

**TBRHSC Board of Directors  
Open Meeting**

**Wednesday, February 4, 2015 – 5:00 pm Boardroom, Level 3, TBRHSC**

**980 Oliver Road, Thunder Bay**

**AGENDA**

**Vision:** *Healthy Together*

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

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

#	Time (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 – Lisa Beck</b>				
3.1	1	N. Doucette	Quorum (8 members total required, 6 being voting)				
3.2	1	N. Doucette	Conflict of Interest				
3.3	1	N. Doucette	Approval of the Agenda	X			
3.4	3	N. Doucette	Chair's Remarks*				X
4.0			<b>PRESENTATIONS/UPDATES</b>				
4.1	10	A. Skillen	Gridlock Status Update*		X		X
4.2	10	Dr. Henderson	Update on Cardiovascular Proposal*		X		X
4.3	10	P. Myllymaa	Budget Update*		X		X
5.0			<b>CONSENT AGENDA</b>				
5.1			Board of Directors: Approval of Minutes – January 7, 2015*	X			X
5.2			Report Volunteer Association Board*				X
5.3			Report Thunder Bay Regional Research Institute*				X
5.4			Quality Committee Minutes – January 20, 2015*				X
6.0			<b>REPORTS AND DISCUSSION</b>				
6.1	5	Senior Management	Report from Senior Management*	X		X	X
6.2	10	A. Robichaud	Report from the President and CEO			X	X
6.3	5	G. Craig	Report from the TBRHS Foundation*			X	X
6.4	5	Dr. Thibert	Report from the Professional Staff Association			X	X
6.5	5	Dr. A. Turner	Report from the Chief of Staff*			X	X
6.6	5	L. Beck	Report from the Chief Nursing Executive*			X	X
6.7	5	Dr. P. Moody-Corbett	Report from the Northern Ontario School of Medicine (NOSM)*			X	X
7.0			<b>BUSINESS/COMMITTEE MATTERS</b>				
7.1	5	P. Myllymaa	Resource Planning Committee Meeting – January 20, 2015 7.1.1 Attestation: Q3 2014-15 Wages and Source Deduction*	X			
8.0			<b>FOR INFORMATION</b>				
8.1			Board Comprehensive Work Plan*				X

#	Time (X)	Presenter	Item & Purpose (Y)	Expected Outcome (Z)			
				Recommendation /Decision/Action	Education	Discussion	Information
8.2			Local/Provincial Strategies*				
8.3			Stakeholders*				
9.0	BOARD MEMBER COMMENTS					X	
10.0	DATE OF NEXT MEETING – Wednesday, March 4, 2015						X
11.0	ADJOURNMENT						
<div>Ethical Framework</div> <p>TBRHSC is committed to ensuring decisions and practices are ethically responsible and align with our mission/vision/values. All leaders should consider decisions from an ethics perspective including their implications on patients, staff and the community. The following questions should be reviewed for each decision.</p> <div><div>1.</div><div>Does the course of action put ‘Patients First’ by responding respectfully to needs &amp; values of patients and families?</div></div> <div><div>2.</div><div>Does the course of action demonstrate ‘accountability’ by advancing quality, safety and Patient and Family Centred Care &amp; delivering fiscally responsible services?</div></div> <div><div>3.</div><div>Does the course of action demonstrate ‘respect’ by honouring the uniqueness of every individual?</div></div> <div><div>4.</div><div>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?</div></div> <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)****February 4, 2015**

<b>Agenda Item</b>	<b>Committee or Report</b>	<b>Motion or Recommendation</b>	<b>Approved or Accepted by:</b>
3.3	Agenda – February 4, 2015	“That the Agenda be approved as circulated.”	Moved by: Seconded by:
5.0	Consent Agenda	“That the Board of Directors: 5.1 Approves the Board of Directors Minutes of January 7, 2015, 5.2 Receives the Volunteer Association Board Report dated February, 2015, 5.3 Receives the TBRRI Report dated February, 2015, 5.4 Receives the minutes of the Quality Committee – January 20, 2015,  as presented.”	Moved by: Seconded by:
6.0	Reports and Discussion	“That the Board of Directors: 6.1 Accepts the Report from Senior Management, 6.2 Accepts the Report from the President and CEO, 6.3 Accepts the Report from the TBRHS Foundation, 6.4 Accepts the Report from the Professional Staff Association, 6.5 Accepts the Report from the Chief of Staff, 6.6 Accepts the Report from the Chief Nursing Executive, 6.7 Receives the Report from the NOSM,  dated February, 2015 as presented.”	Moved by: Seconded by:
7.1.1	Attestation: Q3 2014-15 Wages and Source Deduction	“That the Board of Directors accepts the Q3 2014-2015 Board Wages and Source Deduction Attestation, as presented.”	Moved by: Seconded by:



## Board of Directors



### **Report from Susan Fraser Chair, Board of Directors February, 2015**

Thunder Bay Regional Health Sciences Centre (TBRHSC) is your hospital. That's why I am extremely pleased by the level of input you – the members of our community – have provided to help shape its future.

The Strategic Plan 2020 is a blue print that will guide our activities and decision-making at TBRHSC for the next five years. It will touch the lives of thousands of patients and families. Everyone has an opportunity to contribute. Already, we have engaged hundreds of people in focus group sessions, and we continue to receive additional input through our on-line and printed surveys.

I encourage you to take part. What should TBRHSC focus on to:

- Ensure a quality patient experience that responds to the needs of the population of Northwestern Ontario?
- Enhance the care provided to an aging population?
- Enhance the delivery of clinical services (such as surgery, cardiac care and cancer care)?
- Enhance culturally appropriate care?
- Enhance acute mental healthcare?

Please visit <http://tbrhsc.net/2020healthytogether> to provide your feedback.

I also encourage members of the community to consider becoming representatives of our 5 Partners in Health. As community representatives, you will have the opportunity not only to help determine TBRHSC's strategic priorities, but also to monitor and guide our progress over the next five years. The commitment requires two meetings this coming March, then one annual meeting annually. Please email [lindseyl@tbh.net](mailto:lindseyl@tbh.net) or call (807) 684-6010 if you are interested in learning more.

By working together, we can ensure that the care provided meets the needs of this community.

I would like to close by congratulating TBRHSC for its recent celebration of National Non-Smoking Week. The occasion provided an excellent opportunity for those who have quit to celebrate their successes and for those who smoke to learn how they can quit. The smoke-free grounds policy at TBRHSC puts the health of our patients and families first.

TBRHSC strives to provide a healthy, smoke-free, and tobacco-free hospital environment and to ensure that those who work, visit, learn or receive care are not exposed to the health risks associated with second-hand smoke. I thank you for your continued support.

**We are Healthy Together.**

Susan Fraser, Chair  
Board of Directors

980 Oliver Road  
Thunder Bay, ON  
P7B 6V4

Phone:  
684-6007

Website:  
[www.tbrhsc.net](http://www.tbrhsc.net)

# **TBRHSC Bed Management Update: January 2015**

TBRHSC Board Meeting (Open Session) Presentation  
Wednesday, February 4, 2015

Aaron Skillen

Program Director, Chronic Disease and Medicine Service, TBRHSC  
Regional Director North West, Ontario Renal Network



Thunder Bay Regional  
Health Sciences  
Centre

healthy  
together

# Presentation Outline

1. TBRHSC Beds for Admitted Patients
2. January 2015 Admitted Patient Bed Use
3. January 2015 Patient Flow Summary



# TBRHSC Beds for Admitted Patients (January 2015)

395 Funded

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

36 Not Funded

- 12 Treatment room beds
- 14 Patient lounges
- 10 Emergency Department

• **431** Maximum admitted patient beds



# Admitted Patient Bed Use (January 2015)

Unprecedented admitted patient bed use in January 2015:

- 4 additional inpatients in PCI recovery beds (2C, 290)
- 4 additional inpatients in Post-Anaesthesia Care Unit (PACU) beds
- up to 5 additional inpatients in Surgical Day Care beds
- up to 4 additional patients in Pediatric Unit beds (outpatient area)

Admitted Patient Census Jan. 26, 2015 (0945) = 469 patients

- January Surgical Cancellations = 6
- January PCI Cancellations = 1



# January 2015 Patient Flow Summary

Indicator (Daily Ave.)	December	January 1-28	Q3 14-15 YTD
ED Visits	275.8	287.0	290.7
ED Admits	29.3	32.3	29.6
ED Admit Rate	10.6%	11.2%	10.2%
Total Admits	50.6	56.6	52.1
Admitted Pt. Census	391	423	415
ALC Patients	48.5	50.4	63.1
ALOS (incl. ALC)	7.34	7.77	7.87
Gridlock Days	22	25	27.7

# Questions?





## **Comprehensive Cardiovascular Surgical Program Update**

**TBRHSC Board of Directors Meeting - February 4, 2015**

**Dr. Mark Henderson, EVP, Patient Services  
RVP, Cancer Care Ontario**

# Proposal Background:

- 2013, 2014 – proposal developed with University Health Network's (UHN) Peter Munk Cardiac Centre for cardiac and vascular surgical program development at TBRHSC
- June 2014 – preliminary feedback from Cardiac Care Network of Ontario (CCN)
- October 2014 – CCN performed a secondary review of the proposal and provided their final report
- December 1, 2014 – UHN and TBRHSC teleconferenced with MOHLTC and CCN to receive direct feedback

# **CCN Feedback: Generally Positive; Most Criteria Met**

- **Our population needs services**
- **Case volumes sufficient for a modest program**
- **TBRHSC has the maturity/infrastructures required (e.g. Cathlab, dialysis, blood conservation program)**
- **Robust QA plan supports excellent care**

# Additional Detail Requested:

- 1) CVS Capital Costs ..... \$29 million
- 2) Impact of new cardiac program upon other Ontario cardiac centres (e.g. Hamilton)

## Minor Items:

- Perfusionist Resource Planning
- Signed MOU between centres before approval

# Recent Activity:

- Exploring opportunities re capital project to reduce total costs; Agnew Peckham Health Planners
- Conducted a detailed analysis of potential impact upon NHNB region (LHIN 4) for cardiac surgery
- Developed a draft inter-facility MOU
- Developed a draft Repatriation Agreement
- City Hall representatives will promote with Minister Hoskins at the OGRA conference in February

# Next Steps:

- MOH and CCN facilitating a teleconference with Hamilton HS and LHIN representatives re impact of moving cardiac surgical cases
- Completing the review of CVS capital project/costing
- Finalizing the MOU content
- Awaiting formal approvals for CVS Program



# Meanwhile...

## Interim Vascular Activity

- October 2014 – successful recruitment of Dr. Yassin Abdulrehman
- “Soft” start initially, but demands are very high
- Performing general open vascular cases and some interventional cases (peripheral angiograms /angioplasty)
- Providing some emergent care

# Interim Vascular Activity

- Clinical nurse specialists implemented a staff education plan following onsite learning at UHN
- Temporary operational budget and strategies implemented to accommodate new services during this interim “pre-approval” phase
- Professional support implemented for TBRHSC surgeon through “EVAR Rounds” via telehealth with UHN

# Interim Vascular Activity

- **Require formal MOH funding approval to add the resources required to operate a sustainable vascular program**

# Conclusion:

- Ontario's competitive cardiac surgery landscape has contributed to exceptional scrutiny around cardiac component
- Remain in holding pattern pending MOH approval
- Key activities cannot progress until Comprehensive Cardiovascular Proposal is approved (e.g. formalize partnership with UHN, investments in resources for vascular program, recruitment activities)



# **Presentation to the Board of Directors**

## **Q3 Financial Results**

**February 4, 2015**

**Presented by Peter Myllymaa**



# Summary

- Financial Results
- Efficiencies
- Overcapacity Impacts
- Other Pressures
- Strategies to address pressures



# Financial Results - Q3 YTD

	<b>Budget</b>	<b>Actual</b>	<b>Variance (\$)</b>	<b>Variance (%)</b>	<b>Prior Year Actual</b>
Revenue	232,421,512	234,992,137	<b>2,570,625</b>	1.11	227,578,913
Expense	236,610,679	239,839,378	<b>(3,228,699)</b>	(1.36)	229,959,126
Deficit	(4,189,167)	(4,847,241)	<b>(658,074)</b>	(15.71)	(2,380,213)



# Financial Results - Q3 YTD

## Material Variances

	Variance (\$)	Explanation
MOH Revenue	2,791,094	ALC Unit, Drug Funding, Paymaster
Other Revenue	777,981	Supply rebates, IT/IS NW Initiative, Parking
Salaries & Wages	(1,210,662)	Overcapacity (↑ wrk hrs, OT, sick)
Medical & Surgical Supplies	(1,515,931)	Renal Program Treatments, OR Cases, Pacemakers
Drugs	(2,229,023)	Overcapacity, Funded Drugs
Supplies & Other	877,499	Various (rent, utilities, travel, insurance etc.)

