

**TBRHSC Board of Directors
Open Meeting**

Wednesday, May 6, 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 – Dawn Bubar				
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	R. Morrison/ C. Freitag/ C. Pothier	2020 Strategic Plan/Strategic Directions Graphic*	X			X
4.3	10	C. Covino	Critical Incidents*		X		X
4.4	5	P. Myllymaa	Environmental Compliance and Fire Safety update*		X		X
5.0			CONSENT AGENDA				
5.1			Board of Directors: Approval of Minutes – April 1, 2015*	X			X
5.2			Report Volunteer Association Board*				X
5.3			Report Thunder Bay Regional Research Institute*				X
5.4			Quality Committee Minutes – April 21, 2015*				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 - none				
7.1	1	S. Fraser	Corporate Membership*	X			

#	Time (X)	Presenter	Item & Purpose (Y)	Expected Outcome (Z)			
				Recommendation /Decision/Action	Education	Discussion	Information
7.2	1	P. Myllymaa	Resource Planning Committee – April 21, 2015 7.2.1 Q4 2014-15 Board Attestation: Wages and Source Deductions*	X			
8.0	FOR INFORMATION						
8.1			Board Comprehensive Work Plan*				X
8.2			Webcast Statistics*				X
8.3			Foundation Board Corporate Membership List*				X
8.4			Volunteer Association Corporate Membership List*				X
8.5			Quality Improvement Plan Report*				X
9.0	BOARD MEMBER COMMENTS					X	
10.0	DATE OF NEXT MEETING – Thursday, June 11, 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)
May 6, 2015 – DRAFT

Agenda Item	Committee or Report	Motion or Recommendation	Approved or Accepted by:
3.3	Agenda – May 6, 2015	"That the Agenda be approved as circulated."	Moved by: Seconded by:
4.2	2020 Strategic Plan/Strategic Directions Graphic	"That the Board of Directors approves the recommended revised goals for the Patient Experience Strategic Direction for the 2020 Strategic Plan, as presented." "That the Board of Directors approves the revised graphic for the 2020 Strategic Plan, as presented."	Moved by: Seconded by:
5.0	Consent Agenda	"That the Board of Directors: 5.1 Approves the Board of Directors Minutes of April 1, 2015, 5.2 Receives the Volunteer Association Board Report, dated May, 2015 5.3 Receives the TBRRI Report dated May, 2015, 5.4 Receives the Quality Committee Minutes dated April 21, 2015, as presented."	Moved by: Seconded by:
6.0	Reports and Discussion	"That the Board of Directors: 6.1 Accepts the Report from Senior Management, 6.2 Accepts the Report from the President and CEO, 6.3 Accepts the Report from the TBRHS Foundation, 6.4 Accepts the Report from the Professional Staff Association, 6.5 Accepts the Report from the Chief of Staff, 6.6 Accepts the Report from the Chief Nursing Executive, 6.7 Receives the Report from the NOSM, dated May, 2015 as presented."	Moved by: Seconded by:

Agenda Item	Committee or Report	Motion or Recommendation	Approved or Accepted by:
7.1	Corporate Membership	“That the Board of Directors accepts the applications for membership to the Corporation received for the period February 1 to April 25, 2015 as per the attached listing.”	Moved by: Seconded by:
7.2	Q3 2014-15 Board Attestation: Wages and Source Deductions	“That the Board of Directors accepts the Q4 2014-2015 Board Wages and Source Deduction Attestation, as presented.”	Moved by: Seconded by:



**Report from Susan Fraser
Chair, Board of Directors
May, 2015**

April saw the official unveiling of the long awaited cyclotron at Thunder Bay Regional Health Sciences Centre (TBRHSC) and Thunder Bay Regional Research Institute (TBRRI).

This is a critical development for our hospital and research institute. It will provide better, more reliable care to cancer patients in Northwestern Ontario and will allow our TBRRI researchers to conduct cutting edge work to advance cancer care universally. Northwestern Ontario patients could further benefit from that work by being participants in the clinical trials associated with any new care developed by TBRRI.

We celebrated the official opening with our partners. I want to reiterate our thanks to the federal government's FedNor program, the provincial government's Northern Ontario Heritage Commission, the City of Thunder Bay, the Thunder Bay Regional Health Sciences Foundation's Exceptional Cancer Care Campaign, our staff who pushed this project forward and the entire community and region for their support.

As TBRRI Chair Dr. Gary Polonsky said in his remarks, this is a game changer.

April also saw the celebration of National Volunteer Week from the 12th to the 18th. Our Hospital benefits from the volunteer time of people in our region from all walks of life and aspects of the community. We could not operate as we do and offer the services we do without this critical component. I want to again thank all our Volunteers – including our volunteer Board members – for their dedication and loyalty to our institution.

The Thunder Bay Regional Health Sciences Foundation celebrated the end of its hugely successful Exceptional Cancer Care Campaign April 26. With an original goal of raising through community donations \$5.9 million of the \$32 million required to bring exceptional cancer care to the region, the community responded with more than \$7 million donated. This generous support has helped purchase the equipment needed to provide exceptional cancer care to Northwestern Ontario.

Last month I also had the pleasure of presenting on our Board's decision to web stream our Board meetings to increase access and transparency in our operations at the Governance Centre of Excellence of the Ontario Hospital Association. The organization was intrigued by our decision and the reasons behind it and the presentation generated significant interest among the attendees.

As I reported last month, the public engagement phase of the development of our new strategic plan has ended. The work of the steering committee and staff at the hospital continues as they refine the goals and develop objectives. We remain on track to unveil our 2020 Strategic Plan in late June.



Board of Directors

Finally, this will be our last board meeting with Andrée Robichaud as our President and CEO. She will soon take up her new duties with the Rouge Valley Health System. I want to thank her again, on behalf of the Board, for her work over the past five years and wish her the best in her new challenge.

I also want to wish our incoming interim President and CEO Dr. Bill McCready the best as he takes up his new duties. We are very appreciative that he has agreed to take on this additional responsibility and are confident he will be very successful as he guides the hospital through this period of transition.

We are Healthy Together.

Susan Fraser, Chair
Board of Directors



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TBRHSC Bed Management Update: April 2015

TBRHSC Board Meeting (Open Session) Presentation
Wednesday, May 6, 2015

Aaron Skillen

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



Thunder Bay Regional
Health Sciences
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Presentation Outline

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



TBRHSC Beds for Admitted Patients (April 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 (April 2015)

- 4 additional inpatients in PCI recovery beds (2C, 290)
- 4 additional inpatients in Surgical Day Care beds
- 4 additional inpatients in Post-Anaesthesia Care Unit beds *(Apr. 1-4 only)
- ED/PACU inpatient transfers to Cardiac Cath Lab recovery beds (<24 hours)

Admitted Patient Census Apr. 1, 2015 (0945) = 469 patients

- April “Prior Day” Surgical Cancellations = 0
- April “Same Day” Surgical Cancellations = 0
- April PCI Cancellations = 0

2015 Patient Flow Summary

Indicator (Daily Ave.)	March	YE 14-15	April 1-26
ED Visits	282.3	288.2	295.3
ED Admits	32.2	30.2	30.6
ED Admit Rate	11.4%	10.5%	10.4
Total Admits	54.5	52.5	52.7
Total Discharges	53.5	52.4	54.5
ALOS (incl. ALC)	7.83	7.86	7.27
Admitted Pt. Census	426	416	405
ALC Patients	64.8	61.4	63.2
Gridlock Days	31	28.0	11

Questions?





Rod Morrison
EVP, Health Human Resources, Planning & Strategy
Board of Directors
May 6, 2015

Purpose

- 1. Work Plan Development Update**
- 2. Strategic Direction: Patient Experience**
 - Revisions to Goals
 - Recommendation
- 3. High-level Indicators**

Leadership Work Plan Engagement

- Leadership Working Group established
- Further Leadership engagement April 22 & 29
- Extensive internal professional expertise shaping the 5 Partner feedback into a comprehensive work plan
- Work to date has provided valuable input!

Patient Experience

Ensure a quality patient experience that responds to the needs of the population of Northwestern Ontario.

Approved	Revision
1. Enhance understanding and continue to grow our PFCC philosophy to embed the best care for our patients and become an employer of choice for staff	1. Deliver high quality and patient & family centered care.
2. Develop an innovative Quality Framework that is supported by a robust academic environment, collaborative practice, informatics program, and our staff.	2. Enhance the Academic environment.

Patient Experience

Ensure a quality patient experience that responds to the needs of the population of Northwestern Ontario.

Approved	Revision
3. Create work environments that promote staff wellness and excellence in interprofessional education, practice and research.	1. Invest in staff development, engagement and wellness.

Recommendation

That the Board approve the recommended revised goals for the Patient Experience Strategic Direction for the 2020 Strategic Plan, as presented.





5 Partners Accountability...

Success Criteria & Measures



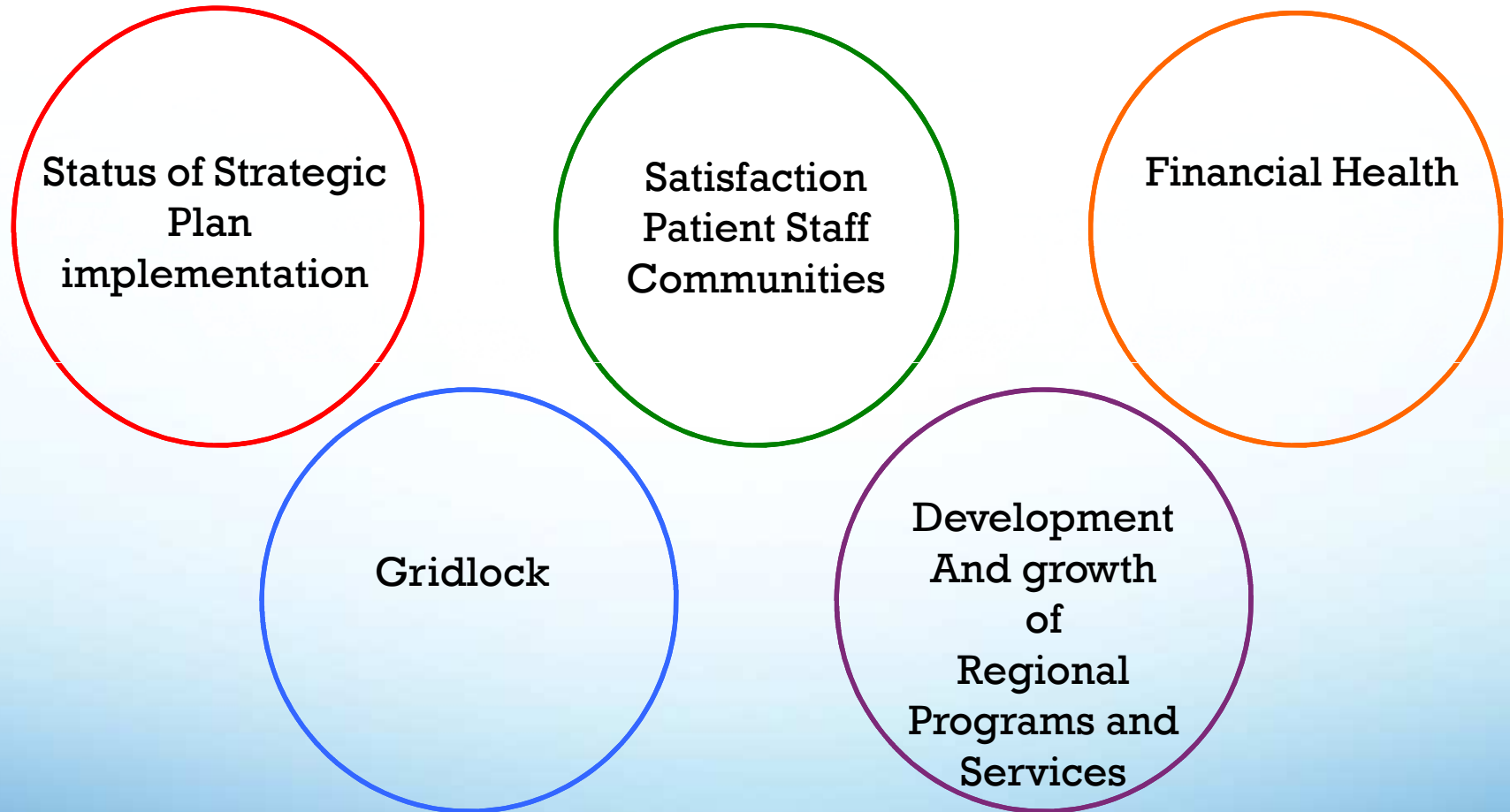
Organization – Success Criteria

(5 partners feedback)

- Strategic Plan – 99% achieved
- Broad ownership of the strategic plan by all staff
- Enhanced patient outcomes
 - Sensitivity to senior's health
 - Recognized health care provider by our peers
 - Empathy and positive patient feedback
- Satisfaction with results
 - Reduced gridlock
 - Fully accessible – smooth patient flow
 - Silent hospital
- Greater integration between TBRHSC and all relevant public organizations / institutions

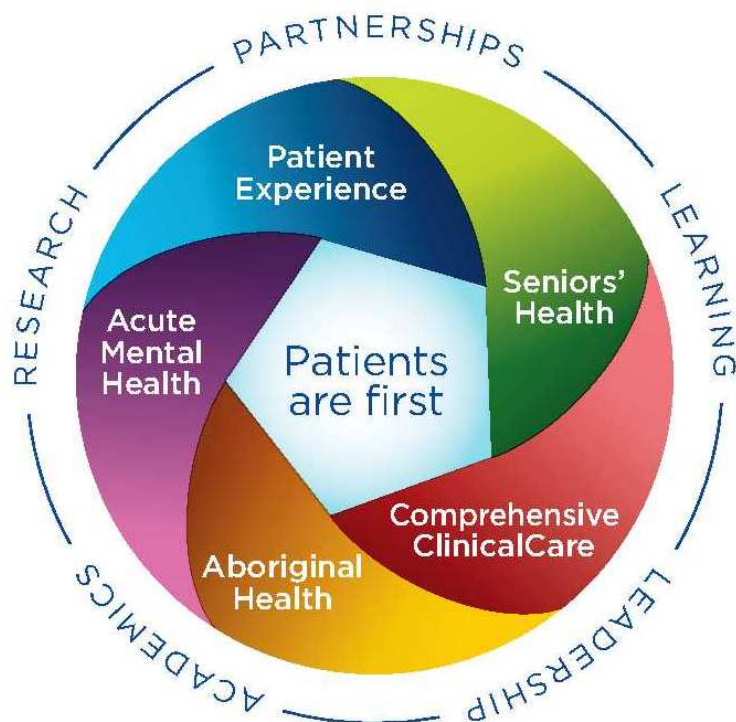
Corporate Wide Measures

(5 partners feedback)



High-level Indicators for Consideration

1. **Quality:** Hospital Mortality Ratio, or % med rec for seniors / discharge, or % amputations, or % QBP implementation
2. **Patient Centered:** Overall Patient Satisfaction (QIP)
3. **Patient Centered:** Staff & Physician Satisfaction (QIP)
4. **Research:** # Patients Enrolled in Clinical Trials
5. **Access:** Overall Medical /Surgical Occupancy Rate
6. **Efficiency:** LOS
7. **Financial Health:** Total Margin (QIP)
8. **Formal Partnerships:** % Agreements/Total Partnerships Identified



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.

Values

Patients ARE First

Patients First: We are respectful of and responsive to the needs and values of our patients, families and communities. Patient values guide all decisions.

Accountability: We are responsible to advance a quality patient experience. We commit to social and fiscal accountability to internal and external stakeholders and for the delivery of services to our patients.

Respect: We honour the uniqueness of each individual and his/her culture.

Excellence: We foster an environment of innovation and learning to advance a quality patient experience.

Recommendation

That the Board approve the revised graphic for the 2020 Strategic Plan, as presented.

