



**TBRHSC Board of Directors  
Open Meeting**

**Wednesday, March 19, 2014 – 5:00 pm Boardroom, Level 3, TBRHSC**

**980 Oliver Road, Thunder Bay**

**AGENDA - REVISED**

**Vision:** Healthy Together

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

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

#	Time (X)	Presenter	Item & Purpose (Y)	Expected Outcome (Z)			
				Recommendation / Decision/Action	Education	Discussion	Information
1.0			<b>CALL TO ORDER</b>				
2.0			<b>PATIENT STORY – Dr. Gordon Porter</b>				
3.1	1	N. Doucette	Quorum (7 members total required, 5 being voting)				
3.2	1	N. Doucette	Conflict of Interest				
3.3	1	N. Doucette	Approval of the Agenda	X			
3.4	3	N. Doucette	Chair's Remarks*				X
4.0			<b>PRESENTATIONS</b>				
4.1	20	A. Skillen	ALC Update*		X		X
5.0			<b>CONSENT AGENDA</b>				
5.1			Board of Directors: Approval of Minutes (February 5, 2014)*	X			X
5.2			TBRHS Foundation*				X
5.3			Volunteer Association*				X
5.4			Professional Staff Association				X
5.5			Thunder Bay Regional Research Institute*				X
5.6			Quality Committee Minutes (February 11, 2014)*				X
6.0			<b>REPORTS AND DISCUSSION</b>				
6.1	5		Report from Senior Management*	X		X	X
6.2	10	A. Robichaud	Report from the President and CEO			X	X
6.3	5	Dr. G. Porter	Report from the Chief of Staff*			X	X
6.4	5	Dr. Crocker Ellacott	Report from the Chief Nursing Executive*			X	X
6.5	5	Dr. R. Strasser	Northern Ontario School of Medicine (NOSM)*			X	X
7.0			<b>BUSINESS/COMMITTEE MATTERS</b>				
8.0			<b>FOR INFORMATION</b>				
8.1			Board Comprehensive Work Plan*				X
9.0			<b>BOARD MEMBER COMMENTS</b>			X	
10.0			<b>DATE OF NEXT MEETING – Thursday, April 17, 2014 – 5:00pm</b>				X
11.0			<b>ADJOURNMENT</b>				
<p align="center"><b>Ethical Framework</b></p> <p>TBRHSC is committed to ensuring decisions and practices are ethically responsible and align with our mission/vision/values.</p>							

#	Time (X)	Presenter	Item & Purpose (Y)	Expected Outcome (Z)			
				Recommendation /Decision/Action	Education	Discussion	Information
<p>All leaders should consider decisions from an ethics perspective including their implications on patients, staff and the community. The following questions should be reviewed for each decision.</p> <ol style="list-style-type: none"> <li>1. Does the course of action put 'Patients First' by responding respectfully to needs &amp; values of patients and families?</li> <li>2. Does the course of action demonstrate 'accountability' by advancing quality, safety and Patient and Family Centred Care &amp; delivering fiscally responsible services?</li> <li>3. Does the course of action demonstrate 'respect' by honouring the uniqueness of every individual?</li> <li>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?</li> </ol> <p>For more detailed questions to use on difficult decisions, please refer to TBRHSC's Framework for Ethical Decision Making located on the Quality and Risk Management page of the Internet.</p> <p><a href="http://intranet.tbrhsc.net/Site_Published/i5/render.aspx?DocumentRender.IdType=5&amp;DocumentRender.Id=110784">http://intranet.tbrhsc.net/Site_Published/i5/render.aspx?DocumentRender.IdType=5&amp;DocumentRender.Id=110784</a></p>							

**BOARD OF DIRECTORS (Open)**  
**March 18, 2014**

**Note – all attachments are within the package**

<b>Agenda Item</b>	<b>Committee or Report</b>	<b>Motion or Recommendation</b>	<b>Approved or Accepted by:</b>
3.3	Agenda – March 18, 2014	“That the Agenda be approved as circulated.”	Moved by: Seconded by:
5.0	Consent Agenda	<p>“That the Board of Directors:</p> <p>5.1 Approves the Board of Directors Minutes of February 5, 2014,</p> <p>5.2 Receives the TBRHS Foundation Report – dated March, 2014,</p> <p>5.3 Receives the Volunteer Association Report dated March, 2014,</p> <p>5.4 Receives the Professional Staff Association Report – n/a,</p> <p>5.5 Receives the TBRRI Report dated March, 2014,</p> <p>5.6 Receives the Minutes of the Quality Committee of February 11, 2014,</p> <p>as presented.”</p>	Moved by: Seconded by:
6.0	Reports and Discussion	<p>“That the Board of Directors:</p> <p>6.1 Accepts the Report from Senior Management,</p> <p>6.2 Accepts the Report from the President and CEO,</p> <p>6.3 Accepts the Report from the Chief of Staff,</p> <p>6.4 Accepts the Report from the Chief Nursing Executive,</p> <p>6.5 Receives the Report from the NOSM,</p> <p>dated March, 2014 as presented.”</p>	Moved by: Seconded by:



## Board of Directors

healthy  
together

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### **Report from Susan Fraser Chair, Board of Directors March, 2014**

Thunder Bay Regional Health Sciences Centre (TBRHSC) is celebrating its 10<sup>th</sup> anniversary. It is hard to believe that patients and families were first welcomed to our beautiful facility a decade ago. Our facility continues to receive accolades, including recent ranking as #6 on a list of the World's most architecturally impressive hospitals.

Since opening in 2004, TBRHSC has expanded in its size, as well as its programs and services. The successes of the past ten years and those that are certain to come could not be achieved alone. Every day, patients and families benefit from the combined efforts of our community, including dedicated employees, healthcare providers, volunteers, donors and partners. For the role you had in building excellent healthcare in Northwestern Ontario, I thank you.

Our past achievements shaped the exciting future that lies before us, particularly as we continue our journey to become an academic health sciences centre (AHSC), or "teaching hospital". Just as a tricycle needs all three wheels functioning in unison to move forward, an AHSC advances the quality of care when clinical care, teaching and research seamlessly work together.

Our transition requires collaboration. That was the theme of a recent retreat that brought together the boards of the TBRHSC, the Thunder Bay Regional Research Institute (TBRRI), and the Thunder Bay Regional Health Sciences Foundation.

We are energized and enlightened by what we learned together, and the opportunities that lie before us. Key learnings from the retreat will guide our journey. They include:

- The key to success is to look at where we are now, identify the barriers to where we're going, and confront them.
- A framework to guide corporate strategy and capacity to effect changes is paramount.
- Collaborations are essential to success.
- We can share a vision that is implemented separately by the three organizations.

As an academic health sciences centre, we are in a better position to face challenges, such as overcapacity. Patients continue to receive world-class clinical care from interprofessional teams of dedicated healthcare professionals.

I am grateful that, for the past ten years and into the years to come, so many individuals and organizations continue to make patient care Thunder Bay Regional Health Sciences Centre their priority. We are healthy together.

Respectfully,

Susan Fraser, Chair  
Board of Directors

# **TBRHSC Bed Management Update: Overcapacity and ALC**

TBRHSC Board Meeting (Open Session) Presentation:  
Wednesday, March 19, 2014



Aaron Skillen, Program Director,  
Chronic Disease Prevention & Management and Medicine Service  
Thunder Bay Regional Health Sciences Centre

## Current State

TBRHSC is regularly in an overcapacity situation

- Regularly operate 36 non-funded and 21 temporarily funded IP beds
- 2014 average daily admitted patient census @0945 = 425
- ALC Rate in 13-14 = 16.0% (was 12.8 in 11-12)
- Daily average ALC census in 13-14 = 57.8 (was 39.6 in 11-12)
- Monthly average gridlock days in 2013 = 16.0 (was 7.8 in 2012)
- TBRHSC is not exacerbating its high occupancy challenges via increased admissions
- TBRHSC's high occupancy is effected by increased ALOS
- TBRHSC is increasingly providing care to an ALC patient population
- Several key TBRHSC discharge pathways have shown ALC and ALOS increases



# TBRHSC Beds for Admitted Patients (Feb. 2014)

396 Funded

- 375 Beds
- 11 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
- 432 Maximum admitted patient beds



## 2014 Daily Admitted Pt. Census @ 0945 Bed Rounds

Jan. 1 – Mar. 7, 2014	Census
Maximum	452
Average	425
Minimum	391



# TBRHSC ALC Rate

Dates	ALC Days	Total IP Days	ALC Rate
2011-12	14,843	115,805	12.8%
2012-13	16,937	113,261	15.0%
Apr. 1/13 – Dec. 31/13	14,037	87,565	16.0%
Proj. YE 13-14	18,631	116,223	16.0%
13-14 vs. 11-12	3,788	418	3.2%

# Average Number of ALC Patients at TBRHSC

Month	2011-12	2012-13	2013-14
April	39.0	46.3	55.7
May	32.0	48.8	46.6
June	34.7	42.3	55.8
July	37.4	44.7	63.9
August	42.1	53.9	61.6
September	39.8	57.4	59.3
October	35.4	65.0	64.8
November	35.6	59.3	63.0
December	36.4	56.4	50.1
January	43.9	61.8	55.4
February	52.5	58.4	57.1
March	46.5	56.6	
<b>Total</b>	<b>39.6</b>	<b>54.2</b>	<b>57.8</b>

Apr. 1/12 – Feb. 28/13 = 54.0  
 Apr. 1/13 – Feb. 28/14 = 57.6  
 + 3.6 ALC pts. 2013 vs. 2012

