

**TBRHSC Board of Directors
Open Meeting**

Thursday, June 11, 2015 – 5:00 pm Boardroom, Level 3, TBRHSC

980 Oliver Road, Thunder Bay

AGENDA

Vision: *Healthy Together*

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

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

#	Time (X)	Presenter	Item & Purpose (Y)	Expected Outcome (Z)			
				Recommendation / Decision/Action	Education	Discussion	Information
1.0			CALL TO ORDER				
2.0			PATIENT STORY – Dr. Stewart Kennedy				
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	M. Del Nin	Scorecard*		X		X
4.2	10	R. Morrison/ C. Freitag	2020 Strategic Plan *	X			X
4.3	10	A. Skillen	Gridlock Status Update*		X		X
5.0			CONSENT AGENDA				
5.1			Board of Directors: Approval of Minutes – May 6, 2015*	X			X
5.2			Report Volunteer Association Board*				X
5.3			Report Thunder Bay Regional Research Institute*				X
5.4			Quality Committee Minutes – May 19, 2015*				X
6.0			REPORTS AND DISCUSSION				
6.1	5	Senior Management	Report from Senior Management*	X		X	X
6.2	10	Dr. McCready	Report from the Interim President and CEO			X	X
6.3	5	G. Craig	Report from the TBRHS Foundation*			X	X
6.4	5	Dr. Thibert	Report from the Professional Staff Association			X	X
6.5	5	Dr. A. Turner	Report from the Acting Chief of Staff*			X	X
6.6	5	Dr. R. Crocker Ellacott	Report from the Chief Nursing Executive*			X	X
6.7	5	Dr. P. Moody- Corbett	Report from the Northern Ontario School of Medicine (NOSM)*			X	X
7.0			BUSINESS/COMMITTEE MATTERS				
7.1	1	P. Myllymaa	Resource Planning Committee – May 19, 2015 7.1.1 Attestation: BPSAA* 7.1.2 Attestation: HSAA*	X X			

#	Time (X)	Presenter	Item & Purpose (Y)	Expected Outcome (Z)			
				Recommendation /Decision/Action	Education	Discussion	Information
			7.1.3 Attestation: MSAA*	X			
7.2	5	G. Munt	Update: Strategic Planning Monitoring*				
8.0	FOR INFORMATION						
8.1			Board Comprehensive Work Plan*				X
8.2			Webcast Statistics*				X
8.3			Education Report*		X		X
9.0	BOARD MEMBER COMMENTS					X	
10.0	DATE OF NEXT MEETING – September, 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)
June 11, 2015 – DRAFT

Agenda Item	Committee or Report	Motion or Recommendation	Approved or Accepted by:
3.3	Agenda – June 11, 2015	“That the Agenda be approved as circulated.”	Moved by: Seconded by:
4.2	2020 Strategic Plan	“That the Board of Directors approves the draft Strategic Plan 2020, as presented.”	Moved by: Seconded by:
5.0	Consent Agenda	<p>“That the Board of Directors:</p> <p>5.1 Approves the Board of Directors Minutes of May 6, 2015,</p> <p>5.2 Receives the Volunteer Association Board Report, dated June, 2015</p> <p>5.3 Receives the TBRRI Report dated June, 2015,</p> <p>5.4 Receives the Quality Committee Minutes dated May 19, 2015,</p> <p>as presented.”</p>	Moved by: Seconded by:
6.0	Reports and Discussion	<p>“That the Board of Directors:</p> <p>6.1 Accepts the Report from Senior Management,</p> <p>6.2 Accepts the Report from the Interim President and CEO,</p> <p>6.3 Accepts the Report from the TBRHS Foundation,</p> <p>6.4 Accepts the Report from the Professional Staff Association,</p> <p>6.5 Accepts the Report from the Acting Chief of Staff,</p> <p>6.6 Accepts the Report from the Chief Nursing Executive,</p> <p>6.7 Receives the Report from the NOSM,</p> <p>dated June, 2015 as presented.”</p>	Moved by: Seconded by:
7.1.1	Attestation: BPSAA	“That upon recommendation from the Resource Planning Committee, the Board of Directors approves the Broader Public Sector Accountability Act Attestation Certificate, for the period April 1, 2014 to March 31, 2015, in	Moved by: Seconded by:

Agenda Item	Committee or Report	Motion or Recommendation	Approved or Accepted by:
		<p>accordance with Section 15 of the Broader Public Sector Accountability Act, 2010, confirming that the Hospital attests to:</p> <ul style="list-style-type: none"> i. the completion and accuracy of reports required of the Hospital pursuant to section 6 of the BPSAA on the use of consultants; ii. the Hospital's compliance with the prohibition in section 4 of the BPSAA on engaging lobbyist services using public funds; iii. the Hospital's compliance with any applicable expense claims directives issued under section 10 of the BPSAA by the Management Board of Cabinet; iv. the Hospital's compliance with any applicable perquisite directives issued under section 11.1 of the BPSAA by the Management Board of Cabinet; <p>as presented."</p>	
7.1.2	Attestation: HSAA	<p>"That upon recommendation from the Resource Planning Committee, the Board of Directors approves the Hospital Service Accountability Agreement Declaration of Compliance for the period of April 1, 2014 to March 31, 2015 confirming that the Hospital has complied with the following:</p> <ul style="list-style-type: none"> i. the HSP has complied with the provisions of the Local Health System Integration Act, 2006 and the Broader Public Sector Accountability Act (the "BPSAA") that apply to the HSP; ii. the HSP has complied with its obligations in respect of CritiCall that are set out in the Agreement; iii. every Report submitted by the HSP is complete, accurate in all respects and in full compliance with the terms of the Agreement; and iv. the representations, warranties and covenants made by the Board on behalf of the HSP in the Agreement remain in full force and 	<p>Moved by: Seconded by:</p>

Agenda Item	Committee or Report	Motion or Recommendation	Approved or Accepted by:
		effect, as presented.”	
7.1.3	Attestation: MSAA	<p>“That upon recommendation from the Resource Planning Committee, the Board of Directors approves the Multi Sector Service Accountability Agreement Declaration of Compliance for the period of April 1, 2014 to March 31, 2015 confirming that the Hospital has complied with the following:</p> <ul style="list-style-type: none"> i. Article 4.8 of the M-SAA concerning applicable procurement practices; ii. The Local Health System Integration Act, 2006; and iii. The Public Sector Compensation Restraint to Protect Services Act, 2010; iv. The following specific performance requirements as outlined in Schedule E4 of the 2014-2017 M-SAA: <ul style="list-style-type: none"> a. “Hone First” Philosophy b. Diversity Planning requirement c. Behavioural Supports Ontario Action Plan d. Emergency Preparedness Plans e. E-Health requirement f. Information Technology requirement g. Health Services Blueprint – Community Engagement <p>as presented.”</p>	<p>Moved by: Seconded by:</p>



Board of Directors



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Report from Susan Fraser Chair, Board of Directors June, 2015

Recently, TBRHSC celebrated those who retired last year from a variety of areas. Our retirees provided decades of dedicated service, supporting and contributing to our growth and success. I thank them for their commitment to healthcare and to our Health Sciences Centre.

Nurses Week provided an opportunity to thank and recognize the devoted, talented and compassionate nurses who work at TBRHSC.

A media event celebrated the launch of a new Regional Stroke Unit. Patients who receive Stroke Unit Care are more likely to survive, return home, and regain independence as compared to those who receive less organized conventional care. According to the Ontario Stroke Network, early access to a Stroke Unit is an effective, proactive approach that saves lives and improves patient outcomes.

This is our first Board Meeting with our interim President and CEO, Dr. Bill McCready. We look forward to working with him as he leads the Health Sciences Centre through the transition period.

Progress continues on the TBRHSC 2020 Strategic Plan. The draft Strategic Plan is anticipated to be approved at the June 11th Board of Directors meeting and will first be presented to the Corporate Members at the June 25th Annual General Meeting. During the month of June, the action plans for the five approved Strategic Directions will be developed. These plans will assign accountabilities for each activity level. The Annual General Meeting of the Corporation is scheduled on Thursday, June 25, 2015. Four vacancies will be filled this year.

A CEO Search Committee has been formed consisting of Thunder Bay Regional Health Sciences Centre, Thunder Bay Regional Research Institute and Thunder Bay Regional Health Sciences Foundation Board members, Physicians, a Patient Family Advisor and other Partners. Promeus has been selected as the search firm for the recruitment of the President and CEO. A kick-off meeting with the CEO Search Committee members and the Promeus team was held on June 1, 2015. Members of the Promeus team will be in Thunder Bay on June 23-24 to begin the stakeholder engagement phase of the process. It is anticipated that interviews will begin in the Fall, 2015.

This is my last report as Chair of the Board of Directors for TBRHSC. I take this opportunity to also extend my sincere gratitude to my fellow Board members, the TBRHSC leadership team, the dedicated physicians, staff, volunteers and donors. Together, they form a cohesive team working together to achieve the important common goal of world-class Patient and Family Centred Care for the people of our community. They have made it an absolute pleasure to serve as Chair. I will always value their support and the many lessons I learned from them. Healthcare in Northwestern Ontario has the brightest of futures.

We are Healthy Together.

Susan Fraser, Chair
Board of Directors

				View Filters		2013-14 Performance			2014-15 Monthly Performance												2014-15 YTD Performance			
Domains	Objective	Sub-Objectives	Measures	Type	QIP Sub-type	Annual Target	YTD Actual	Variance	April	May	June	July	August	September	October	November	December	January	February	March	Annual Target	YTD Target	YTD Actual	Variance
Customer Perspective: Deliver PFCC in Partnership	Improve outcomes for our patient population in a safe environment	Reduce rate of central line blood stream infections	Rate of central line blood stream infections per 1,000 central line days	QIP	QIP additional	0.69	0.00	0.69			0.00			0.00			0.00			0.00	0.00	0.00	0.00	
		Reduce rate of clostridium difficile associated diseases (CDI)	Rate of CDI per 1,000 patient days	QIP	QIP priority	0.39	0.17	0.22			0.17			0.20			0.23			0.33	0.20	0.20	0.23	(0.03)
		Reduce rate of ventilator associated pneumonia (VAP)	Rate of VAP per 1,000 ventilator days	QIP	QIP additional	1.17	0.00	1.17			0.00			0.00			0.00			0.00	0.00	0.00	0.00	
		Improve provider hand hygiene	Rate of hand hygiene compliance before initial patient/environment contact	QIP	QIP additional	75.6%	92.7%	17.0%	91.0%	96.2%	92.4%	93.1%	97.6%	97.3%	89.1%	91.0%	93.1%	83.0%	95.0%	83.6%	95.0%	95.0%	91.9%	-3.1%
			Rate of hand hygiene compliance after patient/environment contact	BSC other		84.3%	95.4%	11.1%	98.5%	97.9%	97.7%	93.8%	100.0%	97.3%	95.9%	96.3%	94.3%	96.0%	94.9%	91.1%	97.0%	97.0%	96.1%	-0.9%
		Reduce rates of deaths and complications associated with surgical care	Rate of compliance for use of surgical safety checklist	QIP	QIP additional	100.0%	99.8%	(0.2%)	99.8%	99.7%	99.7%	99.9%	99.8%	99.9%	100.0%	100.0%	100.0%	99.9%	100.0%	100.0%	100.0%	100.0%	99.9%	(0.1%)
			5-day in-hospital mortality following major surgery (rate per 1,000)	QIP	QIP additional	9.28	6.30	(2.98)													9.28	9.28		
		Compliance with medication reconciliation requirements	% of eligible patients for whom medication reconciliation was performed on admission	QIP	QIP needs improvement & linked to compensation	80.0%	55.7%	(24.30%)	63.0%	66.8%	64.8%	55.8%	56.7%	60.9%	55.1%	59.1%	62.0%	64.6%	61.7%	64.2%	80.0%	80.0%	61.2%	(18.78%)
			% of eligible patients for whom medication reconciliation was performed on discharge	BSC other		80.0%	0.0%	(80.00%)													80.0%	80.0%		
		Reduce unnecessary deaths in hospitals	Hospital standardized mortality index	QIP	QIP additional	<75	81.0	(6.0)					83.0			84.0			<75	75.0	84.0	(9.0)		
		Avoid patient falls	Inpatient falls per 1,000 inpatient days	QIP	QIP additional						4.04			5.14			3.84			4.49	4.03		4.03	
		Avoid new pressure ulcers	Hospital-acquired pressure ulcers per 1,000 inpatient days	QIP	QIP additional																			
		Ensure appropriate use of physical restraints for mental health patients	Physical Restraints: The number of patients who are physically restrained at least once in the 3 days prior to a full admission divided by all cases with a full admission assessment.	QIP	QIP additional		5.43%														4.37%	4.37%		
	Exceed patient/client expectations	Improve PFCC Engagement through the use of action plans based on lowest 2 results	% implementation of PFCC action plans	BSC other		90.0%	89.3%	(0.70%)	86.7%	86.7%	84.4%	90.9%	95.5%	95.5%	95.5%	95.5%	95.5%	97.7%	100.0%	100.0%	90.0%	90.0%	100.0%	10.00%
		Improve patient experience (PFCC Listen)	% positive responses on NRC Picker surveys for question "Overall, how would you rate the care and services you received at the hospital?" - Inpatient	QIP	QIP needs improvement & linked to compensation		91.9%				94.2%			95.5%			91.1%			93.3%	94.8%	94.8%	93.5%	(1.28%)
			% positive responses on NRC Picker surveys for "All Dimensions Combined" - Inpatient	BSC other			72.2%	(3.87%)			71.7%			71.2%			76.2%			76.0%	76.2%	76.2%	73.8%	(2.43%)
			% positive responses on NRC Picker surveys for question "Overall, how would you rate the care and services you received at the hospital?" - ED Patients	QIP	QIP needs improvement & linked to compensation		81.4%				81.5%			86.3%			84.9%			85.3%	86.6%	86.6%	84.5%	(2.11%)
			% positive responses on NRC Picker surveys for "All Dimensions Combined" - ED Patients	BSC other			64.9%	(1.83%)			64.2%			64.4%			64.7%			63.3%	66.9%	66.9%	64.1%	(2.75%)
Use Our Resources	Achieve a balanced budget	Improve organizational financial health	Total Margin (year to date)	QIP	QIP needs improvement & linked to compensation		0.28%	0.28%	(4.99%)	(6.14%)	(4.82%)	(3.71%)	(2.83%)	(2.57%)	(2.32%)	(1.54%)	(1.93%)	(1.77%)	(1.86%)	(0.07%)	0.00%	0.00%	(0.07%)	(0.07%)
		Reduce use of sick time to no greater than peer median for all groups	Paid sick hours as a percentage of worked hours	BSC other		2.58%	4.1%	1.53%	5.30%	4.44%	4.44%	4.22%	4.15%	4.62%	4.32%	4.48%	4.64%	4.18%	4.40%	4.06%	2.63%	2.63%	4.4%	1.81%

				View Filters		2013-14 Performance			2014-15 Monthly Performance												2014-15 YTD Performance			
Domains	Objective	Sub-Objectives	Measures	Type	QIP Sub-type	Annual Target	YTD Actual	Variance	April	May	June	July	August	September	October	November	December	January	February	March	Annual Target	YTD Target	YTD Actual	Variance
Efficiently Use Resources	Reduce overtime	Reduce use of overtime to no greater than peer median for all groups	Overtime hours as a percentage of worked hours	BSC other		1.02%	2.1%	1.04%	2.24%	2.10%	2.23%	2.02%	2.65%	2.03%	2.29%	2.63%	1.70%	1.86%	3.01%	2.83%	1.02%	1.02%	2.3%	1.28%
		Maintain the percentage of full time nurses	% of full time nurses	BSC other		70.0%	72.6%	2.64%			68.7%			68.1%			68.9%			69.2%	70.0%	70.0%	69.2%	(0.80%)
Internal Process	Ensure access to the right care in the right place at the right time	Reduce ALC days	Percentage ALC days: Total number of inpatient days designated as ALC, divided by the total number of inpatient days. (CIHI definition and calculations for ALC percentage)	QIP	QIP needs improvement	13.7%	16.3%	2.6%						19.7%			16.3%				13.3%	13.3%	18.2%	4.9%
		Maintain corporate average length of stay below expected length of stay	Length of stay, excluding ALC (days)	BSC other		5.98	5.93	0.06			5.88			5.77			6.00				5.92	5.92	5.88	0.04
			Occupancy - Overall	BSC other		94.5%	94.7%	(0.2%)	98.4%	99.2%	94.5%	94.8%	91.9%	98.7%	101.2%	98.4%	91.5%	99.6%	102.3%	99.5%	95.0%	95.0%	97.5%	(2.5%)
			Occupancy - Select Areas including IP Medicine, IP Surgery, IP Adult Mental Health, & General Emergency Unit	BSC other		101.5%	102.2%	(0.68%)	106.4%	108.1%	103.9%	102.3%	101.2%	105.9%	109.1%	106.1%	98.5%	107.6%	111.7%	108.9%	102.5%	102.5%	105.8%	(3.31%)
			% of patient assessments complete (MedWorxx UMS)	BSC other			44.3%		59.0%	62.4%	63.4%	61.5%	61.2%	65.9%	68.8%	70.7%	76.2%	73.7%	73.5%	75.2%	TBD	TBD	67.6%	
			"Ready for discharge" days by hospital reason as a % of total assessed days (MedWorxx UMS)	BSC other			4.8%		5.7%	7.0%	6.5%	5.5%	5.0%	5.9%	5.2%	5.4%	5.9%	5.5%	4.1%	4.4%	TBD	TBD	5.5%	
			"Ready for discharge" days by physician reason as a % of total assessed days (MedWorxx UMS)	BSC other			8.3%		19.3%	17.3%	18.8%	16.5%	17.6%	18.6%	16.1%	17.1%	17.1%	17.2%	17.4%	16.2%	TBD	TBD	17.4%	
		Reduce readmission rates	Percentage of unplanned readmissions within 30 days to any facility for selected CMGs	QIP	QIP needs improvement	16.2%	19.8%	3.6%													15.2%	15.2%		
		Reduce wait times in the Emergency Department	90th Percentile ER length of stay (hours) for admitted patients	QIP	QIP needs improvement & linked to compensation	29.0	29.21	(0.21)	32.63	37.45	38.08	31.58	30.72	38.76	46.56	41.84	28.17	46.64	45.41	37.48	29.0	29.0	37.94	(8.94)
	Implement TBRHSC Strategic Plan 2015	Ensure progress against strategic plan activities	Percentage of strategic plan activities which are on target	BSC other		90.0%	85.7%	(4.30%)	85.0%	86.8%	86.2%	88.5%	89.4%	88.0%	88.6%	89.5%	93.0%	95.4%	98.6%	99.0%	90.0%	90.0%	99.0%	9.00%
Learning & Growth	Improve staff and physician satisfaction	Increase staff and physician satisfaction	Overall staff and physician satisfaction (proposed approach to be submitted to SMC for approval; survey to be completed in Q4, results expected in 2015-16 Q1)	BSC other																	TBD			
			% of staff with up-to-date performance appraisals	BSC other		80.0%	78.3%	(1.69%)			83.4%			84.1%			77.4%			71.6%	85.0%	85.0%	71.6%	(13.38%)
	Increase growth in research	Increase growth in research	Number of faculty and staff actively engaged in research	BSC other																108			108	
			Year-over-year growth of external research funding	BSC other															12.09%	(16.77%)	5.00%	5.00%	(16.77%)	(21.77%)
			Number of patients enrolled in a clinical trial that is run through the Clinical Trials Department	BSC other																470	1,324	1,324	470	(854)
			Placeholder: Education																					

