



2010 / 2011 Annual Report

Thunder Bay Regional Health Sciences Centre

healthy
together

Vision

Healthy Together

Mission

To advance world-class patient and family centred care in an academic, research-based, acute care environment.

We believe in:

Patients and families being at the centre of everything we do

The value of our staff, physicians, volunteers and regional partners

Team-based compassionate care

Diversity, dignity and respect

Helpful and empowering communication

Life-long learning, innovation and discovery



2010 / 2011 Annual Report

Thunder Bay Regional Health Sciences Centre

Thunder Bay Regional Health Sciences Centre enjoys a reputation as an acute care centre of excellence. Molding acute care, research, and academic agendas into a comprehensive care strategy for patients and families ensures safe, high quality care for each patient.

As you review the pages of this report, you will sense the excitement of our opportunity. We believe that we are on a healthcare threshold of delivery and discovery. Our reputation is being endorsed around the world as we recruit renowned people with world-class academic, research and clinical practice credentials to Thunder Bay.

There has been a change in leadership at TBRHSC with the introduction of Andrée G. Robichaud as our new President and Chief Executive Officer. The legacy, left by the retirement of Ron Saddington, and the completion of our latest Strategic Plan ends an era of great success.

Madame Robichaud has embraced the challenge of crafting and implementing a new Strategic Plan. She is encouraging engagement and consensus among our partners as we build the framework to successfully provide for the healthcare needs of our citizens.

To that end, TBRHSC has adopted a new Vision:

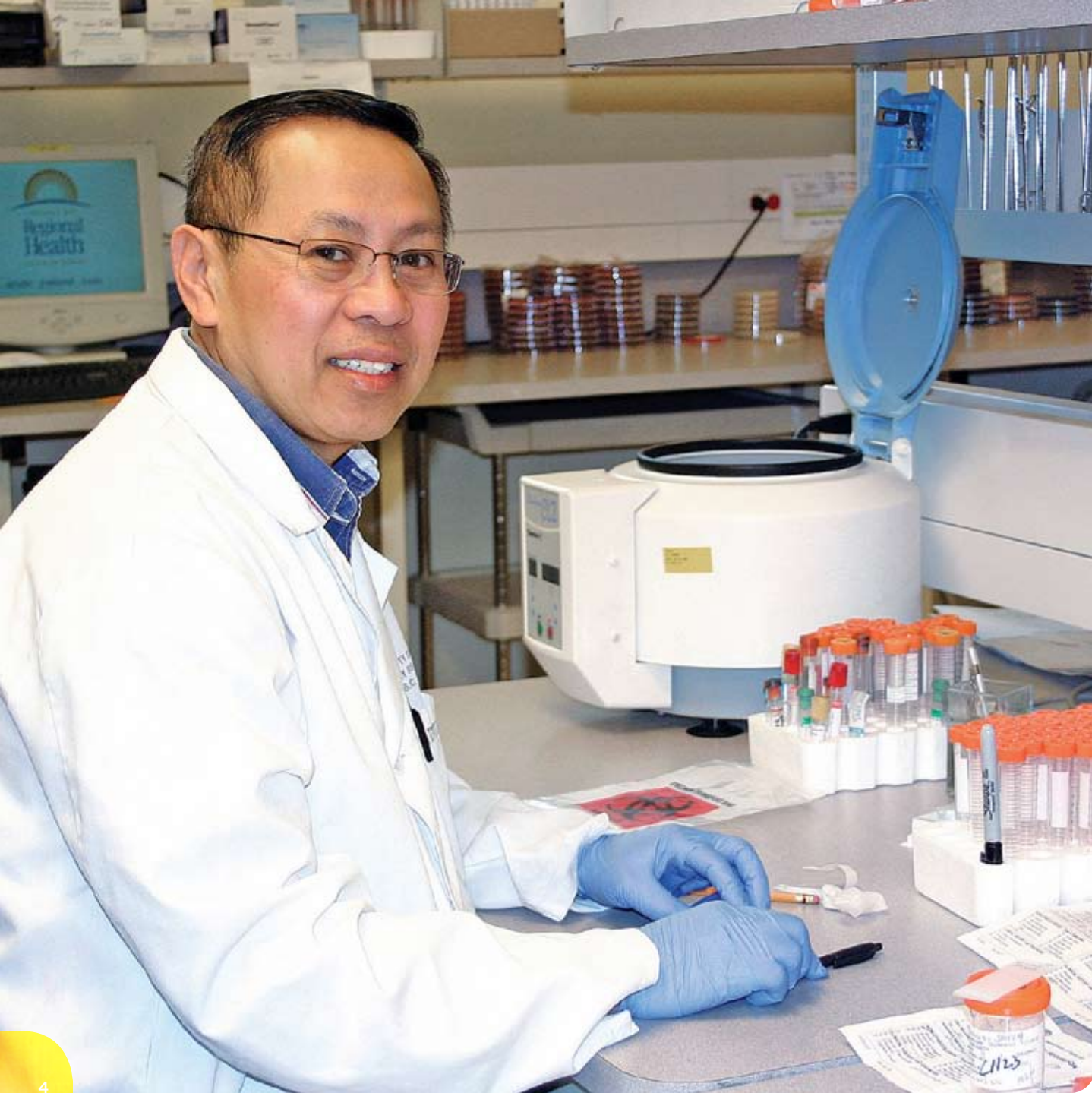
healthy
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Thunder Bay Regional Health Sciences Centre