Compliance with Excellent Care for All Act - Critical Incident Process

May 6, 2015

Cathy Covino, Senior Director, Quality and Risk Management



Thunder Bay Regional
Health Sciences
Centre

healthy
together

Aggregate Reporting to the Board and Quality Committee of the Board – November 2010 – November 2014

Critical Incidents Summary



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graph TD; A[Critical Incidents Summary] --> B[Classification]; B --> C[Recommendations];
```

Classification

Recommendations



Aggregated Critical Incident Data

- Section 4 of the Excellent Care for All Act (ECFAA) provides that the Quality Committee must oversee the preparation of the quality improvement plan, which must be developed having regard to its aggregated critical incident data (Jan. 2011)
- Board ensure the Administrator provided aggregate data of critical incidents to the Quality Committee twice a year
- Includes data of incidents occurring at the hospital since previous report - does not stipulate how to aggregate data - hospitals develop their own template for consistent reporting
- The Quality Committee should consider the recommendations of the MAC that relate to systemic or recurring quality of care issues
- The MAC is now required to make recommendations directly to the Quality Committee which in turn, must take these into consideration when reporting to the Board



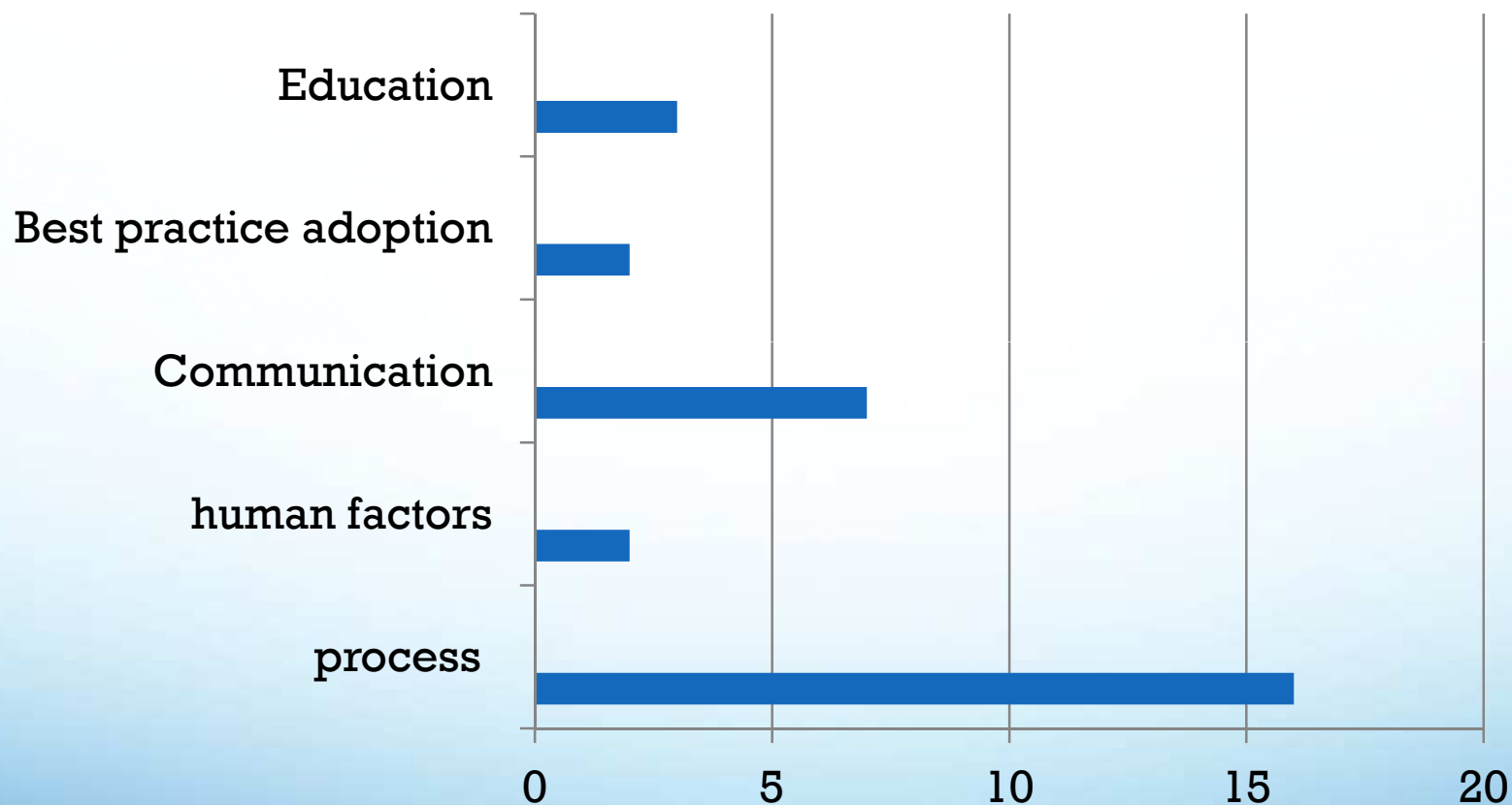
Critical Incident Defined

A critical incident is defined in Regulation 965 under the *Public Hospitals Act*, as, “any unintended event that occurs when a patient receives treatment in the hospital that results in death, or serious disability, injury or harm to the patient, and does not result primarily from the patient’s underlying medical condition or from a known risk inherent in providing treatment.”



Incident Root Cause Classification

November 2010-2014



Recommendations from incidents

- Support for bar coding for medication
- Change in condition of patient - checklist, add section to bed management policy and communication physician to physician
- Education on Medical Emergency Team for staff, input of staff and Patient and Family Advisors to policy and implementation criteria for obstetrical patients
- Pager supplied for pharmacist for stat medication needs
- Communication training for Nurses - Situation, Background, Assessment, and Recommendation (SBAR)

Excellent Care for All Act

- The Chief of Staff (Chief of Department) and I meet with Patients and Families when a critical event occurs
- A review is conducted
- Improvements are shared with the families as soon as we are able to
- A letter is written and given to the Patient/ Family
- The trust and rapport we develop is very important
- Open and honest discussion of the facts
- Incidents must be shared with the Administrator as soon as possible
- Reviews must be brought to the Medical Quality Assurance Committee of the Medical Advisory Committee and then to the Quality of Care Committee

Questions or Comments?



Thunder Bay Regional Health Sciences Centre

Compliance Update
For the Board of Directors
May, 2015



Thunder Bay Chamber of Commerce – Environmental Stewardship Award



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

- Fire Plan review conducted in March 2015. Plan approved by Fire Department.
- Minimum staffing drill scenario submitted to Fire Department in March. No feedback has been received. Drill to occur in October.

New Building

- Environmental Compliance Approval (MOE) Submissions **approved:**
 - Noise and air emissions from building (235)
 - Noise and air emissions from cyclotron-radiopharmacy (TBRHSC/TBRRRI)

Cyclotron

- CNCS license for cyclotron-radiopharmacy submitted and is under review – **approved for construction and in process for commissioning**
- Fire – **Sub plans are under development**
- Health Canada - **application submitted**

Sterilization (in SPD)

- Decommissioning of Ethylene Oxide (EtO) system for sterilization to occur in 2015 (replaced with peroxide-based sterilizer)
- Working with Pinchin to prepare ECA amendment for submission – **submitted and awaiting approval**

Co-Generation

- Cogeneration facility planning in progress with Johnson Controls
- Construction mobilization end of April
- Working with Pinchin to prepare ECA amendment for submission – **submitted and awaiting approval**

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 July 1, 2015

Questions?



Thunder Bay Regional Health Sciences Centre

Board of Directors

Wednesday, April 1, 2015

Boardroom – 5:00 p.m.

Present:

Susan Fraser, (*Chair*)

Andrée Robichaud*

Dr. Rhonda Crocker Ellacott*

Nadine Doucette

Dr. Penny Moody-Corbett

Gerry Munt

John Friday

Dr. Bill McCready*

Grant Walsh

Dr. Mark Thibert*

Anita Jean

Doug Shanks

Dick Mannisto

By Invitation – Senior Management:

Rod Morrison

Peter Myllymaa

Glenn Craig

Chisholm Pothier

Dr. Stewart Kennedy

Dr. Mark Henderson

By Invitation:

Jessica Nehrebecky *Rec. Sec.*

Michelle Allain (*C. Covino*)

Renée Laakso

Aaron Skillen

Regrets Board Members:

Sharon Cole Paterson

Regrets Administration:

Dawn Bubar

Anne-Marie Heron

Cathy Covino

1.0 **CALL TO ORDER** - The Chair called the meeting to order at 5:03 p.m.

The Chair welcomed the Board members, Senior Management, guests and web audience. Trillium Gift of Life Network has designated the month of April as “Be a Donor Month”. Hospitals have traditionally been active participants in “Be A Donor” month and the involvement of TBRHSC is no different. TBRHSC has several activities planned specifically for Organ and Tissue Awareness week which takes place April 19-25, 2015. At that time, you will see display booths, cafeteria table cards, roaming educational walk-about, and stories about Donation in the media

2.0 **PATIENT STORY** – *Peter Myllymaa*

Mr. Peter Myllymaa, Executive Vice President, Corporate Services and Operations, shared a patient story.

3.1 **Quorum** – Quorum was attained.

3.2 **Conflict of Interest** - None

3.3 **Approval of the Agenda**

Motion

Moved by: *Nadine Doucette*
Seconded by: *Doug Shanks*

"That the Agenda be approved, as circulated."

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.

The following was highlighted:

- There have not been any surgical or Percutaneous Coronary Intervention PCI cancellations in March, 2015.
- As of April 1, 2015 there were 469 patients.
- Four additional beds were opened in the Post-Anesthesia Care Unit (PACU).
- A slower Operating Room environment is typical of the March break period.
- TBRHSC has been in gridlock since January 4, 2015.

Mr. Skillen was excused from the meeting.

4.2 2020 Strategic Plan

Mr. Rod Morisson, Executive Vice President, Health Human Resources, Planning and Strategy, Mr. Chisholm Pothier, Vice President, Communications and Engagement, Aboriginal Affairs and Government Relations, Ms. Tracie Smith, Senior Director, Communications and Engagement and Ms. Carolyn Freitag, Director, Strategy and Performance Management spoke to the Strategic Plan 2020.

The proposed Strategic Directions and descriptors for each are as follows:

- Patient Experience: Ensure a quality patient experience that responds to the needs of the population of Northwestern Ontario. (it was agreed that the word "ensure" be changed to "enhance").
- Comprehensive Clinical Care: Enhance the delivery of our clinical services.
- Seniors' Health: Enhance the care provided to an aging population.
- Aboriginal Health: Enhance culturally appropriate care.
- Acute Mental Health: Enhance acute mental health service.

The original and recommended goals for each Strategic Direction were presented. It was clarified that the goals are not listed in prioritization.

Dr. Penny Moody-Corbett joined the meeting.

The Board members commended those that were involved in the development of the Strategic Plan.

Moved by: Gerry Munt

Seconded by: Dick Mannisto

"That the Board of Directors approves the five (5) Strategic Directions for the 2020 Strategic Plan, as presented."

CARRIED

Moved by: Gerry Munt

Seconded by: Dick Mannisto

"That the Board of Directors approves the recommended goals for each of the five Strategic Directions for the 2020 Strategic Plan, as amended."

CARRIED

A draft image of the Strategic Directions was presented with the feedback from the 5-Partners. The following suggestions were made:

- Leave the "ARE" in the centre of the drawing so it reads: "Patients ARE First".
- Add a legend on the side describing the values.
- Add 'academics' on the outer circle.

A further comment was suggested to add the Patient and Family Centre Care (PFCC) concept within the graphic.

The suggestions will be brought back to the Senior Management Council for refining and then back to the Board of Directors for approval.

5.0 CONSENT AGENDA

Moved by: Nadine Doucette

Seconded by: John Friday

"That the Board of Directors:

5.1 Approves the Board of Directors Minutes of March 4, 2015,

5.2 Receives the Volunteer Association Board Report – n/a,

5.3 Receives the TBRI Report dated March, 2015,

5.4 Receives the Quality Committee Minutes dated March 18, 2015,

as presented."

Motion

Motion

Action

Motion

CARRIED

6.0 REPORTS AND DISCUSSION

6.1 Report from Senior Management

The following information was highlighted from the report:

- There has been an increase in the number of patients that are being seen in the Emergency Department (ED).
- The Pay-for-Results (P4R) source of funding has decreased from last year. Senior Management is looking at alternate sources of funding to compensate for the shortfall.
- As of February 28, 2015, there is a \$5.7M deficit.
- There are no outstanding orders under the Fire Code or Environment Protection Act and TBRHSC is not aware of any non-compliance with regards to the requirement of these legislations.
- There have been 28 out of 29 acceptance rate for the 4th year medical students matching into their residency programs.
- Volunteer recruitment is underway.
- The "Respect." Campaign was recently launched.
- The grand opening of the Cyclotron will be held on April 7, 2015.
- The name of the 'Research Enterprise Initiative' has been changed to the 'Research Quality Oversight Program'.
- Dr. Arnold Kim is trialing NLites products with medical learners in the ED.
- A new cardiac catheterization laboratory will open in two weeks. New equipment is currently being installed. An opening ceremony will be planned.
- The Ontario Cancer Plan IV has been released. An electronic copy of the plan will be circulated to Board members by Ms. Jessica Nehrebecky.

Action

6.2 Report from the President and CEO

The President and CEO highlighted the following:

- The President attended her last Council of Academic Hospitals of Ontario (CAHO) meeting. Dr. Bill McCready will attend future meetings as interim President and CEO.
- Work is underway to have a representative from the Demings family (W. Edwards Deming Institute) to come to Thunder Bay.
- A funding strategy has been submitted to the North West Local Health Integration Network (NW LHIN) and TBRHSC awaits direction on next steps. A strategy demonstrating how TBRHSC is underfunded to the Minister is under development.
- A meeting with the Chiefs of Northwestern Ontario will be held on April 9, 2015 to discuss a Centre of Excellence for Aboriginals.

6.3 Report from the TBRHS Foundation

The President and CEO of the TBRHS Foundation highlighted the following:

- An Exceptional Cancer Care Campaign Closing Celebration will be held on April 26, 2015. Tours of the Cancer Centre will be held.

- A micro campaign for the angioplasty suite is underway (\$1.4M).

6.4 Report from the Professional Staff Association - n/a

6.5 Report from the Chief of Staff

The Chief of Staff highlighted the following:

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

6.6 Report from the Chief Nursing Executive

The Chief Nursing Executive highlighted the following:

- As a Best Practice Spotlight Organization (BPSO) designate, TBRHSC has been invited to work with a BPSO candidate joining the designation in the role of a mentor. The mentee is St-Joseph's Care Group.
- The 13th Annual Nursing Scholarship Forum will be held on April 2, 2015.

6.7 Report from the Northern Ontario School of Medicine

- The Northern Ontario School of Medicine (NOSM) Board welcomed Dr. Moira McPherson as their new Chair.
- The Northern Health Research Conference will be held on June 4-6, 2015 in Timmins.

Moved by: Anita Jean

Seconded by: Doug Shanks

Motion

"That the Board of Directors:

6.1 Accepts the Report from Senior Management,

6.2 Accepts the Report from the President and CEO,

6.3 Accepts the Report from the TBRHS Foundation,

6.4 Accepts the Report from the Professional Staff Association,

6.5 Accepts the Report from the Chief of Staff,

6.6 Accepts the Report from the Chief Nursing Executive,

6.7 Receives the Report from the NOSM,

dated April, 2015 as presented."

CARRIED

7.0 BUSINESS/COMMITTEE MATTERS

8.0 FOR INFORMATION

8.1 Board Comprehensive Work Plan – for information

8.2 Webcast Statistics – for information

8.3 Volunteer Services Newsletter

9.0 **BOARD MEMBER COMMENTS**

A patient approached a Board member and commented on the service that they received from the Cancer Centre. Dr. Mark Henderson and his team were congratulated for the services they provide.

10.0 **DATE OF NEXT MEETING** – Wednesday, May 6, 2015

11.0 **ADJOURNMENT**

There being no further business, the meeting adjourned at 6:10 p.m.

Chair

Board Secretary

Recording Secretary

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

BOARD REPORT

Presented at the May 6, 2015 Board meeting

- Our monthly board meeting was held on April 15, 2015. We did not have a meeting in March.
- The \$25,000.00 given directly to the hospital was used to purchase an Osmometer.
- The equipment that was being used originally came from McKellar General Hospital and was showing signs of the use it had received over the years. It was like “Christmas in April” in the Lab and the appreciation shown to our organization was overwhelming.
- It has been decided that we would again partner with the Thunder Bay Regional Health Sciences Foundation by with a commitment of \$30,000.00 towards the Family Care Grant Program for 2015.
- We also had a joint meeting with the Foundation to discuss upcoming plans by both organizations. We have decided it would be beneficial to have a meeting every 3 or 4 months to keep each other up to date.
- Amendments to the guidelines for job descriptions from the Hospital Auxiliaries Association of Ontario (HAAO) have been reviewed and adapted for our organization. We will also use these as a reference when recruiting new Board members.
- The HAAO Spring Conference was held on April 11th and 12th at St. Joseph’s Heritage. The speaker on Friday evening was Marion Saunders, President Elect of HAAO and she spoke of the changing times now happening in Volunteerism. We can no longer think in terms of raffles and bake sales and must move on to a broader future. On Saturday the topics were Volunteer Recruitment & Retention as well as Social Media and Staying Connected. All in all the conference was a great success.

“SUPPORTING PATIENT FAMILY CARE”

Respectfully submitted
Sharron Detweiler
President, Volunteer Association

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

Submitted by: Andrée Robichaud, Acting CEO – TBRI and President & CEO – TBRHSC – April 29, 2015

The Cyclotron Grand Opening



On **April 7th** TBRI and TBRHSC celebrated the grand opening of the Cyclotron and Radiopharmacy at the new Health Services Centre. Ministers Greg Rickford, Michael Gravelle and Bill Mauro, along with Mayor Keith Hobbs spoke of their support for this groundbreaking initiative. This month staff have provided over 700 people with tours of the facility. Staff are being recruited and the License to Operate for

the Purposes of Commissioning from the Canadian Nuclear Safety Commission will be issued as soon as the final building commissioning reports have been submitted.

External Presentations and Discussions

On **March 12th** TBRI and Lakehead University hosted **Gairdner Foundation speaker Dr. James Hogg** for a full day Gairdner Foundation Event as part of the University's Research & Innovation Week. This event is designed specifically for enthusiastic science students, teachers and researchers. During his visit Dr. Hogg provided a lecture to High School students on choosing a career in medicine and then spoke to researchers in the afternoon about lung disease. TBRI Scientist, Dr. Mitch Albert spoke about his research as part of the *Faculty Lectures for High School Students*. The Gairdner Foundation is responsible for the Canada Gairdner Awards, Canada's most prestigious medical award designed to recognize the world's most accomplished biomedical researchers. Annually, awardees visit more than 20 universities across Canada to inspire the next generation of innovators.



