



 senior team reports

*annual report 2009 | 2010*



Our new model of care for the Thunder Bay Regional Health Sciences Centre is Patient and Family Centred Care. That means that we'll deliver healthcare through collaborative partnerships including patients, families, caregivers, healthcare professionals and staff. Throughout 2010 and beyond, the communities that we serve will see how this commitment results in our patients receiving the best care possible.

This section of the Annual Report 2009 | 2010 provides messages from the Thunder Bay Regional Health Sciences Centre's Senior Management Team and acknowledges the Board of Directors and our staff complement.





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# achieving our vision

## Ron Saddington

President and CEO

This is the final year of our current Strategic Plan, and I am pleased to report that we continue to advance our goals in promoting improvement in four areas of our operation: Teaching and Research, Organizational Transformation, Regional Service Integration and Quality and Safe Patient Care.

There is no doubt that we are achieving our stated Vision of earning a national reputation as a leading health sciences centre by 2010. This is illustrated by several significant accomplishments over the past year. We recently received international recognition for our facility design and functionality from the International Academy for Design and Health in Stockholm, Sweden. In granting this award, President and CEO of the Academy, Professor Alan Delany, cited our health sciences centre as

a world benchmark for hospital planning and construction.

With respect to quality and organizational transformation, the Board of Directors adopted Patient and Family Centred Care as a corporate philosophy in June 2009 and has revised the Centre's Mission Statement "to advance world-class Patient and Family Centred Care in an academic and research-based, acute care environment".

This model of care cultivates vital partnerships at the bedside, in care plan decision-making, healing relationships, and individual patient/professional interactions. Access, coordination of care, safety, physical comfort, emotional support, and involvement of friends and family will all be greatly improved.



Also during the past year, we received approval to add a second Catheterization Suite to our Angiography Service and to develop a new regional Bariatric Surgery Program, as part of a “Centres of Excellence” strategy being implemented by the province.

New facilities are now in place to support our medical learners and our medical staff under the inspired leadership of Dr. Gordon Porter, VP Medical and Academic Affairs and Dr. George Derbyshire, Chief of Staff. They are embracing both our academic and clinical responsibilities with enthusiasm. An emphasis on interprofessional training and work environments is being embraced and promoted by our Centre as we help prepare the next generation of healthcare professionals.



In addition, our Thunder Bay Regional Research Institute continues to make great strides as it develops the infrastructure and amasses human resources required to pursue new discoveries and bring them to the bedside through improved diagnostics and treatments.

I want to express my sincere appreciation to our staff, medical staff and volunteers. Your commitment to our patients is constant and inspiring. It has been my great reward to have worked with all of you in the pursuit of improved service to our patients.



## Dr. Gordon Porter

Vice President, Medical and Academic Affairs; Chief of Staff

This year, my report melds two portfolios: Chief of Staff, and VP, Medical and Academic Affairs.

Building on a year of success that has distinguished TBRHSC, I feel that teaching and research must now become fundamental to our culture of Patient and Family Centred Care, and dominate our academic mission.

To our credit, the recent national academic task force paper on education, “The Future of Medical Education in Canada, FMED”, puts TBRHSC and the Northern Ontario School of Medicine (NOSM), in an enviable prominent academic and clinical teaching leadership role for medical education in the country.

Dr. Roger Strasser, the Founding Dean of NOSM, has created a robust, innovative, team-based philosophy of social accountability and diversity that will be a model for other academic institutions to emulate. My passion is for innovation, team-work, and subsequent corporate change. Our “translational” bench to bedside research initiatives speak to this as TBRR1 integrates research at TBRHSC, including our current Phase 3 trials.

Organizational transformation continues notably at the corporate leadership level, as our new CEO is expected to lead transformation along clinical and research roles. I applaud the legacy of leadership provided by Ron Saddington. He has led wisely.

Strategically, I see significant opportunity for regional integration of services. Shared documentation for regional e-credentialing is important. An accountability framework where regional hospitals can deliver more diverse care closer to home is also favoured. Collaboration is essential as we define our advanced academic clinical programs.

I also congratulate our new physician-leader responsible for patient quality and safety, Dr. George Derbyshire. He is an experienced Paediatric Neurologist. He became Chief of Staff effective January 1, 2010. His passion for quality patient care and his unbridled quest for clinical excellence are serving our organization well.



# Scott Potts

Senior Vice President, Corporate Services and Operations

Thunder Bay Regional Health Sciences Centre has continued to manage healthcare resources responsibly and effectively despite significant financial pressures. TBRHSC finished the 2010 fiscal year with a surplus of approximately \$139,000.