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Angèle Brunelle
Chair, TBRHSC Board
of Directors

Thunder Bay Regional Health Sciences Centre Board of Directors

We are proud of our healthcare teams as they are doing the best that they can for our patients and families.

The TBRHSC Board of Directors has launched a new Strategic Plan that challenges each one of us to account for our role in healthcare. With a new corporate Vision Statement of “Healthy Together”, our community and regional partners, along with our physicians, staff, volunteers, and Board members have come together to deal with our critical issues in healthcare. In addition, by “Caring Together”, we will engage each other to embrace Patient and Family Centred Care ensuring that our research and academic agendas are integrated into everything we do.

It is interesting that while we are diligently planning for an outstanding future, we are also cherishing our long-held desire to provide great basic personal care. It is a fundamental principle that is often overlooked. That is why we are spending so much time ensuring that our care is of the highest quality. Quality matters. To make the point, one of our most pressing challenges is attending to our patients needing acute care while also meeting the needs of Alternate Level of Care (ALC) patients: these are people who could be discharged, but are waiting for a place to go, to such as home, long-term care or rehabilitation, for example. It is a systemic problem that manifests itself at TBRHSC, especially in the Emergency Department.

We are proud of our healthcare teams as they are doing the best that they can for our patients and families. We are grateful that our healthcare partners, including community and regional representatives, as well as the Patient Family Advisors have come alongside our healthcare teams to review everything that we do to improve our standards. Again, this basic strategy is so important – so valuable. We are being responsive in an appropriate way. It works well.

The NRC Picker organization report was one of the highlights of our year. We surpassed our peers by a large measure in our patient and family satisfaction scores. NRC Picker said they had never seen such an improvement.

So, congratulations to everyone. You have undertaken an important challenge to care at the best of your ability. The results show. You make us all proud to be a part of this great organization.

We have had an incredibly successful year. Next year looks even more promising.



Andrée G. Robichaud
President and CEO

Thunder Bay Regional Health Sciences Centre

We will continue to engage all of our partners to present the best possible care to each patient and family, every time.

It has been a privilege to be part of the healthcare team at TBRHSC for the last half of this fiscal year. Congratulations to our “retiring” President and CEO, Ron Saddington. His legacy will be remembered. Thank you, Ron.

This spring, the Board of Directors celebrated the development of a new Strategic Plan. We believe that we are well-positioned to achieve great things. Since we added “Healthy Together” as our new Vision Statement, Engagement is a great way of moving forward. We will continue to engage all of our partners to present the best possible care to each patient and family, every time.

Congratulations to our innovators. Among our accomplishments, we launched the Bariatric Service. The second suite for Angioplasty was completed. The Image-Guided Ultrasound Research Partnership with Sunnybrook is making a difference. Our academic relationships with the Northern Ontario School of Medicine, Lakehead University, and Confederation College, to name three, are paying dividends too. Students are learning new skills, and joining us as life-long-learners.

Along with our growing contingent of community and regional strategic stakeholders, Patient and Family Advisors are proving to be of great value. We are engaging, collaborating, changing, improving, and “getting it right”.

Part of our responsibility as an organization is to assist other external healthcare providers to receive our patients once they are able to move on. For extended periods of time, we have been in “Gridlock”, where we have more patients than available space. It has forced us to become more efficient; and, we have. We have streamlined our Emergency Department to reduce wait times and cope with numerous in-patients waiting for a bed on a unit; and, we have renewed our efforts to prepare patients for discharge, even when there is nowhere for them to go in the community. We are delivering care in a state of “over-capacity”. That is why we have engaged our healthcare partners to join us in resolving the “continuum of care” challenge that we face. In every way, I believe that we are “Healthy Together” as we “Care Together”.

Even with all of the challenges, we have much to be grateful for.

It has been an outstanding year. I am thrilled to be a part of this great organization.



Dr. Gordon Porter
Vice President,
Medical and
Academic Affairs

Medical and Academic Affairs

The past year, has been a year of change, including a new President and CEO and a change in the physician leadership structure.

