TBRHSC Board of Directors
Open Meeting
Wednesday, March 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	**CALL TO ORDER**						
2.0	**PATIENT STORY** – *Dr. Rhonda Crocker Ellacott*						
3.1	1	S. Fraser	Quorum (8 members total required, 6 being voting)				
3.2	1	S. Fraser	Conflict of Interest				
3.3	1	S. Fraser	Approval of the Agenda	X			
3.4	3	S. Fraser	Chair's Remarks*				X
4.0	**PRESENTATIONS/UPDATES**						
4.1	10	A. Skillen	Gridlock Status Update*		X		X
4.2	10	P. Mylymma	Environmental Compliance and Fire Safety update*		X		X
4.3	10	R. Morrison	Strategic Plan 2020 Update*				
5.0	**CONSENT AGENDA**						
5.1			Board of Directors: Approval of Minutes – February 4, 2015*	X			X
5.2			Report Volunteer Association Board*				X
5.3			Report Thunder Bay Regional Research Institute*				X
6.0	**REPORTS AND DISCUSSION**						
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. B. McCready	Report from the Chief of Staff*			X	X
6.6	5	Dr. R. Crocker Ellacott	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	**BUSINESS/COMMITTEE MATTERS**						
7.1			Quality Committee Minutes – February 17, 2015* 7.1.1 Quality Improvement Plan*	X			X
8.0	**FOR INFORMATION**						
8.1			Board Comprehensive Work Plan*				X
8.2			Webcast Statistics*				X

#	Time (X)	Presenter	Item & Purpose (Y)	Expected Outcome (Z)			
				Recommendation /Decision/Action	Education	Discussion	Information
000 9.0	**BOARD MEMBER COMMENTS**					X	
10.0	**DATE OF NEXT MEETING** – Wednesday, April 1, 2015						X
11.0	**ADJOURNMENT**						

Ethical Framework

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

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

For more detailed questions to use on difficult decisions, please refer to TBRHSC's Framework for Ethical Decision Making located on the Quality and Risk Management page of the Internet.
http://intranet.tbrhsc.net/Site_Published/i5/render.aspx?DocumentRender.IdType=5&DocumentRender.Id=110784

BOARD OF DIRECTORS (Open)
March 4, 2015

Agenda Item	Committee or Report	Motion or Recommendation	Approved or Accepted by:
3.3	Agenda – March 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 February 4, 2015, 5.2 Receives the Volunteer Association Board Report dated March, 2015, 5.3 Receives the TBRRI Report dated March, 2015, as presented."	Moved by: Seconded by:
6.0	Reports and Discussion	"That the Board of Directors: 6.1Accepts the Report from Senior Management, 6.2 Accepts the Report from the President and CEO, 6.3 Accepts the Report from the TBRHS Foundation, 6.4 Accepts the Report from the Professional Staff Association, 6.5 Accepts the Report from the Chief of Staff, 6.6 Accepts the Report from the Chief Nursing Executive, 6.7 Receives the Report from the NOSM, dated March, 2015 as presented."	Moved by: Seconded by:
7.1.1	Quality Improvement Plan	"That upon recommendation from the Quality Committee, the Board of Directors approves the 2015/16 Quality Improvement Plan submission package, as presented."	Moved by: Seconded by:

Thunder Bay Regional Health Sciences Centre

Board of Directors

healthy together

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Thunder Bay, ON
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Report from Susan Fraser
Chair, Board of Directors
March, 2015

This month's report begins on a bittersweet note.

As you now know, I recently accepted Andrée Robichaud's resignation as President and CEO of Thunder Bay Regional Health Sciences Centre. She is also resigning as acting CEO of the Thunder Bay Regional Research Institute.

Andrée will be assuming the position of President and CEO of the Rouge Valley Health System in the Greater Toronto Area in mid June.

I wish Andrée well with this exciting new phase in her career; but I am, of course, disappointed that we are losing her.

Andrée has provided great leadership as we continue our journey to becoming a full-fledged academic health sciences centre. She has guided us through the development of two strategic plans, has seen our current plan virtually 100 per cent implemented or in progress, and has worked effectively with our regional health partners and with government to manage the pressures put on the health system in Northwestern Ontario and on our hospital.

We have the busiest Emergency Department in Ontario yet we are consistently at or near the top of all efficiency markers of hospitals in our province. Andrée has been an integral part of that performance.

So we are losing a great leader and we will have big shoes to fill; however, we have a strong team here and the leadership that results in our excellent performance will continue.

I also want to highlight the close of the public engagement phase of our Strategic Plan 2020 planning process.

I am happy to report that through our focus group and engagement sessions, our on-line surveys and our printed surveys, we have received input from more than 1,200 people in our region. I thank our community for the great response and the invaluable input that will help shape the direction of the next five years at TBRHSC.

We now go to the 5 Partners phase of the process, where on March 7 we will present the results of our engagement process to our 5 Partners group for it to prioritize our goals to achieving results under our five strategic directions of patient experience, seniors health, aboriginal health, comprehensive clinical services and acute mental health.

.../2

Thunder Bay Regional Health Sciences Centre

Board of Directors

This will be followed by a second 5 Partners session on March 31 where the group will validate that what we have come up with as our draft plan accurately reflects the input we received from the community.

I 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 the two meetings this coming March, then one meeting annually. Please email lindseyl@tbh.net or call (807) 684-6010 if you are interested in learning more.

We are Healthy Together.

Susan Fraser, Chair
Board of Directors

healthy together

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TBRHSC Bed Management Update: February 2015

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

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

Presentation Outline

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

TBRHSC Beds for Admitted Patients (February 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 (February 2015)

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

- February Surgical Cancellations = 1
- February PCI Cancellations = 0

February 2015 Patient Flow Summary

Indicator (Daily Ave.)	January	February 1-24	14-15 YTD (10 mo.)
ED Visits	283.6	282.1	290.0
ED Admits	31.9	31.7	29.8
ED Admit Rate	11.2%	11.2%	10.3%
Total Admits	56.4	54.2	52.1
Total Discharges	56.2	54.4	52.1
ALOS (incl. ALC)	7.77	7.94	7.86
Admitted Pt. Census	424	433	415
ALC Patients	50.4	52.4	61.9
Gridlock Days	28	24	27.7

January 2013 vs. 2014 vs. 2015
Patient Flow Summary

Indicator (Daily Ave.)	Jan. 2013	Jan. 2014	Jan. 2015
ED Visits	286.3	265.5	283.6
ED Admits	30.8	29.3	31.9
ED Admit Rate	10.8%	11.0%	11.2%
Total Admits	50.4	51.7	56.4
Total Discharges	52.6	52.9	56.2
ALOS (incl. ALC)	8.14	8.35	7.77
Admitted Pt. Census	416*	434	424
ALC Patients	61.8	55.4	50.4
Gridlock Days	30	31	28

TBRHSC Admitted Patient Data & Analysis

Year	Total Cases	ALOS (inc. ALC)	ALC Days	ALOS (w/o ALC)
2011-12	18,699	6.55	15,304	5.73
2012-13	18,012	6.66	17,405	5.70
2013-14	17,710	7.08	20,549	5.92
Q2 YTD 14-15	8,906	7.20	12,282	5.83
YE Proj. 14-15	17,763	7.20	24,497	5.83

Questions?

Thunder Bay Regional Health Sciences Centre

Compliance Update

For the Board of Directors

March, 2015

Compliance Statement

- ***"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."***

Fire Code

- Annual inspection completed in November with no non-compliances or orders received
- Minimum staffing drill completed in November with no issues from Fire Department

Environmental Protection Act

- **Requirements under the Environmental Protection Act – Ministry of Environment**
  - *CoA – 'Certification of Authorization' prior*
  - *Now called ECA - 'Environmental Compliance Approval'*

New Building

- **Environmental Compliance Approval (MOE) Submissions submitted – and in review:**
  - Noise and air emissions from building (235)
  - Noise and air emissions from cyclotron-radiopharmacy (TBRHSC/TBRRI)
- **CNCS license for cyclotron-radiopharmacy submitted and is under review – approved for construction**

Sterilization (in SPD)

- Decommissioning of Ethylene Oxide (EtO) system for sterilization to occur in 2014 (replaced with peroxide-based sterilizer)
- Working with Pinchin to prepare ECA amendment for submission - **submitted**

Co-Generation

- Cogeneration facility planning in progress with Johnson Controls
- Working with Pinchin to prepare ECA amendment for submission - **in progress – submitted**

Green Energy Act

- **Green Energy Act 2009**
  - Ministry of Energy
  - Annual energy reporting to commence July 2013 for all BPS
  - July 2014 five-year energy reduction program posted
    - Posted by deadline
  - **Next update due June 2015**

Questions?

TBRHSC
2020 Strategic Planning Update

Rod Morrison

Executive VP, Health Human Resources, Planning, and Strategy

Wednesday, March 4, 2015

Strategic Planning Process

Phase 1 Establish the Context

June 2014 - December 2014

- Current State Analysis
- Identify Strategic Drivers

Phase 2 Engagement

January 2015 – March 2015

- Engage Focus Groups and 5 Partners
- Review, Refine and Confirm Strategic Drivers
- Validate Strategic Drivers

Phase 3 Plan Development

March 2015 – April 2015

- Work Plan Development
- Balanced Scorecard Development
- Align the Plan with Budget

Phase 4 Implementation

June 2015 – June 2016

- Communicate Strategic Plan: internal & external partners
- Implement the Strategy
- Manage Performance

Focus Group Sessions Complete

Next Up - 5 Partners

5 Partners Session (March 7th)

- Doug Bolger, L(earn)2 Solutions

5 Partners Accountability (March 31st)

- Doug Bolger, L(earn)2 Solutions

2020 Focus Group Sessions Feedback

- Over 450 in attendance
- Appreciate the engagement
- Learning from engagement presentations
- Eager to share ideas; active table activity
- Acceptance of Mission, Vision, Values
- Good support for Strategic Directions
- Similar themes arising across sessions
- Positive evaluations; responding to feedback with ongoing adjustments in process, & presentations
- Over 1200 feedback responses including Focus Group and Community Service responses

5 Partners Engagement March 7, 2015

- **RSVPs for March 7th**
  - Last week= 80 participants
  - Final count as of today= 122 participants

Additional goals to consider:

PATIENT EXPERIENCE:

- **Advance staff development**
  - Enhance knowledge, skill and cultural sensitivity that improves the patient experience
- **Develop services & facility**

COMPREHENSIVE CLINICAL CARE

- **Continue to create an environment of excellence to attract and retain physicians, health professionals, staff, volunteers and learners.**
- **Continue the journey in advancing as an academic health science center to become the best place to work.**

ABORIGINAL HEALTH:

- **Develop a comprehensive continuum of care to improve aboriginal self-management, access, experience, and transition to home.**
- **Adapt new technologies to First Nations communities.**

5 Partners Engagement Preparation

Thunder Bay Regional Health Sciences Centre
Board of Directors
Wednesday, February 4, 2015
Boardroom – 5:00 p.m.

***Present*:**

Nadine Doucette, (*Acting Chair*)	Gerry Munt	Dick Mannisto
Andrée Robichaud*	John Friday	Anita Jean
Dr. Andrew Turner* *(Acting COS)*	Doug Shanks	Lisa Beck *(Acting CNE)*

By Invitation – Senior Management:

Rod Morrison	Glenn Craig	Anne-Marie Heron
Peter Myllymaa	Chisholm Pothier	Dr. Mark Henderson
Katherine Andriash *(C. Covino)*	Dr. Stewart Kennedy	John Barro *(D. Bubar)*

By Invitation:

Jessica Nehrebecky *Rec. Sec.*	Renée Laakso	Aaron Skillen

Regrets Board Members:	***Regrets Administration:***
Dr. Penny Moody-Corbett	Cathy Covino
Dr. Bill McCready*	Dawn Bubar
Susan Fraser	
Grant Walsh	
Dr. Mark Thibert*	
Sharon Cole Paterson	
Dr. Rhonda Crocker Ellacott*	

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

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

2.0 PATIENT STORY – *Lisa Beck*

Ms. Lisa Beck, Director of Critical Care/Emergency Services, shared a patient story.

3.1 Quorum – Quorum was attained.

3.2 Conflict of Interest - None

3.3 Approval of the Agenda

Moved by: ***Dick Mannisto***
Seconded by: ***Anita Jean*** ***Motion***

"That the Agenda be approved, as circulated."

* Denotes Non-Voting Member

CARRIED

3.4 Chair's Remarks – for information

4.0 PRESENTATIONS

4.1 Gridlock Status Update

Mr. Aaron Skillen, Program Director, Chronic Disease and Medicine Services, TBRHSC and Regional Director, North West Ontario Renal Network, provided a gridlock status update.

TBRHSC is funded for 395 beds with the capacity for an additional 36 unfunded beds for a total of 431 maximum admitted patient beds. On January 26, 2015 there were 469 admitted patients. One percutaneous coronary intervention **(**PCI) and six surgical cancellations occurred in January, 2015. A gridlock day is when a patient is admitted into a bed that is not funded. The organization was in gridlock 25 out of the 28 reported days in January, 2015.

The Board agreed that they would like to continue to be updated on this matter on a monthly basis and requested to see comparative data from previous years (i.e. January, 2014 vs. January, 2015), as well as total discharges on a monthly basis.

Mr. Skillen was excused from the meeting.

4.2 Update on Cardiovascular Proposal

Dr. Mark Henderson, Executive Vice President (EVP), Patient Services & Regional VP Cancer Care Ontario provided an update on the comprehensive Cardiovascular Surgical Program.

The Cardiac Care Network (CCN) is positive about the development of having this service at TBRHSC. They have requested more information on the capital costs as well as the impact of having a new cardiac program would have upon other Ontario centres.

Next steps include the following:

- A meeting will be held between the Ministry of Health and Long-Term Care (MOHLTC), CCN, Hamilton Health Sciences Centre, TBRHSC and the Local Health Integration Network to discuss the impact of moving cardiac surgical cases.
- Completing the review of the Cardiovascular Services capital project and costing.
- Finalizing the Memorandum of Understanding (MOU) content.
- Awaiting formal approval for the Program.

It is anticipated that approximately 800-1,000 patients annually would not have to travel to obtain these services if TBRHSC was able to provide the services.

4.3 Budget Update

Mr. Peter Myllymaa, EVP, Corporate Services and Operations provided the Q3 Financial results to the Board of Directors.

The year-to-date actual budget is at a deficit of $4.8M, which is approximately $600k more than what was budgeted for. TBRHSC has experienced a 62.9% increase in Alternate Level of Care (ALC) in-patient days from 2009/10 to 2013/14.

Strategies to address the pressures include:

- Taking out a long-term debt for capital projects.
- Review and identify patient flow opportunities.
- Complete a benchmarking exercise to identify additional efficiencies.
- Continue to work with system partners.

5.0 CONSENT AGENDA

Moved by: ***Doug Shanks***
Seconded by: ***Gerry Munt*** ***Motion***

"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."

6.0 REPORTS AND DISCUSSION

6.1 Report from Senior Management

The following information was highlighted from the report:

- Ebola training for staff continues.
- A gastroenterologist has recently been recruited.
- A gala was held in Toronto to recognize TBRHSC as one of the winners of the Top 10 Most Admired Cultures in Canada.
- The capital and operating budgets for the upcoming fiscal year are being worked on.
- There are no compliance issues regarding fire safety or legislation.
- The image exchange server project is now complete; this will allow other hospitals to retrieve and send diagnostic images from our system.
- The cyclotron will be onsite on February 10, 2015.
- The Health Canada Audit has been successfully completed.
- Over 400 online responses have been received as part of the strategic planning engagement process.
- The Patient and Family Advisors were provided with a satisfaction survey. A

return rate of 30% was obtained with an overall positive response.
- Last year, TBRHSC had a 72% acuity rate in the Emergency Department (ED), while this year is reporting an increase to 76%.

Details on what the role of the Integrated Case Management Intake Facilitator were sought. The EVP, Patient Services and VP, CCO will obtain this information. ***Action***

6.2 Report from the President and CEO

The President and CEO highlighted the following:
- The EVP, Health Human Resources, Planning and Strategy was thanked for organizing the events of the employee recognition week. Board members were also thanked for attending the various events held throughout the week.
- The President attended a roundtable federal economic think-tank to discuss what the changes in policy would look like if there was a federal election.
- The Thunder Bay Regional Research Institute (TBRRI) Board Chair was thanked for organizing a session on good governance that will occur on May 1, 2015 from 8:00am – 12:00pm. Several local Boards will be invited to this session and more details will be forthcoming in the near future.

6.3 Report from the TBRHS Foundation

The President and CEO of the TBRHSC Foundation highlighted the following:
- The TBRHS Foundation's strategic directions have been identified and will be approved by their Board of Directors in April/May, 2015.
- The Family Care Grants (over $65k) will be announced tomorrow, February 5, 2015.

6.4 Report from the Professional Staff Association – n/a

6.5 Report from the Chief of Staff

The Acting Chief of Staff highlighted the following:
- A new Chief of Oncology has been recommended by the Medical Advisory Committee (MAC) and will be brought to the Board of Directors for approval.

6.6 Report from the Chief Nursing Executive

The Chief Nursing Executive highlighted the following:
- TBRHSC plans to hire approximately 70 new nursing graduates for Spring 2015.