# TBRHSC Efficiency – 13/14

	TBRHSC	Ontario Teaching Hospitals	Ontario Hospitals
Cost per Inpatient Stay	\$ 4,554	\$ 6,030	\$ 5,317
Inpatient Cost per Patient Day	\$ 506	\$ 631	\$ 521
Hotel Occupancy Costs (% of Expenses)	9.2%	10.7%	11.4%
Administrative Costs (% of Expenses)	7.3%	9.2%	9.8%
Emergency Department Expense per Service Recipient	\$ 140	\$ 184	\$ 148
Emergency Department Worked Hours per ER Visit	1.7	2.1	1.8
ED 90th Percentile Length of Stay (non-admitted CTAS 4&5)	3.4	4.8	4.0
ED 90th Percentile Length of Stay (admitted & non-admitted CTAS 1-3)	9.9	13.0	10.2

- Continued Efficiency in 14/15
- Continued Benchmarking Reviews in 14/15

# Overcapacity Impacts

## ■ Hospital Beds:

- High level of ALC patients (57.4 avg 2013-14, 63.1 avg 2014-15 Nov YTD)
- Occupancy greater than 100% (105.4% 2014-15 Nov YTD)
  - 474 Patients on Jan 26, 2014, 6 cancelled surgeries
- Inpatient Revenue Reduction (~500k drop vs prior year)

**395 Funded**

- **375 Beds**
- 10 Medical Short Stay Unit beds \*temporary funding
- 10 ALC overflow beds \*temporary funding

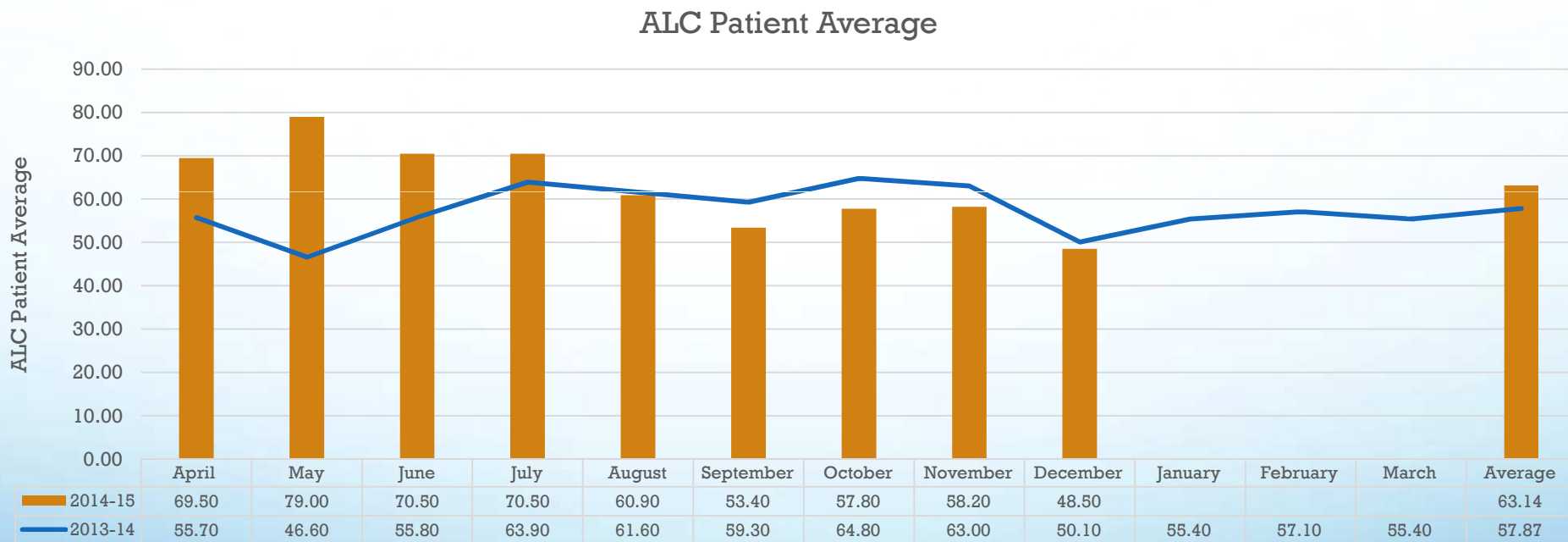
**36 Not Funded**

- 12 Treatment room beds
- 14 Patient lounges beds
- 10 Emergency Department beds
- **431** Maximum admitted patient beds

# Other Pressures

## ALC Patients

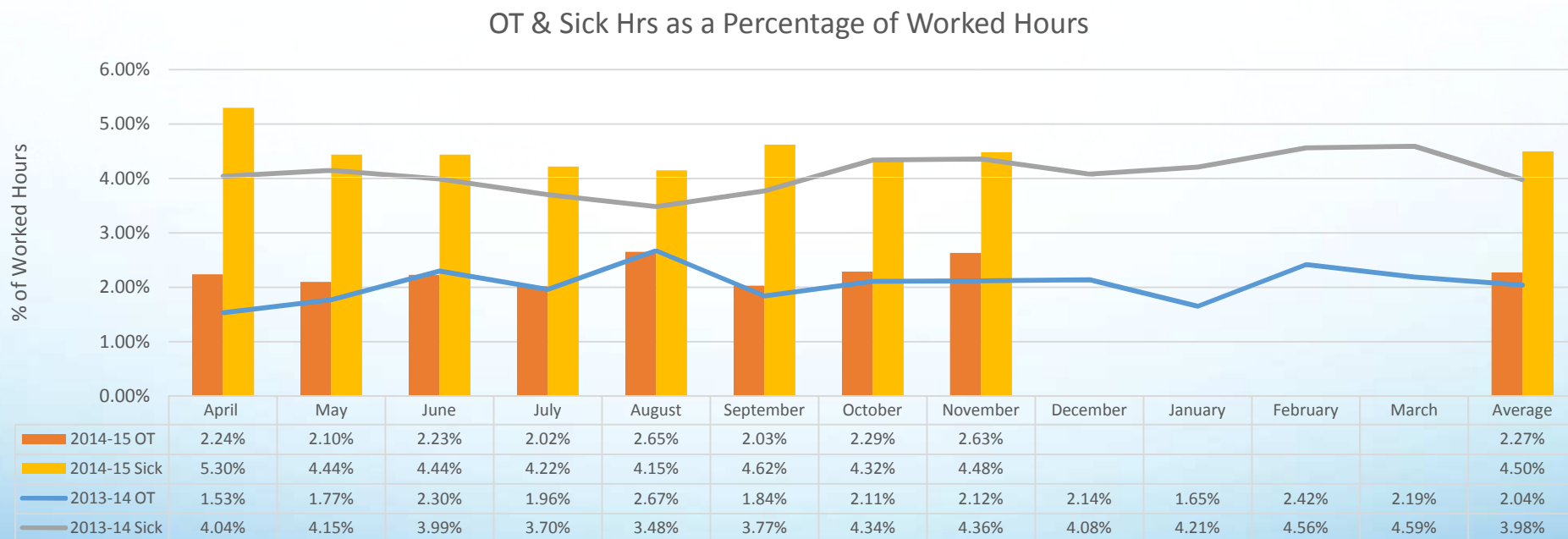
■ 2009/10 to 2013/14 = 62.9% Increase in ALC IP days



# Other Pressures

## Over Time & Sick Time

- Worked Hours per Patient Day Flat (6.59 14/15 YTD vs 6.66 PY)



# Strategies to address pressures

- Long term debt for capital projects
- Review and identify Patient Flow opportunities
- Benchmarking exercise to identify additional efficiencies
- Continue to work with system partners

# Questions



# Thunder Bay Regional Health Sciences Centre

## Board of Directors

Wednesday, January 7, 2015

Boardroom – 5:00 p.m.

### Present:

Susan Fraser, <i>Chair</i>	Nadine Doucette	Gerry Munt
Andrée Robichaud*	Grant Walsh	Dick Mannisto
Dr. Rhonda Crocker Ellacott*	Doug Shanks	John Friday
Dr. Mark Thibert*	Dr. Mark Henderson**	Anita Jean
Dr. Penny Moody-Corbett		

### By Invitation – Senior Management:

Rod Morrison	Dawn Bubar	Cathy Covino
Peter Myllymaa	Chisholm Pothier	Aaron Skillen
Dr. Stewart Kennedy		

### By Invitation:

Jessica Nehrebecky <i>Rec. Sec.</i>	Renée Laakso	Kathryn Shewfelt
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### Regrets Board Members:

Sharon Cole-Paterson  
Dr. Bill McCready\*

### Regrets Administration:

Anne-Marie Heron  
Glenn Craig

### 1.0 **CALL TO ORDER** - The Chair called the meeting to order at 5:00 p.m.

The Chair welcomed the Board members, Senior Management and guests. Due to technical difficulties, the webcast session was cancelled.

### 2.0 **PATIENT STORY** – *Rod Morrison*

Mr. Rod Morrison, Executive Vice President (EVP), Health Human Resources, Planning and Strategy 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:* Dick Mannisto

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

### **CARRIED**

**Motion**



### 3.4 Chair's Remarks – for information

## 4.0 PRESENTATIONS

### 4.1 Accessibility Update

Ms. Kathryn Shewfelt, Director, Environmental Services and Chair, Accessibility Implementation Team provided an annual accessibility update.

In 2011, a five-year accessibility plan was created. Consultations for the development of a new five-year plan are underway. In 2014 various requirements were prescribed related to training/education, website and web content, employment standards (recruitment, offering employee supports) and update various Human Resources policies. All requirements have been met with processes now in place.

The requirements in 2015 are to continue to work on accessible formats and communications supports. If a request is made to have information in an accessible manner, TBRHSC must provide the information in a timely manner at no cost to the requestor. The launch of the new website and the creation of partnerships with local agencies will aid in this function.

In 2016, the directive will be to work on the building environmental standards. Given TBRHSC's infrastructure is new and it has adhered to accessibility standards during all new builds since its inception; there are not any expected significant costs associated with this.

*Ms. Shewfelt was excused from the meeting.*

### 4.2 Environmental Compliance/Fire Safety

Mr. Peter Myllymaa, EVP, Corporate Services and Operations, provided an environmental and fire safety compliance update. The following was highlighted:

- An annual fire inspection was completed in November, 2014 with zero non-compliances or orders received.
- Under the Environmental Protection Act the Ministry of Environment Certification of Authorization (CoA) is now called Environmental Compliance Approval (ECA).
- The license for the cyclotron/radiopharmacy was submitted and approved for construction by the Canadian Nuclear Safety Commission (CNSC).
- Under the Green Energy Act, TBRHSC posted a five-year energy reduction program in July, 2014. The next update is due by June, 2015.

Moving forward on a quarterly basis, a compliance statement which identifies and requires legislative compliance will be vetted by the Resource Planning Committee then forwarded

to the Board of Directors for information.

TBRHSC has no outstanding orders under the Fire Code (as overseen by the Fire Department) or Environment Protection Act (as overseen by the Ministry of Environment) and is not aware of any non-compliances with regards to the requirements of these legislations.

#### 4.3 Gridlock Status Update

Mr. Aaron Skillen, Program Director, Chronic Disease and Medicine Services, TBRHSC and Regional Director, North West Ontario Renal Network gave a bed management update during the holiday period. The following was reported:

- Effective December 22, 2014, TBRHSC was no longer in gridlock.
- On December 25, 2014 there was a patient census of 328, which was the lowest of the year (this is a trend annually).
- Patient census rose to 354 on January 1, 2015.
- Gridlock was called on January 4, 2015.
- Emergency Department (ED) visits and admissions were similar to those in 2013.
- TBRHSC did not experience a high influenza surge over this period. It is unknown if /when patients will present with influenza in higher numbers.

Strategies that may have contributed to the lower number of admitted patients during this period are the implementation of the weekend discharge planning team during three weekends in December, closed or slower operating rooms and the North West Local Health Integration Network (NW LHIN) System-Wide Surge Plan (working with partners, posted walk-in clinic hours, etc).

*Action*

A question was posed on whether there is a correlation with the reduction of patients during this period and sick time/overtime. Data will be reviewed to see if there is a correlation (either during or after the period) and brought back to the Board of Directors for information.

#### 4.4 Critical Incidents

Ms. Cathy Covino, Senior Director, Quality and Risk Management, provided an overview of the critical incidents process including the disclosure process, how it relates to the Excellent Care For All Act (ECFAA), the Quality of Care Information Protection Act (QCIPA) and the roles of the Quality of Care Committee (QOCC) and the Quality Committee of the Board (QCOTB).

