 <u>Chair's Remarks</u> for information
- 4.0 PRESENTATIONS
- **4.1 Scorecard** Michael Del Nin

Mr. Michael Del Nin, Manager, User Support, provided review of the 2014-15 Q1 Balanced Scorecard.

Health Quality Ontario (HQO) removed priorities from the 2014/15 Quality Improvement Plan (QIP). The categories now include Priority (mandatory), Needs improvement and linked to compensation, and Quality Improvement Plan Additional (not mandatory).

Highlights that are Better than Target and/or Improving include: Infection Rates and Hand Hygiene Compliance, Medication Reconciliation on Admission, Occupancy – Overall, and Performance Appraisal Compliance.

Highlights that are Worse than Target and/or Regressing include: the percent of implementation of Patient and Family Centred Care Action Plans, Patient Satisfaction, Gross Margin, Overtime Rates, and Sick Rates.

In 2015/16, a business intelligence system will enable an electronic balanced scorecard that will provide more detailed views and drill-down capabilities to support improved analysis. An update on the balanced scorecard will be brought forward to the Board of Directors twice annually for information after being vetted by the Quality Committee.

Mr. Del Nin was excused from the meeting.

Dr. Moody-Corbett was excused from the meeting.

4.2 Overcapacity – Aaron Skillen

Mr. Aaron Skillen, Director, Chronic Disease Prevention & Management and Medicine Services provided an update on the overcapacity status within the organization.

Motion



TBRHSC is funded for 395 beds with the capacity for an additional 36 unfunded beds for a total of 431 maximum admitted patient beds. In October, 2014, the organization has had to use unprecedented beds in order to accommodate the patient population. On October 28, 2014, TBRHSC experienced an all time high of 469 admitted patients. In addition, there were eight surgical and one Percutaneous Coronary Intervention (PCI) cancellation during the month of October, 2014.

The total admissions per day have increased by four per day compared to the previous year and has grown in the recent months. TBRHSC high occupancy is affected by increased overall Average Length of Stay (ALOS), driven by Alternate Level of Care (ALC) days growth.

5.0 CONSENT AGENDA

Moved by: Anita Jean

Seconded by: Sharon Cole Paterson

"That the Board of Directors:

- 5.1 Approves the Board of Directors Minutes of October 1, 2014,
- 5.2 Receives the Volunteer Association Report, dated November, 2014
- 5.3 Receives the TBRRI Report dated November, 2014,
- 5.4 Receives the minutes of the Quality Committee October 21, 2014,

as presented."

CARRIED

6.0 REPORTS AND DISCUSSION

6.1 Report from Senior Management

The following information was highlighted from the report:

- The Women's and Children program launched a new admissions process.
- The Health Services Building is now at 50% occupancy.
- There was a specific question raised at the last Board meeting regarding the fiveyear energy reduction program and whether or not there were specific targets within. It was confirmed that there are no specific targets.
- TBRRI hosted a successful Board retreat on October 24-25, 2014.
- The construction for the cyclotron is on schedule and set to be complete in March, 2015.
- The Northern Ontario Heritage Fund Corporation (NOHFC) awarded TBRRI with \$750k in funding in support of a micro-Positron Emission Tomography (PET).
- This year marked the highest amount of nominations for the Walk the Talk campaign.
- TBRHSC has been recognized for its rewards and recognition program.
- A new tool to track preceptor learning has been developed by the Medical and

Board of Director's Meeting November 6, 2014

Motion

^{*} Denotes Non-Voting Member



- Academic Affairs Department.
- The Cardiac Care Network (CCN) has provided TBRHSC with positive feedback on to the Cardiovascular proposal.

Dr. Moody-Corbett returned to the meeting.

- Information Technology/Information Systems (IT/IS) staff are preparing to move to the new Health Services Building in December, 2014.
- Influenza immunization for staff has begun and daily clinics are offered. TBRHSC cannot mandate staff to get the vaccine per collective agreements.

6.2 Report from the President and CEO

The President and CEO highlighted the following:

- Recruitment strategies and translation of policies were discussed at the last President's Francophone Advisory Committee meeting.
- The President met with Commanding Officer Lieutenant Commander Michele Tessier and Honorary Captain Patricia Lang to discuss how TBRHSC can support the reservists.
- The President attended the Ontario Hospital Association (OHA) Health Achieve conference and delivered a presentation on the Francophone services that TBRHSC provides.

6.3 Report from the TBRHS Foundation

- The Luncheon of Hope and Save a Heart Ball events exceeded their fundraising targets.
- The TBRHS Foundation delivered approximately \$90k in grants to the region hospitals.
- At their last Board meeting, the TBRHS Foundation Board endorsed \$1M to fund the cyclotron, pending the finalization of the Exceptional Cancer Care Campaign.

6.4 Report from the Professional Staff Association – n/a

• The next meeting of the Professional Staff Association (PSA) will be held on December 9, 2014.

Report from the Chief of Staff – for information

• It was clarified that the outstanding item regarding changes to St-Joseph's Care Group (SJCG) By-Law change to align them with TBRHSC's to meet our current process of a common Professional Staff is incomplete due to logistical issues. It is the goal to have this resolved in the next month.

Report from the Chief Nursing Executive for information – for information

• The Dress Code project will be brought to the Senior Management Council to ensure continued endorsement. It was clarified that the psychology experts that were consulted were from within the organization.





- **Report from the Dean, Northern Ontario School of Medicine** for information
 - NOSM partnered with Flinders University, Australia for the fourth biennial conference on Global Community Engaged Medical Education.

Moved by: Anita Jean
Seconded by: Dick Mannisto

Motion

"That the Board of Directors:

- 6.1Accepts the Report from Senior Management,
- 6.2 Accepts the Report from the President and CEO,
- 6.3 Accepts the Report from the TBRHS Foundation,
- 6.4 Accepts the Report from the Professional Staff Association,
- 6.5 Accepts the Report from the Chief of Staff,
- 6.6 Accepts the Report from the Chief Nursing Executive,
- 6.7 Receives the Report from the NOSM,

dated November, 2014 as presented."

CARRIED

- 7.0 BUSINESS/COMMITTEE MATTERS
- 7.1 Resource Planning Committee October 21, 2014
- 7.1.1 Attestation

The Board Wages and Source Deduction Attestation will be presented to the Board of Directors on a quarterly basis.

Moved by: John Friday Seconded by: Nadine Doucette

Motion

"That the Board of Directors accepts the Q1 2014-2015 Board Wages and Source Deduction Attestation, as presented."

CARRIED

- 8.0 FOR INFORMATION
- 8.1 <u>Board Comprehensive Work Plan</u> for information
- **8.2 Webcast Statistics** *for information*
- 9.0 BOARD MEMBER COMMENTS none
- **10.0 DATE OF NEXT MEETING** *Wednesday, December 3, 2014 at 6:00 p.m.*



11.0 ADJOURNMENT

here being no further business, the me	eting adjourned at 6:02 p.m.
Chair	Board Secretary
Recording Secretary	

VOLUNTEER ASSOCIATION TO THUNDER BAY REGIONAL HEALTH SCIENCES CENTRE

BOARD REPORT Presented at the December 3, 2014 Board meeting

- Our monthly Board meeting was held on November 19, 2014.
- Board development and succession of members were discussed. As it has been
 difficult to obtain new members, in particular someone that is willing to take an
 executive position it was agreed that a term of 2 years is the best way to go
 forward. In the past it was 2 years as vice-president, 2 years as president and 2
 years as past president which might tend to be a deterrent for most people. We
 also plan to do job descriptions.
- A budget for 2015 has been completed and a review of our policies is in the works.
- We have discussed marketing for Season's Gift Shop, perhaps a reusable bag
 with the logo and our new mission statement Supporting Patient-Family Care.
 We are looking into the cost.
- It has been suggested that the Volunteer Association sell lottery and NEVADA break open tickets in the new medical building however we have to determine if this is cost effective.
- We have been working with the TBRHS Foundation with regard to the Patient Family Centered Care Grants and will make our donation of \$30,000.00 in the near future. Our plan is to also donate \$25,000.00 to the Exceptional Cancer Care campaign as well as a donation of \$20,000.00 \$25,000.00 directly to the hospital toward the purchase of capital equipment.
- Our Craft Group held their annual bazaar and realized a profit of \$2,638.80.

Respectfully submitted Sharron Detweiler President, Volunteer Association





Thunder Bay Regional Research Institute

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

Translational Research Office:

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

Pre-Clinical Research Office:

290 Munro Street, Thunder Bay, Ontario

www.tbrri.com

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

Submitted by: Andrée Robichaud, Acting CEO – TBRRI and President & CEO – TBRHSC - November 24, 2014

2014 Top 40 Research Hospitals



In 2010, TBRHSC debuted on the list of Top 40 Research Hospitals in Canada at #40. This year, the Health Sciences Centre has reached its highest ever ranking at #37. The research activity that has catapulted TBRHSC into Canada's Top 40 Research Hospitals is attributed to the ongoing success of its research arm, TBRRI. Having a robust research program is vital to advancing patient care in Northwestern Ontario as it gives patients access to equipment that they otherwise may not have like the

PET/CT scanner used to diagnose lung cancer or the new cyclotron, which will eliminate our dependence upon outside sources of radioactive isotopes used for diagnostic imaging. Research also improves healthcare by attracting the best and brightest medical minds, including both scientists and clinicians.