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

Moved by: ***Anita Jean***
Seconded by: ***Doug Shanks***

Motion

"That the Board of Directors:
6.1Accepts the Report from Senior Management,
6.2 Accepts the Report from the President and CEO,
6.3 Accepts the Report from the TBRHS Foundation,
6.4 Accepts the Report from the Professional Staff Association,

6.5 Accepts the Report from the Chief of Staff,
6.6 Accepts the Report from the Chief Nursing Executive,
6.7 Receives the Report from the NOSM,

dated February, 2015 as presented."

CARRIED

7.0 BUSINESS/COMMITTEE MATTERS - none

7.1 Resource Planning Committee Meeting – January 20, 2015

7.1.1 Attestation: Q3 2014-15 Wages and Source Deduction

The Board Wages and Source Deduction Attestation was presented to the Board of Directors.

Moved by:	***Dick Mannisto***	***Motion***
Seconded by:	***John Friday***	

"That the Board of Directors accepts the Q3 2014-2015 Board Wages and Source Deduction Attestation, as presented."

CARRIED

8.0 FOR INFORMATION

8.1 Board Comprehensive Work Plan – for information

8.2 Local/Provincial Strategies – for information

This information will be kept current on the Board's website portal and will be used in the orientation package for new Board members.

8.3 Stakeholders – for information

This information will be kept current on the Board's website portal and will be used in the orientation package for new Board members.

9.0 BOARD MEMBER COMMENTS
Board members thanked the staff for the format and delivery of the presentations.

10.0 DATE OF NEXT MEETING – Wednesday, March 4, 2015

11.0 ADJOURNMENT
There being no further business, the meeting adjourned at 6:03pm.

* Denotes Non-Voting Member

Thunder Bay Regional Health Sciences Centre

healthy together

_____	_____
Chair	Board Secretary
_____	
Recording Secretary	

* Denotes Non-Voting Member

VOLUNTEER ASSOCIATION TO
THUNDER BAY REGIONAL HEALTH SCIENCES CENTRE

BOARD REPORT
Presented at the March 4, 2015 Board meeting

Our monthly meeting was held on February 18, 2015.

We have been made aware of an organization "Thrive to Survive" that supports young cancer survivors in order for them to take part in an adventure trip. This summer they will be paddling off the islands near Rossport. For each person attending the cost is $680.00 and it is our understanding that one half is to be raised by the individual.

A Persian sale was held and raised $437.00. (The Persians were generously donated by one of our Volunteers.) Another sale will be held, which we hope will be as successful, in order for us to sponsor two individuals.

We have met our obligations to Thunder Bay Regional Health Sciences Foundation by way of a $30,000.00 cheque for the Family Care Grants and a $25,000.00 cheque for the Exceptional Cancer Care Campaign.

A cheque of $25,000.00 has also been given directly to the hospital towards the purchase of an Osmometer.

The change regarding the type of NEVADA tickets we sell in Season's Gift Shop is complete and running smoothly. Our profit on these tickets is $565.00 per box as opposed to the previous amount of $376.00.

Copies of the guidelines for job descriptions from the Hospital Auxiliaries of Ontario (HAAO) have been distributed to all Board members for review. Any recommendations for changes to adapt them for our organization are to be brought to the next meeting, at which time they will be discussed.

Respectfully submitted
Sharron Detweiler
President, Volunteer Association

Bringing Discovery to Life

Thunder Bay Regional Research Institute

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www.tbrri.com

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

Submitted by: Andrée Robichaud, Acting CEO – TBRRI and President & CEO – TBRHSC – February 25, 2015

The Cyclotron Has Arrived!

The cyclotron is in its new home! After a long journey from Advanced Cyclotron Systems Inc. in Richmond, B.C., the unit arrived and was lowered through the hatch in the bunker roof on February 10th. The delivery of the cyclotron is the latest in a series of milestones but definitely not the last. Staff are busy overseeing the final stages of construction, inspections and licensing and will be preparing for the production of isotopes in April/May.

Research Quality Oversight Program Update

Representatives from TBRHSC, TBRRI and partner institutions including Lakehead University and NOSM have been engaged in designing a Research Quality Oversight framework. The framework will define, with respect to the conduct of research activities, the responsibilities of the Board of Directors, hospital directors, department heads, researchers and various committees (or all those actively involved in research). More information will be forthcoming in the Spring.

Dr. Small & Team Explore Implementation of Primary PCI at TBRHSC

Primary PCI (percutaneous coronary intervention) was introduced at TBRHSC in 2008 as the preferred method for treatment of heart attacks caused by prolonged periods of blocked blood supply, called ST-elevation myocardial infarction, or STEMI. Prior to introducing this procedure, patients presenting with STEMI were initially treated with thrombolysis at TBRHSC before being urgently transferred to Southern Ontario for primary PCI. The introduction of this treatment choice at TBRHSC allows STEMI patients to receive their required treatment much quicker, and it was anticipated that this would improve long term outcomes such as mortality and hospital re-admission rates. Dr. Gary Small has taken an interest to investigate how the implementation of this procedure at TBRHSC has impacted our patient population. Along with his colleague, Dr. Frank Nigro, he has developed his own research study, Impact of Primary PCI in STEMI Patients in Northwestern Ontario, to compare outcome data from TBRHSC patients who presented prior to the introduction of Primary PCI, to those presenting after the introduction of Primary PCI. The Cardiac Catheterization Unit has played an integral part in the implementation of the project. This study will demonstrate the impact that the implementation of the PCI procedure at TBRHSC has had for patients suffering from a STEMI in the region, with the expectation that this will highlight that the implementation of this procedure at our centre has resulted in a significant increase in patient outcome.

Bringing Discovery to Life

Thunder Bay Regional
Research Institute

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Research Ethics Office Update

The TBRHSC Research Ethics Board (REB) has completed its restructuring as a result of the joint TBRRI/TBRHSC Research Quality Oversight Program (formerly the Research Enterprise Initiative). The restructuring has resulted in a new streamlined REB membership, revised Terms of Reference, and a plan for the future. The new Board has met several times and staff are working on an REB Member information page for the intranet and internet. The Research Ethics Office continues to develop tools to ensure transparency of the pre-screening and review processes. The new checklists, along with guidelines and in-person support and consultation, are intended to ensure that all projects are reviewed in a consistent and transparent manner in accordance with relevant guidelines and regulations.

Walk the Talk Award

Congratulations to Dr. Laura Curiel who received a “Walk the Talk” award for her long-standing contributions to research at TBRRI and TBRHSC. The award ceremony was held on January 13th, 2015 at the Victoria Inn Embassy Ballroom and Laura was one of a number of employees recognized for demonstrating a commitment to patient and family-centred care, the team, as well as TBRRI and TBRHSC.

New Commercialization Opportunities

TBRRI is developing an agreement with MaRS Innovation for the commercialization of a new transducer technology that is anticipated to yield dramatic performance improvements compared to current ultrasound and sonar technologies. Proof of principle is now complete and the search for industry partners and funding will commence shortly.

Collaborations with SickKids

Dr. Samuel Pichardo has been busy collaborating with partners such as Dr. James Drake, Chief of Neurosurgery at SickKids in Toronto. As Co-PI on a Brain Canada grant, Sam has been working on two projects with Dr. Drake.

The first project relates to the treatment of Intra-ventricular haemorrhage (IVH) with MR guided HIFU (MRgHIFU). IVH is a medical condition where newborn patients have a clot in the ventricular region of the brain which creates an excess of pressure of cerebral fluid. He and the research team are working to design a system that will break down the clot using MRgHIFU and eliminate damage associated with current surgical interventions. Dr. Pichardo’s will be supervising a post-doctoral fellow to characterize the ultrasound transmission through the brain in newborn patients and adapt the ultrasound therapy for this particular treatment as well as assist with the pre-clinical validation of the application.

Dr. Pichardo is also working on a treatment of focal therapy in young patients using MRgHIFU. By combining fiber-tracking techniques using MRI and MRgHIFU, the research team is aiming to produce thermal lesions in brain locations that will block the electrical pathway that produces the epilepsy. Dr. Pichardo will supervise the efforts to characterize sound propagation in young patients and adapt the technique for this type of treatment.

Thunder Bay Regional Health Sciences Centre

Senior Management

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

March 4, 2015

Medical and Academic Affairs

Academic Affairs and Interprofessional Education

- Positive advances have been made in the improvement of the Medical Clinical Teaching Unit (MCTU), including increased clarity around roles, workload, teaching and learning expectations. Next steps include finalizing an agreement between TBRHSC and NOSM around responsibilities and expectations and creating a committee to support the functioning of the Clinical Teaching Unit.
- We are happy to announce that Leanne Baird will be joining our team in March as Lead, Interprofessional Education. In this position, she will contribute to the integration of the academic mission and goals within the framework of the patient experience by overseeing and coordinating the implementation of quality education in the organization.

Medical Affairs

- Diagnostic Services hosted two site visits for Radiologists during the month of February and three more are scheduled for March.
- One site visit for Obstetrics/Gynecology was held in February.
- A letter of offer has been extended to a Gastroenterologist.
- Radiologist, Dr. David Jacobs, accepted a part-time position in our Diagnostic Imaging Department, and started February 1st.
- Dr. Olga Kisselgoff joined our Hospitalist service full-time on February 9th.

Pharmacy

- Due to staffing challenges the Pharmacy department continues to operate at reduced hours of operation. The IV antibiotic admixture program was restarted earlier this month.
- The Pharmacy Department continues to actively recruit for registered pharmacy technician vacancies.
- Three pharmacists joined the Pharmacy team in February: Heather Spalding, Mariana Khabad and Alexandra Persichino.
- The Pharmacy Department is currently hosting two Pharm D. Students, one from the University of Toronto and one from the University of Waterloo.

EVP, Patient Care Services

Diagnostics
Recruitment

Thunder Bay Regional Health Sciences Centre

Senior Management

- In support of recruitment for difficult to fill vacancies, we have increased student placement opportunities for EEG, Ultrasound, Cardiology technologist (ECG, holter, stress, pacemaker clinic) through Mohawk College, Cambrian, and St. Clair, and La Cite College.

Decreased WT/TAT for Ultrasound Bookings

- Efforts to improve Wait Times(WT) and Turn Around Times (TAT) for appointment bookings (time requisition was received to time appointment booked) has been assisted by improved Ultrasound staffing and a master rotation/booking system.
- In response, TAT for bookings improved from 52 days in December to 9 days by the end of January (Target 2 days).
- Priority 4 (low) requests improved to 6 weeks (target 28 days) from 12-16 weeks
- The enhanced staffing and scheduling has increased our capacity to support 1100 OP and 500 IP procedures, in addition to our ED patients, interventional procedures and breast procedures at the Linda Buchan Centre.

Surgery and Ambulatory Care Services

Fracture Clinic Wait Times

- In an effort to continue to collaborate with all providers to improve and streamline fracture clinic wait times, we have completed:
  - Value stream map
  - Enforced appropriate booking practices
  - Aligned appointment "types" to improve resource management

Wait Time in Minutes

Surgeon	November-14	December-14	January-15
"A"	125.33	95.47	93.52
"B"	89.79	101.00	**137.59
"C"	82.95	40.63	79.51
"D"	68.71	64.41	63.82
"E"	75.61	93.87	93.45
"F"	60.70	54.28	57.96
"G"	71.40	48.27	86.75
"H"	117.29	97.28	99.30
"I"	161.40	144.42	*101.72
"J"	109.49	108.28	92.77
90th percentile	128.94	111.89	105.31

Notable;

- * Historical outlier has significantly improved wait times (~43 minutes), while other **provider times have increased
- Lowest 90th percentile recorded since January 2014
- Decrease in "overall" wait time noted

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General Surgery; Acute Care Service (ACS) Trial

- Department of General Surgery is trialing a rotating week long on call schedule.
- During the week of call the assigned Surgeon will give up all other responsibilities i.e. clinic hours, endoscopy time and operating room blocks.
- The pilot will create 24/7 uninterrupted coverage for urgent patient care needs.
- Enhanced Surgeon availability is expected to positively influence LOS and OR C case flow; the impact is being evaluated.

Northwestern Ontario Comprehensive Pain Prevention & Management Proposal

- TBRHSC and SJCG have collaboratively developed a proposal for a comprehensive pain management strategy to address the needs of the residents of Northwestern Ontario.
- In response to a MOHLTC initiative to address chronic pain management across the Province, the proposal provides for both an acute and interventional chronic pain program at TBRHSC, as well as enhancing services offered at SJCG.
- A draft submission has received preliminary positive feedback, and we anticipate MOHLTC support for an improved chronic pain system in the near future.

National Surgical Quality Improvement Program (NSQIP)

- TBRHSC has been selected to participate in the NSQIP, an 18 month quality improvement initiative through Health Quality Ontario.
- NSQIP offers hospitals high quality clinical data, combined with a quality improvement program designed to decrease surgical complications, improve patient care and outcomes, and decrease the cost of health care delivery.
- Inclusion provides funding for a Surgical Clinical Reviewer and a Surgeon Champion; General Surgery, Orthopedics and Vascular Surgery will be involved in the project.

Emergency /Trauma Services

Improving the Emergency and Primary Care for People with Developmental Disabilities

- A project aimed at implementing evidence-informed clincial enhancements (education, tools and resources) to support improvements in care for individuals with intellectual and developmental disabilities (IDD) began in October 2014.
- Phase one was completed in January 2015 with an interprofessional emergency staff knowledge survey, staff education, community partner engagement (Community Living Thunder Bay, Avenue 2, and The North Community Network of Specialized Care), and enhancement tool identification.
- Phase one resulted in 79 completed interprofessional staff surveys. Where 92% of emergency staff had cared for a patient with IDD in the past year; and only 19% of emergency staff felt equipped with proper resources to make desired accommodations.

- Phase two was initiated in late February 2015 and will be completed by March 31st 2015. The goal for phase two will be to evaluate the enhancement tools and the implementation process, for perceived utility.
- Phase 2 evaluations will use exit surveys with interprofessional emergency staff, and individuals with IDD who have received clinical services at the TBRHSC emergency department and will aim to evaluate the success of the initiative.

Gridlock and Over Capacity Management

- Overcapacity continues across the organization – with the 90th% LOS for admitted patients at 46.64 hours, up from 39.13 hours in January 2014. LOS for non-admitted patients for January was 6.81 hours for non-admitted high acuity patients and 3.18 for non-admitted low acuity patients. Patients waiting in ED at 0800 was up to 25 in January 2015.
- As a result of continued overcapacity pressures, overflow areas were further extended into non-inpatient areas, including:
  - 4 beds in the Post Anesthetic Care Unit
  - 4 beds in the Surgical Day Care Unit
- 6 Orthopedic procedures were cancelled on January 26, and 1 GYN procedure was cancelled February 4, 2015 - all were rescheduled and completed.

Corporate Services and Operations

Financial Services

- The financial position of TBRHSC as at January 31, 2015 is a $5,024,174 deficit compared to a budgeted deficit of $4,661,403 and prior year deficit of $2,275,554.
- Overall, Patient Days are 4,984 greater than budget and 3,803 more than the prior year.
- Emergency visits are 1,832 less than budget and 987 less than prior year.
- Overall, staffing hours are 110,677 greater than budget and 94,676 more than the prior year.
- The interim audit, with our external auditors on site, was conducted in January.
- The first in-class sessions of the Business Ethics and Procurement course, part of the mandatory management Financial Business Program, were held in January.

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.
- Project planning continues for the Cogeneration Project – with final funding and contracts in progress.
- Relocation of IT/IS to 1040 Oliver Rd was completed – which has now allowed for cascading space planning at 980 Oliver Rd.
- Space planning for departments, and future program capacity has been initiated.

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Northwest Supply Chain

- Percentage savings per contract award for all NSC initiatives continues to exceed 16% with a weighted average savings above 10%.
- Educational sessions (2) on the Broad Public Sector Directives - Bill 122 were conducted during the month of January for the Management group.

Chronic Disease Prevention & Management

Cardiovascular & Stroke Program

- The Healthy Lifestyle Program successfully partnered with Adult Mental Health (AMH) to launch a collaborative program allowing mental health inpatients to participate in exercise. Healthy Lifestyle outpatients are benefitting from interactive sessions, "Live with Less Stress" by Dr. Mandy McMahan, clinical psychologist from AMH. Results have been extremely positive to date.
- Agnew Peckham Health Planners are working with TBRHSC to assess opportunities to reduce overall capital costs of the proposed CVS project – the creation of a "One Program, Two Site" model for cardiovascular care with University Health Network's Peter Munk Cardiac Centre (PMCC). In February, discussions with the MOHLTC, CCN, and other stakeholders occurred to assess the provincial impact of this program.
- Caterina Kmill, Regional Stroke Program Director, represented the Northwest Region at the World Stroke Congress to learn about the latest trends in stroke care. TBRHSC's Acute Stroke Intervention Trial, launched early February, is treating selected stroke patients with the new "gold standard" in care. Evidence presented at the congress indicates that early removal of clots causing ischemic stokes greatly improves patient outcomes.
- The Cardiac Cath Lab will begin renovations to replace its oldest imaging system. The new system includes radiation-reducing technology. The project will run for approximately 7 weeks.
- Preparations continue toward the April 6 opening of the dedicated 12-bed Regional Stroke Unit. The unit will occupy a portion of the 2C Cardiovascular Unit. Stroke patients will benefit from an evidence-based approach to care focused on stroke that shows a 30% improvement in outcomes.
- TBRHSC's Cardiology and Informatics are proud to support Sioux Lookout Meno Ya Win Health Centre with their echocardiography needs. Echocardiograms performed in Sioux Lookout will be read and reported by TBRHSC cardiologists through the Christie Cardiology PACS system. All studies and reports will be centrally archived making them accessible to regional practitioners when patients present to hospital and will decrease wait times for reports.