At or better than target

Slightly (less than 5%) worse than target

Significantly (5% or more) worse than target

Results not expected for reporting period

Possible data accuracy issues. Further investigation required

No data available for reporting period

Summary of 14-15 Q4 Balance Scorecard

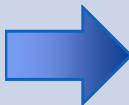









For TBRHSC Board
June 11, 2015




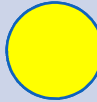








Overall highlights:

- Trend assessment based on results vs 13-14
- Performance vs target based on 14-15 target
- MedWorxx UMS indicators added. Target development outstanding
- Coded results limited to 14-15 Q3 or earlier
- Research indicators and results now included
- Education indicators not yet identified


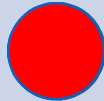



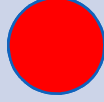



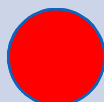
Highlights: Improving and/or better than target

Indicators/Grouping	Trend	Performance vs Target
Infection rates – Central line		
Infection rates – Ventilator associated pneumonia		
Surgical safety checklist		
PFCC action plans		
Patient satisfaction – Overall care received - Inpatient		






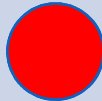




Highlights: Improving and/or better than target

Indicators/Grouping	Trend	Performance vs Target
Patient satisfaction – All dimensions combined – Inpatient		
Patient satisfaction – Overall care received – ED		
Length of stay (excluding ALC days) Q1 – Q3 only		
Gross margin		
Strategic plan activities on target		









Highlights: Worse than target and/or regressing

Indicators/Grouping	Trend	Performance vs Target
Infection rates – CDifficile		
Hand hygiene – Before & after contact		
Medication reconciliation – admission		
Hospital standardized mortality index		
Sick hours		

Highlights: Worse than target and/or regressing

Indicators/Grouping	Trend	Performance vs Target
OT hours		
% full time nurses		
% ALC days		
Occupancy – Overall		
Occupancy – Selected areas		

Highlights: Worse than target or regressing

Indicators/Grouping	Trend	Performance vs Target
ED length of stay		
Performance appraisal compliance		
Year-over-year growth of external research funding		
Number of patients enrolled in a clinical trial that is run through the Clinical Trials Department		

Overall assessment

- Few indicators with improving results and/or performance better than target
- Some results highly variable
 - Hand hygiene
 - Overtime
 - Occupancy
- Some results concerning:
 - Hand hygiene (leading) and CDifficile (lagging)
 - Hospital standardized mortality index
 - Overtime usage
 - ED length of stay
 - Performance appraisal compliance

Additional

- **15-16 QIP indicators finalized & posted**
- **15-16 BSC indicators**
 - Under development but not expecting substantial changes in 15-16.
 - Preliminary draft (including updated QIP indicators) expected early Jun 2015, with potential for adjustments during 15-16 based on 2020 strategic plan priorities.
- **Business intelligence system:**
 - Launch expected in 2nd half of fiscal 15-16
 - Automates indicator tracking and reporting, and extend results to departmental level
 - Enable drill down to assist in root cause analysis

Questions?





Carolyn Freitag
Director, Strategy & Performance Management
Board of Directors
June 11, 2015

Vision:

Healthy Together

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.

2020 Strategic Directions



Patient Experience: Enhance the quality of the patient experience.

Goals:

1. **Develop a framework to deliver high quality care.**
2. **Enhance understanding and continue to grow and embed our PFCC philosophy.**
3. **Advance the academic environment.**
4. **Invest in staff development, engagement and wellness.**
5. **Use information technology to advance the patient experience.**

Success Criteria

- ✓ No harmful events
- ✓ Patients & staff are satisfied
- ✓ Patients and families are engaged in care
- ✓ Staff and physicians are engaged
- ✓ TBRHSC is a learning organization
- ✓ TBRHSC has a research culture

Comprehensive Clinical Care:

Enhance the delivery of our clinical services.

Goals:

1. Adopt Ontario's Chronic Disease Prevention & Management framework.
2. Deliver comprehensive cardiovascular care in accordance with the Ministry of Health.
3. Enhance access to clinical services supported by patient flow efficiencies.
4. Develop formal partnerships to deliver comprehensive clinical services that support care in the appropriate location.
5. Deliver a comprehensive acute pain management service.

Success Criteria

- ✓ Patients possess self management skills
- ✓ Vascular Surgical Service is established
- ✓ Cardiac Surgical Service is launched
- ✓ Patient transitions are seamless
- ✓ Operations are efficient and effective
- ✓ Overcapacity is reduced
- ✓ More patients receive care closer to home
- ✓ Long-term sustainability is enhanced

Seniors' Health: Enhance the care provided to an aging population.

Goals:

1. Deliver an optimal experience for seniors.
2. Adopt the Ontario Senior Friendly Hospital framework.

Success Criteria

- ✓ Senior patients are satisfied.
- ✓ Seniors' families are engaged in care.
- ✓ Effectiveness and quality of care for senior patients improved.
- ✓ Virtual care improve transitions and communication.

Aboriginal Health: Enhance culturally appropriate care.

Goals:

1. Provide care that improves self-management, access, experience and transition to home for Aboriginal patients.
2. Provide health care that respects traditional knowledge and practices, and builds TBRHSC as a leader in the provision of health care for Aboriginal patients.

Success Criteria

- ✓ **Aboriginal patients are satisfied**
- ✓ **Aboriginal families engaged in care**
- ✓ **Aboriginal patients possess self-management skills**
- ✓ **Virtual care improves transitions and communication**
- ✓ **TBRHSC is a welcoming environment**

Acute Mental Health: Enhance acute mental health.

Goals:

1. Adopt attitudes and behaviors that recognize mental health as an integral part of the delivery of comprehensive acute care services.
2. Enhance the delivery of mental health services to patients not admitted to mental health.
3. Collaborate with system partners and appropriate governing agencies to develop and enhance transitions in care.
4. Enhance the delivery of acute mental health care within mental health.

Success Criteria

- ✓ Mental Health patients are satisfied
- ✓ Staff and physicians delivery of care is enhanced
- ✓ TBRHSC is a stigma-free environment
- ✓ Wait times are reduced
- ✓ Transitional discharges connect to community services
- ✓ The Mental Health Emergency Service is developed
- ✓ Psychiatrists are recruited
- ✓ Effective partnerships are built

Enablers

- Informatics
- Human Resources
- Clinical Practice
- Academics (Teaching & Research)
- Corporate

Our Vision: Healthy Together

Values	Patients First	Accountability	Respect	Excellence	
Mission	We will deliver a patient experience in an academic health care environment that is responsive to the needs of the population of Northwestern Ontario				
Strategic Directions	Patient Experience	Comprehensive Clinical Care	Seniors' Health	Aboriginal Health	Acute Mental Health
Strategic Objectives	Enhance the quality of the patient experience	Enhance the delivery of our clinical services	Enhance the care provided to an aging population	Enhance culturally appropriate care	Enhance acute mental health service
	Develop a framework to deliver high quality care	Adopt the Ontario Chronic Disease Prevention & Management framework	Deliver an optimal experience for seniors	Provide care that improves self-management, access, experience and transition to home for Aboriginal patients	Adopt attitudes and behaviours that recognize mental health as an integral part of the delivery of comprehensive acute care services
	Enhance understanding and continue to grow and embed our PFCC philosophy	Deliver comprehensive cardiovascular care in accordance with the Ministry of Health	Adopt the Ontario Senior Friendly Hospital framework	Provide health care that respects traditional knowledge and practices, and builds TBRHSC as a leader in the provision of health care for Aboriginal patients	Enhance the delivery of mental health services to patients not admitted to mental health services
Goals	Advance the academic environment	Enhance access to clinical services			Collaborate with system partners and appropriate governing agencies to develop and enhance transitions in care
	Invest in staff development, engagement and wellness	Develop formal partnerships to deliver comprehensive clinical services that support care in the appropriate location			Enhance the delivery of acute mental health care within mental health
	Use information technology to advance the patient experience	Deliver a comprehensive acute pain management service			
Enablers	Information Systems & Technology	Human Resources	Academics (Teaching & Research)	Clinical Practice	Corporate Services

Recommendation

- **Note: Mission, Vision, Values approved by Board on December 13, 2014 as presented.**
- **Note: Strategic Directions approved in principle by Board on December 13, 2014 as presented.**
- **Note: Strategic Directions approved by Board on April 1, 2015 as presented, and Patient Experience and Goals approved as amended.**
- **That the Board of Directors approves the draft Strategic Plan 2020 TBRHSC as presented.**

Critical Success Factors: the Board 'critical few' strategic successes

- ✓ Patients are satisfied
- ✓ No harmful events
- ✓ Balanced budget / long-term financial viability
- ✓ Care closer to home
- ✓ Efficient operations
- ✓ Outstanding results on next Accreditation review
- ✓ Improve regional health statistics
- ✓ Visible progress in our performance
- ✓ Become a learning organization
- ✓ Staff & physician satisfaction
- ✓ Regional access
- ✓ Delivery of new programs
- ✓ Transitions to Home
- ✓ Research culture
- ✓ Overcapacity reduced

DRAFT Strategic Plan

Thunder Bay Regional Health Sciences Centre

June 11, 2015

Office of Strategy & Performance Management

Table of Contents

Strategic Direction 1: Patient Experience	3
Draft Goals and Objectives	3-4
Draft Success Criteria	4
 Strategic Direction 2: Comprehensive Clinical Care	 5
Draft Goals and Objectives	5
Draft Success Criteria	6
 Strategic Direction 3: Seniors' Health	 7
Draft Goals and Objectives	7
Draft Success Criteria	7
 Strategic Direction 4: Aboriginal Health	 8
Draft Goals and Objectives	8
Draft Success Criteria	9
 Strategic Direction 5: Acute Mental Health	 10
Draft Goals and Objectives	10
Draft Success Criteria	11

Strategic Direction 1: Patient Experience

Revised Strategic Objective:

Enhance the quality of the patient experience.

Draft Goals and Objectives:

1. Develop a framework to deliver high quality care.
 - Complete a gap analysis to identify opportunities to improve quality care that is: safe, effective, patient and family centered, timely and accessible, equitable, and efficient.
 - Develop integrated and sustainable systems and structures that support quality.
 - Adopt standardized processes, tools, templates, and resources that support quality.
2. Enhance understanding and continue to grow and embed our PFCC philosophy.
 - Create sustainable systems, structures, and processes for PFCC.
 - Advance the body of knowledge for PFCC.
3. Advance the academic environment.
 - Assess and align course curriculum and clinical experience with our academic partners.
 - Partner with academic institutes that match supply and demand for new recruits.
 - Develop models and structures that enable teaching and research for physicians and staff.
 - Develop research plans for each program and service.
 - Implement best practices in the delivery of education and knowledge transfer.
4. Invest in staff development, engagement, and wellness.
 - Develop and implement supports and structures for staff to participate in education that will allow them to excel in their practice and engage in research.
 - Develop leadership that inspires our physicians and staff to excel and attracts and retains the best performers.
 - Increase organizational commitment to the wellness strategy.
 - Engage staff throughout the organization in a meaningful way.

5. Use information technology to advance the patient experience.
 - Develop an Informatics action plan that defines the transformational technologies to advance the strategic objectives.

Draft Success Criteria:

1. No harmful events.
2. Patients and staff are satisfied.
3. Patients and families are engaged in care.
4. Staff and physicians are engaged.
5. TBRHSC is a learning organization.
6. TBRHSC has a research culture.

Strategic Direction 2: Comprehensive Clinical Care

Strategic Objective:

Enhance the delivery of our clinical services.

Draft Goals and Objectives:

1. Adopt the Ontario Chronic Disease Prevention and Management framework.
 - Identify and adopt the relevant elements of the Ontario Chronic Disease Management framework.
2. Deliver comprehensive cardiovascular care in accordance with the Ministry of Health.
 - Receive Ministry of Health funding approval.
 - Complete the implementation of the vascular program.
 - Complete the implementation of the cardiac surgery program.
3. Enhance access to clinical services supported by patient flow efficiencies.
 - Improve internal patient flow efficiencies.
 - Improve accessibility for patients with disabilities.
 - Advocate and demonstrate the need for additional health systems capacity.
4. Develop formal partnerships to deliver comprehensive clinical services that support care in the appropriate location.
 - Conduct a regional assessment and identify potential partnerships.
 - Optimize regional patient access for specialty care.
 - Maintain and strengthen appropriate partnerships to effectively provide clinical services not available at TBRHSC.
 - Improve internal program and service collaboration that improves the patient experience.
5. Deliver a comprehensive acute pain management service.
 - Develop an acute pain management model for trauma and post-operative in-patients.
 - Develop and implement an out-patient interventional chronic pain management clinic.

Draft Success Criteria:

1. Patients possess self-management skills.
2. Vascular surgical service is established.
3. Cardiac surgical service is launched.
4. Patient transitions are seamless.
5. Operations are efficient and effective.
6. Overcapacity is reduced.
7. More patients receive care closer to home.
8. Long-term sustainability is enhanced.

Strategic Direction 3: Seniors' Health

Strategic Objective:

Enhance the care provided to an aging population.

Draft Goals and Objectives:

1. Deliver an optimal experience for seniors.
 - Identify seniors' champions and establish hospital-wide working groups and committees on key geriatric issues.
 - Implement seniors' sensitivity training for all new staff and establish awards/recognition of staff for their care of the elderly/geriatric care.
 - Ensure geriatric human resources are available to support the care of seniors.
2. Adopt the Ontario Senior Friendly Hospital framework.
 - Deliver care designed from evidence and best practice for seniors.
 - Deliver care and service that is free of ageism and respects the unique needs of senior patients and their caregivers.
 - Deliver ethical care that protects the autonomy, choice, and diversity of senior patients.
 - Provide an environment that minimizes the vulnerabilities of senior patients and promotes safety, comfort, independence, and functional well-being.

Draft Success Criteria:

1. Senior patients are satisfied.
2. Seniors' families are engaged in care.
3. Effectiveness and quality of care for senior patients improved.
4. Virtual care improves transitions and communication.

Strategic Direction 4: Aboriginal Health

Strategic Objective:

Enhance culturally appropriate care.

Draft Goals and Objectives:

1. Provide care that improves self-management, access, experience, and transition to home for Aboriginal patients.
 - Increase knowledge of services in NWO for acute care healthcare providers providing services to remote communities.
 - Increase screening rates for chronic illnesses.
 - Ensure coordinated follow-up care prior to discharge for patients in First Nations communities.
 - Improve partnerships that increase research opportunities related to the development of Aboriginal health screening tools.
 - Improve access to and the use of technology for pre-op care, home care, and follow-up care for patients in First Nations communities.
 - Integrate a self-management education strategy into discharge processes.
2. Provide health care that respects traditional knowledge and practices, and builds TBRHSC as a leader in the provision of health care for Aboriginal patients.
 - Improve the adoption of traditional knowledge and practices.
 - Increase the recruitment of Aboriginal staff and volunteers at TBRHSC.
 - Provide cultural sensitivity training to staff, physicians, and volunteers.
 - Continue to create an environment where Aboriginal patients and families feel more comfortable.
 - Offer appropriate preventative health and screening information to family members accompanying Aboriginal patients.

Draft Success Criteria:

1. Aboriginal patients are satisfied.
2. Aboriginal families are engaged in care.
3. Aboriginal patients possess self-management skills.
4. Virtual care improves transitions and communication.
5. TBRHSC is a welcoming environment.

Strategic Direction 5: Acute Mental Health

Strategic Objective:

Enhance acute mental health service.