*Motion*

#### 5.0 CONSENT AGENDA

*Moved by:* **Nadine Doucette**  
*Seconded by:* **Anita Jean**

***"That the Board of Directors:***

***5.1 Approves the Board of Directors Minutes of December 3, 2014,***

***5.2 Receives the Volunteer Association Board Report dated January, 2015,***

***5.3 Receives the TBRRI Report dated January, 2015,***

***5.4 Receives the minutes of the Quality Committee – December 18, 2014,***

***as presented."***

**CARRIED**

**6.0 REPORTS AND DISCUSSION**

**6.1 Report from Senior Management**

The following information was highlighted from the report:

- In partnership with region hospitals the e-Intensive Care Unit (ICU) will be participating in an 18-month project targeted at improving care for regional critically ill/injured patients. It is expected to be fully operational in March, 2015.
- The year-to-date deficit is approximately \$3.5M.
- The Hospital Annual Planning Submission (HAPS) is due to the NW LHIN on January 15, 2015 and will be submitted with the caveat that it has not been ratified by the Board of Directors but will be done at their next meeting on February 4, 2015.
- A request for proposal (RFP) will be issued on January 9, 2015 to source a partner to assist in the business development aspect of the cyclotron.
- TBRHSC has been notified by Workplace Safety and Insurance Board (WSIB) that for the third consecutive year, the organization is getting a rebate of over \$450k as well as \$80k for specialized equipment in the Occupational Health and Safety Department.
- The RFP for the leadership development strategy has been completed. The search has been narrowed down to three preferred suppliers.
- Various education session and drills are being conducted in the event there is a suspected Ebola case onsite.
- Effective January 19, 2015, Mr. Adrianno Copetti will begin in his role as the new Director of Information Systems and Application Support.
- Most of the Information Technology/Information Systems staff has relocated to the new building on Oliver Road.
- The engagement phase of the 2020 Strategic Plan was kicked off on January 6, 2015.

**6.2 Report from the President and CEO**

The President and CEO highlighted the following:

- Attended an Institute for Healthcare Improvement (IHI) conference and focused on the patient experience stream of the program.
- Met with Ms. Ronnie Gavsie, President, Trillium Gift of Life Network. Ms. Gavsie commended TBRHSC on the work that they have done with respect to organ

donation. In 2013/14, one heart, six kidneys, three lungs, four pancreas, four livers and 18 eyes have been recovered onsite.

The Board requested that an upcoming patient story has a focus on organ donation.

**6.3 Report from the TBRHS Foundation – for information**

**6.4 Report from the Professional Staff Association**

A meeting was held in December, 2014 to discuss the scanning initiative in the Medical Records Department. This will assist and educate the medical staff in efficiencies.

**6.5 Report from the Chief of Staff – for information**

The Chief of Staff highlighted the following:

- Many of the incomplete records have now been completed causing a backlog in transcription.
- As part of the Chief of Staff (COS) transition, Dr. Mark Henderson will complete the files/projects that he is working on, while Dr. Bill McCready will be responsible for anything new.

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

*Mr. Chisholm Pothier was excused from the meeting.*

**6.7 Report from the Northern Ontario School of Medicine – for information**

*Moved by: Doug Shanks*

*Seconded by: Dick Mannisto*

*"That the Board of Directors:*

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

*dated January, 2015 as presented."*

**CARRIED**

**7.0 BUSINESS/COMMITTEE MATTERS - none**

**8.0 FOR INFORMATION**

**Action**

**Motion**

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

8.2 **Volunteer Services Newsletter** – for information

9.0 **BOARD MEMBER COMMENTS**

10.0 **DATE OF NEXT MEETING** – Wednesday, February 4, 2015

11.0 **ADJOURNMENT**

There being no further business, the meeting adjourned 6:20 p.m.

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Chair

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Board Secretary

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Recording Secretary

**VOLUNTEER ASSOCIATION TO  
THUNDER BAY REGIONAL HEALTH SCIENCES CENTRE**

**BOARD REPORT**

**Presented at the February 4, 2015 Board meeting**

- Our monthly meeting was held on January 21, 2015.
- Review of our policies will be completed at our February meeting and a review of our by-laws will be done in the future.
- Job descriptions for the Board will also be started at the February meeting.
- We have been provided with guidelines from the Hospital Auxiliaries Association of Ontario (H.A.A.O.) which we will be adapt to our organization.
- Lottery and NEVADA tickets continue as a good source of revenue in Season's Gift Shop. Our plan is to change the type of NEVADA tickets that we sell which will provide a larger profit for our organization. This will not affect the cost to the consumer.
- We will have representation at the Volunteer Engagement Session planned for February 9, 2015.

Respectfully submitted  
Sharron Detweiler  
President, Volunteer Association

**“SUPPORTING PATIENT – FAMILY CARE”**

## Thunder Bay Regional Research Institute Report for TBRHSC Board – February, 2015

Submitted by: Andrée Robichaud, Acting CEO – TBRRI and President & CEO – TBRHSC – January 27, 2015

### Local Collaborative Team Receives Thunder Bay Community Foundation Grant for Stroke Research



Daniel Vasiliu, Jane Lawrence Dewar, Kirsti Reinikka and Vineet Johnson

Following a stroke, loss of hand function can greatly affect an individual's quality of life through the loss of independence. A multi-institutional research team composed of Vineet Johnson (Lecturer in the School of Kinesiology at Lakehead University), Kirsti Reinikka

(Physiotherapist and Coordinator of Community Based Exercise Programs at St. Joseph's Care Group), Jane

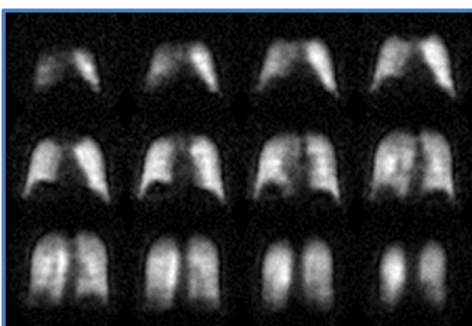
Lawrence Dewar (TBRRI Scientist), and Daniel Vasiliu (independent Engineering Consultant) have received funding from the Thunder Bay Community Foundation to investigate a community based hand rehabilitation program for stroke survivors in Thunder Bay. This research which uses a novel piece of equipment to target hand movements, will study changes in muscle and brain function that are associated with improvements in hand function. The long-term goal of this project will be to develop specialized equipment to be sold globally to improve hand function in stroke survivors.

### Albert Lab Update

Dr. Mitchell Albert's lab at TBRRI is the first site in Canada to demonstrate inert fluorinated gas magnetic resonance imaging (MRI) of human lungs. This work, titled "*Pulmonary Ultrashort Echo Time <sup>19</sup>F MR Imaging with Inhaled Fluorinated Gas Mixtures in Healthy Volunteers: Feasibility*", was published in Radiology (2013) 269: 903–909.



Conventional MRI is generally insensitive to the lungs, owing to a low tissue density and other complicating factors. Inert fluorinated gas MRI, on the other hand, is able to directly visualize the distribution of the inhaled fluorinated gas. This technique yields structural and functional lung images that are similar to hyperpolarized noble gas MRI, a technique that Dr. Albert co-invented in 1994. However, inert fluorinated gas MRI does not require an expensive polarizer or expensive noble gas isotopes.



Dr. Albert's lab used an ultrashort echo time (UTE) approach to achieve an image signal-to-noise ratio that was two times better than previous reports. Overall, inert fluorinated gas MRI has the potential to become a viable clinical imaging modality for non-invasively and longitudinally obtaining functional lung information.

#### Thunder Bay Regional Research Institute

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

#### Translational Research Office:

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

#### Pre-Clinical Research Office:

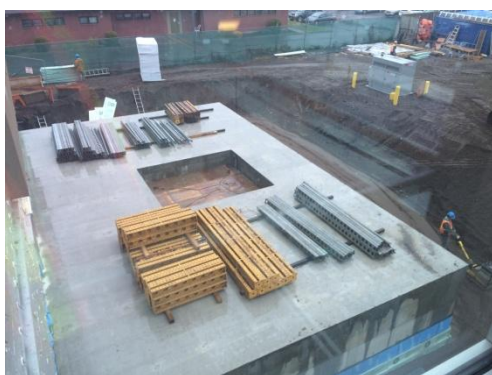
290 Munro Street,  
Thunder Bay, Ontario  
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## Cyclotron Update

Construction is going well with many of the finishes and being completed and the casework is being installed. The installation crew from TEMA in Italy is on site and is beginning the install of the hotcells and radiation monitoring equipment. They will be here for approximately 6 weeks. A site visit will be undertaken by the Canadian Nuclear Safety Commission once the equipment is in place in order to finalize the issuing of the necessary licenses. Staff are working with the hospital's Communications Department to plan for the cyclotron open house/media events. The cyclotron is scheduled to arrive and be lowered into its new home on February 10<sup>th</sup>. TBRRI is also working closely with the TBRHS Foundation to arrange events for their major donors as well as the Foundation Board and staff. If all goes according to schedule the cyclotron will begin production of isotopes in April or May of this year.

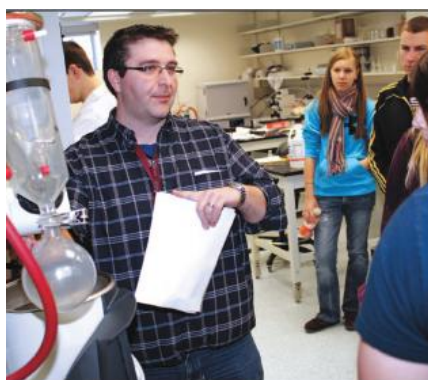


*View of bunker from above showing opening for cyclotron.*



*Chamber of the cell for producing Tc-99m is installed.*

## Molecular Imaging at TBRRI and TBRHSC



*Dr. Chris Phenix is one of the TBRRI scientists who will be developing new molecular imaging probes to diagnose and monitor diseases including cancer and cardiovascular disease.*

As many of you may know, molecular imaging is already being used at the Thunder Bay Regional Health Sciences Centre. For example, PET/CT imaging is used as a minimally invasive way to diagnose cancer. Using a nuclear tracer, doctors can locate tumours and determine the cancer's stage. It also helps during chemotherapy treatment to determine if the tumours are responding to treatment. Molecular imaging is also being used in many other ways including finding and assessing blockages in arteries to diagnose low blood flow to the heart.

Perhaps most exciting is the fact that TBRRI Scientists are working on new methods of imaging. One example is new technology using hyper-polarized gas that is 100,000 times more specific to assess conditions like asthma and COPD. There are different kinds of molecular imaging probes and Scientists at TBRRI are developing many new probes, including ones that can be used for breast cancer patients. Using molecular imaging, doctors can find diseased areas, design personalized treatments for patients, and monitor how effective those treatments are for a clearer picture of a patient's overall health.

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## Thunder Bay Regional Health Sciences Centre Quality Committee of the Board

January 20, 2015

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

**Present:** Cathy Covino\*, Dr. Rhonda Crocker Ellacott\*, Susan Fraser,  
Anita Jean, Dick Mannisto, Dr. William McCready, Gerry Munt,  
Andrée Robichaud\*, Doug Shanks, Dave Van Wagoner

**By Invitation:** Lorraine Campbell, Manager, Occupational Health and Safety  
Thomas LeBlanc, Safety Consultant, Occupational Health and Safety  
Wendy Lange, Rec. Sec.

**Regrets:** Georgia Carr\*, John Friday

**1.0 CALL TO ORDER** – The Chair called the meeting to order at 4:30 p.m.

**1.1 Quorum** – Attained.

**1.2 Conflict of Interest** – None.

**1.3 Approval of the Agenda** - The agenda was approved, as circulated.

**2.0 PRESENTATIONS/REPORTS**

**2.1 Occupational Health and Safety Committee Presentation**

Lorraine Campbell, Manager, Occupational Health and Safety and Thomas LeBlanc, Safety Consultant, Occupational Health and Safety gave the Occupational Health and Safety Committee presentation.

The Occupational Health and Safety Committee's mandate is to oversee staff health and safety and ensure Thunder Bay Regional Health Sciences Centre (TBRHSC) is in compliance with the Occupational Health and Safety Act; to improve and promote health and safety in the workplace; to develop, participate and monitor the inspection of the entire workplace on an annual basis; to be involved in the training of workers related to health and safety; to review accidents, incidents and safety concerns that occur in the workplace; to develop and monitor indicators of quality and use these indicators of quality as tools for making improvements; and to participate in environmental testing in the work place.

The committee's membership is comprised of union staff, management, and non-management resource staff. Union representation is selected by the unions and management representation is chosen by the Senior Management Council.

It is the responsibility of the Occupational Health and Safety Department, under the direction of the EVP Health Human Resources, Planning and Strategy to ensure that the committee fulfills its obligation as outlined in the Occupational Health and Safety Act.

In 2014, TBRHSC had ten visits from the Ministry of Labour with eighteen orders issued. All have been complied with leaving no orders outstanding. The committee has made one recommendation for staff education on caring for patients with dementia and unpredictable behaviours.

The data on actual health care, actual lost time, and lost shifts were discussed.

A Safety Group Project sponsored by the Workplace Safety and Insurance Board (WSIB) and the Ontario Hospital Association (OHA) was completed. Upon completion, TBRHSC was granted a refund of \$85,000.00 with the expectation of improving our areas of concern: to provide departments with transfer/lift devices, a computerized Material Safety Data Sheet (MSDS) program to be purchased, mandatory Occupational Health and Safety education on Medworxx, and education on caring for dementia and uncooperative patients. This is the third year a WSIB rebate has been given.

New initiatives have provided staff with equipment they require to safely perform their duties. These initiatives include phone headsets, chairs, transfer devices, and garbage carts.

Many areas have called to thank us for listening to them which increases moral and shows the hospital's concern regarding their safety.