Projected YE ALC Ave. = 57.8  
 18.2 more ALC 13-14 vs. 11-12

# Average Number of Gridlock Days per Month at TBRHSC

Month	2012	2013	2014
January	11.2	29.5	31.0
February	4.8	14.6	17.3
March	0.2	16.4	
April	10.2	20.7	
May	13.4	4.6	
June	10.8	3.5	
July	0	3.7	
August	6.1	17.2	
September	2.5	13.7	
October	4.8	23.0	
November	20.6	26.5	
December	8.5	18.3	
<b>Total</b>	<b>93.1</b>	<b>191.7</b>	
<b>Mo. Ave.</b>	<b>7.8</b>	<b>16.0</b>	

- 105% increase 2013 vs. 2012
- Gridlock 25.5% of 2012
- Gridlock 52.5% of 2013
- Gridlock 52 consecutive days  
Dec. 30/13 – Feb. Feb. 19/14

## ED Daily Visits & Admissions

Dates	ED Daily Visit Ave.	ED Daily Admits Ave.	Admission Rate
2011-12	299.1	32.9	11.00%
2012-13	305.9	31.1	10.20%
Apr. 1/13 – Jan. 31/14	293.3	29.8	10.15%

1. ED Daily visits decreased 13-14 YTD vs. 2012-13 (3,968 visit decrease over 10 mo. period)
2. ED Daily admits decreased 13-14 YTD vs. 2012-13 (446 fewer admits over 10 mo. period)
3. ED Admission rate decreased 13-14 YTD vs. 2012-13 (0.05% lower over 10 mo. Period)

\*446 admitted patients = 3,613 patient days “saved” = 11.8 beds “found”

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

## TBRHSC 2013 vs. 2012 (Jan. – Sept.): Med./Surg. Admitted Patient Data & Analysis

Year	Total Admitted Pts.	ED Admits	Planned Admits	Transfer Admits	Unplanned Admits
2012	9,851	6,992	1,658	753	441
2013	9,345	6,695	1,546	712	390
Change	(503)	(297)	(112)	(41)	(51)

503 admitted patients = 4,074 patient days “saved” = 14.8 beds “found”

Conclusion: TBRHSC is controlling all our "front doors" and thus not exacerbating our high occupancy challenges via increased admissions.



## TBRHSC 2013-14 vs. 2012-13 & 2011-12: Admitted Patient Data & Analysis

Year	ALOS (inc. ALC)	ALC Days	ALOS (w/o ALC)	Ave ELOS
2011-12	6.55	15,304	5.73	5.76
2012-13	6.66	17,405	5.70	5.93
Q3 YTD 2013-14	6.88	14,296	5.81	6.00
Proj. YE 2013-14	6.88	18,975	5.81	6.00
13-14 vs. 11-12	0.33	3,671	0.08	0.24

Conclusion: TBRHSC's high occupancy is effected by increased ALOS, especially the increase in ALC days.

## TBRHSC 2013-14 vs. 2012-13 & 2011-12: Admitted Patient Data & Analysis

Year	Total Days	ALC Days	Total Days excl. ALC
2012-13	120,002	17,405	102,597
Q3 YTD 2013-14	92,230	14,296	77,934
Proj. YE 2013-14	122,414	18,975	103,440
13-14 vs. 12-13	2,412	1,570	843

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

## TBRHSC Discharges to NW CCAC Home with Supports (2011-12 – 2013-14):

Fiscal Year	Total Cases	ALC Cases (%)	Overall ALOS (d)	ALC Days/ ALC Case
2011-12	3,320	239 (7.2%)	8.85	7.7
2012-13	3,451	255 (7.4%)	8.85	9.5
2013-14 (Proj .YE)	3,492	219 (6.3%)	8.85	13.4
13-14 vs. 11-12	172	(20) (0.9%)	0	5.7

### Conclusions:

- NW CCAC's home care service providers ability to accept/coordinate care for patients leaving TBRHSC is compromised.
- Patients are waiting for transfer from TBRHSC to Home with Supports less often, but for a longer period than 2 years ago.



## TBRHSC Discharges to St. Joseph's Hospital (2011-12 – 2013-14):

Fiscal Year	Total Cases	ALC Cases (%)	Overall ALOS (d)	ALC Days/ ALC Case
2011-12	1,281	937 (73%)	12.6	4.7
2012-13	1,060	897 (85%)	15.1	5.9
2013-14 (Proj .YE)	922	812 (88%)	17.1	7.1
13-14 vs. 11-12	(359)	15%	4.5	2.4

### Conclusions:

- SJH's ability to offer bed (CCC, Rehab., Pall. Care) to TBRHSC patient is compromised.
- Patients are waiting for transfer from TBRHSC to SJH more often, and for a longer period than 2 years ago.

## TBRHSC Discharges to NW CCAC Long-Term Care Home (2011-12 – 2013-14):

Fiscal Year	Total Cases	ALC Cases (%)	Overall ALOS (d)	ALC Days/ ALC Case
2011-12	580	145 (25.0%)	18.6	44.2
2012-13	484	129 (26.7%)	21.6	52.9
2013-14 (Proj .YE)	415	112 (27.0%)	21.0	49.8
13-14 vs. 11-12	(165)	(33) (2.0%)	2.4	5.6

### Conclusions:

- NW CCAC/Long-Term Care homes ability to offer bed to TBRHSC patient is compromised.
- Patients are waiting for transfer from TBRHSC to Long-Term Care more often, and for a longer period than 2 years ago.

# Questions?



# QUESTIONS?

# Thunder Bay Regional Health Sciences Centre

## Board of Directors

Wednesday, February 5, 2014

Boardroom – 5:00 p.m.

healthy together

### Present:

Susan Fraser, <i>Chair</i>	Andrée Robichaud*	Grant Walsh
Sharon Cole Paterson	Nadine Doucette	Doug Shanks
Jay Storeshaw	Dr. Suzanne Allain*	Dick Mannisto
Dr. Roger Strasser	Dr. Gordon Porter*	Anita Jean
Dr. Rhonda Crocker Ellacott*		

**ACTION**

### By Invitation – Senior Management Team:

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

### By Invitation:

Jessica Nehrebecky, <i>Rec Sec.</i>	Renée Laakso	Kathryn Shewfelt
Samantha Latt ( <i>Student</i> )		

### Regrets

Janet Northan

**1.0 CALL TO ORDER** - The Chair called the meeting to order at 5:01 p.m.

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

**2.0 PATIENT STORY** – *Glenn Craig*

Glenn Craig, President and CEO, Thunder Bay Regional Health Sciences Foundation, shared a patient story.

**3.1 Quorum** – *Quorum was attained.*

**3.2 Conflict of Interest** – *None.*

**3.3 Approval of the Agenda**

*Moved by: Anita Jean*

*Seconded by: Doug Shanks*

*"That the Agenda be approved, as circulated."*

**CARRIED**

**Motion**

### 3.4 **Chair's Remarks** – *for information*

## 4.0 **PRESENTATIONS**

### 4.1 **Accessibility Plan Update** – *Kathryn Shewfelt*

Under the Accessibility for Ontarians with a Disability Act, 2005, Kathryn Shewfelt, Director, Environmental Services, provided a status update on the five year plan that was created in 2011. Extensive work has been done in the last year with respect to revising policies, Request for Proposals standards and self service kiosks.

The Accessibility Committee will be working to create and update training/education material, emergency planning, web content, formal support for employees, workplace emergency response information and various policies in order to be compliant with the guidelines that must be in place by December 31, 2014. The Committee is expecting to have all required items in place by the Spring of 2014 and will begin to work on the requirements for 2015.

There are less than 50 employees at TBRHSC that require some type of accessibility access.

Moving forward, the Board will receive an annual update in December of each year.

*Ms. Shewfelt was excused from the meeting.*

### 4.2 **Environmental Compliance** – *Peter Myllymaa*

Mr. Peter Myllymaa, Executive Vice President, Corporate Services and Operations, provided an environmental review highlighting the following areas: Insurance, Internal Controls, Project Compliance and the Green Energy Act. Some of the highlights were as follows:

- TBRHSC has a commercial pollution legal liability insurance issued by Chartis Insurance Company of Canada.
- Code Brown protocols (spill or release of unknown substance) are in place and followed.
- Various waste handling initiatives are followed on a daily basis. In 2013, a contract was signed with Stericycle (company that picks up all biohazard waste).
- TBRHSC had 1,200,000 kg of waste in 2013, with 873,540 kg sent to the landfill and 314,500 kg either recycled/reduced/reused.
- All current projects follow the regulations under the Environmental Protection Act. Multiple approvals and permits are required and obtained for each project.
- The Green Energy Act was introduced in 2009; this has commenced at TBRHSC.

*Dr. Suzanne Allain joined the meeting.*

As requested by the Board of Directors, a quarterly update will be provided to the Board.

#### 4.3 **Critical Incidents** – Cathy Covino

As required by the Excellent Care for All Act, Ms. Cathy Covino, Senior Director, Quality and Risk Management provided a high level aggregate report on Critical Incidents Classification and Recommendations as well as information on the process.

The Board requested to receive more detailed information on a quarterly basis. The Senior Director, Quality and Risk Management will create an indicator report.