On **April 9th** a delegation from TBRHSC and TBRI met with **Regional Chief Stan Beardy and three Grand Chiefs** to talk about services provided by TBRHSC to the Aboriginal population in Northwestern Ontario and to introduce some of TBRI's research projects that will help to improve health outcomes among this population. TBRHSC and TBRI want to work with Aboriginal leaders in NWO to ensure we provide the best, most culturally appropriate care and research as a leading Centre of

Excellence for Aboriginal Care. The Grand Chiefs have agreed to further discussions to plan a path forward.

On **April 27th** TBRI Acting CEO and three other TBRI representatives gave the annual TBRI update presentation at the **City of Thunder Bay Council** meeting. The annual presentation provides an opportunity for the Research Institute to update City Council on research initiatives that are not only addressing health challenges within our region but are also providing economic benefits to our community.

**Thunder Bay Regional
Research Institute**

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Research Funding News

Research Canada recently commented on the 2015 Federal budget. "This additional funding is definitely a step in the right direction giving Canada's researchers the infrastructure they need to deliver on their ideas," said Ms. Deborah Gordon-El-Bihbety, President and CEO of Research Canada. "But research infrastructure and operating dollars through the granting councils go hand in hand. Without a significant investment in basic research, Research Canada remains concerned that our ability to capitalize fully on investments in infrastructure will be compromised" she added.

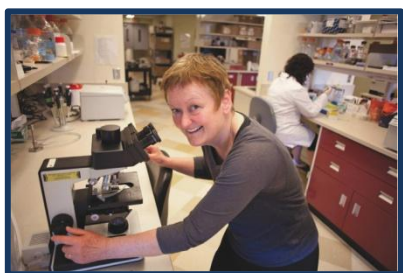


There was also good news in the **2015 Ontario Budget** that the government will adopt all of the recommendations of the Ontario Health Innovation Council (OHIC). Accelerating innovation in health care is both a significant challenge and a critical opportunity for raising the quality of care for the patients we serve and increasing productivity across the health care system.

Closer to home, on **April 26th** the **TBRHS Foundation** held a closing celebration for the **Exceptional Cancer Care Campaign**. Through donor contributions the Foundation raised over \$7M for enhancements to Regional Cancer Care. \$1M of the funds raised will go towards the cyclotron thanks to donations from the community of \$554,063 and a matching \$500,000 donation from the Paterson Foundation. TBRRI Scientists, Drs. Curiel, Pichardo, Albert, Zehbe, Phenix and Reznik participated in the closing celebration and displayed posters illustrating their cancer related research.



Scientist Grant Awards



Over the past month, TBRRI Scientists have received notification of a number of grant awards. Drs. Reznik, Curiel, Zehbe and Tomanek each have been awarded NSERC Discovery Grants. These prestigious grants are awarded by the Natural Sciences and Engineering Research Council of Canada (NSERC) and support ongoing programs of research with long-term goals. Drs. Zehbe, Curiel, Jumah and Phenix have also been awarded an

NSERC/CHRP grant for a research project related to High Intensity Focused Ultrasound (HIFU).

TBRRI Poised to Develop 2020 Strategic Plan

TBRRI has set out a plan to develop its 2020 Strategic Plan. Information gathering will be undertaken over the summer. A TBRRI Strategic Plan Steering Committee will commence meeting in September and engagement sessions will be held between October and May. The TBRRI plan will be unveiled in June, 2016.

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Thunder Bay Regional Health Sciences Centre Quality Committee of the Board

April 21, 2015

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

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

Regrets: Georgia Carr, John Friday

By Invitation: Stephanie Craig, Lead, Patient Safety and Evidence Based Processes,
Cathy Covino, Senior Director, Quality and Risk Management,
Dr. Andrea MacDougall, Medical Director, Cardiovascular
and Stroke Program,
Arlene Thomson, Director, Cardiovascular and Stroke Program,
Wendy Lange, Rec. Sec.

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

1.1 Quorum – Attained.

1.2 Conflict of Interest – None.

1.3 Approval of the Agenda

Moved by: Susan Fraser

Seconded by: Anita Jean

“The agenda was approved, as circulated.”

Motion

CARRIED

2.0 PRESENTATIONS/REPORTS

2.1 Cardiovascular and Stroke Program Presentation

Ms. Arlene Thomson, Director, Cardiovascular and Stroke Program gave the Cardiovascular and Stroke Program Presentation. She began with a patient story regarding a cardiology patient and the opportunity for education on signs of a heart attack to the patient's family.

The Cardiovascular and Stroke Program consists of a Cardiology in-patient unit, a Regional Stroke in-patient unit, two Cardiac Catheterization Labs, the Healthy Rehabilitation Program, the Regional Stroke Centre, and a Pacemaker Clinic.

The program also has comprehensive cardiovascular surgical planning activities and support interim vascular surgical services.

The Patient Satisfaction Survey data for the 2014/15 third quarter has improved compared to the last two quarters for the Cardiology Unit. A working group is reviewing areas to decrease the time for patients to receive clot-buster therapy for stroke patients. Differences in definitions for reporting the wait time data for patients to begin rehabilitation is being reviewed.

The University Health Network (UHN) surgical clinics are supporting Thunder Bay Regional Health Sciences Centre's vascular surgeon and program development. A joint Endovascular Aneurysm Repair (EVAR) program is in development with the UHN.

The program's Quality Based Procedures (QBP) for 2014/15 includes heart failure and regional stroke care and for 2015/16 includes coronary artery disease and vascular surgery. Implementation challenges for heart failure will be addressed by a new corporate steering committee overseeing QBP.

The Regional Stroke Unit is located on the Cardiology Unit 2C and has 12 beds.

The Cardiovascular and Stroke Leadership Team has participated in quality improvement training, "Investing in Our Future" that took place in Thunder Bay. The program was developed by Health Quality Ontario and the Northern Ontario School of Medicine. It is focused on health system improvements.

Additional quality improvement activities include an Acute Stroke Neurointerventional Trial, the development of a cardiac computed tomography angiogram (CTA) program, an Integrated Echo Management program with Sioux Lookout, patient call-backs with Interactive Voice Technology, and enhanced radiation safety technology in the Cardiac Catheterization Lab.

2.2 Patient Safety Report

Ms. Stephanie Craig, Lead, Patient Safety and Evidence Based Processes gave the Patient Safety Report for the 2014/15 Third Quarter.

In the third quarter (October - December 2014), there were 2041 safety huddles held across the organization, with 47 departments/units reporting participation. Some of the topics discussed include Ebola Virus Disease preparedness, Situation, Background, Assessment Recommendation (SBAR) communication, emergency code reviews, managing aggressive patients, hand hygiene, fall prevention/documentation, unit searches to minimize self injurious behaviours, medication cart lock-up, oxygen/suction set-up and proper barcode scanning for glucometer testing.

There were a total of 821 reports submitted during the third quarter, with 750 incidents and 91 near miss events. The categories with the highest number of incident reports during this quarter were Falls, Safety/Security/Conduct, and Delivery of Care.

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

There were 157 falls reported during the third quarter. The most number of falls were reported by Oncology, followed by Medical Units 2A and 2B. The majority of falls were considered no harm or minor. The most common incident type after "other" was "from bed - no rails."

There were 148 Safety/Security/Conduct incidents reported during the third quarter. The unit with the highest number of incidents reported was Adult Mental Health, followed by Child and Adolescent Mental Health, and Forensic Mental Health. The majority of incidents were considered no harm or minor. The most common incident type after "other" was "physical abuse/assault – aggressor."

There were 137 Delivery of Care Issues reported during the third quarter. The unit with the highest number of incidents reported was the Emergency Department, followed by Surgical Units 3A and 3B. The majority of incidents were considered no harm or minor. The most common incident type after "other" was "failure to follow order."

There were 107 Medication/IV Safety incidents reported during the third quarter. The unit with the highest number of incidents reported was the Surgical Unit 3B, followed by Medical Units 2A and 2B. The majority of incidents were considered no harm or minor. The most common incident type after 'other' was "missed dose." Ms. Craig will contact the Manager of Pharmacy Services regarding ways to decreasing the "missed dose" incidents.

Action

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

Ontario data for comparison purposes will be included on the next report.

2.3 Critical Incidents/MAC Recommendations Presentation

Ms. Cathy Covino gave the Critical Incidents / Medical Advisory Committee (MAC) Recommendations Presentation. There were no critical incidents since the last report was given.

Section 4 of the Excellent Care for All Act (ECFAA) states that the Quality Committee must oversee the preparation of the Quality Improvement Plan, which must be developed having regard to its aggregated critical incident data. The Board ensures the Administrator provides aggregate data of critical incidents to the Quality Committee twice a year.

This includes data of incidents occurring at the hospital since previous report but does not stipulate how to aggregate the data. The hospital has developed its own template for consistent aggregate reporting.

The Quality Committee should consider the recommendations of the Medical Advisory Committee (MAC) that relate to systemic or recurring quality of care issues. The MAC is now required to make recommendations directly to the Quality Committee which in turn, must take these into consideration when reporting to the Board.

Recommendations that have come from critical incidents that have occurred are support for medication bar-coding, education on the Medical Emergency Team (MET) for staff, input of staff and Patient and Family Advisors to a policy and implementation criteria for obstetrical patients, and a pager supplied for Pharmacy Services for stat medication needs.

In addition, with respect to a change in the condition of a patient, a checklist has been developed and a section has been added to the Bed Management – Physician: Admission, Transfers, and Discharges Policy with respect to physician to physician communication.

The Chief of Staff or Chief of Department and the Senior Director of Quality and Risk Management meet with patients and their family members when a critical event occurs. A quality of care review is conducted. Recommendations that are being implemented are shared with the patient and their family members. A letter with recommendations from the critical incident review is written and given to the patient and their family members at this meeting.

Any critical incident must be shared with the administrator as soon as possible.

Quality of Care reviews must be brought to MAC and then to the Quality of Care Committee to be covered under Quality of Care Information Protection Act.

3.0 CONSENT AGENDA

Moved by: Gerry Munt

Seconded by: Dave Van Wagoner

“That the Quality Committee of the Board:

3.1 Approves the Quality Committee of the Board Minutes of March 18, 2015, as presented; and

3.2 Receives the Research Ethics Board Minutes of November 24, 2014, December 22, 2014, January 26, 2015, and February 23, 2015, as presented”

Motion

CARRIED

4.0 WORK PLAN – The committee is meeting the requirements of the Work Plan.

5.0 BUSINESS/COMMITTEE MATTERS

Ms. Covino reviewed the minor revisions to the Quality Improvement Plan with the Committee members. The revisions included adding overcapacity to the indicator, “Total Margin,” wording, “NRC+Picker Canada” was changed to “NRC Canada”, and information on activities was added to the indicator, “Overall Percent Positive Scores for Staff and Physician Satisfaction.”

The meeting scheduled on June 16, 2015, will be cancelled and any items on the committee’s Work Plan for June that cannot be deferred until 2015/16 will be included on May’s agenda.

The brochure for the Governance Centre of Excellence’s education session titled, “Quality as a Strategic Priority for the Board” taking place on June 8, 2015 was circulated.

The session may be attended in-person or by webinar. The Committee members were asked to advise the Secretary if they are interested in attending in-person.

A request was made for the Research Ethics Office to highlight pertinent content on the Research Ethics Board minutes.

6.0 FOR INFORMATION – None.

7.0 BOARD MEMBER COMMENTS – None.

8.0 DATE OF NEXT MEETING – May 19, 2015

9.0 ADJOURNMENT

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

May 6, 2015

Research

Cyclotron Grand Opening

- on April 7th, Ministers Rickford, Gravelle and Mauro along with Mayor Keith Hobbs helped TBRRI and TBRHSC celebrate the grand opening of the Cyclotron and Radiopharmacy;
- in April, TBRRI staff hosted tours of the facility for over 700 people;
- discussions for a partner to distribute isotopes produced by the cyclotron are in progress; staff are being recruited and commissioning of the facility is nearing completion;
- thanks to the Exceptional Cancer Care Campaign and generous donations from the community and the Paterson Foundation, TBRRI will receive \$1M in funding for the cyclotron.

External Presentations and Discussions

- TBRRI has been participating in a number of presentations and discussions with external parties such as Lakehead University, MaRS Innovation, City of Thunder Bay, Siemens Canada, etc.;
- on April 9th a delegation from TBRHSC & TBRRI met with Regional Chief Stan Beardy and three Grand Chiefs to talk about how TBRHSC and TBRRI could provide the best, most culturally appropriate care and research as a leading Centre of Excellence for Aboriginal Care – the Grand Chiefs have agreed to further discuss this initiative.

Funding for Research

- Research Canada, the Council of Academic Hospitals of Ontario and others have recently shared comments on the Ontario and Federal 2015 budgets;
- recommendations from the Ontario Health Innovation Council have been adopted in the Ontario Budget and the government has re-affirmed its commitment to investment in groundbreaking medical research to improve health care outcomes for Ontarians – there are also a number of targeted research investments;
- this month, 4 TBRRI Scientists received notice of Discovery Grant awards from the Natural Sciences and Engineering Research Council of Canada (NSERC) – an NSERC/CHRP grant was also awarded to Drs. Zehbe, Curiel, Jumah and Phenix for a HIFU research project.

TBRRI Strategic Plan

- TBRRI will soon be commencing work to develop its 2020 Strategic Plan;

- information gathering will commence this summer with engagement sessions to take place between October, 2015 & May, 2016;
- The new Strategic Plan will be launched in June, 2016.

Quality and Risk Management

Ethics

- The Operational Ethics Committee met in February & April. The focus of these meetings was the review and interpretation of the 'ethics priorities' raised at January's iLead session. These priorities have assisted in the development of the Ethics Plan.
- The Operational Ethics Committee reviewed the 'Disagreeing with the multidisciplinary plan of care' – policy PAT-5-31, offering recommendations and suggested changes. The committee also reviewed and offered recommendations regarding the TBRHSC WSIB proposal.
- The Bioethicist presented to the Quality Committee of the Board, March 18-2014. The presentation included an overview of the ethics structure, services offered, and the role and relationship between ethics and quality.