The Corporate Services team has played a significant role in furthering TBRHSC's strategic initiatives, TORQ.

## Teaching & Research

- ❖ Construction and renovation of space supporting Medical Learners, including the following:
  - expansion of on-call rooms
  - lockers and change rooms added
  - meeting rooms, classrooms, learner and physician lounges
  - relocation of Cardiac Rehab program

- ❖ Construction and renovation of research space, including the following:
  - PET CT and 3T MRI
  - completion of ICR Discoveries
  - capital plans for a Translational Research Centre
- ❖ Provided operating and administrative support to Research and Academics
- ❖ Provided clinical and management dietitian preceptors and learning opportunities for the interns of the Northern Ontario Dietetic Internship Program

## Organizational Transformation

- ❖ 30 Housekeeping staff graduated from the Ontario Healthcare Housekeepers' Association "Front Line Staff Environmental Course"
- ❖ Certified 100% of SPD staff in sterilization techniques
- ❖ Received the provincial Health Achieve 2009 "Pollution Prevention" Award

## Regional Service Integration

- ❖ Led the Northwestern Ontario Regional Supply Chain Collaboration - developed and submitted a Business Case to OntarioBuys to determine the availability of funding to support a regional supply chain service
- ❖ Biomedical support for the Home Hemodialysis Program and regional hospitals

- ❖ Provide corporate financial leadership for Nipigon District Memorial Hospital
- ❖ Participated in Council of Academic Hospitals of Ontario Group Purchasing Initiative for equipment to realize organizational savings

## Quality & Safe Patient Care

- ❖ Decision Support lead a major expansion of Wait Time Information System and improved reporting of performance
- ❖ Implemented new Administrative Information Systems for financial and supply chain systems
- ❖ Implemented changes to delivery times of patient meals to support Patient and Family Centred Care.



# Lori Marshall

Vice President, Medicine, Cardiology, Mental Health and Maternal/Child Services

Thunder Bay Regional Health Sciences Centre excels in delivering care through partnerships. The following examples demonstrate the power of relationships in achieving excellence.

## Award Winning Stroke Program

The Northwestern Ontario Regional Stroke Program was the recipient of the 2009 “Community Partnership Award” sponsored by the Ontario March of Dimes. Esmé French and her team were recognized for outstanding collaboration in support of people with disabilities for the community-based exercise program, “Keep Moving with Stroke”, located at the Canada Games Complex.

The Stroke Program also produced a DVD to educate the Aboriginal population on the signs and symptoms of stroke.

Funded by the Ontario Stroke System and evaluated in partnership with Bruce Minore of the Centre for Rural and Northern Health Research, the program received the “Frontiers of Care - Productivity and Innovation” Award at the Ministry of Health and Long-Term Care’s (MOHLTC) 2009 Health Research Showcase.

## Mental Health Collaboration Success

Leading the Mental Health Program with St. Joseph’s Care Group further enhanced our working relationships across the system. Among the projects is the Centralized Access to Case Management Services representing a partnership among nine mental health and addiction case management programs in Thunder Bay.



### Award Winning Women's and Children's Care

Prevalent substance use in our community has unfortunately led to infants experiencing symptoms of withdrawal following birth. The Neonatal Intensive Care Unit developed a guideline to manage these infants and evaluate its effectiveness. Congratulations to Jodie Murphy, Nancy Persichino, and Larry Bertoldo on receiving the "William Sibbald Award of Excellence in Patient Safety" from the MOHLTC.



### Pandemic Response

Finally, I thank all staff, physicians, and volunteers for their response to the H1N1 pandemic. Through their actions, we maintained all programs while responding to unprecedented patient volumes. This took an exceptional effort by teams across the organization and great patience on behalf of our community.



# Rhonda Crocker Ellacott

Vice President, ER, Critical Care, Trauma and Surgery and Chief Nursing Executive

## Patient and Family Centred Care

Patient and Family Centred Care (PFCC) gives us a richer appreciation of our collaborative partnership with patients, families, staff and clinicians. Through our commitment to “Caring Together”, we are learning from our patients and families about what matters in the experience of care.

Our Patient and Family Advisors are enabling us to advance the practice of Patient and Family Centred Care, through the development of Action Plans based on the core concepts of PFCC.

Together, we are transforming our care through quality and safety, to create the “Exceptional Care Experience for Every Patient, Every Time”.



## Performance Improvement

TBRHSC successfully participated in two MOHLTC Wait Time Strategies: i) Pay For Performance (P4P) and ii) Process Improvement Program (PIP).