Medicine Services

- The MOHLTC has approved base funding of $289,000 per annum, to launch a Pediatric Bariatric Program which will provide clinical services to children and youth with severe obesity using an interdisciplinary team based model developed by the Ontario Paediatric Bariatric Network. The Program will be developed and

implemented by the Chronic Disease Program and Women & Children's Program. It will strive to treat and reverse complex, severe obesity and associated co-morbidities, preventing further obesity and associated complications, and help to transition the child back into the community.

- The Hospital Elder Life Program (HELP) is a registered, comprehensive program of care for hospitalized older patients, designed to prevent delirium and functional decline during hospitalization. After 5 months, over 100 patients have been enrolled in the program which is supported by 45 trained volunteers. The program's clinical outcome indicators to date show a reduced delirium rate, an improved functional mobility score, and a reduced average length of stay.

Adult and Forensic Mental Health

- Patients began exercise programming with the Healthy Lifestyle Program with great success. As part of this collaborative work, clinical psychologist, Dr. McMahan, has offered stress management group sessions for the Healthy Lifestyle clients.
- The Adult Mental Health Unit continues in overcapacity on an ongoing basis with 20% of funded beds being occupied by a patient awaiting other care (ALC for LTC or Rehabilitation at the LPH).
- Development and implementation of Forensic Mental Health specific education is set to begin in March 2015. It will include Nursing Resource Team staff who provide coverage for the inpatient unit.
- The province's forensics programs have received funding to support the addition of a Behavioural Therapist position (1.0 FTE). Discussions with the MOHLTC are underway regarding the parameters of the funding.

Mental Health Outpatients

- Program realignment is now complete. There are three levels of care: stepped; short-term stabilization and aftercare; and specialized intensive care management (PATH).
- Infrastructure is being put in place for point of care charting.
- Shared Mental Health Care will be undergoing a quality improvement process to streamline service, address wait times, and transition clients to other services.
- The ACT Team is partnering with Prevention & Screening Services to explore ways to incorporate cancer screening opportunities at new client intake.

Regional Cancer Program

- Additional funding has been received to support a Nurse-Led Bone Health Clinic. The clinic will provide assessment, monitoring, and administration of medication for patients exposed to agents that are known to cause deterioration of bone health.
- An oral chemotherapy safety program has been initiated to ensure that no handwritten prescriptions for oral chemotherapy medications are dispensed, as well as providing standardized patient teaching by a Cancer Centre pharmacist regarding safe administration of these drugs.
- PFA's are currently assisting Cancer Centre staff in distributing a Patient Education Needs Survey administered by Cancer Care Ontario (CCO) across the province. The

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Cancer Program will be collecting surveys until March 31, 2015 with a goal of 200. To date, 125 surveys have been collected.

Prevention & Screening Services

- The Diagnostic Assessment Program (DAP) and Endoscopy Department have partnered to develop a survey to improve the quality of care after colonoscopy. Surveys will be distributed between January 12th and March 27th to all colonoscopy patients at TBRHSC.
- A survey was developed by the Chronic Disease Self-Management (CDSM) Steering Committee to determine the current state of CDSM at the front line clinical worker level. A total of 126 responses were collected between January 6th and 16th and statistically analyzed. Focus groups with clinical managers are scheduled in March 2015.
- The Healthy Get-Together education and workshop series continues to be a popular event among staff and the public. February's focus on protein alternatives to red meat was presented by Holly Freill, Registered Dietitian in the Renal Program, and was well received.

Supportive, Palliative Care and Telemedicine Services

- Dr. Kathy Simpson was appointed as Medical Lead, Regional Palliative Care. She will be responsible for development, quality and leadership of Palliative Care Services. She will work collaboratively with stakeholders and partners involved in caring for patients with advanced illnesses, as well as engage healthcare professionals from across the region to implement CCO's Palliative Care Program quality initiatives in alignment with the Provincial Palliative Care Strategy.
- Dr. Kevin Miller's practice focuses primarily on palliative approach to care for non-malignant, chronic disease, including the end-of-life care. This service manages the needs of palliative care patients in hospital, hospice, and in the community. He and Dr. Simpson work closely with the hospital's Advanced Practice Palliative Care Nurse Specialist, Amy Purton, to be available to patients and family members.
- Trina Diner, Manager of Telemedicine Services, will receive the Ontario Telemedicine Network (OTN) Champion of Telemedicine Award. This inaugural award acknowledges the outstanding efforts of individuals in each of Ontario's 14 LHINs who consistently go above and beyond to advance the way Ontario delivers quality, patient-centred care.

Psychosocial Outpatient Research

- Dr. Sellick and his team received three acceptances for presentations at this year's Canadian Association of Psychosocial Oncology Conference in Montreal in April 2015. Additional presentations, in conjunction with the Palliative Care demonstration project and in collaboration with the Community Care Access Centre (CCAC) will be presented at the annual network of CCAC's in March 2015.

Health Human Resources, Planning, and Strategy

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Human Resources, Organizational Development, and Library Services

- Further input is being sought from medical leaders and other hospitals prior to making a final selection for our Leadership Development Program service provider of choice.
- Preparation continues for the April launch of our Employee and Professional Staff Engagement Survey.
- The annual spring hire process continues through February with over 95 new graduate RNs interviewed.

Labour Relations

Negotiations and Grievance Activity - As at February 28th, 2015

	COLLECTIVE AGREEMENT		LABOUR RELATIONS STATISTICS					#
	TERM	DETAILS	Grievances since Jan1/15	GRIEVANCES		ARBITRATION		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 Med.Physicis	Jul. 1, 2013 - Jun. 30,	Current	0	0	0	0	0	2

ts (central)	2016							
PIPSC-Assoc. Rad.Therapists (local)	Oct. 1, 2011 - Sept. 30, 2014	Negotiations are complete.	0	5	3	1	0	23
TOTALS				**48**	**79**	**2**	**1**	**2434**

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Strategy and Performance

2020 Strategic Planning

- February concludes the Focus Group Engagement sessions and March 7 & 31 launch the 5 partners Engagement Session and Accountability.
- The consultants initial observations of the focus group feedback to date show themes consistent with the Strategic Direction draft goals.
- The Steering Committee has provided feedback as participants and guidance to prepare for 5 Partners.
- Thank you to all the Board members who have dedicated time to join the focus groups.
- Phase 3 planning begins.

Decision Support

- Decision Support worked closely with Quality & Risk Management to finalize the 2015-16 Quality Improvement Plan. Performance Improvement and Decision Support staff have been assigned to assist TBRHSC leadership in completing the work plans that support identified improvements.
- Business Intelligence Project: Phase 1 of development of the shared TBRHSC/SJCG initiative is nearing completion and is expected to wrap-up by the end of March 2015. Once phase 1 is complete, much of TBRHSC's clinical and financial data (critical for balanced scorecard and other performance reporting) will be available in a data repository which will enable easier and more robust reporting, as well as support improved root cause analysis. Phase 2 begins in early 2015-16, and leverages the data repository to extend our balanced scorecard reporting to individual departments, as well as identifying other user requirements that can improve decision-making.

Health Records

- The Scanning Project backlog reconciliation was approved and initiated this month.
- Privacy education material for patients has been updated to include the sharing of their laboratory test results into the Ontario Laboratory Information System. The option for patients who don't want their information shared is also outlined.
- Health Records staff participated in an education session on generational differences in the workplace, they were enthusiastic about the information learned.
- Refinement of Length of Stay reports are in development to support the Patient Flow Strategy.

Occupational Health and Safety (OHS)

Lost Shifts due to WSIB

2014/2015	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct.	Nov.	Dec	Jan 2015
Total Number of Incidents	60	54	75	62	61	56	63	90	74	57	76	74
WSIB Health Care Claims	16	7	13	7	11	7	10	21	14	15	16	10
WSIB Lost Time Claims	1	0	0	0	0	0	0	0	2	0	0	1
WSIB Lost Time Recurrences	0	0	0	0	0	0	0	0	0	0	0	0
Lost Time Days	15	3	0	0	0	0	0	0	7	16	0	3
Near misses/hazardous situations	8	13	24	22	23	16	13	19	18	12	17	14
WSIB denied claims	2	3	5	5	3	6	3	4	1	0	0	0

Current Initiatives:

- OHS will continue to provide resources and guidance with Ebola preparedness.
- 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 has been developed for the dispensing of the antiviral to our staff should it be required. Communication has been sent to staff advising of Influenza outbreak protocols.
- MOL has a planned hospital wide visit in early March. Managers were provided with preparation assistance.

Volunteer Services

- 61 Volunteers attended the 2020 Focus Group session on February 9th, 2015. Volunteer Services received excellent feedback from the presentations and expressed their appreciation in being included in the process.
- Volunteer Impact Study to collect data on Volunteer activities has begun in all areas. The data will be used to show the impact on what volunteers do to support Patient and Family Centred Care.
- Twelve new volunteers were recruited in February, half for the HELP program.
- Volunteer Association Board is looking for skill-based Board members who have experience in retail/marketing and finance.
- Attended NAN Career Fair on February 12, 2015 at the Victoria Inn.
- Information Desk Statistics 2014

Inquiries	Test Locations	Wheelchair/walking escorts to locations	Taxi/Ride Requests	Day Surgery	Parking/ Security

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					Inquiries
52,416	13,150	2279	6349	2670	19,693

Quality and Risk Management

- The 2015-16 Quality Improvement Plan (QIP) priorities have been established
- Recommendations to the Board were presented March 4, 2015
- A balanced approach identifying priorities in all dimensions of the QIP has been undertaken
- Executive compensation has been linked as per the Excellent Care for All Act
- Engagement sessions were held with our 5 Partners in Health
- The QIP, Strategic Plan, and the top risks in the organization have been linked to align resources. They also aligned with other Ministry of Health and Long-Term Care requirements to ensure focus on key priorities in the next year

Enterprise Risk Management

- Updates for Q3 were obtained from all programs in the organization
- An increase in completion rate for actions associated with risks identified using the online Stars Audit was observed
- A overall decrease in the number of high probability, high consequence risks was observed
- SMC identified and defined its top 5 risks and assigned a lead for each risk's action plan
- Q4 updates are due late April and will be presented to SMC early May

Research Ethics Office

- The Chair of the Research Ethics Board (REB), Dan Newton, who was also our core member knowledgeable in law, resigned in December 2014.
- A new core member knowledgeable in law and a Chair were recruited.
- The REB members are progressing better than expected with the support and training delivered to its new members by the Research Ethics Office and seasoned REB members.
- The Clinical Trials department relocated their office into 980 Oliver Road.
- The ethical oversight of projects previously performed exclusively at an offsite location had to be transitioned from external REBs to TBRHSC's REB, which was anticipated and their Terms of Reference included this change of oversight.
- The Research Ethics Office and REB have successfully implemented additional submission deadlines and REB meeting dates between January and March of 2015.
- The Research Ethics Office will have facilitated reviews of the same number of projects in this time frame as they did between January and July in 2014.
- The Research Ethics Office is actively involved in planning events for Ethics Week (March 2-6) including a meet and greet between researchers and REB members.

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- Coffee rounds delivering unit specific information on research activity & research ethics topics and a Research Ethics (TCPS2) training session for TBRHSC staff, learners and physicians will take place during Ethics Week.

Research

Cyclotron Update

- The cyclotron arrived from the manufacturer (Advanced Cyclotron Systems Inc. in Richmond B.C.) and was lowered into the bunker on February 10th.
- Staff are overseeing the final construction, inspections and licensing and will be preparing to commence production of isotopes in April/May.

Research Quality Oversight Program Update

- The Governance Working Group has been actively meeting and a meeting of the Steering Committee will be scheduled in the near future.
- The TBRHSC Research Ethics Board has been restructured with a new streamlined membership, revised Terms of Reference and a plan for the future.
- The Research Ethics Office has developed new checklists to ensure transparency of the pre-screening and review process of REB applications to ensure all projects are reviewed in a consistent and transparent manner in accordance with applicable guidelines and regulations.

New Commercialization Opportunity & Collaborations

- TBRRI staff are finalizing an agreement with MaRS Innovation for the commercialization of a new transducer technology.
- Dr. Samuel Pichardo has been working with physicians at SickKids on several projects that would use MR guided HIFU to treat different medical conditions (i.e. intra-ventricular haemorrhage; epilepsy; neuroblastoma; and biopsies in paediatric patients).
- On January 20th, TBRRI Scientists, senior management and representatives of Clinical Trials and the Research Program received a presentation from Keitha McMurray, Director Human Research Protections Program at Sunnybrook – the focus of discussions was on clinical research, regulations, procedures, etc.

Clinical Trials Update

- Clinical Trials offices have been relocated and have been amalgamated into an area on the 2nd floor of TBRHSC.
- Staff are working to develop a patient recruitment strategy and a quality program and to address issues related to investigator initiated trials.

Communications & Engagement, Aboriginal Affairs and Government Relations

Media Activity

- Media calls/requests: 5

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  - nosocomial infections and general cleanliness in Ontarian Hospitals
  - Overcapacity – record 469 in-patients
  - President & CEO resignation
- Media releases: 6
  - Family Care Grants
  - My Cancer IQ
  - Cyclotron Arrival
  - The Travelling Painting
  - PARTY program – now serves francophone students
  - President & CEO resignation
- Media events: 3
  - Family Care Grants
  - Cyclotron Arrival
  - President & CEO resignation
- CJ Features: 21

Aboriginal Affairs

- TBRHSC Strategic Plan 2020 Engagement Sessions held at Blue Sky Healing Centre, Wequedong Lodge and Fort William First Nation with a total of 83 Aboriginal people.
- Orientation on Sensitivity Training to new hires.
- Developed and distributed pamphlets on Aboriginal Services in Thunder Bay to Volunteer Desk & Emergency Department.
- Presented Cultural Sensitivity Training options at the Managers Meeting.
- Attended the North West LHIN Aboriginal Health Forum.
- Aboriginal Patient Navigator in the Emergency Department – position posted.
- Up-coming Walk a Mile Facilitators Training with the City of Thunder Bay.

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Strategic Plan 2020

- Over 450 people engaged "in person" through 16 Focus Group sessions.
- Work continues in recruitment of Community Members for 5 Partners in March .
- Community members can contact Linda Lindsey – lindseyl@tbh.net or 807-684-6010 to participate in 5 Partners on March 7th and March 31st.

Engagement

- iLead participated in "Code of Conduct" engagement session, hosted by Human Resources.

Project Support

- Final preparations for new TBRHSC Website soft-launch
- Communications and event planning continues for the launch of the Respect. Campaign
- Communications plan development with the Regional Stroke Unit for the Endovascular Intervention Pilot Study
- Ebola Task Force support

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Senior Management

- Cardiology Summit – graphics and articles
- Capital Planning – signage design & templates
- Thunder Bay Museum "History of Healthcare" Exhibit
- Cancer Care – Colorectal Campaign ads, Cervical Cancer ads, French translation coordination of forms, brochures and patient information
- PARTY Program – media event and French translation coordination of forms
- Employee Social Association – poster designs and event promotion
- Wellness Committee – website, logo and branding
- HELP/Elder Life Program – support volunteer recruitment
- Health Sciences Foundation Bachelor's Auction – Chisholm is up for Auction!

Government Relations

- A contingent from the City of Thunder Bay carried messages of support to Ministers Hoskins, Gravelle and Mauro at the Feb 22-25 Ontario Municipal Sector ROMA/OGRA conference in Toronto, illustrating their continuing support for provincial funding for the enhancement of comprehensive cardiovascular care services in Northwestern Ontario
- City Officials also supported the need for a five year Northwest LHIN plan to address overcapacity concerns.

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Northern Cancer Fund

Northern Cardiac Fund

Health Sciences Discovery Fund

Report to the Thunder Bay Regional Health Sciences Centre Board of Directors
March 2015

Inspirational HOPE alive and well
The 2015 Bearskin Airlines Hope Classic was a smashing success! These inspirational ladies raised over $142,000 in support of breast cancer patients and their families, bringing their total to **over $2.67 M**. This outstanding event has been pivotal in making possible the success of the Linda Buchan Centre for Breast Screening and Assessment. Mark your calendars as the dates are set for next year for the 20th anniversary – February 5-9, 2016.

Elekta Bachelors for Hope Charity Auction
Get your tickets now! Join us on April 16 at the Victoria Inn for a gourmet dinner and entertainment followed by the auction of 10 of Thunder Bay's finest and most eligible bachelors. Each bachelor comes with a fabulous date package including a main event, dinner at one of Thunder Bay's finest restaurants, and a pamper package for the successful bidder. Women have the option of taking the bachelor on the date or taking their significant other! 100% of monies raised at this event are dedicated to breast cancer research, education, diagnoses, and treatment, and support the needs of breast cancer patients in Northwestern Ontario.