Despite a slight decrease in research income from fiscal 2012-13, TBRHSC still rose in the ranking. Research income for 2013-14 of \$6.84 million is 48 percent higher than TBRHSC's first appearance on the Top 40 list in 2010. Research income includes all funds to support research recieved in the form of a grant, contribution or contract from all sources (internal and external) to the organization.

TBRRI Senior Management Restructure

On November 5th, TBRRI Board Chair, Dr. Gary Polonsky, announced to staff that TBRRI is reorganizing its senior management to adapt to the growth of science and research work being done at the Institute. It was announced that the following changes would also help to better align TBRRI's operations and mandate with TBRHSC:

- 1. Dr. Roxanne Deslauriers will become the Institute's Scientific Director;
- Ms. Andrée Robichaud, TBRHSC President & CEO will also become Acting CEO of TBRRI; and
- 3. Ms. Anne-Marie Heron, Executive Director of Capital Planning and Operations for TBRHSC will also assume the position of Acting VP Research for TBRHSC and Acting Chief Administrative Officer for TBRRI.

Mr. Myllymaa will continue as the Institute's Chief Operating Officer. Senior mangement is currently reviewing the existing management structure and will be implementing changes as required to best meet the needs of the growning organization.

Clinical Research Program Update

In order to facilitate the efficient completion of TCPS2 certification and the review of required SOPs, the CRP's Research Program Assistant, Laurel Knowles, has developed a tutorial session that is offered to research teams to allow for simultaneous ethics education and certification. This tutorial has made it possible for groups of researchers to efficiently complete the online training with a knowledgeable educator, and by this clear diffusion of the information, the tutorial





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has emphasized the importance of ethics in human research. This training includes an interactive, classroom-style presentation that leads the group through the online TCPS2 certification process. The educator is available to explain pertinent information from each module, quiz and case study. It is the hope that this tutorial, and future tutorials of its likeness, will allow for researchers to attain relevant research-related knowledge that can be applied during their successful research at TBRHSC.

Curiel Lab Update

TBRRI was well-represented at the 4th International Focused Ultrasound Symposium in Washington, DC October 12th through 16th as Dr. Curiel's lab had two posters presented there. The first was titled *Focused Ultrasound Treatment of Methicilin-Resistant Staphylococcus Aureus Induced Abscesses: Pre-Clinical Study* (authored by Curiel/Mougenot/Rieck/Zhang/Bates/Pichardo) under the general topic of 'Emerging Applications' and the second was *Mouse Positioning Device for Blood Brain Barrier Focused Ultrasound Exposure* (Gong/Adamczyk/Santos/Estrade/Curiel) under the topic of 'Brain'. Of special interest, the second poster was presented by one of TBRRI's high school summer students, Shawn Gong, who worked with Dr. Curiel's team this year.

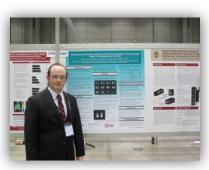


Dr. Laura Curiel



Shawn Gong

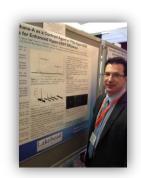
Albert Group Update



Marcus Couch

Marcus Couch and Dr. Mitchell Albert attended the International Society for Magnetic Resonance in Medicine (ISMRM) annual meeting in Milan, Italy from May 10 – 16, 2014.

Marcus' travel costs were supported in part by an Elekta Student Travel Award, an LU Professional Development



Dr. Mitch Albert

Bursary, and an ISMRM Educational Stipend. Marcus gave an oral presentation titled "Optimized strategies for ¹⁹F MRI of human lungs and comparison of UTE and gradient echo imaging" and a poster presentation titled "Gravitational distribution gradient of inert fluorinated gases in human lungs using ¹⁹F ultra-short echo time MRI". Both presentations were well-received, as they discussed recent developments in inert fluorinated gas MRI, a new lung imaging modality that does not require an expensive polarizer or scarce noble gas isotopes.

Dr. Albert presented two e-posters on behalf of undergraduate students who were not able to attend the meeting. Jordan Lovis' e-poster was titled "In vivo chemical shift imaging of 5-fluorouracil and its metabolites" and Krista Dowhos' e-poster was titled "Enhanced 129 Xe hyper-CEST efficiency using PK11195 functionalized cryptophane-A". These cutting edge posters were also very well received, and they stimulated some interesting discussions with other researchers.



Thunder Bay Regional Health Sciences Centre Quality Committee of the Board

Quality Committee of the Boa Tuesday, November 18, 2014

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

Present: Georgia Carr, Cathy Covino, Dr. Rhonda Crocker Ellacott, Dr. M. Henderson,

Dick Mannisto, Gerry Munt, Andrée Robichaud, Doug Shanks, Keith Taylor

Regrets: Susan Fraser, John Friday, Anita Jean

By Invitation: Katherine Andriash, Manager, Research Ethics Office

Wendy Lange, Rec. Sec.

- 1. CALL TO ORDER The Chair called the meeting to order at 4:30 p.m.
- **2.0 APPROVAL OF AGENDA -** The agenda was approved, as circulated.
- **2.1 CONFLICT OF INTEREST** None.
- 3. PRESENTATIONS

3.1 Enterprise Risk Management Presentation

Cathy Covino, Senior Director, Quality and Risk Management gave the Enterprise Risk Management presentation.

Thunder Bay Regional Health Sciences Centre is entering the second year of Enterprise Risk Management (ERM). The focus last year was on developing metrics. Updates are reported quarterly to the Senior Management Council in alignment with the budget cycle.

Senior Management Council's Top Rated Corporate Risks are Capital Budget (current and projected deficits and funding keeping up with costs), Overcapacity (concerns with meeting the needs of an aging population, demand greater than available resources, surgeries / procedures being cancelled, and overcrowding), Leadership Recruitment (senior leadership vacancies, retirement, and clinical professionals), Reputation (cultural diversity, relationship with Thunder Bay Regional Research Institute (TBRRI) and quality of research) and Research (TBRRI governance, quality and ethics, financial stability of TBRRI, and integration of research and education).

In areas that do not use the RiskGap tool, 290 risks were identified in 2013 and 277 risks were identified in 2014. 74 Action Plans (27%) have been closed. 70 Action Plans (25%) are considered ongoing and cannot be assigned a target closure date. 3 of the risks (1%) have Action Plans pending.



Effective Enterprise Risk Management implementation includes ensuring oversight and coordination, confirming organizational context and key objectives, assessing the risks with clearly defined scales for scoring consequence and likelihood, reporting the risks using a Risk Register, managing the risks, and evaluating your risk program.

Next steps include Managers and Directors to discuss progress of action plans monthly, Directors and Executive Vice Presidents to discuss progress quarterly, Executive Vice Presidents to discuss the progress of their areas quarterly at Senior Management Council, linking your risk program to the planning and budget cycle, and quarterly progress reports of corporate risks to the Board.

3.2 <u>Critical Incidents/MAC Recommendations Presentation</u>

Cathy Covino gave the Critical Incidents / Medical Advisory Committee (MAC) Recommendation presentation.

The Excellent Care for All Act (ECFAA) states that the Quality Committees must oversee the preparation of the Quality Improvement Plans, which must be developed having regard to its aggregated critical incident data. Boards are to ensure the administrator provide aggregate data of critical incidents to the Quality Committees twice a year.

This includes data of incidents occurring at the hospital since previous report but does not stipulate how to aggregate the data. Hospitals are to develop their own template for consistent reporting.

The Quality Committees should consider the recommendations of the MAC that relate to systemic or recurring quality of care issues. The MAC is now required to make recommendations directly to the Quality Committees which in turn, must take these into consideration when reporting to the Board.

The Chief of Staff or Chief of Department and the Senior Director of Quality and Risk Management meet with patients and their family members when a critical event occurs. A quality of care review is conducted. Recommendations that are being implemented are shared with the patient and their family members. A letter is written and given to the patient and their family members at this meeting.

Any critical incident must be shared with the administrator as soon as possible.

Quality of Care reviews must be brought to MAC and then to the Quality of Care Committee to be covered under Quality of Care Information Protection Act (QCIPA).

4. <u>CONSENT AGENDA</u>

It was noted that John Friday's name was missing from the list of attendees on the October 21, 2014, Quality Committee of the Board meeting minutes. This will be corrected.



Moved by: Doug Shanks Seconded by: Gerry Munt

"That the Quality Committee of the Board:

- 4.1 Approves the Quality Committee of the Board Minutes of October 21, 2014, as amended;
- 4.2 Receives the Research Ethics Board Minutes of September 22, 2014, as presented"

Motion

CARRIED

5.0 REPORTS

5.1 Research Ethics Report

Katherine Andriash, Manager, Research Ethics gave the Research Ethics Report.

A recommendation from the Research Enterprise Initiative was to bring meaningful Research Ethics Reports quarterly to the Quality Committee of the Board in addition to the report brought to the committee annually and the monthly Research Ethics Board minutes.

There are 149 projects that the Research Ethics Board is currently overseeing. There were 12 projects that have expired and 10 projects expected to begin soon.

A suggestion was made to separate out the data showing the number of projects with Thunder Bay Regional Research Institute (TBRRI) Investigators and non-TBRRI investigators.