#### 5.0 **CONSENT AGENDA**

*Moved by: Nadine Doucette*

*Seconded by: Dick Mannisto*

*“That the Board of Directors:*

*5.1 Approves the Board of Directors Minutes of January 8, 2014,*

*5.2 Accepts the Report from Senior Management dated February, 2014,*

*5.3 Receives the TBRHS Foundation Report –February, 2014,*

*5.4 Receives the Volunteer Association Report dated February, 2014,*

*5.5 Receives the Professional Staff Association Report – n/a,*

*5.6 Receives the TBRRI Report dated February, 2014,*

*5.7 Receives the Minutes of the Quality Committee of January 21, 2014,*

*as presented.”*

#### **CARRIED**

#### 6.0 **REPORTS AND DISCUSSION**

##### 6.1 **Report from the President and CEO**

The President and CEO reported on the following:

- The Emergency Department (ED) is fully staffed until June, 2014 with trained locum support. Three full time physicians will be starting on July 1, 2014 and another on September 1, 2014.
- Within six months, the President will begin to spend a half day per month working in various departments throughout the organization. The Executive Vice Presidents have been asked to recommend which departments should be visited.
- The Ontario Simulation Network (SIM-One) agreement has been signed between TBRHSC, Northern Ontario School of Medicine, Confederation College, Lakehead University and Superior North EMS. The partnership aims to pool simulation resources and increase training capacity throughout the region.
- A management forum was held on January 29, 2014. The focus of the session was on Program Management. The management group was surveyed and overall there is a positive and sound understanding throughout the organization on what

**Motion**

program management is.

**6.2 Report from the Chief of Staff - for information**

**6.3 Report from the Chief Nursing Executive – for information**

Thunder Bay Regional Health Sciences Centre has received \$66,431 from the Ministry of Health and Long Term Care (MOHLTC) to support the Late Career Nurse Initiative (LCNI).

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

- NOSM is seeking four individuals to join the Board of Directors in September, 2014. The deadline for application is February 17, 2014. Ms. Angèle Brunelle, former TBRHSC Board Chair, is a member of the NOSM Board.
- On January 15-17, 2014, NOSM hosted the Canadian Recruit and Retain Conference as part of the European Union funding project known as Recruit and Retain of which NOSM is the only non-European partner.
- The Founding Dean attended a global conference “Transformative Learning for Health Equity” in Thailand and was presented with a special award for Outstanding Health Professional Educators.
- The Third Annual Faculty Development Conference “Northern Constellations 2014” will be held on April 4-5, 2014.
- The Northern Health Research Conference will be held in Sioux Lookout on June 6-7, 2014.
- The MASH Bash will be held on Friday, February 28, 2014.

*Moved by: Jay Storeshaw*

*Seconded by: Grant Walsh*

**Motion**

*“That the Board of Directors:*

*6.1 Accepts the Report from the President and CEO,*

*6.2 Accepts the Report from the Chief of Staff,*

*6.3 Accepts the Report from the Chief Nursing Executive,*

*6.4 Receives the Report from the NOSM,*

*Dated February, 2014 as, presented.”*

**CARRIED**

**7.0 BUSINESS/COMMITTEE MATTERS - none**

**8.0 FOR INFORMATION - none**

**8.1 Board Comprehensive Work Plan – for information**

**9.0 BOARD MEMBER COMMENTS - none**



10.0 DATE OF NEXT MEETING – *March 19, 2014– 5:00 p.m.*

11.0 ADJOURNMENT

There being no further business, the meeting adjourned at 5:59 p.m.

\_\_\_\_\_  
Chair

\_\_\_\_\_  
Board Secretary

\_\_\_\_\_  
Recording Secretary



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Foundation**

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**Northern  
Cancer Fund**



**Northern  
Cardiac Fund**



**Health Sciences  
Discovery Fund**

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

### **Inspirational HOPE alive and well**

The 2013 Bearskin Airlines Hope Classic was a smashing success! These inspirational ladies raised over \$151,000 in support of breast cancer patients and their families, bringing their total to **over \$2.553M**. This outstanding event has been pivotal in making possible the success of the Linda Buchan Centre for Breast Screening and Assessment. Mark your calendars as the dates are set for next year – February 7-9, 2015.

### **Our Foundation Team**

Welcome to Maureen Mills who will be starting as our Senior Special Events Office on March 10. Maureen will be responsible for overseeing the day-to-day operations of the Special Events Department. She will be organizing signature events and working with volunteers who want to host community events, all in support of raising funds for the Health Sciences Foundation and advancing healthcare in Northwestern Ontario. Maureen brings experience and skills in special event management, volunteer management, marketing and fundraising which will be invaluable in meeting the goals and objectives of the Special Events Department.

### **Employee Giving Campaign Continues to Grow!**

The Health Sciences Foundation is working to increase our Employee Giving Campaign! Currently our Manager, Annual Giving and our Internal Marketing Intern have created a schedule to visit every department in the hospital to encourage employees to become part of our employee giving team! We are trying to meet our new goal of 100% employee giving! If every employee at the hospital donated \$20 per pay cheque, within a year we would have \$1.4 million! A frequently asked question sheet has been created to bring into departments to help explain why employee giving is so important. If you have questions about Employee Giving please contact Amanda Everett at 684-7107.

### **What will you do with your new home?**

On July 1, one lucky person will be named the winner of the luxury 1,745 square foot home in Sherwood Estates (valued at \$459,020), thanks to the 28th Annual Canada Day House Lottery. Fort William Rotary is proudly selling only 10,000 tickets for this fantastic prize and we're all eligible! Stop by the Foundation office today to purchase your ticket for only \$100. Purchase your ticket before June 4 and be eligible for \$50,000 in early bird cash draws starting on April 16. Proceeds support the Exceptional Cancer Care Campaign.

### **Leaving your mark on healthcare**

March means that spring is just around the corner – warmer weather and new life are in the air! As you plan for what 2014 has in store for your family, it's important to consider the bigger picture of what you want to impact – the things that touch your family and friends closest. It's likely that you or someone you love has been a patient at the Health Sciences Centre in some way – from new babies born here to the Emergency Department or Pediatric Outpatient – you know the impact health can have on all of our lives.

Take some time this spring to think about how you could impact healthcare offered in our region. A gift to the Health Sciences Foundation in your Will could have significant positive implications for the administration of your estate and will help put tools in the hands of the healthcare 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 Terri Hrkac, Director, Planned and Major Gifts at 684-7109 for more information.

**TBRHSC Volunteer Association  
Report to the Board of Directors  
March, 2014**

- On February 13, 2014, the Association held their Sweet Chocolate Thursday Sale, which generated a profit of \$1,014.
- Our Valentine Day Raffle, held on February 14, 2014, made a profit of \$1,020.
- Both fund raisers were held in support of the “Exceptional Cancer Care Program”

Respectfully Submitted,

Dolores Mechtab  
President, Volunteer Association

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

Submitted by: Dr. Roxanne Deslauriers – March 3rd, 2014

### Building Capacity for Research

Evelyn Armstrong, Manager of Laboratory Services, has been key in helping to move the Research Program forward at TBRHSC. With the cooperation of TBRHSC's Laboratory a variety of lab services and pathology requests have been facilitated for various clinical trials underway at the hospital. The lab has also been collaborating with TBRRI in terms of use of equipment, such as the fume hood, and other shared resources.



A great example of this team approach occurred when the centrifuge that the Clinical Trials team was using stopped working and was deemed irreparable. Purchasing another would be an unexpected expense for that department. When approached with the idea to find ways to optimize equipment use in the name of organizational efficiency, Evelyn was quick to welcome the clinical trials staff and to offer access to the centrifuge in the core lab department for their sample prep.

### The Importance of Clinical Trials

Clinical trials allows a health centre to offer patients leading-edge treatments, as well as create jobs and incur economic benefits for the facility itself. TBRHSC priority areas are involved in clinical research. An example of just one of the many trials underway at TBRHSC is Dr. Billingsley's TITAN2 Study.



Dr. Billingsley and his team are conducting a clinical trial for Hexacath, an independent company which develops, produces and distributes innovative vascular therapy products. The study is called *TITAN 2: Canadian, Multicentre Prospective, Descriptive Study to Determine, in a Cohort Type Real-World, the Efficacy and Safety at 1 Year Following the Implantation of Titanium-Nitride-Oxide-coated Stents in the Treatment of De Novo Lesions.*

Implantable devices such as stents made of stainless steel without a coating can cause inflammation, allergic reactions and clot formation. However, devices coated with titanium nitride or titanium oxide have shown overall less adverse effects. The main study objectives are to examine the major adverse cardiac events which can include death of cardiac origin, heart attack and the need for angioplasty or re-insertion of a stent in the target lesion.

Planning with the Program Dyad, Dr. Billingsley decided that leading this study would be a great research opportunity for TBRHSC's Cardiac Catheterization Lab. Terry Gurney, Manager of the CC Lab, identified research champions within her team to lead this project with the support of the Clinical Trials Department. Three champions completed CITI Good Clinical Practice and Standard Operating Procedure (SOP) training and are the project leads, and all other nursing staff were trained on relevant SOPs to support this project. Over 30 participants have been enrolled in this trial.

**Thunder Bay Regional  
Research Institute**

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**Translational  
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Room #2162  
980 Oliver Road,  
Thunder Bay, Ontario  
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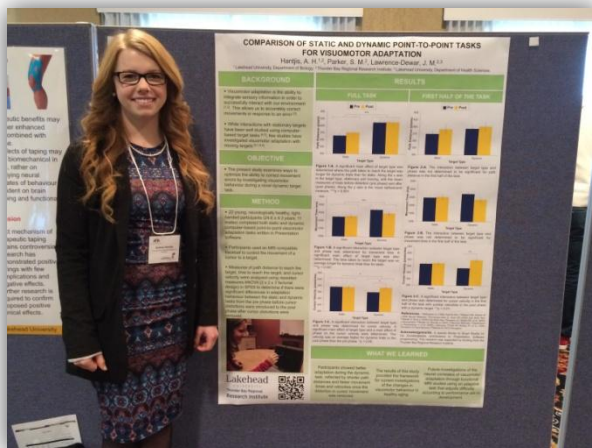
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## TBRRI Participates in Showcase of Health Research 2014



Andréa Hantjis, Masters Student of Health Sciences

On February 7<sup>th</sup>, the Research Department at St. Joseph's Care Group hosted *Making A Difference: 2014 Showcase of Health Research* at the Nor'Wester Hotel and Conference Centre.