Dr. George Derbyshire, as Chief of Staff, focuses on all issues relating to patient quality and safety and I, as Vice President Medical and Academic Affairs, will be developing educational and clinical programs to nurture our culture of Patient and Family Centred Care, and evidence-based best practices, which will be the foundation of academic, clinical and research innovation. It will be based on interprofessional team collaboration.

Combining a new Strategic Plan, we have a Mission to “advance world-class patient and family centred care in an academic and research-based, acute care environment”. To achieve this, we created a working model entitled R2A2: Roles, Responsibilities, Accountabilities and Authority. Through the physician leadership infrastructure, we hope to bring clarity to this by revising the by-laws and rules and regulations.

Recruitment is a priority, as we strive for locum independence. Our recruiting priorities include Primary Care Physicians, Vascular Surgery, and developing robust sub-specialty services within Internal Medicine such as Respiriology, Gastroenterology, Cardiology, Neurology, Endocrinology Internist and Infectious Diseases. To complement this, we are hoping to recruit General Internists to provide consultations and assist with the Medical Clinical Teaching Unit (MCTU) and the Hospitalist Program.

We are trying to establish Accreditation guidelines for the academic accreditation in 2012. Clarity and process development is fundamental as we define these obligations. Undergraduate, postgraduate and professional programs continue to grow. The opportunity to develop true interprofessional, academic and clinical teams is progressing well.

Medical and Academic Affairs is striving to be environmentally friendly. To this end, we are striving to go paperless. We are piloting this through the M.A.C. and our regional e-credentialing strategies.





Lori Marshall
Vice President, Planning,
Medicine, Cardiology,
Mental Health & Maternal
Child Services

Planning, Medicine, Cardiology, Mental Health & Maternal Child Services

Partnering and collaboration have been the key drivers of achievement in 2010/11. All of our significant initiatives demonstrate the value placed in working with others.

Medicine and Cardiovascular

We are pleased to announce the approval of the Peritoneal Dialysis (PD) partnership between Thunder Bay Regional Health Sciences Centre and St. Joseph's Care Group's Bethammi Nursing Home. This program supports the Ministry of Health and Long-Term Care's strategy to enhance services in Long-Term Care facilities.

The Medical Clinical Teaching Unit (MCTU) opened on 2B effective July 1, 2010. Up to 12 beds are identified throughout the unit to support medical learners working with the Internal Medicine Teaching Service. In the spirit of inter-professional learning, the MCTU will eventually include learners from various professions.

The "Home First" philosophy recognizes that people should go "home first" after their acute care stay is complete before any longer term decisions are made. TBRHSC is working with community partners in adopting this culture to create better patient outcomes and reduce the impact of Alternate Level of Care patients across the system.

Maternal Child

TBRHSC's newborn toxicology screening practice has been adopted by the Province. In addition, they have taken our leadership in clinical practice as they develop guidelines to use in managing infants with Neonatal Abstinence Syndrome.

Thunder Bay Regional Health Sciences Centre

Mental Health

Our mental health programs have been operating at full capacity over the past year with lengthy wait times to access care. We will continue to build strong alliances and working relationships with our community partners to ensure all patients have equitable and timely access to necessary health and social services.

In closing, Janet Sillman, Vice President Mental Health and Addictions, and I would like to acknowledge the tremendous efforts of so many staff, physicians and volunteers across our portfolios who embody what it means to "Care Together."





**Dr. Rhonda
Crocker Ellacott**

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

ER, Critical Care, Trauma, Surgery, & Nursing

We are on a transformational journey which has demonstrated tremendous improvements in patient satisfaction over our initial 12 months.

Patient and Family Centred Care:

Through our Patient and Family Centred approach to Caring Together, we have engaged in several strategies to improve the experience of care for every patient, every time. We are on a transformational journey which has demonstrated tremendous improvements in patient satisfaction over our initial 12 months.

Improvements of 12% with a range of 5-19% are evident, as we work with our 79 Patient and Family Advisors, teams and committees, to transform the delivery of healthcare and improve collaboration, participation, communication and the overall care experience.

Performance Improvement:

TBRHSC participated in Year 3 of the MOHLTC Pay for Performance (P4P) Strategy to decrease Emergency Department overcrowding. Our ED length of stay performance has exceeded the provincial target and average in most areas. Due to the ongoing challenges related to "Gridlock", our performance Length of Stay (LOS) for admitted patients remains below target. Our performance for non-admitted patients in the high and low acuity categories has remained exceptional, continuing to meet the provincial targets of four and eight hours, respectively 92-95% of the time.

Improvements in surgical wait times have also improved with focused efforts. Over the eight-month period from March to December 2010,

the average wait time for surgery at TBRHSC dropped from 88 to 68 days. With additional funding through the NW LHIN, we have achieved additional volume for total joints and look forward to completing 700 cases (545 baseline) for this year, which allows us to drop the wait time for the procedure by 28%.