## **2.2 Critical Care Services Presentation**

Lisa Beck, Program Director, Trauma Program, Critical Care and Emergency Services, Wendy Winslow, Manager, Critical Care Services, Chad Johnson, Clinical Nurse Specialist, and Edie Hart, Medical Emergency Team (MET) Nurse, gave the Critical Care Services presentation.

The Intensive Care Unit (ICU) has twenty-two beds for patient populations with trauma, multisystem organ failure, cardiovascular illness, respiratory failure requiring invasive or non-invasive mechanical ventilation, stroke, complex acute medical illness, and acute post-surgical care. The unit is also a provincially designated Ebola testing site.

Staff are comprised of ninety Registered Nurses and eleven Intensivists who are supported by an interprofessional team that include a Ward Clerk, Pharmacist, Dietitian, Physiotherapist, Registered Respiratory Therapist, Social Worker, Trauma Nurse Practitioner, and a Clinical Nurse Specialist.

The Medical Emergency Team (MET) is comprised of a specially trained critical care nurse, an Intensivist, and a Registered Respiratory Therapist, as required. The MET Team responds to adult patients showing signs of deterioration and provides timely preventative, often life-saving intervention and resuscitation. The team also provides follow-up care to adult patients transferred out of the ICU starting on the evening of transfer.

The Regional Critical Care Response Program (Critical Care Outreach e-ICU) is a pilot project that will connect our ICU resources with all the partner hospitals within the North West Local Health Integration Network. Using telemedicine enabled technology, patients receive access to critical care services and supports that would have previously only been available within our ICU. This will improve care for regional patients by providing early identification and management with critical care consultations and will develop standardized processes between partners such as Ornge, Superior North Emergency Medical Services, and the region hospitals for delivery of care.

Readmissions to the ICU are reviewed by the MET to identify trends and follow all night-time discharges. Bed management, ICU Surge and Overcapacity Plans are continually revised to optimize ICU patient flow. The Chronic Ventilator policy has been revised in collaboration with St. Joseph's Care Group to enhance transitions with chronic ventilated patients.

To advance Patient and Family Centred Care (PFCC), the ICU waiting room has been enhanced to improve its appearance and functionality to accommodate extended families. These enhancements include a vending machine, communication boards, televisions, Patient and Family handout, open visiting hours with the exception of shift changes, Partner in Care overnight armbands, and an updated ICU Resource Binder with communication tools and available support services listed.

The ICU led the development and revision of the Code Policy which incorporates best practice and supports PFCC core values. There are five code status levels from Level 5 (full code) to Level 1 (comfort care). New colour armbands will communicate the level of code status to entire healthcare team. A Code Status Form is completed on all patients within the first twenty-four hours of admission. In an emergency when the patient is incapable or the substitute decision maker is unavailable, previously expressed wishes for CPR may be implemented.

Medication Reconciliation consists of a Pharmacist and/or Registered Nurses to obtain the best possible medication history from patient and/or their family member/partner in care within 72 hours of admission to the Intensive Care Unit. The interdisciplinary team reconciles all medications at admission, transfer, and discharge. An October 2014 audit identified that the Intensive Care Unit was 84 percent compliant with their medication reconciliations.

The unit is able to identify patients with complex medical requirements pre-transfer to ensure safe transition to a ward.

As well, the unit utilizes a Transfer of Care communication tool. This is a documentation tool a Critical Care Registered Nurse completes prior to ward transfer which highlights events in critical care, notes references for the healthcare team, and communicates the current care plan.

A patient transfer checklist is completed by a Critical Care Registered Nurse prior to a patient transfer to ensure personal items and medications are sent, family/partner-in-care communication has occurred, and any special requirements are needed.

The data for ventilated pneumonia rates and hand hygiene are good. There are challenges with the readmission rates and this data is being reviewed by the MET Lead for causes.

Seventy-five percent of staff have been trained with the Durham College provincially recognized orientation recognized critical care course.

A delirium screening tool has been implemented and guidelines are being updated based on the newest recommendations relating delirium. As well, the evaluation of patient satisfaction is being reviewed to include the ability to do discharge follow up calls, as this is becoming more common to be discharged from the Intensive Care Unit.

### **2.3     Legal Matters Report**

Cathy Covino, Senior Director, Quality and Risk Management gave a report on the potential and actual litigation data. Ongoing litigation is cumulative over the years.

There has been some trending regarding slip and falls that took place during a span of a few days of inclement weather.

The Senior Director of Quality and Risk Management attends all Examinations for Discovery with rare exceptions.

### **2.4     Patient Safety Report**

Cathy Covino gave the Patient Safety Report for the 2014/15 Second Quarter.

In the second quarter (July - September 2014), there were 1754 safety huddles held across the organization, with 40 departments/units reporting participation. Some of the topics discussed include new education for Ebola Virus Disease, fire safety and emergency code reviews, dealing with aggressive patients, the in-patient transfer “hand-off” tool, hand hygiene, falls risk scoring, and the process for cleaning spills in patient areas.

There were a total of 824 reports submitted during the second quarter, with 717 incidents and 107 near miss events. The categories with the highest number of incident reports during this quarter were Falls, Safety/Security/Conduct, and Medication/IV Safety.

Of the closed reports, the majority of incidents reported during the last quarter were considered no harm or minor. The categories with the highest number of near misses reported during this quarter were Safety/Security/Conduct, ID/Documentation and Delivery of Care Issues.

Of the closed reports, the majority of near misses reported during this quarter were considered no harm or minor.

There were 150 falls reported during the second quarter. The most number of falls were reported by Medicine Services Unit 2B, followed by Surgical Services Unit 3A, and Medicine Services 2A. The majority of falls were considered no harm or minor.

There were 143 Safety/Security/Conduct incidents reported during the second quarter. The unit with the highest number of incidents reported was Child and Adolescent Mental Health. The majority of incidents were considered no harm or minor. The most common incident type after 'other' was physical abuse/assault – aggressor.

There were 119 Medication/IV incidents reported during the second quarter. The unit with the highest number of Medication/IV incidents reported was Medicine Services Unit, followed by Surgical Services Unit 3C, and Surgical Services Unit 3B. The majority of incidents were considered no harm or minor. The most common reported incident type was 'missed dose'.

A list of improvements and process changes that have been implemented as a result of a need being identified through a patient safety report were reviewed. A summary of improvements are reported back to the Managers, Directors, Medical Advisory Committee, and Nursing Leadership.

### 3.0 CONSENT AGENDA

*Moved by: Anita Jean*

*Seconded by: Doug Shanks*

*"That the Quality Committee of the Board:*

*3.1 Approves the Quality Committee of the Board Minutes of December 18, 2014, as presented."*

**Motion**

### CARRIED

**4.0 WORK PLAN** – The Work Plan was included in the agenda package.

**5.0 BUSINESS/COMMITTEE MATTERS**

The current meeting date in March will be changed to March 18, 2015.

**CARRIED**

**6.0 FOR INFORMATION – None.**

**7.0 BOARD MEMBER COMMENTS – None.**

**8.0 DATE OF NEXT MEETING – February 17, 2015**

**9.0 ADJOURNMENT**

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

February 4, 2015

Senior Management

**Medical & Academic Affairs**

**Academic Affairs and Interprofessional Education**

- Training on proper Personal Protective Equipment (PPE), transmission of Ebola and the pathway for a suspected/confirmed patient continue at TBRHSC. Level 3 PPE re-training was complete by 208 staff and physicians during the week of January 19<sup>th</sup>. Regular organizational and unit/pathway based simulation exercises continue providing valuable data for improving our processes and pathways.
- Fourth year medical students will be on site participating in residency interviews from January 19<sup>th</sup> to February 18<sup>th</sup>. In the past, TBRHSC has been very successful in filling residency positions.

**Medical Affairs**

- Three site visits are planned for the end of January and during the month of February (Pathology, Obstetrics/Gynecology, and Radiology).
- A letter of offer has been extended to a Radiologist (part-time position).
- Dr. Aljawad, a gastroenterologist, has accepted a full-time position in our Internal Medicine department, and will be starting in the summer of 2015.
- Dr. Peter DeBakker joined our Internal Medicine/Geriatrics Department, effective January 19<sup>th</sup>.
- Dr. Kathy Simpson accepted the position of Medical Lead, Palliative Care, effective January 1<sup>st</sup>.

**Pharmacy**

- Due to staffing challenges the Pharmacy department has reduced hours of operation and temporarily discontinued our IV antibiotic admixture program. We plan to restart the IV antibiotic admixture program in early February 2015.
- The Pharmacy Department is actively recruiting for pharmacy technician and pharmacist vacancies.
- Heather Spalding (RPh) has been hired for the Cancer Centre Pharmacy and Mariana Khabad (RPh) has been hired for the Pharmacy department. They will be joining us in late February.
- The Pharmacy Department is currently hosting two Pharm D. Students, one from the University of Toronto and one from the University of Waterloo.

**Research**

**Cyclotron Update**

healthy  
together

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- Construction is going well and the finishes are being completed.
- The installation crew from TEMA will be on site for approximately 6 weeks and is currently installing the hotcells and radiation monitoring equipment.
- Once the equipment is in place, the Canadian Nuclear Safety Commission will make a site visit to finalize the issuing of the necessary licenses.
- The cyclotron is scheduled to be lowered into the bunker on February 10<sup>th</sup> – TBRRI staff are working with the TBRHSC Communications Department to plan an open house and media coverage.
- Production of isotopes is scheduled to begin in April or May.

#### **Clinical Research Update**

- The Health Canada inspection which took place in early November achieved a compliant rating with 7 noted observations which Clinical Trials staff have addressed including amendments to Standard Operating Procedures and training.
- Keitha McMurray, Director Human Research Protections Program at Sunnybrook visited Thunder Bay on January 20<sup>th</sup> and spoke to representatives from Clinical Trials, the Clinical Research Program, TBRRI management and Scientists about Clinical Research at SRI, Research Road Map of Regulated and Non-Regulated Projects (mandatory vs. optional), Programs in place to facilitate research, Procedures in place for non-compliance and an Overview of Clinical Trials in Ontario.
- The Clinical Trials Department staff have all been relocated and are now consolidated in new office and examination rooms on the 2<sup>nd</sup> floor of TBRHSC in Room 2162.
- Staff are working on a patient recruitment strategy and the development of a quality program.

#### **Research Grants**

- TBRRI Scientists Dr. Jane Lawrence Dewar and Dr. Ingeborg Zehbe recently received notification of grant awards (\$15,000 and \$12,000 respectively).
- We are awaiting word on the results of 14 other grant applications that were submitted by TBRRI Scientists and collaborators (including Dr. Anthes) between July, 2014 and January, 2015.
- These grant submissions represent almost \$17M in potential grant revenue over the next 5 years.

#### **Health Human Resources, Planning, and Strategy**

##### **Human Resources, Organizational Development, and Library Services**

- We have reached the final stages of our Leadership Development Program RFP competition. A decision on the successful vendor will be reached by early February.
- The Nursing spring hire process has begun. Over 90 nursing graduate interviews will be conducted throughout January and February.
- We held our first annual Employee Recognition Week on January 13<sup>th</sup> – 17<sup>th</sup> which saw:



- 171 staff members attend the annual Long Service Awards ceremony
- 122 staff members attend the annual Walk the Talk Awards ceremony
- 183 Walk the Talk Nominations received for staff members
- 519 Recognition-O-Grams sent to staff
- \$1000 in proceeds from the Recognition-O-Gram purchases donated to the Foundation, Employee Giving Fund
- 2800 coffee coupons delivered – All staff received a free coffee coupon
- 952 thank you cards distributed to staff, from Management
- 836 staff members recognized for exemplary attendance

### Labour Relations

#### Negotiations and Grievance Activity - As at January 31, 2015

	COLLECTIVE AGREEMENT		LABOUR RELATIONS STATISTICS					#
	TERM	DETAILS	Grievan- ces since Jan1/15	GRIEVAN- CES		ARBITRA- TION		Emp. by Union
				Active	Resolved	Active	Award	
ONA (central/ local)	Apr. 1, 2014 -Mar. 31, 2016	Current	5	16	21	2	0	1050
COPE (local)	Apr. 1, 2011 - Mar. 31, 2013	Arbitration set for April 2015.	1	1	5	1	0	334
OPSEU (central/ local)	Apr. 1, 2014 - Mar. 31, 2016	Current	0	12	32	0	1	406
OPSEU - Mtc. (local)	Sept. 29, 2013 - Sept. 28, 2017	Current	2	2	3	0	0	21
SEIU (central/ local)	Oct. 12, 2013 - Dec. 31, 2017	Central is current. Local negotiations are on hold pending direction from the OHA	0	7	19	1	0	598
PIPSC	Jul. 1, 2013	Reached	0	0	0	0	0	2

Med. Physicists (central)	- Jun. 30, 2016	agreement in November 2014						
PIPSC- Assoc. Rad. Therapists (local)	Oct. 1, 2011 - Sept. 30, 2014	Dates have been scheduled for Jan/Feb 2015	0	5	3	1	0	23
<b>TOTALS</b>				<b>48</b>	<b>79</b>	<b>2</b>	<b>1</b>	<b>2434</b>

### Strategy and Performance

#### 2020 Strategic Planning:

- Learn@2 Consulting was hired to assist with the focus group planning and facilitate the 5 partners sessions. A 'training' session was held for SMC members to practice skills at facilitation to ensure that the voice of each community is heard prior to launch of engagement sessions.
- The focus group engagement sessions began on January 6th. There has been excellent turn out and very engaged participants both learning about and informing us on the new strategic directions. We have completed seven focus groups with four remaining.
- All focus group feedback will be collated, themed and presented by our consultant by February 27 for the Steering Committee to prepare the 5 Partners Engagement Session agenda on March 7 at the DaVinci Center.