Draft Goals and Objectives:

1. Adopt attitudes and behaviours that recognize mental health as an integral part of the delivery of comprehensive acute care services.
 - Increase the overall knowledge and competency of all staff.
 - Improve the sensitivity of care.
 - Incorporate mental health assessment within the admission history for all patients.
2. Enhance the delivery of mental health care to patients outside of mental health services.
 - Increase access to specialized and appropriate mental health services on all in-patient units.
 - Develop clear treatment plans for mental health patients outside of mental health services.
 - Provide a safe and quiet respectful environment in all patient areas.
 - Expand transitional discharge model to include Child & Adolescent Mental Health Unit patients and off-service mental health patients.
 - Coordinate care for patients with primary resources at St. Joseph's Care Group-Mental Health & Addictions.
3. Collaborate with system partners and appropriate governing agencies to develop and enhance transitions in care.
 - Create a shared formal agreement structure for psychiatrists.
 - Develop community-wide flow initiatives to improve access to appropriate service and enhance transition planning.
4. Enhance the delivery of acute mental health care within mental health services.
 - Increase the recruitment of psychiatrists working at TBRHSC.
 - Secure funding for the comprehensive mental health-emergency service.
 - Improve access to acute mental health.
 - Develop the comprehensive pediatric and adolescent mental health service.

Draft Success Criteria:

1. Mental health patients are satisfied.
2. Staff and physicians delivery of care is enhanced.
3. TBRHSC is a stigma-free environment.
4. Wait times are reduced.
5. Transitional discharges connect to community services.
6. The mental health emergency service is developed.
7. Psychiatrists are recruited.
8. Effective partnerships are built.

Setting the Context for Strategic Plan 2020

An environmental scan of Northwestern Ontario was used as a starting point to develop this Strategic Plan. It revealed that the use of hospital health services by residents in the North West Local Health Integration Network (NWLHIN) remain consistently among the highest in Ontario.

These differences are attributable to:

- Higher than average health needs of our population.
- Greater use of independent health facilities in other LHINs (e.g. Diagnostic Imaging, endoscopy).
- Fundamental differences in practice in NWLHIN
- Health system design & service organization
- Insufficient and/or ineffective primary care

The environmental scan also revealed the following.

Aboriginal health:

- 19 % of the population in the North West Local Health Integration Network identifies as Aboriginal.
- Inpatient days for residents living in Aboriginal communities (reserves, settlements, etc) accounts for only 11.7% of total inpatient days.
- Activity for Aboriginal residents living off Aboriginal communities cannot be measured but we know that our strategic initiatives must not just be focused on residents of Aboriginal communities.

Acute Mental health:

- While Acute Mental Health inpatient days is decreasing at other hospitals, it has increased by 5.4% at TBRSHC.
- Many patients with mental health issues are being cared for outside acute mental health beds.

Comprehensive clinical care:

- 88% of NWLHIN hospital services are being met within the NWLHIN.
- Of the remaining 10%: 5.5% are receiving service in Manitoba (mainly from the western part of the region) and the remaining 6% are receiving services (cardiac surgery, specialty paediatric care, other specialty care) in southern Ontario.

Seniors' health:

- Service demand is growing for NWLHIN seniors (50+).
- Aging baby boomers, getting closer to an age when demands on health system will increase are expected to further increase demand.
- While overall TBRHSC inpatient days down 4.5%, Alternate Level of Care (ALC) days up 62.9%.

Strategic Plan 2020

The Strategic Plan 2020 is a roadmap from our vision healthy together to action.

To realize our vision, we need to focus on the needs of the community we serve and to provide comprehensive care through partnerships and virtual care.

The Patient and Family Centred Care (PFCC) philosophy was embedded in the 2015 plan and continues to guide everything we do. While we put our philosophy into practice, we recognize that there is more we need to do. In our mission statement, we promise to deliver a quality patient experience. That is why we will focus

our attention on all elements of the Patient Experience as one of the five strategic priorities.

Another priority is to enhance the Comprehensive Clinical Care that transcends the organization and touches all patients. We will also focus on the particular patient populations with the greatest health care needs in three Strategic Directions: Seniors' Health, Aboriginal Health, and Acute Mental Health.

As we continue our journey as an academic health sciences centre, we are proud of the strong foundation built. We will continue to teach the next generation of health care

professionals and further health care innovation through research and discovery. Over the next 5 years, our goal to advance the quality of care through learning, teaching, and research will be incorporated into each of our strategic priorities.

The five strategic directions provide the roadmap to achieving our mission. The success criteria identified for each strategic direction clearly describe the outcomes we wish to achieve. Linking our performance measures to these success criteria will surely keep us focused on what is have been identified as the most important health needs of the people of northwestern Ontario.

“What does your hospital look like in 2020?”

Thunder Bay Regional Health Sciences Centre belongs to the community it serves; the 250,000 residents of Northwestern Ontario. That is why it is so important that we heard from members of the community when planning our corporate strategic plan.

Beginning in January 2015, we engaged some 1,300 people in Northwestern Ontario. We connected through online surveys; printed surveys; and 17 community focus group sessions. We wanted to hear from our 5 Partners in Health including - the Board of Directors,

academic leaders, internal staff, managers, physicians, policy makers, and community members, including Francophone and Aboriginal residents, as well as newcomers to Canada - in order to gather input and shape a new Strategic Plan.

17 Community focus group sessions
1,300 People Engaged

Looking Ahead

In 2004, Thunder Bay Regional Health Sciences Centre opened its doors to serve the health care needs of the people of Northwestern Ontario. Since then, we have expanded our programs and services; enhanced our use of technology to better serve the region; and made great strides in becoming a leading academic health sciences centre.

Our successes are the result of the commitment of all the staff, physicians, volunteers, and donors to practicing Patient and Family Centred Care (PFCC), involving patients in everything we do.

That commitment was demonstrated once again this year as we embarked upon a new Strategic Plan. Using Dr. Charles Boelen's "Five Partners in Health Engagement Model," we heard from health professionals, health managers, policy makers, academic institutions, and over 1300 community

members. That input shaped the Strategic Plan 2020 that will guide our priorities for the next five years.

It will build upon our successes over the last five years and address the health issues that face our region in particular.

Our Five Partners in Health will meet annually to ensure the plan remains relevant to the needs of patients and families.

The Strategic Plan is a dynamic document and will evolve to include measurable actions to achieve each of the goals identified under the five strategic directions. These goals and actions will serve as indicators as to the successful realization of our vision: Healthy Together.



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Thunder Bay Regional Health Sciences Centre 2020 Strategic Plan





Vision

Healthy Together

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

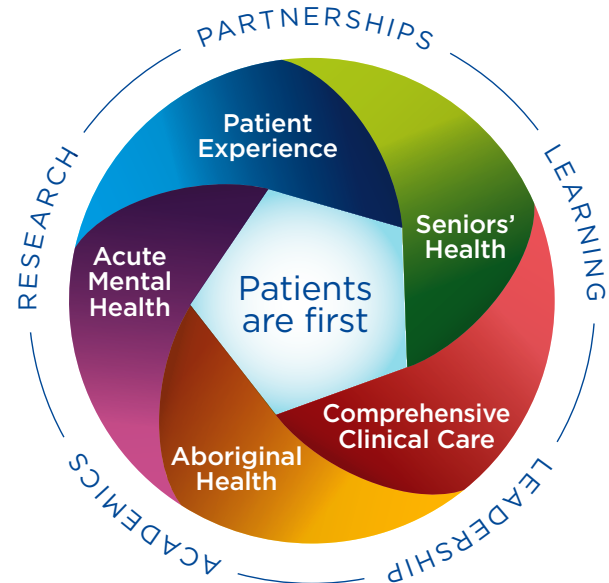
- Patients First
- Accountability
- Respect
- Excellence

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.



Patient Experience

Enhance the quality of the patient experience.

Goal 1

Develop a framework to deliver high quality care.

- Complete a gap analysis to identify opportunities to improve quality care that is: safe, effective, patient and family centered, timely and accessible, equitable, and efficient.
- Develop integrated and sustainable systems and structures that support quality.
- Adopt standardized processes, tools, templates, and resources that support quality.

Goal 2

Enhance understanding and continue to grow and embed our PFCC philosophy.

- Create sustainable systems, structures, and processes for PFCC.
- Advance the body of knowledge for PFCC.

Goal 3

Advance the academic environment.

- Assess and align course curriculum and clinical experience with our academic partners.
- Partner with academic institutes that match supply and demand for new recruits.
- Develop models and structures that enable teaching and research for physicians and staff.
- Develop research plans for each program and service.
- Implement best practices in the delivery of education and knowledge transfer.

Goal 4

Invest in staff development, engagement, and wellness.

- Develop and implement supports and structures for staff to participate in education that will allow them to excel in their practice and engage in research.
- Develop leadership that inspires our physicians and staff to excel and attracts and retains the best performers.
- Increase organizational commitment to the wellness strategy.
- Engage staff throughout the organization in a meaningful way.

Goal 5

Use information technology to advance the patient experience.

- Develop an Informatics action plan that defines the transformational technologies to advance the strategic objectives.

Seniors' Health

Enhance the care provided to an aging population.

Goal 1

Deliver an optimal experience for seniors.

- Identify seniors' champions and establish hospital-wide working groups and committees on key geriatric issues.
- Implement seniors' sensitivity training for all new staff and establish awards/recognition of staff for their care of the elderly/geriatric care.
- Ensure geriatric human resources are available to support the care of seniors.

Goal 2

Adopt the Ontario Senior Friendly Hospital framework.

- Deliver care designed from evidence and best practice for seniors.
- Deliver care and service that is free of ageism and respects the unique needs of senior patients and their caregivers.
- Deliver ethical care that protects the autonomy, choice, and diversity of senior patients.
- Provide an environment that minimizes the vulnerabilities of senior patients and promotes safety, comfort, independence, and functional well-being.



Comprehensive Clinical Care

Enhance the delivery of our clinical services.

Goal 1

Adopt the Ontario Chronic Disease Prevention and Management framework.

- Identify and adopt the relevant elements of the Ontario Chronic Disease Management framework.

Goal 2

Deliver comprehensive cardiovascular care in accordance with the Ministry of Health.

- Receive Ministry of Health funding approval.
- Complete the implementation of the vascular program.
- Complete the implementation of the cardiac surgery program.

Goal 3

Enhance access to clinical services supported by patient flow efficiencies.

- Improve internal patient flow efficiencies.
- Improve accessibility for patients with disabilities.
- Advocate and demonstrate the need for additional health systems capacity.

Goal 4

Develop formal partnerships to deliver comprehensive clinical services that support care in the appropriate location.

- Conduct a regional assessment and identify potential partnerships.
- Optimize regional patient access for specialty care.
- Maintain and strengthen appropriate partnerships to effectively provide clinical services not available at TBRHSC.
- Improve internal program and service collaboration that improves the patient experience.

Goal 5

Deliver a comprehensive acute pain management service.

- Develop an acute pain management model for trauma and post-operative in-patients.
- Develop and implement an out-patient interventional chronic pain management clinic.

Aboriginal Health

Enhance culturally appropriate care.

Goal 1

Provide care that improves self-management, access, experience, and transition to home for Aboriginal patients.

- Increase knowledge of services in NWO for acute care healthcare providers providing services to remote communities.
- Increase screening rates for chronic illnesses.
- Ensure coordinated follow-up care prior to discharge for patients in First Nations communities.
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- Improve access to and the use of technology for pre-op care, home care, and follow-up care for patients in First Nations communities.
- Integrate a self-management education strategy into discharge processes.

Goal 2

Provide health care that respects traditional knowledge and practices, and builds TBRHSC as a leader in the provision of health care for Aboriginal patients.

- Improve the adoption of traditional knowledge and practices.
- Increase the recruitment of Aboriginal staff and volunteers at TBRHSC.
- Provide cultural sensitivity training to staff, physicians, and volunteers.
- Continue to create an environment where Aboriginal patients and families feel more comfortable.
- Offer appropriate preventative health and screening information to family members accompanying Aboriginal patients.



Acute Mental Health

Enhance acute mental health service.

Goal 1

Adopt attitudes and behaviours that recognize mental health as an integral part of the delivery of comprehensive acute care services.

- Increase the overall knowledge and competency of all staff.
- Improve the sensitivity of care.
- Incorporate mental health assessment within the admission history for all patients.

Goal 2

Enhance the delivery of mental health care to patients outside of mental health services.

- Increase access to specialized and appropriate mental health services on all in-patient units.
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- Provide a safe and quiet respectful environment in all patient areas.
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- Coordinate care for patients with primary resources at St. Joseph's Care Group-Mental Health & Addictions.

Goal 3

Collaborate with system partners and appropriate governing agencies to develop and enhance transitions in care.

- Create a shared formal agreement structure for psychiatrists.
- Develop community-wide flow initiatives to improve access to appropriate service and enhance transition planning.

Goal 4

Enhance the delivery of acute mental health care within mental health services.

- Increase the recruitment of psychiatrists working at TBRHSC.
- Secure funding for the comprehensive mental health-emergency service.
- Improve access to acute mental health.
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Thunder Bay Regional Health Sciences Centre

2020 Strategic Plan





TBRHSC is committed to Patient and Family Centered Care

The provision of care that is respectful of, and responsive to individual patient/family preferences, needs and values, and ensures that patient values guide all clinical decisions.

Core Concepts of PFCC

Dignity and Respect

Information Sharing

Participation

Collaboration

It is a Model of Care that advances, promotes, and expects interprofessional team approaches in practice, education, and research.

It is the foundation upon which our Strategic Plan must be built.

The outgoing Strategic Plan 2015 was developed with the full engagement of our patients and people from all walks of life from our region. The process was completely transparent

and anyone who wanted to be involved in setting the direction of our hospital was welcome to share their ideas.

When we look at the results of this Strategic Plan, we have reason to celebrate, as our completion rate was over 90% - an achievement that is rarely heard of in the corporate world. It proves what we always knew - that getting patients and community involved in the future of the hospital would pay off in a big way.

The new Strategic Plan 2020 is also the result of hours of engagement with hundreds of people over several months. We are thankful that the PATIENT is always at the centre of everything we do and that is why we are looking forward to seeing what we will achieve together as we move forward in our Strategic Plan 2020.

Contents

- 1 TBRHSC is committed to Patient and Family Centered Care
- 3 Executive Summary
- 5 Setting the Context for Strategic Plan 2020
- 6 “What does your hospital look like in 2020?”
- 8 Vision, Mission Statement, Values
- 9 Strategic Plan 2020
- 10 Patient Experience
- 12 Seniors’ Health
- 14 Comprehensive Clinical Care
- 16 Aboriginal Health
- 18 Acute Mental Health
- 21 Looking Ahead

“ We always knew that getting patients and community involved in the future of the hospital would pay off in a big way. ”

Keith Taylor, Co-Chair, Patient and Family Advisory Council, Thunder Bay Regional Health Sciences Centre



Executive Summary

In 2010, we launched a Strategic Plan that would focus our work on the major health issues facing our patients and families in Northwestern Ontario - Chronic Disease, Clinical Care Services, Aboriginal Health, and Mental Health & Addictions. We are glad to report that we completed 94% of the plan, and set up a framework for further improvements moving forward. I encourage you to review this plan to learn more.

Our successes are due to the incredible efforts of all the staff, physicians, volunteers, and donors. Our award-winning efforts to bring Patient and Family Centred Care (PFCC) to the Health Sciences Centre have brought us together as a team.

Our new Strategic Plan, Healthy Together 2020, was developed with the help of over 1,300 community members. It will build upon our successes over the last five years. Based on a comprehensive environmental scan of this region and the feedback we received from

community members through focus groups as well as print and online surveys, and the 5 Partners in Health, the Strategic Plan 2020 identifies goals within five strategic directions: Patient Experience, Seniors' Health, Comprehensive Clinical Care, Aboriginal Health, and Acute Mental Health.

On behalf of the Thunder Bay Regional Health Sciences Centre, we would like to thank our community and partners for their commitment to the Strategic Plan 2020. Their participation will have a long-standing impact on patient care here in our community. We greatly value the time they spent to help shape the future of health care for patients and families in Northwestern Ontario.

The input provided was vital to the development of our Strategic Plan 2020. TBRHSC belongs to our community. By working together and having conversations, we can ensure that the care provided meets the needs of this region.

“ Research and experience have demonstrated that a strategic plan is most effective and relevant when it is based on robust community engagement. ”

Tracie Smith, Senior Director, Communications and Engagement, TBRHSC



Setting the Context for Strategic Plan 2020

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“What does your hospital look like in 2020?”

Thunder Bay Regional Health Sciences Centre belongs to the community it serves; the 250,000 residents of Northwestern Ontario. That is why it is so important that we heard from members of the community when planning our corporate strategic plan.

Beginning in January 2015, we engaged some 1,300 people in Northwestern Ontario. We connected through online surveys; printed surveys; and 17 community focus group sessions. We wanted to hear from our 5 Partners in Health including - the Board of Directors,

academic leaders, internal staff, managers, physicians, policy makers, and community members, including Francophone and Aboriginal residents, as well as newcomers to Canada - in order to gather input and shape a new Strategic Plan.

17 Community focus group sessions

1,300 People Engaged

5 Partners

The people of our community shared their ideas about how the health sciences centre can best realize success over the next five years in our five Strategic Directions - Patient Experience, Seniors' Health, Comprehensive Clinical Care, Aboriginal Health, and Acute Mental Health.

When asked what they needed from TBRHSC, people told us:

- Ensure a quality patient experience.
- Enhance the delivery of clinical services.
- Enhance the care provided to an aging population.
- Enhance culturally appropriate care for Aboriginal patients and their families.
- Enhance acute mental health service.