The conference featured oral and poster presentations by health professionals, students and Scientists with the purpose of disseminating information about research relevant to the health of Northwestern Ontarians.

Participants were able to discuss with others how to incorporate research into clinical practice and had the opportunity to network and develop potential research partnerships.

Andréa Hantjis presented the research she conducted in Dr. Jane Lawrence-Dewar's lab as an honour's student. Her study, titled *Comparison of Static and Dynamic Point-to-Point Tasks for Visuomotor Adaptation*, demonstrated a novel computer-based visuomotor adaptation task that is currently used in the lab for investigating age-associated changes in performance. In future, the research team will be investigating brain activity during this task using fMRI as well as investigating impaired visuomotor adaptation behaviour following stroke.

## Research & Innovation Week

Research & Innovation Week is an annual event showcasing groundbreaking research initiatives happening at Lakehead University and TBRRI with a special focus on building connections with community partners, businesses and government.



R&I Week events will be taking place March 1<sup>st</sup> through 6<sup>th</sup> at various locations around Thunder Bay. It is an opportunity for residents of Thunder Bay to see what research is being conducted in our city, to meet the researchers who make it happen, and to understand the benefits that research brings to our community.

Activities will include exhibitions and displays at Intercity Shopping Centre all day on March 1<sup>st</sup>, the Graduate Student conference on March 3<sup>rd</sup> and 4<sup>th</sup>, and the Gairdner Foundation Lectures on March 6<sup>th</sup>. This year's guest Gairdner Foundation speaker will be Dr. Michael W. Salter, Head of the Program in Neurosciences & Mental Health and Associate Chief, Science Strategy at The Hospital for Sick Children (SickKids). His 2:00 pm lecture on March 6<sup>th</sup> will be on *Understanding Pain: What's on the Horizon*.

For more details about Research & Innovation Week events and activities, you can visit Lakehead University's website: <https://www.lakeheadu.ca/research-and-innovation/about/research-and-innovation-week/schedule>.

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# Thunder Bay Regional Health Sciences Centre

## Quality Committee of the Board

Tuesday, February 11, 2014

ICP Main Meeting Room #2178 – 4:00 – 6:00 p.m.

healthytogether

**Present:** Sharon Cole-Paterson, Cathy Covino, Susan Fraser, Anita Jean,  
Dr. Gordon Porter, Doug Shanks, Keith Taylor

**Regrets:** Georgia Carr, R. Crocker Ellacott, Andrée Robichaud, Grant Walsh

**By Invitation:** Gary Ferguson, Planning and Project Consultant,  
Michael Del Nin, Manager, Decision Support,  
Carolyn Freitag, Director, Strategy and Performance Management

1. **CALL TO ORDER** – The Chair called the meeting to order at 4:00 p.m.

2.0 **QUORUM** – Quorum was attained.

2.1 **CONFLICT OF INTEREST** – None.

2.2 **APPROVAL OF AGENDA**

*Moved by: Anita Jean*

*Seconded by: Keith Taylor*

*“That the Agenda be approved as circulated.”*

**Motion**

**CARRIED**

3. **PRESENTATIONS**

3.1 **Accreditation Update**

The 2014 Accreditation Update presentation was given by Gary Ferguson, Planning and Project Consultant, Strategy and Performance Management.

Key Accreditation Steps completed to date are the creation of teams, completion of the self-assessment surveys, and the creation of the action plans. Addressing any noted deficiencies is an on-going process. Next steps will be the preparation for the on-site visit, the on-site survey and award, and the follow up reporting.

Once the self-assessment questionnaires were completed, a document called the Quality Performance Roadmap (QPR) was generated. This document was then used to create the action plans.

All teams are currently working on the deficiencies identified in their corresponding action plans. These action plans are essential in identifying deficiencies prior to the on-site survey visit.

The new Required Organizational Practices (ROPs) of Antimicrobial Stewardship and Pressure Ulcer Prevention are enhanced Accreditation Standards that must be met by an organization as part of the accreditation process. Not all ROPs listed by Accreditation Canada apply.

As in previous years, a great deal of attention is placed on meeting the ROPs. The 4 areas of focus are Medication Reconciliation, Fall Prevention, Pressure Ulcers, and Antimicrobial Stewardship. Action plans have been created to address all these areas and the implementations of these plans are currently underway.

Discharge Medication Reconciliation will be implemented by April 1, 2014, prior to on-site accreditation survey.

In preparation prior to the on-site survey visit the leading practice will be identified, the action plans will be completed, in-services for staff and mock tracers will be held, and a pre-survey conference call will be conducted in April 2014.

The on-site survey is scheduled to take place at the end of May/beginning of June 2014.

Currently the Board has completed their self-assessment survey and addressed the areas which received a yellow flag. At this time, there is no additional work for the Board until the on-site visit.

During the on-site visit, representatives from the Board will be required to meet with the surveyors. The surveyors will ask questions related to the governance standards and how they are applied at TBRHSC. Further details about the visit will be presented to the Board at the April 2014 Board meeting.

#### **4. NEW BUSINESS**

##### **4.1 Quality Improvement Plan**

Michael Del Nin, Manager, Decision Support reported on the draft 2014/15 Quality Improvement Plan (QIP).

Health Quality Ontario has revised the QIP by reducing the indicators down to 7 but recommended hospitals to keep the others as additional QIP indicators. Priorities 1, 2, and 3 indicators have been changed to "Needs Improvement" or "Maintenance."

This draft has been vetted with the Senior Management Council. A new “Staff Satisfaction” indicator was added so there is one “Needs Improvement” indicator linked to executive compensation in each of the dimensions on the QIP, as a 2% claw back (not a top up) which will be divided equally. There was discussion regarding including the Directors at some point.

The “Needs Improvement” indicators are Medication Reconciliation on Admission (Safety Dimension), Total Margin (Effectiveness Dimension), Patient Satisfaction – Overall Care (Patient-Centred Dimension), Emergency Department Wait Times (Access Dimension), and Employee and Physician Satisfaction (Integrated Dimension).

Additional QIP indicators include the Surgical Safety Checklist compliance, 5 day in-hospital mortality following major surgery, Hospital Standardized Mortality Ratio, Avoid Patient Falls, Avoid New Pressure Ulcers, Appropriate Use of Restraints, Reduce ALC days, and Readmission Rates.

The final draft of the QIP will be reviewed at the March 18, 2014 Quality Committee of the Board meeting.

#### **4. REPORTS**

##### **4.1 Litigation Report**

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

Potential and actual litigation files are managed by Quality and Risk Management. Actual litigation is initiated from receipt of a Statement of Claim. Potential litigation is brought to the attention of the Senior Director of Quality and Risk Management via electronic patient safety reporting, email, or by Managers or Directors.

Information is gathered on potential litigation files as close to the time of the event as possible to ensure the accuracy of the information. Interviews are conducted by the Manager, the Senior Director of Quality and Risk Management, or our lawyer regarding the facts of the matter. Changes are implemented and reviews are completed as necessary. Initiating or maintaining a rapport with the patient and/or their family is encouraged.

With actual litigation files, a Letter of Intent or a Statement of Claim is received. If a potential file has been started, new information is added to the file. Nurses are served Statements of Claim through the Quality and Risk Management office, with time given to review the document and a teleconference with our lawyer on the same day. All legal fees are covered through insurance.



TBRHSC changed insurers from the Healthcare Insurance Reciprocal of Canada (HIROC) to Marsh Canada Limited on August 1, 2012. The hospital's Legal Retainer Program changed from Miller Thomson to Borden Ladner Gervais over the summer of 2013. There have been many process changes, hours of work transferring files, and sharing information as a result of the change.

A suggestion was made to provide information on litigation during new Board member orientation.

A document categorizing the types of claims will be requested from Marsh Canada Limited.

*C. Covino*

## 6. CONSENT AGENDA

*Moved by: Keith Taylor*

*Seconded by: Sharon Cole-Paterson*

*"That the Quality Committee of the Board:*

*5.1 Approves the Quality Committee of the Board Minutes of January 21, 2014,*

*5.2 Receives the Research Ethics Board Minutes of December 16, 2013,  
as amended."*

*Motion*

## CARRIED

## 6. DATE OF NEXT MEETING

The next Quality Committee of the Board meeting will take place on March 18, 2014 at 4:00 p.m. in the Administration Boardroom.

## 7. ADJOURNMENT

The Quality Committee of the Board meeting adjourned at 5:30 p.m.



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

**Quality and Risk Management**

**Ethics**

- The Operational Ethics Committee has held three meetings to date. The focus has been on committee education and capacity building.
- January's iLead session was focused on Ethics. Participants were asked to identify and discuss their top ethics issues. Tables were facilitated by Operational Ethics Committee members. Session results are shared with iLead participants and will inform the work of the Operational Ethics Committee moving forward.
- The iLead session had extremely positive feedback and the group was very engaged. Ethics priorities for the Operational Ethics Committee include topics such as Aboriginal Perception, Ideologies, & Racism / Discrimination, Informed Consent, Substitute Decision Making, and Consent & Capacity.