#### Current News:

- The Patient Flow Strategy Project winds up March 2015 and a recommendation for a permanent committee structure to continue the Patient Flow Strategy oversight was approved by SMC.
- Assisted in the development of an organizational committee structure as recommended by the OHA to more effectively manage Quality Based Procedure (QBP) implementation. It was proposed and accepted to align this structure with Patient Flow Strategy, given that the processes overlap significantly. It is expected that the EVP sponsor and membership resources allocated to the PFS/QBP steering committee will be better utilized.

### Decision Support

- Work continues on preparation of the 2015-16 budget and related analysis. The budget is expected to be complete in February and approved by the Board in March.
- Decision Support staff worked closely with SMC to develop a detailed funding analysis for presentation to the Northwest LHIN and MOHLTC. It is hoped this analysis will support increased funding.

### Health Records

- Privacy Education sessions were delivered to the Operating Staff and Diagnostic Imaging students.
- The Health Records Manager participated in the Directors of Records of Teaching Hospitals full day network sharing session via teleconference. The MOHLTC presented on Data Quality Initiatives that will be rolled out to hospitals in 2018.

### **Occupational Health and Safety (OHS)**

#### Lost Shifts due to WSIB

2014	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct.	Nov.	Dec
Total Number of Incidents	76	60	54	75	62	61	56	63	90	74	57	76
WSIB Health Care Claims	10	16	7	13	7	11	7	10	21	14	15	16
WSIB Lost Time Claims	0	1	0	0	0	0	0	0	0	2	0	0
WSIB Lost Time Recurrences	0	0	0	0	0	0	0	0	0	0	0	0
Lost Time Days	0	15	3	0	0	0	0	0	0	7	16	0
Near misses/hazardous situations	16	8	13	24	22	23	16	13	19	18	12	17
WSIB denied claims	9	2	3	5	5	3	6	3	4	1	0	0

#### Health and Safety: Current Initiatives

- OHS will continue to provide resources and guidance with Ebola preparedness activities to ensure that potential risks to staff are identified and mitigated.
- Influenza immunization is still available in OHS. Walk-ins welcome. Ministry of Health and Long Term Care has issued recommendations in response to current influenza activity, including circulation of potentially mismatched influenza A/H3N2 strains. In light of the potential vaccine mismatch, it is currently recommended that during outbreaks of influenza A, antiviral be offered to all staff, including those who have been immunized. A plan is developed for the dispensing of the antiviral to our staff should it be required.
- Safety Group money continues to support initiatives in all areas. This includes nursing units, support services and more.
- Ministry of Labour visits continue. We are presently focusing on Ebola as well as their planned extensive visit in March.

### **Volunteer Services**

- Joint partnership with PFCC Lead and for Volunteer/PFA on-line refresher review to be completed by all Volunteers/PFA's by March 31/15.
- Appreciated inclusion of Volunteers in Employee Long Service event, which was hosted by HR on January 15, 2015. Joan Cameron, Information Desk volunteer received 35 Year Pin along with many other volunteers who attended the event.
- Recruitment partnership with HELP program: Hospital Elder Life Program has 42 volunteers and now has expanded to 2B. Plans are underway to recruit high school students for summer placement.
- Introducing new program on 3A called a Patient Experience Partner. Volunteers assist on the unit with friendly visiting, errands, tidying patient bedside tables, and various other patient helps.

### Corporate Services and Operations

#### Financial Services

- The financial position of TBRHSC as at December 31, 2014 is a \$4,847,241 deficit compared to a budgeted deficit of \$4,189,167 and prior year deficit of \$2,380,213.
- Overall, Patient Days are 4,101 greater than budget and 3,893 more than the prior year.
- Emergency visits are 1,437 less than budget and 1,533 less than prior year.
- Overall, staffing hours are 106,389 greater than budget and 93,076 more than the prior year with the largest unfavourable variances in paid sick hours and overtime.
- Overall worked hours per patient day, regardless of rate paid, are at budgeted amount and at prior year level with offsetting variances and increases or decreases in individual units.
- Development and analysis of the 2015/16 budget continues concurrently with preparation of Q3 financial report submissions, policy updates and development of course content for the new mandatory business education program.

#### Capital Planning and Operations

- TBRHSC has no outstanding orders under the Fire Code (as overseen by the Fire Department) or Environment Protection Act (as overseen by Ministry of Environment) - and TBRHSC is not aware of any non-compliances in regards to the requirements of these legislations.
- Installation of state-of-the-art cart wash in progress for Supply, Processing and Distribution Department.
- Project planning continues for the Cogeneration Project – while awaiting final funding confirmation.
- Relocation of IT/IS to 1040 Oliver Rd was completed – which has now allowed for cascading space planning at 980 Oliver Rd.

#### Northwest Supply Chain

- As per our January Steering Committee meeting, reported and projected annual savings for the NSC program has reached \$3.95 million after expenses of which

Thunder Bay Regional has enjoyed almost 50% of those future annualize savings or \$1.985M.

- Stand alone contract awards for TBRHSC and associated with Medbuy indicates a further future savings of \$1 million which will be reported as additional savings after our quarterly reports are received.
- NSC participation rates in all joint ventures for goods and services remain above 90%.

### Chronic Disease Prevention & Management

#### Cardiovascular & Stroke Program

- Progress continues toward creating a “One Program, Two Site” model for cardiovascular care with University Health Network’s Peter Munk Cardiac Centre (PMCC). Discussions with the MOHLTC and Cardiac Care Network of Ontario have been positive, but the capital investment identified to serve the Northwest is under review. The TBRHSC team is working with Agnew Peckham Health Planners to assess opportunities to reduce the overall scope of the CVS capital project.
- A team of program directors and managers attended an excellent conference hosted by the PMCC - a recognized leader in research, technology, and innovation. TBRHSC’s patients will benefit from access to their cutting edge developments around patient care.

#### Bariatric Program

- The MOH provided a verbal commitment that TBRHSC will receive increased funding for the Pre-Post Surgical Support portion of the programming, as well as support for the increase in our onsite surgical cases from 130 to 200. Pre-Post resources will be used to increase the staffing resources within the clinic to support the increase in the number of cases.

#### Adult Mental Health

- As part of providing culturally appropriate care, AMH had two piping ceremonies with an Aboriginal elder. These ceremonies were well received and will continue. We hope to soon start drumming sessions that will be available to all patients and families in the hospital.
- The first patients for exercise programming with the Healthy Lifestyle Program have been identified and will begin attending on January 28.
- The unit continues to be overcapacity with 20% of funded beds being occupied by a patient awaiting other care (ALC for LTC or Rehabilitation at the LPH).

#### Forensic Mental Health

- Census on the inpatient unit has fluctuated between full capacity and overcapacity over the past month due to the need to re-admit outpatients under the Ontario Review Board as a result of breach of dispositions.



- The Brief Assessment Unit has been running smoothly and has deferred 80% inpatient admissions for Fitness to Stand Trial and/or Not Criminally Responsible assessments since its inception in September 2014.
- The Youth Forensic Consultation is set to begin accepting referrals mid February based on MOH approval.

### **Mental Health Outpatients**

- Program realignment near completion.
- Eligible clients now transitioned to 'stepped level' of care.
- ACT continues to experience a number of long-term staff absences.
- The Integrated Case Management Intake Facilitator is currently being orientated to the position.

### **Regional Cancer Program**

- Dr. Kathy Simpson has been appointed as the new Regional Palliative Care Lead for the Regional Cancer Program. Dr. Simpson and palliative care nurse, Amy Purton will be attending an upcoming LEAP (Learning Essential Approaches to Palliative and End of Life Care) Facilitator Training and planning education sessions for Primary Care Providers across the region.
- An increase in Radiation Therapy treatment has resulted in an increase in treatment day from 8 to 10 hours. An evaluation will take place to understand if our current staffing model can sustain a permanent switch to a 10 hour treatment day.
- The Data Quality Committee has developed QA standards for the Cancer Program, ensuring that key data elements are correct in the Electronic Medical Chart.
- The Cancer Program and the Lab will be holding a summit in April to look at pressures within the system and develop some common goals for the best patient care.

### **Prevention & Screening Services**

- National Non-Smoking Week was January 19-25<sup>th</sup> and TBRHSC's Smoke-Free Grounds Working Group teamed up with community partners (Thunder Bay District Health Unit, Smokers' Helpline, The Quit Coach, and Aboriginal Cancer Control Unit) to help educate non-smokers and people who smoke about quitting. A public demonstration in the cafeteria was well received, media coverage was very positive, and more than 200 staff, patients, and visitors completed a quiz at the booths throughout the week.
- In the summer of 2014, Prevention & Screening Services, the Wellness Committee and a staff member, Dave Gladun, teamed up to introduce 'Build in Balance: Relaxation Classes' during the lunch hour for all staff. As participation and excellent feedback has increased, more classes are being offered. On January 26, 26 staff from across the organization participated.
- The Screen for Life Mobile Coach will be parked at various locations across Thunder Bay until the 2<sup>nd</sup> week of April before it leaves for the 2015 Travel Season. The Coach Team has been engaging First Nation Communities in the Superior Robinson and

Treaty 3 Regions to expand services in communities where the coach has not visited to date.

## **Communications & Engagement, Aboriginal Affairs and Government Relations**

### **Media Activity**

- Media calls/requests: 18
  - Garbage at ED entrance
  - Request to interview Dr. Oukachbi (Physician Assistant Educator Award)
  - Parking (issues with new machines/tokens)
  - Strategic Plan 2020 public survey
  - Research program to help reduce amputations in Thunder Bay (Dr. Puskas)
  - Francophone engagement session for Strategic Plan 2020
  - Clarify visitor restrictions (outbreaks)
  - ER levels of activity over Christmas
  - Hospital deficit
  - Cyclotron public information meeting
- Media releases: 3
  - Photo opportunity – 2015 New Year's Baby
  - TBRHSC Celebrates National Non-Smoking Week
  - PARTY Program – 1<sup>st</sup> Francophone session
- Media events: None
- CJ Features: 22

### **Aboriginal Affairs**

- National Aboriginal Day funding application submitted
- Information sheets to support Aboriginal patients and families now available at Information Desk and in ED
- Conducted training for Prevention & Screening staff in preparation for visits to remote First Nations Communities
- Support to develop resources and recommendations re: Aboriginal Patient Navigator in ED
- Cultural Sensitivity Training Working Group is actively preparing recommendations for SMC

### **Strategic Plan 2020**

- First 7 focus group sessions complete with 220 participants engaged
- promotion of on-line surveys began with local media
- Surveys available in TBRHSC
- Continue to promote attendance and public feedback
- The survey is available at <http://www.tbrhsc.net/2020healthytogether/>

### **Engagement**

- Working group established to address patient and staff conduct

- Engagement session with iLead re: Code of Conduct February 10
- 2015 Patient Services Directory complete
- Website content now complete
- Planning has begun for the TBRHSC and TBRRI 2014/15 annual reports
- Ebola Task Force support and organizational updates

#### **Project Support**

- TBRRI re: cyclotron
- Smoke-Free Grounds & National Non-Smoking Week
- Executive Walkabouts evaluation
- Lab services

#### **Government Relations**

- Worked with City to prepare delegates for meeting with Health Minister to discuss CVS proposal and overcapacity at hospital.

#### **EVP, Patient Care Services**

##### **Expression of Interest; National Surgical Quality Improvement Program**

- Surgical Services has submitted an EOI to participate in an 18 month quality improvement program through Health Quality Ontario.
- Inclusion provides funding for a Surgical Clinical Reviewer and a Surgeon Champion.
- NSQIP provides hospitals with high quality clinical data, combined with a quality improvement program designed to decrease surgical complication, improve patient care and outcomes, and decrease the cost of health care delivery.
- The program uses a prospective, peer controlled, validated database to quantify 30 day, risk adjusted surgical outcomes among all hospitals in the program. This information helps organizations to measure and understand their outcomes and compare their outcomes to benchmarks and those of other participating sites.

##### **Patient & Family Centred Care**

- A satisfaction survey was sent out to all PFAs in November. There was a 30% return rate. The survey asked questions related to their overall experience as a PFA; did they feel valued; what and where they are working etc– committees, councils, ED point of care surveys etc. Overall the PFAs felt they are valued and were respected for their work. They rated their overall experience as a PFA as 82% positive. The survey results will be shared at an upcoming PFA Council meeting with a discussion on how we can further improve their experience as a PFA, support their critically important contribution to our organization, and, ensure their voice is heard.

##### **ED Patient Flow & Overcapacity**

- ED continues to meet provincial targets for non-admitted high acuity patients with a length of stay (LOS) of 6.7 hours (target 7 hours) and low acuity LOS of 2.3 hours (target 4 hours) for the month of December.