The Quality Committee of the Board ensures there are processes in place for due diligence for projects overseen by the Research Ethics Board.

The annual Research Ethics Report will include a breakdown for Programs and Services.

A suggestion was made to compare data with other research institutes for the turnaround-time from submission to the Research Ethics Office to the time it is reviewed by the Research Ethics Board.

A local serious adverse event is an event that takes place at our site and a non-local serious adverse event is an event that happens at another site.

Clinical Trials reporting will be rolled up into the Research Ethics Reports going forward.

Data on protocol deviations not captured electronically are currently difficult to filter up to the Quality Committee of the Board, but categories will be reviewed for trending in the future.



5.2 <u>Compliments, Concerns, and Comments Report</u>

Cathy Covino gave the Compliments, Concerns, and Comments report.

The Compliments and Concerns database went live in September 2013.

Discussion took place regarding the work done to reduce wait times in the Fracture Clinic.

6. DATE OF NEXT MEETING

The next Quality Committee of the Board meeting will take place on Thursday, December 18, 2014 at 4:30 p.m. in the Administrative Boardroom.

7. ADJOURNMENT

The Quality Committee of the Board meeting adjourned at 6:00 p.m.





Senior Management Report

to the Board of Directors Thunder Bay Regional Health Sciences Centre

December 3, 2014

Quality and Risk Management

Quality

An engagement session was held on November 25, 2014 with our 5 Partners - Public and Patient and Family Advisors asking for input into our 2015-16 Quality Improvement Plan.

The Regional Quality and Risk Committee along with the Ontario Hospital Association, North West Local Health Integration Network, and Health Quality Ontario have reviewed changes for the upcoming year and we have been assured there will be little change to the guidance document this year. The goal is to limit indicators to focus quality initiatives on key dimensions.

Research Ethics

In response to the Research Enterprise Initiative, the terms of reference for the TBRHSC Research Ethics Board (REB) have been revised to ensure that our board membership and functions continue to meet Tricouncil Policy guidelines, to position our REB to act as the board of record for organizations such as Thunder Bay Regional Research Institute, Lakehead University and Clinical Trials Ontario, and to formally position TBRHSC to accept other REBs as the board of record under specific conditions.



As part of its quality improvement strategy, the Research Ethics Office (REO) posted surveys for Researchers, Research Ethics Board Members and Research Participants to collect baseline data regarding the current perceptions of the research ethics process and barriers to mutual understanding amongst key parties in health research involving humans. To date, 72 researchers, 9 REB members and 12 participants completed the surveys. We plan to analyze the data early in 2015 and will use this information to design our quality improvement plan.

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The REO has created and is implementing standardized forms including a prescreening form, for use by REO staff, and a REB reviewer form, for use by REB members. The intention is to ensure consistency and transparency in the research ethics process.

Chronic Disease Prevention & Management

Cardiovascular & Stroke Program

TBRHSC is finalizing implementation plans to support Sioux Lookout Meno Ya Win Health Centre (SLMHC) with enhancements to their Echocardiography service. With



the support of Information Services and Diagnostic Imaging, TBRHSC cardiologists will provide echo interpretation and post reports into the Electronic Medical Record. SLMHC will become the first regional facility to leverage the infrastructure of our cardiology PACs system to store echo images electronically. The TBRHSC cardiology team will also provide mentorship and training opportunities to develop the expertise of the partner site.

TBRHSC is gaining attention as an early leader in QBP activities. On December 12, 2014, Stroke QBP implementation will be showcased at the local Health System Funding Reform meeting sponsored by the LHIN. Caterina Kmill, Regional Stroke Director, Janine Black, SJCG Director and Arlene Thomson, Cardiovascular & Stroke Program Director will present to conference participants. At the recent Health Achieve in Toronto, Arlene Thomson shared our Stroke QBP experience through a panel presentation with MOHLTC experts and other QBP leaders.

Medicine Service

The Chronic Disease Prevention & Management Program, in partnership with the Women and Children's Program, submitted a Paediatric Obesity Program proposal to the MOHLTC.

Northwest Regional Renal Program

The Ontario Renal Network has appointed Aaron Skillen as the Regional Director for the Northwest Regional Renal Program. This position is in addition to Aaron's current role as Program Director of Chronic Disease Prevention & Management and Medicine Services.

We are pleased to welcome Mary Wrigley as the new Manager of Northwest Regional Renal Services.

The program is working towards expanding capacity in both Satellite Units (Sioux Lookout and Fort Frances) in early 2015 to allow for Hemodialysis closer to home. We are also working towards integration of the Kenora Hemodialysis unit as part of the Northwest Regional Renal Program.

Dr. Yaasin Abdulrehman, the new vascular surgeon, arrived in July of 2014. Since that time, renal patients have attended 70 appointments for vascular assessment or complication management and 32 patients have had surgeries related to vascular access. Previously, renal patients were required to travel for these procedures.

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Adult and Forensic Mental Health Program

Adult Mental Health Services

Enhanced inpatient programming has started on AMH.



Leadership teams from AMH and Cardiac Rehabilitation have met to discuss opportunities to enhance programming to benefit patients in both programs.

The unit continues over capacity on an ongoing basis with 30% of funded beds being occupied by a patient awaiting other care (ALC for LTC or Rehabilitation at the LPH).

Forensic Mental Health

Wait lists for court ordered assessments have become more manageable since the initiation of the Brief Assessment Unit. Wait lists for patients under the auspice of the Ontario Review Board, which have been ordered for transfer to TBRHSC, continue. Currently, we have two individuals waiting for transfer with a wait time of 150 days to date.

One designated ALC patient with no forensic issues remains on the inpatient unit awaiting placement through the Developmental Services of Ontario (DSO). The individual was designated ALC in 2013, for a total of 378 days.

A session on conflict resolution for Forensic Nursing staff will be held at the end of November. This session arose out of an identified need by staff. The facilitator is external to the organization and was recommended by Human Resources.

Mental Health Outpatients

Medication reconciliation will be completed on all ACT clients as of November 30, 2014.

A working group is developing a pamphlet to encourage family participation in client care.

The ACT Transitional Readiness tool has been completed on all clients to assist with determining level of need.

20% of clients are being realigned within the program and staged for transition to less intensive services.

Electronic documentation in the community continues to remain a strategic priority.

The Brief Intervention Therapy Team began seeing patients on November 3, 2014.

There have been several psychiatric consultations done via OTN. A satisfaction survey is being developed to ensure we are meeting patient needs.

Prevention & Screening Services

The Screen for Life Coach screening eligibility has been expanded to women age 21 to 69 for cervical cancer screening (Pap test). Previous eligibility was age 30 to 69.

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October's 'Women's Health Awareness Month' (WHAM) campaign was very successful. With the help of 4 local clinics and 3 regional clinics, there was increased access to cancer screening for women throughout the month. Our cancer screening hotline received approximately 40 calls, and booking volumes through the Screen for Life Office increased.

In partnership with Trevor Cava, Nursing Practice Lead, Prevention & Screening Services supports 'Movember' at TBRHSC in order to raise awareness about men's' health issues; specifically prostate cancer, testicular cancer, colorectal cancer, and mental health.

Supportive, Palliative Care and Telemedicine Services

Palliative Care

Orientation for the full-time palliative care nurse-clinician is ongoing.

Interviews for the CCO Regional Palliative Care Physician Lead position took place on November 24, 2014. An announcement will be forthcoming.

The Palliative Care team supported the COPD Pathway education process with the Palliative RN clinician providing training for the palliative portion.

Pressures exist to secure psychosocial resources for the corporate Palliative Care team (e.g., social worker). An Investment Tracker will be created and submitted. A six-month opportunity is possible to partner with LU's Department of Social Work, for an extended placement with a mature/experienced student to trial-test social work's role.

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Telemedicine

A Fracture Clinic pilot project has been successful in connecting a surgeon to patients for follow-up in the region.

Spiritual Care

With a vacancy in Spiritual Care, the team has begun an engagement process of First Nations committees as well as investigating academic programs which may have trained graduates in indigenous healing. This process is expected to go into the new year with posting in late winter/early spring. As we take the time to complete this engagement/recruitment process, the current spiritual care providers are managing well but with some difficulty.

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Research

Dr. Scott Sellick has had a presentation accepted at the Society of Behavioral Medicine for a conference in April 2015 in San Antonio, Texas, regarding ongoing work with Doctoral Research Intern L. Kandler.



Education

Our 6th Psychology undergraduate intern from the University of Cardiff will join our service in December. The intern will work with Dr. Sellick with a focus on outpatient oncology.

Corporate Services & Operations

Financial Services

The financial position of TBRHSC as at October 31, 2014 is a \$4,422,280 deficit compared to a budgeted deficit of \$3,259,934 and prior year deficit of \$743,580

The unfavourable variance in salaries and wages, now at \$2 million, continues due to; overcapacity, paid sick, and utilization of added staff and relief staff at overtime rates with the majority of the unfavourable variance in the RN occupational class

The unfavourable variance of \$1.5 million in drugs is mostly comprised of funded drugs and therefore there is an offsetting favourable variance in revenue

Overall, Patient Days are 3,626 greater than budget and 4,003 more than the prior year due, in part, due to the full operation of the added 10 bed ALC unit in the current year

Emergency visits are 241 less than budget and 597 less than prior year

The MOHLTC and LHINs have communicated an earlier 2015-16 HAPS submission deadline of January 16, 2015 in order to try and settle hospital agreements prior to the start of the new fiscal year

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Capital Planning and Operations

Fire Inspection

Observed Drill occurred Nov. 20, 2014 in compliance with the Fire Code No further issues or follow-up at this time Awaiting follow-up from Fire Department

Capital Projects

Health Services Building is on schedule and phased in occupancy is commencing – IT/IS will relocate later in December

Parking Lot B expansion will open in November.