P4P aims to increase Emergency Department (ED) capacity and performance that help ED's exceed standards of care for length of stay for different acuity levels.

We are the busiest single site Emergency Department in Canada, with over 100,000 patients this year, representing a 2.7% increase over last year. We are a high performing ED, meeting the ED targets for non-admitted high and low acuity patients at greater than the 90th percentile length of stay target.

Improving the experience of care from admission to discharge from the Health Sciences Centre is what PIP and PFCC is all about. Our goal is to reduce length of stay, avoid waste, improve quality care and advance best practices within the Health Sciences Centre.

## Surge Capacity Planning

TBRHSC partnered with regional hospitals to better manage sudden increases in demand for critical care services.

We developed tools and protocols to ensure patients receive timely appropriate care, while mobilizing staff and equipment across organizations. This strategy supports the episodic and unpredictable needs of patients related to Pandemic Planning and other emergencies.

## Advancing Nursing Best Practices

TBRHSC has been awarded the Registered Nurses Association of Ontario (RNAO) Best Practice Spotlight Organization Candidacy. Through this recognition and \$150,000 in funding, we are implementing a selection of Nursing Best Practices across the Northwest.



# Michael Power

Vice President, Regional Cancer and Diagnostic Services

Our Regional Cancer, Diagnostic and Research Institute Programs have much to celebrate this past year.

We continue to be a top three performer in Ontario's cancer control system. In the Regional Cancer Program, our Systemic and Radiation Therapy Teams celebrated achievements in wait times, compliance with guidelines and overall patient satisfaction. Dr. Dimitrios Vergidis and his Oncology Team consistently outperformed all other centres this year in wait time performance, to the benefit of our patients. The 1A Inpatient Unit also achieved amazing results with length-of-stay initiatives.

In Surgical Oncology, Dr. Kenneth Gehman mentored some of the shortest wait times in Ontario. In terms of cancer prevention, the physician community is committed to improving colonoscopy wait times and the Ontario Breast Screening Program will meet wait time, volume and retention rates this year thanks to staff commitment, innovative marketing campaigns and new screening opportunities for women.

The overall wait time and turn-around time performance in

Diagnostics is exceptional; Dr. Joseph Wasielewski was honoured with a Cancer Quality Council of Ontario Award for his role in transforming lab testing with synoptic reporting, reducing cancer diagnostic wait times from 22 to seven days.

The Thunder Bay Regional Research Institute saw a tremendous growth with the recruitment of 11 scientists and more than 50 new professionals. Our new Translational Research Program is poised for greatness: the 3T MRI is fully commissioned and ready for the first High Intensity Focused Ultrasound Clinical Trials, and patients are now accessing Northwestern Ontario's first PET program, one of only a handful in the province. The success of our programs also attracted a new company, Tornado Medical Systems, to Thunder Bay.

Looking ahead, we continue to follow the path to success in providing the best for our patients: the best care, short treatment wait times, shorter diagnostic wait times, a commitment to Patient and Family Centred Care, superb patient satisfaction scores and access to the most innovative clinical trials.



## Bruce Sutton

Chief Information Officer



2009/10 was another very positive year for Information Services as our Team accomplished a great deal in collaboration with a host of end users.

Collaboration and integration are the operative, key words. Our staff collaborated with many end users in the establishment of the CCAC Notification System, the implementation of the new administrative applications, the replacement of Regional Cancer Care's Information System, the search for a replacement Dictation and Transcription Application, the implementation of the new Emergency Department Wait Times System, and numerous others.

Collaboration with outside agencies included Riverside Health Care Facilities in Fort Frances as they implemented additional Meditech Modules, the new Resource Matching and eReferral Project with St. Joseph's Care Group and the North West Community Care Access Centre, and our close relationship with the North West Local Health Integration Network as we worked together to advance the eHealth Agenda in

Northwestern Ontario. On top of all this, our Team developed in-house tools such as the Safety Reporting System. They also developed numerous interfaces between applications and they made improvements on our infrastructure with projects that included wireless upgrades and the replacement of network equipment.

Information Services has become quite integrated into the operations of the Health Sciences Centre as we play an enabling role. In addition to the obvious applications such as Meditech, PACS and OPIS, Information Systems has a role in such things as the Emergency Department "Pay for Performance Project, the new PET CT, the second Cardiac Cath Lab, and Pandemic Planning. This trend is sure to continue.

None of this is possible without a great Team and I would like to extend my appreciation to the Information Services Team for their ongoing commitment to customer service. Thank you!



# Cathy Covino

Director of Quality and Risk Management

The Quality and Risk Management Department consists of Clinical Ethics, Nurse Led Outreach, Utilization, Patient Safety, Accreditation, Risk Management, Ambutrans and Quality of Care.