- Compared to last year, ED had 187 fewer patients in December but of the 8551 patients seen, 76% were high acuity, compared to the previous year when high acuity patients made up 72% of the total volume.
- Overcapacity continues to be a challenge, resulting in sustained gridlock since September 2 with the exception of 13 days over holidays.
- The average number of ALC patients has declined from 50 in December 2013 to 48 in December 2014. Despite a reduction of ALC numbers, in December an average of 21 admitted patients waited in ED with a LOS of 28 hours (target 25-27 hours) which increased from 27 hours in the previous year.
- On January 26, 2015, our organization reached a high of 474 in-patients, resulting in 37 patients waiting in Emergency for beds and cancelling 6 total joint replacement patients booked for surgery

### **Influenza Trends**

- During the month of January, the ED began to see increased numbers of patients with influenza like illness (ILI).
- An increase in the number of ICU admissions related to ILI & respiratory symptoms was confirmed.
- Influenza this year is expected to continue for at least another month.

### **Quality and Risk Management**

Enhancing our Integrated Quality Management structure is a goal for TBRHSC. Accreditation has applauded our current structure and function, in the leadership standards there were also identified opportunities. The goal is to align quality improvement activities with the strategic plan and to implement a common model for quality improvement for the organization. Activity related to this:

- Site visit to University Health Network to review their quality structure
- Review of the Accreditation Leadership Standards
- Align Strategic Planning activities to achieve this goal
- Environmental scan of current quality improvement initiatives
- Alignment with the developing quality structure for TBRI

### **Emergency Preparedness**

- Online Code Red and Code Black Observation forms went live in December, and compliance rate was high for both drills. Feedback was sought and will be utilized to improve the functionality of the forms.
- Timed evacuation drill held in November under the supervision of the Thunder Bay Fire Department was successful. Lessons learned will aid in planning for this year's drill to be scheduled in October which will test both Code Red and Code Green responses.
- Pandemic Influenza Plan revisions have been sought from committee members and will be reviewed to finalize the plan.
- Weekly drills involving suspect Ebola patients presenting to out-patient areas or the ER are being conducted to ensure continued readiness throughout the organization.

- A new colour code in alignment with OHA policies has been brought forward to Policy and Procedure for review. Code Purple outlines the organization's response to a hostage taking scenario.

### Ethics

- The Ethics portfolio, in conjunction with the Operational Ethics Committee, will be holding Ethics Week March 2-6<sup>th</sup> 2015. The week is intended to highlight the work of the committee as well as the services offered by the bioethicist –clinical & organizational ethics consultation, policy review & development, education. Educational opportunities as well as unit rounds will be offered. TBRHSC Ethics Week will align with National Ethics Week and will see participation from our city partners. Board members are welcome and encouraged to participate where they can. Please contact Michelle Allain, Bioethicist, for further information ([allainm@tbh.net](mailto:allainm@tbh.net)).
- A formal evaluation of the Ethics Decision Making Framework - rolled out across the organization spring 2014 - will take place February-March 2015.
- After reviewing the 'ethics priorities' highlighted at the January and June ethics engagement sessions, the Operational Ethics Committee has established its ethics plan for the coming year. The four main domains of focus will include: Education & resources on consent, capacity & substitute decision making; General education & support on identifying & resolving ethical issues; Ethics committee and portfolio awareness; and discussion on the role racism & stereotyping play in health care.

### Ethics Portfolio Plan – 2015

	Initiative	Timeline
General Education & Support	Ethics Tool Kit	Nov-15
	Ethics rounds/moments Pilot	Sept/Oct-15
	Operational ethics committee - foundational education	Apr-15
	Ethics consultation policy review	Feb/Mar 15
	Ethics framework evaluation	Feb/Mar 15
Consent/Capacity & Substitute Decision Making		
	Advance Care Planning Day	Apr-15
	Topic specific education for Managers & directors	May-15
	Topic specific education for front line staff	Mar-15
Racism/Stereotyping/Diversity		
	Respect campaign	TBD
	Education session focused on	Jun-15

	issues of discrimination	
Ethics Awareness		
	Ethics portfolio pamphlet	Mar-15
	Updated Internet presence	Mar-15
	Updated Intranet presence	Nov-15
	Ethics Week	Mar-15
	Updated orientation presence & requirements	Oct-15

#### Ethics Tool Kit

- The ethics tool kit is conceptualized as a repository of relevant ethics decision aids and tools. A tool kit for staff, available on the intranet site will be developed and may include such things as: TBRHSC ethics framework, ethics at the bedside tool (to be developed and implemented), common ethics questions & concerns, how to contact ethics, Answers regarding consent capacity & substitute decision making etc... Once the tool kit for staff has been developed the committee will consider developing a similar tool kit for patient & families available on the intranet site.

#### Ethics rounds/moments

- Pilot project wherein the bioethicist delivers on unit/departments education within a regularly scheduled and rotating time frame (eg: a 30min session every six months focused on pertinent issues to that area)
- The Goal for 2015 is to pilot the idea in a couple areas with the hope of expanding in 2016

#### Ethics portfolio pamphlet

- Develop pamphlet that highlights ethics portfolio, goals & services
- Review where & how to distribute pamphlet

#### Intranet & Internet presence

- Review current internet & intranet presence
- Highlight areas for improvement & supplementation of resources on both sites
- Incorporate ethics tool kit on intranet (2015) followed by the internet (2016)

#### Ethics week (March 2-6)

- TBRHSC to be a participant in National ethics week
- Partner with research ethics to highlight – clinical, organizational and research ethics throughout the week
- Incorporate front line education & awareness regarding the ethics portfolio & Consent capacity substitute decision making through ethics coffee rounds.
- Schedule 2 formal education sessions – including 2, ½ hour sessions on consent/capacity & substitute decision making
- Collaborate with the Centre for Health Care Ethics to align their encounters in bioethics session with ethics week
- Display Board posted throughout the week
- Work with communications to highlight the week and promote awareness via mediums such as INformed.



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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  
February 2015

### **Where do you get your HOPE?**

The 2015 Bearskin Airlines Hope Classic is fast approaching! This incredible ladies bonspiel weekend is set for February 6-8, 2015 at the Fort William Curling Club. These exceptional ladies have raised **over \$2.24M** in support of breast cancer research, education and treatment here in Thunder Bay and throughout Northwestern Ontario. This outstanding event has been pivotal in making the success of the Linda Buchan Centre for Breast Screening and Assessment possible.

Interested in more details? Please visit [www.bearskinairlineshopeclassic.com](http://www.bearskinairlineshopeclassic.com).

### **Working together: Lakehead Thunderwolves**

In January, the Lakehead Thunderwolves Varsity Athletes hosted 'Think Pink' games – raising pledges, awareness and funds for breast cancer services here in our community. On January 30<sup>th</sup> the Men's Hockey Jersey auction supported the Colorectal Cancer Fund of the Northern Cancer Fund. Hats off to these amazing athletes and their continued support of healthcare in our community. Their dedication to these events and supporting local efforts is admirable. Together, we are healthier.

### **What are you driving today?**

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

### **What will your legacy be?**

February means time for tax planning – thinking ahead to what 2015 will have in store for you and your family. It's important to be sure your plan extends beyond 2015 to 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 – whether as an inpatient, a visit to the Emergency Department or a visitor – you know the impact health can have on all of our lives.

Take some time this month 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 gift professionals at the Health Sciences Centre – offering better care to your children and grandchildren for the future.

Every gift makes a difference and we hope that you've taken the time to think about what your legacy could be.

Haven't had a chance? Want to know where your gift could make a difference? Please contact **Terri Hrkac, Director, Planned and Major Gifts** at **684-7109** for more information.

# **Chief of Staff Report**

to the  
Board of Directors  
Thunder Bay Regional Health Sciences Centre

February 2015

## **Chief of Staff**

### **Orientation as New Chief of Staff**

- Thanks to Dr. Henderson for his work as Interim Chief of Staff as well as for his support and assistance and ensuring a smooth transition
- Since taking on the role of Chief of Staff January 5, 2015, ongoing meetings have been occurring with section Chiefs and senior leadership members

### **New Chief of Oncology**

- Interviews have now been completed and MAC has made a recommendation to the Board

### **Credentialing**

- All applications for reappointments of Professional Staff were completed electronically for the first time using our Northwest Region E-Credentialing System (N-Recs)
- Members of the Regional Credentialing Working Group met in January to discuss issues, problem solve and agree on improvements

### **Incomplete Records**

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

### **Walk the Talk Award**

- Drs. Porter, Oukachbi, and Gulavita, recipients of the 2014 Professional Staff Award of Excellence, were honoured at an award reception held on January 15, 2015

### **Chiefs of Staff Council**

- This committee will now be co-chaired by the Chief of Staff at TBRHSC and Dr. Sarah Newberry, Chief of Staff at Wilson Memorial General Hospital
- A face to face meeting is planned for February in Thunder Bay



# CNE – Open Report

Board of Directors  
Thunder Bay Regional Health Sciences Centre

February 2015

## Nursing Resource Team

- To ensure the appropriate summer scheduling and enable optimal vacation coverage for nurses, a Letter of Understanding (LOU) has been signed with ONA. The LOU enables TBRHSC to hire temporary full-time (TFT) Registered Nurses, and support current casual and part-time staff to increase their full time equivalent (FTE) scheduled hours over the summer vacation period.

## Nurse Recruitment

- Nurse recruitment plans for 15/16 include the hiring of 8 New Graduate Guarantee (NGG) nurses across medical and surgical units in support of additional orientation and training for these staff members.
- NGG positions are 26 weeks in duration, during which the new graduate is above staffing complement and is funded by the Ministry of Health and Long-Term Care. The expectation is that these NGG roles will transition into full time roles within the organization following the training period.
- TBRHSC plans to hire approximately 70 new nursing graduates for Spring 2015.
- Interviews for Spring hire began January 19, 2015.

## Registered Nurses' Association of Ontario (RNAO) Best Practice Spotlight Organization (BPSO)

- As part of TBRHSC's commitment as a BPSO Spotlight organization, we must implement a minimum of two RNAO Best Practice Guidelines (BPG) per two year cycle.
- One of the BPGs chosen for the 2014-16 cycle is "Collaborative Practice among Nursing Teams" which was introduced in the Women and Children's (W&C) Program over the last 6 months.
- 4 recommendations from the BPG were selected by the W&C program following a 6 part booster series on collaborative practice.

## Recommendations included:

1. Nurses will develop knowledge about the values and behaviors that support teamwork and the impact of teamwork on patient/client outcomes.
2. Nurses will contribute to a culture that supports effective teamwork by including roles and responsibilities of all Nurses.



## Senior Management

3. Nursing teams will establish a clear process that promotes collaboration and teamwork that leads to a quality work environment and quality patient outcomes.
  4. Nursing teams will establish a process which promotes open, honest and transparent channels of communication.
- Process / Policy changes have been put into place as a result of this booster including: enhanced communication tools, updated policy on RN/RPN's role / utilization, communication blogs and systems to better support team functioning.

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**nosm.ca**

# Northern Ontario School of Medicine Activity Report

Dr. Roger Strasser, Dean-CEO

January 2015

## The Year Ahead

Welcome to 2015! This year promises many challenges, opportunities and excitement as the year progresses. During this second half of the 2014 -2015 academic year, we will continue the focus on consolidation and alignment, as well as preparation for implementing the NOSM Strategic Plan 2015-2020 and developing a five year program for renewal and redevelopment. On Tuesday January 13, we held a School Wide Budget Check-Up. The following week the Senior Leadership Group (SLG) held a workshop focused on developing objectives and indicators for the goals in the Strategic Plan. In addition, the Organizational Blueprint project will continue with the aim of establishing a new NOSM Business Plan.

As 2015 proceeds, we will make the most of opportunities to celebrate 10 years since the official opening of NOSM in 2005. In a sense, the 10 year anniversary celebrations have begun already with the Campaign of Thanks reflected in the 2015 NOSM calendar. It is not too late to provide family, friends and anyone you know with their 2015 NOSM calendar. Each month features NOSM learners and graduates expressing their thanks, and also highlights a milestone for each of the 10 years. I look forward to working with you and all of NOSM's faculty and staff members, learners and community members, supporters and donors so that together we are successful in ensuring the ongoing growth and development of NOSM.

## NOSM Board of Directors Seeks New Members

The Northern Ontario School of Medicine (NOSM) is seeking five (5) individuals to join the Board of Directors in September 2015.

Applicants must complete and submit a NOSM Board of Directors Application Form, accompanied by a CV or resumé and the names and contact information of three (3) references. All applications will be acknowledged.

Application forms and other supporting documents are available at [nosm.ca/board](http://nosm.ca/board).

Enquiries and applications should be forwarded to:

Chair, Nominations and Community Relations Sub-Committee  
c/o Gina Kennedy, Secretary to Board of Directors  
935 Ramsey Lake Road  
Sudbury, ON P3E 2C6  
Phone: 705-662-7206  
Email: [gkennedy@nosm.ca](mailto:gkennedy@nosm.ca)

**Deadline for submissions is February 13, 2015.**





Northern Ontario  
School of Medicine

École de médecine  
du Nord de l'Ontario

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### Admissions Interviews – Sudbury and Thunder Bay

A call for volunteers to be interviewers in the UME interview process has gone out. If you are interested and did not receive the invite to apply, please contact the Admissions Office [interviews@nosm.ca](mailto:interviews@nosm.ca).