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EVP, Patient Services & CNE; Surgery and Ambulatory Care Services Report

Overcapacity Management and Impact

No further surgical cancellation due to bed availability.



Wait Time Funding Volumes Confirmed

2014/15 wait time volume funding agreement received from the LHIN.

Currently on track to meet most targets; hip and knee replacement volumes are lagging.

Extra time allocated to Orthopedic service during Christmas slowdown to focus on total joint replacement.

Cataract volumes are over allocation while wait times are well below target, as a result, volume reductions will occur between January-March 2015.

C Case Efficiencies

Improvement strategies are in development.

Trial C Case facilitator role in place to improve process and impact patient flow; pre and post patient satisfaction surveys are underway.

New C Case scheduling algorithm approved at Council and will be presented at Surgery Section meeting for input.

Pediatric OR Tour Video Launch

Media launch completed on November 24, 2014.

Engaging family physicians and other healthcare providers in Northwestern Ontario to help promote video.

TBRHSC Pediatric Surgery website in development.

Distribution of brochures, posters, and postcards to help inform patients of video and support patients and families needs for support, knowledge, and information pre-surgical experience.

Paediatric Echocardiogram Demonstration Pilot Project

TBRHSC has been approved to be a demonstration site for Paediatric Echocardiograms.

Recently, eHealth Ontario has approved (through the Emergency Neuro Image Transfer System (ENITS)) the transmission of paediatric echocardiography images to a Paediatric Academic Health Sciences Centre for remote interpretation by a paediatric cardiologist. ENITS is a centralized web-based picture archiving and communication system that makes remote neuro consultations easier, faster, and more accurate. The ENITS project is a perfect example of how technology is being used to enhance access to specialized expertise and ultimately, to improve patient care. The purpose of the *demonstration project*, Phase 1, is to increase access to quality



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Page 6 of 15



paediatric echocardiograms for Ontario's newborns, children, and youth. The planning and implementation of this project will begin in January 2015.

ED Patient Flow & Overcapacity

ED continues to meet provincial targets for non-admitted high acuity patients with a length of stay (LOS) of 7 hours (target 7 hours) and low acuity LOS of 3.6 hours (target 4 hours) for the month of October 2014.

Overcapacity continues to be a challenge resulting in sustained gridlock since September 2. The average number of ALC patients has declined from 65 in October 2013 to 58 in October 2014. Despite a reduction of ALC numbers, in October, an average of 30 admitted patients waited in ED each morning with a LOS of 46.6 hours (target 25-27 hours) which increased from 31 hours from the previous year.

PFCC

TBRHSC will be partnering with the Canadian Foundation for Healthcare Improvement, in the development of a webinar on December 8th to assist other organizations to improve patient engagement. Post discharge call back and Leadership rounding pilots are proving to be beneficial in improving our patients experience as evidenced by NRC Picker results. FYQ1 scores have seen improvements of 3.9% in "All Dimensions" for the units where post discharge call backs are being done. In addition, in units where the call backs are occurring, an increase in positive comments and reduction in complaints/concerns has been seen. An ongoing evaluation of clinical tactics is occurring to determine clinical standards for all care units.

Developmental Disability (DD) Cares Project

In partnership with the Centre for Addiction and Mental Health (CAMH), the ED will be participating in a 7-month quality improvement/research project targeted at improving care in DD patients.

During the initial phase, ED staff will evaluate current processes and knowledge working with this patient population in order to develop improvement strategies. Several strategies will be trialed that include, specialized communication tools, noise eliminating headphones to reduce sensory overstimulation, while using colourful tactile objects and computer games to entertain and distract. A specialized weighted blanket will also be available to provide comfort.

After 3 months of implementation, ED staff will be re-surveyed to collect feedback, evaluate new strategies, and enhance knowledge.

Successful strategies will be permanently put into place and incorporated into daily practice.

Paediatric Admission Process

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A standardized paediatric admission process to ensure more efficient bed utilization, improve communication between internal departments and increase patient satisfaction was implemented on November 3, 2014. The new process is being closely monitored for compliance and adjusted as required.

Women and Children's Program Surge Capacity Plan

The Women and Children's Program has developed a formalized surge capacity plan (Policy/Guidelines) for inpatient units within the program including CAMHU, Paeds 1B, NICU, and Maternal/Newborn units. The plan is currently undergoing review for final approval. In addition, TBRHSC is represented at the recently convened PCMCH Maternal Newborn Surge Capacity Working group. This working group will develop provincial guidelines/toolkits to assist hospitals with Maternal Newborn Level II and Level III services to develop Maternal/Newborn Surge Capacity plans. Currently, TBRHSC is the sole hospital represented on the committee to have developed a Surge plan based on the Critical Care Services Ontario criteria for minor, moderate, and major surges.

Research

TBRHSC Top 40 Research Hospitals:

Once again TBRHSC has been named among the Top 40 Research Hospitals in Canada.

TBRHSC ranked #37 on the list recently released by Research Infosource.

The ranking is based on research income which for 2013/14 has increased at TBRHSC 48% since 2010.

TBRRI Senior Management Restructuring:

On November 5th it was announced that senior management at TBRRI would be restructured to better align it with TBRHSC and allow for direct focus on the development of science.

Ms. Andrée Robichaud was named Acting CEO of TBRRI in addition to her current duties with TBRHSC; Dr. Roxanne Deslauriers has accepted the position of Scientific Director with TBRRI, and Ms. Anne-Marie Heron has been appointed Acting VP Research at TBRHSC in addition to her current portfolio and Acting CAO for TBRRI. Mr. Myllymaa will remain COO for TBRRI.

Clinical Trials Update:

The Clinical Trials Department participated in a Health Canada inspection of the Odyssey Trial during the week of November 4th.

This is an industry sponsored (Sanofi) clinical trial with Dr. Lai as Principal Investigator.



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Staff are awaiting the formal written report however the Health Canada Inspector verbally indicated that the department has received a compliant rating.

Clinical Research Program Update:

Is facilitating the authorization of all clinical research at TBRHSC and training for all clinical researchers at TBRHSC.

The program also is delivering Researcher Support Services and is administering all clinical research grants and contracts for TBRHSC.

In addition, staff are helping Local Education Groups (LEGs) develop research platforms (e.g. Orthopaedic Surgeons and General Surgeons).

Currently there are 81 clinical research projects registered at TBRHSC and a total of 46 projects that have been initiated in 10 areas including cardiovascular and stroke, chronic disease prevention and management, regional cancer, women and children's health, supportive/palliative care & telemedicine, diagnostic services, surgical and ambulatory services, emergency & critical care, prevention & screening and TBRRI.

Research Enterprise Initiative (REI) Update:

Co-leads are Cathy Covino and Anne-Marie Heron.

Kick-off meetings of the REI Steering Committee and the Governance Working Group will take place in December.

Human Resources, Organizational Development and Library Services

The 2014 Walk the Talk campaign was successful, receiving the highest number of nominations to date. The award celebration will take place on January 13, 2015, during Employee Recognition Week.

Learning sessions were held on resume writing skills to assist employees with their internal career progression.

TBRHSC was named one of Canada's 10 Most Admired Corporate Cultures of 2014. A celebration and media event was held on November 27.

"Take our kids to work day" was held on November 5 with 30 grade nine students participating in the event.

HR attended a health fair at Laurentian University with emphasis on recruiting bilingual nursing staff. HR was also represented at the Indigenous Health Conference in Toronto to gain a better understanding of aboriginal recruitment strategies.



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Labour Relations

ONA (April1, 2014 - March 31, 2016)

OPSEU (April1, 2014 until March 31, 2016)

OPSEU-Maintenance (September 29, 2013 - September 28, 2017):

SEIU (October 12, 2013 - December 31, 2017): The current central contract was negotiated for a term of four years, 2013-2017. Local negotiations are on hold pending direction from the OHA.

COPE (April 1, 2011 - March 31, 2013): This contract is entirely local. The parties went to conciliation; however, no new term was negotiated. Arbitration is confirmed for April 2015.

PIPSC - <u>Medical Physicists</u> (July 1, 2010 - June 30, 2013): Association of Employers agreed on a new agreement. Presentation to the Board in December 2014.

PIPSC - <u>Radiation Therapists</u> (Oct 1, 2011 – Sept 30, 2014). Notice provided to employer to commence bargaining. This group patterns after ONA/OPSEU as their comparator. Entirely local, and dates are being coordinated in January 2015.