**Emergency Preparedness**

- A Code Black drill was performed in December 2013.
- A Code Orange Table Top Exercise was held on January 6, 2014, with Superior EMS participation.
- The Code Orange exercise included the first exposure to the incident management process where roles were assigned and descriptions of the roles were reviewed.
- A CBRN training schedule has been developed.
- Increased vigilance and reporting on the Fire Plan and accountabilities were implemented in January 2014.
- Changes to Fire Regulations Information Session was held in December and TBRHSC has a comprehensive strategy to respond to the changes.

**Chronic Disease Prevention & Management**

**Cardiovascular & Stroke Program**

- TBRHSC working group participants visited the University Health Network's Peter Munk Cardiac Centre on Feb. 25<sup>th</sup> to continue developing the Comprehensive Cardiovascular Surgical Program proposal.
- The Agnew Peckham firm was retained and is working with the TBRHSC team to develop our space and bed requirements related to the Cardiovascular Surgical Program.
- The CHF Pathway was recently updated to reflect the new standards and requirements related to Quality Based Procedures (QBP). A similar process is underway for Stroke QBP.

Senior Management

healthy  
together

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### **Regional Cancer Program**

- The Regional Cancer Program is developing “Survivorship Care Plans” starting with early stage breast and colorectal cancer. These care plans will provide a framework for follow-up care and screening based on Cancer Care Ontario Standards post active treatment. Survivorship Care Plans will allow the Cancer Program to safely discharge patients to primary care with an established plan communicated to both the provider and the patient.
- Preparation for the changes in the systemic therapy funding model is underway with education sessions available for all staff and physicians.

### **Mental Health Program**

#### **Adult Mental Health Services**

- Awaiting confirmation letter from the LHIN regarding the Phase One Implementation of the Mental Health Emergency Service and Urgent Care Clinic. Development of the service is underway.
- The unit continues to operate in an overcapacity state.

#### **Forensic Mental Health**

- The wait list for Forensics continues to remain high with little-to-no movement within the inpatient unit.
- Approval has been received from the LHIN and MOH to begin the development of a Brief Assessment Unit and an Advanced Practice Clinician for Forensic Services.

#### **Prevention & Screening Services**

- Dr. Bill Evans, Regional Vice-President, Hamilton Niagara Haldimand Brant Regional Cancer Program (retired) and Chair, CCO Smoking Cessation Committee, presented on smoking cessation for cancer patients to Cancer Program staff. The information was highly informative and well-received by staff. This presentation will help to support CCO’s smoking cessation project with the Regional Cancer Programs.
- On February 27<sup>th</sup> Dr. Stephanie Block presented to the CCO Provincial Cervical Clinical Advisory Committee. The Committee invited Hamilton and TBRHSC to provide a brief presentation regarding the two Screen for Life coaches and the new model of providing Pap tests in the mobile setting. The presentation was well-received and there was a lot of interest from CCO regarding the coaches and how we are serving our regions, in particular our under and never screened populations.
- On February 6<sup>th</sup>, a Screen for a Day event was hosted at Fort William First Nation (FWFN). With plans to park the Screen for Life Coach onsite to increase access to screening, Dilico and FWFN Clinic sent over 200 letters to advertise the event in the community. In total, 16 women were booked – 14 mammograms, 2 Pap tests, and 3 take-home ColonCancerCheck FOBT kits. 7 of these women were initial, first-time screens.

#### **Supportive/Palliative Care & Telemedicine Services**

- The Palliative Care group has recruited a replacement for Sue Bailey who retired. Her longstanding expertise and involvement with so many of our patients remains a gap that



we are filling. Marlene Benvenuto continues these valuable services. Our intention is to increase her position from 0.8 FTE to 1.0 FTE in due-course.

- We have received tentative support for expansion of our palliative services with the Ministry of Health supporting an expansion from 1.0 FTE physicians to 2.0 FTE physicians, and potential support up to previous ask, of 3.9 FTEs. We will be moving ahead with a recruitment drive to hire these positions in the upcoming months.
- There is, 'yet to be announced', medically complex funding (Ministry of Health Demonstration Project), that we anticipate will be declared in the coming weeks to support enhanced palliative services for patients with medically complex admissions and end stage organ disease. We believe including advanced palliative services for these patients can help reduce readmission rates and ER visits for those suffering from advanced end stage heart and lung diseases.
- We are pleased to report that we have had a number of recent publications (in psychosocial oncology) and have been accepted for a couple of pending conference presentations (Canadian Association of Psychosocial Oncology).
- Telemedicine continues to be at the forefront in Ontario, particularly when it comes to the psychosocial care of cancer patients, particularly those receiving palliative care. A recent CCO (Psychosocial Oncology/Symptom Management Retreats) meeting resulted in others coming to us, asking for advice and direction as to how to enhance their existing services.

### **Corporate Services & Operations**

#### **Financial Services**

- The financial position of TBRHSC as at January 31, 2014 is a \$2,275,554 deficit compared to a budgeted surplus of \$132,008 and prior year deficit of \$5,228,770.
- Earned hours of 2,987,004 are 3,826 over budget and 41,573 more than the prior year.
- January inpatient days of 121,436 are 2,022 more than budget and 1,354 more than prior year and Emergency visits of 89,820 are 845 less than budget and 3,906 less than prior year.

#### **Capital Planning and Operations**

- Fire Inspection
  - TBRHSC has received a Summons in regards to the use of the Alcoves.
  - Work is ongoing on deficiencies identified by Fire Department inspections.
- Education and auditing tools are being rolled out to the departments .
- Capital Projects
  - Health Services Building is on schedule for early summer occupancy;
  - Parking Lot B expansion –Construction is planned for summer, pending MOE approval.
  - The Noise Abatement project was completed and are awaiting the MOE's feedback.
  - Functional planning has commenced for the Cardio-Vascular Surgery program.
  - Our energy retrofit project is receiving incentive money from the OPA.

- Northwest Supply Chain Collaboration
  - Year 3 projected savings based on most recent awards tops the \$2.5 million annual threshold for the 13 member hospitals.
- Nutrition and Food Services
  - The patient “Expressly for You” meal strategy is undergoing software upgrades to improve efficiencies and to reach more patients.

#### **Northwest Supply Chain Collaboration (NSC)**

- Small Hospital Transformation Funding recently received approximately \$3.5 million generating 5 new initiatives for the NSC program to facilitate a competitive procurement and award.
- Phase 7 of the Transfer Payment Agreement has been completed.

#### **Informatics**

- Data Centre – Cesmic Group Limited, was awarded the contract to assess the SJCG/TBRHSC current center and to identify options for ensuring our center is at a tier 8 designations. A report will be presented to senior members of TBRHSC, SJCG and NWHa on March 19th, 2014.
- Mobility and Telephone Services – TBay Tel has been awarded a 2 year mobility contract.
- Hospital Information System (HIS) - The hospitals in the region continue to leverage the Meditech HIS and expanding the functionality of the system. TBRHSC/SJCG Information Systems & Technology staff have been contracted to implement the Meditech Scheduling module at 6 of the regional community hospitals. The sites are scheduled to be fully operational with these modules by June.

#### **EVP, Patient Services & CNE**

##### **Wait Times**

- MRI Priority 4 (routine) wait times maintaining well above target (LHIN target 30%) with 87% complete in 28 days in December and 85.4%% complete in January.
- CT Priority 4 wait times continue to be a challenge in January with only 23.5% complete in 28 days over December’s 37% (LHIN target 85%) – rigorous changes to booking templates and process in place and closely monitored – improvement expected in February with addition of 75 hours from MRI that enabled patients booked beyond wait time to be moved up.
- Despite on-going pathologist resource challenges (2 pathologists still on leave of absence), pathology report turnaround times showed sustained improvement in January with 69% complete within 10 days (target 90%).

#### **PFCC Initiatives Aimed to Improve the Experience of Care**

New pilot projects initiated to improve the experience of care for patients and families

- 1) Patient experience advisors completing real time surveys of patients in the emergency department.
- 2) Discharge call backs for Medical/Surgical inpatients.

- 3) Clinical Leader rounding on all new patient admissions, within 24hrs of admission.

The goal of each initiative is to share the results with staff/leaders to improve processes, ease transitions to home and recognize great care! Early feedback has demonstrated significant value with each.

#### **Sharing our PFCC Success – Conference Presentations**

- OHA – Driving healthcare system transformation, dialogue on Moving Forward
  - April 7<sup>th</sup>, 2014 – Sudbury
  - April 10<sup>th</sup>, 2014 – Chatham

#### **Emergency Department Volumes & Overcapacity Impacts**

- ED continues to exceed provincial targets for non-admitted high acuity patients with a length of stay (LOS) of 6.4 hours (target 7 hours) and low acuity LOS 3 hours (target 4 hrs) for the month of February 2014.
- Improvement in LOS targets for admitted patients (target 25-27 hours) has been seen with the utilization of temporary overflow areas. The LOS for this category has gone from 39.13 hours in January to 28.4 hours in February 2014, bringing our YTD average from 35 to 29 hours.

#### **Critical Care Provincial Scorecard**

- Critical Care Services Ontario has created a quarterly quality indicator provincial scorecard: Compared to 28 peer ICUs, TBRHSC is one of the best performers in LOS (4 days) with zero Ventilator Associated Pneumonia (VAP) and Central line infections. Because of overcapacity, ICU patients up for transfer wait longer and are transferred to the ward in the evening. ICU ranks 22<sup>nd</sup> in avoidable day rates 10.5% (target 7%) and night-time discharges at 14.2% (target 9%).

#### **ISAEC (Interprofessional Spine Assessment & Education Clinic)**

- Funding for this program will be extended to March 31<sup>st</sup>, 2015.