Overcapacity Planning:

TBRHSC has been challenged with significant capacity pressures over the year. In response, we have developed a number of tools, protocols and strategies to ensure patients receive timely and appropriate care, while mobilizing staff and equipment across our organization. This strategy supports the often unpredictable needs of our patients related to Gridlock, nursing unit overcapacity and minor/moderate critical care surge capacity.

Advancing Best Practices:

Through our commitment to make evidence-based best practices a priority, TBRHSC has been working together with the RNAO and our community regional partners to advance the delivery of nursing care based on best practices. Over the next 12 months, we will focus on continued improvements in the areas of falls prevention, pain assessment and management, patient/family centredness, vascular access and smoking cessation.



Michael Power
 Vice President, Cancer &
 Diagnostic Services
 Regional Vice President,
 Cancer Care Ontario

Cancer Care & Diagnostic Services

Committed to exceptional service, exceptional results, exceptional relationships.

Driving quality, accountability and innovation in our cancer service is the mission of Regional Cancer Care Northwest (RCC NW). Our world-class regional cancer program is delivered in partnership with TBHRSC and Cancer Care Ontario. Our commitment is to deliver the best patient and family centred care possible. In this spirit, RCC NW continues to rank among the leading cancer programs in Ontario, specifically in surgical, radiation and chemotherapy wait times, access to diagnosis, and overall patient satisfaction.

Spanning from Hearst to the Manitoba border, the program in Northwestern Ontario is a collaboration of 14 sites located in the region which ensure the delivery of cancer services to communities across the northwest. Our strategic focus is to improve the patient journey by ensuring quality, performance and innovation in diagnostic standards, models of care, treatment, research and academics.

Among our achievements, in 2010, we made even greater strides in surgical wait times with an average of 84.6% above the Ontario average: 74.9% in decision-to-treat to operation. Similarly, in radiation wait times, the Northwest is at 91.3 %, above the Ontario average: 79.9% in ready-to-treat to start of treatment. Diagnostic care has also been expedited; for the first time, our patients are being offered Diagnostic Assessment Pathways (DAPs) to improve the quality of their care, by providing a single point of access. The Diagnostic Laboratory at TBRHSC received a 99% score from Ontario Laboratory

Accreditation, meeting explicit quality management criteria and raising the bar in quality assurance and improvement initiatives.

In the spirit of quality, we are compliant with provincial guidelines and have expanded our Multi-disciplinary Case Conferences (MCCs), and we are experiencing burgeoning growth in cancer research and innovation with the launch of the integrated Translational Research Program (TRP). The program oversees clinical trials and supports researchers, scientists, and clinicians – working together, to advance cancer research and improve outcomes for patients.

We are celebrating an unprecedented number of people who are surviving cancer, and our services will continue to transform to meet the needs of the patients and families in our region. Together, we will continue to deliver exceptional cancer care.





Dr. Michael Wood
Vice President,
Research, TBRHSC
and TBRRI

Thunder Bay Regional Research Institute

Our focus on patient-centred research is what drives innovation at TBRRI.

The Thunder Bay Regional Research Institute is the research arm of the Thunder Bay Regional Health Sciences Centre. All research conducted by TBRRI aims to improve the quality of healthcare through excellence in patient-centred research that is focused on novel molecular imaging-based diagnostic technologies for disease prevention, early detection and image-guided treatment.

Our multidisciplinary team at TBRRI now includes 12 institutionally supported scientists and close to 100 staff. Our rapid growth and exceptional support from our partners has led to some astonishing achievements this year, namely TBRRI won the 2009/10 RBC Innovative Company of the Year Award; we received \$10.4 million in grant funding, including \$6.4 million from the Ministry of Research and Innovation's Ontario Research Fund - the largest ever in the history of Northwestern Ontario; and Founding Scientific Director, Dr. John Rowlands, was awarded a \$500,000 commercialization grant from the Ontario Institute for Cancer Research (OICR).

Our focus on patient-centred research is what drives innovation at TBRRI. We are now supported by our new Translational Research Program (TRP), and a four year \$300,000 pilot award granted by OICR that is allowing us to build the infrastructure necessary to develop multi disciplinary translational research teams.

In 2010, we completed our first High Intensity Focused Ultrasound (HIFU) clinical trial testing the efficacy of the device to treat uterine fibroids. Now

the team is testing new surgical methods using MRI-guided HIFU procedures, performed without making a single surgical incision.

In partnership with Lakehead University, we recruited the first-ever tenure-track Research Chair, Mitchell Albert, PhD. He is a specialist in the field of hyperpolarized (HP) noble gas MRI and a former faculty member of Harvard University.

By reinforcing our commitment to our community by "bringing discovery to life", people in the northwest now have access to world-class clinical trials and the newest medical advancements in molecular diagnostics.