2014 Grievance Activity - As at November 30, 2014

	TOTAL Since Jan 1/14	GRIE	VANCES	ARB	TRATION	Employees by Union
		Active	Resolved	Active	Award	
ONA	23	30	13	0	0	1051
COPE	5	0	5	1	0	327
OPSEU	6	12	32	0	1	405
OPSEU -	0	1	3	0	0	21
Mtc.						
SEIU	10	16	12	0	0	599
PIPSC	0	0	0	0	0	2
PIPSC -	7	5	3	1	0	23
Assoc.						
TOTALS	51	64	68	2	1	2428

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Strategy & Performance

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2020 Strategy Planning

The Steering Committee met on Nov 19 and provided insightful guidance on the engagement process and the draft strategic themes. A group of 'newcomers' to Thunder Bay will be added as a focus group to enhance exposure to diverse groups. The proposed revised mission, values and draft strategic themes were presented. Great discussion around strategic theme resulted in only one addition- the patient experience.

Quarterly Performance & Planning & Annual Retreat



On November 26th, the last annual strategic retreat for the 2015 plan was held. The directors/EVPs showcased their program & service strategic initiatives highlighting accomplishments, work in progress, and challenges. The accomplishments were celebrated and a shared understanding developed to focus on the outstanding items in the next 100 days. Immediately following, the Q2 performance and planning session was held. The leadership team reviewed Q2 results related to the balanced scorecard, financial summary, ERM results, and QIP progress. A QIP Patient Satisfaction success story and Medication Reconciliation evaluation results were highlighted. In addition, Patient Flow Strategy and the cost of current pressures and current strategic initiative implementations were reviewed. The directors/EVPs participated in a table activity to brainstorm other items required in the next 100 days to improve patient flow.

Performance Improvement

A workflow process mapping exercise was conducted for the Dietitians. The goal of the exercise was to identify opportunities to standardize workflow and gain efficiencies in consultation service that will ultimately improve the nutritional service provided to in/out patients. The expertise of Health Quality Ontario's Quality Consultant was enlisted to coach one of our trained Planning Consultants to develop his expertise in the application of LEAN analysis in process improvement. This is an area of development for the department with a vision to grow internal expertise.

Project Management

Planning consultant support has been provided to the Ebola Task Force to coordinate all levels of information and develop a summary status report to effectively track the MOH directive implementation and use as an internal and external reference document.

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Accreditation Canada

A response was received Nov. 13th indicating we met the follow-up compliance requirements for the 5 ROPs evaluated criteria. Our leadership, staff and accreditation team were commended for their commitment and dedication to the provision of safe, quality health services. There is further work to show evidence of compliance with ROPs minor tests of compliance in the following areas: Cancer Care and Oncology Services, Medication Management Standards, Medicine Services, Surgical Care Services. In addition, Criteria Requiring Follow-up includes Applicable Service Excellence, Ambulatory Care Services, Ambulatory Systemic Cancer Therapy Services, Organ and Tissue Donation Standards for Deceased Donors, Reprocessing and Sterilization of Reusable Medical Devices, Managing Medications and Infection Prevention & Control. Some of this work is already done as a result of the October 31st submission and the rest is underway as a continuation from the October 30th report and will be complete **by October 2015**.

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Decision Support



Funding Submission: Work has begun on development of a submission to the NWLHIN and MOHLTC, the intent of which is to increase TBRHSC's base funding and to address its current and expected future operating deficits.

15-16 Budget Process: Decision Support is working closely with Finance on development of a new budget process for 2015-16. It is expected the new process will be less time consuming and will ensure that required budget adjustments are well supported and reflect TBRHSC's priorities.

Health Records

Health Records showcased clinical guidelines for scanned documents at the Interprofessional Learning Expo. This was an opportunity to display expected practices and examples of scanned documents.

Health Records Management attended the annual Ontario Health Information Management Education session via video conference. It was an informative session, and included topics such as Data Quality and one hospital's initiative with Quality Based Procedures.

Occupational Health & Safety (OHS)

Lost Shifts due to WSIB

2014	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct.
Total Number of Incidents	76	60	54	75	62	61	56	63	90	74
WSIB Health Care Claims	10	16	7	13	7	11	7	10	21	14
WSIB Lost Time Claims	0	1	0	0	0	0	0	0	0	2
WSIB Lost Time	0	0	0	0	0	0	0	0	0	0
Recurrences										
Lost Time Days	0	15	3	0	0	0	0	0	0	7
Near misses/hazardous	16	8	13	24	22	23	16	13	19	18
situations										
WSIB denied claims	9	2	3	5	5	3	6	3	4	1



Health and Safety: Current Initiatives

Influenza immunization continues to be a huge success. The roaming immunization cart is available to all departments.

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Policies and fact sheets related to infectious disease procedures i.e. TB Exposure, are being reviewed to ensure processes are in place to protect staff from exposure.

OHS will continue to provide resources and guidance with Ebola preparedness activities to ensure that potential risks to staff are identified and mitigated.

Volunteer Services



Volunteer Statistics:

HELP Program	New Volunteer	Volunteer Hours
Sep-Oct	Orientations	Apr-Oct
	Apr-Oct	
33	71	19,800

Two Volunteers were selected to receive a Walk the Talk Award: Sanna Agombar, Service Leader Goodnight Program and Susan Thompson, Service Leader OR Liaison. The awards will be presented to the volunteers at the Walk the Talk Awards on January 13, 2015.

Craft Group raised \$2800.00 at their recent Christmas Sale.

The Volunteer Services Advisory Council has been meeting and has developed a recognition philosophy.

Will be implementing an on-line survey asking new volunteer recruits to comment on our recruitment, orientation, and placement process.

Academics, Interprofessional Education, Medical Affairs and Pharmacy

Academic Affairs and Interprofessional Education

In preparation for a possible Ebola patient, the Inteprofessional Educators (IPEs) and Clinical Nurse Specialists (CNSs) provided training between November 10th and 21st,to over 400 staff and physicians from ICU, ED, Housekeeping, Security, Cardio Respiratory, Lab, NICU and Paediatrics on the donning and doffing of Level 3 Personal Protective Equipment (PPE), transmission of Ebola and the pathway for a suspected/confirmed patient. Education on the next level of PPE (PAPR suits for aerosol procedures) will begin the week of December 1st.

The annual Interprofessional Education Expo was held at TBRHSC on November 6th. Several interactive booths were on display providing education to staff, students and physicians on new and/or current practices and procedures.

To assist patients and families with the identification of their caretakers, a new lanyard is being introduced at TBRHSC. All new students completing placements (with the exception of Medical students and Residents who wear red and green) will be required to where Orange lanyards.

Medical Affairs

Two site visits were held during the month of November (one Gastroenterologist and one Psychiatrist), and three site visits are being planned for the month of December in the areas of gastroenterology, vascular surgery, and dermatology.

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A letter of offer has been extended and accepted by Dr. Olga Kisselgoff for the Hospitalist Program, with a start date to be determined.

Recruitment for the position of Regional Palliative Care Lead continued during the month of November. The successful incumbent will provide leadership needed to build, foster, and maintain quality palliative care services throughout the region

Letters of Offer for two positions in Screening and Prevention (Regional Primary Care Lead – Screening and Cancer Care) are underway. These roles are essential to ensuring successful engagement and collaboration across the diversity of primary care contexts and teams.

Dr. William O'Hara (Gastroenterologist) retired as of November 30th.

The Credentialing Reappointment Process for 2015 began. Approximately 620 Professional Staff received invitations on November 17th. Professional Staff have until December 31st to complete applications for reappointment.

Pharmacy

The new unit-dose packager machine arrived this month, and has additional safety features (i.e. bar code scanning of oral solid drugs) and future bar coding capability for packaging label.

A pharmacist from Stronach Regional Cancer Centre visited our Cancer Centre Pharmacy and shadowed our pharmacy staff. Suggestions were made for improvements in processes.

A replacement pharmacist has been hired for the Discharge Medication Reconciliation role. Tyler Belanger will be starting with our department on November 24, 2014.

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

Media Activity - Oct 24 - Nov 25, 2014

Media Advisories/Releases = 5

- Foundation Christmas 50/50 Draw
 - TBRRI Leadership Change
 - Cyclotron
 - Paediatric Tours video launch
 - TBRHSC Earns Spot on National Top Ten List

Media Events = 1

- Paedicatric Tours - video launch

Media calls = 11

- TBRRI leadership change
- Interview request re Tele-visitation

Page 14 of 15



- Interview request re TBRHSC designated as 11th Ebola treatment facility
- Confirmation of ER closure
- Interview request re Overcapacity
- Confirmation of VRE outbreak
- Gridlock as discussed in Legislature
- New parking lot update
- ⊚ Chronicle Journal feature stories = 21

Aboriginal Affairs

TBRHSC has an opportunity to display works of Aboriginal art throughout the facility. An inventory of spaces has been initiated; An Aboriginal Panel presented at the TBRRI Retreat and shared their experiences with Residential Schools and guidance on research in the First Nation Communities; Cultural Sensitivity Training was held for OBSP Staff, who viewed the "Walk a Mile" video series and participated in pre- and post-viewing activities; The Aboriginal Engagement Lead provided support to Adult Mental Health to create a more welcoming environment for Aboriginal patients and families. This includes making available copies of Aboriginal news publications, assigning culturally significant names for rooms, and coordinating drumming ceremonies with an Aboriginal Elder.