#### **MIS Suite (Minimally Invasive Suite)**

- MIS suite is designed for laparoscopic surgery through camera which can be visualized through multiscreens and allows for a 360 degree view of surgery.
- Construction of our 3rd MIS suite (funded through Bariatrics) is slated to finish March 12, following testing, a March 17, 2014 opening is planned.

#### **Hippest Party in Town**

- March 22 dance and fundraiser to support the TBRHSC joint centre and sponsored by Big Thunder Orthopedics and Dougall Media. The party theme will be the 1980s.





### Human Resources, Organizational Development and Library Services

- Leadership lunch and learn sessions were held on Recruitment and Screening for Leaders. A full day of learning for the leadership team focused on Change Management will take place this month.
- The RN nursing spring hire process has completed. 76 RN applicants were interviewed and 63 RNs have been hired of the 65 offered made. RPN applications are due this month.

### Labour Relations

- **ONA** Current Term: April 1, 2011 - March 31, 2014  
ONA and the Hospitals' Negotiating Team have completed their third week of central bargaining. Local negotiations for the 2014 collective agreement will begin in late March and April 2014.
- **OPSEU** Current Term: April 1, 2011 - March 31, 2014  
OPSEU and the Hospitals' Negotiating Team met from March 4<sup>th</sup> to 10<sup>th</sup>, where they were joined by mediator Gerry Lee on March 7<sup>th</sup>. The mediation process proved to be unsuccessful thus the parties will be proceeding to interest arbitration. Local negotiations will begin in April 2014.
- **OPSEU-Maintenance** Current Term: September 29, 2011 - September 28, 2013  
Negotiations will commence in spring 2014, however no dates have been scheduled at this time.
- **SEIU** Current Term: October 12, 2013 - December 31, 2017  
The current central contract was negotiated for a term of four years, 2013-2017. Local negotiations will begin in spring 2014.
- **COPE** Current Term: April 1, 2011 - March 31, 2013  
This contract is entirely local. The Hospital and Union went to conciliation; however no new term was negotiated. Interest arbitration dates have not been set at this time.
- **PIPSC**  
Medical Physicists Current Term: July 1, 2010 - June 30, 2013  
Central negotiations have commenced with future bargaining dates to be scheduled.  
Radiation Therapists Current Term: Oct 1, 2011 – Sept 30, 2014  
No update since the previous negotiations.

#### January 1, 2013- February 28, 2014 Activity

	TOTAL	GRIEVANCES		ARBITRATION		# of Employees by Union
		Active	Resolved	Active	Award	
ONA	53	13	40	1	2	1025
COPE	14	6	8	0	0	330
OPSEU	34	20*	14	2	0	406
OPSEU - Mtc.	3	2	1	0	0	19
SEIU	12	9	3	0	0	555

PIPSC	0	0	0	0	0	2
PIPSC - Assoc.	4	4	0	0	0	23
TOTALS	120	54	66	3	2	2360

## Strategy and Performance Management

### Strategy & Planning

- The project team for the Cardiovascular Proposal is scheduled to complete its work this month. Ten representatives from the project team visited the Peter Munk Cardiac Center at University Health Network on Feb 25th. The visit was enriching on many levels and most importantly informed the proposal development and developed relationships with our new partner.
- The Q3 Performance & Planning session informed leadership of budget deliberations to date and some of the challenges being addressed. In addition, we focused discussion on Balance Scorecard indicators that require improvement. The table activity related to the QIP indicator for readmission rates informed the development of an improvement action plan.
- The WSIB Specialty Surgical Clinic proposal has been short listed and request for an in-person presentation received. The presentation will be delivered on April 25th.
- Accreditation dates are set for May 26, 27, and 28. Teams are prepared. Improvement plans for ROPs will be implemented for medrec, pressure ulcers, falls and antimicrobial stewardship and a robust communication and awareness campaign is underway this month starting with SMC and Board presentations.

### Decision Support

- Worked closely with SMC and directors to identify savings required to assist in balancing TBRHSC's 2014-15 budget.
- Developed indicators and refined action plans required for the 2014-15 QIP.
- Launched phase 1 of business intelligence development project (shared with SJCG) that will lead to better intelligence about various aspects of TBRHSC's operations and will assist with achieving required improvements.

### Health Records

- Progress is being made on the scanning and replacement of the abstracting software projects.

## Occupational Health & Safety (OHS)

### Lost Shifts due to WSIB

	2008	2009	2010	2011	2012	2013
Total Number of Incidents	637	515	537	688	757	762
WSIB Health Care Claims	115	118	111	115	108	117
WSIB Lost Time Claims	92	48	47	12	6	5
WSIB Lost Time Recurrences	13	4	11	6	7	2
Lost Time Days	3842	2359	1615	593	278	105



Near misses/hazardous situations				312	305	388
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2008 – 2010 Near Misses captured in different form and therefore not included

- WSIB claims management has been and continues to be a priority for the OHS department. OHS, through a long-term action plan focusing on better management of WSIB claims and recovering costs from previous years, eliminated the surcharge for 2012 and 2013 as well as a refund. Once our efforts to reclaim previous surcharge payments are exhausted, refunds will no longer be received. However, the goal for the surcharge will remain at \$0.00.
- WSIB surcharge:  
2008 = >\$1,000,000, 2009 = \$809,663, 2010=\$814,805, 2011=\$816,682, 2012 = \$0.00 + \$230,000 refund, 2013= 0.00 + \$676,000 refund

### Current Initiatives

- Revisions to iNtranet site to assist staff in obtaining information on Health and Wellness.
- Flu shot roving cart continues.
- Department exercise program presented at manager's meeting to ask managers to encourage staff to participate in chair/departmental exercises to increase wellness, moral and decrease sprains and strains.

### Volunteer Services

- *Let's Celebrate!!!!* Province of Ontario Standardized Volunteer Opinion Survey (SVOS) 2013 Final Report was released on March 7, 2014. Fifty-nine hospitals participated and the TBRHSC Volunteer Program was a high performer in Orientation and Volunteer Experience and Impact. We rate above average in Recognition, Teamwork, Patient Safety and General Safety.
- Youth Focus Group Meeting and Pizza Night Feb 5, 2014 – A number of youth attended and gave us valuable feedback on the program. Over the next few months we will implement changes.
- We have registered with *Volunteer Thunder Bay* in a partnership to promote our Volunteer program. A booth is set up once a month at Dennis Cromarty School to advertise volunteer opportunities. We are also engaging with youth from the city on some short term volunteer opportunities to spark some interest in students and get them interested in volunteering.
- *Hold the date:* TBRHSC Board members are welcome to attend the Volunteer Appreciation and Awards Dinner 10<sup>th</sup> Anniversary Celebration on May 1, 2014 at the Victoria Inn at 6pm.
- Over 52% of our volunteers have completed the First Nations Cultural Training packages.



## Research

### Building Capacity for Research Strategic to TBRHSC

- The Research Program is a source of collaborative links – support for clinicians, learners and hospital researchers in a wide variety of areas including but not limited to: experimental design, grant application/review support, education and training, ethics documents, statistical support, study coordination and monitoring;
- The Research Program is facilitating research through provision of advice and support services (one-stop-shop for the aforementioned services);
- The vision of the program is to achieve a sustainable infrastructure which supports and drives research that is strategically aligned with our clinical and learning mandates;
- Momentum for research is building across TBRHSC and is being seen as a tool to affect clinical outcomes;
- Research champions are surfacing (e.g. 23 Northern Ontario Academic Medicine Association (NOAMA) Grants; 19 different Physicians; 9 different clinical programs; \$222,470 in grant funding awarded with \$596,243 pending);
- Dr. Stewart Kennedy, Ms. Kelly Merservia-Collins and Ms. Katherine Andriash recently visited Sunnybrook to learn their approach to integration of clinical care, teaching and research.

### The Importance of Clinical Trials

- Clinical Trials allows a health centre to offer patients leading-edge treatments, as well as create jobs and incur economic benefits for the facilities itself;
- TBRHSC priority areas are involved in clinical research;
- as of December 31<sup>st</sup>, 2013, there were 501 patients recruited to clinical trials for 2013/14;
- an example of one of the many trials underway at TBRHSC is Dr. Billingsley's TITAN2 Study;
- Dr. Billingsley is conducting a clinical trial for Hexacath, an independent company that develops and distributes innovative vascular therapy products;
- This study is a great research opportunity for TBRHSC's Cardiac Catheterization Lab
- Over 30 participants have been enrolled in this trial.

### TBRRI Participates in Showcase of Health Research 2014

- On February 7<sup>th</sup>, the Research Department at St. Joseph's Care Group hosted its annual Showcase of Health Research;
- The event provides an opportunity for health professionals, students and Scientists to disseminate information about research relevant to the health of Northwestern Ontario residents and participants can discuss how to incorporate research into clinical practice and develop potential research partnerships;
- Andrea Hantjis, Masters Student, presented the research she has conducted with TBRRI's Dr. Jane Lawrence-Dewar on a novel computer-based visuomotor adaptation task that is used in the lab for investigating age-associated changes in performance.



### **Research and Innovation Week**

- This year, Research & Innovation Week will be held from March 1<sup>st</sup> through 6<sup>th</sup>
- The event showcases research initiatives happening at Lakehead University & TBRRI and through various activities and events, provides an opportunity for residents of Thunder Bay to see what research is being conducted in our city and to understand the benefits that research brings to the community;
- Activities include displays & lectures – for more information visit the Lakehead University website.

### **Academics, Interprofessional Education, Medical Affairs and Pharmacy**

#### **Academic Affairs**

- On March 4, 2014, fourth year medical students received their match for entry into postgraduate medical training. Residency begins in July of this year.

#### **Interprofessional Education**

- A formal Needs Assessment is being planned to determine simulation needs at TBRHSC. Assessment will be completed with input from Thunder Bay Simulation Partner's group to ensure best use of resources.