- The Ethics Decision Making Framework has been disseminated across the organization. It is now imbedded within all meeting templates. The Bioethicist has met with the Administrative Assistants as well as Managers to review the framework and provide further context. A rescheduled meeting with the Directors group is planned for May, as are unit visits to promote the framework and availability of ethics services. An evaluation has been conducted to review how often the framework is being used. Preliminary review identifies the framework is not being used to its optimal potential to exemplify decision making is based on this framework. The team will develop a strategy to address this going forward.

Patient Safety

- Progress continues in the development of the new clinical pathway and admission orders for Community-Acquired Pneumonia as one of the Quality Based Procedures.
- Drafts of both the admission order set and the clinical pathway has been completed. The working group is now circulating the proposed order set and pathway to departments that are likely to play a role in the pathway for additional feedback.
- To date, the admission order set has been completed and the development of the clinical pathway is underway.
- Improvements to the Patient Safety Reporting System are being implemented following an in-depth review of the category incident types, in an effort to improve clarity for individuals submitting reports and ultimately, improve our ability to use the data in a meaningful way. Applicable definitions for each category incident type will also be available to further clarify the options available to individuals submitting reports.
- A new field is being added to the Patient Safety Reporting System to allow for the Manager of Pharmacy to identify the step in the medication process where the

breakdown occurred for each Medication/IV incident and near miss. This will improve our ability to identify where improvements in Medication/IV Safety should be focused.

- The Falls Prevention Working Group reviewed the 'Falls Prevention, In-patient' – policy SAF-1-25, and the 'Falls Prevention, Out-Patients' – policy SAF-1-26 offering updated policy recommendations and revisions.
- The Canadian Patient Safety Institute along with the Thunder Bay Regional Health Sciences Centre and the Northern Ontario School of Medicine are offering the "Become a Patient Safety Trainer" education program to clinical teams from Canadian healthcare organizations and to members of healthcare faculty. This will take place at Lakehead University on May 20 - 21, 2015. The syllabus identifies education goals that address culture such as, moving beyond blame to a systems approach and applying human factors in the workplace.
- In conjunction with the "Become a Patient Safety Trainer" education program, a one-day Incident Analysis Framework Train-the-Trainer Workshop will be held on May 22, 2015, here at TBRHSC. This will further emphasize the need to shift the focus from individuals to systems and will provide learners with the tools necessary to complete an incident analysis.

Communications & Engagement, Aboriginal Affairs and Government Relations

Media Activity (March 21 – April 24, 2015)

- Media calls/requests: 5
 - Sunshine List – CEO's Salary
 - Cyclotron
 - Gridlock
 - Organ Donation – Challenges
 - Lack of psychiatrists
- Media Releases: 6
 - New TBRHSC Website
 - Paterson Foundation Gift Matching Challenge (x2)
 - Elekta Bachelor Charity Auction - raised over \$1 million in 17 years
 - New Multi-Colour Laser System for Ophthalmology Care
 - April is "Be A Donor" month in Ontario
- Media Events: 2
 - TBRHSC Website Launch
 - Cyclotron Grand Opening
- Publications: *Chronicle Journal* Features - 24; *Healthscape* – 2 articles

Aboriginal Affairs

- Training for Walk a Mile provided to Senior Management Council
- Aboriginal Patient Navigator in the Emergency – one full-time and one part-time position filled

- Mentorship for LU Student Placement – Native Nursing Entry Program
- Volunteer in Maternal Newborn to assist with birth registration for our Post natal First Nation patients.
- Meeting with principal from Dennis Franklin Cromarty School and volunteer services for Aboriginal student placements and “Bring your kid to work day”
- Patient navigator and PFA Patient for video “Keeping Canada Alive”
- Aboriginal Cancer Care Committee meeting – Presentation on “Walk a Mile” film Project

Strategic Plan 2020

- Successful 5 Partners Accountability session on March 31st with 92 participants
- Leadership session to complete the objectives for the goals

Communications & Engagement Initiatives

- Completed iLead engagement regarding Ministry of Labour regulations re: food & drink in patient care areas
- Supported Engagement re: Leveraging Patient Flow
- Continuing content preparation for Annual Reports – TBRHSC and TBRRI
- Strategic Plan 2020 publications
- Emergency preparedness planning
- Walk-a-Mile Training - planning for staff roll-out (Cultural Sensitivity)
- Promotions initiatives with local and national media
- 2015 Patient Services Directory received and distributed

Project Support

- Communications and graphic design support for upcoming special recognition weeks: Organ Donation Week, Mental Health Awareness Week, Nursing Week, Palliative Care Month
- Website – images and maps
- Nursing Uniform Voting
- TBRRI Scientist Posters
- Ebola Task Force support
- Out-patient lab transition
- Wound care transition to SJCG
- Code of Conduct – Lead for Working Group
- New Cath Lab – suite makeovers
- Support to the Research Ethics Board for Annual Report

Government Relations

- Government relations and communications staff are working with the Council of Academic Hospitals of Ontario (CAHO) on promoting Ontario’s research hospitals as helping to build a Healthier, Wealthier and Smarter Ontario. Key messages include the fact that the health research enterprise is a critical component of

Ontario's health care system and economy. Dividends from investment in health research help to strengthen Ontario's health care system through:

- Improving quality of care and system productivity;
- Saving costs through innovations that improve the patient experience and outcomes, and
- Attracting and retaining the brightest scientific and clinical minds from around the world.
- Contributing to a knowledge-based economy;
- Developing health innovation clusters in communities across Ontario where research hospitals are located.

Corporate Services and Operations

Financial Services

- The preliminary financial position of TBRHSC as at March 31, 2015, pending some final entries, is a \$957k deficit
- The reduced deficit at year end is due to increased funding which was not verified until Q4, including (i) Ontario Renal Network's reconciliation of Q3 volumes and increased funding for Chronic Kidney Disease, (ii) Bariatric Surgery funding agreement finalized, and (iii) Quality Based Procedure targets were met and favourable rates experienced
- Additional funding, efficiencies and supports are required to get to and sustain a sufficient surplus position given the continued overcapacity pressures
- Overall, Patient Days are 6,840 greater than budget and 4,876 more than the prior year
- Emergency visits are 2,781 less than budget and 1,271 less than prior year
- Staffing hours are 142,073 greater than budget and 142,228 more than the prior year

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.
- TBRSC Fire Plan was approved by Thunder Bay Fire and Rescue on March 26, 2015.
- TBRHSC was the successful recipient of the Thunder Bay Chamber of Commerce Environmental Stewardship Award which recognizes the work done at TBRHSC in the areas of recycling and power conservation. Congratulations to all staff who participate in these initiatives with special recognition to the Housekeeping and Maintenance Departments.
- The Grand Opening of the Cyclotron Facility was held April 7th.

Informatics

- A service agreement has been signed with the North West Health Alliance (NWHHA) to conduct an analysis and assessment on the Hospital Information System (HIS) in preparation to submit clinical data to the provincial clinical data repository (CDR).
- The Information Systems and Technology teams are preparing to take an update to the Meditech HIS. The new version will be delivered in August and it is estimated that testing and deployment will take 5-6 months and impacts all 13 hospitals in the North West.
- An e-mail publishing and archiving solution has been implemented to manage e-mail content. All e-mail will be purged after 2 years.

Northwest Supply Chain

- Education Sessions (3) on BPS Bill 122 have been completed for Management and Medical leads
- Annualized savings for TBRHSC have surpassed \$3.5m from regional, Medbuy and other Shared Service Organizations initiatives and collaborations.

Chronic Disease Prevention & Management

Cardiovascular and Stroke Program

- The new 12-bed Regional Stroke Unit, located on 2C, opened on April 6th, 2015. Research demonstrates that stroke patients receiving care in this type of specialized unit experience 30% fewer deaths or significant disabilities. We expect that, in the future, our stroke patients will leave the hospital with a greater opportunity to regain healthy, active lives.
- The Cardiac Cath Lab equipment upgrade is complete. Beyond the image quality improvements that the new technology provides are specialized safety features to reduce and track the radiation exposure received by patients and staff. Again, TBRHSC invests in "Healthy Together".
- The entire administrative leadership team of the CV & S Program successfully completed the IDEAS 2 Quality Improvement Course during April. The program, offered by Health Quality Ontario through NOSM, focused upon techniques for teams to use to evaluate and improve the health system. The information will support our activities as we move forward to finalize implementation for our 2020 Strategic Plan.
- Northwest patients continue to benefit from our linkage with University Health Network (UHN) to enhance cardiovascular care. Working with UHN, Dr. Y. Abdulrehman and the Surgical Program, 5 local patients received EVAR procedures (endovascular aneurysm repairs) at UHN by Dr. Abdulrehman in April. This represents a very unique relationship with unprecedented support from the UHN team. (EVAR cannot be performed at TBRHSC at this time, but will be offered following program approvals from the MOHLTC.)

Chronic Disease Prevention and Management Program and Medicine Service

- We welcome Anne Ostrom as the new Manager of Complex and Chronic Disease. Anne has provided leadership for the Healthy Living Team (Chronic Disease

Prevention) with the Thunder Bay District Health Unit since 2001, and most recently was seconded to the City of Thunder Bay as the Acting Drug Strategy Coordinator. Anne will be responsible for operation of the Centre for Complex Diabetes Care, the Bariatric Care Centre, the Pediatric Bariatric Program, and the General Internal Medicine Clinics.

Adult and Forensic Mental Health Program

- Four staff members from Mental Health attended a week long course in ASSIST training around assessment of suicide risk and intervention. Starting in June, they will begin training all staff who work in Mental Health with these techniques.
- Psychiatry resources continue to be an issue, despite this, ACT continues to take in clients.
- Shared Mental Health Care, in conjunction with SJCG has proposed three streams of care: Counselling Services; Transition Into Primary Care (TIP); and Nurse Consultation Service.
- Renovations to the Amethyst House are now complete and the main entrance has been equipped with wheelchair accessible automatic doors.
- ACT has replaced its desktop computers with laptops and docking stations as we move towards point of care charting.

Regional Cancer Program

- The Cancer Centre has developed and implemented an outpatient Smoking Cessation Pathway that ties together the behavioral intervention - Moving on To Being Free, in the Supportive Care Department with the clinical team. Several new smoking cessation metrics have been added to our data reporting through Cancer Care Ontario. The new pathway includes steps for new and returning patients to be asked about their smoking status and offered support if interested in quitting. Nurse Practitioner Kathy Bean is now linked with Counselling intervention to provide support for those interested in NRT/pharmacotherapy.
- The Ontario Cancer Plan IV was launched on March 30th, 2015. The plan is organized around 6 key goals: Quality of life & patient experience, Safety, Equity, Integrated care, Sustainability, and Effectiveness. Once the TBRHSC's 2020 Strategic Plan is finalized, the Regional Cancer Program will commence planning for the Regional Cancer Plan IV. All regional plans are due to Cancer Care Ontario by December 31st, 2015.
- Pressures continue on 1A with the volume and complexity of acute oncology patients. The census of Oncology in-patients is often well beyond the 12 beds allocated to the specialty. Planning is underway to develop admission guidelines to ensure the daily in-patient care workload is sustainable.
- A Cancer Program and Laboratory Services Summit was held on April 22nd, 2015, with great participation from both Oncology and the Lab. Common pressure areas were discussed and preliminary planning was started which will roll into both Cancer and Lab Service plans.

- May 8th, 2015 marks the Annual Community Oncology Professional Education (COPE) day. A very exciting agenda has been developed and over 150 participants are registered. The Key Note presenter is Mary Yates, who has been in the business of helping individuals and organizations through the change process for over 30 years. She is currently Principal of Align Associates, offering expertise in the areas of leadership development, team effectiveness, effective communication, and performance management.

Prevention and Screening Services

- The first 'iQuit' smoking cessation contest for TBRHSC staff was held throughout the month of March by the Smoke-Free Grounds Working Group. 12 staff quit and 1 lucky contestant won an iPad mini.
- Community visits to Kenora and Fort Frances occurred to educate providers about the new Aboriginal Cancer Screening Toolkit, 'Your Health Matters' (a cancer prevention and screening tool), and to sign physicians up for the Screening Activity Report (SAR), which helps keep track of patients on their roster who are due for cancer screening.
- A post-colonoscopy survey was distributed to patients to assess the communication of care after a colonoscopy and determine if patients understand the results of their procedure and the following steps. This data will be compared to survey results after a new endoscopy software, endoPRO iQ, is implemented. A goal of this survey is to enhance post-colonoscopy patient communication and knowledge.
- 2014/15 year-end screening highlights include: over 50% of mammograms performed in the Northwest region are completed on the Screen for Life Coach; 820 FOBT kits were handed out and 688 Pap tests were performed on the coach (compared to 523 and 338 last year); the region met 95% of its mammogram screening volume target; approximately 70% of all screening colonoscopies are enrolled through the Diagnostic Assessment Program at TBRHSC; over 100 patients received definitive diagnosis in the lung DAP and 53% of patients met the wait time target of 28 days to diagnosis.

Medical & Academic Affairs

Academics & Interprofessional Education

- After the second iteration of CaRMs, we celebrate a 100% (29 out of 29) acceptance rate for our 4th year medical students matching into their residency programs.
- Tracey Hill, Interprofessional Education and Sharon Carella, Public Health Ontario, were accepted to present an overview of TBRHSC's comprehensive training plan implemented to ensure staff were able to appropriately identify, diagnose and care for a patient with Ebola at the "Infection Prevention and Control Canada 2015 National Education Conference in Victoria, B.C.

Medical Affairs

- Adult and Forensic Mental Health hosted a site visit for a psychiatrist at the beginning of April and a letter of offer has now been extended.

- Two additional site visits with psychiatrists are pending in May.
- Dr. Jeff Heringer has accepted a position in our emergency department and will be joining us full time starting July 1, 2015.
- Dr. Mary Anne Cooper will be joining our Department of Internal Medicine and Gastroenterology Service, with a start date to be determined.
- A letter of offer is being drafted to a potential emergency physician.
- We are pleased to announce the appointments of our Regional Primary Care Leads in the Regional Cancer Program, Dr. Nicole Zavagnin and Dr. Claudette Chase. The Leads will be responsible for primary care engagement to primary care providers across the region.