Please note of change to locations of interviews, Sudbury Interviews will be held to coincide with the Northern Constellations in Sudbury.

Thunder Bay Interviews: March 7 and 8, 2015

Sudbury Interviews: March 28 and 29, 2015

A call for volunteers to be interviewers in the UME interview process has gone out. If you are interested and did not receive the invite to apply, please contact the Admissions Office [interviews@nosm.ca](mailto:interviews@nosm.ca).

Please note of change to locations of interviews, Sudbury Interviews will be held to coincide with the Northern Constellations in Sudbury.

Thunder Bay Interviews: March 7 and 8, 2015

Sudbury Interviews: March 28 and 29, 2015

### Northern Constellations

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

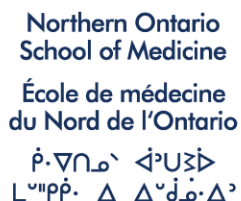


For more information visit the website:

<http://www.nosm.ca/northernconstellations2015/>

### Northern Health Research Conference (NHRC)

The Northern Ontario School of Medicine (NOSM) invites you to the tenth annual Northern Health Research Conference (NHRC) to be held in Timmins, Ontario. This conference demonstrates NOSM's commitment to health care and education to the people of Northern Ontario and beyond. The NHRC continues to explore research activities within Northern Ontario arising from community-based activities. It will highlight projects underway from students, residents and community-based researchers. The conference provides opportunities for collaboration and community networking.



Join us for the tenth annual Northern Health Research Conference, June 5-6, 2015 in Timmins, Ontario.



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



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## ATTESTATION

**TO:** The Board of Thunder Bay Regional Health Sciences Centre, (the "Board")

**FROM:** Andrée Robichaud, President and Chief Executive Officer

**DATE:** January 20, 2015

**RE:** **Q3 2014-15** Wages and Source Deductions for Fiscal Year Beginning April 1, 2014 and ending March 31, 2015 (the "Applicable Period")

On behalf of the Thunder Bay Regional Health Sciences Centre (the "Hospital") I attest that:

- all wages owing to employees have been recorded, processed, accrued and/or paid accordingly as per established payroll cycle and other scheduled payouts;
- all source deductions relating to the employees, which the Corporation is required to deduct and remit, pursuant to all applicable legislation, including without limitation, the Income Tax Act (Canada), the Canada Pension Plan (Canada), the Unemployment Insurance Act (Canada), and Employer Health Tax Act (Ontario), have been made and remitted to the proper authorities within established timelines;
- all taxes collected pursuant to the Harmonized Sales Tax have been collected, claims filed and/or remitted as required to the proper authorities;
- the Corporations Information Act Annual Return required of Registered Charities under the Income Tax Act (Canada) has been filed;
- that the systems in place, as established by the Board, for the preparation and submission to the Board of compliance certificates, confirming that wages, source deductions and other taxes have been accomplished, are in place, are functional, adequate and monitored

during the Applicable Period.

In making this attestation, I have exercised care and diligence that would reasonably be expected of a President and CEO in these circumstances, including making due inquiries of Hospital staff that have knowledge of these matters.

Dated at Thunder Bay, Ontario this \_\_\_\_\_ day of \_\_\_\_\_, 2015.

*Original signed*

\_\_\_\_\_  
Andrée G. Robichaud, President and Chief Executive Officer



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					Mtg occurred Jan not Feb
2	Financial Oversight	Review Evaluation of Auditors	Aud							x					Mtg occurred Jan not Feb
3	Financial Oversight	Independence Questionnaire	Aud							x					Mtg occurred Jan not Feb
4	Financial Oversight	Approve Audit Work Plan	Aud							x					Mtg occurred Jan not Feb
5	Financial Oversight	Audit Plan (Grant Thornton)	Aud							x					Mtg occurred Jan not Feb
6	Risk Identification and Oversight	Review Results of Interim Audit Conducted in January	Aud								x				
7	Performance Measurement and Monitoring	Discussion of Year-end Reporting Issues	Aud								x				
8	Financial Oversight	Review Audit Statement Presentation	Aud								x				
9	Financial Oversight	Individual Program Audit Reports	Aud								x				
10	Financial Oversight	Presentation of PSAB Standards	Aud								x				
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	Financial Oversight	Claims Summary	Aud										x		
16	Risk Identification and Oversight	Analysis of Legal Fees as at March 31	Aud										x		
17	Financial Oversight	Evaluation of Auditors	Aud										x		
18	Performance Measurement and Monitoring	Recommend Appointment of Auditors	Aud										x		
19	Performance Measurement and Monitoring	Approve Year-end Financial Statements	Aud											x	
20	Financial Oversight	Statements for Approval to Board	Aud										x		
21	Stakeholder Communication and Accountability	Set up Partnership Meetings for the year	BD		x										

TBRHSC Board of Directors Comprehensive Work Plan  
Revised January 28, 2015

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

TBRHSC Board of Directors Comprehensive Work Plan  
Revised January 28, 2015

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

TBRHSC Board of Directors Comprehensive Work Plan  
Revised January 28, 2015

Item #	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
58	Governance	Review Committee Work Plan	Gov			x									Further revisions required will be brought to next meeting
59	Governance	Review Board Forms	Gov		x										
60	Governance	Review Committee Membership	Gov		x										
61	Governance	Review Applications for Board Vacancies	Nom								x				
62	Governance	Nominating Committee - Candidate Interviews for Board vacancy	Nom									x			
63	Governance	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					
64	Quality Oversight	Litigation	Qual						x					x	
65	Quality Oversight	Patient Safety/Public Indicators	Qual		x				x			x		x	
66	Quality Oversight	Review Quality Terms of Reference	Qual		x										
67	Quality Oversight	Review Quality Work Plan	Qual		x										
68	Quality Oversight	Programs & Services Presentations	Qual		x	x	x	x	x	x	x	x	x	x	
69	Quality Oversight	Comments/Compliments/Complaints	Qual			x					x				
70	Quality Oversight	Quality Improvement Plan Except From Balanced	Qual			x		x			x			x	
71	Quality Oversight	Critical incidents/MAC recommendations	Qual				x					x			
72	Quality Oversight	Risk Management	Qual				x			x					
73	Quality Oversight	Emergency Preparedness	Qual					x					x		
74	Quality Oversight	Accreditation	Qual			x				x					
75	Quality Oversight	Quality Improvement Plan Approval	Qual								x				
76	Quality Oversight	Quality and Risk Management Policies	Qual										x		
77	Quality Oversight	Research Ethics Board	Qual			x			x			x		x	Deferred to Feb due to lag time in reporting

Item #	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
78	Financial Oversight	Financial Pressures Relating to Risk	Qual	x											
79	Quality Oversight	Credentialing Process/Professional Staff & regulated licensed Professional processes	Qual		x										
80	Financial Oversight	Financial Statements and Variance Report and Quarterly Review	RP		x		x			x					
81	Financial Oversight	Health Services Centre Update	RP		x										
82	Financial Oversight	Hospital Improvement Plan	RP		x								x		
83	Financial Oversight	Board Attestation: Wages and Sources Deductions	RP		x	x			x			x			
84	Financial Oversight	Non Bargaining Salary and Benefits: Increases	RP		x										
85	Financial Oversight	Work Plan Approval	RP		x										
86	Financial Oversight	Terms of Reference Approval	RP		x										
87	Financial Oversight	2359031 Ontario Inc Financial Statements (information)	RP		x										
88	Financial Oversight	Financial Statements (information)	RP		x	x		x	x		x	x		x	
89	Financial Oversight	CAPS Submission to LHIN	RP			x									
90	Financial Oversight	Human Resources and Organizational Development	RP			x									
91	Financial Oversight	Corporate Balanced Scorecard Review	RP			x		x						x	
92	Financial Oversight	H-SAA Operating Plan Submission (update)	RP			x									deferred to Dec.
93	Financial Oversight	Funding HBAM and Quality Based Procedures (update)	RP				x								
94	Financial Oversight	HAPS Update	RP				x								deferred to Dec.
95	Financial Oversight	Budget Planning Targets and Directives Presentation	RP				x								
96	Financial Oversight	Budget Planning Process Update	RP				x								Removed as duplicate topic
97	Financial Oversight	Broader Public Sector Travel & Expenses Reporting	RP				x								
98	Financial Oversight	Investment Portfolio Update	RP					x							
99	Financial Oversight	Northwest Supply Chain Performance and Medbuy Update	RP					x						x	



Item #	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
100	Financial Oversight	Capital Equipment and Capital Projects Update	RP						x			x			
101	Financial Oversight	Broader Public Sector Attestation Update	RP						x						
102	Financial Oversight	Capital Budget Planning Update	RP							x					
103	Oversight of Management	Physician Recruitment and Retention Update	RP							x					
104	Financial Oversight	Operating Plan Approval	RP								x				
105	Financial Oversight	Capital Plan Approval	RP								x				
106	Financial Oversight	Capital Budget Summary	RP								x				
107	Financial Oversight	Labour Relations, Grievances and Arbitration Update	RP								x				
108	Legal Compliance	Occupational Health and Safety Program update	RP								x				
109	Risk Identification and Oversight	Data Centre Disaster Recovery Plan update	RP								x				
110	Financial Oversight	Public Sector Salary Disclosure to MOH	RP								x				
111	Financial Oversight	Capital Budget	RP									x			
112	Financial Oversight	Unaudited Preliminary Year End Financial Statements	RP										x		
113	Financial Oversight	Numbered Companies Statements Unaudited	RP										x		
114	Financial Oversight	TBRRRI Financial Statements Unaudited	RP										x		
115	Risk Identification and Oversight	TBRRRI Operating and Capital Budget Report	RP										x		
116	Risk Identification and Oversight	Broader Public Sector T&E Expenses	RP										x		
117	Oversight of Management	BPS Compliance Reports	RP										x		
118	Oversight of Management	Non Patient Legal Matters Update	RP										x		
119	Oversight of Management	Declaration of Compliance H-SAA and M-SAA	RP											x	
120	Risk Identification and Oversight	TBRRRI Audited Year End Financial Results	RP											x	
121	Financial Oversight	Investments Performance Review	RP											x	
122	Financial Oversight	Investments Policy Review	RP											x	
123	Financial Oversight	Work Plan for following year	RP											x	
		<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													

**Local/Provincial Strategies where TBRHSC has involvement**  
**January 22, 2015**

1	"Moving On" - Outpatient / Clinic Smoking Cessation Program (affiliated with local and regional Family Health Team programs as per Dr Pat Smith (Maternity Centre)
2	Academic Hospitals of Ontario-Chief Nursing Executive (AHO CNE)
3	Accessibility Thunder Bay - Kathryn Shewfelt
4	Accreditation Canada - Client and Family Centred Care working group member (Bonnie and Keith)
5	ACS II (Aboriginal Cancer Strategy 2)
6	Age-Friendly Thunder Bay
7	Assess and Restore
8	Balmoral Withdrawal Management Centre expansion project
9	Bone and Joint Network
10	BORN Registry (Better Outcomes Registry Network) Perinatal Database including L&D / MNB and NICU
11	CAMHU Steering Committee
12	Canadian Academic Hospitals of Ontario: Practice and Education
13	Canadian Foundation for Healthcare Improvement - coach for National Collaborative to : St-Joseph's Healthcare, Hamilton, Grey Bruce Health Services, Owen Sound and Prince Albert Parkland Regional Health & Health Quality Council, Saskatchewan
14	Canadian Society of Hospital Pharmacists
15	Cardiac Rehabilitation Network of Ontario Board Member
16	Cardiac Rehabilitation Standards Subcommittee (CCN)
17	Cardiovascular Chronic Disease Management Working Group (CCN)
18	CCAC - Chronic Disease Management Strategy
19	CCAC Healthy Change Master Trainer
20	CCAC: Consult / partner for PFA integration strategies & Chronic Disease Self-Management Training (PFA's)
21	CCO / Colorectal DAP
22	CCO / DAP Screening Definition Working Group
23	CCO / DAP Screening Leads
24	CCO / EPS Regional Strategy
25	CCO / OBSP regionalization strategy (regional OBSP affiliates → Kenora, Fort Frances, Thunder Bay Medical Centre, Linda Buchan Centre)
26	CCO Knowledge Transfer Exchange
27	CCO Patient Education Program

28	CCO Patient Experience Working Group
29	CCO Smoking Cessation Campaign
30	CCO-Research, Prevention and Cancer Control-Breast assessment study
31	City-Wide Hep C Task Force