Bruce Sutton
Vice President,
Information Services &
Chief Information Officer

Information Services

In 2010/11, our Information Services Team continued to provide great user support and bring in innovative solutions.

There were a number of innovations introduced this year. The new transcription/dictation system will incorporate voice recognition technology. TBRHSC went live on the shared repository that will eventually allow sharing of images across the province. We started a pilot with the LHIN around mental health assessments and the sharing of those through a provider portal. With the LHIN and others, we examined the feasibility of a shared IT support model for health service providers across the region and we initiated a pilot Help Desk that will help measure the feasibility of such shared services. In a great example of innovation and collaboration, the team expanded the solution that downloads information directly into physician office systems. That solution now involves 26 clinics, 167 physicians and eight different EMR vendors.

From the user support aspect, our team worked hard to develop numerous downtime policies and procedures and department managers were engaged in numerous conversations around their downtime plans. Our team extended the coverage of our wireless network to allow the introduction of the Connexall Communication System. A new application was introduced to improve patient referrals, work has started on the replacement of the ten year old transcription/dictation system, and

planning has started on a major Meditech upgrade. All of these and many other projects are intended to improve internal processes and support our users.

There is no question that the use of information systems in healthcare will continue to become more pervasive, and I am confident that we have the capability within our team to take on new challenges. I would like to extend my appreciation to the Information Services Team for their ongoing commitment to customer service. It is truly a pleasure to lead and support such a great group of people.





Cathy Covino
Senior Director, Quality and Risk Management

Quality and Risk Management

Transparency and collaboration ensures trusting relationships with our patients, families and community partners.

Quality is best achieved through collaboration and standardization, relying on evidence-based practice, balancing with the opportunity for innovation and research. Physician, Staff and Patient Satisfaction Surveys and public input guide us towards improvement potential. TBRHSC is committed to care in collaboration with patients and families “Caring Together”.

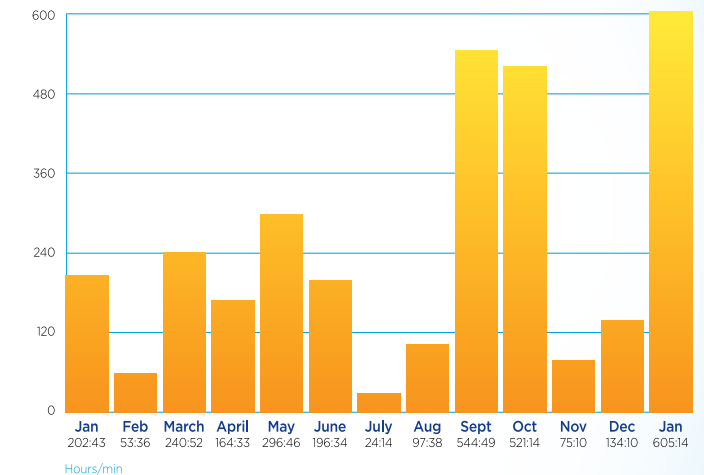
Patient and Family Centred Care has been the driving force behind a great deal of positive change in the organization. This journey is creating partnerships with patients and families to create a foundation of trust and collaboration to ensure we are moving forward in a positive patient-focused direction. Patient and Family Advisors assist us in everything we do, sitting on formal committees, sharing their stories with us or as part of a working group. Transparency and collaboration ensures trusting relationships with our patients, families and community partners.

Compliance with “The Excellent Care for All, Public Hospitals and the Long-Term Care Act” and changes to Regulation 965 have focused our system improvement strategies and have provided opportunities to put processes in place that support excellence. A Quality Plan will guide our team through the next year focusing the organization’s strategies and ensuring quality outcomes.

The Quality and Risk Management Team consists of a Bioethicist, Nurse Led Outreach Program, Utilization Management, Patient Safety, Accreditation, Infection Control, Risk Management and a stable Patient Transfer Service.

Monthly Gridlock Hours

JANUARY 2010 - JANUARY 2011



Total Gridlock Hours

Jan 2010 - Jan 31/2011 3678:4



Don Halpert
Vice President,
Human Resources
& Organizational
Development

Human Resources

The increasing demands on hospital services coupled with anticipated retirements, requires that we focus resources on leadership development and succession planning.

The Human Resources Management Team includes Occupational Health & Safety, Staff Education & Library Services, Volunteer Services, and Human Resources. This past year has seen dramatic changes for our Team. Our energies have been focused on two key initiatives – Leadership Development and Workplace Safety.

The increasing demands on hospital services coupled with anticipated retirements, requires that we focus resources on leadership development and succession planning. With the guidance of Kathryn Shewfelt, Amy Carr and Kelly Meservia-Collins, we have initiated the Leadership Development Institute. In this fashion, we will meet the complex and changing demands that will affect our industry over the next several years.