- Our Physician Recruitment Assistant will be attending the upcoming Canadian Association of Staff Physician Recruiters in Niagara Falls. This conference will provide information critical to success in the field of physician recruitment and retention.

Pharmacy

- The Pharmacy Department underwent our annual physical inventory count at the beginning of the month.
- We continued to host a Pharm D. student on placement, from the University of Waterloo.
- Pharmacy was involved with the implementation of the Baxter Colleague 1.7 IV Pump project, and oversaw the building of the drug dictionary for the new pumps.
- Interviews were conducted for Pharmacy summer students and Pharmacy Technician vacancies. We continue to recruit for technician vacancies.

Health Human Resources, Planning, and Strategy

Human Resources, Organizational Development, and Library Services

- The Employee and Professional Staff Engagement Survey has been distributed to staff.
- The RPN spring hire process has been completed with 15 RPN's hired.
- Training sessions were conducted for security guards regarding smoke-free grounds.
- Walk a Mile training was conducted for SMC.
- HR organized and hosted the Annual Clinical Careers Open House on April 13th. This was well attended with 90 participants and 22 internal departments contributing to the event.
- HR participated in an anti-racism community engagement event held by the City of Thunder Bay.

Labour Relations

Negotiations and Grievance Activity - As at April 30th, 2015

	COLLECTIVE AGREEMENT		LABOUR RELATIONS STATISTICS			#
	TERM	DETAILS	Grievances	GRIEVANCES	ARBITRATION	Emp. by

			since Jan1/15	Acti ve	Resolv ed	Acti ve	Awar d	Unio n
ONA (central/ local)	Apr. 1, 2014 -Mar. 31, 2016	Current	12	34	3	2		1044
COPE (local)	Apr. 1, 2011 - Mar. 31, 2013	Arbitration scheduled in April	3	3	1		1	331
OPSEU (central/loca l)	Apr. 1, 2014 - Mar. 31, 2016	Current	4	20	3			402
OPSEU - Mtc. (local)	Sept. 29, 2013 - Sept. 28, 2017	Current	2	3	0			21
SEIU (central/loca l)	Oct. 12, 2013 - Dec. 31, 2017	Central is current. Local negotiations are in process.	3	8	3	1		599
PIPSC Med.Physic ists (central)	Jul. 1, 2013 - Jun. 30, 2016	Current	0	0	0			2
PIPSC- Assoc. Rad.Therap ists (local)	Oct. 2, 2012 -Sept. 30, 2016	Current	0	5	0	1		23
TOTALS			24	73	10	3	1	2422

Strategy and Performance

- The 2015 Strategic Plan 5 Partners Accountability session is scheduled on May 21 at the Valhalla Inn. We continue to track and transform the few outstanding 2015 strategic initiatives to completion, or carry them over to the 2020 plan.
- 2020 Strategic Plan Phase 3-Workplan Development: SMC and the Steering Committee have engaged the broader leadership group for this phase. April 22 & 29 Engagement sessions were held to inform leadership of the strategic objectives, measures, leads and timelines. The feedback received will be used in the development of the draft workplan.
- 2020 Strategic Plan Phase 3-Communication: Strategy is working in collaboration with Communications to develop a robust communication plan.

- Strategy is leading a work group to develop a change management toolkit to support leadership in effective change management as we launch the 2020 strategic initiatives this fall.

Decision Support

- Over the past month, Decision Support staff have been working diligently and closely with Finance to finalize TBRHSC's 2014-15 financial results.
- Decision Support and Health Records collaborated to prepare analysis for the Patient Flow Strategy Steering Committee to assist them in understanding TBRHSC's length of stay, and where results are higher than expected, to determine root causes.

Health Records

- The Ontario Hospital Association conducted an education session on Privacy & Compliance with emphasis on the Information and Privacy Commissioner's recent order. Speakers ranged from Information and Privacy Commission's legal counsel to hospital representatives sharing their privacy experiences.
- Health Records is investing resources to create meaningful Length of Stay (LOS) reports for the Patient Flow Strategy Steering Committee. These reports create better understanding and more effective monitoring of LOS.

Occupational Health and Safety (OHS)

Lost Shifts due to WSIB

2014/2015	Mar	Apr	May	June	July	Aug	Sep	Oct.	Nov.	Dec	Jan	Feb	Mar
Total Number of Incidents	54	75	62	61	56	63	90	74	57	76	74	61	97
WSIB Health Care Claims	7	13	7	11	7	10	21	14	15	16	10	7	17
WSIB Lost Time Claims	0	0	0	0	0	0	0	2	0	0	1	0	1
WSIB Lost Time Recurrences	0	0	0	0	0	0	0	0	0	0	0	1	0
Lost Time Days	3	0	0	0	0	0	0	7	16	0	3	10*	1
Near misses/hazardous situations	13	24	22	23	16	13	19	18	12	17	14	6	6
WSIB denied claims	3	5	5	3	6	3	4	1	0	0	0	3	0

* part days

Volunteer Services

- National Volunteer Week was celebrated April 10-18, 2015.
- TBRHSC Volunteer Program 500 Volunteers (346 Adults, 156 Students)
- 90 Patient Family Advisors, 40,000 Hours of Service, 29 Areas of Service

Partners

- TBRHSC Foundation Volunteers
- 14 Look Good Feel Better Volunteers – Canadian Cosmetology Foundation
- 1 St John's Ambulance Pet Therapy Dogs and Owners

Volunteer Celebration

On April 30th, over 300 Volunteers attended the Annual Volunteer Appreciation Dinner celebrating the extraordinary impact of Volunteer Services for TBRHSC.

Strategic Plan

First Nations recruitment efforts continue. We have partnered with Dennis Franklin Cromarty High School to provide an Aboriginal Volunteer Entry Program to provide quality career related experience to students in the fall of 2015.

EVP, Patient Services &CNE:

Collaboration with Lifelabs

- As collaborative partners working to best meet community / hospital patient needs - Life Labs CEO, Sue Paish and VP Pierre Bou-Mansour met with TBRHSC
- Joint Role / mandate discussions enabled Life Labs and TBRHS to create a plan to ensure the needs of patients could be best served
- TBRHSC will continue to focus our work on the provision of phlebotomy OP services to TBR Program patients (renal, cancer centre, paediatrics)
- Patients not associated with any TBR programs, will be encouraged to go to Lifelabs for their bloodwork.
- Working with Communications and our PFA's, we will develop posters for the OP waiting area and patient hand outs, regarding this transition - explaining all of the benefits of using Lifelabs (you can make appointments on-line to prevent a wait, ample accessible parking close to the new facility, only steps away from TBRHSC.
- Lifelabs will also be doing some advertising to encourage those patients who don't require the use of the HSC to have their blood work done at one of their 3 convenient locations.
- Although this transition will not have substantial costs savings, it will provide workload relief for phlebotomists to ensure patient safety is maintained. Having 30 fewer patients per day in the OP lab will reduce the wait time for our program patients, while enabling phlebotomists to support in-patient care needs more expeditiously

ED Patient Flow & Overcapacity

- In 2014-15 there was a 1.2% reduction in ED patient visits (105,219) compared to the previous year (106,536).
- Despite an overall ED volume decrease, the acuity of patients has increased.
- In 2014-2015, high acuity patients increased by 2574 whereas low acuity patients decreased by 4255.

- ED continues to meet provincial targets for non-admitted high acuity patients with a length of stay (LOS) of 6.8 hours (target 7 hours) and low acuity LOS of 3.2 hours (target 4 hours) for the month of March.
- Overcapacity continues to be a challenge resulting in 4 months of gridlock from January to April 11/15.
- The current gridlock policy is being revised to include enhanced patient flow strategies including expanded criteria for overflow areas and family rooms.
- With the use of Medworxx data, patients coded as “ready for discharge” can be identified so focused discharge strategies can be applied.
- In March, an average of 21 admitted patients waited 37 hours in ED until they were transferred to an in-patient bed (target 25-27 hours). This time has increased from 30 hours, in the previous year.

Surgical Over Capacity Impacts

- Year to date actual occupancy (97.4%) trending 8-10% over target (89.9%)
- Intermittent inpatient overflow into non-inpatient occurred again during March and April 2015;
- 4 beds in the Post Anesthetic Care Unit (PACU); occurred once during this period for 48 hours
- 4 beds in the Surgical Day Care Unit (SDC); occurred several times during this period, spanning several days each time
- When inpatients occupy PACU or SDC we experience significant patient flow issues, as a result surgical patients have needed to be recovered in the OR suites post-operatively. This in turn delays surgical lists, and can result in cancellations at the end of the day.
- However, no surgical procedures were cancelled due to Gridlock/overcapacity in March or April.

Quality Boards Introduced

- A pilot project has been initiated on 2B and 1A to evaluate the effectiveness of a new electronic communication board in the nursing station area.
- The boards will be used to provide education to staff and increase awareness and understanding of PFCC and other strategic priorities, while supporting best practice standards compliance, and gaps in care standards as a means to cue staff to areas requiring action

PFCC

- Connor Ferguson, our youngest PFA was interviewed by CBC about his involvement and contributions in pediatrics.
- NOSM and research institute are consulting with our PFAs with the hopes to align their philosophy with our PFCC philosophy of care.

Protocol for the investigation of child abuse and neglect

- In May of 1992, recognizing the need for a coordinated response to child abuse/neglect investigation/evaluation and case management, the first Protocol for

the Investigation of Child Abuse was introduced in the District of Thunder Bay. The Protocol was later revised in 1998.

- A review was done in 2006 with a signing of the completed document in October 2007 and most recently again in April 2015.
- The Protocol for the Investigation of Child Abuse and Neglect was developed: to assist in the greater safety and protection of children; to provide guidelines to support components of the revised Child Protection Standards in Ontario; to clarify and support the components required for Police/Children's Aid Society protocols; to ensure that the fulfillment of all mandated requirements for all investigations involving children is facilitated by providing for appropriate sharing and disclosure of information, emphasizing the importance of joint consultations; emphasizing the importance of teamwork; to develop a process to monitor and evaluate the effectiveness of a coordinated child abuse investigation protocol to recognize requirements of Adequacy Standards, 2000.
- Partners included in the protocol:
The Children's Aid Society of the District of Thunder Bay , Dilico Anishinabek Family Care, Lakehead District School Board, Thunder Bay Catholic District School Board, Superior North Catholic District School Board, Superior-Greenstone District School Board, Conseil scolaire public du Grand Nord de l'Ontario, Conseil scolaire de district catholique des Aurores boreales, TBRHSC Sexual Assault and Domestic Violence Treatment Centre, Thunder Bay Police Service, Ontario Provincial Police, Anishinabek Police Service, Crown Attorney — Attorney General's Office



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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
May 2015

Exceptional Cancer Care Thanks to YOU!

On April 26, the Health Sciences Foundation campaign total was unveiled in front of hundreds of donors and staff. Over **\$7,100,000** was raised during the Campaign to make Exceptional Cancer Care a reality. Thanks to you, we have ensured that each person who walks through the doors of our Cancer Centre will have the confidence that they will have access to the very best equipment to find and treat their disease! Thank you to everyone involved.

Over \$85,000 raised for Breast Cancer!

On April 16, the phenomenally successful Elekta Bachelors for HOPE Charity Auction raised over \$85,000 in support of breast cancer education, awareness and treatment for Northwestern Ontario. The over 450 attendees enjoyed a gourmet meal, entertainment and most importantly, made an incredible impact on the care to be offered from the Health Sciences Centre and sites throughout our region. **The event has now raised over \$1,000,000 in its 16 year life!** Hats off to the organizing committee on a record-breaking year – looking forward to even more excitement in 2016!

Thanks a Million!

National Volunteer Week was April 12-18/15. Volunteers across Canada were recognized for the invaluable contributions and impact they make to our communities.

On April 30 at the Victoria Inn, the Health Sciences Centre and Health Sciences Foundation joined to recognize an incredible resource – volunteers. **The over 900 active volunteers** supporting healthcare include special event committees, information desk attendants, office volunteers, Patient and Family Advisors and many, many, more. Their collective support makes possible the work of both organizations. Your role as Board Directors is key to providing strategic direction for both organizations – and we couldn't be more grateful.

New Baby?

The First Marks Club is the perfect gift for the new baby in your family. Your gift invests in the best care possible for the smallest patients at the Health Sciences Centre and places their name on a 'footprint' in Maternal Newborn. Grandparents often create a family tradition of enrolling grandchildren. If you would like more information about the First Marks Club please contact Athena Kreiner, Manager, Annual Giving Program at 684-7112.

Get your Tickets Now!

29th Annual Rotary **House Lottery Draw Date is July 1, 2015!** This date will be here before we know it. Get your tickets for your chance to win the grand prize - 1,700 square foot home (valued at \$426,294!). Other prizes include \$50,000 is available in early bird cash draws starting April 22. Tickets are \$100.00 and only 10,000 will be sold! Visit our tickets sells outside of the Donation Office to purchase your ticket now!

What will your legacy be?

We've seen our fair share of winter this year. But with spring around the corner, it's time to plan in earnest for your future – near or far. Before you map out your garden, book an appointment to review your Will and consider a gift to the Health Sciences Foundation.

Every gift – regardless of size – impacts the care offered to all of us in Northwestern Ontario. Your Health Sciences Foundation helps make possible things like new isolettes for the tiniest residents, just starting their lives through to new hemodialysis machines for patients receiving dialysis here at the Health Sciences Centre and regional sites, including Sioux Lookout.

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.

www.healthsciencesfoundation.ca
info@healthsciencesfoundation.ca

OUR MISSION: **To raise funds to support excellence in
healthcare for the people of Northwestern Ontario.**



Chief of Staff Report

to the
Board of Directors
Thunder Bay Regional Health Sciences Centre

May 2015

Chief of Staff

Associate Chief of Staff

- Dr. Andrew Turner has been appointed Associate Chief of Staff effective April 1 – June 30, 2015 to provide medical leadership during this transitional period

New Chief of Family and General Practice

- Interviews have now been completed and the selection committee will be making a recommendation to the MAC

Retirement

- Dr. Joseph Wasielewski has formally resigned as Chief Pathologist and Laboratory Director, a position he has held since 1996, and will be retiring from the practice of pathology as of May 1; we wish him all the best in retirement

Medical Directives Update

- All medical directives will be reformatted to accommodate bar codes to allow for scanning in Health Records
- We will use this opportunity for each department section to complete a review of all medical directives for their area, ensuring that the directives are relevant and up-to-date with current evidence and best practice

Incomplete Records

- New strategies for increasing compliance with timelines for record completion by Professional Staff have been developed following discussions at MAC
- The next step is for the draft policy to be circulated to section groups for feedback

Morbidity and Mortality Rounds

- Work continues on a draft policy and procedure for departmental M&Ms in collaboration with Quality and Risk Management
- Consultation will take place with MAC at a future meeting

CNE – Open Report

To the
Board of Directors
Thunder Bay Regional Health Sciences Centre

May 2015

Chief Nursing Executive

Best Practice Spotlight Organization (BPSO) Designate:

- As a BPSO designate, TBRHSC participated in the Registered Nurses' Association of Ontario, BPSO Knowledge Exchange Symposium on April 18, 2015.
- TBRHSC staff joined delegates from other provincial and international candidate and designate BPSO organizations to share successes related to the implementation of tools/resources, and strategies related to Best Practice Guidelines (BPG)
- As a designate organization we shared our learning's with a story board, depicting our implementation over our candidacy and designate periods.

Registered Nurses' Association of Ontario (RNAO):

- The 90th annual RNAO AGM took place on April 16 – 17, 2015, with a membership of 41,000 registered nurses, nurse practitioners and nursing students. RNAO advocates for healthy public policy, promoting excellence in nursing practice and influencing decisions that affect nurses and the public they serve.
- G. Fieber and D. Perry from the TBHRSC attended meetings as consultation representatives for Region 12, Lakehead Chapter.
- The RNAO AGM focused on proposed resolutions, the annual report and the presentation of awards to members that have contributed to the nursing profession in research, administration, education, and clinical practice.

Transfer of Accountability:

- The College of Nurses of Ontario (CNO) defines transfer of accountability as "an interactive process of transferring client specific information from one caregiver to another... for the purpose of ensuring the continuity of care and safety of the client."
- The Joint Commission Centre for Transforming Healthcare estimates that 80% of serious medical errors involve miscommunication between caregivers, when patients are transferred or handed off.
- The gold standard for transfer of accountability for nursing involves a face to face transfer of information at the patient bedside, that allows for patient or family input that also includes a safety check. Transfer of accountability at the bedside is a PFCC best practice and a care tactic supported by the Studer Group.
- Current practice for end of shift transfer of accountability on our in-patient units is to complete an electronic Shift Summary in the EMR, prior to shift change. The oncoming nurse then reviews each shift summary for their assigned patients at the start of their shift, which can result in significant delays, before the nurse visualizes their patients.

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- We are moving to a transfer of accountability between shifts at the bedside. The pilot will take place on 3C Neuro. This process will follow the SBAR format (Situation, Background, Assessment, and Recommendation). In addition to a standardized patient safety check, such as the HEAL (High alert medications/infusions, Equipment/ Environment, Armbands, Lines) we include the patient and/ family member in the process. There is plan to complete education of the 3C Neuro staff May 11-May 22 with a go-live date May 25.
- In order to ensure that nursing staff are available to complete the transfer of accountability in a timely manner, with minimal interruptions, there will be a 30 minute period of “Protected Time” at the beginning of each shift change.

Nursing Week

- This year national nurse’s week will take place during the week of May 11th, with the theme “Nurses: With you every step of the way”. Once again, we will be partnering with ONA, SEIU, RNAO, and RPNAO to plan a full week of events.
- Confirmed events include:
 - ✚ Monday May 11th a kick-off continental breakfast in Auditorium A at 9:30 a.m., with a short presentation on the evolution of nursing care at TBRHSC over the past 10 years.
 - ✚ Thursday May 14th 2:00 p.m. – 4:00 p.m. RNAO BPG Open House - an opportunity to share current evidence informed practice changes that have occurred in our organization (storyboard). At 6:00 p.m., keynote speaker Dianne Martin, CEO of the RPNAO, will be speaking about collaborative practice among nurses.
 - ✚ Friday May 15th at 3:30 p.m. in Auditorium A, we will be presenting our Annual Nursing Awards of Excellence.

Margaret Ruth Page – Nursing Lectureship Award

- Privileged to be honoured by the School of Nursing/Lakehead University at their Annual Nursing Scholarship Forum with the presentation of the *Margaret Ruth Page for Nursing Lectureship*

Thunder Bay Regional Health Sciences Centre
Corporate Membership List
Received for the period of February 1 - April 25, 2015

Surname	Name
Arnone	Margaret
Balacko Smith	Cheryl
Boucher	Josephine
Brunelle	Angèle
Bubar	Dawn
Carr	Amy
Cole Paterson	Sharon
Covino	Cathy
Covino	Herb
Crocker Ellacott	Rhonda
Culligan	Denyse
Doucette	Nadine
Edwards	Don
Fidler	Wesley
Fraser	Susan
Freitag	Carolyn
Friday	John
Hannaford	Joyce
Henderson	Mark

Surname	Name
Heron	Anne-Marie
Hettenhausen	William
Jean	Anita
Johnson	Rebecca
Josefchak	Joe
Kemeny	Barbara
Kennedy	Stewart
Knibbs	Donald
Kutok	Angela
Laakso	Renée
Leach	Gerry
Mannisto	Dick
Masood	Khaja
McCready	Bill
Moody-Corbett	Penny
Morrison	Rod
Munt	Gerry
Myllymaa	Peter

Surname	Name
Nehrebecky	Jessica
Porter	Gordon
Pothier	Chisholm
Powell	Dawn
Pulice	Suzanne
Robichaud	Andrée
Robichaud	Claude
Shanks	Doug
Sidorski	Stephen
Smith	Tracie
Straiton	Elizabeth
Strasser	Roger
Thibert	Mark
Tupker	Jules
Walsh	Grant
Williamson	Sara
Young	Sophie
Zanette	Helen



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ATTESTATION

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

FROM: Andrée Robichaud, President and Chief Executive Officer

DATE: April 21, 2015

RE: Q4 2014-15 Wages and Source Deductions for Fiscal Year Beginning April 1, 2014 and ending March 31, 2015 (the "Applicable Period")

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

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

during the Applicable Period.

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

Dated at Thunder Bay, Ontario this 1 day of may, 2015.

Andrée G. Robichaud, President and Chief Executive Officer



Thunder Bay Regional
Health Sciences
Foundation

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				Removed from WorkPlan
10	Financial Oversight	Presentation of PSAB Standards	Aud								x				Removed from WorkPlan
11	Financial Oversight	Update on New Hospital Capital Audit	Aud								x				Removed from WorkPlan
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			Pending new hire
24	Oversight of Management	Participate in COS Evaluation via website	BD									x			Pending return to regular position
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				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				Targetted for June
37	Performance Measurement and Monitoring	Scorecard	BD				x						x		
38	Governance	TBRRRI 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									

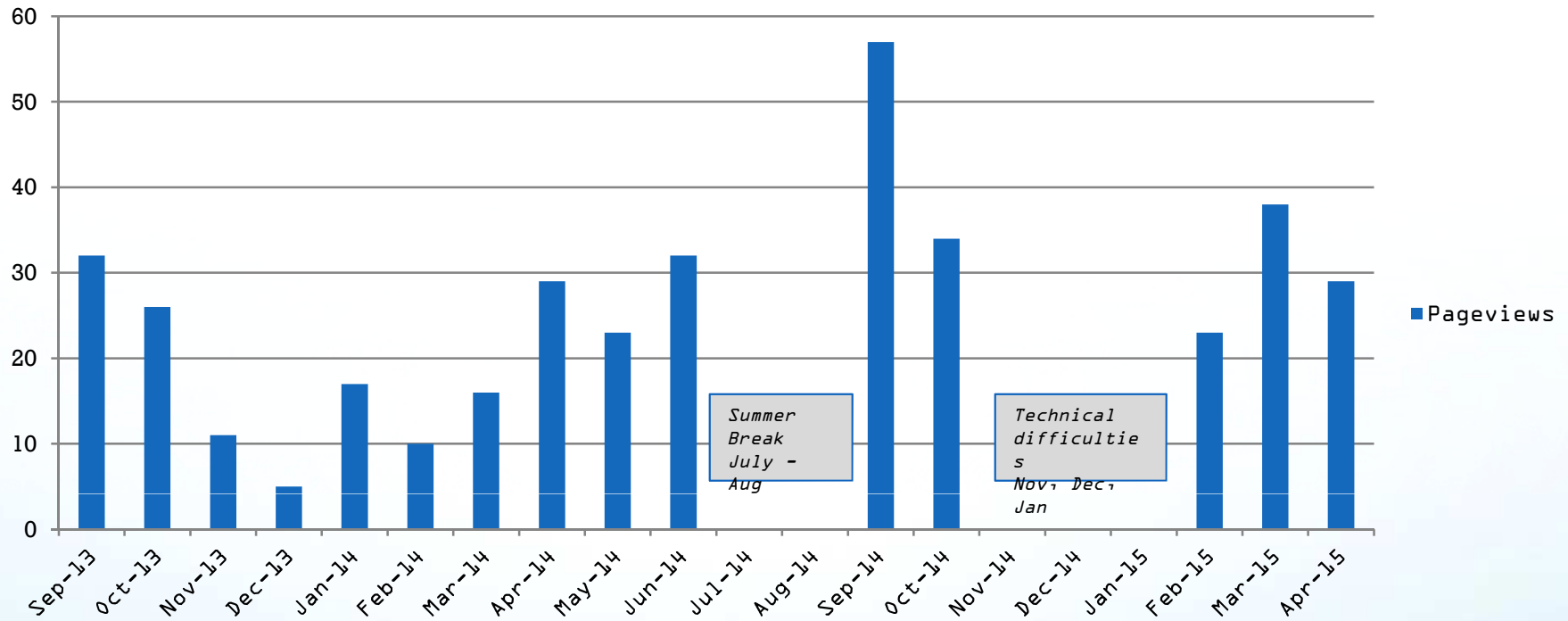
Item #	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
49	Governance	Review Board Committee Terms of Reference	Gov			x									TOR have been put on a standardized template and will be sent back to Committees for review
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			Will be completed on May 20
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					
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				Meeting delayed to April 8
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 until May
78	Financial Oversight	Financial Pressures Relating to Risk	Qual	x											
79	Quality Oversight	Credentialing 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				Deferred to May 19 2015
108	Legal Compliance	Occupational Health and Safety Program update	RP								x				Deferred to May 19 2015
109	Risk Identification and Oversight	Data Centre Disaster Recovery Plan update	RP								x				
110	Financial Oversight	Public Sector Salary Disclosure to MOH	RP								x				
111	Financial Oversight	Capital Budget	RP									x			
112	Financial Oversight	Unaudited Preliminary Year End Financial Statements	RP										x		
113	Financial Oversight	Numbered Companies Statements Unaudited	RP										x		
114	Financial Oversight	TBRRRI Financial Statements Unaudited	RP										x		
115	Risk Identification and Oversight	TBRRRI Operating and Capital Budget Report	RP										x		
116	Risk Identification and Oversight	Broader Public Sector T&E Expenses	RP										x		
117	Oversight of Management	BPS Compliance Reports	RP										x		
118	Oversight of Management	Non Patient Legal Matters Update	RP										x		
119	Oversight of Management	Declaration of Compliance H-SAA and M-SAA	RP											x	
120	Risk Identification and Oversight	TBRRRI Audited Year End Financial Results	RP											x	
121	Financial Oversight	Investments Performance Review	RP											x	
122	Financial Oversight	Investments Policy Review	RP											x	
123	Financial Oversight	Work Plan for following year	RP											x	
		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													

Page Views: Open Board Meeting Webcast September 2013 - April 2015



Month	# of Page Views	Month	# of Page Views	Month	# of 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	Mar 2015	38
Feb 2014	10	Oct 2014	34	April 2015	29

Thunder Bay Regional Health Sciences Foundation Board of Directors
May 6, 2015

Surname	Name
Adams	Steve
Bossio	Tony
Craig	Glenn
Dubinsky	Sue
Holloway	Kevin
Jones	Parker

Surname	Name
Kadikoff	Anthony
Knutson	David
McKinnon	Brian
Mirabelli	Vince
Moses	Joe
Mymko	Morris

Surname	Name
Nesti	Jody
Nieckarz	Tracey
Poulter	Mary
Shaen	Kyle
Skula	Pat

TBRHSC - Volunteer Association Members May 6, 2015

Surname	Name
Detweiler	Sharron
Donaldson	Ann

Surname	Name
Gerolami	Judy
Murray	Jean

Surname	Name
Power	Margaret
Skula	Pat



Insights into Quality Improvement

Advancing Integrated Care

Cross-sector perspectives
from Ontario's health system



Ontario
Health Quality Ontario

Executive Summary

Integrating care and ensuring appropriate “hand offs” between providers is one of the quality challenges facing Ontario’s health system today. A number of priority indicators related to advancing integrated care were included in the Quality Improvement Plans (QIPs) submitted in 2014-15 by Ontario’s hospitals, primary care organizations, Community Care Access Centres (CCACs), and long-term care homes. This report explores those indicators and uses data from the 2014-15 QIPs to show how health care organizations in multiple sectors are working together to address these concerns.

The 2014-15 QIPs reveal that more organizations than ever before recognized the need to work across sectors to improve aspects of care. In particular, many health care providers emphasized patient transitions and patient experience or patient satisfaction. Others stressed the importance of initiatives like Health Links, designed to support integrated care for patients with complex medical needs. Health Links are composed of tight-knit combinations of family doctors, specialists, hospitals, home care, long-term care, and community support agencies. They work with Local Health Integration Networks (LHINs) to coordinate more responsive care, ensure access, and improve patient experiences.

This report highlights change ideas and quality improvement activities that promote integrated care and, by extension, improved patient experiences. It intends to increase understanding about how multiple sectors can use QIPs and QIP data to help align quality efforts and tackle common quality issues together – especially those that cannot be solved by acting in isolation.

As part of the *Insight to Quality Improvement* series, this report aims to inspire providers to connect with others to improve the ways in which care is delivered across Ontario.



Introduction: Delivering Integrated Care & the Benefits of Cross-Sector Collaboration

Integration indicators measure how well individual parts of the health system interact with each other. This is important because many people, particularly those with complex needs or chronic conditions, experience care in multiple settings with multiple providers over extended periods of time. As noted in Health Quality Ontario's (HQO) yearly report, *Measuring Up*, patients "depend on the different sectors of the health system to work well together. When a patient is discharged from hospital, for example, the primary care provider needs to know what happened in hospital so that she or he can follow up with the patient accordingly."¹ Integrating these episodes of care is one focus of quality improvement.

Measuring Up explores the quality of health care in Ontario using a concise set of indicators called the Common Quality Agenda (CQA). The indicators measure everything from access to primary care providers on the same day or next day to wait times for surgery in order to develop a comprehensive picture of care across the province. Many indicators within the CQA also relate to integration of care, an area in need of improvement in Ontario. By identifying priority indicators, reports like *Measuring Up* and the QIPs help move the health system toward sustained improvements over time.

In recent years, Ontario's health care organizations and providers identified the delivery of integrated care as a key focus of their quality improvement efforts. In fact, improving the delivery of integrated care was one of the most referenced goals in the 2014-15 QIPs across all sectors.

The QIPs demonstrated that there are different approaches to the delivery of integrated care. However most of Ontario's health care organizations agreed that a well-integrated system is a patient-focused system – as evidenced by more organizations than ever including integration indicators alongside patient experience indicators.

Of the 545 organizations that submitted QIPs in 2014-15, 513 (94%) included measurements of integration as follows:

Hospitals

- *Percentage of Alternative Level of Care (ALC) Days*: 91% selected this indicator.
- *30-Day Readmission Rates for Selected Case Mix Groups*: 72% selected this indicator.

Primary Care

Primary Care Visits within Seven Days Post-Discharge: 99% selected this indicator.

Highlights of this Report

This report is divided into three parts. Chapter 1 provides insight into patient transitions and experiences; Chapter 2 explores change ideas that promote collaboration; and Chapter 3 shares a more in-depth look at profiles of successful health care organizations across Ontario.

Of the 545 organizations that submitted QIPs in 2014-15, 513 (94%) included measurements of integration and 526 (97%) included measurements of patient experience or satisfaction.

Many are looking outside their walls – and beyond their sector – for solutions that often require collaborative quality improvement efforts.

The health system is showing a shared responsibility and commitment to improving integration (particularly emphasizing patient transitions and patient experience/satisfaction) through partnerships and collaboration with others.

Organizations have expressed the value of interacting with others in developing their QIPs and found it useful to access QIPs of others online to understand how they are working on various aspects of improvement. The 2014-15 QIPs for hospitals, community care, and long-term care can be viewed [here](#).

Introduction continued...

Community Care

Hospital Readmission Rates within 30 Days of Discharge: 93% **selected this indicator.**

Long-Term Care

Potentially Avoidable Emergency Department Visits for Residents: 89% **selected this indicator.**

Of those 545 organizations, 526 (97%) included measurements of patient experience or satisfaction.

- Hospitals: 100%, up from 83% in 2013-14.
- Primary Care: 98.3%, up from 87% in 2013-14.
 - o 100% of Aboriginal Health Access Centres, up from 70% in 2013-14.
 - o 98.7% of Community Health Centres, up from 81% in 2013-14.
 - o 97.8% of Family Health Teams, up from 76% in 2013-14.
 - o 100% of Nurse Practitioner-Led Clinics, up from 75% in 2013-14.
- Community Care: 100% (first year of QIP submissions).
- Long-Term Care: 85% (of 95 homes that voluntarily submitted QIPs). ■

A Selection of Cross-Sector Integration Indicators*

1. Primary Care: Primary Care Visits within Seven Days Post-Discharge

Measures the percentage of clients who see their primary care provider within seven days after discharge from hospital for selected conditions.

2. Hospitals: Percentage of Alternative Level of Care (ALC) Days

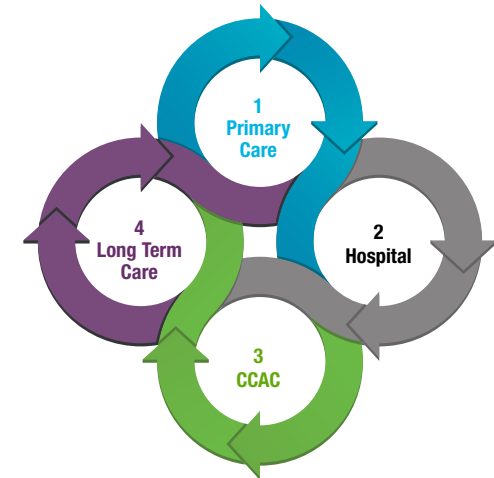
Measures the percent of inpatient ALC days, which refers to those patients who no longer need acute treatment but continue to occupy hospital beds as they await transfer to another care environment.

30-Day Readmission Rates for Selected Case Mix Groups

Measures the rate of non-elective readmissions within 30-days of discharge.

3. Community Care: Hospital Readmission Rates within 30 Days of Discharge

Measures the percentage of home care patients who experienced an unplanned readmission within 30 days of hospital discharge.