Each individual involved in Strategic Plan 2020 engagement sessions was invited to sign a commemorative "signature wall" symbolizing the community's significant contributions to setting our hospital's priorities for the next five years.



2020 Strategic Plan

Thunder Bay Regional Health Sciences Centre



Strategic Plan 2020

The Strategic Plan 2020 is a roadmap from our vision healthy together to action.

To realize our vision, we need to focus on the needs of the community we serve and to provide comprehensive care through partnerships and virtual care.

The Patient and Family Centred Care (PFCC) philosophy was embedded in the 2015 plan and continues to guide everything we do. While we put our philosophy into practice, we recognize that there is more we need to do. In our mission statement, we promise to deliver a quality patient experience. That is why we will focus our attention on all elements of the Patient Experience as one of the five strategic priorities.

Another priority is to enhance the Comprehensive Clinical Care that transcends the organization and touches all patients. We will also focus on the particular patient populations with the greatest health care needs in three Strategic Directions: Seniors' Health, Aboriginal Health, and Acute Mental Health.

As we continue our journey as an academic health sciences centre, we are proud of the strong foundation built. We will continue to teach the next generation of health care professionals and further health care innovation through research and discovery. Over the next 5 years, our goal to advance the quality of care through learning, teaching, and research will be incorporated into each of our strategic priorities.

The five strategic directions provide the roadmap to achieving our mission. The success criteria identified for each strategic direction clearly describe the outcomes we wish to achieve. Linking our performance measures to these success criteria will surely keep us focused on what is have been identified as the most important health needs of the people of northwestern Ontario.



Vision, Mission Statement, Values

Thunder Bay Regional Health Sciences Centre (TBRHSC) is a national leader in Patient and Family Centred Care. As the tertiary care provider in Northwestern Ontario, TBRHSC provides comprehensive services to a population of over 250,000 residents in a region the size of France.

Effectively addressing the healthcare needs of patients and families has earned TBRHSC both Innovation Awards and Leading Practice Designations.

As an academic health sciences centre, TBRHSC is committed to teaching the next generation of healthcare providers and advancing medical research. Patients benefit from interprofessional teams of dedicated healthcare providers and access to leading-edge medical equipment and clinical trials.

Vision

Healthy Together

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

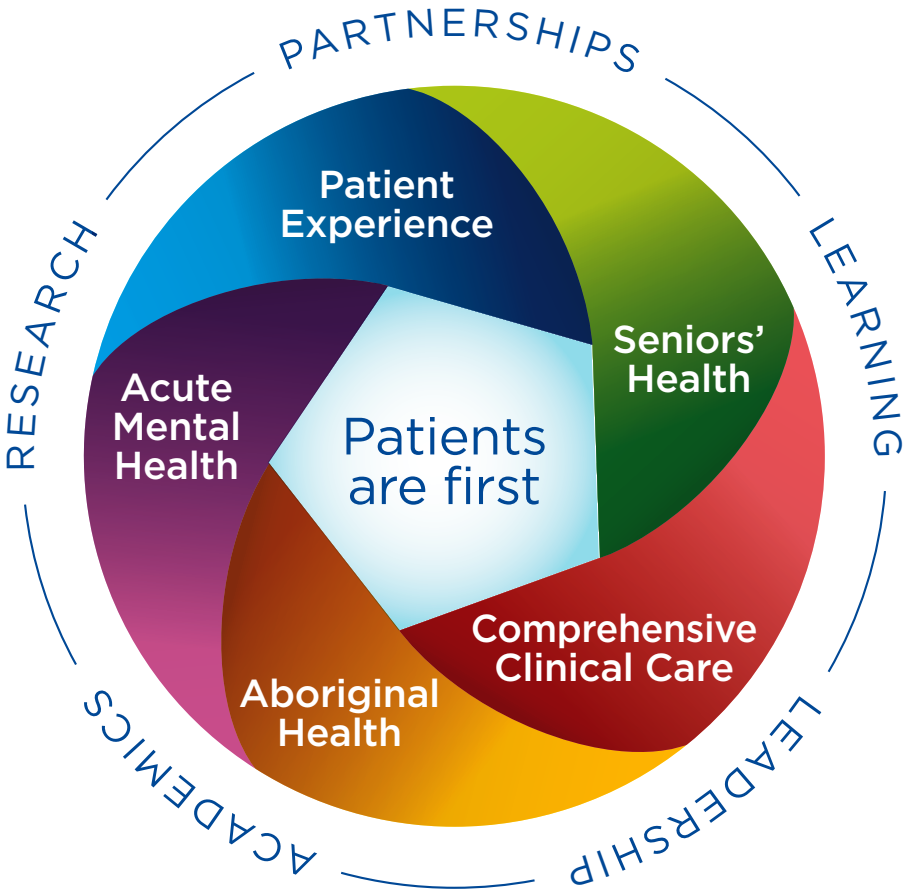
- Patients First
- Accountability
- Respect
- Excellence

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.





Patient Experience

Enhance the quality of the patient experience.



Goals and Objectives

Goal 1

Develop a framework to deliver high quality care.

- Complete a gap analysis to identify opportunities to improve quality care that is: safe, effective, patient and family centered, timely and accessible, equitable, and efficient.
- Develop integrated and sustainable systems and structures that support quality.
- Adopt standardized processes, tools, templates, and resources that support quality.

Goal 2

Enhance understanding and continue to grow and embed our PFCC philosophy.

- Create sustainable systems, structures, and processes for PFCC.
- Advance the body of knowledge for PFCC.

Goal 3

Advance the academic environment.

- Assess and align course curriculum and clinical experience with our academic partners.
- Partner with academic institutes that match supply and demand for new recruits.
- Develop models and structures that enable teaching and research for physicians and staff.
- Develop research plans for each program and service.
- Implement best practices in the delivery of education and knowledge transfer.

Goal 4

Invest in staff development, engagement, and wellness.

- Develop and implement supports and structures for staff to participate in education that will allow them to excel in their practice and engage in research.
- Develop leadership that inspires our physicians and staff to excel and attracts and retains the best performers.
- Increase organizational commitment to the wellness strategy.
- Engage staff throughout the organization in a meaningful way.

Goal 5

Use information technology to advance the patient experience.

- Develop an Informatics action plan that defines the transformational technologies to advance the strategic objectives.

Success Criteria

1. No harmful events.
2. Patients and staff are satisfied.
3. Patients and families are engaged in care.
4. Staff and physicians are engaged.
5. TBRHSC is a learning organization.
6. TBRHSC has a research culture.

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Seniors' Health

Enhance the care provided to an aging population.



Goals and Objectives

Goal 1

Deliver an optimal experience for seniors.

- Identify seniors' champions and establish hospital-wide working groups and committees on key geriatric issues.
- Implement seniors' sensitivity training for all new staff and establish awards/recognition of staff for their care of the elderly/geriatric care.
- Ensure geriatric human resources are available to support the care of seniors.

Goal 2

Adopt the Ontario Senior Friendly Hospital framework.

- Deliver care designed from evidence and best practice for seniors.
- Deliver care and service that is free of ageism and respects the unique needs of senior patients and their caregivers.
- Deliver ethical care that protects the autonomy, choice, and diversity of senior patients.
- Provide an environment that minimizes the vulnerabilities of senior patients and promotes safety, comfort, independence, and functional well-being.

Success Criteria

1. Senior patients are satisfied.
2. Seniors' families are engaged in care.
3. Effectiveness and quality of care for senior patients improved.
4. Virtual care improves transitions and communication.

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Comprehensive Clinical Care

Enhance the delivery of our clinical services.



Goals and Objectives

Goal 1

Adopt the Ontario Chronic Disease Prevention and Management framework.

- Identify and adopt the relevant elements of the Ontario Chronic Disease Management framework.

Goal 2

Deliver comprehensive cardiovascular care in accordance with the Ministry of Health.

- Receive Ministry of Health funding approval.
- Complete the implementation of the vascular program.
- Complete the implementation of the cardiac surgery program.

Goal 3

Enhance access to clinical services supported by patient flow efficiencies.

- Improve internal patient flow efficiencies.
- Improve accessibility for patients with disabilities.
- Advocate and demonstrate the need for additional health systems capacity.

Goal 4

Develop formal partnerships to deliver comprehensive clinical services that support care in the appropriate location.

- Conduct a regional assessment and identify potential partnerships.
- Optimize regional patient access for specialty care.
- Maintain and strengthen appropriate partnerships to effectively provide clinical services not available at TBRHSC.
- Improve internal program and service collaboration that improves the patient experience.

Goal 5

Deliver a comprehensive acute pain management service.

- Develop an acute pain management model for trauma and post-operative in-patients.
- Develop and implement an out-patient interventional chronic pain management clinic.

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Success Criteria

1. Patients possess self-management skills.
2. Vascular surgical service is established.
3. Cardiac surgical service is launched.
4. Patient transitions are seamless.
5. Operations are efficient and effective.
6. Overcapacity is reduced.
7. More patients receive care closer to home.
8. Long-term sustainability is enhanced.



Aboriginal Health

Enhance culturally appropriate care.

Goals and Objectives

Goal 1

Provide care that improves self-management, access, experience, and transition to home for Aboriginal patients.

- Increase knowledge of services in NWO for acute care healthcare providers providing services to remote communities.
- Increase screening rates for chronic illnesses.
- Ensure coordinated follow-up care prior to discharge for patients in First Nations communities.
- Improve partnerships that increase research opportunities related to the development of Aboriginal health screening tools.
- Improve access to and the use of technology for pre-op care, home care, and follow-up care for patients in First Nations communities.
- Integrate a self-management education strategy into discharge processes.

Goal 2

Provide health care that respects traditional knowledge and practices, and builds TBRHSC as a leader in the provision of health care for Aboriginal patients.

- Improve the adoption of traditional knowledge and practices.
- Increase the recruitment of Aboriginal staff and volunteers at TBRHSC.
- Provide cultural sensitivity training to staff, physicians, and volunteers.
- Continue to create an environment where Aboriginal patients and families feel more comfortable.
- Offer appropriate preventative health and screening information to family members accompanying Aboriginal patients.

Success Criteria

1. Aboriginal patients are satisfied.
2. Aboriginal families are engaged in care.
3. Aboriginal patients possess self-management skills.
4. Virtual care improves transitions and communication.
5. TBRHSC is a welcoming environment.

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Acute Mental Health

Enhance acute mental health service.



Goals and Objectives

Goal 1

Adopt attitudes and behaviours that recognize mental health as an integral part of the delivery of comprehensive acute care services.

- Increase the overall knowledge and competency of all staff.
- Improve the sensitivity of care.
- Incorporate mental health assessment within the admission history for all patients.

Goal 2

Enhance the delivery of mental health care to patients outside of mental health services.

- Increase access to specialized and appropriate mental health services on all in-patient units.
- Develop clear treatment plans for mental health patients outside of mental health services.
- Provide a safe and quiet respectful environment in all patient areas.
- Expand transitional discharge model to include Child & Adolescent Mental Health Unit patients and off-service mental health patients.
- Coordinate care for patients with primary resources at St. Joseph's Care Group-Mental Health & Addictions.

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Goal 3

Collaborate with system partners and appropriate governing agencies to develop and enhance transitions in care.

- Create a shared formal agreement structure for psychiatrists.
- Develop community-wide flow initiatives to improve access to appropriate service and enhance transition planning.

Goal 4

Enhance the delivery of acute mental health care within mental health services.

- Increase the recruitment of psychiatrists working at TBRHSC.
- Secure funding for the comprehensive mental health-emergency service.
- Improve access to acute mental health.
- Develop the comprehensive pediatric and adolescent mental health service.

Success Criteria

1. Mental health patients are satisfied.
2. Staff and physicians delivery of care is enhanced.
3. TBRHSC is a stigma-free environment.
4. Wait times are reduced.
5. Transitional discharges connect to community services.
6. The mental health emergency service is developed.
7. Psychiatrists are recruited.
8. Effective partnerships are built.



Looking Ahead

In 2004, Thunder Bay Regional Health Sciences Centre opened its doors to serve the health care needs of the people of Northwestern Ontario. Since then, we have expanded our programs and services; enhanced our use of technology to better serve the region; and made great strides in becoming a leading academic health sciences centre.

Our successes are the result of the commitment of all the staff, physicians, volunteers, and donors to practicing Patient and Family Centred Care (PFCC), involving patients in everything we do.

That commitment was demonstrated once again this year as we embarked upon a new Strategic Plan. Using Dr. Charles Boelen's "Five Partners in Health Engagement Model," we heard from health professionals, health managers, policy makers, academic

institutions, and over 1300 community members. That input shaped the Strategic Plan 2020 that will guide our priorities for the next five years.

It will build upon our successes over the last five years and address the health issues that face our region in particular.

Our Five Partners in Health will meet annually to ensure the plan remains relevant to the needs of patients and families.

The Strategic Plan is a dynamic document and will evolve to include measurable actions to achieve each of the goals identified under the five strategic directions. These goals and actions will serve as indicators as to the successful realization of our vision: Healthy Together.

 www.tbrhsc.net

“ think it’s gratifying that you have an organization engaging the community, adhering to the principle of social accountability, to tailor the hospital to meet the needs of the community. I definitely see that a lot of the input of mine and others helped shape the last Strategic Plan. I’m looking forward to seeing where we’re going to take things next. At the end of the day, you can say, ‘I contributed to the strategic direction of my hospital. ”

Peter Hindle



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Canada P7B 6V4
(807) 684-6000

TBRHSC Bed Management Update: May 2015

TBRHSC Board Meeting (Open Session) Presentation
Thursday, June 11, 2015

Aaron Skillen

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



Thunder Bay Regional
Health Sciences
Centre

healthy
together

Presentation Outline

1. TBRHSC Beds for Admitted Patients
2. May 2015 Admitted Patient Bed Use
3. May 2015 Patient Flow Summary
4. CEISS Transition Period

TBRHSC Beds for Admitted Patients (May 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 (May 2015)

- No additional inpatients in:
 - 4 PCI recovery beds (2C, 290)
 - 4 Surgical Day Care beds
 - 4 Post-Anaesthesia Care Unit beds
 - 4 Pediatric Outpatient beds
- May “Prior Day” Surgical Cancellations = 0
- May “Same Day” Surgical Cancellations = 0
- May PCI Cancellations = 0

2015-16 Patient Flow Summary

Indicator (Daily Ave.)	YE 14-15	April	May
ED Visits	288.2	291.6	294.1
ED Admits	30.2	30.6	30.5
ED Admit Rate	10.5%	10.5%	10.4%
Total Admits	52.5	53.2	55.0
Total Discharges	52.4	54.6	56.1
ALOS (incl. ALC)	7.86	7.31	7.17
Admitted Pt. Census	416	406	404
ALC Patients	61.4	62.5	47.8
Gridlock Days	28.0	14	15

CEISS Transition Period (May 2015 – Jan. 2016)

- May 29 – Sept. 25
 - Crisis designation for 31 residents of Dawson Court and Grandview Lodge LTCH who have opted not to be transferred to CEISS (HRM).
 - Community Crisis and Wait-At –Home individuals will also have a higher priority for LTCH placement than TBRHSC ALC-LTC patients during this period.
 - Monitor increase in TBRHSC ALC-LTC patients during this period and mitigate with Crisis designation if necessary.

Questions?



Thunder Bay Regional Health Sciences Centre

Board of Directors

Wednesday, May 6, 2015

Boardroom – 5:00 p.m.

Present:

Susan Fraser, (*Chair*)
Andrée Robichaud*
Dr. Bill McCready*

Gerry Munt
John Friday
Dick Mannisto

Dr. Mark Thibert*
Anita Jean
Grant Walsh

By Invitation – Senior Management:

Rod Morrison
Peter Myllymaa
Cathy Covino

Glenn Craig
Chisholm Pothier
Anne-Marie Heron

Dr. Stewart Kennedy
Dawn Bubar

By Invitation:

Jessica Nehrebecky *Rec. Sec.*
Aaron Skillen (*Dr. Henderson*)

Renée Laakso
Ron Turner (*Dr. Crocker Ellacott*)

Regrets Board Members:

Sharon Cole Paterson
Dr. Penny Moody-Corbett
Nadine Doucette
Doug Shanks
Dr. Rhonda Crocker Ellacott*

Regrets Administration:

Dr. Mark Henderson

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

The Chair welcomed the Board members, Senior Management, guests and web audience. The Chair announced that this would be the last Board meeting for Ms. Andrée Robichaud and that her last day of work will be tomorrow. Ms. Robichaud was thanked for the work that she has done at TBRHSC and the community in the last 4.5 years. She was truly an ambassador for Patient and Family Centred Care and she will be greatly missed.

2.0 PATIENT STORY – Dawn Bubar

Ms. Dawn Bubar, Senior Director, Informatics, shared a patient story.

3.1 Quorum – Quorum was attained.

3.2 Conflict of Interest - None

3.3 Approval of the Agenda

Moved by: Dick Mannisto
Seconded by: Anita Jean

Motion

"That the Agenda be approved, as circulated."

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 April, 2015.
- The admitted patient census on April 1, 2015 was 469 patients.
- The organization was out of gridlock from April 11 until May 4, 2015.

4.2 **2020 Strategic Plan/Strategic Directions Graphic**

Mr. Rod Morisson, Executive Vice President, Health Human Resources, Planning and Strategy, and Ms. Carolyn Freitag, Director, Strategy and Performance Management spoke to the Strategic Plan 2020.