Engagement

An engagement session to support the development of the 2015/16 Quality Improvement Plan was held November 25. Participants included individuals of the 5 Partner group as well as PFAs; The second trial of a revised Quarterly Planning & Performance meeting was held as part of a pilot project to enhance connectedness of the TBRHSC leaders and support leadership awareness of organizational priorities and activities. The working group will conduct an evaluation and develop recommendations; Planning for the Strategic Plan 2020 Engagement continues. 5 Partner members have been invited to participate in engagement sessions, and invitations to various focus groups. Public engagement will begin in December.

healthy together 10th Anniversary

TBRHSC participated in the Santa Claus parade. The Screen for Life mobile coach was entered, and volunteers, including Reggie the mascot, handed out treats and information. The public was invited to tour areas of the facility on November 25 and 27.

Brand

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Use of the revised TBRHSC logo has been implemented. Plans to install new co-branded signage at three TBRHSC main entrances are underway.

Additional Support provided to

Enhanced Care Team (Medically Enhanced Patient clinic); Lab services; Leadership Financial Training; Human Resources; Surgical Service.

Website

User testing on the new website began in November. Feedback will be implemented.



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



Christmas comes early to the Health Sciences Centre

The Volunteer Association and Health Sciences Foundation are looking forward to a choosing and announcing the successful recipients of the Family CARE Grants. Thanks to generous donors, \$60,000 is available. Please look for a media announcement in early January!



This was no easy decision as a committee of community, clinical, previous recipients, Foundation and Volunteer Association members had to consider 51 applications for over \$100,000. In the past, this program has supported many areas of care including Adolescent Mental Health, Rehab, Pediatric Outpatient and Endoscopy. We look forward to sharing stories with you about these grants throughout 2015.

Will you be the big winner?

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. This raffle supports the Exceptional Cancer Care. The winning ticket will be drawn on December 23!

Please contact Devon for more information at 684-7113.

Dancing the Night Away

Congratulations to the Balmoral Park Acura Save a Heart Ball Committee! This gala event was held on October 18, 2014 at the Victoria Inn. A champagne reception, followed by a gourmet meal, enticing live and 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 approximately \$40,000 this year!

What are you driving today?

We proudly launched the 'Save a Heart Car Raffle' in October. The lucky winner of this draw will drive away in a 2015 Acura ILX 5 Speed Automatic with Paddle shifters including power sunroof (valued at \$34,043.95), thanks to provider Balmoral Park Acura. The real winners are the cardiac patients here and throughout Northwestern Ontario. The over \$80,000 raised by this raffle has provided investment in Angioplasty, Cardiac Rehabilitation, Telemedicine - all providing closer to home care for our friends and family. Get your ticket today from the Foundation's Donation Centre. Draw is on February 17, 2015.

What will your legacy be?

Did you take the time in November to think about your will? If not, please consider it on your 'to do' list for 2015. Over half of Ontarians don't have an up to date will. Your will is a powerful tool to impact care in our region. A gift could have significant positive implications for the administration of your estate and will help put tools in the hands of the gift professionals at the Health Sciences Centre - offering better care to your children and grandchildren for the future.

Every gift makes a difference and we hope that you've taken the time to think about what your legacy could be. Haven't had a chance? Want to know where your gift could make a difference? Please contact Lindsey Wychopen, Development Assistant at 684-7106 for more information.

From the Foundation Board and Staff - we would like to wish you a very, Merry Christmas and all the best for a safe and prosperous 2015. Together, we are healthier.



Chief of Staff Board Report December 2014



Credentialing

- A meeting with Dr. Geoff Davis, Chief of Staff at SJCG, took place to discuss concerns with a joint credentialing process.
- Further discussion will take place at each respective MAC as well as at an upcoming Professional Staff Association meeting.

Incomplete Records

 Completion of medical records by Professional Staff continues to be monitored and reviewed regularly

Medical Staff Policy

 Education for Physicians regarding the recently revised policy 'Clinical Consultation for Most Responsible Physician (MRP) – Emergency Department' is ongoing with the Interprofessional Educator continuing to attend section meetings to discuss with physician groups

Regional Chief of Staff Leadership Council

- The Regional Chief of Staff Leadership Council, which includes 13 Northwestern Ontario organizations, met in November.
- Topics of discussion included TBRHSC's Advanced Directives and possible implementation across the region collectively as well as Ebola and opportunities for resource sharing

Recruitment of Chief of Staff

Recruitment is currently underway for a new Chief of Staff

Physician Quality Improvement Initiative (PQII)

 Leanne Baird, Administrative Assistant to the Chief of Staff will be attending a meeting in Toronto with all other project leads from CAHO hospitals to discuss the project administration experience among hospitals. MAC will be considering whether to continue with this project at TBRHSC.



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Respectively submitted,

Dr. Mark Henderson, Interim Chief of Staff





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

December 2014

CNE - Open Report

Nurse Practitioners and Physician Assistants

- In order to support and clarify roles, responsibility, and accountability for Nurse Practitioners and Physician Assistants, practice has engaged in the development of a "guide to decide".
- The guide provides algorithms to support decision making regarding the hiring and utilization of providers, and will support the appropriate practitioner for each role requirement.
- Policies and procedures regarding role and scope also are being finalized.
- An evaluation framework is in development to support role utilization and effectiveness.

Nursing Resource Team (NRT)

- A review of the NRT role, allocation, and coverage was completed to ensure the most effective utilization of resource team staff.
 - A focused review of the Women & Children's and Mental Health Programs was completed and changes in scheduling/staff assignment to W&C were subsequently made.
 - Shifts in Demand for Service in Peritoneal Dialysis (PD) over the last few years resulted in the need for NRT expansion, to include the outpatient Renal Department - 2 staff trained for Renal.
 - A full review of Renal scheduling concerns was completed and recommendations were made to support the most effective resourcing for that area.
- In order to further assist the Renal Department in reviewing PD services, a LEAN review will be completed. Led by Rita Grenier Buchan, Black Belt - LEAN Six Sigma and Manager of the NRT, in collaboration with the PD staff and interdisciplinary team, the LEAN process will look at all aspects of care for patients receiving PD and work on improving patient outcomes. With focus on best practices, recommended changes will be applied to this process.

Nursing Practice Council

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In support of a professional practice environment, the Nursing Practice Council continues to work on intraprofessional communication. In order to ensure a consistent and relevant "handover" of care between patient transitions, SBAR (Situation, Background, Assessment, Response) was identified as the method for communication between Nurses.

• The current Admission Transfer of Care Form has been redesigned and updated to two forms, an adult and a peadiatric version that follow the SBAR format. The form will be completed for all transfer of care between inpatient areas and when transferring from outpatient to inpatient areas. In addition, a new form has been developed for patients going between inpatient and outpatient areas for treatment (e.g. from inpatient unit to outpatient dialysis, and then returning to inpatient unit).





Northern Ontario School of Medicine

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Northern Ontario School of Medicine Activity Report

Dr. Roger Strasser, Dean-CEO November- December 2014

NOSM Board Holds Face-to-Face Meeting in Sudbury Members Hear Medical Student Experiences and Say Farewell to Ken Adams, Departing CAO

The Board of Directors of the Northern Ontario School of Medicine (NOSM) held a face-to-face meeting in Sudbury on November 28 and 29, 2014.

On the first day of the two-day meeting, Board members heard presentations from NOSM Associate Deans on the topics of faculty engagement, research ethics, patient safety and simulation in health care, and community engagement.

In the afternoon, two NOSM medical students relayed their experiences to the Board. Reflecting on her upbringing in Sault Ste. Marie and medical school learning placements, fourth-year medical student Kendra Komsa spoke about the various influences that have led her to want to be a rural physician in Northern Ontario. Next, third-year medical student Nicole Ranger, via WebEx from the community of Hearst, spoke about the rich cultural and linguistic dimensions of her Comprehensive Community Clerkship (CCC) placement in that community. Both students agreed that NOSM's distinctive, distributed community-engaged model is preparing students well for practice in rural settings.

Before dinner, Board members were provided a tour of Laurentian University's Laurentian Architecture Laurentienne (LAL). Opening in September 2013, LAL is the first new school of architecture in Canada in over 40 years, and the first outside of the province of Québec to offer French programming. The Bachelor of Architectural Studies (BAS) undergraduate program focuses on design, culture, technology and professional practice, highlighting design and culture for the North.

After dinner, Board members said farewell to NOSM's departing Chief Administrative Officer, Ken Adams. The Board congratulated Ken on his new appointment to the position of Vice President, College Services at Confederation College in early January 2015, and thanked him for his significant contributions to the administration of the School over the last six and a half years of his service at NOSM.

To begin the second day of meetings, the Board toured the Northern Ontario School of Medicine at Laurentian University.

After a presentation on finance led by Ben Petersen, Treasurer and Chair of the Finance Audit and Risk Management Committee, Ken Adams, NOSM's CAO, and Joe Lipinski, NOSM's Director of Finance, Board members participated in a workshop to consider implementation planning for NOSM's 2015-2020 Strategic Plan. This session, led by Dr. Roger Strasser, NOSM Dean, Dr. David Marsh, NOSM's Associate Dean of Community Engagement, and Grace Vita, NOSM's Director of Planning and Risk, asked Board members to reflect on how, during the implementation phase, NOSM can learn from, and build upon, the strong community engagement that occurred during the development of the plan. From May to September 2014, senior leaders and staff travelled to more than 50 Northern, rural, remote, Francophone, and Aboriginal communities across the North to meet with individuals, organizations, health-care professionals, and faculty to discuss Northern Ontarians' ongoing health-related

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



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needs. The input received has provided important guidance to setting the priorities of NOSM's 2015-2020 Strategic Plan.