4. Long-Term Care: Potentially Avoidable Emergency Department Visits for Residents

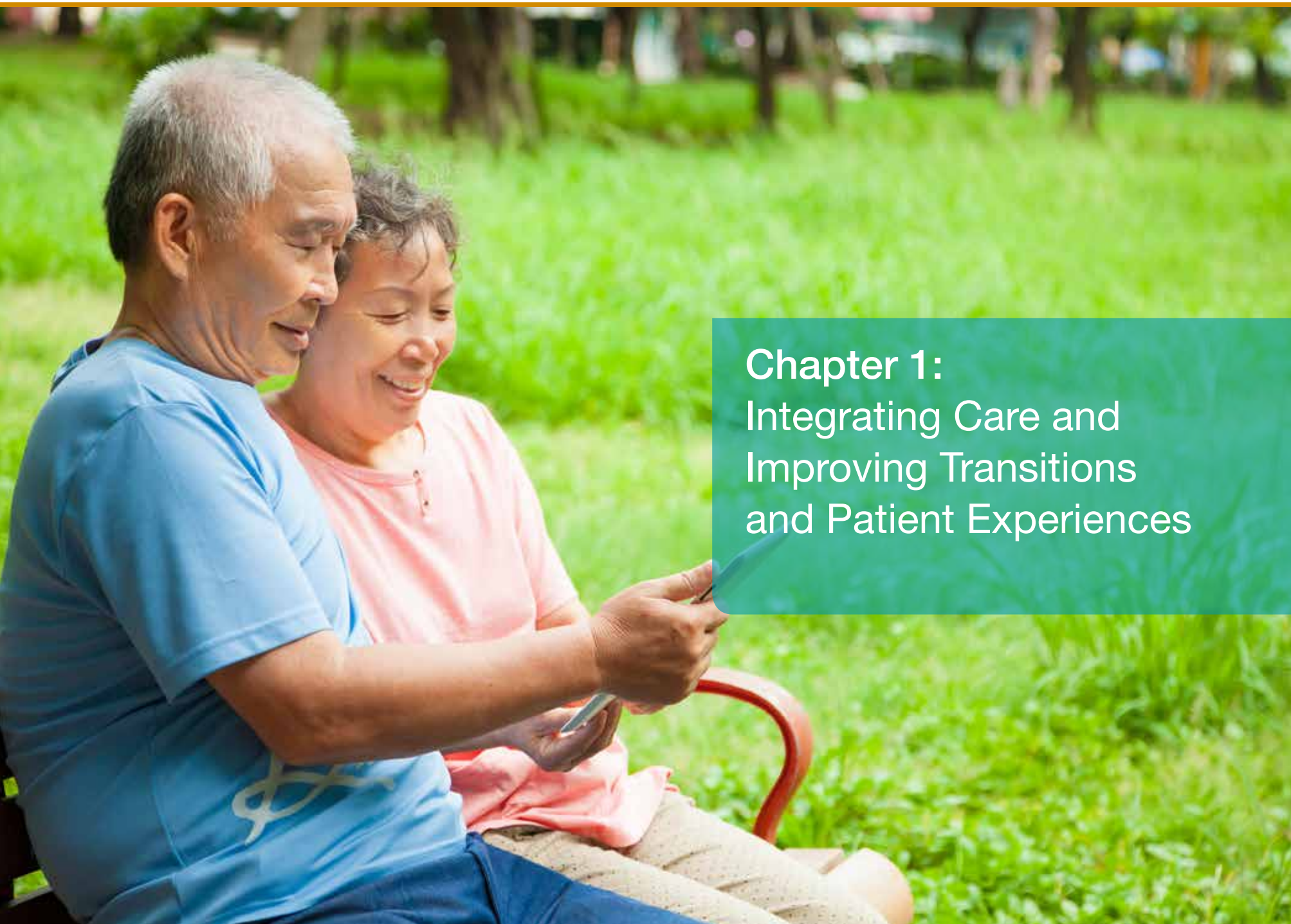
Measures the number of unplanned/potentially preventable emergency department visits for residents aged 65 and older.

* The four sectors depicted in this graphic are the four sectors that submitted QIPs. We are aware that many other sectors are involved in the delivery of care, including (but not limited to) home care, public health, community support services, etc.



Putting patients first is not the work of one government or one health care provider. We have come this far together – now it's time to continue the transformation. Now it's time to collectively change our culture and practices to improve the health care system for everyone. – Dr. Eric Hoskins, Ontario's Minister of Health and Long-Term Care, on *Patients First: Ontario's Action Plan for Health Care* in February 2015.





Chapter 1: Integrating Care and Improving Transitions and Patient Experiences

Chapter 1: Integrating Care and Improving Transitions and Patient Experiences

Care transitions can involve a number of professionals within and between disciplines and settings, with shared responsibility for an individual patient. Integrating care can create seamless transitions, so that patients and caregivers can effectively navigate the health system.

However, interruptions to a patient's journey can occur for many reasons, such as unclear or delayed discharge plans, conflicting instructions from different providers, or medication errors.² Furthermore, organizations that do not place the patient at the centre of their integration efforts often struggle in providing smooth transitions.³ (See: *"The Story of Kirk & Peter" on pg. 8 for one example of a patient story that stresses the need for high-quality integrated care.*)

More organizations are starting to recognize that they cannot make sustained improvements on priority integration indicators in isolation. In fact, these organizations are looking outside their walls – and indeed their entire sector – for solutions that often require collaborative quality improvement efforts.

The theme of partnerships is evidenced in the graphic, "Collaboration within each sector" (on pg. 7). As the graphic shows, the percentage of times a given sector mentioned another sector within its QIP (and identified it as a collaborative partner) has increased. This upturn is indicative of new integration efforts taking shape across the continuum of care in Ontario.

We cannot yet say if organizations made progress toward their goals until we review the progress report provided with the 2015-16 QIP submissions.

In this section, we will also hear from organizations from across Ontario who put integrated care services at the forefront of their quality improvement efforts. HQO excerpted the following quotes from the 2014-15 QIP submissions because they demonstrate the intent for improved delivery of care. The examples come from geographically diverse organizations, both large and small, to reflect a wide range of demographics. The theme of partnerships is apparent in each quote.

[Dryden Regional Health Centre \(DRHC\)](#)

"Dryden recognizes that the key to an integrated service delivery model is the strength of the partnerships. The evolution of the partnerships is forming the foundation of the Dryden and Area Health Hub model. The creation of the Dryden and Area Health Hub will leverage our limited community resources to support agencies, including the DRHC, to provide safe, appropriate, quality health care in an accessible and comprehensive manner."

[Windsor Regional Hospital](#)

"Windsor Regional Hospital... has established strong relationships with health care providers across the Erie St. Clair LHIN... These partnerships are critical, especially when we are working toward creating more capacity in the hospital for patients who require acute care services. QIP indicators such as decreasing the percentage of ALC days and the 30-day readmission rate for selected Case Mix Groups allow for the development of common clinical pathways to create seamless transitions between hospital and community placements/services."

[Copernicus Lodge](#)

"We have an excellent relationship with many community partners who support our QIP to ensure the safe and effective transitions of care of our residents.... Many education and training initiatives which are critical to the success of our QIP would not be possible without our partnerships with Behavioural Supports Ontario, Public Services Health & Safety Association (staff safety), the Regional Infection Control Network, the Regional Geriatrics Program,

Wound Care and Mobility Specialists, and our many contracted service providers.”

Sun Parlour Home (Leamington)

“The Home will continue to participate in the Essex County South Shore (ECSS) Health Link strategy. The participants include managers and staff from our home, the local hospital, Victorian Order of Nursing, Alzheimer’s Society, Mental Health, Geriatric Emergency Medicine nurses, Outreach program, our local LHIN and a group of local physicians. These groups have targeted

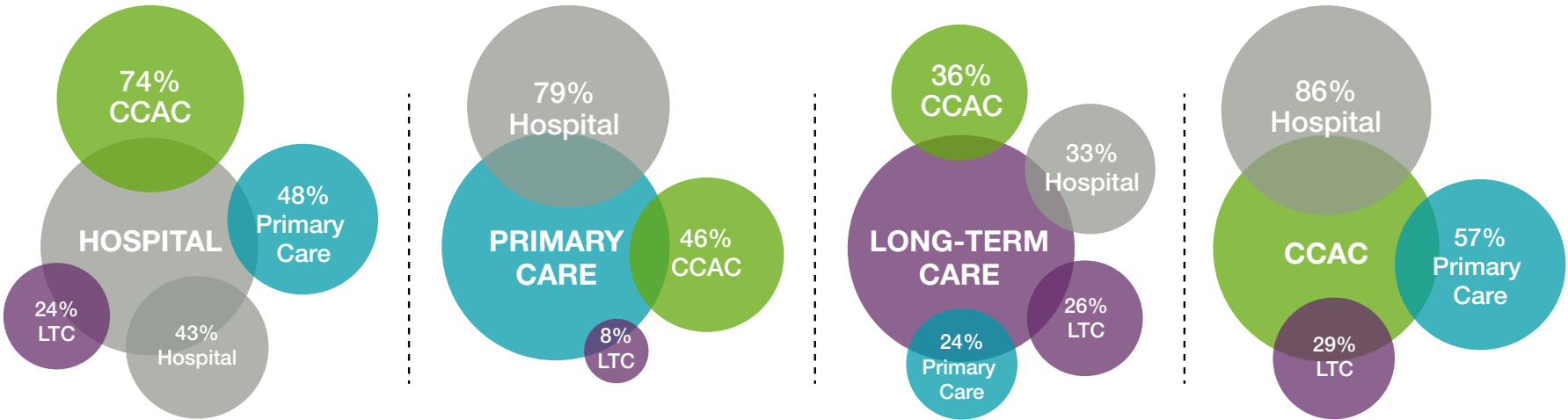
their efforts on two specific health issues to ensure adequate follow up and interventions to enable the elderly person to stay in their home to prevent the need to move into long-term care.”

Inner City Family Health Team

“We are working on these transitions through direct staff engagement. We will allocate one of the team’s Registered Nurses to liaise with St. Mike’s discharge team to support a client’s effective transition back into the community. In addition, we will continue to work in partnership

with Houselink and Fred Victor Centre to support service delivery to an identified ‘hot spot’ at 291 George Street through biweekly groups by the health promoter. Over the last 12 months continued outreach to the residents of this location has resulted in primary care referrals to the Inner City FHT. Most of the residents of this facility are individuals who have been previously homeless and/ or have used the shelter system, and are frequent users of emergency room services for routine medical care as well chronic and complex issues.” ■

Collaboration within each sector



The graphic above shows, the percentage of time a given sector mentioned collaboration with another sector within its QIP. The frequency of such partnerships has increased over previous years. It should also be noted that often many other parts of the health system and beyond health were reflected as collaborative partners. Other frequently cited partners included community support services (often >50% of the time), EMS, supportive housing, mental health community providers, public health, fire and justice. As one example, 47% of hospitals indicated collaboration with a Health Link, which often involves collaboration with several of these other organization types.

The Story of Kirk & Peter

“We need to shift the way we see things to a more holistic view of the patient.”

Kirk Mason, 25, moved to Toronto six years ago for university. His grandfather, Peter, then 76 years old, welcomed him into his home. Five years later things would change abruptly for both Kirk and Peter, when Peter fell and fractured his hip while visiting family outside of Toronto. He was 81.

From that point onward, Peter accessed the health system frequently, and Kirk faced challenges coordinating his care and medical documents. There were times Kirk felt his grandfather experienced potentially avoidable readmissions to the hospital and when he believed a post-discharge follow-up with a primary care provider failed to occur within seven days.

Shortly after his fall, Peter had surgery for his hip and was diagnosed sometime later, during his stay at the hospital, with chronic obstructive pulmonary disease (COPD). During these moments and others, Kirk also felt Peter was not connected with community services that could have eased his transition home.

Kirk realized he would have to shoulder the responsibility of caregiver following Peter's COPD diagnosis. “I decided to help him as he had helped me,” says Kirk. Kirk was still

enrolled in university, with a part-time job. He had the help of a paid caregiver from community services for three hours a week.

In the months following his hip surgery, Peter started exhibiting signs of depression, memory deficits and had appeared slow moving. Unbeknownst to Kirk and Peter's doctor at the time, Peter had stopped taking his prescribed antidepressants. “We don't know how long it would have taken for the system to find that out if I hadn't brought his symptoms to our doctor's attention,” says Kirk. Kirk's grandfather was put back on antidepressants, and some of his symptoms subsided.

One night Peter woke up with heart pains. In the emergency room, tests showed he had heart failure.

At that point, Kirk says, “He was constantly being prescribed conflicting medications from different health care professionals. We never knew who to call to make sure his information was up-to-date.”

Peter's memory problems increased. He was referred to a specialist and diagnosed with dementia at 82, just six months after his COPD diagnosis. After a long wait, Peter entered a retirement home. It offered Kirk and his family relief from his caregiving duties, but he still felt disappointed by the system. After six weeks, Peter was admitted to hospital for an infection on his foot. In hospital, Peter contracted a *Clostridium difficile* infection and died two and a half weeks later.

Reflecting on his grandfather's story and his experiences of care, Kirk says, “It reveals ways in which organizations can look to improve the way they deliver care.”

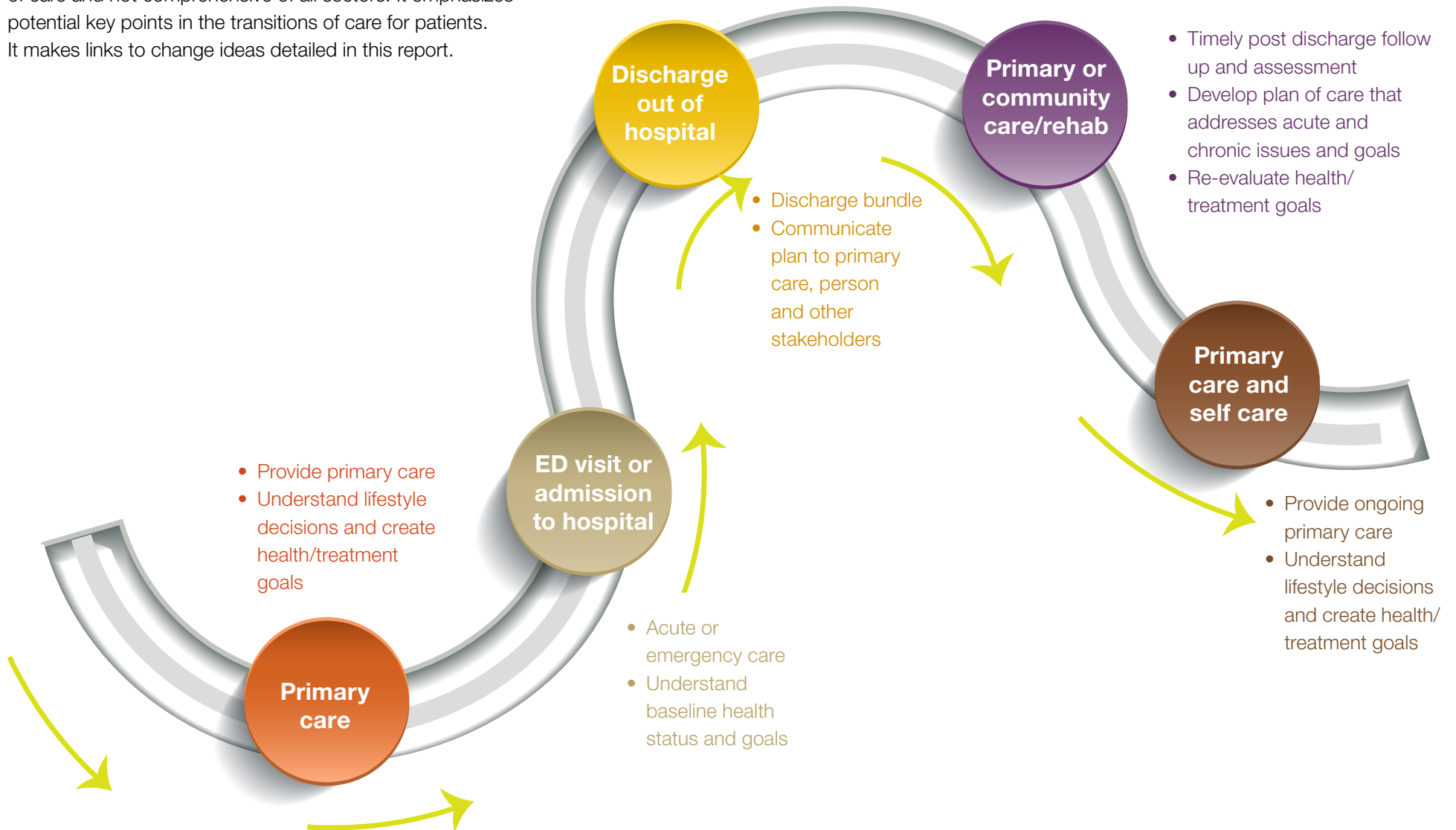
Kirk's experiences allowed him to work with the health system to constructively improve it. In fact, after Kirk became sole caregiver of his grandfather, he was asked to join the North York Central Health Link Patient and Caregiver Advisory Board. During that time he provided feedback and recommended areas of focus to the Health Link. He was then asked to provide insight into how information technology could enable better access to Coordinated Care Plans. Kirk also helped direct input into the development of a care coordination communication tool, used by the Health Link to connect care professionals to each other. He has since sat on a board that discussed the Health Link system with the Ministry of Health and Long-Term Care.

For Kirk, an integrated system ideally would look like this: “Entering a hospital, the staff would be able to pull up a file and know of any pre-existing conditions, dietary restrictions, and medications I take, etc. Upon leaving the hospital, I'd know when a care worker would meet me at my house, and I'd know that my family doctor would be informed of all of this – as well as any family members designated to be my contact in the event that I'm unable to take care of myself.”

Above all, says Kirk, “To me, an integrated health care system would be fluid and quick.” ■

The Patient's Integrated Journey of Care

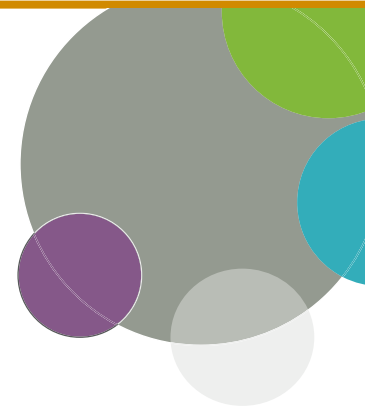
This diagram highlights examples of how potential episodes of care could be connected. It is just one example of a path of care and not comprehensive of all sectors. It emphasizes potential key points in the transitions of care for patients. It makes links to change ideas detailed in this report.





Chapter 2: Exploring Change Ideas that Promote Collaboration

Chapter 2: Exploring Change Ideas that Promote Collaboration



This chapter explores certain change ideas mentioned in the 2014-15 QIPs that promote cross-sector collaboration. The section **Even Better When** suggests additional ideas that encourage integrated quality improvement efforts in relation to the patient experience. Further information about suggested change ideas can be found on HQO's [Quality Compass](#), which is a comprehensive evidenced-informed searchable tool designed to support leaders and providers with best practices, change ideas linked with indicators, and other resources as they work to improve health care performance in Ontario.

- **Indicator:** *Reducing the percentage of Alternative Level of Care (ALC) Days*

Change Idea: 15 hospitals described the importance of improving system processes and flow from hospital to the next level of care through change ideas such as identifying the projected

date of discharge, creating inter-professional groups to regularly conduct patient rounds and address barriers to discharge, and holding routine meetings with CCACs to discuss moving patients home or into the community (as per the [Home First philosophy](#)).

Even Better When:

- The Home First philosophy includes shared resources based on patient population needs and patient choices and preferences.
- CCAC case coordinators/patient navigators are incorporated within local emergency departments to divert admissions.
- Hospitals collaborate with other hospitals, CCACs, and agencies to develop creative methods to appropriately deliver care elsewhere when patients do not want to be admitted to hospital and care can be safely provided in the patient's own home.

Spotlight on: St. Joseph's Health Care System (Hamilton) and the Integrated Care Program

In their 2014-15 QIP, St. Joseph's describes the goal of the Integrated Care Program (ICP) as "building our processes of care around the journeys taken by the patient, working closely with partner agencies and our Local Health Integration Network (LHIN) to make those patient journeys simpler, safer, more convenient, and above all, with better clinical outcomes." A collaborative project between St. Joseph's Home Care, the Ministry of Health and Long-Term Care and Hamilton Niagara Haldimand Brant (HNHB) CCAC, the ICP "provides patients with a case manager who organizes both their hospital care and their home care and includes a 24/7 phone number to call if they have concerns. Preliminary results show very high patient satisfaction, improved clinical outcomes, fewer re-admissions to hospitals, fewer emergency department visits, shorter hospital stays, and lower costs."

- **Indicator:** Reducing 30-day readmission rates for selected case mix groups

Change Idea: 14 hospitals improved the communication processes and created individual discharge plans in lieu of generic discharge processes/packages.

Even Better When:

- Patients/residents, family caregivers, primary care teams, specialists and community providers are involved as full partners in assessing the current state and risk of readmission as part of their individualized care plans.
- Patient/residents and/or family caregivers feel included in their individualized care plan and are asked whether they understand the information discussed.

Spotlight on: Almonte General Hospital (Champlain LHIN) and individual care and discharge planning (ICDP)

In 2014-15, this small hospital used individual care and discharge planning (ICDP) within 24 hours of the decision to admit a patient to the medical-surgical unit. They are also developing a specific discharge planning template to communicate with local primary care providers. This strategy is also used by other hospitals.

- **Indicator:** Improving primary care visits within seven days post-discharge

Change Idea: 224 primary care organizations mentioned collaborating with hospitals to collect discharge data/information in a timely manner.

Even Better When:

- A patient's primary care team is alerted to the time of the patient's admission to hospital or emergency department.
- A patient's primary care provider is involved in developing a patient's individualized care plan and discharge plan – and ensures that those arrangements are made as soon as possible post-discharge.⁴

Spotlight on: Georgian Bay Family Health Team (NSM LHIN) and coordinated care plans for patients with multiple complex conditions

In 2014-15 this family health team expressed a goal of increasing the development of cross-sector coordinated care plans for the high users of health care. Very often the high users of health care have multiple care providers, from different organizations, therefore the FHT plans identify the “most responsible care provider” in the community setting. To ensure their use, Georgian Bay is making changes to the daily operational processes of providers to include time to come together as a team to discuss collaborative care plans for patients with complex needs.

- **Indicator:** Reducing hospital readmission rates within 30 days of discharge

Change Idea: Half of the CCACs mentioned using Rapid Response Nurses (RRNs), and two CCACs mentioned employing telehomecare services to improve the likelihood that patients with complex needs or chronic conditions receive appropriate care in their home.