A Leadership Working Group has been established to continue the work on the development of the Strategic Plan. Further review of the goals is being done by the Working Group, therefore a recommendation to approve the goals will not be put forward to the Board of Directors at this time.

At the 5-Partner session held on March 31, 2015, the following criteria was determined to have a successful strategic plan:

- 99% completion rate
- Broad ownership of the strategic plan by all staff
- Enhanced patient outcomes
- Satisfaction with results (reduced gridlock smooth patient flow)
- Greater integration between TBRHSC and all relevant public organizations

Feedback on what the corporate wide measures should be are as follows:

- Implementation of the Strategic Plan
- Satisfaction of patient, staff and communities
- Financial health
- Gridlock

- Evidence of our regional programs and services.

A series of high level indicators were presented for consideration/information.

Mr. Chisholm Pothier, Vice President, Communications and Engagement, Aboriginal Affairs and Government Relations presented the revised Strategic Directions graphic.

The Board agreed that the pinwheel could be used as a standalone item when appropriate. It was agreed to remove "Patient ARE First" under the Values on the right side of the diagram.

Moved by: Grant Walsh

Seconded by: Anita Jean

Motion

"That the Board of Directors approves the revised graphic for the 2020 Strategic Plan, as amended."

CARRIED

4.3 Critical Incidents

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

4.4 Environmental Compliance and Fire Safety Update

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

- The organization received an Environment Stewardship Award from the Thunder Bay Chamber of Commerce in recognition for recycling and energy savings.
- TBRHSC has no outstanding orders under the Fire Code (as overseen by the Fire Department) or Environment Protection Act (as overseen by the Minister of Environment) – and TBRHSC is not aware of any non-compliances in regards to the requirements of these legislations.
- The Fire Plan review was conducted in March, 2015 and was approved by the Fire Department.
- The Environmental Compliance Approval by the Ministry of Environment (MOE) submissions was approved for the noise and air emissions for building 235 and the cyclotron/radiopharmacy.
- A license for the cyclotron/radiopharmacy was submitted to the Canadian Nuclear Safety Commission (CNSC) and is under review. CNSC has approved to proceed with construction.
- The planning for the Co-Generation facility is in progress with Johnson Controls.

- The next update to the Ministry of Energy, under the Green Energy Act, 2009 is due on July 1, 2015.

5.0 CONSENT AGENDA

Moved by: Gerry Munt

Seconded by: John Friday

Motion

"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."

CARRIED

6.0 REPORTS AND DISCUSSION

6.1 Report from Senior Management

The following information was highlighted from the report:

- The preliminary financial position of TBRHSC at March 31, 2015, pending some final entries, is a \$957k deficit.
- The grand opening of the cyclotron was held on April 7, 2015. Over 700 people have toured the facility.
- A communication plan is underway with respect to the partnership that TBRHSC has with Life Labs and bloodwork services.
- A pilot project has been initiated on 2B (Medical) and 1A (Oncology) to evaluate the effectiveness of a new electronic communication board in the nursing station areas.
- The Cardiac Catheterization Laboratory equipment upgrade is complete.
- Shared Mental Health Services, in conjunction with St-Joseph's Care Group (SJCG) has proposed three streams of care: Counselling Services, Transition Into Primary Care (TIP) and Nursing Consultation Services.
- "Clean your Hands Day" was held on May 5, 2015.
- Emergency Preparedness Week is happening this week.
- TBRHSC launched a new website that was created with heavy consultation with Patient Family Advisors (PFAs) in order to have a user friendly website.
- A meeting was held with the Regional Chiefs to discuss the concept of Aboriginal health and excellence in healthcare and associated research. More details will follow later in May, 2015.
- Thunder Bay Regional Research Institute (TBRRI) will be working on their Strategic Plan over the summer months.
- The development of an electronic board prototype has been completed. A pilot project will begin and will display real time data on the patients on certain units.

- The Employee and Professional Staff Engagement survey is nearing a 60% completion rate.
- Two gastroenterologists have been recruited.

6.2 Report from the President and CEO

The President and CEO thanked the Staff, the Medical Staff, the PFAs, the Volunteers, the Leadership team, the System Partners, the Thunder Bay Regional Health Sciences Foundation and the Boards of TBRHSC and TBRRI for their hard work and dedication to the organization during her tenure.

6.3 Report from the TBRHS Foundation

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

- The Exceptional Cancer Care Campaign raised over \$7.1M.

6.4 Report from the Professional Staff Association

The President of the Professional Staff Association (PSA) highlighted the following:

- The next PSA meeting will be held in June, 2015.

6.5 Report from the Chief of Staff

The Chief of Staff highlighted the following:

- Dr. Joe Wasielewski, Chief of Laboratory Medicine/Pathology has announced his retirement. A letter acknowledging his years of service will be sent to Dr. Wasiewski on behalf of the Board of Directors.
- Dr. Andrew Turner has been appointed as Associate Chief of Staff.

6.6 Report from the Chief Nursing Executive

The Chief Nursing Executive highlighted the following:

- TBRHSC is moving to a transfer accountability (an interactive process of transferring client specific information from one caregiver to another to ensure the continuity of care and safety of the client) between shifts at the bedside.
- Nursing Week will be held during the week of May 11, 2015.

6.7 Report from the Northern Ontario School of Medicine

Moved by: Anita Jean

Seconded by: Grant Walsh

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 May, 2015 as presented."

CARRIED

7.0 BUSINESS/COMMITTEE MATTERS

7.1 Corporate Membership

Moved by: Grant Walsh
Seconded by: Dick Mannisto

Motion

"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."

CARRIED

7.2 Resource Planning Committee – April 21, 2015

7.2.1 Q4 2014/15 Board Attestation: Wages and Source Deductions

Moved by: John Friday
Seconded by: Grant Walsh

Motion

"That the Board of Directors accepts the Q4 2014-2015 Board Wages and Source Deduction Attestation, as presented."

CARRIED

8.0 FOR INFORMATION

8.1 Board Comprehensive Work Plan – for information

8.2 Webcast Statistics – for information

8.3 Foundation Board Corporate Membership List– for information

8.4 Volunteer Association Corporate Membership List– for information

8.5 Quality Improvement Plan Report– for information

9.0 BOARD MEMBER COMMENTS

10.0 DATE OF NEXT MEETING – Thursday, June 11, 2015

11.0 ADJOURNMENT

There being no further business, the meeting adjourned at 6:28 p.m.

Chair

Board Secretary

Recording Secretary

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

BOARD REPORT

Presented at the June 11, 2015 Board meeting

- Our monthly Board meeting was held on May 20, 2015.
- Our annual education grants have been made for this year:
 - \$2,000.00 each to Lakehead University, Confederation College and the Northern Ontario School of Medicine.
 - \$1,000.00 for the Nursing Bursary
 - \$500.00 each for a graduating high school volunteer and a graduating university volunteer
- Topics of discussion for Season's Gift Shop were as follows:
 - Management structure and reporting guidelines were reviewed and adopted.
 - Point of Sale system – full implementation planned for better inventory control
 - Promoting "Seasons" through reusable bags
- On June 10, 2015 we will have a brief annual meeting to go over our financial statements and make the necessary motions for the year end. A copy of the statements will be given to Peter Myllymaa, Executive Vice President, Corporate Services and Operations.
- Between 2:00 and 3:00 pm on June 10, 2015, we will be serving cake in front of Seasons for a Celebration of our Volunteers and their accomplishments. During the past 6 years we have donated a total of \$456,000.00 directly to the hospital and the foundation. Our volunteers are a wonderful group of dedicated individuals and deserve our recognition. Please join us on that day.
- Also at this time we want to promote the gift shop by letting everyone know that it is owned by the Volunteer Association and that all profits go toward patient care.

"SUPPORTING PATIENT FAMILY CARE"

Respectfully submitted
Sharron Detweiler
President, Volunteer Association

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

Submitted by: Dr. Bill McCready, Interim CEO – TBRRI and Interim President & CEO
– TBRHSC – June 3, 2015

New Cancer Treatment being Developed



Dr. Ingeborg Zehbe and her PhD student Melissa Togtema are working on a revolutionary new treatment for cervical cancer that could reverse the disease and even prevent it from occurring. In her previous research, Dr. Zehbe identified a protein called E6, as the main driver of cervical cancer. Dr. Zehbe's team is working on two different approaches to stop this protein. The first is to block the E6 proteins from interacting with

each other. If successful, it would be the first antibody therapy in the world for cervical cancer. The other approach is to use special molecules called small interfering RNAs (siRNAs). These tiny molecules interfere with the oncoprotein's ability to reproduce.

This treatment could also be used for HPV-related head and neck cancers, which are on the rise, as well as treatment for non-cancerous conditions including genital warts and pre-cancerous lesions. The approach could help diagnose HPV-related cancers too. If all goes well, Zehbe and Togtema feel the treatment could be in clinical trials in about five years.

Cyclotron Receives Award

On May 5th the Cyclotron Project was recognized as the *Innovative Project of the Year* at the RBC Innovation Awards. Dr. Michael Campbell accepted the award at the well attended awards ceremony. The cyclotron project will ensure the consistent supply of medical isotopes for patients in Northwestern Ontario and will usher in a new era of research that will positively impact patient care.



TBRRI Hosts Governor General's Canadian Leadership Conference Visit

Recently, TBRRI hosted a tour for participants in the Governor General's Canadian Leadership Conference. The group toured through TBRRI lab facilities and had an opportunity to speak with scientists and their students about how their research can change the future of healthcare through advancements in medical imaging for screening, early diagnosis and minimally invasive therapies. They learned about the unique health challenges of Northwestern Ontario and how researchers and healthcare providers are addressing the needs of the people of this region. The group also toured the cyclotron facility which when operational, will be part of a national network designed to provide Canadians with a stable supply of medical isotopes.



**Thunder Bay Regional
Research Institute**

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

**Translational
Research Office:**

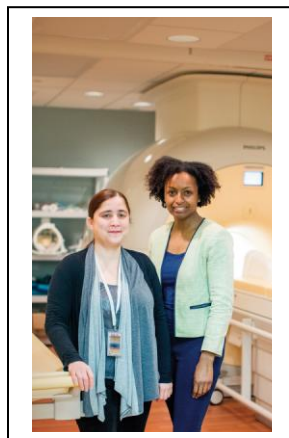
Room #2162
980 Oliver Road,
Thunder Bay, Ontario
P7B 6V4

**Pre-Clinical
Research Office:**

290 Munro Street,
Thunder Bay, Ontario
P7A 7T1

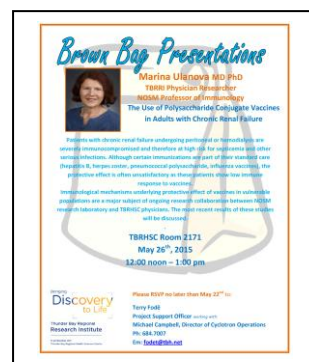
www.tbrri.com

Facilitating Research Knowledge Transfer



During the **week of May 21st**, Drs. Curiel, Jumah and Pichardo hosted a number of workshops and presentations related to the theme ***Introducing Minimally Invasive High Intensity Focused Ultrasound (HIFU) Procedures to Northwestern Ontario***. Along with these TBRI Scientists, speakers included Dr. Charles Mougenot (Philips Healthcare), Dr. Adam Waspe (Hospital for Sick Children) and Dr. William Chu (Sunnybrook). Topics addressed included: clinical uses of MR-HIFU; impact of MR-HIFU for uterine fibroids in rural communities; MR-HIFU for Non-invasive pain therapy of osteoid osteoma in children; and future applications for MR-HIFU.

On **May 26th**, Dr. Marina Ulanova, Professor of Immunology at the Northern Ontario School of Medicine, gave a presentation as part of TBRI's ongoing Brown Bag Presentations. Dr. Ulanova presented on ***The use of Polysaccharide Conjugate Vaccines in Adults with Chronic Renal Failure***. Patients with chronic renal failure undergoing peritoneal or hemodialysis are severely immunocompromised and at high risk for septicemia and other serious infections. Dr. Ulanova presented on results of studies related to immunological mechanisms underlying protective effect of vaccines in vulnerable populations.



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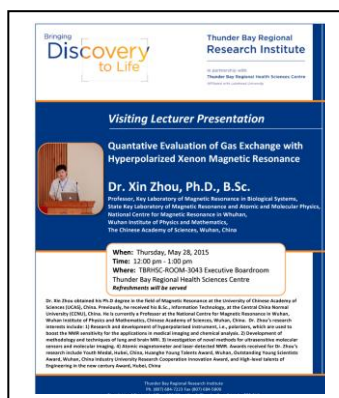
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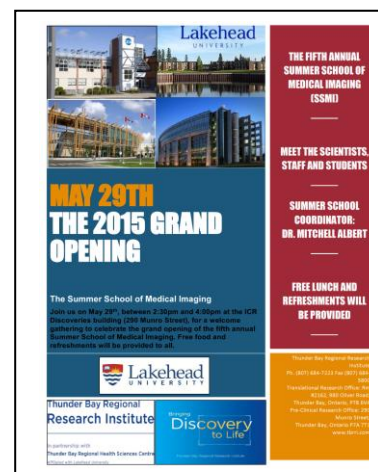
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On **May 28th** Dr. Mitchell Albert hosted a visiting lecturer. **Dr. Xin Zhou** of the National Centre for Magnetic Resonance in Wuhan, China was in Canada and travelled to Thunder Bay to visit TBRI and Lakehead University. Dr. Zhou met with Dr. Albert's team and gave a lecture on ***Quantitative Evaluation of Gas Exchange with Hyperpolarized Xenon Magnetic Resonance***. He later gave a presentation at the University on ***Hyperpolarized Xenon and Multimodal MRI***.

On **May 29th** TBRI celebrated the grand opening of the **Fifth Annual Summer School of Medical Imaging**. Approximately 25 students will take part in the summer student research program jointly hosted by TBRI and Lakehead University. The program offers a unique research experience in Medical Imaging and includes scientist and guest lectures, shadowing doctors at TBRHSC, professional skills tutorials and ends with a student competition. This is a great opportunity for students to see how medical imaging is applied in everyday patient treatments and to gain first hand experience in research in this area.



Canada-Wide Science Fair

From May 11 to 16, five finalists from the recent Northwestern Ontario regional science fair attended the Canada-Wide Science Fair in Fredericton, New Brunswick to compete among over 400 of the best science fair projects from across Canada.

Our regional team of students brought home four medals this year! TBRRI is a proud sponsor of the regional science fair and each year several staff serve as committee members, judges, volunteers, and tour guides. It is great to see our young future scientists achieving such success at a national level.

Congratulations to these five exceptional local students:

Jay Chen, Sir Winston Churchill C.V.I, Grade 10, Bronze Medalist

Holly Salem, Claude E. Garton, Grade 7, Bronze Medalist

Micah Windsor-Freeman, Claude E. Garton, Grade 7

Kelly Yang, Sir Winston Churchill C.V.I, Grade 10, Silver Medalist

Anirudh Shahi, Sir Winston Churchill C.V.I, Grade 10, Bronze Medalist



From left to right: Jay Chen (Bronze), Holly Salem (Bronze), Micah Windsor-Freeman, Kelly Yang (Silver), Anirudh Shahi (Bronze)

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Thunder Bay Regional Health Sciences Centre Quality Committee of the Board

May 19, 2015

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

Present: Georgia Carr, Dr. Rhonda Crocker Ellacott (via audioconference), Susan Fraser, Anita Jean, Dick Mannisto, Dr. William McCready, Gerry Munt, Dave Van Wagoner

Regrets: John Friday, Doug Shanks

By Invitation: Dawn Bubar, Senior Director – Informatics, Stephanie Craig, Lead, Patient Safety and Evidence Based Processes, Cathy Covino, Senior Director, Quality and Risk Management, Jennifer Masiak, Lead, Emergency Preparedness and Enterprise Risk Management, Bonnie Nicholas, Patient and Family Centred Care Lead, Patient Advocate, 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: Anita Jean

Seconded by: Gerry Munt

"The agenda was approved, as circulated."

Motion

CARRIED

2.0 PRESENTATIONS/REPORTS

2.1 Patient Safety Report

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

There were 2020 safety huddles held across the organization, with 50 departments/units reporting participation.

Some of the topics discussed include emergency code sub plan review, managing confused/aggressive patients, fall prevention and documentation, incorrect ordering physician, minimizing self injurious behaviours, wheelchair safety, medication administration, radiation/laser safety, patient identification, surge protocol, Vancomycin-resistant Enterococci (VRE) outbreak, and Metformin safety.

There were a total of 1088 reports submitted with 938 incidents and 150 near miss events. The categories with the highest number of incident reports during this quarter were Safety/Security/Conduct, Falls, and Medication/IV Safety.

The categories with the highest number of near misses were Safety/Security/Conduct, Delivery of Care Issues, and Medication/IV Safety.

There were 274 Safety/Security/Conduct incidents reported. 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 was “physical abuse/assault – aggressor”, followed by “self injury/violence”.

There were 185 falls reported. The most number of falls were reported by Oncology, followed by Medical Units 2A and 2B, and Surgical Unit 3A. The majority of falls were considered no harm or minor. The most common incident was “unknown – found on floor”, followed by “while ambulating”.

There were 134 Medication/IV Safety incidents reported. The unit with the highest number of incidents reported was the Surgical Unit 3B, followed by the Emergency Department, and Surgical Units 3A and 3C. The majority of incidents were considered no harm or minor. The most common incident type was “wrong medication”, followed by “missed dose.”

There were 133 Delivery of Care Issues reported. The unit with the highest number of incidents reported was the Emergency Department, followed by the Chemotherapy unit, and Medical Unit 2A. The majority of incidents were considered no harm or minor. The most common incident type after “other” was “delay in patient transfer - internal.”