And the Winner Is?
On February 17 we announced the winners of the Save a Heart Car Raffel. Congratulations to June Martyn who was the winner of the 2015 Acura ILX 5 Speed Automatic with Paddle shifters including power sunroof. ($34,043.95 total retail value). Deb Parris who won two return trips from Thunder Bay to any Porter Airlines scheduled destination ($2,000 value) and Annie Whittle who won the Panasonic entertainment package – 39" flatscreen smart TV and blu-ray player ($640 value). Thank you to everyone who purchased a ticket. Proceeds support the Northern Cardiac Fund.

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

Leaving your mark on healthcare
March means that spring is just around the corner – warmer weather and new life are in the air! As you plan for what 2015 has in store for your family, it's important to consider the bigger picture of what you want to impact – the things that touch your family and friends closest. It's likely that you or someone you love has been a patient at the Health Sciences Centre in some way – from new babies born here to the Emergency Department or Pediatric Outpatient – you know the impact health can have on all of our lives.

Take some time this spring to think about how you could impact healthcare offered in our region. A gift to the Health Sciences Foundation in your Will could have significant positive implications for the administration of your estate and will help put tools in the hands of the healthcare professionals at the Health Sciences Centre – offering better care to your children and grandchildren for the future.

Every gift makes a difference and we hope that you've taken the time to think about what your legacy could be. Haven't had a chance? Want to know where your gift could make a difference? Please contact Terri Hrkac, Director, Planned and Major Gifts at 684-7109 for more information.

Thunder Bay Regional Health Sciences Centre

St. Joseph's Care Group

Professional Staff Executive

healthy together

PROFESSIONAL STAFF ASSOCIATION
President's Year End Report 2014-2015

The past year has been one of many challenges and opportunities. As the President of the Professional Staff Association (PSA) I have attended meetings of the medical advisory committee, both hospital boards, as well as all strategic planning sessions. It has been my privilege and honour to represent the PSA at all levels. I am grateful for the support received from Dr. H Telang and Dr. W. Hettenhausen. During time of change and challenge, it is critical that the PSA have strong and consistent representation at all levels, and I am proud to have honoured all of those commitments on your behalf.

During this past year, TBRHSC has actively engaged partners at all levels to forge a strategic plan for the future. This work has involved close partnerships with St. Joseph's Care Group and the LHIN.

Attendance at board retreats was an educational opportunity I appreciated. I can confidently reassure you that the hospital boards are composed of members knowledgeable of current health care challenges, and have provided the governance necessary for a strong, effective, responsible, and adaptive health care environment for Northwestern Ontario and Region.

Critical to the success of our health care mission, vision, and values is our strong relationship with NOSM, Lakehead and Laurentian Universities. As a member of various committees at these organizations, I have fostered a liaison relationship, along with the very talented and knowledgeable Associate Professors of those organizations.

As Commanding Officer of the local Reserve Medical Unit, I have had the opportunity to seek additional sources of education and training for our PSA and learners. I will continue to expand this role in upcoming years.

In an environment of change in the past year, I wish to welcome our new members, congratulate those achieving full-time status, and commend all for their responsible attention to PSA obligations. This will allow us to continue strong leadership on your behalf, and permit additional educational opportunities.

Finally I wish to thank our CEO, Andree Robichaud for her relentless pursuit of excellence for the organization, and past Chief of Staff Dr. G. Porter for his tireless commitment to quality assurance.

Respectfully submitted,

Mark R. Thibert, M.D., MDS, F.R.C.S.(C), FACS

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President
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Secretary/Treasurer
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Chief of Staff Report

to the
Board of Directors
Thunder Bay Regional Health Sciences Centre

March 2015

Chief of Staff

Chief of Staff

New Chief of Oncology

- We are pleased to announce the appointment of Dr. Nicole Laferriere as Chief of Oncology, effective February 4, 2015

Incomplete Records

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

Medical Staff Policy – MS-23

- Following revision of the Medical Staff policy, 'Clinical Consultation for the Most Responsible Physician (MRP) – Emergency Department' last summer, efforts currently focus on accurately capturing data to determine any education gaps and if consultation target times are being reached.

Physician Management Institute (PMI)

- The next Physician Management Institute (PMI) workshop, entitled 'Developing and Leading System Improvement' will be taking place at Whitewater Golf Course on March 6-7, 2015
- The workshop will cover an introduction to quality improvement methods, including a focus on efficiency and access
- This will be attended by 30 of our physician leaders and interprofessional team at Thunder Bay Regional Health Sciences Centre

Chiefs of Staff Council

- A face to face meeting was held February 19 in Thunder Bay
- In addition to the regular agenda, a number of educational items were presented such as the Virtual ICU, a Palliative Care Regional Plan, and LHIN initiatives

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Thunder Bay Regional Health Sciences Centre

CNE – Open Report

to the
Board of Directors
Thunder Bay Regional Health Sciences Centre

March 2015

Chief Nursing Executive

healthy together

Chief Nursing Executive-Open Report

Nursing Resouce Team

- 90 new graduating RN interviews have been completed.
- We anticipate requiring approximately 70 full-time equivalent (FTE) RNs to ensure that TBRHSC has appropriate coverage over the summer months.
- As outlined in the letter of understanding with ONA, we have supported the application of our current part-time and casual staff to increase their FTE over the summer period.
- Following the staffing adjustments anticipated for current RNs (increasing their FTE), we anticipate requiring an additional 60 new temporary FTE RNs, including eight new graduate guarantee positions, to meet our patient care needs

Nursing Practice Council

- In support of a professional practice environment, the Nursing Practice Council identified SBAR (Situation, Background, Assessment, and Response) as the reporting method to implement in order to ensure a consistent and relevant "handover" of care between patient transitions.
- As a first step in meeting this goal, the NPC has streamlined the number of transfer forms currently being used and redesigned the remaining forms to follow the SBAR format.
- Education is currently being delivered to the nursing staff with a plan go-live date of March, 2015

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Northern Ontario
School of Medicine
École de médecine
du Nord de l'Ontario
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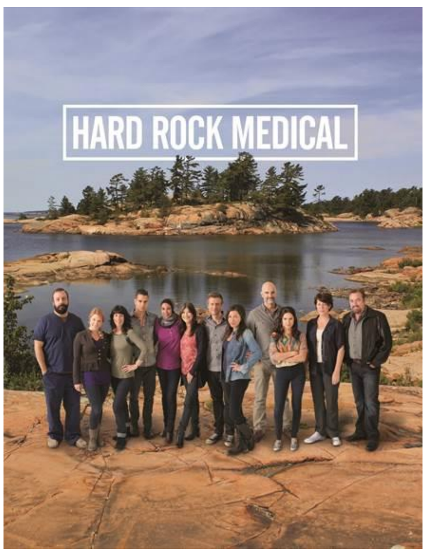
Northern Ontario School of Medicine
Activity Report

Dr. Roger Strasser, Dean-CEO
February 2015

NOSM Staff Awards of Excellence

On Thursday, February 26, NOSM staff members across the North were celebrated at an Awards of Excellence event. Through their individual efforts and accomplishments, these staff members have contributed to NOSM's vision of innovative education and research for a healthier North. Being recognized and recognizing others builds a supportive and positive workplace. The award categories reinforce the importance of the NOSM values of innovation, social accountability, collaboration, inclusiveness, and respect. Congratulations to all award nominees and recipients!

Hard Rock Medical Season 2



On Sunday, February 8th, TVO and partners held a special reception, followed by an advanced screening and Q&A with cast members Patrick McKenna, Angela Asher, and Sudbury's hometown favourite, Stéphane Paquette. *Hard Rock Medical*, a television series loosely inspired by the NOSM. Shot in Sudbury, Hard Rock Medical is the story of a diverse group of medical students navigating their way through the four-year program at Hard Rock U and the unique challenges of delivering healthcare in Ontario's North.

Hard Rock Medical Season 2 premieres on Sunday, February 15 at 8 pm in a 1-hour special broadcast with two back-to-back episodes. The remaining six 30-minute episodes air from Sunday, February 22 to Sunday, March 29 at 8 pm.

Season 2 episodes will be available online at tvo.org/hardrockmed following the broadcast. Watch the trailer.

Training for Health Equity

NOSM is a founding member of the Training for Health Equity network (THEnet), a group of health profession schools worldwide which are guided by a social accountability mandate. THEnet members share a core mission to recruit students from, and produce health professionals for under-served communities. Although our schools operate in different contexts and employ somewhat different strategies, we share the following core principles: 1. Health and social needs of targeted communities guide education, research and service programs; 2. Students are recruited from the communities with the greatest health care needs; 3. Programs are located within or in close proximity to the communities they serve; 4. Much of the learning takes place in the community instead of predominantly in university and teaching hospital settings; 5. The curriculum integrates basic and clinical sciences with population health and social sciences; and early clinical contact increases the relevance and value of theoretical learning; 6. Pedagogical methodologies are student, patient and population centred, service-based and assisted by information communication technology; 7. Community-based practitioners are recruited and trained as teachers and mentors; 8. Partnering with the health system to

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nosm.ca

produce locally relevant competencies; 9. Faculty and programs emphasize and model commitment to public service.

THEnet developed, piloted and published an Evaluation Framework for Socially Accountable Health Professional Education which provided the core content for the Global Consensus on Socially Accountable Education in 2010. Subsequently, THEnet has been successful in researching, reporting and advocating for socially accountable education. On February 19th, the Association of Faculties of Medicine of Canada (AFMC) announced that THEnet is the first recipient of the AFMC - Charles Boelen International Social Accountability Award. This new award was created to highlight outstanding accomplishments in implementing the principles of social accountability in the health field. It is truly exciting that NOSM, through its membership of THEnet, is at the forefront of this global movement for achieving health equity through socially accountable health professional education.

Northern Constellations Register Now

Northern Constellations Faculty Development Conference is NOSM's pre-eminent annual intensive faculty development activity. Faculty members from all Divisions and all parts of Northern Ontario participate in two days of interactive workshops organized into three streams: education, research and leadership. Since 2012, the number of participants has grown each year with over 200 last year. This year's Northern Constellations in Sudbury, March 27-28 will be bigger and better than ever with: three stimulating plenaries (Training for Generalism; Clinical Decision Making in the Operating Room; and Faculty, Staff and Learner Wellness); 38 workshops to choose from including topics like preceptoring and teaching, research and scholarly activity, and educational leadership; as well as Keep movin'on up, a workshop on the NOSM promotions process; Speed dating for a healthier North, a workshop on creating research collaborations; Engaging the millennial learner, a workshop on teaching today's learners; and Negotiation: I win and you don't lose, a workshop on the process of negotiation. Competency based residency training will be featured with workshops presented by NOSM faculty members along with guest presenter, Dr Ken Harris (RCPSC). For individual research consultations, reserve a time by email: Ghislaine Attema (ghislaine.attema@nosm.ca).

NOSM's 10 year anniversary will feature at the Friday dinner, as well as special recognition of faculty awards of excellence and faculty promotions. On Saturday morning, there will be multiple affiliated meetings giving attendees opportunities to network and further develop important academic relationships. Immediately following Northern Constellations 2015, there will be four important PGE retreats for Anesthesia, Family Medicine, Internal Medicine, and Psychiatry. Register now for Northern Constellations at www.nosm.ca/northernconstellations2015 to ensure your hotel room in Sudbury and seat on a charter flight from Thunder Bay, Marathon, Sault Ste Marie, Sioux Lookout, Dryden, Kenora or Fort Frances.

Northern Ontario School of Medicine

École de médecine du Nord de l'Ontario

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Wow! It's Ten Years for NOSM and Bring a Doctor Home Hockey Tournament

On January 22nd, the Northern Ontario School of Medicine (NOSM) and the Bring a Doctor Home Hockey Tournament both celebrated their tenth anniversaries during the week-long hockey tournament held in Sault Ste. Marie.

Each year, employees, retirees, and volunteers of Essar Steel Algoma face off on the ice to raise money for NOSM students who hail from Sault Ste. Marie. During an appreciation event on January 22, 2015, Tournament Director Hal Mogg and NOSM's Advancement Manager Gail Brescia unveiled a hockey banner to recognize the more than $25,000 that the Bring a Doctor Home Hockey Tournament raised last year in support of student bursaries.

Since the Bring a Doctor Home Hockey Tournament's inception, more than $270,000 has been raised for¬ student bursaries that support NOSM medical students raised in the Sault. In addition, the community of Sault Ste. Marie has recruited 18 NOSM-trained physicians since the tournament began.

Community First Credit Union continued their support of the Bring a Doctor Home Hockey Tournament this year by collecting over $1,000 in donations in their two local branches, and by donating an additional $1,500 to directly support NOSM students. Community First Credit Union has also created an additional bursary for NOSM medical students, currently valued at $104,000.

"The Northern Ontario School of Medicine is so pleased to be celebrating its tenth anniversary this year, and we're doing so with gratitude to the many people and communities across the North that make NOSM possible," says Dr. David Marsh, NOSM Deputy Dean and Associate Dean of Community Engagement. "On behalf of the Northern Ontario School of Medicine, I am very grateful to the volunteers and employees of Essar Steel Algoma, to Community First Credit Union, and to the community of Sault Ste. Marie for the generous financial and emotional support that they provide to our learners."

"Organizations such as Essar Steel Algoma, the Northern Ontario School of Medicine, and Community First Credit Union share the same value of community," says Brent Lamming, CEO of Community First Credit Union. "All three of our organizations know how important physicians are to Sault Ste. Marie. We've all come together to proudly support bringing doctors home locally."

"This is the tenth year of the tournament, and we are very excited to see the fruits of our labour," says Hal Mogg, Tournament Director and employee of Essar Steel Algoma Inc. "These students are our children and grandchildren, and are returning home to fill a shortage that is shared by all Northern communities. We can't express how gratified we are that the students and graduates of the Northern Ontario School of Medicine choose to be with us in the Sault."

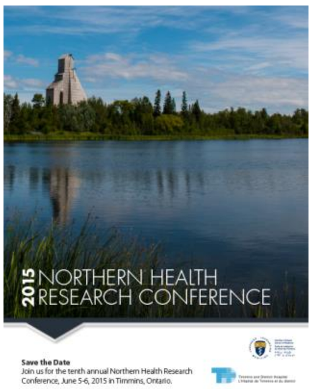
"A bursary like the Bring a Doctor Home Bursary not only alleviates financial burdens that we have as students, but also points to how much support medical students receive from the people of Sault Ste. Marie," says Wilson Stephenson, NOSM medical student who grew up in Sault Ste. Marie. "On behalf of NOSM students, I'd like to thank

Northern Ontario School of Medicine
École de médecine du Nord de l'Ontario

everyone here who has made us feel so welcome, appreciated, and as though the work we're doing in medical school is going to bring something back to this community." Stephenson was one of two NOSM medical students to play in the Bring a Doctor Hockey Tournament this year.

For more information on NOSM's Advancement and Ways to Give, visit the website: http://www.nosm.ca/about_us/giving/default.aspx?id=100

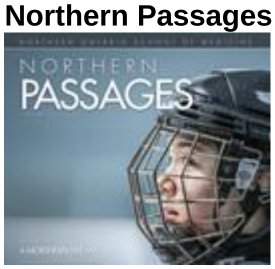
Northern Health Research Conference (NHRC)



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.

For further information visit http://www.nosm.ca/nhrc/

Northern Passages – Latest Edition Available online now!



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

For more news and information visit www.nosm.ca

Respectfully submitted,

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

Thunder Bay Regional Health Sciences Centre
Quality Committee of the Board
February 17, 2015
Administration Boardroom – 4:30 – 6:30 p.m.

Present: Georgia Carr*, Cathy Covino*, Dr. Rhonda Crocker Ellacott*, Susan Fraser, John Friday, Dick Mannisto, Gerry Munt, Andrée Robichaud*

By Invitation: Dr. Peter Voros, Program Director, Adult and Forensic Mental Health, Gary Ferguson, Planning and Project Consultant, Strategy and Performance Management, Deb Emery, Manager, Pharmacy Services, Michael Del Nin, Manager, Decision Support, Wendy Lange, Rec. Sec.

***Regrets*:** Anita Jean, Dr. William McCready*, Doug Shanks, Dave Van Wagoner

1.0 CALL TO ORDER – The Chair called the meeting to order at 4:33 p.m.

1.1 Quorum – Attained.

1.2 Conflict of Interest – None.

1.3 Approval of the Agenda

Moved by: ***Susan Fraser***
Seconded by: ***Gerry Munt***

"The agenda was approved, as circulated." ***Motion***

CARRIED

2.0 PRESENTATIONS/REPORTS

2.1 Adult and Forensic Mental Health Presentation

Dr. Peter Voros, Program Director, Adult and Forensic Mental Health gave the Adult and Forensic Mental Health presentation.

The Adult Mental Health Program is one of two Schedule-One Mental Health Facilities in Northwestern Ontario. The program is responsible for providing acute mental health services to the Thunder Bay District.

* Denotes Non-Voting Member

Thunder Bay Regional Health Sciences Centre (TBRHSC) has the only Forensic Mental Health Facility in Northwestern Ontario. The Forensic Mental Health Program is responsible for providing forensic services for the Thunder Bay, Kenora, and Rainy River Districts.

Adult Mental Health Services include a 30 bed Acute Mental Health Unit, the Mental Health Assessment Team (MHAT), Community Treatment Orders Program, and Brief Intervention Treatment Team.

Forensic Mental Health Services include a 20 bed secure Forensic Mental Health Unit, Outpatient Forensic Mental Health Services, Court Program, Sexual Behaviours Program, Transitional Rehabilitation Housing Program, Brief Assessment Unit, and Youth Forensic Services Program.