New initiatives in Occupational Health & Safety have been initiated by our new Manager, Lorraine Campbell, who has focused on workplace violence prevention, return to work initiatives and a higher visibility for safety in the workplace. New legislation on prevention of workplace violence and increasing safety is being effectively addressed by Lorraine and her team.

Elizabeth Straiton, our Volunteer Services Manager, is responsible for coordinating the activities of our volunteers. These special people

give freely of their valuable time. Our volunteers are an important link to our community and an essential part of our service.

Our Human Resources Team provides support to our staff, volunteers, patient family advisors and privileged staff so that they may provide excellent front-line service. We support those who provide excellent care for our community.





Don Edwards
Vice President,
Communications and
Engagement

Communications and Engagement

Satisfying the communication needs of people is our goal as we pursue “Strategic Persuasion” with everyone.

Communication

The Communications and Engagement Department supports TBRHSC Board of Directors’ initiatives including Strategic Engagement, while maintaining corporate internal and external responsibilities. As new goals are identified, so is the scope of engagement. By adopting a new Vision for TBRHSC, “Healthy Together”, a comprehensive Communications and Engagement Communication’s Strategy was refreshed to accommodate expectations of all partners including patients and families.

Since “Caring Together” is the central theme of Patient and Family Centred Care, we continue to develop tools appropriate to our Model of Care. The addition of the radio station CKSI 90.5 to the Communications and Engagement “tool kit” has enabled us to further align our strategies as we prepare disaster scenarios and pandemic plans. With our own station sourcing power from our diesel generators if needed, people will be able to listen for health information using vehicle radios, iPods, and the like should a situation arise.

Our web strategies are expanding our capability to provide information 24/7. The multimedia approach means that we can collaborate with our healthcare stakeholders at virtually any time.

Satisfying the communication needs of people is our goal as we pursue “Strategic Persuasion” with everyone.

Engagement

The Board of Directors is enabling stakeholders in Northwestern Ontario to participate in a comprehensive plan of action to address key health concerns. The expectation is that Community Partners along with Healthcare Workers, Educators, Policy Makers, and other healthcare professionals will come together to accomplish what each group could not do alone. TBRHSC is an acute care, primary, secondary, and tertiary care provider and has identified Mental Health and Addictions, Aboriginal Health, and Chronic Disease as areas where partners can work together so that we all can be “Healthy Together”. The Plan is ambitious. However, the cooperation from everyone involved in the initial phases of engagement has been outstanding. Implementation of the approved Plan begins immediately following the Annual General Meeting.



Aboriginal Advisory Committee

Delivering appropriate acute care to Aboriginals while addressing the various cultural needs of patients and families in Northwestern Ontario is a corporate initiative. As we engage our partners on healthcare, cultural, and language issues, significant gains are made by this Committee. Language interpretation in Ojibway, Cree, and OjiCree is receiving support, but the Committee agrees that more has to be done in the delivery of patient care information. Currently, with the assistance of groups such as Wequedong Lodge of Thunder Bay and Dilico Anishinabek Family Care, transportation for appointments, interpretation and translation, dialect considerations with phonetic and syllabic needs are slowly being met.

The TBRHSC Board of Directors has identified Aboriginal Health as one of the cornerstones of care delivery in the new TBRHSC Strategic Plan. The value of this Advisory Committee along with numerous representatives from the Community and Regional Strategic Plan Committees bodes well for the future as we seek ways to be “Healthy Together”.

French Language Advisory Committee

Thunder Bay Regional Health Sciences Centre is mandated by the French Language Services Act in Ontario to provide acute care to people requiring service in the French language. Due to the regional demographic, where some communities are above the 10% French speaking threshold, various initiatives have been undertaken. For example, hundreds of TBRHSC positions have been designated as requiring a person to be able to speak both English and French fluently. As qualified bilingual candidates become available, positions are filled. As a component of Patient and Family Centred Care, patient information relating to “care instructions” is being translated and made available for French speaking patients and families. In addition, “signage” in TBRHSC is being addressed to improve way-finding.