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.

With respect to the request for provincial comparable data, information from the public domain is currently unable to be found.

A request was made for Ms. Craig to provide information on any Root Cause Analysis completed on increased incident trends.

S. Craig

A further requests was made for Ms. Craig to provide education at September's Quality Committee of the Board meeting on the process from the beginning of an incident taking place, through reporting the incident, and the final action taken to improve process.

S. Craig

2.2 Primary Data Centre Presentation

Ms. Dawn Bubar, Director, Informatics gave the Primary Data Centre Presentation.

The current state of the data centre does not meet minimum industry standards. Flooding is a major concern as the data centre is situated directly below Renal Dialysis. As well, the chillers are water based and are located within the data centre.

Physical capacity has almost been reached. Cooling capacity is reliant on Thunder Bay Regional Health Sciences Centre's (TBRHSC) Heating, Ventilating, and Air Conditioning (HVAC) system to send chilled water to the fan coils which can result in overheating. Heat exhaust from the room is also inadequately supplied by the hospital HVAC system resulting in heat remaining trapped within the centre.

TBRHSC is highly dependent on the operations of the data centre for clinical and administrative functions. Most clinical systems such as the Cardiac Catheterization system, bedside monitors, and Diagnostic Imaging are reliant on servers in the data centre. A new data centre is needed as the data centre continues to grow.

Cesmic Inc., a leading provider of Information Technology infrastructure services to medium and large businesses in Canada since 2001, was engaged in early 2014 to review the options for a tier 8 data centre and identify the advantages and disadvantages or limitations of each option.

They were also to validate the costs of the options, including the purchase of equipment so operations are not impacted by moving from one facility to another and make recommendations on the preferred option.

The recommendation was to build a new data centre within the new TBRHSC Medical Services Facility.

Meetings regarding funding opportunities have taken place with TBaytel, North West Local Health Integration Network, Northern Ontario Heritage Fund and FedNor.

Next steps include continuing to pursue funding opportunities and budget for the 2016/17 fiscal year to implement recommendation. Full redundancy in the form of a secondary backup will be hosted offsite for hospital information such as Meditech. This will eliminate downtime in the organization.

2.3 NRC Canada Satisfaction Survey Length and Time Frames Presentation

Ms. Bonnie Nicholas, Patient and Family Centred Care Lead, Patient Advocate gave the National Research Corporation (NRC) Canada Satisfaction Survey Length and Time Frames Presentation.

NRC Canada Satisfaction Surveys are standardized surveys that are used to compare TBRHSC with other academic health sciences centres in Ontario. NRC Canada is used by the Ontario Hospital Association (OHA) to determine the top 25 hospitals for yearly publication. The surveys are composed of questions related to the Eight Dimensions of Patient Centred Care which include patients' preferences, emotional support, physical comfort, information and education, continuity and transition, coordination of care, access to care, and family and friends.

Surveys are randomly sent out to patients post discharge from all inpatient areas and the Emergency Department. Adult Mental Health patients do not receive surveys because of very poor return rates for past completed surveys.

Discharge information is uploaded via a secure portal to NRC Canada on the 1st and 16th of each month. NRC Canada sends all survey recipients an initial survey within two weeks of discharge. A second survey that is identical to first is sent out two weeks later to promote increased survey return rates.

The number of surveys mailed out is based on agreed upon numbers between TBRHSC and NRC Canada to ensure a representative number of survey returns are received.

The survey results can be reviewed by TBRHSC leaders through a secure website at anytime and are constantly updated. Results can be compared to a variety of different benchmarks. TBRHSC's data is compared to academic health sciences centres and the top 25th percentile performers.

The Patient and Family Centred Care Department compiles the data on a monthly basis to compare the data with our in house goal metrics. TBRHSC Leaders can use the results to identify strategies to improving the patient experience.

Most of the surveys take approximately 10 minutes to complete and includes questions in both English and French. The surveys for Maternity and Pediatric patients are longer as Maternity surveys include questions related to the patient's care in both Labour and Delivery and in Obstetrics and the surveys for Pediatric patients include questions for both the parent and the child to complete.

Five additional questions specific to TBRHSC are included in the surveys related to Name, Occupation, Do (NOD), whiteboard completion, and if they were able to communicate in their preferred language.

A question was asked regarding the literacy level of the survey questions. Ms. Nicholas will confirm the literacy level and provide the information to the Committee.

*B.
Nicholas*

2.4 Emergency Preparedness Presentation

Ms. Jennifer Masiak, Lead, Emergency Preparedness and Enterprise Risk Management gave the Emergency Preparedness Presentation.

New codes posters will be distributed to all departments in May 2015. TBRHSC codes align with guidelines from the OHA.

A code unique to TBRHSC is Cardiac Arrest Response: Neonatal Resuscitation (Code NRP) which was developed to mount an effective response to a newborn infant experiencing cardiac arrest. Code Purple - Hostage Situation was recently approved.

There are also emergency alerts unique to TBRHSC. Alert 99 and Alert 99 Trauma will be implemented in June 2015 for situations where a person collapses or experiences some form of trauma, but does not experience cardiac arrest. This will allow for a response more suited to patient's needs.

The Hospital Lockdown policy has also been approved. A lockdown could be initiated in conjunction with a code purple, or during scenarios where external factors could put the hospital in danger. Quick reference sheets will be revised and distributed May 2015.

Emergency code policies are updated annually.

Drills are tentatively scheduled to occur and might change due to policies going through approval process, external resources needed, or an education roll-out.

In an effort to promote continuous improvement and identification of gaps, observation sheets for each code have been or are in the process of being developed. The observation sheets are completed by one staff member from each department that is open during the time of drills. Managers review observation sheets and note any opportunities for improvement before forwarding to Quality and Risk Management.

Code Red and Code Black e-observation forms are now available for completion online by staff. Staff often complete Code Red observation sheets for live codes as well. This allows for greater ability to track participation in drills and greater storage capabilities as these records must be kept for two years as per the Ontario Fire Code.

It is anticipated that Code White will be the next e-observation form to be added for online completion.

Compliance with online Code Red and Code Black forms has seen improvement since December 2014 and a higher number of forms are being submitted online than previously with paper.

Annual mandatory codes education is being transitioned to Medworxx in June 2015 which will allow for an interactive review of policies and tracking of completion. An emergency codes e-learning module has been developed for new staff and will replace the current in-person presentation at orientation.

These modules will be amended as code policies are reviewed. Education for clinical components of code policies will continue to be delivered by Interprofessional Education, as will education for any new policies such as Alert 99, Code Purple, and Hospital Lockdown.

Chemical, Biological, Radiological and Nuclear (CBRN) education is pending decision. Having staff available for time requirement of training is currently a barrier to education.

In order to foster efficient and effective responses to emergencies or disasters, an incident management system will be implemented. Training is scheduled for Senior Management and Directors on May 14, 2015 and for Managers on May 21, 2015 and June 1, 2015, on the Hospital Incident Command System (HICS).

HICS allows for clear lines of command, communication, and coordination of resources during an incident. In large scale incidents, HICS can improve communication with external partners and interoperability with local and provincial governments.

The system is scalable and activation of sections may take place depending on scale of the incident. There is a greater likelihood of meeting Accreditation Canada standards for preparing for disasters and emergencies using HICS.

The HICS structure can be expanded to include additional key players. Each role would have alternates assigned to ensure that all shifts are covered.

TBRHSC was invited to participate in the Thunder Bay's annual municipal emergency table-top exercise on February 26, 2015. Mr. Rod Morrison, Executive Vice President, Health Human Resources, Planning and Strategy attended at the municipal Emergency Operations Centre (EOC) as representative for TBRHSC.

The basic command structure was activated at TBRHSC and a Hospital Command Centre was established. Thunder Bay Fire and Rescue sent two representatives to TBRHSC to facilitate the scenario and provide feedback. The participants felt the exercise was beneficial and it was an opportunity to test our emergency response plans. Both the participants and Thunder Bay Fire and Rescue agreed that an Incident Command Structure would be beneficial for future response to incidents.

Accreditation Canada, Ministry of Health and Long-Term Care, and Ontario Hospitals Association suggest and support the implementation of an Incident Command System.

Information for Emergency Preparedness Week was on display for staff on May 6–7, 2015, to promote emergency preparedness initiatives at TBRHSC and to provide staff, patients, volunteers, and families with information on how to be prepared at home. The Canadian Red Cross, Thunder Bay Branch joined us and provided a 72 hour kit as a prize as well as information brochures.

2.5 **Research Ethics Report**

Ms. Cathy Covino, Senior Director, Quality and Risk Management gave the Research Ethics Report.

There were 11 new research projects reviewed in the third quarter.

There is a new process for closing expired research projects which include emails and personal phone calls to the researchers.

The Research Ethics Board has a new Chair and new members. The types of trial they review are very diverse, so many members are ad hoc reviewers depending on their expertise.

Some delays have been experienced with the Ontario Cancer Research Ethics Board, as they are not electronic and all work is paper based and tracked manually.

Multiple meetings are planned with the University Health Network to discuss their electronic Research Ethics Board system that may be adaptable for use in house at TBRHSC.

An engagement session was held with the Research Ethics Office staff and researchers to discuss each other's roles and challenges.

A one page summary will be provided with the next Research Ethics Report. An Annual Report will be forthcoming in June to the Board.

3.0 **CONSENT AGENDA**

Moved by: Susan Fraser

Seconded by: Anita Jean

"That the Quality Committee of the Board:

3.1 Approves the Quality Committee of the Board Minutes of April 21, 2015, as presented."

Motion

CARRIED

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

5.0 BUSINESS/COMMITTEE MATTERS – none.

6.0 FOR INFORMATION – None.

7.0 BOARD MEMBER COMMENTS

The Terms of Reference will be reviewed at the September meeting.

A report on the hospital's quality based processes will be brought to the Committee in September. The report's data will include the number of quality processes implemented in the organization and any bottlenecks in the process.

Another request will be sent to the Executive Vice Presidents for suggested allied health professionals for the Committee. It was noted that a staff member in the Clinical Laboratory has shown interest.

The Quality of Care Committee is discussing having a Patient Family Advisor as a member of this Committee.

8.0 DATE OF NEXT MEETING – September 15, 2015

9.0 ADJOURNMENT - The meeting adjourned at 6:00 p.m.

Senior Management Report
to the
Board of Directors
Thunder Bay Regional Health Sciences Centre
June 11, 2015

Senior Management

Medical and Academic Affairs

Medical Affairs

- May was a very busy month, with TBRHSC hosting site visits for three nephrologists, two psychiatrists and one radiologist.
- One more site visit is being planned with a radiologist for mid-July.
- Two radiologists, Dr. Freitas and Dr. Ferre, have accepted positions in our Diagnostic Imaging Department with start dates to be determined.
- Our Physician Recruitment Assistant attended the American Psychiatric Association 168th annual meeting held in Toronto at the end of May to promote TBRHSC and SJCG.

Academics & Interprofessional Education

- Orientation has been a primary focus for both Academics and Interprofessional Education for the months of April, May and June. We have provided both hospital and OR orientation to 29 new 4th year medical students and clinical orientation to 80 new RN and 19 new RPN employees.
- Included in the Board Package is an Annual Education Report that highlights data collected over the last year on number of placements, training days, affiliated relationships with academic institutes, etc. Furthermore, an overview of the breadth of education opportunities, advances in simulation and interprofessional education is emphasized.
- The Five Partner Engagement session provided an opportunity to celebrate our many activities and accomplishments established to realize our Academic Mission. We will continue this journey in the next Strategic Plan but with a goal of advancing Academics to achieve a quality patient experience. Over the last several months, we have attended site visits with UHN and St. Michael's and meetings with Health Quality Ontario and SIM-one where it became evident Academics is central to achieving a quality patient experience. For example, St. Michael's leverages Academics to solidify their quality framework within their organization. Accordingly, SIM-one funds initiatives where simulation is utilized to prevent critical incidents/no harm events.
- Interprofessional Education is partnering with PFCC to create a PFA pool for education. The goal is to incorporate PFAs as "co-teachers" to ensure PFCC is embedded in our curriculum and respectively in our practice.

Pharmacy

- The Pharmacy Department hosted a Medication Reconciliation Evaluation Focus Group. Attendees included physicians, managers, educators and front line nurses and pharmacists. Feedback will be utilized to improve processes and MedRec rates.
- Two summer students have been hired for the Pharmacy Department.
- Interviews were conducted for Pharmacy Technician vacancies and upcoming pharmacist leave of absence.
- Bill 21, the Safeguarding Health Care Integrity Act 2014, will expand the oversight authority of the Ontario College of Pharmacists (OCP) to include hospital pharmacies. Revisions to the Drug and Pharmacies Regulation Act have been drafted to allow for this, and are pending. Bill 21 has passed but has not yet been proclaimed. Proclamation of the bill and regulations is expected in December 2015/early 2016.
- The OCP has prepared a list of approximately 400 standards that we will be assessed against. TBRHSC Pharmacy has recently been notified that our OCP site assessment will be on July 15, 2015.

Patient Services and CNE

Assess and Restore Funding

- TBRHSC and SJCG have successfully negotiated 2015-16 LHIN funding support for continued Assess and Restore resources at both facilities
- TBRHSC Assess and Restore interdisciplinary team will include the following professionals; 1.0FTE Geriatric Utilization Coordinator, 0.6FTE Physical Therapist, 0.4FTE Occupational Therapist, and 3.0FTE Rehab. Assistants
- The program will continue to target hospitalized community-dwelling high risk frail seniors with restorative potential who have experienced reversible functional loss, and for whom home and/or ambulatory based rehabilitative care alone is not a safe and effective option.
- Focus will remain on preserving the ability of seniors to live independently in their community, and will involve the use of standardized processes for assessment, rehabilitation and system navigation to restore strength and mobility to enable these patients to return home after discharge.

Fracture Clinic Telemedicine Service Expansion

- Based on the success of a recent pilot project involving Regional Telemedicine for Fracture Clinic Outreach by one Orthopedic Surgeon, an HSIP has been submitted to the LHIN to expand the services to six additional service providers. The Proposal includes capital renovation costs, as well as ongoing funding to support an additional 2.0FTE Telemedicine Schedulers.

If supported, this Telemedicine service has the potential to;

- Improve access to orthopedic care via telemedicine locally, regionally and in aboriginal communities.
- Prevent transfers with escorts.
- Provide patients with choice to be seen closer to home.

- Decreases wait times for specialty care.
- Decrease TBRHSC emergency visits.
- Provide physicians and other health care providers with increased skill to manage orthopedic cases on emergent basis through Telemedicine services.

ED Patient Flow & Overcapacity

- ED continues to meet provincial targets for non-admitted high acuity patients with a length of stay (LOS) of 6.7 hours (target 7 hours) and low acuity LOS of 3.3 hours (target 4 hours) for the month of April 2015.
- In April an average of 17 admitted patients waited 30.5 hours in ED until they were transferred to an in-patient bed (target 25-27 hours). This time has decreased slightly from 33 hours in the previous year, and from 37 in March.

Regional Critical Care Response (RCCR) Program

- On March 31, (RCCR) went “live” providing Intensivist & ICU nurse consultation using videoconferencing to Sioux Lookout, Dryden, Kenora and Fort Frances hospitals.
- For the month of April, the program has averaged 5 consults per week totaling 30 interactions; 18 videoconference initial consultations, 4 videoconference and 8 telephone follow-up consultations.
- 17 patients were transferred to the ICU and 5 patients remained in their home hospital during the month of April.
- In three cases, a collaborative treatment plan was created to stabilize the patient, which avoided transfer and care was provided within the home community.
- Another RCCR program success in April included the first air transfer from Kenora within 4 hours. The patient was stabilized, accepted for transport and arrived at TBRHSC in 3.5 hours, including preparing and land transport.
- This project also aims to reduce time required by paramedics to prepare the patient resulting in decreased overall transport time.
- By September 15, all 11 regional hospitals in NWO will have access to RCCR.

Replacement Plan for CT and SPECT (Nuc Med) Systems

- Capital approval has been received and after RFP, vendors have been shortlisted and site visits are being planned. Selection is anticipated by early June 2015.
- Decommissioning of old equipment and required staff moves will commence late June and be construction ready by August 2015.
- Completion of installation of these three new systems is expected to be spring of 2016.
- Construction and installation will be staged to minimize downtime and disruption of service. There may be some reduction in activity for applications training of staff on the new equipment but the hours of operation will be adjusted to maintain CT and Nuclear Medicine service requirements.

Cardiovascular Services; Site Visit

- Representatives from the Cardiac Care Network (CCN) and the University Health Network (UHN) visited TBRHSC on May 14, 2015 to discuss the Cardiovascular Service proposal currently under review by the Ministry of Health (MOH).
- Teams, toured through Diagnostic Imaging, the Operating Room, ICU, Cath Lab and other patient care areas.
- Site visit provided a valuable opportunity to overview our proposed space reallocations, patient flow strategies, models of care and overall program vision.
- CCN will now be presenting their findings to the MOHLTC.

Patient & Family Centred Care

- New electronic communication boards have been installed on 2B and 1A in the nursing station area. The boards are being trialed as a means to provide education to staff and increase awareness and understanding of our care standards and PFCC clinical tactics. Start date for the boards is June 1, 2015.
- Coaching continues to be provided to staff on a variety of topics including: NOD (Name, Occupation, Do - at every interaction), bedside whiteboards, falls prevention, health literacy, medication & discharge teaching tools. To date, 37 in-services have been provided to 163 individual nurses and students.
- NRCC satisfaction data including NOD and Whiteboard data is shared with Managers and Directors for sharing with teams and to inform the development of improvement action plans.
- RNAO Best Practices Open House – held during Nursing Week - highlighted Patient Family Centred Care Initiatives and Successes at TBRHSC.
- 3 new Patient Family Advisors were welcomed in May 2015.