Even Better When:

- Any relevant information gleaned during RRN or Telemedicine is shared with a patient's primary care provider. While information-sharing has historically been a challenge due to privacy concerns, experiential and research evidence demonstrates that lack of communication between providers contributes to adverse events and potential readmissions.⁵

Spotlight on: North West CCAC and regional expansion of the Telehomecare program

In 2014-15 this CCAC planned to spread a Telehomecare program and expand the Thunder Bay Telehomecare program to two regional communities. “We will test different methods of asset management (delivery and set up of the equipment plus ongoing trouble shooting) to determine the best way to proceed. Ontario Telehealth Network (OTN) has developed a patient satisfaction survey, which we will use to track patient satisfaction.”

- **Indicator:** *Reducing potentially avoidable ED visits for residents*

Change Idea: 39% of the long-term care homes that selected this indicator mentioned including additional interdisciplinary team members in planning strategies and providing staff with access to resources, supplies, and huddles/rounds to discuss the care plans of residents with a higher risk of ED visits.

Even Better When:

- Shared planning between long-term care homes and hospitals is established, and homes identify best practices for conditions that make up a majority of avoidable ED visits (e.g., wound care, dialysis, and pressure ulcers).

Spotlight on: Parkwood Mennonite Home (Waterloo Wellington) and care maps*

In 2014-15, this home used care maps for falls and respiratory illnesses in an effort to reduce ED utilization. The home will also work on collaborative strategies with the Nurse Lead Outreach Teams and hospitals to identify potential causes of ED visits.

* A care map describes the steps and decision points in the management of a condition. It is based on medical guidelines, recent evidence, and expert consensus. A care map is made up of one or more pages, which together show the complete patient journey for a condition.

Quality Improvement Plans by the numbers



Here is the total number of organizations that submitted QIPs in 2014-15.

CCAC

14 QIP Submissions
6 Priority indicators
1 Year of Progress

Long-Term Care

95 QIP Submissions
6 Priority Indicators
1 Year Voluntary Participation

Hospitals

146 QIP Submissions
7 Priority Indicators
4 Years of Progress

Primary Care

292 QIP Submissions
5 Priority Indicators
2 Years of Progress

Organizations have expressed the value of interacting with others in developing their QIPs and found it useful to access QIPs of others online to understand how they are working on various aspects of improvement. The 2014-15 QIPs for hospitals, community care, and long-term care can be viewed [here](#).

Looking forward, all organizations across these four sectors will be required to submit a QIP. This means in 2015/16 over 1000 organizations will have a plan for quality improvement.

Additional Change Ideas

● **Indicator:** *Reducing the Percentage of ALC days*

Change Ideas:

- 15 hospitals created ALC review committees.
- 9 hospitals prepared discharge options in advance of the discharge order.
- 8 hospitals documented plans to work with CCACs as partners to identify and resolve barriers to discharge.

● **Indicator:** *Reducing 30-Day Readmission Rates for Selected Case Mix Groups*

Change Ideas:

- 68 hospitals (47%) indicated participated in Health Links.
- 30 hospitals included initiatives to strengthen care transitions activated appropriate follow-up.
- 10 hospitals promoted patient self-management through effective education efforts.
- 4 hospitals started supervising medication reconciliation at discharge.

● **Indicator:** *Improving Primary Care Visits within Seven Days Post-Discharge*

Change Ideas:

- 42 organizations encouraged patients to contact the primary care providers and make the office aware if they had recently visited the ED or hospital.
- 23 organizations educated patients to inform hospitals of the name and contact information of their provider using a “patient passport” or contact card.

● **Indicator:** *Reducing Hospital Readmission Rates within 30 Days of Discharge*

Change Ideas:

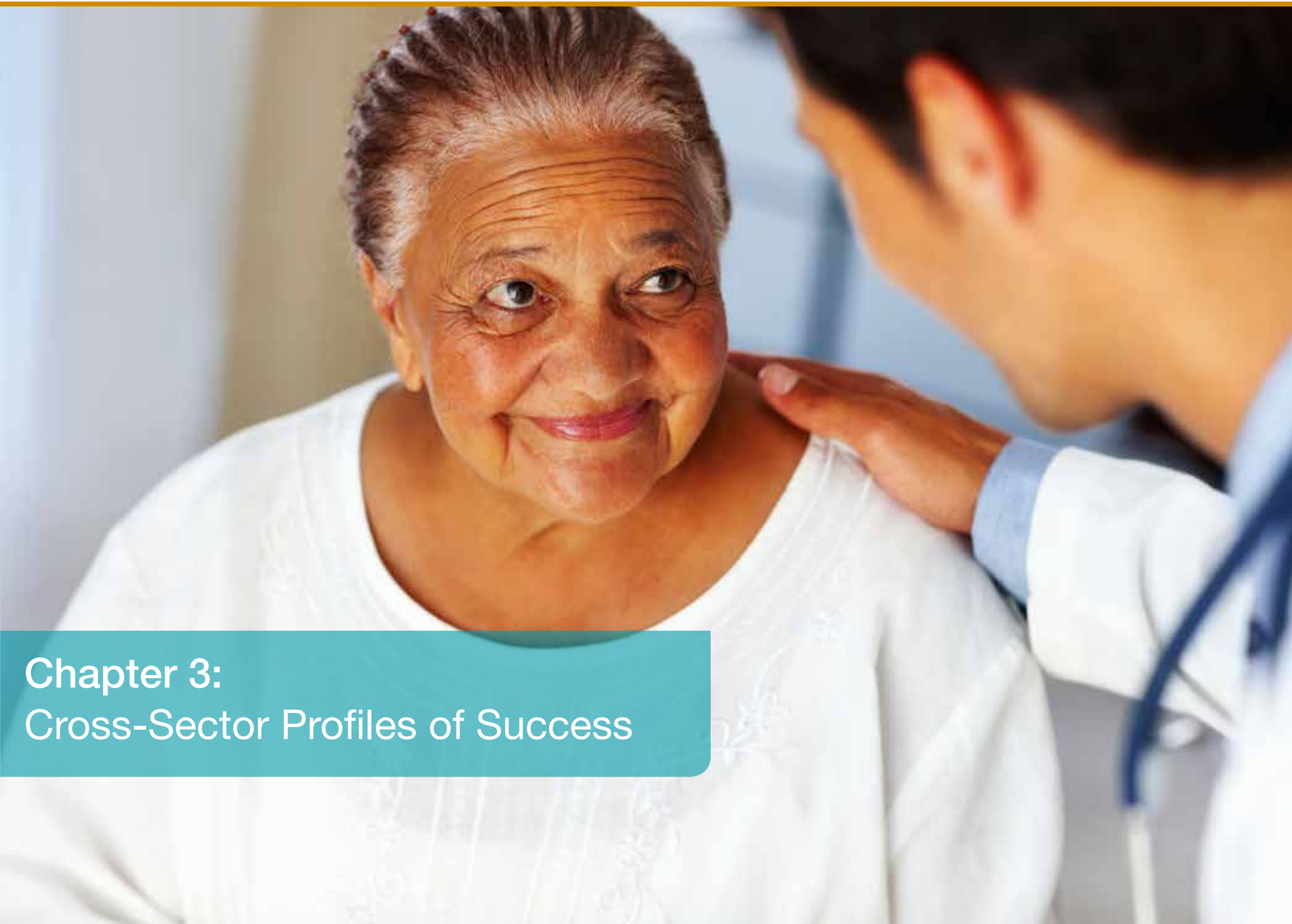
- One CCAC, in collaboration with several community support service partners, implemented Assisted Living Services for High Risk Seniors to support high risk seniors who can reside at home, but require ongoing personal support, such as homemaking, security checks and reassurance services.
- Two CCACs have analyzed which CCAC patients are being readmitted and have decided on an improvement strategy to prevent readmissions for palliative patients. They are working on their Palliative Nurse Practitioner program to ensure consistent pain and symptom management with the aim of helping

palliative clients remain at home as long as possible — regardless if their home is in the community or in Long Term Care

● **Indicator:** *Reducing potentially avoidable ED visits for residents*

Change Ideas:

- 39 homes identified alternate ways to provide early treatment for common chronic conditions.
- 32 homes employed a team approach, including huddles/rounds with a focus toward residents with higher risks for ED visits.
- 21 homes supported ongoing staff education and mentoring, especially for personal support workers, to proactively identify and monitor for signs of deterioration (such as dehydration) in residents.



Chapter 3: Cross-Sector Profiles of Success

Chapter 3: Cross-Sector Profiles of Success

This chapter shines a spotlight on the organizations across Ontario's health system that submitted QIPs and are collaborating to integrate care beyond their four walls. These profiles of success also demonstrate how partnerships, team work, and building bridges across sectors and disciplines can enhance patient experience. In each example, organizations further reflected their commitment by highlighting them in each of their respective QIPs. Examples are provided in alphabetical order.

Profiles of Success

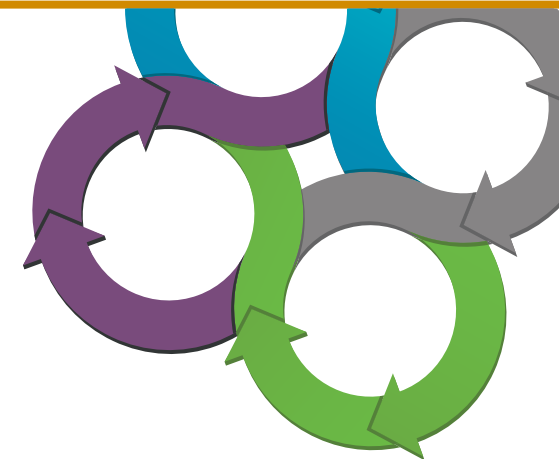
Barrie Family Health Team and Health Link (BCFHT) demonstrated a commitment to promote integration and continuity of care by creating an MVP clinic.

"The MVP Clinic embraces the philosophy that the patient is the 'most valuable player' in their health care and works with each patient to prioritize personal goals and any medical needs identified by the clinicians. For 2014-15 the goal [was] 100% of patients [would] have documented hospital visits and Coordinated Care Plans in their EMR, and five primary care physicians [would] refer patients to the MVP Clinic. The MVP Clinic interdisciplinary team has expanded to include an RN, nurse practitioner,

*social worker, administrative assistant, pharmacist, registered dietitian, occupational therapist support, and community health worker support through the Barrie Community Health Center." The MVP Clinic will also continue to triage incoming referrals and accept patients, while maintaining a focus on providing "holistic, patient-centred, primary care" to patients, with the goal of reducing financial impact on the health system overall."*⁶

Baycrest's Apotex Centre, Jewish Home for the Aged worked with system partners, including Toronto Central and Central CCAC, North York General Hospital, and the Integrated Community Care Team (ICCT), to meet the needs of the sub-acute population with coordinated, patient-focused, and integrated services. Baycrest is also in the process of working with over 15 community partners to form the North West Health Link.

"Reflected in our QIP is a strong focus on improving access and flow within our clinical programs and also across the system. In the spring of 2013, Baycrest transitioned our acute care unit to a transitional care unit. To ensure that the sub-acute clinical conditions can be managed internally and to avoid preventable transfers to acute care facilities, we embarked on a coordinated, multi-pronged



“As health care providers,
we must create an environment where our clients see and experience a single health care team, working together with them, communicating effectively with each other, and ensuring that every client receives the care they need, when they need it. – Toronto Central CCAC, from its 2014-15 Quality Improvement Plan.”

capacity building initiative involving advance care planning, improved transition management and the implementation of capacity building tools and techniques for clinical staff.”

Huron Perth Health Link aligned their goals with the 2014-15 QIPs. While Health Links are not required to submit QIPs, all four Huron Perth hospitals and nine family health teams (FHT) participating in the Health Link reflected their work together to create “a system” in each of their QIPs.

This Health Link implemented a coordinated care planning process and worked with the [IDEAS program](#) in late 2014 on a project to decrease healthcare utilization (ED Visits & Inpatient Days) by the elderly and those with COPD & CHF by 10% by March 31, 2015. The IDEAS project’s specific aim was that 85% of identified complex patients with a care plan would be “confident” or “very confident” that they can reach their identified goals.

This Health Link also created a Huron-Perth Provider Table for sharing pertinent information and local resources. FHTs work together with clinical and quality leads to develop quality improvement priorities and establish workplans for Quality Improvement Decision Support Specialists (QIDSS).

VON 360 Degrees Nurse Practitioner-Led Clinic (NPLC) built strong connections with their local hospital, Peterborough Regional Health Centre (PRHC). They have collaborated with PRHC to ensure that newly registered patients were asked if they had a primary care

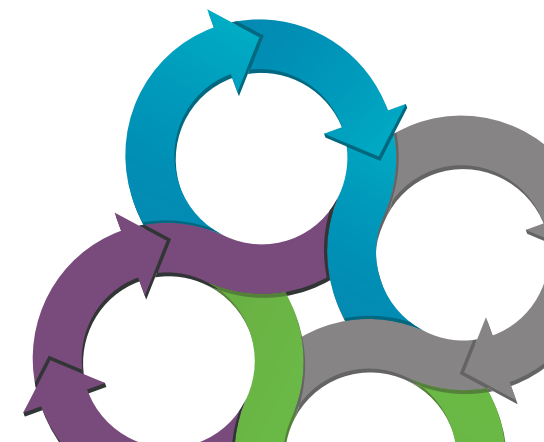
physician or nurse practitioner.

In this way this NPLC says they ensured “that our nurse practitioners receive records on our patients from the hospital in a timely fashion. PRHC’s emergency department notifies us when our patients have visited the ER so that we can follow-up with them with a telephone call from one of our RNs within 24-48 hours of discharge.” This clinic also says they were “invited to participate at PRHC’s 2013 two-day strategic planning day as a contributing community partner. In addition, we are pleased to report our nurse practitioners became the first in our community to be granted courtesy privileges enabling us to have access to the hospital’s electronic records pertaining to our patients.”

Waterloo Wellington Local Health Integration Network (WWLHIN) approached reducing the percentage of ALC days as a collective. HQO found that the hospitals within the Waterloo Wellington region listed multiple initiatives in their QIPs aimed at reducing the ALC rate.

“The WWLHIN set a LHIN-wide percentage of ALC days target equal to the provincial target that all hospitals were to strive to achieve by the end of 2014-15. Most of the region’s hospitals selected the upper limit of their Hospital Services Accountability Agreement (HSAA) performance corridor as their QIP target. By July 2014, the LHIN had reduced their percent ALC days by 11%, nearly halfway to their target.”

The WWLHIN reduced their percentage of ALC days in part due to a process the Waterloo Wellington CCAC rolled out in 2012 called “Easy Coordinated Access.” It is a way to ease the transitions between care providers because it allows primary care providers and CCAC care coordinators to easily locate and refer community support services or specialized geriatric services in the Waterloo Wellington region. In order to take on this expanded role, the CCAC transitioned to a new client care model and shifted appropriately their lower acuity clients to the Community Support Services sector. The CCAC also created a patient flow coordinator position, where an individual is responsible for knowing where all the patients are in the system and what services they can access. A collaborative LHIN-wide expert panel, the Patient Care Transitions Steering Committee, was also formed to monitor all of the region’s health utilization data. This program brought all of the providers together from across the region and across all sectors to target the percentage of ALC days. ■





Putting it All Together: Cultures of Communication and Collaboration

Putting It All Together: Cultures of Communication & Collaboration

The 2014-15 QIPs tell a story of Ontario's health system and its efforts to improve the delivery of integrated care. The desire of organizations to meet and/or exceed provincial targets for each integration indicator prove that many care providers in our health system are dedicated to continuous improvement in this area. It is hoped that these examples inspire others to reflect on their current quality improvement activities and consider how they are addressing integration. It is important to ask questions to drive such change: Are the appropriate partners being identified to help make improvements? In what collaborative ways can integration indicators be addressed? What change ideas are others using that may be relevant to what your QIP is trying to achieve?

The report has also highlighted how organizations participating in priority initiatives for the health system, such as [Health Links](#), are actively working to improve integration of care for patients with complex needs. With the addition of new Health Links, there will be increased opportunities to reflect on these collaborations as part of greater quality improvement efforts. Furthermore, the current call for proposals related to

[Integrated Funding Models](#) signals the importance of assessing how best to align incentives that promote the high-quality delivery of integrated care. Other priority initiatives related to palliative care and mental health require a degree of integration and collaboration across sectors, and in some cases, beyond the traditional health system to include housing and other social services. Reflecting on these efforts within a QIP demonstrates a level of commitment to integration.

We know care could be better coordinated. The story of Kirk and Peter (pg. 8) shows what can happen when care is fragmented, and patients (or their loved ones) feel on the fringes of their treatments plans. As noted in HQO's yearly report, *Measuring Up*, "All of the [integration] indicators [in the Common Quality Agenda] are a reflection of how well the individual parts of the health system work together."⁷ Moving forward, in HQO's upcoming review of the 2015-16 QIPs, we will start to examine the impact of some of the collaborative ideas featured in this report. While much of the work being done now will not generate comparable data for some time, it is important to explore and review efforts as they unfold.

Our health system needs to adapt more quickly to meet the needs of patients – and that adaptation requires improving the way individual parts of the system work together. It requires an improved level of coordination and communication between sectors, organizations, providers, and patients. We know this level of integration can promote high-quality care and improved patient experiences because it fosters information sharing, accountability, and the partnership required to take evidence-based change ideas from paper to practice. ■

¹ Health Quality Ontario. (2014) *Measuring Up*, <http://www.hqontario.ca/portals/0/Documents/pr/measuring-up-yearly-report-en.pdf> . p.81.

² Health Quality Ontario. (2013). *BestPATH, Transitions of Care, Evidence Informed Change Package*. <http://www.hqontario.ca/Portals/0/Documents/bp/bp-improve-pkg-transitions-interactive-en.pdf>. P.11.

³ Coddington, D. C., Ackerman, F. K., Jr., & Moore, K. D. (2001). Integrated health care systems: major issues and lessons learned. *Healthc Leadersh Manag Rep*, 9(1), 1-9.

⁴ Afilalo, M., Lang, E., Léger, R., Xue, X., Colacone, A., Soucy, N., & Unger, B. (2007). Impact of a standardized communication system on continuity of care between family physicians and the emergency department. *Cjem*, 9(2), 79-86.

⁵ Kripalani S, L. F. (2007). Deficits in communication and information transfer between hospital-based and primary care physicians: implications for patient safety and continuity of care. *JAMA*.297(8), 831-841.

⁶ *Barrie FHT Annual Report*, <http://barriefht.ca/wp-content/uploads/2014/06/bcfht-2014-annual.pdf>

⁷ Health Quality Ontario. (2014) *Measuring Up*, <http://www.hqontario.ca/portals/0/Documents/pr/measuring-up-yearly-report-en.pdf>, p.81.

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