TBRHSC by the Numbers

19,566
Admissions

17,062
Day Surgery Visits

1,554
Number of Babies Born

6.7 days
Average Length of Stay

409
Hip Replacements

379
Knee Replacements



Year in Review

April	May	June	July	August	September	October	November	December	January	February	March
Demolition of the Port Arthur General Hospital site begins. Patient and Family Centred Care Paediatric tours of the Operating Room begin.	MRI-guided HIFU for Uterine Fibroids Protocol receives provisional approval. TBTRI receives “Innovative Company of the Year Award”.	TBRHSC submits application for a Family Health Team. 55 Patient and Family Advisors now active with Patient and Family Centred Care.	TBRHSC hires 53 new RN Graduates and 16 new RPN Graduates. 28-bed Clinical Teaching Unit opens; 12 beds support learners with the Internal Medicine Service.	Angioplasty construction continues. TBRHSC Regional Joint Assessment Centre showcased nationally.	A Family Health Team of 25 Family Physicians announced for TBRHSC. Ron Saddington celebrates last month as President and CEO and moves on to retirement.	TBRHSC welcomes Andrée Robichaud, new President and CEO. The Annual Accessibility Plan is presented to the Board of Directors.	TBRHSC requests 1A Status for priority admission of patients to available long-term care beds. An Independent Research Ethics Board is established at TBRHSC.	3rd Regional Cancer Plan Northwest is released featuring Patient and Family Centred Care initiatives, Molecular Imaging/DI Research and Academic Mission. Over 300 referrals have been received for Bariatric Services through the new Assessment Centre.	Development of the new TBRHSC Strategic Plan continues. Approval is expected at the Annual General Meeting in June. TBRHSC was in “Gridlock” 28 of 31 days – an all-time high. This gives rise to consideration of “Home First” strategies for patients.	The Grand Opening of the new Angioplasty Short-Stay Care Area is celebrated. The Physician Office Integration Project connects 25 physician offices, (168 physicians), to 12 hospitals in the Northwest.	TBRHSC Strategic Engagement Sessions bring together physicians, managers, community and regional partners. TBRHSC Quality Improvement Plan gains Board approval and is implemented. TBRHSC Emergency Department tracks over 103,000 visits in 2010/11.

Information



Dolores Mechtab
President,
Volunteer Association
to TBRHSC

Volunteer Association

The Volunteer Association continues to work very hard raising funds for the well-being of our patients and Health Sciences Centre.

In 2010, fund raising exceeded \$19,000 through the following events: Sweet Chocolate Thursday, Strawberry Social, Spaghetti Supper, Quilt Raffle, Two Bit Auction, Christmas Bazaar, Bake Sales and Marathon Bridge. Seasons Gift Shop and Lottery tickets continue to be very profitable, providing an exciting shopping experience to all.

Our efforts have allowed us to purchase six Staxis Wheelchairs as well as a contribution of \$60,000 towards our \$150,000 commitment to the Northern Cardiac Fund

The Volunteer Association Bursaries include Confederation College, Lakehead University, Northern Ontario School of Medicine, a TBRHSC nurse and student volunteer.

Over the past year, member recognition includes Gussie Ward and Marilyn Hay who received their H.A.A.O. Provincial Life Memberships. Volunteer Association Life Memberships were received by Devona Beauregard, Joanne Farkas, Margaret Gibson, Armina McIvor and Burt Sellick. The Outstanding Service Award was presented to Sharron Detweiler for her exceptional dedication as Treasurer.

Thank you to all the Volunteer Association Board, Leaders, Committee members and Association members who have given so much of their time. Many thanks to Elizabeth Straiton, Manager of Volunteer Services, who has done much to enhance our association.





Brian McKinnon
Chair, Thunder Bay
Regional Health
Sciences Foundation



Glenn Craig
President & CEO,
Thunder Bay Regional
Health Sciences
Foundation

Thunder Bay Regional Health Sciences Foundation

Support of the Health Sciences Foundation is more relevant than ever.

Patient care at Thunder Bay Regional Health Sciences Centre has never been as progressive as it is today. Healthcare services have grown, medical research is flourishing and efforts to recruit world-class healthcare professionals to our community are proving successful. Patient and Family Centred Care is having a positive impact on the people of Northwestern Ontario.

The unprecedented progress over the past few years is the result of the vision of healthcare providers shared and enabled by the people who donate to the Thunder Bay Regional Health Sciences Foundation. Each year, millions of dollars are given to advance healthcare for the people of Northwestern Ontario.

During the past year, funds were raised in support of virtually all areas of our Health Sciences Centre, with a specific focus on areas of high activity and high need in our community.

Support of the Health Sciences Foundation is more relevant than ever as our Health Sciences Centre continues to evolve into a leading-edge, multidisciplinary academic health sciences centre. We take this opportunity to express our sincere gratitude to those caring individuals who enable that evolution through their donations.





Scott Potts
Vice President,
Corporate Services
and Operations

Corporate Services and Operations

A number of key strategic initiatives were undertaken by the Corporate Services and Operations team during the past year.

Thunder Bay Regional Health Sciences Centre continues to manage resources responsibly and effectively despite significant financial pressures. In each of the prior five years, TBRHSC operated in a surplus position accumulating to \$8,277,000 over the period. TBRHSC finished the 2011 fiscal year in a deficit position of \$2.3 million. This is primarily attributable to operating at levels beyond our capacity due to the significant bed pressures that our community has continued to experience.