CAMHU Progress

- The CAMHU Review Steering committee has reviewed the recommendations from CSI Consultants and are currently identifying priorities and strategies to implement the recommendations.
- The CAMHU Coordinator has become vacant and an interim CAMHU Coordinator has been appointed while recruitment for a permanent replacement of the CAMHU Coordinator is completed.
- Typically the occupancy in CAMHU falls to lower than 50% over the summer months. As per past practice, CAMHU will operate at 50% i.e. staffed for 4 beds vs. 8 beds from the end of June to the beginning of September. Should activity increase over the summer, additional staff will be scheduled as appropriate.

Corporate Services and Operations

Financial Services

- The financial position of TBRHSC as at March 31, 2015, is a \$2.2 million deficit compared to a budgeted deficit of \$5.6 million and prior year deficit of \$19,000
- 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

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.
- The cogeneration project has now commenced in full force with the area now designated as a construction site. The projects goal is for start up by calendar year-end

Northwest Supply Chain

- All Northwest Supply Chain enablers for service plan were completed for fiscal 2014-15.

EVP, Patient Services and RVP, Cancer Care Ontario

Cardiovascular and Stroke Program

- Efforts continue to make Comprehensive Cardiovascular Care a reality for Northwestern Ontario. TBRHSC responded to a series of supplemental questions from the Cardiac Care Network of Ontario (CCN) regarding details contained within the proposal. We also hosted a site visit by CCN leadership to TBRHSC on May 14, 2015. Our partner site, UHN, participated in our site visit and also hosted CCN within the UHN Peter Munk Cardiac Centre.

Chronic Disease Prevention and Management Program and Medicine Service

- A four member team represented TBRHSC at the Senior Friendly Hospital ACTION (Accelerating Change Together in Ontario) Program, a 3 day training session held April 29-May 1, 2015. The curriculum included an introduction to the Senior Friendly Hospital Framework, quality improvement methodology, change management, and leadership training. The team will be developing and implementing best practice strategies to improve the quality of delirium care at TBRHSC in support of our Seniors Health strategic direction.
- On May 28th and 29th, 2015, Janice McCallum, Director, Renal Services & Regional Director, ORN and Dr. Andrew House, Chair/Chief, Division of Nephrology, from London Health Sciences Centre completed a site visit review of the Northwest Regional Renal Program. TBRHSC and Renal team members provided feedback and

engaged in discussions regarding the Program's activity, clinical quality, financial performance, and satellite sites. A final report is expected in August 2015.

- In May 2015, the Northwest Renal Program welcomed and hosted three Nephrologists for site visits.

Adult and Forensic Mental Health Program

- All Mental Health staff have started ASSIST training. This training centres on the assessment of suicide risk and intervention. Training all staff in one model was an Accreditation recommendation.
- The inpatient program continues to run at full capacity with 1 long-term ORB patient awaiting transfer from the province. The Brief Assessment Unit has seen a steady influx of assessments that have been managed on an outpatient basis which has assisted in avoiding inpatient admission.
- Some process issues have arisen with the Kenora Courts that have required legal intervention. Collaborative discussions initiated by the Forensic Program of TBRHSC have arisen to ensure the Courts follow the process and the development of a checklist will support the process.
- Dr. Fogolin has begun providing psychiatry resources ½ day per week for the ACT team.
- To improve response time and increase efficiency, the Community Assistance Stabilization Team (CAST) will be housed out of TBRHSC's Adult Mental Health Unit. Plans are in place to renovate an existing room to accommodate this move.
- Point of care charting for ACT will be initiated in June 2015. This will see staff charting while out in the community and should assist with workflow.

Regional Cancer Program

- The Regional Cancer Program hosted a site visit from Dr. Padraig Warde, Provincial Head of the Radiation Treatment Program, Cancer Care Ontario. Dr. Warde was very interested in seeing the care plan work that has been developed in our program, as it gaining attention across North America.
- Our program is currently working with Medical Affairs to secure a 6 month locum to support the Medical Oncology team while a member is off on an extended leave.
- Work continues in the development of Oral Chemotherapy Care Plans. This pathway includes patient education with a pharmacist, education for community pharmacists around oral chemotherapy safety, and strict guidelines for prescribing and refilling oral chemotherapy prescriptions. This work is in fulfillment of safety guidelines set forth by Cancer Care Ontario.

Prevention and Screening Services

- The Regional Engagement Outreach Working Group was recently established to help streamline outreach efforts and coordination throughout our region. The working group consists of partners from across the region, who work in smoking cessation, Wequedeong Lodge, cancer screening, the Screen for Life Coach, etc. The ultimate goal of this group is to increase cancer screening volumes in Northwestern Ontario.

- May's preventative health focus was on spending time outdoors. This was supported in partnership with the Wellness Committee to promote the David Suzuki 30x30 Challenge, two Healthy Get-Together sessions with outdoors enthusiast Gord Ellis, and tomato plant sales for staff in partnership with Roots to Harvest.

Communications & Engagement, Aboriginal Affairs and Government Relations

Media Activity (May 15 – June 3, 2015)

- Media calls/requests: 6
 - Opioid use/abuse in our region/toll on healthcare system
 - Discharge of patient from Winnipeg hospital (x3)
 - Cancer System Quality Index Interview (x2)
- Media Releases: 4
 - Exceptional Cancer Care Campaign Results
 - Appreciating Our Volunteers and Patient Family Advisors
 - Dedicated Stroke Care Unit Launched
 - Cancer System Quality Index update
- Media Events: 2
 - Appreciating our Volunteers and Patient Family Advisors
 - Nursing Week Open House
- Publications: *Chronicle Journal* Features - 25; *Healthscape*

Aboriginal Affairs

- Presentation (*Walk A Mile*) to Senior Management Council
- Presentation to Five Partners
- National Aboriginal Day Planning, including funding approval from Heritage Canada
- Cultural Sensitivity Training request from Security
- Presentation to Managers – ACE (Aboriginal Career Experience) Program
- Translated Consent Forms Legal Review

Strategic Plan 2020

- Successful 5 Partner Accountability session on May 21st with 92 participants
- Preparing full and condensed print as well as electronic versions of the TBRHSC Strategic Plan 2020
- Finalizing requirements for video and photo shoots
- Planning for roll-out

Communications & Engagement Initiatives

- Content Development for Annual Reports – TBRHSC and TBRRI
- Standardizing e-signatures

- Planning and filming video features with Thunder Bay Live
- TBRRI communications planning
- TBRRI tours planning
- TBRRI Website updates
- TORONTO 2015 Pan Am Games Torch Relay visit to TBRHSC – May 31st

Project Support

- Research Ethics Board Annual Report
- Code 99 launch collateral
- Patient Education brochures and flyers
- TBRRI's HIFU Workshop (Introducing Minimally Invasive High Intensity Focused Ultrasound Procedures to Northwestern Ontario) – May 19 – 22nd
- Governor General's Canadian Leadership Conference Visits with TBRHSC and TBRRI – May 26th

Government Relations

- Toured 16 participants of the Governor General's Canadian Leadership Conference (GGCLC) through our research and cyclotron facilities on May 21st. GGCLC is geared to high potential individuals expected to achieve senior leadership positions in their organizations and communities. During their visit to TBRHSC and TBRRI, participants heard how investment in health research makes a community healthier, wealthier and smarter.

Research

Cyclotron Project Receives Award

- on May 5th, TBRRI received an RBC Innovation Award for the Innovative Project of the Year
- Dr. Campbell accepted the award on behalf of TBRRI/TBRHSC.

New Developments for Future Treatments

- Dr. Ingeborg Zehbe and her lab are working on a revolutionary new treatment for cervical cancer which could reverse and potentially prevent the disease;
- the treatment, which stops an identified protein from interacting or interferes with the protein's ability to reproduce, could also be used for HPV-related head and neck cancers as well as some non-cancerous conditions;
- Chris Phenix and his lab has identified an important lead compound that may be useful in the investigation of Parkinson's disease among other things;
- they have also developed a series of novel molecular imaging probes that are "activatable" substrates for a potential biomarker for aggressive cancer and chemotherapy resistance.

Inaugural C3 Meeting

- A new Community Commercialization Committee has been struck to secure advice from local funding partners including FedNor, NOHFC, CEDC, NWOIC, and IRAP

about advancing technologies developed by researchers that have commercial potential. Two technologies were discussed at this inaugural meeting. The first was Dr. Reznik's new PET based Mammography device which will have a clinical prototype ready in 2016. The second technology was a new and improved ultrasound transducer which holds great appeal for both medical and industrial applications (e.g. sonar).

Clinical Research Studies

- currently there are a total of 193 open clinical research studies being undertaken at TBRHSC with 71 studies in the planning phase;
- at present, there are 358 patients enrolled in long term follow-up oncology clinical trials being conducted at TBRHSC;
- staff are reviewing the Clinical Research Program to identify and implement a number of process improvements (e.g. HR recruitment, patient recruitment strategy, physician alignment, quality assurance program, etc.).

Health Human Resources, Planning, and Strategy

Human Resources, Organizational Development, and Library Services

- The annual Retirement Dinner was held on May 7th with 44 retirees in attendance.
- The annual Walk the Talk Campaign was launched April 2015.
- The Employee Engagement Survey reached a 59.6 % response rate for staff and over 30% response rate for Professional Staff. The staff response rate is our highest to date, and substantially higher than any of the previous four survey years.
- HR presented on Emotional Intelligence at the Community Oncology Professional Education (COPE) Conference on May 8.
- HR participated in a tour of the facilities for the Wequedong Lodge in order to gain understanding of the initiatives in place to make their facility a welcoming environment for First Nations clients.

Labour Relations

Negotiations and Grievance Activity - As at May 31st, 2015

COLLECTIVE AGREEMENT			LABOUR RELATIONS STATISTICS					
	TERM	DETAILS	GRIEVANCES			ARBITRA- TION		# Emp .
			Since Jan/15	Active	Resolved	Active	Award	
ONA (central/ local)	Apr. 1, 2014 -Mar. 31, 2016	Current	15	25	3	4		1050
COPE (local)	Apr. 1, 2011 - Mar. 31, 2013	Arbitration rescheduled for Oct 2015	3	2	1	1	1	326

OPSEU (central/local)	Apr. 1, 2014 - Mar. 31, 2016	Current	4	15	5			403
OPSEU - Mtc. (local)	Sept. 29, 2013 - Sept. 28, 2017	Current	2	3	0			21
SEIU (central/local)	Oct. 12, 2013 - Dec. 31, 2017	Central is current. Local Negotiations are at Arbitration.	4	9	3	1		598
PIPSC Med. Physicists (central)	Jul. 1, 2013 - Jun. 30, 2016	Current	0	0	0			2
PIPSC- Assoc. Rad. Therapists (local)	Oct. 2, 2012 - Sept. 30, 2016	Current	0	4	2		1	23
TOTALS			24	73	10	3	1	2423

Strategy and Performance Management

- The 2015 final 5 Partners Accountability on May 21 was well attended and the evaluations indicated that the presentations were informative and provided broader context, especially the topics related to patient flow and financial position. However, more presentations and engagement are desired.
- The 2020 strategic plan final draft is ready to present to the Board June 11. The consultation process with the leadership team has been productive. It resulted in a focused and relevant plan that honours the priorities identified through our extensive engagement process.
- The next step involves the action plan development and further refinement of measures and account abilities. An EVP will lead a cross-functional work group for one of the five strategic directions for this purpose. This work will begin immediately in June and complete in September.
- The Accreditation improvement plans are progressing and on track for completion in September.

Decision Support

- The 2014-15 final balanced scorecard results are nearly complete and have been presented to SMC and TBRHSC leadership. The 2015-16 balanced scorecard is under

development. Overall, some 2014-15 indicators will be carried over to 2015-16, some new indicators will be added and others removed. Although there is much work to do, it is expected the balanced scorecard will include a focused Board view that clearly demonstrates how TBRHSC is progressing toward its 2020 goals. As in the past, there will be detailed views for Senior Management and program/service leadership. New for 2015-16 will be additional views (enabled by the business intelligence system) that will enable easier performance monitoring down the departmental level, and better engagement with front line staff.

- In April and May, Decision Support worked extensively on completion of 2014-15 year-end financial and reporting requirements. Efforts are now focused on reviewing early 2015-16 financial results versus approved budgets.
- Decision Support is working closely with Health Records on development of an interactive tool that will enable root cause analysis required to improve TBRHSC's length of stay. Once complete, the tool will enable visualization and interactive examination of length of stay and various aspects of care (HIG/CMG, patient service, physician service, physician, etc).

Health Records

- Year end Clinical Data was submitted to the Ministry of Health. The Medworxx Privacy Module for all TBRHSC staff to complete has been updated to include an agreement of their privacy obligations.
- Summer students have been hired to relocate paper patient records.

Occupational Health and Safety

Lost Shifts due to WSIB

2014/2015	Mar	Apr	May	June	July	Aug	Sep	Oct.	Nov.	Dec	Jan	Feb	Mar	Apr
Total Number of Incidents	54	75	62	61	56	63	90	74	57	76	74	61	97	83
WSIB Health Care Claims	7	13	7	11	7	10	21	14	15	16	10	7	17	11
WSIB Lost Time Claims	0	0	0	0	0	0	0	2	0	0	1	0	1	0
WSIB Lost Time Recurrences	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Lost Time Days	3	0	0	0	0	0	0	7	16	0	3	10*	1	0
Near misses/hazardous situations	13	24	22	23	16	13	19	18	12	17	14	6	6	9
WSIB denied claims	3	5	5	3	6	3	4	1	0	0	0	3	0	2

* part days

- 55 annual accommodation reviews have been completed for temporary and permanent staff accommodations.
- Tetanus, Diptheria, and Pertussis immunization clinics are scheduled in June. 810 notices have been sent out to staff.

- Guidelines for designating safe areas for food and beverage consumption will be shared with the leadership group and posted to the Manager Toolbox.
- A new WHMIS database is being developed for staff, including updated training.
- Meetings are being arranged with managers to complete work place violence assessments.
- OH&S Week was held from May 19 to 22 and featured a display booth, daily safety tips and a safety quiz which was completed by over 200 staff.

Volunteer Services

- Work continues on the ACE (Aboriginal Career Exposure) Program for Dennis Franklin Cromarty students. The experience will give students an opportunity to learn about the HSC, career options, and become interested in volunteering.
- Plants are popping up in the Courtyard gardens, thanks to 15 volunteers under the direction of Master Gardener, Carole McCollum.
- Patients, families, visitors enjoy the regular piano playing on level two. We have several talented musicians who play on a regular basis.
- 77% of Volunteers have completed their 2015 Annual Refresher, which covers Code of Conduct, Confidentiality, Safety and Volunteer expectations and performance.
- Message from Elizabeth Straiton: Thank you to the TBRHSC Board of Directors for your great support to the Volunteer Services Program. I will be retiring on June 26, 2015. It has been a pleasure working for the past 26 years in capacity of Manger of Volunteer Services. Sincerely, Elizabeth Straiton.

Quality and Risk Management

Emergency Preparedness

- Emergency Preparedness Week display promoting Emergency Planning initiatives at TBRHSC and personal preparedness was hosted by Emergency Planning Committee members May 6 and 7. Canadian Red Cross Disaster Management volunteers also took part promoting personal preparedness for 72 hours, and donated a 72 hour emergency kit for a draw prize.
- Hospital Incident Command System training for Senior Management, Directors, Managers, and Coordinators is in progress. This training with implementation of the Hospital Incident Command System should help reduce confusion, and enable an efficient, effective, coordinated response to emergency incidents. Additional training dates have been scheduled during the month of June.
- Updated quick reference cards for all colour codes and alerts have been created and distributed to Managers. These cards are accompanied by an updated emergency codes and alerts poster providing brief details for all staff on each code, its activation, and staff responsibilities.
- A Code Orange- Disaster Plan table-top exercise was held May 1 in preparation for a small-scale functional drill June 5 testing the registration and tracking process for Code Orange patients moving to casualty care areas.
- Education roll-out to all staff for a new alert, Alert 99 and Alert 99 Trauma is scheduled for the end of June. This alert aims to provide rapid assistance to anyone

who collapses and/or sustains an injury in a public area but remains alert and oriented.

Ebola Update

Information as of June 3, 2015

Region	West Africa	Europe	USA	Canada	Ontario
Cases	27, 174	3	4	0	0
Deaths	11,161	0	1	0	0

- Currently 0 persons under investigation
- 18 persons have been investigated and 18 have been negative
- On May 9, 2015, the World Health Organization announced that Liberia is Ebola virus disease (EVD)-free after 42 days without any new cases
- ICU Nurses (14/20), RT's (10/21), Housekeeping (23/24), and Lab (12/36), Labour and Delivery (22/28), NICU (23/33), 2 Paediatricians trained. Retraining schedule has been implemented
- TBRHSC has had one suspected case, testing was negative



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Foundation**

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TOLL FREE: 1 877 696 7223



**Northern
Cancer Fund**



**Northern
Cardiac Fund**



**Health Sciences
Discovery Fund**

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

What will you do with your new home?

On July 1, one lucky person will be named the winner of the luxury home in Sherwood Estates, thanks to the 29th Annual Canada Day House Lottery. Fort William Rotary is proudly selling only 10,000 tickets for this fantastic prize and we're all eligible! Stop by the Foundation office today to purchase your ticket for only \$100. \$50,000 is available in early bird cash draws every Thursday.