32	Co-Chair of the PCMCH Levels of Paediatric Care Ontario (W&C Medical Director)
33	Community Stroke Prevention Clinic Nurses' Meeting Group
34	Confederation College, advisory group Child Youth Worker Program (CAMHU Coordinator)
35	Consult re: PFCC & PFA Program, St Josephs Group
36	Consult to join advisory group for new initiative centred on complex care: Dr Mark Roseman, Director ON SPOR support unit re: Advisory Group on Complex Care Initiative (BeACCON)
37	Consultant / Mentor for Client and Family Centred Care Specialist, Saskatoon Health Region
38	Consultant / Resource for: Bluewater Health, CNEO re: PFA Program, North York General Hospital and Southlake Regional Health Centre
39	Critical Care Services Ont (CCSO) Nursing Committee
40	Depression Guideline Development and Implementation
41	Ebola Virus Preparedness Task Force Meeting
42	ED Administrators Group
43	ED/ICU committee - Chaired by LHIN Leads
44	e-Health Patient Advisory Panel Member
45	E-ICU Project
46	End-of-Life Care Strategy "Advancing High Quality, High Value Palliative Care in Ontario"
47	ERAS (Enhanced Recovery After Surgery)
48	Genetics Strategy (includes TBH DU, Sudbury genetics program, high risk breast program)
49	Go Local Strategies with Local Farmers Market and Partners
50	Healthy Babies Healthy Children Program and Parkyn Tool
51	Hearing Screening Program for all newborns
52	Home First Operations Committee
53	Improved Access to Neurosurgery
54	Infant Response Plan Working Group (W&C Program Director and Social Worker for new subgroup)
55	Intensive Smoking Cessation Nurse Program (TBRHSC all W&C inpatient units)
56	ISAEC (Interprofessional Spine Assessment and Education Clinic)
57	Knowledge Exchange: Chief Nursing Executive / Canadian Nurses Ontario
58	Lakehead University and Confederation College Nursing Program Lectures re: PFCC at TBRHSC
59	Lakehead University for CCAM (Cervical Cancer Awareness Month)
60	LHIN 14 Emergency and Critical Care Advisory Committee
61	LHIN Health Professionals Advisory Committee (HPAC)

62	MACC (Maternal Addictions Continuity of Care) Project (Regional Project) (W&C Program Director)
63	Maternal Substance and Child Working Group (sub-committee of the Thunder Bay Drug Strategy) (W&C Program Director)
64	Medbuy GPO
65	Medically Complex Patient Demonstration Project - Palliative
66	Member of the PCMCH Maternal Transport Working Group Ontario (W&C Medical Director)

67	Member of the PCMCH Obesity Network Working group Ontario (W&C Medical Director and Program Director)
68	Member of the PCMCH Surge Capacity Working group Ontario (W&C Medical Director and Program Director)
69	Michener Institute - Laurentian University Radiation Therapy Program Advisory Committee
70	Move On (finished Nov. 2014)
71	Neurosurgical Nurses Network sub group of CCSO
72	North West LHIN: P4R
73	North West LHIN: Regional Orthopaedic Services Committee
74	Northwest Health Alliance created to help with IS/IT collaborations
75	Northwest Supply Chain Collaboration
76	Northwestern LHIN Health Professional Advisory Committee - Lindsay Sutherland RD
77	Northwestern Ontario Regional Stroke Network Steering Committee
78	Nurse-Led Outreach Team Steering Committee
79	NW LHIN Diabetes Strategy (includes Diabetes health etc.)
80	NW LHIN System-Wide Surge Planning Group
81	NW Regional Renal Program Steering Committee
82	NWO eHealth Advisory Committee
83	NWORSN Aboriginal Advisory Committee
84	NWORSN Education Advisory Committee
85	NWORSN Regional Telestroke Advisory Committee
86	NWORSN Rehabilitation and Community Engagement Advisory Committee
87	NWORSN Steering Committee
88	OBN (Ontario Bariatric Network)
89	Ontario Bariatric Network
90	Ontario Cancer Symptom Management Collaborative
91	Ontario Cancer Symptom Management Collaborative
92	Ontario Child Adolescent Mental Health Inpatient Psychiatric Services (ONCAIPS) Steering committee (CAMHU Coordinator)
93	Ontario Diabetes Strategy (6 provincial CCDC sites)
94	Ontario Newborn Screening Program
95	Ontario Provincial Forensic Directors Group (strategy based group focusing on Provincial Forensics issues)
96	Ontario Renal Network
97	Ontario Stroke Network (OSN) Regional and District Advisory Committee

98	Optimization of the Nursing Workforce Working Group
99	OSN, Provincial Integrated Work Plan, Stroke Unit
100	Outreach Strategy with Regional Communities where coach visits
101	Paediatric Echocardiogram Pilot
102	Palliative Care Pathway Development and Implementation

103	Pay for Performance
104	PCMCH - Medically Fragile Working Group (Chief of Paediatrics)
105	PCMCH - Mother Baby Dyad Implementation (W&C Program)
106	PCMCH - QBP: Hyperbiliruinemia
107	PCMCH - QBP: Tonsillectomy
108	PCMCH: Fetal Fibrinectin Testing
109	PCMCH: Neonatal Abstinence Syndrome
110	PCMCH: Retro Transfer Implementation
111	Pediatric Obesity Program
112	Physical Rehabilitation Advisory Committee
113	Practice and Education : Health Human Resources Task Force (member) 2 different groups
114	Presenter / consultant / resource for Conference Board of Canada and Cancer Care Ontario PFAC Summit
115	Provincial Intra Arterial Planning Group
116	Provincial Network for Sexual Assault & Domestic Violence
117	Provincial Oncology Nursing Leadership Council
118	Provincial STEMI Group (CCN)
119	Provincial Systemic Treatment Program Committee
120	Regional Critical Care Response Program
121	Rehabilitative Care Alliance, Outpatient/Ambulatory Advisory Group
122	Resource Matching & Referral Steering Committee
123	RJAC (Regional Joint Assessment Centre)
124	RNAO CNE CNO Knowledge Exchange: Registered Nurses Assoc Ontario: Canadian Nurses Ontario
125	RNAO's Rural, Remote and Underserviced Area Nursing Workforce Task Force
126	RSV advisory committee member - advises the MOH re: RSV vaccination program in Ontario (W&C Medical Director)
127	RSV Prophylaxis Clinic (Paediatric Outpatient Unit)
128	RTPAC - Radiation Therapy Professional Advisory Committee
129	Schedule One Mental Health Working Group (LHIN lead strategy group looking at issues related to the 2 Schedule Ones in Northwestern Ontario)
130	Seniors Health Working Group
131	Sexual Assault & Domestic Violence Program offered for paediatric patients as need basis
132	Shelter House Street Outreach Services (SOS) task force
133	Shelter house-collaborative partnership to integrate the 'voice of the patient' from marginalized socioeconomic patients



134	SJH Chronic Disease Self Management Steering Committee
135	Small Hospital Integration Planning Advisory Committee Meeting

136	Smoking Cessation Community of Practice (MOHLTC Demonstration Project)
137	Smoking Cessation Program (Maternity Centre)
138	Strategy to engage private physician offices across the region in screening
139	Strategy to reach underserved area with collaborations with our First Nations Communities and Coach Service
140	Stroke Transitions Committee
141	TBRHSC & LU Research: HealtheSteps; We Can Program; NOSM Stroke
142	TBRHSC & TBDHU joint strategies: Smoking cessation; Healthy eating: Healthy kids
143	Telehomecare Steering Committee

**Thunder Bay Regional Health Sciences Centre Stakeholder List**  
**January 22, 2015**

**Region Hospitals**

Atikokan General Hospital  
Dryden Regional Health Centre  
Geraldton District Hospital  
Manitouwadge General Hospital  
Lake of the Wood District Hospital  
McCausland Hospital  
Nipigon District Memorial Hospital  
Red Lake Margaret Cochenour Memorial Hospital  
Riverside Healthcare Facilities  
Sioux Lookout Meno-Ya-Win Health Centre  
Wilson Memorial General Hospital

**Long Term Care Facilities**

Bethammi Nursing Home  
Dawson Court  
Grandview Lodge  
Hogarth Riverview Manor  
Lakehead Manor  
Pinewood Court  
Pioneer Ridge  
Roseview Manor

**Industry**

A to Z Rentals  
Abbott  
AbitibiBowater  
AbitibiBowater - Saw Mill  
Alcon Canada  
Allstate Insurance  
Amgen  
Apex Investigation  
AstraZeneca  
Baxter  
BDO  
Bearskin Airlines  
Beebe Mechanical Systems Ltd.  
Bending Lake Iron Group  
Biomet  
BMO Financial Group  
Boehringer-Ingelheim  
Boston Scientific  
Bracco

Bruno's Contracting (Thunder Bay)  
Buset & Partners  
CardinalHealth  
Central Canada Industries Inc  
CIBC  
Cisco  
Coastal Steel Construction Ltd  
Compugen Inc  
ConvaTec  
Cook Medical  
Crupi Consulting Group  
Dell  
Dingwell's North America  
Dougall Media  
Downtown Volkswagen  
Elekta  
Fisher Scientific  
Form Architecture  
Fort William First Nation  
Foundation  
Freedom 55  
GE  
Genivar Consultant Limited Partnership Ontario  
Grant Thornton LLP  
GSK  
Half-Way Motors Nissan  
Hewlett-Packard Canada  
Investors Group Financial Services Inc.  
Janssens  
Kinsmen, Hill City, Kin Canada  
Kiwanis Club of Thunder Bay  
Lantheus  
LEO Pharma  
LifeLabs  
Lowerys Basics  
Man-Shield Construction  
Marostica Motors Ltd.  
Matawa First Nations  
MedicalMart  
Medtronic  
Memo Cuba  
Merck Inc  
Métis Nation of Ontario  
Meyers Norris Penny  
MGM Electric Limited  
Nishnawbe Aski Nation  
NorMax

North American Palladium  
Northco Group  
Northwestern Ontario Innovation Centre  
Novartis  
Ontario Power Generation  
PARO Centre for Women's Enterprise  
Pascol Engineering  
Paterson Foundation  
Performance Kia  
Pfizer  
Pharma Systems  
Philips Healthcare  
RBC Royal Bank Financial Group  
Red Sky Métis Independent Nation  
Redcliff Realty Management Inc.  
Rotary Club of Thunder Bay, Fort William  
Rotary Club of Thunder Bay, Lakehead  
Rotary Club of Thunder Bay, Port Arthur  
Sanofi  
Scotiabank  
Shoppers Drug Mart - Thunder Bay  
Siemens  
Stevens  
Stryker  
Sun Life Financial  
Tbaytel  
Teleco Supply Co. Ltd.  
The Chronicle Journal  
Thunder Airlines Ltd.  
Thunder Bay Business Women's Network  
Thunder Bay Communications Limited (TBComm Wireless)  
Thunder Bay Hydro  
Thunder Bay International Airport Authority Inc.  
Thunder Bay Port Authority  
Tom Jones Corporation  
Toshiba  
Union Gas  
Vaulthier Paivalainen  
Wardrop  
Wasaya Airways LP  
Wasaya Group  
Xerox  
Zimmer  
Zoll Medical Canada Inc.

### **Academic Institution**

Academic  
Confederation College  
Lakehead Public School Board  
Lakehead University  
North Nishnawbe Education Council  
Northern Ontario School of Medicine  
Thunder Bay Catholic District School Board

### **Health Managers**

CAHO Hospitals  
Dilico Ojibway Child and Family Services  
North West Community Care Access Centre  
Nurse Practitioner Led Clinic  
OHA  
St. Joseph's Care Group  
Superior North EMS  
Thunder Bay District Health Unit

### **Policy Makers**

City of Thunder Bay  
Community Economic Dev. Commission  
Dilico Anishinabek Family Care  
Federal  
Nishnawbe Aski Nation  
NOMA  
North West Local Health Integration Network  
Provincial  
TBRHSC Board Members  
Thunder Bay Chamber of Commerce  
Thunder Bay District Municipal League

### **Health Professionals**

TBH - Professional Staff Association  
TBH - MAC

### **Community Groups**

AIDS Thunder Bay  
Alpha Court, Community Mental Health Services  
Anishnawbe Mushkiki Aboriginal Health Access Centre  
Association des francophones du Nord Ouest de l'Ontario  
Brain Injury Services of Northern Ontario  
Canadian Cancer Society  
Canadian Cancer Society, Northwestern Region  
Canadian Diabetes Association, Northwestern Ontario  
Canadian Hearing Society  
Canadian Mental Health Association

Centre for Addiction and Mental Health  
Children's Centre Thunder Bay  
CNIB, North Region  
Crohn's and Colitis Canada - Thunder Bay Chapter  
Francophone Advocacy Group  
George Jeffrey Children's Centre  
John Howard Society of Thunder Bay and District  
Ontario Addiction Treatment Centres, Methadone Maintenance Program, Cumberland Street Site  
Persons United for Self-Help In Northwestern Ontario  
Prostate Cancer Canada Network  
Retired Teachers Association  
Saint Elizabeth Health Care  
Shelter House Thunder Bay  
T Bay Council of Clergy  
TBRHSC Accessibility Advisory Team  
TBRHSC Francophone Advisory Council  
TBRHSC President's Aboriginal Advisory Council  
Thunder Bay District Social Services Board  
Wesway

#### **Community Members (from)**

Hymers, Township of Gilles  
O'Connor Township  
Oliver Paipoonge  
Shuniah  
Thunder Bay