Outpatient Mental Health Services include Assertive Community Treatment (ACT) Team and the Shared Mental Health Care Program.

Patient and Family Centred projects include a new family visiting room, two interview rooms in the Emergency Department, recreational activities with the ACT Team and healthy lifestyles with use of the Cardiac Rehabilitation area three times per week.

The program's quality indicators are the development of a least restraint policy and education for hospital-wide restraint use.

The program's quality targets include decreasing in-patient occupancy, decreasing out-patient wait times, decreasing Emergency Department wait times, decreasing Emergency Department revisit rates, and decreasing admissions for less than 30 days.

It was noted that additional psychiatrists are needed to continue with quality improvements.

2.2 <u>Accreditation Update Presentation</u>

Mr. Gary Ferguson, Planning and Project Consultant, Strategy and Performance Management gave the Accreditation Update presentation.

TBRHSC must provide evidence demonstrating compliance with the Required Organizational Practices (ROPs) and Standards prior to October 30, 2015, as noted in the 2014 Accreditation Award Letter.

The seven areas requiring submission of evidence which demonstrates compliance to the standards are Ambulatory Care, Venous Thromboembolism, Organ and Tissue Donation, Ambulatory Systemic Cancer Therapy Services, Pressure Ulcers, Reprocessing, and Infection Prevention and Control.

Thunder Bay Regional Health Sciences Centre

healthy together

Submission Criteria for October 30, 2015, include changes introduced since the time of the initial survey in May 2014, successes achieved, future plans, and completed evaluations.

Accreditation has been received with Conditions. The 2014 mandatory evidence submission has been reviewed and approved by Accreditation Canada. The Accreditation Coordinator will oversee working groups to ensure plans and compliment actions meet compliance requirements by October 30, 2015. The second mandatory submission must be entered into Accreditation Canada's portal prior to October 30, 2015.

Progress made to meet compliance for Ambulatory Care Services include the registering of four staff for new certifications and two staff for recertification with training to begin in May 2015.

Progress made to meet compliance of Venous Thromboembolism include the review of information provided to health professionals and clients about the risks of venous thromboembolism and how to prevent it, ongoing auditing by Pharmacy Services for compliance in the Regional Cancer Care Centre which began in August 2014, and auditing in the medical units which will begin February 2015.

Progress made to meet compliance for Organ and Tissue Donation Services include having a dedicated fridge with a log documenting regular temperature checks by July 2015 and a policy being created which will outline this practice June 2015.

Progress made to meet compliance for Ambulatory Systemic Cancer Therapy Services include staff who will now be required to provide hands on demonstration to the educator yearly, which shows competence in effective Infusion pump operation, including double checks.

Progress made to meet compliance with Pressure Ulcers include initial audits of 11% compliance in August 2014, recent audits which demonstrate 80% compliance as of January 2015, a prevalence audit completed in October 2014, an incidence audit completed in October 2014, and auditing of compliance to continue monthly on all units.

Progress made to meet compliance for Reprocessing includes processes in place for tracking such as a bar code scan of all items to be sterilized allowing the Sterile Reprocessing Department the ability to generate a report via computer, all items in question of a recall can be pulled back from load, autoclave date and load numbers to appear on each item, and the organizations having a second set of neurosurgical and ortho-spine devices as well as a protocol which would be utilized in the case of Creutzfeldt-Jakob Disease being identified in a patient.

Progress made to meet compliance for Infection Prevention and Control includes reviewing and updating TBRHSC 's Pandemic Plan, working on an updated policy, and the submission of a copy of the plan and the policy to be submitted to Accreditation Canada to demonstrate compliance by October 30, 2015.

Next Steps include a second submission to Accreditation Canada prior to October 30, 2015, which demonstrates compliance to ROPs and Standards which Accreditation Canada identified as compliance priorities and meetings with submission working groups with clinical leads to create action plans for the ROPs and Standards identified as a minor compliance priority.

An update will be given to the committee in June with respect to any potential risks.

2.3 Medication Reconciliation Presentation

Ms. Deb Emery, Manager, Pharmacy Services gave a presentation on Medication Reconciliation.

Evaluation of the current progress includes a Meditech Compliance Report which identifies the number of patients for which medication reconciliation has been completed on admission and a Safer Healthcare Now Audit which addresses the quality of the medication reconciliation performed. This involves audits of manual charts by Pharmacy Services. Approximately 150 audits were done per month for the time period of January and June 2014.

Challenges include physician, nursing, and staff buy-in, quality and accuracy of the Best Possible Medication History (BPMH), evaluation process, and no one staff member dedicated full time to work on Medication Reconciliation implementation.

Processes for improvement include ongoing Root Cause Analysis (RCA), process for medication reconciliation on discharge for the medical units, solid physician participation, ongoing BPMH training for new staff, and the full implementation of medication reconciliation processes on all units.

2.4 Enterprise Risk Management and Risk Management Presentation

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

The top five corporate risks identified by Senior Management are Mental Health Psychiatry Resources, Finances/Budget, Overcapacity, Data Centre Back-Up, and Research.

The Enterprise Risk Management Cycle includes defining each risk, confirming risk ratings, determining mitigation strategies/controls that currently exist, assigning a Lead for each risk, and developing action plans to address risks and ensuring alignment with budget and strategic plans.

The following are the current mitigation strategies for each defined risk:

Mental Health – Psychiatry Resources
The lack of adult and child psychiatrists and mental health patients waiting in inappropriate locations due to overcapacity in Emergency Department. A review has been completed.

Finances/Budget
Currently, TBRHSC is underfunded, capital is being eroded, and there is a financial risk of Thunder Bay Regional Research Institute sustainability. A hospital improvement plan has been submitted and lobbying has begun for increased funding.

Overcapacity
Demand for services exceeds current resources; therefore, there is continued potential risk and stress on staff and patients. Patient flow strategies are in place including standardized admission and discharge process, and utilization management system changes .

Primary Data Centre
The current location of the primary data centre is a risk, as there is potential for water damage. A business case will be developed for a new data centre and discussions on-going with partners to explore funding opportunities. A new data centre will be included in the 2016-17 capital budget plan.

Research
Lack of mechanisms to deal with quality issues. The Research Enterprise Initiative has been created to work on these issues.

The following were considered when developing action plans: budget implications, time frames with realistic target dates, resources required, addressing risks in 2020 Strategic Plan, and the continuation of the risk management cycle. Quarterly progress report updates to Senior Management Council will be expected for each action plan in September, November, February, and May annually.

A request was made to bring back information to the Quality Committee of the Board members regarding our offsite back-up data centre. — ***C. Covino***

3.0 CONSENT AGENDA

Moved by: ***Gerry Munt***
Seconded by: ***Susan Fraser***

"That the Quality Committee of the Board:
3.1 Approves the Quality Committee of the Board Minutes of January 20, 2015, as presented." — ***Motion***

* Denotes Non-Voting Member

CARRIED

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

5.0 BUSINESS/COMMITTEE MATTERS

5.1 2015-16 Quality Improvement Plan

Ms. Cathy Covino and Mr. Michael Del Nin, Manager, Decision Support gave an update on the 2015/16 Quality Improvement Plan (QIP) submission package.

The QIP package is submitted to Health Quality Ontario and the North West Local Health Integration Network. It includes a Narrative Report, a data spreadsheet, and a 2014-15 Progress Report.

The 8 Priority Indicators of the 2015/16 Quality Improvement Plan that are linked to executive compensation are as follows:

Access:
Emergency Department Wait Time: 90th percentile Emergency Department length of stay for admitted patients
Current Performance = 36.2
Target = 32.6

Effectiveness:
Total Margin
Current Performance = 1.98%
Target = 0.0%

Integrated:
Length of Stay (excluding ALC days)
Current Performance = 5.83
Target = 5.63

Patient Centred:
Patient Satisfaction - Percentage positive NRC+Picker Responses for "Overall, How Would You Rate the Care and Services you Received at the Hospital?"

In-Patient: Current Performance = 93.5%
Target = 95.3%

Emergency Department: Current Performance = 85.1%
Target = 86.9%

Improve staff and physician satisfaction with their work at TBRHSC.
Current Performance = Employee Satisfaction 55.08% / Physician Satisfaction 57%
Target = Both Employee and Physician Satisfaction 60%

Safety:
Medication Reconciliation
Percentage of Eligible Patients for Whom Medication Reconciliation was Performed on Admission
Current Performance = 60.5%
Target = 66.5%

Percentage of Eligible Patients for Whom Medication Reconciliation was Performed on Discharge – New Quality Indicator
No Target for 2015-16 as Thunder Bay Regional Health Sciences Centre will review requirements and develop and new sustainable approach for medication reconciliation on discharge. This will be a process measure.

The QIP has been reviewed extensively by Senior Management Council and is in compliance with the Excellent Care for All Act. Engagement with 5 Partners in Health, Patient Family Advisors, and the public have occurred.

A request was made for the committee members to review and provide feedback prior to the March 4, 2015 Board Meeting.

Moved by: ***Susan Fraser***
Seconded by: ***John Friday***

"The Quality Committee of the Board recommends that the Board of Directors approve the 2015/16 Quality Improvement Plan submission package, subject to feedback from the committee members on the Narrative." | ***Motion***

CARRIED

6.0 FOR INFORMATION – None.

7.0 BOARD MEMBER COMMENTS – None.

8.0 DATE OF NEXT MEETING – March 18, 2015

9.0 ADJOURNMENT

* Denotes Non-Voting Member

2015-16 Quality Improvement Plan (QIP) Update
March 4, 2015 to the Board

Presented by
Cathy Covino, Senior Director
Quality and Risk Management

Progress Report 2014-15 QIP Priorities - 0 Met

- Reduce the Alternative Level of Care days to improve access to acute care services at TBRHSC and collaborate with our community partners to manage overcapacity at TBRHSC; (Gridlock)
- Improve our Medication Reconciliation Process at Admission;
- Balance our budget and ensure a sustainable hospital system;
- Improve the patient experience through targeted strategies addressing “Overall, how would you rate the care and services you received at the hospital?” to ensure patients are satisfied with the care they receive;
- Reduce unplanned readmissions within 30 days;
- Reduce Emergency Department wait times.

QIP Priorities 2015-16

1. Compliance with Medication Reconciliation - % eligible patients for whom medication reconciliation was performed on admission

2. Compliance with Medication Reconciliation - % eligible patients for whom medication reconciliation was performed on discharge

3. Improve Patient Experience - % positive responses on NRC+Picker Surveys for question, “Overall, how would you rate the care and services you received at the hospital" – inpatient

4. Improve Patient Experience - % positive responses on NRC+Picker surveys for question, “Overall, how would you rate the care and services you received at the hospital - ED Patients

5. Improve Financial Health - Total Margin - the discussion was to look at a target with overcapacity costs removed to balance

6. Length of Stay - excluding ALC.

7. Reduce Wait Times in ER - 90th percentile ER length of stay (hours) for admitted patients

8. Increase Staff and Physician Satisfaction - overall staff and physician satisfaction

2015-16 Quality Improvement Plan Priorities and Targets

Objective	Current Performance	Target 2015-16
Reduce admitted wait time in the ED	36.2	32.6
Improve Organizational financial health	(1.98%)	0.00%
Reduce Length of Stay for patients at TBRHSC	5.83	5.63
Provide Patient with the Best possible experience- All Patients	93.5%	95.3%
Provide Patient with the Best possible experience- ER	85.1%	86.9%
Improve Staff and Physician Satisfaction with their work at TBRHSC	55.8% Employee 57.00% Physician	60.00% Employee 60% Physician
Increase proportion of patient receiving medication reconciliation on admission as a proportion of the total number of Patients admitted	60.5%	66.5%
Increase proportion of patient receiving medication reconciliation on discharge as a proportion of the total number of Patients discharged	Process implementation	Process measure

Review Process

- Senior Management Council review Nov - Feb
- Engagement of the Directors responsible for Action Plan development Dec - Jan
- Reviewed with Managers and Directors quarterly and upon completion for following year
- Quality Committee of the Board review quarterly and Jan – Mar for development
- Board review and approval at March 4, 2015
- Review at Medical Advisory Council March 24, 2015
- An engagement forum was held with our 5 Partners in Health including the Public and Patient and Family Advisors

Updates Since Last Review

- Action Plan for Employee and Physician Satisfaction
- Financial Margin Target to Exclude Overcapacity Costs
- Patient Satisfaction Action Plans

Executive Compensation

- Linked to the QIP
- Have to enter percentage in Navigator this year
- 2% as in the past
- All 8 indicators divided equally

Submission Process

- **Signing of the Narrative Report by the Board Chair, Quality Committee of the Board Chair, and President and CEO**
- **Entry of QIP information into Navigator by April 1, 2015 - 3 documents:**

  1) Progress Report,

  2) Narrative Report, and

  3) Spreadsheet with Indicators and Action Plans
- **Posting on TBRHSC web site and submission to LHIN and Health Quality Ontario by April 1, 2015**

QIP Compliance with Excellent Care for All Act

- **Critical incident reporting - actions considered ensure their QIPs are developed having regard to the organization's aggregated critical incident data, and the hospital administrator must establish a system for analyzing critical incidents and developing a system-wide plan to avoid or reduce the risk of further similar incidents**
- **Focus on performance – targets and benchmarks**
- **Patient/Client/Resident engagement and surveying**
- **Links to strategic and business planning processes, Ministry of Health and Long-Term Care agreements and the top corporate risks**
- **Commitments to your patients/clients/residents/community on improved performance, and sets out the steps to get there**

Questions?

2015/16 Quality Improvement Plan for Ontario Hospitals
"Improvement Targets and Initiatives"

Thunder Bay Regional Health Sciences Centre
980 Oliver Road

AIM		Measure							Change				
Quality dimension	**Objective**	**Measure/Indicator**	**Unit / Population**	**Source / Period**	**Current performance**	**Target**	**Target justification**	**Priority level**	**Planned improvement initiatives (Change Ideas)**	**Methods**	**Process measures**	**Goal for change ideas**	**Comments**
Access	Reduce admitted wait times in the ED	ED Wait times: 90th percentile ED length of stay for Admitted patients.	Hours / ED patients	CCO iPort Access / Q1 – Q3 2014/15	36.2	32.6	2015-16 target of 32.6 hours is a preliminary estimate. Final 2015-16 target will be based on a 10% improvement form 2014-15 Q4 actual results.	Improve	1) Optimize Pay for Performance strategies in the Emergency Department and throughout the organization.	Implement Pay for Performance and patient flow strategies.	- 75% all P4R planned initiatives in place by Apr 2015 - 100% in place by Sep 2015.	Reduce admitted length of stay for ED patients	Achievement of identified target is contingent on sufficient Pay for Performance funding from the Northwest LHIN.
									2) Maintain optimal number of overflow beds in the organization to improve admitted patient flow.	Secure funding to maintain overflow beds	Secure funding by Jun 2015.	Reduce admitted length of stay for ED patients	Achievement of improvement initiative contingent of sufficient Pay for Performance funding from the Northwest LHIN.
									3) - In collaboration with the Office of Strategy & Performance and Decision Support analyze and develop a plan to optimize the Medical Overflow unit (T3M) to reduce LOS and improve care outcomes. - Implement one or more improvement process activities. - Implement resource optimization within budget resources.	Review of current state, processes, resources, care model and associated metrics.	Complete facilitated review with process improvement experts by Mar 31, 2015	Reduce admitted length of stay for ED patients	
									4) Utilize Medworxx data to create targeted strategies to improve patient flow	Monitor lengths of stay (LOS) by service/dept., include on program scorecard and review quarterly.	Individual dept. length of stay to be monitored monthly with Pay-For-Results committee, depts. with length of stay greater than 30 hrs. will be consulted to discuss specific improvement strategies.	Reduce admitted length of stay for ED patients	
									5) Complete outstanding work from standardized admission working group.	Successful implementation of revised Bed Management, Gridlock and Clinical Consultation policies.	Standardized admission process by Dec 2015.	Reduce admitted length of stay for ED patients	
									6) Create new targeted strategies with standardized admission working group for 15-16.	Update project charter and action plan.	- Action plan created by Apr 2015. - Implement and complete 50% of actions by Dec 2015 and 100 % completion by Mar 31, 2016	Reduce admitted length of stay for ED patients	
									7) Evaluate the impact from the Enhanced Care Clinic Demonstration Project.	Review and identify opportunities to contribute to positive results.	Monitor process and results	Reduce wait time in ED.	
Effectiveness	Improve organizational financial health	Total Margin (consolidated): % by which total corporate (consolidated) revenues exceed or fall short of total corporate (consolidated)	%	OHRS, MOH / Q3 2014/15	(1.98%)	0.00%	**Achievement of TBRHSC's 15-16 margin target of 0.00% is conditional upon elimination of its current overcapacity status. If overcapacity cannot**	Improve	1) Ensure TBRHSC is financially healthy and both able to provide required patient care, and to fulfill its mandate as an academic health sciences centre.	- Pursue additional funding which includes: - Funding for unavoidable overcapacity. - Ensuring new or expanded services include appropriate funding to ensure they are sustainable.	Completion and submission of TBRHSC funding strategy document, review with NWLHIN and MOHLTC and resolution by Jun 30, 2015.	Improve TBRSHC's financial health	