Some of the key strategic initiatives undertaken by the Corporate Services and Operations team during the year include:

Teaching and Research

- Completion of construction and commissioning of the PET CT and 3T MRI suites
- Support for the Northern Ontario Dietetic Internship Program
- Participant in the International Research Day for Clinical Dietitians.
- Financial Services coordinated the "Take Our Kids to Work" day for 55 students

Organizational Transformation

- Manager of Housekeeping received the Provincial Individual Leadership Award in Greening Health Care
- Revised purchasing policies to adopt best practice guidelines for supply chain

- Received "Walk the Talk" recognition for team, individual and courtesy awards
- Completed a benchmarking efficiency study to ensure effective use of resources

Regional

- Established the Northwestern Ontario Regional Supply Chain Collaboration supporting 13 regional hospitals
- Provided CFO services for Nipigon District Memorial Hospital
- Assisted with the development of an Environmental Cleaning – Best Practices Educational Toolkit
- Provided administrative support for the Pan Northern PACS Project

Quality

- Implemented e-commerce systems for requisitioning goods and approving invoice payments
- Changed meal delivery times to improve patient satisfaction
- Developed facilities for the Regional Bariatric Care Centre and the expansion of the Angioplasty Program
- Improved Wait Time reporting systems

Financial Statements

Statement Of Financial Position

March 31, 2011
(Amounts in \$ thousands)

Assets

Current assets	28,779	40,607
Non-current assets	256,185	254,433
Total Assets	284,964	295,040

Liabilities and Fund Balances

Current liabilities	40,175	42,169
Non-current liabilities	230,323	236,316
Total liabilities	270,498	278,485

Fund Balances	14,466	16,555
Total Liabilities and Fund Balances	284,964	295,040

Statement Of Operations

For the year ended March 31, 2011
(Amounts in \$ thousands)

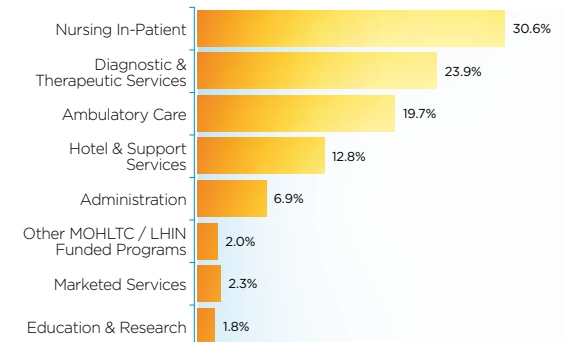
Revenue

Ontario Ministry of Health and Long-Term Care / North West Local Health Integration Network	221,085	217,826
Other patient services	26,721	27,487
Other funded programs	7,312	7,671
Ancillary services and other	15,117	11,644
Amortization of deferred capital contributions	19,738	16,641
	289,973	281,269

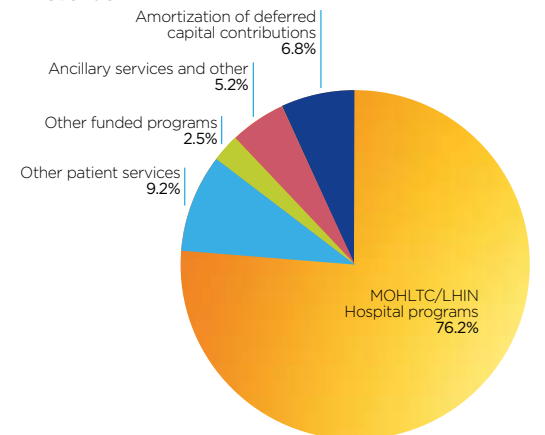
Expenses

Salaries and benefits	195,068	188,578
Medical, surgical supplies and drugs	33,866	33,042
Supplies and other	21,665	21,448
Other funded programs	7,226	7,124
Plant operations and equipment maintenance	13,614	10,542
Amortization	20,868	20,396
	292,307	281,130
Excess (deficiency) of revenue over expenses	(2,334)	139

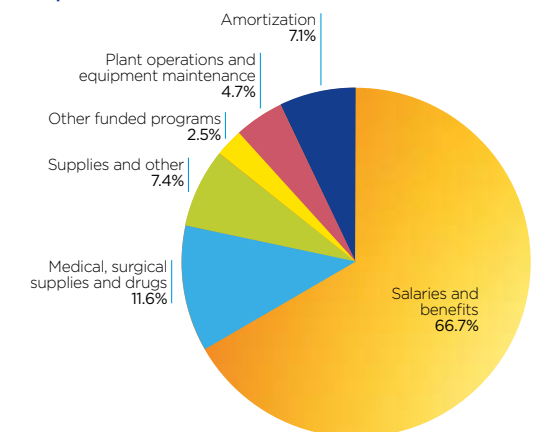
Expenses by Program



Revenue



Expenses



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