At the formal Board meeting in the afternoon, members received reports from the Finance, Audit and Risk Management, Governance, and Executive committees, and the Nominations and Community Relations sub-committee. The Board also received reports from the School's Francophone and Aboriginal Reference Groups. In addition, Board members received a copy of The Scope, a new publication that highlights research by faculty members in the School's Human, Medical, and Clinical Sciences Divisions, residents, medical students, a broad range of health-professional learners, and collaborators—all with a view to improving the health of Northern Ontarians and beyond. The Scope is now available at www.nosm.ca/thescope.

The Board of Directors approved Financial Statements from the Finance, Audit and Risk Committee for the five-month period ending September 30, 2014.

Dr. Brian Stevenson, Chair of the Northern Ontario School of Medicine's Board of Directors and President of Lakehead University, noted that the two-day meeting in Sudbury was a great success. "I am always inspired by the rich discussions and collaboration that occurs when NOSM Board members meet," he said. "The Board takes such pride in what the medical school is accomplishing, and the incredible contribution NOSM's staff, faculty, learners, and alumni are making to improving the health of people and communities across Northern Ontario."

The Northern Ontario School of Medicine's next Board of Directors meeting is scheduled to occur on March 18, 2015.

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

NOSM and University of Waterloo Announce Collaboration Agreement
Earlier this month, the Northern Ontario School of Medicine (NOSM) and the
University of Waterloo School of Pharmacy signed a Collaboration Agreement that will
allow the two schools to work together towards improving health in Northern
Ontario's communities.

Both organizations share a commitment to expanding educational opportunities for students in the Doctor of Pharmacy (PharmD) program to train in Northern Ontario. Students with a strong desire to pursue pharmacy practice in Northern communities will benefit from enhanced experiences while on their Northern co-op experiences during the first three years of the program. In addition, students in their final year of studies will undertake 24 weeks of patient care rotations that include variety of NOSM's distributed teaching sites. Starting in January 2015, selected Waterloo students will complete their last term of studies in Northern Ontario at one of three regional sites – Sudbury, Sault Ste. Marie, or Thunder Bay.

The agreement between NOSM and the University of Waterloo lists a number of additional areas of potential collaboration, including integrating pharmacy students in interprofessional learning experiences, and continuing professional development opportunities during their training in Northern Ontario. Faculty from the two schools will also explore collaborative educational and research initiatives related to improving the health of Northern populations.



Muster 2014 Fantastic!

On October 27-30, almost 300 participants from all continents came together at Uluru, a very



remote location in Central Australia for the fourth in the series of joint NOSM-Flinders conferences on community engaged medical education.

The Muster 2014 program featured plenary presentations and parallel sessions (short oral presentations, workshops, PeArLS, symposia, poster sessions), as well as Muster Unplugged, Deans Unplugged, a workshop at the National Indigenous Training Academy and time with the Ngangkaris (Elders and Traditional Healers). Highlights included: NOSM Assistant Dean, Curriculum and Planning Dr Rachel Ellaway's plenary session on interactions between medical schools and communities; Dr Fortunato Cristobal's inspirational address about the success of the Zamboanga School of Medicine in improving the health of the people of that impoverished region of the Philippines; the students' recommendations for future directions in medical education; and the presentation by Dr Erica Wheeler of the World Health Organization (WHO) introducing the WHO's new Global Toolkit for Evaluating Health Workforce Education.

Throughout Muster 2014, there was a buzz of excitement as conference participants shared their experiences of community engagement, social accountability and longitudinal learning, as well as rural and Aboriginal health. NOSM was very well represented with over 30 delegates contributing presentations including Elder Julie Ozawagosh and student Heather Smith who received an award for her poster. As the conference ended, many participants commented that Muster 2014 had given them renewed energy with fresh ideas and a collegial network to sustain them.

Congratulations and thank you to all those who contributed to the outstanding success of Muster 2014 particularly Organizing Committee Chair Dr Sarah Strasser, Scientific Program Committee Chairs Drs David MacLean and Pascale Dettwiller and the Flinders Northern Territory staff who were the Secretariat.

New Research Funding Opportunity: OSSU IMPACT Awards Call for Proposals

The Ontario SPOR SUPPORT Unit (OSSU) has issued its first Call for Proposals for the newly created IMPACT Awards. This is exciting opportunity and it is hoped that NOSM faculty will consider applying. The new research funding will support patient-oriented research projects that advance the science of implementation research and facilitate knowledge translation and exchange in the areas of prevention, care in the community and at home, and health system sustainability. These awards will support research projects that are innovative, measurable, patient-oriented, appropriate, collaborative, and transformative. For further details, submission deadlines and forms, visit the IMPACT Awards website. NOSM's Research Office is available to work with faculty on these applications and can be reached by email at research@nosm.ca.

SPOR Website: http://ossu.ca/funding-opportunities/impact-awards/



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Northern Constellations

Mark your calendars and join your colleagues on March 27 and 28, 2015 in Sudbury for our Fourth Annual Faculty Development Conference. Northern Constellations 2015 is designed to further develop your knowledge and skills as a faculty member at NOSM.



Call for Abstracts Deadline: December 7, 2014

For more information visit the website: http://www.nosm.ca/northernconstellations2015/

The Inaugural Issue of The Scope

Research is essential to improving health care and health outcomes. For physicians and other healthcare providers, every day interactions with patients raise questions.



Often these questions can be answered by reviewing the literature and/or consulting colleagues. Sometimes, the answer to a question is not known and this is the beginning of a new research project. Research may be seen as a systematic approach to answering questions. Recognizing this, it is important that our students, residents and all learners come to see research as integral to everyday clinical practice. Given NOSM's social accountability mandate, it is of particular importance that NOSM faculty members and learners undertake research focused on addressing the health needs of the people and communities in Northern Ontario.

In this context, NOSM has become a leader of health research in Northern Ontario, encouraging a culture of research and innovation through: enhancements in infrastructure and support; annual Northern Health Research Conferences; and partnerships and collaboration within Northern Ontario and beyond. The Scope (www.nosm.ca/thescope) is the new bi-annual publication that highlights NOSM research activities. Studies reported in the first issue of The Scope include culturally appropriate care for Aboriginal peoples, new drug technologies, cancer screening methods, patient rehabilitation, lakewater quality and much more. Study subjects are as varied as the vast geography of NOSM's wider campus of Northern Ontario and as diverse as the researchers themselves - faculty members in the Human, Medical, and Clinical Sciences Divisions, residents, medical students, a broad range of health-professional learners and collaborators.



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Northern Ontario

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Northern Passages

The Northern Ontario School of Medicine's (NOSM) newsletter, Northern Passages, is a quarterly publication which conveys news about the School's multi-faceted activities. Its broad coverage informs and entertains with detailed commentary on program development, conferences, profiles, and other information germane to the School and its Northern stakeholders. Download a copy http://www.nosm.ca/northernpassages/

For more news and information visit www.nosm.ca

Respectfully submitted,

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

tem #	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	Мау	June	Comments
1	Financial Oversight	Initial Meeting of Audit Committee	Aud							Х					
2	Financial Oversight	Review Evaluation of Auditors	Aud							Х					
3	Financial Oversight	Independence Questionnaire	Aud							Х					
4	Financial Oversight	Approve Audit Work Plan	Aud							Х					
5	Financial Oversight	Audit Plan (Grant Thornton)	Aud							Х					
6	Risk Identification and Oversight	Review Results of Interim Audit Conducted in January	Aud								x				
7	Performance Measurement and Monitoring	Discussion of Year-end Reporting Issues	Aud								Х				
8	Financial Oversight	Review Audit Statement Presentation	Aud								Х				
9	Financial Oversight	Individual Program Audit Reports	Aud								Х				
10	Financial Oversight	Presentation of PSAB Standards	Aud								Х				
11	Financial Oversight	Update on New Hospital Capital Audit	Aud								Х				
12	Financial Oversight	Review and Recommend Year End Financial Statements for Approval to the Board	Aud										х		
13	Financial Oversight	Audit Results (Grant Thornton)	Aud										Х		
14	Financial Oversight	Management Letter	Aud										Х		
15	Financial Oversight	Claims Summary	Aud										Х		
16	Risk Identification and Oversight	Analysis of Legal Fees as at March 31	Aud										Х		
17	Financial Oversight	Evaluation of Auditors	Aud										Х		
18	Performance Measurement and Monitoring	Recommend Appointment of Auditors	Aud										х		
19		Approve Year-end Financial Statements	Aud											х	
	Financial Oversight	Statements for Approval to Board	Aud										х		
	Stakeholder Communication and	Set up Partnership Meetings for the year	BD		Х										
	Accountability	, ,													
22	Strategic Planning and Vision, Mission, Values	Monthly Education Topics for the Board	BD		х	Х	Х	х	х	х	х	х	х	х	
23	Oversight of Management	Participate in CEO Evaluation via website	BD									Х			
24	Oversight of Management	Participate in COS Evaluation via website	BD									Х			
25	Governance	Approval of By-Laws	BD										Х		