AIM		Measure							Change				
Quality dimension	**Objective**	**Measure/Indicator**	**Unit / Population**	**Source / Period**	**Current performance**	**Target**	**Target justification**	**Priority level**	**Planned improvement initiatives (Change Ideas)**	**Methods**	**Process measures**	**Goal for change ideas**	**Comments**
		expense, excluding the impact of facility amortization, in a given year.					**be eliminated, the gross margin target will be adjusted proportionately to reflect average overcapacity for the 15-16 fiscal year.** ~~0.00% target required per HSAA agreement with NWLHIN.~~			- Contract or eliminate hospital activities served more efficiently in the community environment.	Review to be completed by Sep 30, 2015.	Improve TBRSHC's financial health	
										Leverage reductions in patient days and occupancy due to TBRHSC improvements in length of stay and reduction of ALC days initiated by regional partners.	Completion of outlined methods by end of 2015-16	Improve TBRSHC's financial health	
										d) Identify, investigate and implement improvements in areas where data suggests potential efficiencies exist.	Completion of outlined methods by end of 2015-16	Improve TBRSHC's financial health	
										e) In 2015-16, plan for implementation of case costing in 2016-17. Case costing is expected to provide additional data which TBRHSC can use to asses its efficiency and effectiveness versus Ontario peer hospitals.	Completion of outlined methods by end of 2015-16	Improve TBRSHC's financial health	
Integrated	Reduce length of stay for patients of TBRHSC	Length of stay (excluding ALC days)	Days	CIHI DAD / Q2 2014/15	5.83	5.63	Preliminary target is 5.63, developed by TBRHSC's Patient Flow Strategy Project Team and based on a review of gaps between TBRHSC's average length of stay for Apr - Sep 2014, its HIG expected length of stay, and estimates of improvements that can be achieved during 2015-16. Actual 2015-16 target will be based on a .2 day reduction from the 14-15 Q4 length of stay. Note that the target may vary during 2015-16 due to changes in case mix or other factors related to HIG expected length of stay.	Improve	1) Use LHIN funding to assist with ongoing patient flow and ED wait times	Emergency Department Pay for Results (ED P4R) strategic initiatives targeted to the ED admitted patient population and inpatient flow efficiencies.	Finalize 15-16 ED P4R initiatives and related funding by Apr 30, 2015.	Improve patient flow by reducing length of stay.	
									2) Leverage patient flow software to enable understanding of root causes for longer patient stays	Utilize patient flow software (e.g., Medworxx Clinical Criteria/Utilization Management System) to: a) assess patients b) identify reasons for delays in care c) enable opportunity for strategic initiatives to address reasons for delays in care.	Completion of outlined methods on ongoing basis throughout 2015-16	Improve patient flow by reducing length of stay.	
									3) Ensure physicians understand length of stay results and where improvements are required.	Engage physician leadership (e.g. Chief of Staff, Chief of Department, Medical Lead of Section) re: patient flow software, and collaborate to develop initiatives to address physician related reasons for delays in care.	- 100% of physician leadership engaged by Jun 30, 2015. - Identify a minimum of 3 initiatives to improve on physician-related delays in care.	Improve patient flow by reducing length of stay.	
									4) Continue implementation of Quality Based Procedures (QBPs) and clinical pathways.	Engage clinical and physician leadership on requirements of QBPs and related clinical pathways.	- Completion of outlined methods on ongoing basis throughout 2015-16	Improve patient flow by reducing length of stay.	
									4) Encourage system partners to assist in enabling timely patient discharge on specific pathways.	Collaborate with system partners (e.g., NW CCAC, SJCG) to develop strategic initiatives to enable timely patient discharge on specific discharge pathways (e.g., Home with Supports with NW CCAC, Complex Continuing Care or Rehabilitation with SJCG).	Completion of outlined methods on ongoing basis throughout 2015-16	Improve patient flow by reducing length of stay.	

AIM		Measure							Change				
Quality dimension	**Objective**	**Measure/Indicator**	**Unit / Population**	**Source / Period**	**Current performance**	**Target**	**Target justification**	**Priority level**	**Planned improvement initiatives (Change Ideas)**	**Methods**	**Process measures**	**Goal for change ideas**	**Comments**
Patient-centred	Provide patients with the best possible experience	From NRC Picker: "Overall, how would you rate the care and services you received at the hospital (inpatient care)?" (add together % of those who responded "Excellent, Very Good and Good").	% / All patients	NRC Picker / Apr 2014 - Sep 2014	93.5%	95.3%	2015-16 target is 2014-15 Q1-Q2 ON teaching average.	Improve	1) Enhance understanding and continue to grow TBRHSC's patient and family-centred care philosophy to embed the best practices and optimize clinical outcomes.	**a) Enhance understanding of patient satisfaction to enable creation of meaningful action plans.** ~~**Increase understanding of patient satisfaction into meaningful action plans.**~~	**a) Action plans in place for 100% of targeted units.** ~~**% compliance**~~	1) Ensure leadership and staff are able to interpret patient satisfaction data and can develop meaningful action plans to address improvement opportunities.	
										b) All clinical areas will report satisfaction results on scorecard. ~~including out-patient areas.~~	b) Scorecard reporting in place for 100% of targeted units. ~~Completion of outlined method on ongoing basis throughout 2015.~~	2) Ensure leadership and staff are aware of patient satisfaction results, compared to targets.	
										c) Enhance performance re: current PFCC strategies through coaching related to: - NOD (name, occupation, do). - Patient communication whiteboard. - Purposeful rounding.	c) Completion of outlined methods: - NOD = 90% - Whiteboard = 80% - Purposeful rounding = TBD	3) Improve patient satisfaction.	
										4) Implement new PFCC strategies to enhance the patient experience and **optimize** care outcomes. **i.e.** - Discharge follow-up. - Bedside shift report. - Pilot staff communication boards.	d) **- Evaluation of strategy related to patient satisfaction outcomes.** ~~- Discharge = % pts contacted~~ ~~- Bedside shift report = % compliance~~	4) Improve patient satisfaction.	
										e) Each unit~~/area~~ will reviews its 14-15 NRC-Picker results patient satisfaction results and related comments to determine gaps in performance. **Each unit** will identify and undertake at least one improvement initiatives in addition to corporate initiatives, and **will monitor for success.** ~~progress over 2015-16~~.	e) - **100% of targeted units have developed and implemented one new improvement initiative.** **- 100% of targeted units are monitoring results for success.** - ~~Completion of outlined methods~~	5) Improve patient satisfaction	
		From NRC Picker: "Overall, how would you rate the care and services you received at the ED?" (add together % of those who responded "Excellent, Very Good and Good").	% / All patients	NRC Picker / Apr 2014 - Sep 2014	85.1%	86.9%	2015-16 target is 2014-15 Q1-Q2 ON teaching avg.	Improve	1) Enhance understanding and continue to grow TBRHSC's patient and family-centred care philosophy to embed the best practices and optimize clinical outcomes.	1) **Enhance understanding of patient satisfaction to enable creation of meaningful action plans.** ~~Increase understanding of patient satisfaction into meaningful action plans.~~	**Action plans in place.** ~~Completion of outlined method~~	Improve patient satisfaction	
										2) ED will report satisfaction results on scorecard.	**Scorecard reporting in place.** ~~Completion of outlined method~~	Improve patient satisfaction	
										3) Enhance performance re: current PFCC strategies through coaching related to: - NOD (name, occupation, do). - Purposeful rounding.	Completion of outlined method: - NOD = 90%. - Purposeful rounding = TBD.	Improve patient satisfaction	
	Improve staff and physician satisfaction with their work at TBRHSC.	Overall percent positive scores for staff and physician satisfaction	% / All staff respondents; % / All physician respondents	NRC Picker / 2011-12 survey	55.08% employee; 57.00% physician	60.00% employee; 60.00% physician	2015-16 target is based on results for 35 Ontario peers.	Improve	2) Engage staff and physicians regarding their satisfaction.	Staff and physician engagement survey will be conducted in Apr 2015.	Target increase in survey response rate to 51.5% for both staff and physicians (previous response rates were 32.8% for staff and 35.5% for physicians) by using on-line and paper options, promotion, and offering incentives to participate.	Improve staff and physician satisfaction.	

AIM		Measure							Change				
Quality dimension	**Objective**	**Measure/Indicator**	**Unit / Population**	**Source / Period**	**Current performance**	**Target**	**Target justification**	**Priority level**	**Planned improvement initiatives (Change Ideas)**	**Methods**	**Process measures**	**Goal for change ideas**	**Comments**
										Staff and physicians will be informed of activities that have occurred since the last survey to address concerns identified in 2012.	**Completion of outlined method.**	**Improve staff and physician satisfaction.**	
										Survey results to be used to develop program/service action plans.	Each program/service will have an action plan based on survey feedback.	Improve staff and physician satisfaction.	
Safety	Increase proportion of patients receiving medication reconciliation upon admission	Medication reconciliation at admission: The total number of patients with medications reconciled as a proportion of the total number of patients admitted to the hospital.	% / All patients	In-house data collection / Apr 2014 - Dec 2014	60.5%	66.5%	TBRHSC's results have improved by approximately 18% over 2014-15 but are still below its 80% target. For 2015-16, TBRSHC's preliminary target is 66.5% and will be adjusted to reflect a 10% improvement on TBRHSC's 14-15 Q4 actual results.	Improve	1) Continue monitoring medication reconciliation compliance on an ongoing basis. Increase emphasis on regular reviews and follow-ups for units where performance is lagging targets, and provide support and assistance where required.	Report and monitor compliance monthly and quarterly, using reports for units and balanced scorecards for senior leadership and program/service leadership.	Complete required methods	Increase patient safety by having a process in place to reconcile medications.	
									2) Complete Safer Healthcare Now audits.	Pharmacists to complete audits of medication reconciliation for sample of admissions for each unit.	Continue completion of audits.	Ensure medication reconciliation is effective.	
									3) Continue to engage staff and physicians.	Engage staff and physicians through presentation of medication reconciliation results.	Education huddles for nursing staff based on audit results. Forward audit results to MAC monthly for review.	Ensure staff and physicians understand purpose of medication reconciliation, as well as current compliance.	
	Increase proportion of patients receiving medication reconciliation on discharge	Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion of the total number of patients discharged.					No target for 2015-16 as TBRHSC will review requirements and develop a new sustainable approach for medication reconciliation on discharge	Improve	Investigate scope and alternative models used by peer hospitals for completion of medication reconciliation and adopt appropriate model for TBRHSC's use going forward.	- Review approaches to medication reconciliation on discharge used by Ontario peers. - Assess approaches to determine best fit for TBRHSC. - Determine cost impacts and seek required approvals. - Plan for implementation in 2016-17.	Completion of all required activities by Dec 31, 2015.	Develop new sustainable approach for medication reconciliation on discharge.	

Let's Make Healthy Change Happen.

Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario

Thunder Bay Regional Health Sciences Centre

3/4/2015

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

Overview

Thunder Bay Regional Health Sciences Centre was nationally recognized through Accreditation Canada in 2011 as leaders in Patient and Family Centered Care. Our Mission - "We will deliver a quality patient experience in an academic health care environment that is responsive to the needs of the population of Northwestern Ontario," demonstrates our continuing commitment.

TBRHSC proudly demonstrates leadership in Patient and Family Centered care, as such, we start each meeting with a patient story to set the tone for the meeting and focus our attention on what matters, our patient's experience.

Thunder Bay Regional Health Sciences Centre boasts over 90% completion rate for the 2015 Strategic Plan. This is impressive to say the least. Dr. Charles Boelen's Towards Unity for Health engagement strategy guides us to ensuring our 5 Partners are contributing to our Strategic Plan and we are updating them with our progress yearly. The new strategic directions - Patient Experience and Senior's Health, along with the continuing Acute Mental Health, Comprehensive Clinical Care, and Aboriginal Health will guide the organization to 2020. We continue to deliver care within the context of our values - Patients First, Accountability, Respect, and Excellence. Supporting our Mission, "We will deliver a quality patient experience in an academic health care environment that is responsive to the needs of the population of Northwestern Ontario."

The priority objectives for Thunder Bay Regional Health Sciences Centre's 2015-16 Quality Improvement Plan were established through engagement with our 5 partners, community members and Patient and Family Advisors. These include:

1. Compliance with Medication Reconciliation - % eligible patients for whom medication reconciliation was performed on admission.
2. Compliance with Medication Reconciliation - % eligible patients for whom medication reconciliation was performed on discharge.
3. Improve Patient Experience - % positive responses on NRC+Picker Surveys for question, “Overall, how would you rate the care and services you received at the hospital" - inpatient
4. Improve Patient Experience - % positive responses on NRC+Picker surveys for question, “Overall, how would you rate the care and services you received at the hospital - ED Patients
5. Improve Financial Health - Total Margin - the discussion was to look at a target with overcapacity costs removed to balance
6. Length of Stay - excluding ALC.
7. Reduce Wait Times in ER - 90th percentile ER length of stay (hours) for admitted patients
8. Increase Staff and Physician Satisfaction - overall staff and physician satisfaction

Medication Reconciliation and Patient Experience align with Accreditation Canada requirements while the ER Wait Times, Length of Stay, and Financial Health align with the Hospital Service Accountability Agreement. Thunder Bay Regional Health Sciences Centre proudly leads in adding the Staff and Physician Satisfaction scores to our Quality Improvement Plan to provide a well-rounded Quality Improvement Plan as we believe that patient satisfaction scores and physician and staff satisfaction are required to provide quality care. We also believe in the correlation between satisfaction of Physicians and Staff to Patient satisfaction.

The Quality Improvement Plan submission is a key element in Thunder Bay Regional Health Sciences Centre's continuous efforts to provided excellent health care to the residents of Northwestern Ontario. It provides "scorecard evidence" on how well Thunder Bay Regional Health Sciences Centre is performing on a number of important initiatives that align with other accountabilities. Thunder Bay Regional Health Sciences Centre's commitment goes beyond the numbers on a chart. We have approximately 100 Patient and Family Advisors participating on virtually all committees, councils, and working groups. Our Lead for Patient and Family Centred Care is also working with Accreditation Canada and the Ontario Hospital Association demonstrating our leadership.

We have linked 8 Quality Improvement Plan priorities to executive compensation in compliance with the Excellent Care for All Act. We want to ensure a balanced approach to improvement and strive to have priorities in each of the dimensions. These key priority indicators will be monitored quarterly throughout the organization and at the Quality Committee of the Board.

Integration & Continuity of Care

Thunder Bay Regional Health Sciences Centre continues to use engagement with our 5 Partners in health to develop our 2020 Strategic Plan as well as in the development of our Quality Improvement Plan priorities. Partnerships ensure that our patients receive high level care along the continuum. Our brief episode of interaction with our patients along their continuum speaks to the requirement to align with our partners to deliver consistent high quality care. Developments of pathways for Quality-Based Procedures that are evidence based does advance our care and ensure alignment with partners as they carry on with the pre and post-acute phases. Partners include St. Joseph's Care Group, the Alzheimer's Society, Wesway, Children's Aid Society, Thunder Bay Police Services, Thunder Bay Fire and Rescue, the Canadian Mental Health Association, Community Care Access Centre, Dilico, Community Living Thunder Bay, Lutheran Community Care, Lakehead University, Confederation College, Northern Ontario School of Medicine, long-term care providers, and regional partners. They are imperative to our successful provision of care across the continuum for our patients.

Preventing readmissions requires a collaborative approach with our regional and community partners across the continuum of care including congruent pathways and access to outpatient follow up services such as the Chronic Disease Management Centre including diabetes management. Our model is to ensure the right care at the right place at the right time by the right provider. Thunder Bay Regional Health Sciences Centre's role is to link our patients with others who provide an appropriate level of care.

Collaboration with our partners continues on overcapacity issues. Through a systems approach, we are working together on solutions to affect this serious concern. Efforts to address our significant amputation and cardiac rates have been undertaken through a partnership with the University Health Network and the Cardiac Care Network.

The LHIN 14 Quality/Risk Management Section co-chaired by a member of the Ontario Hospital Association bring our regional partners to the table to discuss common issues and seek solutions as well as share valuable information. This group is comprised of quality and safety leads in LHIN 14. This is only one example of the Regional Collaboration that exists as our finance, Nursing, and Physician groups also meet to discuss care and opportunities for success.

Through our strategic planning process we look to align services to provide the best care to Patients in Northwestern Ontario. Moving forward with telemedicine visitation, telehomcare monitoring and Regional Intensive Care support via telemedicine are just some examples of how we are collaborating to ensure safe, timely, and effective care close to home.

Challenges, Risks & Mitigation Strategies

The Quality Improvement Plan (QIP) identifies some of the corporate challenges or risks faced by TBRHSC. The QIP articulates action items related to overcapacity, financial/budget restraints, Length of stay and mental health services. These have been identified as high risks for the organization.

The overcapacity issue challenges our ability to provide care. The ripple effect of this has potential impact on our length of stay, financial margin, and satisfaction survey results. Providing care in unconventional care settings and long waits for transfers to an inpatient unit affect the overall care provided to patients. Continuously caring for 40 - 50 more patients than we are funded to care for has a direct impact on our ability to balance our budget. The resources used for caring for the patients are not funded. Layered with medical and nursing care are nutrition, pharmacy, laundry, and other costs associated with patient care.