#### **Medical Affairs**

- The Standard Admission and Discharge working groups continue to meet and work on reviewing, revising and updating current policies and processes.
- Working groups continue to meet in order to move the Cardiovascular project forward.

#### **Recruitment**

- Each department continues to work on updating their human resource plan.
- Recent site visits include a vascular surgeon, a psychiatrist, a family physician, a radiologist, and a medical oncologist.

#### **Pharmacy**

- The Medication Incident Review Working Group held their first meeting. The purpose of the working group is to determine the process for an inter-professional review of medication incidents at TBRHSC. The working group is reporting to the Quality and Risk Management Committee.
- Medication Reconciliation implementation is in progress. Saferhealth Care Now Medication Reconciliation audits are being conducted monthly for the in-patient areas of TBRHSC. The audits will assist in determining the quality of our Medication Reconciliation processes and aid in determining areas for ongoing education.

### **Communications & Engagement (C&E)**

#### **Media Activity – Jan. 28 – Mar. 6**



- Media Releases: 3
- Patient Status Requests: 0
- Media Calls: 12
  - Gridlock Update Requests
  - Bilingual Attendant Position
  - TBRHSC as PFCC leader (Globe & Mail, CBC Halifax)
  - Staff Walk the Talk Award
  - Fire Code
  - Budget Update
- **Chronicle Journal feature stories = 30**
- **Submissions to Hospital News, The Walleye**

#### **10<sup>th</sup> Anniversary Celebrations:**

- The major celebration event for TBRHSC's 10<sup>th</sup> anniversary was held March 14, with a coffee break for staff, a media event where TBRHSC's major milestones of the past decade were revealed, and the launch of a 10<sup>th</sup> anniversary micro-website. Additional 10<sup>th</sup> anniversary celebrations include an anniversary card-signing with clowns and balloons at Intercity Shopping Centre, facility tours, extensive publications, and other activities.

#### **Aboriginal Health:**

- Engagement sessions were held with community members including clients of Wequedong Lodge, the Indian Friendship Centre, Ontario Native Women's Association, Anishnawbe Mushkiki and Ka Na Chi to determine the level of interest in a sweat lodge at TBRHSC. Findings will be reported to the Aboriginal Advisory Committee. The TBRHSC Aboriginal Engagement Lead is now a member of the Aboriginal Health Services Advisory Committee of the North West LHIN. A request for funding to support National Aboriginal Day activities has been submitted. C&E, in partnership with Prevention & Screening, has been fortunate to work with Regional Grand Chief Stan Beardy to produce a cancer screening awareness video. A video launch event will be held this month.

#### **Smoke-Free Grounds:**

- A report of activities to date related to the implementation of Smoke-Free Grounds was provided to Thunder Bay City Council.

#### **Paediatric Tours video:**

- C&E has partnered with Surgical Services to capture on video the tours currently offered to paediatric surgical patients and their families. The video will be available on line, enabling families from regional communities, or those simply unable to attend scheduled on-site tours, to watch the video from home. The objective is to support patients and families to become more familiar and therefore more comfortable with upcoming surgical procedures.

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Senior Management

**Website Development:**

- Content development and site construction continues on the new website. The majority of the Phase One content has been collected and reviewed by Patient Family Advisors. The next phase of focus group testing is scheduled to take place in April.

**Additional:**

- Annual Report provided to the Professional Staff Association; Patient education materials support; 2014 Regional Stroke Forum support.

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## Chief of Staff Board Report March 2014



### Medical and Academic Affairs

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#### Credentialing

- The review of reappointments for the departments for 2014 has started through the Credentials Committee and MAC with completion planned for this month.
- The Regional Credentialing Working Group continues to meet to support this process and work towards the beginning of the electronic application for new applicants.

#### Morbidity and Mortality Rounds

- A revised policy was presented to Quality and Risk Management and we await a response
- The M&M schedule for presentations to MAC will begin this month.
- Each department is expected to hold at least quarterly M&M rounds.

#### Physician Leadership Education

- The next Physician Management Institute (PMI) program topic is Professionalism and Ethics will be held on March 21 and 22, 2014 at Whitewater Golf Course.
- A selected Interprofessional group of leaders have been invited. Regional medical leaders were invited but none were able to attend.

#### Incomplete Records

- Meetings have occurred with several physicians as an ongoing effort to complete outstanding charts.
- Additional information has been provided by Heidi Greenwell regarding charts that are incomplete waiting only for physician review and signature.
- Work continues on a process to address chart deficiencies for locum physicians.
- Heidi Greenwell will be working with Liane MacAskill to revise the current incomplete record policy.

#### Medical Staff Policy

- Revision of Medical Staff policy for Clinical Consultation (MS-23) has been completed.
- It will now be reviewed by the Standard Admission Working Group.
- Plans are for MS-23 to go to the Policy and Procedure Committee in April.
- The next step is to develop an implementation strategy and data collection process.

#### Regional Medical Leadership Council

- Preliminary teleconference complete
- Physician leads for working group are Dr. Sarah Newbery (East - Marathon), Dr. Dr. Stephen Viherjoki (West - Dryden) and Dr. Porter
- Draft Terms of Reference
- Monthly planning meetings with possible implementation date of September 2014

Respectfully submitted,

Dr. Gordon Porter  
Chief of Staff





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

**March 2014**

**CHIEF NURSING EXECUTIVE - OPEN**

**NRT:**

- Completed 76 RN interviews as part of our Spring Hire process.
- Confirmed 63 new hire as TPT (0.8) summer relief as per the LOA with ONA. All 63 new hires will begin orientation over the months of April and May.

**Utilization Coordinator role expansion:**

- With the implementation of the staff nurse led point of care data entry for Medworxx UMS there was an opportunity to expand the role of our current utilization coordinators.
- Developed an updated job description that increases their leadership role within the organization.
- Utilizing a skill assessment tool to identify gaps in knowledge we are in the process of developing professional development opportunities to assist our current Utilization Coordinators to fulfill their expanded role.

**Nursing Practice**

- Quarterly meeting of the Nursing Practice Council was held on March 5th continued to work on developing interdepartmental transfer of care communication sheets using the SBAR methodology.
- Utilizing our Late Career Nurses to deliver education across the organization in best practices such as pressure ulcer prevention and treatment, falls prevention, adult mental health standard of care and least restraint practices.
- On January 27th we welcomed George Fieber to the Nursing Practice Team and on February 10th Trevor Cava joined us bringing us to our full complement.

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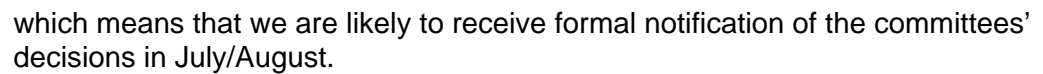
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A community-based approach to establish emergency care services in isolated and remote First Nation communities has been identified in a new report from researchers at the Northern Ontario School of Medicine (NOSM).

The report, *Community-Based Emergency Care: An Open Report for Nishnawbe Aski Nation*, outlines this new approach. Typically, remote communities have been too small to support conventional ambulance services. The report calls for local health workers and first-responders developed through local training programs for people living in isolated communities.

Approximately 29 First Nations in Northern Ontario do not have access to 911 or paramedic services. Residents of First Nations face elevated rates of heart attacks, stroke, and mental health crises, and are four-times more likely to experience severe trauma relative to the average Canadian.

The report stems from an October 2013 roundtable including leaders for NAN First Nations, provincial and federal government delegates and healthcare providers. It offers a Vision, Key Recommendations and Guiding Principles with which to improve emergency care for injured and ill people in remote and isolated communities. See the full report at: [www.nosm.ca/cbec](http://www.nosm.ca/cbec).

On Wednesday, February 26, NOSM staff members across the North were celebrated at an Awards of Excellence event. Through their individual efforts and accomplishments, these staff members have contributed to NOSM's vision of Innovative education and research for a healthier North. Recipients of the peer-nominated Awards of Excellence are: Robyn Braid (Innovation), Dr. Catherine Cervin (Leadership), Kim Daynard (Inspiration), Marian Diamond (Reliability), Donna Brown (Service Excellence), Darren Foulds (Positive Attitude), Kimberley Larkin (Team Player) and Admissions Staff comprised of



Cathy Gosselin, Julie Pacifico, and Cortney St. Jean (Team Effort).  
 Congratulations to all award nominees and recipients!

## NOSM Board of Directors

The next meeting of the NOSM Board of Directors is March 19, 2014. The Annual Retreat will be held in Little Current, Manitoulin Island on May 8 & 9, 2014.

## Northern Constellations 2014

The 3<sup>rd</sup> Annual Faculty Development Conference - Northern Constellations will be held on April 4 and 5, 2014 in Thunder Bay. Northern Constellations 2014 is designed to further develop your knowledge and skills as a faculty member at NOSM. <http://www.nosm.ca/northernconstellations2014/>

## Northern Health Research Conference (NHRC)

The Northern Health Research Conference will be held June 6-7, 2014 in Sioux Lookout, ON. Dr. Sheldon Tobe, Chair of Aboriginal and Rural Health Research, is the lead for this year's conference. Visit <http://www.nosm.ca/nhrc/> for more information and to register.