We have several success stories at TBRHSC to celebrate.

Two of them are nationally recognized. The “Leading Practice Award” for Cardiac Rehabilitation delivered via Telemedicine, and the lowest standardized mortality ratio in Canada for the second year make us cognizant of our achievements.

Quality is often achieved through collaboration and is standardized as we rely on evidence- based practice. TBRHSC has enrolled in several Safer Healthcare Now bundles, complied with all mandatory reporting, participated in the Provincial ALC definition, contributed to Strata Pathway development and continue to solicit Patient Satisfaction Surveys to monitor corporate progress. This ensures the highest, most consistent care is delivered to every patient

every time. The inclusion of research allows us to lead practice and encourage innovation.

Patient and Family Centred Care is a driving force of positive change in the organization. We are creating partnerships with patients and families ensuring trust and collaboration as we move forward in a positive patient-focused direction. Our department developed a new look for our “Complaint Form” and a title change to the “Comment Form” to assist in change ideas for the organization. To this end, a card is being sent to patients when expectations have not been met, and new comment boxes have been placed on Main Street, in the Emergency Department, Surgical Day Care and Diagnostic Imaging to make patient and family input easy in key areas with high volumes of patients. As well, Patient and Family Advisors assist us in everything we do by sitting on formal committees, working groups, and the review of policy documents.



## Don Halpert

Chief Human Resources Officer



Your Human Resources Team is all about LEADERSHIP. In the coming years, our Health Sciences Centre and the Ontario healthcare system will face enormous challenges in meeting the demands of an aging population with limited resources. These challenges will place a special burden on all of our staff – in particular, our leadership. The Human Resources Team is focused on nurturing and developing our current leaders and investing in tomorrow’s leaders in an environment of Patient and Family Centred Care.

“If your actions inspire others to dream more, learn more, do more and become more, you are a leader.”

~ John Quincy Adams

This year, we have implemented the Leadership Development Institute. Under the guidance of Kathryn Shewfelt and Amy Carr, Staff Education and Human Resources are working hand-in-hand. Our Leadership Development Team will lead to

effective Succession Planning to ensure we are able to meet the challenges that lie ahead.

Elizabeth Straiton leads the many Volunteers who contribute to our success every day. These special people give freely of their skills and their time so that our community continues to receive the best of care. Thank you!

Occupational Health & Safety, under Linda Dier’s leadership is responsible for caring for the caregivers. Her department is addressing occupational safety, accident prevention, and wellness.

Our team, including Human Resources, Occupational Health & Safety, Volunteer Services, Staff Education and Library Services continues to provide support to staff, volunteers and privileged staff who offer front-line service to our community.



## Don Edwards

Director of Communications

“Caring Together” reflects the Mission, Vision, and Values of Thunder Bay Regional Health Sciences Centre; a rallying call to our Brand through the implementation of Patient and Family Centred Care (PFCC).

Embraced by the Board of Directors, Medical Advisory Committee, Senior Administration, Management Group, Staff and Volunteers, PFCC requires that the Communications Department support the efforts of our healthcare providers in order to touch the lives of our patients and families.

This year, we developed communication strategies for a number of corporate acute care activities. We facilitated H1N1 community and regional coverage and information; corporate signage, Weekly Updates, Internet, graphic and web-streaming multimedia strategies. As an Academic Health Sciences Centre, we leveraged awareness through our partners at the TBRHS Foundation, the Thunder Bay Regional Research Institute, Cancer Care Ontario, the Northern Ontario School of Medicine, Thunder Bay District Health Unit, Lakehead University, and Confederation

College, to name a few. We also assisted in promoting the search for our new CEO, as well as the recruitment of international medical and research experts. We developed media pieces for various healthcare publications regarding our progress as an academic Health Sciences Centre. Expectations are that we are seamless in our planning and delivery of services.

This year, we launched the large LCD Flat Screen strategy throughout TBRHSC. This multimedia messaging system enables us to divide the screens into individual zones so that a number of messages can run simultaneously. As we develop multimedia audio-visual material, we will be able to feature timely departmental information such as “waiting times” information - while also offering educational healthcare content. This strategy places us at the forefront of stakeholder “need to know” applications. We expect this initiative will thrive as we identify inherent benefits that address PFCC needs.

Congratulations to the Communications Team for facilitating people, data and activity with ever-increasing, incessantly tighter, deadlines.



❖ 2009|2010  
board of directors

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**Jennifer Bean**  
*Process Improvement Facilitator*

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