The mental health service is one of the highest overcapacity areas. The resources are continually stretched to try to meet the demand. A review has been undertaken and work has begun to implement changes to improve psychiatry services at Thunder Bay Regional Health Sciences Centre. Collaboration with St. Joseph's Care Group on this issue is imperative. Strategic discussions are occurring around leadership, ownership, resources and lobbying the Ministry of Health and Long Term Care for solutions.

There are inherent challenges with participation is surveys whether they be Patient, Staff or Physician surveys. Strategies to increase response rates are underway. The benefits to increased response rates are that you will be basing your improvement activities on statistically significant information.

Inherent with any collaboration is the risk of interdependence. The goal is to ensure the right care at the right place at the right time by the right provider. Building and maintaining relationships is the only way to deliver effective care to our population.

Information Management

Thunder Bay Regional Health Sciences Centre is fortunate enough to have rich data sources. We have been able to analyze the data and convince others of our situation. An example of this is using Electronic Medical Record (EMR) and data collected for our pay for performance requirements. We also presented data to the Ministry of Health and Long-Term Care that resulted in funding across the system in March of 2014. We use our utilization data to work with the Community Care Access Centre, St. Joseph's Care Group, and our North West Local Health Integration Network to identify the Alternate Level of Care (ALC) issues and trending. Based on a variety of metrics (efficiency benchmarking, cost per weighted case, cost per inpatient stay, etc.), Thunder Bay Regional Health Sciences Centre has demonstrated it is a very efficient hospital. Specifically, Thunder Bay Regional Health Sciences Centre's cost per weighted case compared to its expected cost per weighted case is the most efficient in Ontario.

Data is used for assessment of our Quality-Based Procedures and the selection of priority Quality-Based Procedures to focus on. The assessment includes the number of patients utilizing this service, as well as readmission rates and other information to assist in deciding which Quality-Based Procedures we develop pathways for. We have quarterly reviews that utilize data to support change and assess progress. We are working on a process that incorporates Quality-Based Procedures, the Quality Improvement Plan, and the use of readmission data to utilize the same data and prevent rework. This will allow a more holistic view of the information and what information is required.

We are fortunate that all of the Northwest LHIN is using the same electronic medical record (EMR). This helps to smooth transitions and the ability to share information. Physician office integration has also assisted so that records can be accessed in Physician offices for test results, information on the Patient's last vast and history of illness all in one spot. Data retrieved from our EMR is used for strategic planning and developing initiatives such as the Enhanced Care Team clinic. EMR data is used for revenue tracking for accommodation charges, isolation days and many other quality initiatives.

We have developed a compliments and concerns database in house that allows us to access data on the number of concerns. The data reveals the categories or type of concern and we can sort information by department to assist process improvement in areas where concerns have trends.

Engagement of Clinicians & Leadership

The Quality Improvement Plan process includes engagement with the members of the Quality Committee of the Board, Senior Management, Directors, Managers, Patient Family Advisors, our 5 Partners in Health and the Public. As with everything at Thunder Bay Regional Health Sciences Centre our Patient and Family Advisors are involved not only in setting the priorities but as part of our Senior Management Council and are part of the working group for implementation of the action plans relative to achieving our desired outcomes.

During quarterly reviews, the Quality Improvement Plan is reviewed and discussed. The Dyad Physician Leaders are present and able to contribute to the Quality Improvement Plan at that time. The Quality Improvement Plan is reviewed by our Medical Advisory Council, the Chief of Staff is part of our Senior Management Council, and many of the action items have teams responsible for the actions that include physicians and other interprofessionals. There needs to be organizational commitment to ensure success in reaching our targets as well as commitment from our partners particularly around length of stay and financial margin.

Several engagement sessions are held each year for our Strategic Plan update and we extensively engage with our 5 Partners in health on anything that involves them. As included in other parts of this narrative, we work collaboratively with many partners such as our North West Local Health Integration Network, regional hospitals, St. Joseph's Care Group, Community Care Access Centre, Children's Aid Society, Dilico, our Aboriginal Advisory Committee, and many others. Nothing can truly be done in isolation as we are a regional facility and virtually everything we do has an impact on our partners.

An engagement session was held in December 2014. We invited our 5 Partners in health including industry, policy makers, regional partners, and local partners such as Community Care Access Centre and St. Joseph's Care Group, as well as teaching partners such as Lakehead University and Confederation College.

Patient/Resident/Client Engagement

Thunder Bay Regional has over 100 Patient and Family Advisors, leaders in Patient and Family Centred Care. There is virtually a Patient and Family Advisor on every council, committee, or working group. We engaged Patient Family Advisors and our 5 Partners in health following the Dr. Charles Boelen's Towards Unity for Health engagement strategy, as well as invited members of our community to join us when we developed our Quality Improvement Plan this year. Ongoing engagement sessions and yearly review of our strategic plan with our partners is an opportunity to ensure we are aware of any concerns that may need to be considered to be part of the QIP plan for the upcoming year.

Through the Excellent Care for All Act, responses to concerns and our family meetings, we take away key categories for improvement. Critical incident information is considered in the development of the Quality Improvement Plan.

Our LHIN 14 Quality/Risk Management Section hosts Health Quality Ontario, our North West Local Health Integration Network, and others to help inform us of changes and offers us the opportunity to share ideas and provide input into each Quality Improvement Plan.

Strong partnerships have led to a comprehensive Quality Improvement Plan that is focused on the identified priorities of our patients, partners, and our organization.

Accountability Management

The Quality Improvement Plan is embedded in our scorecard and reviewed quarterly at the Board, Senior Management, and organizational level. Our executives' compensation is linked to performance and salary will be based on achieving specific Quality Improvement Plan results for the following executive positions.

The Executive Vice Presidents (EVP) meet with the President and Chief Executive Officer about their performance in this area and the EVP's meet as a group to review progress as well as the entire Senior Management Council review the results quarterly.

Each of the eight priority objectives will be the quality improvement indicators linked to compensation:

1. Compliance with Medication Reconciliation - % eligible patients for whom medication reconciliation was performed on admission
2. Compliance with Medication Reconciliation - % eligible patients for whom medication reconciliation was performed on discharge
3. Improve Patient Experience - % positive responses on NRC+Picker surveys for question, "Overall, how would you rate the care and services you received at the hospital" - inpatient
4. Improve Patient Experience - % positive responses on NRC+Picker surveys for question, "Overall, how would you rate the care and services you received at the hospital" - ED Patients
5. Improve Financial Health - Total Margin
6. Length of Stay - excluding ALC
7. Reduce Wait Times in ER - 90th percentile ER length of stay (hours) for admitted patients
8. Increase Staff and Physician Satisfaction - overall staff and physician satisfaction

Following April 1, 2016, our team achievements will be assessed against the quality indicators above. The Executive will earn back the reduced salary at the rate of 0.25% for each target that was achieved. The resulting amount will be paid retroactively to April 1, 2015.

The accountability for the QIP is discussed at many different venues and is enforced with a letter of commitment from our Human Resources Department and reviewed annually as described above.

Performance Based Compensation [As part of Accountability Management]

Our executives' compensation is linked to performance in the following way:

Salary will be based on achieving specific Quality Improvement Plan results for the following executive positions:

President & CEO
Executive VP, Corporate Services and Operations
VP, Research, TBRHSC and CAO TBRRI
VP, Communications and Engagement, Aboriginal Affairs and Government Relations
Executive VP, Medical and Academic Affairs
Executive VP, Patient Services and Chief Nursing Executive
Executive VP, Health Human Resources, Planning and Strategy
Executive VP, Patient Services and Regional VP Cancer Care Ontario
Chief of Staff

Each of the eight priority objectives will be the quality improvement indicators linked to compensation:

1. Compliance with Medication Reconciliation - % eligible patients for whom medication reconciliation was performed on admission
2. Compliance with Medication Reconciliation - % eligible patients for whom medication reconciliation was performed on discharge
3. Improve Patient Experience - % positive responses on NRC+Picker surveys for question, "Overall, how would you rate the care and services you received at the hospital" - inpatient
4. Improve Patient Experience - % positive responses on NRC+Picker surveys for question, "Overall, how would you rate the care and services you received at the hospital" - ED Patients
5. Improve Financial Health - Total Margin
6. Length of Stay - excluding ALC
7. Reduce Wait Times in ER - 90th percentile ER length of stay (hours) for admitted patients
8. Increase Staff and Physician Satisfaction - overall staff and physician satisfaction

Two percent (2%) of the executive salary will be linked to the achievement of the quality improvement indicators calculated equally at 0.25% per indicator (0.25% x 8 indicators = 2%). For the fiscal year 2015-16, the executive's salary will be reduced by 2% or 0.25% for each of the indicators. Following April 1, 2016, our team achievements will be assessed against the quality indicators above. The Executive will earn back the reduced salary at the rate of 0.25% for each target that was achieved. The resulting amount will be paid retroactively to April 1, 2015.

Health System Funding Reform (HSFR)

Thunder Bay Regional Health Sciences Centre considers Health System Funding Reform in reviewing our operations relative to funding allocations and to ensure we are providing appropriate levels of quality care to our patients.

Generally, the Health System Funding Reform has encouraged us to review our service priorities and both the quality and extent of services we provide. More specifically, we are reviewing the expectations in various of the Quality-Based Procedure groups, assessing our performance against expectations and where required, identifying stretch targets and action plans to achieve identified improvements. As well, we are working more closely with the North West Local Health Integration Network and our regional partners on capacity planning and our respective roles in service delivery.

Examples of utilizing the Health Based Allocation Model (HBAM) include reviewing cataract surgeries and examining options for the right care at the right time by the right provider in the right setting. Quality based funding processes are being implemented at Thunder Bay Regional Health Sciences Centre for those procedures we assess require the Quality-Based Procedures implementation. Quality-Based Procedures implementation includes best practice implementation and utilizing the tools available on the Ministry of Health and Long-Term Care website and implementing pathways. This contributes to quality, each patient can expect the same care for the same diagnosis and it is best practice based. The pathways include a large patient education component that aids in smoother transitions and should lead to fewer readmissions.

The Quality Improvement Plan has led us in focusing our energy on some key quality indicators and ensuring there are appropriate action plans in place to actualize our goals. It ensures we use the patient as our guide in using the satisfaction survey results and any critical incident review recommendations as a spring board for change.

Other

The opportunity has been taken to align our top corporate risks, the Strategic Plan goals, and the Quality Improvement Plan that is developed within the guidelines of the Excellent Care for All Act legislation as well as align with all the Ministry of Health and Long-Term Care's agreements.

This is a complex endeavour that has been developing over the years. As the QIP keeps changing and becoming more refined, so does our approach to ensuring alignment with the Health System Funding Reform, Excellent Care for All Act and the expectations of our community through engagement.

Sign-off

I have reviewed and approved our organization’s Quality Improvement Plan

Susan Fraser Board Chair	Dick Mannisto Quality Committee of the Board Chair	Andrée G. Robichaud President & Chief Executive Officer

Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2014/15 QIP

The Progress Report is a tool that will help organizations make linkages between change ideas and improvement, and gain insight into how their change ideas might be refined in the future. The new Progress Report is mostly automated, so very little data entry is required, freeing up time for reflection and quality improvement activities.

Health Quality Ontario (HQO) will use the updated Progress Reports to share effective change initiatives, spread successful change ideas, and inform robust curriculum for future educational sessions.

ID	Measure/Indicator from 2014/2015	Current Performance as stated on QIP14/15	Target as stated on QIP 14/15	Current Performance 2015	Comments
1	ED Wait times: 90th percentile ED length of stay for Admitted patients. Hours ED patients Q4 2012/13 – Q3 2013/14 CCO iPort Access	28.75	29.00	32.85	Current performance for 2014-15 Q3 year-to-date is 36.2 hours. Result for 2014-15 Q3 only (Oct-Dec) is 38.9 hours. High overall occupancy (averaging 108% in 14-15 Q3 and peaking at 120% of some days) for medical and surgical beds is limiting opportunities to achieve targeted level of performance.

Realizing that the QIP is a living document and the change ideas may fluctuate as you test and implement throughout the year, we want you to reflect on which change ideas had an impact and which ones you were able to adopt, adapt or abandon. This learning will help build capacity across the province.

Change Ideas from Last Years QIP (QIP 2014/15)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Pay for Performance strategies to continue in the Emergency Department and throughout the organization.	Yes	
Maintain 11 to 21 overflow beds in the organization.	Yes	
The Office of Evidence Based Practice to coordinate implementation of clinical pathways, including congestive heart failure and chronic obstructive pulmonary disease.	Yes	
Implementation of a nurse-lead MedWorxx Patient Flow software - Utilization Management, Bed Management and Forms & Assessments modules in all patient areas.	Yes	
Patient Flow Strategy Project Team implements standard admission and discharge processes.	Yes	Remains in progress.
- Optimize Utilization Coordinator role that will provide leadership and responsibilities in achieving efficient patient flow within established targets. -	Yes	

Leverage physician leadership roles within the organization to achieve efficient patient flow within established targets.

ID	Measure/Indicator from 2014/2015	Current Performance as stated on QIP14/15	Target as stated on QIP 14/15	Current Performance 2015	Comments
2	Total Margin (consolidated): % by which total corporate (consolidated) revenues exceed or fall short of total corporate (consolidated) expense, excluding the impact of facility amortization, in a given year. % N/a Q3 2013/14 OHRS, MOH	-0.72	0.00	-1.93	Current performance is for 2014-15 Q3 year-to-date. Ongoing overcapacity has resulted in lack of ability to meet this target. This concern will continue in the next year also. Until matching funding is allocated relative to capacity TBRHSC will not meet this target.

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Change Ideas from Last Years QIP (QIP 2014/15)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Negotiate additional base funding adjustment for historic underfunding of acute cases.	Yes	In progress.
Explore opportunities to reduce costs through use of efficiency benchmark data. - Continue efforts to reduce sick and over time usage.	Yes	In progress.
Pursue increased revenue from funding formula and QBP funded rate versus actual case costs.	Yes	In progress.
The NW LHIN has collaborated with TBRHSC and other system providers to develop a system-level plan to deal with the ongoing overcapacity pressures in the Health system of NW Ontario. Successful implementation of this plan will have a positive impact on TBRHSC margin.	Yes	System-level plan is not yet generating expected results.

ID	Measure/Indicator from 2014/2015	Current Performance as stated on QIP14/15	Target as stated on QIP 14/15	Current Performance 2015	Comments
3	HSMR: Number of observed deaths/number of expected deaths x 100. Ratio (No unit) All patients 2012/13 DAD, CIHI	73.00	75.00	81.00	Thunder Bay Regional has historically performed well in this space. This was not a priority indicator therefore we have not looked at why we are above our target to great lengths as well as we are under the benchmark 100.

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Change Ideas from Last Years QIP (QIP 2014/15)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Monitor and report on performance quarterly.	Yes	
Detailed review of deaths for 2013-14 to determine reasons for increases and identify and implement required improvement plans.	No	This was not a QIP priority and the decision was made not to allocate resources to this as our performance although not meeting target was still below the expected 100.

ID	Measure/Indicator from 2014/2015	Current Performance as stated on QIP14/15	Target as stated on QIP 14/15	Current Performance 2015	Comments
4	Percentage ALC days: Total number of acute inpatient days designated as ALC, divided by the total number of acute inpatient days. % All acute patients Q3 2012/13 – Q2 2013/14 Ministry of Health Portal	16.43	13.30	17.90	Overcapacity at Thunder Bay Regional continues. The demand and capacity for Long Term Care is still not right sized and is complicated by the Long Term Care Act relating to consent and the ability for Patient's to choice only 1 option and the inability to affect this unless a Crisis designation is evoked. TBRHSC and system partners have worked together on this over the last several years. The result is Long Term Care capacity remains available and not accessed due to Patient's choice of facility. Work continues with Home First and Joint Discharge Operations team on removing barriers for ALC patients to move to the right level of care. Ongoing lobbying and collaboration with the Local Health Integration Network and the Ministry of Health and Long Term Care.

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Change Ideas from Last Years QIP (QIP 2014/15)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Review and, as much as possible, standardize discharge processes across units, including post-discharge follow-up. Use post-discharge calls to inform Home First re: community services.	Yes	In progress.
Refine and share admission criteria with referral sources, particularly TBRHSC, to ensure most appropriate clients are admitted to SJH, thereby creating flow.	Yes	In progress.
At hospital level, in both SJH and TBR, identify system barriers to discharge and bring forward to Home First Operations Committee.	Yes	In progress.
Efficient Flow a. TBR’s ALC-SJH days b. SJH’s ALC-CCAC with or without support days	Yes	In progress.

ID	Measure/Indicator from 2014/2015	Current Performance as stated on QIP14/15	Target as stated on QIP 14/15	Current Performance 2015	Comments
5	Percentage of acute hospital inpatients discharged with selected Case Mix Groups (CMGs) that are readmitted to any acute inpatient hospital for non-elective patient care within 30 days of the discharge for index admission. % All acute patients Q2 2012/13-Q1 2013/14 DAD, CIHI	18.92	15.20	18.66	We have reached out on several occasions to Canadian Institute for Health Information and to Health Quality Ontario to try to reconcile our readmission data and to date we have not been successful. This remains an area we need to work on but will not be a priority for improvement due to the data concern. The improvement will be to continue working on data reconciliation.