tem:	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	Мау	June	Comments
26	Governance	Approve Slate of Nominees to Fill Board Vacancies	BD										Х		
27	Oversight of Management	Approve CEO Evaluation	BD											Х	
	Oversight of Management	Approve COS Evaluation	BD											Х	
29	Oversight of Management	Approval Committees Work Plans and Terms of Reference	BD				х								Further revisions required will be brought to next meeting
30	Oversight of Management	Accessibility Update	BD					Х							
31	Governance	Environmental Compliance and Fire Safety Update	BD			Х		Х		Х			Х		
32	Strategic Planning and Vision, Mission, Values	Critical Incidents Presentation	BD				х		x			x		х	will be Presented in January
33	Strategic Planning and Vision, Mission, Values	Physician Recruitment Plan Update	BD					х							
34	Governance	Strategic Plan Update	BD					Х				Х			
35	Governance	Research Ethics Board Appointments	BD			Х									
36		Research Ethics Board Report	BD								х				
37	Governance	Scorecard	BD				Х						Х		
38	Oversight of Management	TBRRI Update	BD				х						Х		
39	Governance	Foundation Update	BD				Х								
40	Governance	Gridlock Update	BD		х	Х	Х	Х	Х	Х	Х	Х	Х	х	
41	Governance	Preliminary Review of By-Laws	BL								Х				
42	Governance	Evaluation of CEO	EC										Х		
43	Governance	Evaluation of COS	EC										Х		
44	Governance	Ensure Board Meeting Evaluations are Completed	Gov		Х	Х	Х	Х	Х	Х	Х	Х	х	Х	
45	Governance	Identify Education Needs for Coming Year	Gov		Х										
46	Governance	Plan Annual Board Retreat	Gov		Х										
47	Governance	Review Annual Board Evaluation, Board Self Evaluation and Team Effectiveness Form	Gov			Х									

tem	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	Мау	June	Comments
	Governance	Review all Board Policies - Identify Revisions Required	Gov			х									Further revisions required will be brought to next meeting
49	Governance	Review Board Committee Terms of Reference	Gov			x									Further revisions required will be brought to next meeting
50	Risk Identification and Oversight	Review CEO/Chief of Staff Performance Evaluation Process (subject to revised policy approval)	Gov			х									Further revisions required will be brought to next meeting
51	Quality Oversight	Review Meeting Evaluations for the Quarter	Gov			х				х		х			Further revisions required will be brought to next meeting
52	Quality Oversight	Board Self Assessment Questionnaire - Distribute to Board Members for Completion	Gov					Х				Х			
53	Quality Oversight	Team Effectiveness Scale - Distribute to Board Members for Completion	Gov					Х				х			
54	Quality Oversight	Review Board Committee Attendance Summary	Gov						х				х		
	Quality Oversight	Review By-Laws	Gov									Х			
56	Risk Identification and Oversight	Annual Board Evaluation - Performance Review	Gov										х		
57	Risk Identification and Oversight	Review Orientation Program	Gov										Х		

TBRHSC Board of Directors Comprehensive Work Plan Revised October 31, 2014

tem	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	Мау	June	Comments
58	Risk Identification and Oversight	Review Committee Work Plan	Gov			х									Further revisions required will be brought to next meeting
59	Quality Oversight	Review Board Forms	Gov		Х										
60	Quality Oversight	Review Committee Membership	Gov		x										
61	Quality Oversight	Review Applications for Board Vacancies	Nom								Х				
62	Risk Identification and Oversight	Nominating Committee - Candidate Interviews for Board vacancy	Nom									х			
63	Quality Oversight	Review Board Composition Profiles documents for use of Nominating Committee: Policy BD-45 Preferred Selection Criteria for Board Membership Skills Matrix for Board of Directors Applicants	Nom							х					

tem:	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	Мау	June	Comments
64	Performance Measurement and Monitoring	Litigation	Qual						х					х	
65	Financial Oversight	Patient Safety/Public Indicators	Qual		Х				Х			х		х	
	Financial Oversight	Review Quality Terms of Reference	Qual		Х										
	Financial Oversight	Review Quality Work Plan	Qual		Х										
	Financial Oversight	Programs & Services Presentations	Qual		х	х	Х	X	х	х	х	x	x	х	Deferred to Jan 2015
69	Financial Oversight	Comments/Compliments/Complaints	Qual			Х					Х				
70	Financial Oversight	Quality Improvement Plan Except From Balanced	Qual			Х		Х			Х			х	
71	Financial Oversight	Critical incidents/MAC recommendations	Qual				Х					Х			
72	Financial Oversight	Risk Management	Qual				Х			х					
73	Financial Oversight	Emergency Preparedness	Qual					Х					Х		
74	Financial Oversight	Accreditation	Qual			Х				Х					
75		Quality Improvement Plan Approval	Qual								Х				
76	Financial Oversight	Quality and Risk Management Policies	Qual										Х		
77	Financial Oversight	Research Ethics Board	Qual			Х			х			Х		Х	
78	Financial Oversight	Financial Pressures Relating to Risk	Qual	Х											
79	Financial Oversight	Credentialling Process/Professional Staff & regulated licensed Professional processes	Qual		x										
80	Financial Oversight	Financial Statements and Variance Report and Quarterly Review	RP		X		Х			х					
81	Financial Oversight	Health Services Centre Update	RP		Х										
82	Financial Oversight	Hospital Improvement Plan	RP		Х								х		
83	Financial Oversight	Board Attestation: Wages and Sources Deductions	RP		Х	Х			Х			Х			
84	Financial Oversight	Non Bargaining Salary and Benefits: Increases	RP		Х										
85	Financial Oversight	Work Plan Approval	RP		Х										
86	Financial Oversight	Terms of Reference Approval	RP		Х										
87	Financial Oversight	2359031 Ontario Inc Financial Statements (information)	RP		х										

tem ‡	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	Мау	June	Comments
88	Financial Oversight	Financial Statements (information)	RP		x	Х		Х	Х		Х	Х		х	
89	Financial Oversight	CAPS Submission to LHIN	RP			х									
90	Financial Oversight	Human Resources and Organizational Development	RP			Х									
91	Financial Oversight	Corporate Balanced Scorecard Review	RP			Х		Х						х	
92	Financial Oversight	H-SAA Operating Plan Submission (update)	RP			Х									deferred to Dec.
93	Financial Oversight	Funding HBAM and Quality Based Procedures (update)	RP				Х								
94	Financial Oversight	HAPS Update	RP				х								
95	Financial Oversight	Budget Planning Targets and Directives Presentation	RP				Х								
96	Financial Oversight	Budget Planning Process Update	RP				х								Removed as duplicate topic
97	Financial Oversight	Broader Public Sector Travel & Expenses Reporting	RP				х								
98	Financial Oversight	Investment Portfolio Update	RP					х							
99	Financial Oversight	Northwest Supply Chain Performance and Medbuy Update	RP					х						Х	
100	Financial Oversight	Capital Equipment and Capital Projects Update	RP						Х			Х			
101	Financial Oversight	Broader Public Sector Attestation Update	RP						Х						
102	Financial Oversight	Capital Budget Planning Update	RP							Х					
103	Financial Oversight	Physician Recruitment and Retention Update	RP							Х					
104	Governance	Operating Plan Approval	RP								Х				
105	Governance	Capital Plan Approval	RP								Х				
106	Governance	Capital Budget Summary	RP								Х				
107	Governance	Labour Relations, Grievances and Arbitration Update	RP								х				
108	Risk Identification and Oversight	Occupational Health and Safety Program update	RP								Х				
109	Financial Oversight	Data Centre Disaster Recovery Plan update	RP								Х				
110	Financial Oversight	Public Sector Salary Disclosure to MOH	RP								Х				
111	Financial Oversight	Capital Budget	RP									Х			
112	Financial Oversight	Unaudited Preliminary Year End Financial Statements	RP										х		
113	Financial Oversight	Numbered Companies Statements Unaudited	RP										Х		
114	Quality Oversight	TBRRI Financial Statements Unaudited	RP										Х		
115	Risk Identification and Oversight	TBRRI Operating and Capital Budget Report	RP										Х		
116	Risk Identification and Oversight	Broader Public Sector T&E Expenses	RP										х		
	Oversight of Management	BPS Compliance Reports	RP										х		
118	Strategic Planning and Vision, Mission, Values	Non Patient Legal Matters Update	RP										х		

TBRHSC Board of Directors Comprehensive Work Plan Revised October 31, 2014

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119	Oversight of Management	Declaration of Compliance H-SAA and M-SAA	RP											Х	
120	Oversight of Management	TBRRI Audited Year End Financial Results	RP											Х	
121	Strategic Planning and Vision, Mission, Values	Investments Performance Review	RP											х	
122	Oversight of Management	Investments Policy Review	RP											Х	
123	Oversight of Management	Work Plan for following year	RP											Х	
		Responsible Body Legend: Aud Audit Committee BD Board of Directors EC Evaluation and Compensation Committee Gov Governance Committee Nom Governance/Nominating Committee Qual Quality Committee RP Resource Planning Committee BL Governance/By-Laws Committee													
		Colour Legend													
		Completed by target													
		In progress but not completed by target													
		Not in progress, and not completed by target													