For more news and information visit [www.nosm.ca](http://www.nosm.ca)

Respectfully submitted,

Dr. Roger Strasser  
Dean-CEO, Northern Ontario School of Medicine

Item #	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
1	Financial Oversight	Initial Meeting of Audit Committee	Aud						X						
2	Financial Oversight	Review Evaluation of Auditors	Aud						X						
3	Financial Oversight	Independence Questionnaire	Aud						X						
4	Financial Oversight	Approve Audit Work Plan	Aud						X						
5	Financial Oversight	Audit Plan (Grant Thornton)	Aud						X						
6	Performance Measurement and Monitoring	Review Results of Interim Audit Conducted in January	Aud								x				
7	Financial Oversight	Review Draft Year End and Reporting Issues <b>TITLE CHANGED FROM: Discussion of Year-end Reporting Issues</b>	Aud								x				
8	Financial Oversight	Review Audit Statement Presentation	Aud								x				Remove as this is a duplicate of line 9
9	Financial Oversight	Individual Program Audit Reports	Aud								x				Removed from workplan as individual reports not being conducted this year
10	Financial Oversight	Presentation of PSAB Standards	Aud								x				Remove as this is not relevant this year
11	Financial Oversight	Update on New Hospital Capital Audit	Aud								x				
12	Financial Oversight	Review and Recommend Year End Financial Statements for Approval to the Board	Aud										x		
13	Financial Oversight	Audit Results (Grant Thornton)	Aud										x		
14	Financial Oversight	Management Letter	Aud										x		
15	Risk Identification and Oversight	Claims Summary	Aud										x		
16	Financial Oversight	Analysis of Legal Fees as at March 31	Aud										x		
17	Performance Measurement and Monitoring	Evaluation of Auditors	Aud										x		
18	Performance Measurement and Monitoring	Recommend Appointment of Auditors	Aud										x		
19	Financial Oversight	Approve Year-end Financial Statements	Aud											x	
20	Stakeholder Communication and Accountability	Statements for Approval to Board	Aud										x		
21	Strategic Planning and Vision, Mission, Values	Set up Partnership Meetings for the year	BD		x										
22	Oversight of Management	Monthly Education Topics for the Board	BD		x	x	x	x	x	x	x	x	x	x	
23	Oversight of Management	Participate in CEO Evaluation via website	BD									x			
24	Governance	Participate in COS Evaluation via website	BD									x			
25	Governance	Approval of By-Laws	BD										x		
26	Oversight of Management	Approve Slate of Nominees to Fill Board Vacancies	BD										x		

TBRHSC Board of Directors Comprehensive Work Plan  
Revised March 13, 2014

Item #	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
27	Oversight of Management	Approve CEO Evaluation	BD											x	
28	Oversight of Management	Approve COS Evaluation	BD											x	
29	Oversight of Management	Preliminary Review of By-Laws	BL								x				
30	Governance	Evaluation of CEO	EC										x		
31	Strategic Planning and Vision, Mission, Values	Evaluation of COS	EC										x		
32	Strategic Planning and Vision, Mission, Values	Ensure Board Meeting Evaluations are Completed	Gov		x	x	x	x	x	x	x	x	x	x	
33	Governance	Identify Education Needs for Coming Year	Gov		x										
34	Governance	Plan Annual Board Retreat	Gov		x										y.
35	Governance	Proposal re: Committee Structure/Work Plan	Gov		x										
36	Governance	Review Annual Board Evaluation and Board Self Evaluation	Gov			x									
37	Oversight of Management	Review all Board Policies - Identify Revisions Required	Gov			x									
38	Governance	Review Board Committee Terms of Reference	Gov			x									
39	Governance	Review CEO/Chief of Staff Performance Evaluation Process (subject to revised policy approval)	Gov			x									
40	Governance	Review Meeting Evaluations for the Quarter	Gov			x				x		x			
41	Governance	Board Self Assessment Questionnaire - Distribute to Board Members for Completion	Gov					x				x			
42	Governance	Team Effectiveness Scale - Distribute to Board Members for Completion	Gov					x				x			
43	Governance	Review Board Committee Attendance Summary	Gov						x				x		Will review at Feb 19 Gov meeting
44	Governance	Review By-Laws	Gov									x			
45	Governance	Annual Board Evaluation - Performance Review	Gov										x		
46	Governance	Review Orientation Program	Gov										x		
47	Governance	Review Applications for Board Vacancies	Nom								x				
48	Governance	Nominating Committee - Candidate Interviews for Board vacancy	Nom									x			

Item #	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
49	Risk Identification and Oversight	Review Board Composition Profiles documents for use of Nominating Committee: Policy BD-45 Preferred Selection Criteria for Board Membership Skills Matrix for Board of Directors Applicants	Nom							x					
50	Quality Oversight	Patient Safety/Public Indicators	Qual		x				x			x		x	
51	Quality Oversight	Review Quality Terms of Reference	Qual		x										
52	Quality Oversight	Review Quality Work Plan	Qual		x										
53	Quality Oversight	Programs & Services Presentations	Qual		x	x	x	x	x	x	x	x	x	x	
54	Quality Oversight	Comments/Compliments/Complaints	Qual			x					x				
55	Risk Identification and Oversight	Quality Improvement Plan Except From Balanced Scorecard	Qual			x			x		x			x	Item deferred on agenda.
56	Risk Identification and Oversight	Critical incidents/MAC recommendations	Qual				x					x			
57	Risk Identification and Oversight	Risk Management	Qual				x			x					
58	Quality Oversight	Emergency Preparedness	Qual					x					x		
59	Quality Oversight	Accreditation	Qual			x				x					
60	Quality Oversight	Quality Improvement Plan Approval	Qual								x				
61	Risk Identification and Oversight	Quality and Risk Management Policies	Qual										x		
62	Quality Oversight	Financial Pressures Relating to Risk	Qual	x											
63	Performance Measurement and Monitoring	Credentialling Process/Professional Staff & regulated licensed Professional processes	Qual		x										
64	Financial Oversight	Financial Statements and Variance Report - (Review)	RP		Q1		Q2			Q3			Q4		

Item #	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
65	Financial Oversight	H-SAA Operating Plan Submission (Update)	RP		x										
66	Financial Oversight	Health Services Centre (Update)	RP		x										
67	Financial Oversight	Data Centre Relocation and Disaster Recovery Plan Submission (Update)	RP		x										
68	Financial Oversight	Resource Planning Work Plan	RP		x										
69	Performance Measurement and Monitoring	Financial Statements (information)	RP		x	x		x	x		x	x		x	
70	Financial Oversight	Corporate Balanced Scorecard - (Review)	RP			Q1		Q2			Q3			Q4	
71	Financial Oversight	Wait Time Initiatives (Update)	RP			x									Removed from agenda as nothing to report
72	Financial Oversight	Northwest Supply Chain - Performance (Update)	RP				x					x			
73	Financial Oversight	Medbuy - Overview and update	RP				x								
74	Financial Oversight	Funding HBAM and Qual Based Procedures (Update)	RP				x								
75	Performance Measurement and Monitoring	HAPS (Presentation)	RP				x								
76	Financial Oversight	Budget Planning Targets and Directives (Presentation)	RP				x								
77	Financial Oversight	Budget Planning Process (Presentation)	RP				x								
78	Financial Oversight	Investment Portfolio Update	RP					x							
79	Financial Oversight	Benchmarking Results	RP					x							Removed from agenda as nothing to report
80	Financial Oversight	Human Resources and Organizational Development (Report)	RP					x							
81	Financial Oversight	Health Human Resources, Planning, Recruitment (Update)	RP					x							
82	Financial Oversight	Capital Equipment and Capital Projects (Update)	RP						x			x			
83	Financial Oversight	Informatics Projects and Initiatives (Update)	RP						x						Topic was decided irrelevant at committee Level
84	Financial Oversight	Capital Budget Planning (Update)	RP						x						
85	Financial Oversight	Operating Plan (Approval)	RP								x				Moved to March
86	Financial Oversight	Capital Budget Summary	RP								x				Moved to March

Item #	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
87	Financial Oversight	Broader Public Services (BPS) Disclosure	RP							x					Defer to March as this should read SALARY DISCLOSURE and can't be done till post T4s
88	Financial Oversight	Data Centre Disaster Recovery Plan (Update)	RP								x				Being deferred to April
89	Financial Oversight	Physician and Health Human Resources Recruitment & Retention (Update)	RP								x				Should change to 2 items 1)Physician Retention Upate and 2) Health HR Recruitment updates being deferred to April
90	Financial Oversight	Labour Relations - Grievances and Arbitration (Update)	RP								x				
91	Financial Oversight	Occupational Health and Safety Program (Update)	RP								x				
92	Financial Oversight	TBRHSC Operating Plan (Update)	RP									x			
93	Financial Oversight	TBRRRI Operating and Capital Budget (Report)	RP									x			
94	Financial Oversight	Non Patient Legal Matters (Update on Outstanding Issues)	RP									x			
95	Financial Oversight	Unaudited Preliminary Year End Financial Statements (March 31) (Review)	RP										x		
96	Financial Oversight	TBRRRI - Financial Statements (Unaudited) (as at March 31)	RP										x		
97	Financial Oversight	Numbered Companies - Financial Statements (Unaudited) (as at March 31)	RP										x		
98	Financial Oversight	BPS Compliance Reports - Executive Office Reduction, Use of Consultants, Expense Reporting	RP										x		
99	Risk Identification and Oversight	TBRRRI Audited Year End Financial Results	RP											x	
100	Risk Identification and Oversight	Insurance - Review of Coverage	RP											x	
101	Risk Identification and Oversight	Investments - Performance Review	RP											x	
102	Governance	Investments - Policy Review	RP											x	
103	Risk Identification and Oversight	Litigation	Qual						x					x	*new item added in March, 2014

Item #	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
		<b>Responsible Body Legend:</b> 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													
		<b>Colour Legend</b>													
		Completed by target													
		In progress but not completed by target													
		Not in progress, and not completed by target													