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Change Ideas from Last Years QIP (QIP 2014/15)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
For CHF, continue current efforts. - Per Quality Based Procedure guidelines, develop pathways, review readmission data, and address patient education needs.	Yes	Pathway developed and in place.
For COPD: - Complete COPD Pathway implementation. COPD pathway includes Assessment tool PPS. Process review indicates delay in transition to palliative care. - Continue with post-ED Visit or post-discharge referrals to Telehomecare COPD programs. - Continue with ad hoc QBP working group (CHF & COPD) to perform a detailed evaluation of patient profile to inform QBP activities. - Continue engagement with CCAC so all COPD patients are discharged with CCAC services, specifically Rapid Response Nurses with assistance for 30 days post discharge. - Monitor implementation of post-discharge follow-up call back for IP Units 2A and 2B. - Reduce knowledge gap by engaging with pharma for educational program for nursing and RRT staff on COPD and related pathway. - Review and where required refine accuracy of admitting diagnosis. - Engage with CCAC: Ensure COPD patients are discharged with CCAC services, specifically Rapid Response Nurses with assistance for 30 days post discharge.	Yes	There has been some delay in this but it is now back on track. Rapid response Nurses in place, discharge follow up phone calls in place for most of the year although the resource was not consistent. The lesson learned in this space is that if a pilot works well and is demonstrated to make a difference the secure funding to ensure sustainability.
For remaining selected CMG groups: - Establish ad hoc readmission working group to investigate and lead improvement efforts. - Analyze root	No	Despite ongoing efforts and dialogue with Northwest LHIN, the Ministry of Health and Long Term Care, and Health Quality Ontario, TBRHSC has

causes of readmissions. - Identify and implement improvement plans.	not been able to replicate the readmission results provided for this indicator. As a result, we have not been able to undertake the planned root cause analysis and to implement improvement plans.

ID	Measure/Indicator from 2014/2015	Current Performance as stated on QIP14/15	Target as stated on QIP 14/15	Current Performance 2015	Comments
6	From NRC Canada: "Overall, how would you rate the care and services you received at the hospital (inpatient care)?" (add together % of those who responded "Excellent, Very Good and Good"). % All patients Oct 2012- Sept 2013 NRC Picker	93.50	94.80	93.60	Current performance is for 2014-15 Q3 year-to-date. Q3 results are preliminary.

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Change Ideas from Last Years QIP (QIP 2014/15)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Assess patient experience/satisfaction through various methods; surveying - vendor, on site, interview, concerns/compliments etc. - Monitor and analyze results at the Program and Service level as well as at the Senior Management and Quality Committee of the Board level. - Improve Patient Experience through use of action plans - example may include Leader rounding with patients and staff - Development of standardized admission process. - Development of a standard discharge template.	Yes	Efforts are ongoing.

ID	Measure/Indicator from 2014/2015	Current Performance as stated on QIP14/15	Target as stated on QIP 14/15	Current Performance 2015	Comments
7	From NRC Canada: "Overall, how would you rate the care and services you received at the ED?" (add together % of those who responded "Excellent, Very Good and Good"). % ED patients 2013 NRC Picker	83.30	86.60	84.90	Current performance is for 2014-15 Q3 year-to-date. Q3 results are preliminary.

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Change Ideas from Last Years QIP (QIP 2014/15)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
- Assess patient satisfaction through various methods of surveying - vendor, in-house. - Development and implementation of Action Plans to improve the Patients Experience. - Monitor and analyze results at the Program and Service level as well as at the Senior Management and Quality Committee of the Board level.	Yes	Efforts are ongoing.

ID	Measure/Indicator from 2014/2015	Current Performance as stated on QIP14/15	Target as stated on QIP 14/15	Current Performance 2015	Comments
8	Medication reconciliation at admission: The total number of patients with medications reconciled as a proportion of the total number of patients admitted to the hospital. % All patients Most recent quarter available (e.g. Q2 2013/14, Q3 2013/14 etc) Hospital collected data	50.00	80.00	60.50	Current performance is for 2014-15 Q3 year-to-date. There is an underestimation of the resources required to implement this throughout an entire organization. The Nurse Led best possible medication history had completing initiatives that resulted in lack of full implementation and an element of staff being overwhelmed. There were significant changes in the Pharmacy department over the last months that lead to reduced activity in this space. The corporate roll out of medication reconciliation instead of looking a specific Case mixed groups and target units is called into question in terms of evaluation and root cause analysis.

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Change Ideas from Last Years QIP (QIP 2014/15)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Monitor medication reconciliation compliance on an ongoing basis and review in detail quarterly.	Yes	
Complete Safer Healthcare Now audits.	Yes	
Continue to engage staff and physicians.	Yes	

ID	Measure/Indicator from 2014/2015	Current Performance as stated on QIP14/15	Target as stated on QIP 14/15	Current Performance 2015	Comments
9	CDI rate per 1,000 patient days: Number of patients newly diagnosed with hospital-acquired CDI, divided by the number of patient days in that month, multiplied by 1,000 - Average for Jan-Dec. 2013, consistent with publicly reportable patient safety data. Rate per 1,000 patient days All patients 2013 Publicly Reported, MOH	0.17	0.20	0.16	This is an area we have done well in and it related to the success in hand hygiene.

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Change Ideas from Last Years QIP (QIP 2014/15)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Continue ongoing efforts re education and monitoring.	Yes	
	No	

ID	Measure/Indicator from 2014/2015	Current Performance as stated on QIP14/15	Target as stated on QIP 14/15	Current Performance 2015	Comments
10	Hand hygiene compliance before patient contact: The number of times that hand hygiene was performed before initial patient contact divided by the number of observed hand hygiene indications for before initial patient contact multiplied by 100 - consistent with publicly reportable patient safety data. % Health providers in the entire facility 2013 Publicly Reported, MOH	93.00	95.00	93.40	We have done well in this space and although slightly behind the 95% target at 93.4% the inpatient hand hygiene surveys are above 95%.

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Change Ideas from Last Years QIP (QIP 2014/15)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
- The in-patient managers will continue to monitor and provide ongoing ”just in time education” when performing audits to maintain the current compliance levels. - IPAC will support the in-patient mangers with quarterly audits to ensure accuracy in reported performance. - The application of progressive discipline will continue to increase staff compliance with performance expectations.	Yes	This was after a progressive education process over years, coupled with positive reinforcement in gift cards, life savers and awards. The change of monitoring to the Managers took some time in terms of educating on the use of the tool but paid back in returns of "just in time" education and progressive discipline when required.
	No	

ID	Measure/Indicator from 2014/2015	Current Performance as stated on QIP14/15	Target as stated on QIP 14/15	Current Performance 2015	Comments
11	VAP rate per 1,000 ventilator days: the total number of newly diagnosed VAP cases in the ICU after at least 48 hours of mechanical ventilation, divided by the number of ventilator days in that reporting period, multiplied by 1,000 - consistent with publicly reportable patient safety data. Rate per 1,000 ventilator days ICU patients 2013 Publicly Reported, MOH	0.00	0.00	0.00	Success and sustainability in this area related to Safer Healthcare Now and monitoring and continued education.

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Change Ideas from Last Years QIP (QIP 2014/15)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
- ICU Manager will review and post VAP rates in the ICU. - Complete required data submission in Critical Care Information System (CCIS). - Manager/Physician Lead will review results, ensure staff/physicians understand requirements, and enforce best practice. - Continue ongoing education and monitoring. - Infection Control and ICU staff will collaborate to ensure current performance is maintained. Continue with ICU VAP/CLI Prevention Committee.	Yes	Need to use the data to celebrate success and sustain the measures in place.

ID	Measure/Indicator from 2014/2015	Current Performance as stated on QIP14/15	Target as stated on QIP 14/15	Current Performance 2015	Comments
12	Rate of central line blood stream infections per 1,000 central line days: total number of newly diagnosed CLI cases in the ICU after at least 48 hours of being placed on a central line, divided by the number of central line days in that reporting period, multiplied by 1,000 - consistent with publicly reportable patient safety data. Rate per 1,000 central line days ICU patients 2013 Publicly Reported, MOH	0.00	0.00	0.00	This success is related to the review of data and the monitoring and reporting through Safer Healthcare Now. Reviewing this information with Staff and Physicians to sustain their positive change is important to success.

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Change Ideas from Last Years QIP (QIP 2014/15)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
- Continue efforts re ongoing education and monitoring. - Staff, physicians and learners will comply with Safer Healthcare Now insertion and maintenance bundle recommendations to maintain performance. - Infection Control Practitioner will expand audits and monitoring of central lines throughout organization through new best practice guidelines.	Yes	Expansion has been slow in this area to monitor CVL in other areas of the organization as a result of overcapacity and stretching resources to cover more beds.

ID	Measure/Indicator from 2014/2015	Current Performance as stated on QIP14/15	Target as stated on QIP 14/15	Current Performance 2015	Comments
13	Rate of 5-day in-hospital mortality following major surgery: The rate of in-hospital deaths due to all causes occurring within five days of major surgery. Rate per 1,000 major surgical cases All patients with major surgery 2012/13 CIHI eReporting Tool	12.60	9.28		Results for 2014-15 not yet available. Review of the data over the last year indicated we were not doing as poorly as the initial performance would indicate. The lesson learned is to perform the data quality analysis before pursuing change ideas.

Realizing that the QIP is a living document and the change ideas may fluctuate as you test and implement throughout the year, we want you to reflect on which change ideas had an impact and which ones you were able to adopt, adapt or abandon. This learning will help build capacity across the province.

Change Ideas from Last Years QIP (QIP 2014/15)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
- Working group established lead by Director of Surgery. - Bi-annual reviews and adhoc reviews as required throughout year. - Policy & Procedure & Algorithm developed. - Data collection system established with Health Records to assist with reviews.	Yes	

ID	Measure/Indicator from 2014/2015	Current Performance as stated on QIP14/15	Target as stated on QIP 14/15	Current Performance 2015	Comments
14	Surgical Safety Checklist: number of times all three phases of the surgical safety checklist was performed (‘briefing’, ‘time out’ and ‘debriefing’) divided by the total number of surgeries performed, multiplied by 100 - consistent with publicly reportable patient safety data. % All surgical procedures 2013 Publicly Reported, MOH	99.77	100.00	99.88	This result is from not documenting the checklist was done and not from not doing the checklist. Efforts are now focused on the consistent documentation of the completion.

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Change Ideas from Last Years QIP (QIP 2014/15)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
- Posting of safety checklist in each OR suite. - Continue to focus on education for nurses & physicians. - Development of communication tool that follows patient through continuum of care & includes safety checklist.	Yes	Education and continued tracking has brought us close to our goal of 100% completion. Communication tool is being trialed and still has some improvement required but the effort has resulted in some level of success.

ID	Measure/Indicator from 2014/2015	Current Performance as stated on QIP14/15	Target as stated on QIP 14/15	Current Performance 2015	Comments
15	Physical Restraints: Number of admission assessments where restraint use occurred in last 3 days divided by the number of full admission assessments in time period % All patients Q4 2010/12 - Q3 2012/13 OMHRS, CIHI	5.43	4.37	7.14	This is a result of overcapacity and patients remaining in the Emergency department for their first few days and not necessarily with a plan of care implemented due to their location.

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Change Ideas from Last Years QIP (QIP 2014/15)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
- Ongoing education re policy and procedure for prevention, use of alternative approaches, least restraint use, and monitoring observation routines. - Spread best practice process to TBRHSC.	Yes	Work has begun on this spread to the rest of TBRHSC. Monitoring the results will require a process to be developed because current data is taken from the RAI that is for Mental Health areas only.

TBRHSC Board of Directors Comprehensive Work Plan
Revised February 27, 2015

Item #	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
1	Financial Oversight	Initial Meeting of Audit Committee	Aud							x					
2	Financial Oversight	Review Evaluation of Auditors	Aud							x					
3	Financial Oversight	Independence Questionnaire	Aud							x					
4	Financial Oversight	Approve Audit Work Plan	Aud							x					
5	Financial Oversight	Audit Plan (Grant Thornton)	Aud							x					
6	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										
22	Governance	Monthly Education Topics for the Board	BD		x	x	x	x	x	x	x	x	x	x	

Item #	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
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								TOR have been put on a standardized template and will be sent back to Committees for review
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									

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									TOR have been put on a standardized template and will be sent back to Committees for review
50	Oversight of Management	Review CEO/Chief of Staff Performance Evaluation Process (subject to revised policy approval)	Gov			x									
51	Governance	Review Meeting Evaluations for the Quarter	Gov			x				x		x			
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		
58	Governance	Review Committee Work Plan	Gov			x									Further revisions required will be brought to next meeting

Item #	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
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 March due to lag time in reporting
78	Financial Oversight	Financial Pressures Relating to Risk	Qual	x											
79	Quality Oversight	Credentialling Process/Professional Staff & regulated licensed Professional processes	Qual		x										

Item #	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
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	
100	Financial Oversight	Capital Equipment and Capital Projects Update	RP						x			x			
101	Financial Oversight	Broader Public Sector Attestation Update	RP						x						

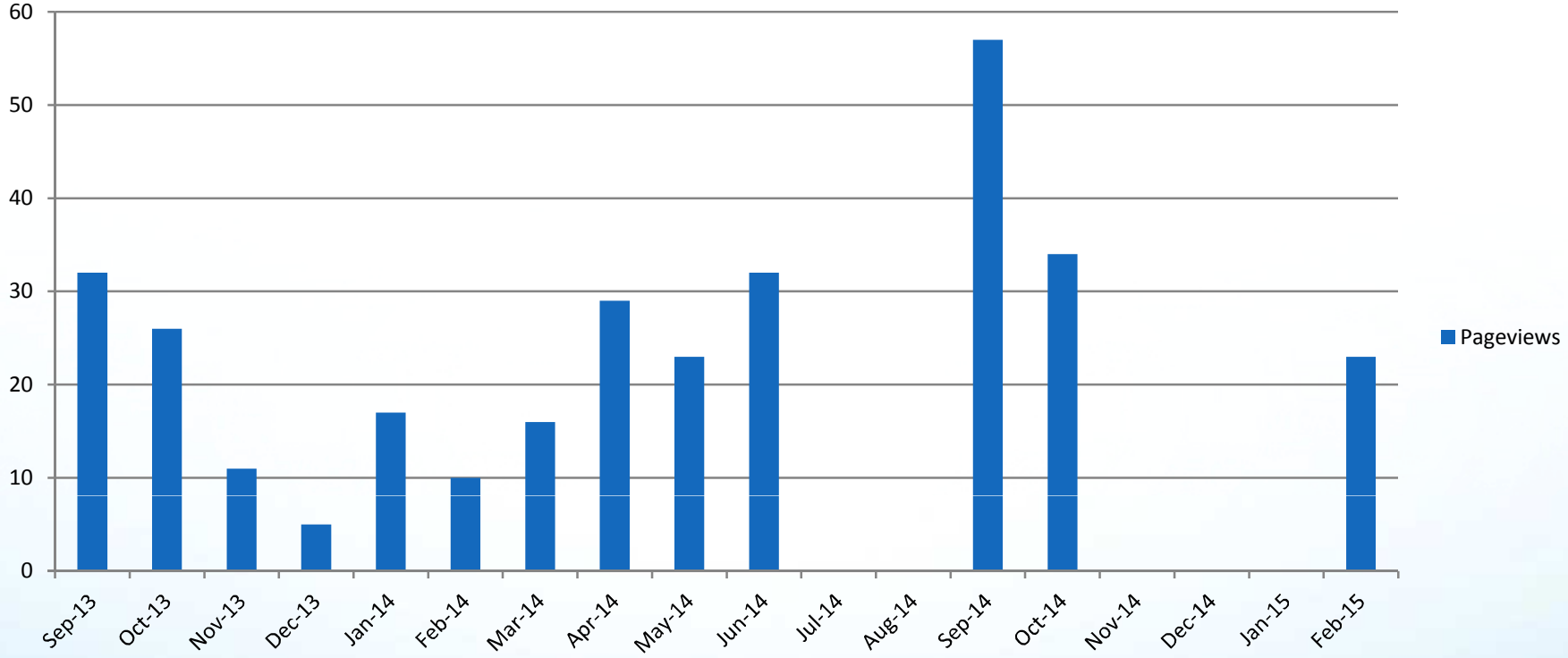
Item #	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
102	Financial Oversight	Capital Budget Planning Update	RP							x					
103	Oversight of Management	Physician Recruitment and Retention Update	RP							x					Deferred to March 2015
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	TBRRI Financial Statements Unaudited	RP										x		
115	Risk Identification and Oversight	TBRRI 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	TBRRI 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	

Responsible Body Legend:

Aud	Audit Committee
BD	Board of Directors
EC	Evaluation and Compensation Committee
Gov	Governance Committee
Nom	Governance/Nominating Committee
Qual	Quality Committee
RP	Resource Planning Committee
BL	Governance/By-Laws Committee

Colour Legend	
Completed by target	
In progress but not completed by target	
Not in progress, and not completed by target	

Unique Page Views: Open Board Meeting Webcast (Sept. 2013 – Feb. 2015)



Month	# Unique Page Views	Month	# Unique Page Views	Month	# Unique Page Views
Sept 2013	32	Mar 2014	16	Nov 2014	Technical Difficulties
Oct 2013	26	April 2014	29	Dec 2014	Technical Difficulties
Nov 2013	11	May 2014	23	Jan 2015	Technical Difficulties
Dec 2013	5	June 2014	32	**Feb 2015**	**23**
Jan 2014	17	Sept 2014	57		
Feb 2014	10	Oct 2014	34		