Who are you riding for?

Over 180 people are already registered for the 2015 Bell Motorcycle Ride for Dad in support of the Prostate Cancer fund of the Northern Cancer Fund. Riders will all start their engines together on June 20/15 in a 'Roar for a Cure' and then head out on a day-long poker run in and around the city. Opening and closing ceremonies will take place at the Victoria Inn.

Interested in participating (register online today at www.healthsciencesfoundation.ca) or volunteering for this fantastic event? Please contact Maureen Mills at 684-7278.

Ladies, register online today!

Queens, unite! June 16/15 marks the 9th Annual Remax Queen of Hearts Ladies Golf Classic where over 140 women gather to golf, be pampered and raise funds for the Northern Cardiac Fund. This event is for golfers and those looking to spend a day with friends alike. Register online today at www.healthsciencesfoundation.ca – spots are going quickly for this fantastic tournament. For questions or interested in volunteering please contact Devon Sokoloski at 684-7113.

In support of your Foundation

Throughout our region, events are held by individuals and groups to make the best care possible here and in satellite facilities. From golf tournaments to concerts and head shavings, these inspirational people share their stories and raise funds to better care for all of us. When you see their posters or hear about events, please make an effort to get involved. Events like the Chronicle Journal Charity Golf Classic and Spring Cancer Tea are just 2 examples of the great work in support of your Foundation.

Planning your summer? Make your legacy.

You're finally grilling outside, planning vacations and soaking up some warm sunshine. With all this fun around the corner, it's time to plan in earnest for your future – near or far. Before you map out your herb 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 new infant warmers for the tiniest residents, just starting their lives through to new vital signs monitors machines for patients receiving care here at the Health Sciences Centre and regional sites, including Marathon.

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

Chief of Staff Report

to the
Board of Directors
Thunder Bay Regional Health Sciences Centre

June 2015

Chief of Staff

New Chief of General and Family Practice

- We are pleased to announce the appointment of Dr. Margaret Woods as Chief of General and Family Practice, effective May 12, 2015

Proposal for Credentialing

- A proposal to discontinue joint privileges at TBRHSC and SJCG while maintaining the current Joint Credentialing Committee was endorsed by both respective Medical Advisory Committees (MACs)
- The proposal recommends that Professional Staff be offered the option of applying at one or both facilities using the same application
- The proposal has been reviewed by legal counsel and will be presented to SMC for consideration

Rules and Regulations

- The lengthy process of reviewing and revising our Professional Staff Rules and Regulations has begun

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

healthy
together

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CNE – Open Report

To the
Board of Directors
Thunder Bay Regional Health Sciences Centre

June 2015

Chief Nursing Executive

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RNAO Board of Directors: Elected Member at Large – Nursing Administration

- Thanks to the support of my colleagues, I am pleased to report that I have been elected to serve as Member at Large, Nursing Administration on the RNAO Board of Directors
- This appointment will provide an excellent opportunity to promote healthy public policy and the full participation of nurses in the shaping of health care services
- With Leadership as the mandate of RNAO – to work with nurses, the public and health care providers and government to advance individual and collective health, this serves the vision of TBRHSC “healthy together”

Best Practice Spotlight Organization (BPSO) Designate:

- As a BPSO, TBRHSC is required to submit an application to the Advanced Clinical Practice Fellowship (ACPF) program once per year.
- ACPF is a nurse mentoring experience aimed at developing and promoting nursing a chosen focus area.
- TBRHSC supported C. Johnson, CNS Trauma: Critical Care and Neurosurgery to submit an ACPF application. The proposal has been supported by RNAO.
- In the fall, Chad will have 13 weeks of protected time to work on his ACPF entitled “Advancing the Clinical Nurse Specialist Role at Thunder Bay Regional Health Sciences Centre”

Falls Prevention Program Update

- In recent months, the TBRHSC falls policy has been updated to reflect current best practices. Changes include modifications to the risk assessment tool and documentation.
- During the month of June, 2B will trial a number of strategies to increase staff awareness about the changes to the policy and the impact of falls prevention.
- Safety huddles will be held by all 3 shifts daily. Huddles will be led by “Fall Champions” which includes nursing staff and members of the interprofessional team and will focus on a variety of different topics related to fall prevention screening, implementation of preventative interventions, and documentation.
- An evaluation of the trial will be completed and effective strategies rolled out to all units.

Nurse Practitioner (NP) Practice

- Changes have been made to the Schedule of Benefits for Physician Services in regard to referrals for consultation. Effective May 1, 2015 the definition of a consultation has been amended to include a referral from a physician or a nurse practitioner. In order to ensure continuity of care, the consulting physician is then required to provide a report back to the referring nurse practitioner and the primary care physician, if applicable.
- Information related to the changes will be shared with professional staff across TBRHSC.

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Northern Ontario
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École de médecine
du Nord de l'Ontario
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ᑎᑦᑭᑦᑎᑦᑎ ᑎᑦᑭᑦᑎᑦᑎ

Northern Ontario School of Medicine Activity Report

Dr. Roger Strasser, Dean-CEO

May-June 2015

NOSM Holds Face-to-Face Board Meeting in Kenora Members Tour Health Centres, Participate in Interactive Learning Sessions, and Interact with Community Members

The Northern Ontario School of Medicine (NOSM) held its annual Board of Directors face-to-face meeting in Kenora, Ontario on May 7 and May 8, 2015.

On the first morning together, NOSM Board members enjoyed tours of Kenora's Waasegiizhig Nanaandawe'yewigamig Health Access Centre (WNHAC), led by physician and NOSM faculty member Dr. Laurel Snyder and Anita Cameron, Executive Director, and the Sunset Country Family Health Team (SCFHT), led by Randy Belair, Executive Director and Heidi Stepanik, Site Administrative Coordinator. Board members heard how the WNHAC works to foster healthy Anishinaabeg and communities through traditional and contemporary health care encompassing mind, body, and spirit, and the SCFHT works to provide excellent accessible and timely care to residents of Kenora and surrounding areas.

In the afternoon, Board members participated in an interactive "World Café" session that encouraged creative brainstorming, and invited input from members into how NOSM can best achieve its Strategic Plan 2015-2020. NOSM's new Strategic Plan will be publicly launched in the fall. Members were also provided an update on NOSM's Residency Programs.

In the evening, NOSM Board members enjoyed a dinner with local community members, including several representatives from the health and municipal organizations of Kenora. Sue Berry, Executive Director of Integrated Clinical Learning, was thanked for her outstanding leadership and significant contributions to NOSM. Berry will retire from NOSM in June 2015.

On the second day of the two-day meeting, Board members participated in an interprofessional education session titled "The Healthier North that NOSM Built." In this session, Board members were asked to identify—through a creative interactive activity—how the application of NOSM's seven academic principles of interprofessionalism, integration, community orientation, inclusivity, generalism, continuity, and dedication to inquiry are contributing to better health outcomes for people living in Northern Ontario.

Next, Board members heard about how NOSM plans to mark the School's 10th anniversary. Ten years after officially opening its doors in 2005, NOSM is celebrating by saying, "Thank you, Merci, and Miigwetch" to the communities, partners, donors, faculty, staff, and learners who continue to work together toward the vision of Innovative education and research for a healthier North.

In the final presentation, the Board heard about activities that have recently occurred and that are underway to facilitate Aboriginal community participation in NOSM's model. During this presentation, the Board was presented with the newly released Walking the Vision report (now available at nosm.ca/reports), which includes the important input and feedback that occurred during the Walking the Vision Aboriginal Community Partnership Workshop last summer when leaders at NOSM travelled to Chapleau Cree First Nation to seek the guidance of more than 100 Aboriginal Peoples from 28 First Nations communities across Northern Ontario.

The Directors received a Financial Report for the 10-month period ending February 28, 2015. In addition, the Board approved the proposed balanced budget of \$43.45 million for the fiscal year May 1, 2015 to April 30, 2016, as presented.

The Directors also received NOSM's newly released 2014 Community Report (now available at nosm.ca/reports), which includes inspiring stories about the people and communities who make NOSM's innovative model of community-engaged, socially accountable education possible.

The next meeting of the Board of Directors is scheduled to occur on September 23, 2015.
For a complete list of Board members, please visit our website at www.nosm.ca.

Strategic Goals

On March 18, the Board approved the NOSM Strategic Plan 2015-2020 which confirms the School's vision, mission and values, as well as setting five strategic goals to be achieved over the next five years. These high-level goals set the direction for NOSM and constitute a challenge for us all. Work is well underway in developing specific objectives and indicators for each goal so that when the Strategic Plan 2015-2020 comes into effect on July 1; we will be ready to work together for successful implementation.

NOSM to Host an MD Program Information Session

The Northern Ontario School of Medicine (NOSM) will be hosting an information session for individuals interested in applying to the MD Program. Learn about the admission requirements and application process at the following information sessions:

Date: Monday, July 20, 2015
Time: 7:00 p.m. EST

Location: Northern Ontario School of Medicine
Lakehead University
Medical School Building, Room 1011
955 Oliver Road
Thunder Bay, Ontario

Date: Wednesday, July 22, 2015
Time: 7:00 p.m. EST

Location: Northern Ontario School of Medicine
Laurentian University
Medical School Building, Room 107
935 Ramsey Lake Road
Sudbury, Ontario

To view an archived video of the Admissions Information session at your convenience, please visit nosm.ca and click on the "Live and Archived Webcasts" button under "Stay Connected."

Please RSVP to Admissions and Learner Recruitment admissions@nosm.ca Tele: 1-800-461-8777

NODIP Accreditation Success!

It would be fair to describe the Northern Ontario Dietetic Internship Program (NODIP) as the "Quiet Achiever" of NOSM. NODIP was launched officially in May 2007 and accepted its first interns the following October. Distributed Community Engaged Learning (DCEL) is a guiding principle for NODIP with training in a variety of settings ranging from Regional Hospitals to Community Health Centres and Family Health Teams, as well as in rural and remote, Aboriginal and Francophone communities. NODIP aims to maximize the recruitment of students who are from Northern Ontario and/or who have an aptitude for living and practising nutrition and dietetics in Northern urban, rural and remote communities. 85% of NODIP graduates are practising in rural and Northern Ontario.

Two weeks ago (May 3-4), NODIP underwent an Accreditation Site Visit from the Dietitians of Canada. At the closing debrief session; the four-person accreditation team was effusive in their praise of the program and of NODIP Manager, Denise Raftis' leadership. They reported that preceptors felt engaged, listened to, supported, committed and grateful to be involved in this program. One preceptor, who had herself graduated from NODIP several years ago, said that she can see how preceptor and student comments are incorporated and used to improve the program. The team heard and experienced the pride that preceptors have in their affiliation with NODIP and with NOSM generally. Please join me in congratulating Denise Raftis, Teena McLaren (NODIP Administrative Assistant), Lee Rysdale (Practice Education Research and Evaluation Lead) and the whole NODIP team of coordinators and preceptors on their outstanding achievements.

Northern Health Research Conference

One of the most important activities of any medical school is research. Research is the source of new knowledge to improve health care and health outcomes. Consistent with our social accountability mandate, NOSM has a focus on research which contributes to improving the health of the people and communities of Northern Ontario. Next month on June 4-6, the annual NOSM Northern Health Research Conference (NHRC) will take place in Timmins in collaboration with Northern College. As in previous years, the research presented will range from the molecular to the whole society. There will be a mix of oral and poster presentations on studies undertaken by students, residents, faculty members and other researchers.

This tenth NHRC will build on previous successes by continuing to explore research initiatives within Northern Ontario arising from community-based activities. The Conference also provides opportunities for collaboration and community networking. There will be three keynote addresses: Roger Walker, Past President and CEO, Timmins and District Hospital speaking on "Generating Research in the Small, Rural and Northern Hospital"; Janet Smylie, University of Toronto on "Optimizing Health Care for Indigenous Peoples in Canada: Emerging evidence"; and Stefan Grzybowski and Jude Kornelson, UBC on "Re-Building Health Services: Dangerous Ideas from the Hinterland". In addition, former Associate Dean Research, Greg Ross and I will be after dinner speakers on the Friday evening sharing stories from 10 years of Northern Health Research Conferences. Charter flights are available from Thunder Bay, Sault Ste Marie and Sudbury, plus a bus from Sudbury. For more information www.nosm.ca/nhrc. See you there!

NOSM's Says "Thank You, Merci, and Miigwetch" to You in the 2014 Community Report



The year 2014 was full of exciting developments in health education and research in the North. None of those developments would have been possible without the hard work and dedication of many who are working to advance the dream of a healthier Northern Ontario. Learn more about the staff, faculty, learners, community members, partners, and donors who have made NOSM what it is today in the 2014 Community Report. As NOSM celebrates its 10th anniversary this year, we're saying "Thank you, Merci, Miigwetch" to you; for all that you've done to support

NOSM's success. NOSM is your medical school, and we couldn't do it without you.

Community Report online:

http://nosm.ca/uploadedFiles/About_Us/Media_Room/Publications_and_Reports/COMMUNITY%20REPORT%202014%20%E2%80%94%20Web.pdf

Northern Passages Spring 2015 Now Available

The Spring 2015 edition of the Northern Ontario School of Medicine's (NOSM) newsletter Northern Passages is now available <http://nosm.ca/northernpassages>.

For more news and information visit www.nosm.ca

Respectfully submitted,

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



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ATTESTATION CERTIFICATE

Prepared in accordance with Section 15 of the Broader Public Sector Accountability Act, 2010 (BPSAA)

TO: The Board of Directors
of Thunder Bay Regional Health Sciences Centre

FROM: William McCready, MB FRCPC MRCP (UK)
Interim President and Chief Executive Officer
Thunder Bay Regional Health Sciences Centre
Interim Chief Executive Officer
Thunder Bay Regional Research Institute

Date: May 19, 2015

RE: April 1, 2014 to March 31, 2015

On behalf of the Thunder Bay Regional Health Sciences Centre I attest to:

- The completion and accuracy of reports required of the Hospital pursuant to section 6 of the BPSAA on the use of consultants;
- The Hospital's compliance with the prohibition in section 4 of the BPSAA on engaging lobbyist services using public funds;
- The Hospital's compliance with any applicable expense claims directives issued under section 10 of the BPSAA by the Management Board of Cabinet;
- The Hospital's compliance with any applicable perquisite directives issued under section 11.1 of the BPSAA by the Management Board of Cabinet; and
- The Hospital's compliance with any applicable procurement directives issued under section 12 of the BPSAA by the Management Board of Cabinet,

during the applicable period.

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

I further certify that any material exceptions to this attestation are documented in the attached Schedule A.

Dated at Thunder Bay, Ontario this May 19, 2015.

William McCready, MB FRCPC MRCP(UK)
Interim President and Chief Executive Officer
Thunder Bay Regional Health Sciences Centre
Interim Chief Executive Officer
Thunder Bay Regional Research Institute

I certify that this attestation has been approved by the Board of the Thunder Bay Regional Health Sciences Centre on June 11, 2015.

Susan Fraser
Chair, Board of Directors
Thunder Bay Regional Health Sciences Centre



Schedule A to Attestation

MATERIAL EXCEPTIONS TO DECLARE

1. Exceptions to the completion and accuracy of reports required in section 6 of the BPSAA on the use of consultants;

No Known Exceptions.

2. Exceptions to the Hospital's compliance with the prohibition in section 4 of the BPSAA on engaging lobbyist services using public funds;

No Known Exceptions.

3. Exceptions to the Hospital's compliance with the expense claims directive issued under section 10 of the BPSAA by the Management Board of Cabinet, and

No Known Exceptions.

4. Exceptions to the Hospital's compliance with perquisites directive issued under section 11.1 of the BPSAA by the Management Board of Cabinet,

No Known Exceptions.

5. Exceptions to the Hospital's compliance with the procurement directive issued under section 12 of the BPSAA by the Management Board of Cabinet,

No Known Exceptions.

William McCready, MB FRCPC MRCP(UK)
Interim President and Chief Executive Officer
Thunder Bay Regional Health Sciences Centre
Interim Chief Executive Officer
Thunder Bay Regional Research Institute

May 19, 2015

Schedule D — Form of Compliance Declaration

DECLARATION OF COMPLIANCE

Issued pursuant to the Hospital Service Accountability Agreement

To: The Board of Directors of the North West Local Health Integration Network (the "LHIN"). Attn: Board Chair.

From: The Chair of the Board of Directors (the "Board") of Thunder Bay Regional Health Sciences Centre (the "HSP")

Date: June 11, 2015

Re: April 1, 2014 — March 31, 2015 (the "Applicable Period")

The Board has authorized me, by resolution dated June 11, 2015, to declare and attest to you as follows:

After making inquiries of the HSP's Interim Chief Executive Officer and other appropriate officers of the HSP and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, to the best of the Board's knowledge and belief, the HSP has fulfilled its obligations under the Hospital Service Accountability Agreement (the "Agreement") in effect during the Applicable Period.

Without limiting the generality of the foregoing, the Board confirms that:

- (i) the HSP has complied with the provisions of the Local Health System Integration Act, 2006 and the Broader Public Sector Accountability Act (the "BPSAA") that apply to the HSP;
- (ii) the HSP has complied with its obligations in respect of CritiCall that are set out in the Agreement;
- (iii) every Report submitted by the HSP is complete, accurate in all respects and in full compliance with the terms of the Agreement; and
- (iv) the representations, warranties and covenants made by the Board on behalf of the HSP in the Agreement remain in full force and effect.

Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the Agreement.

This Declaration of Compliance, together with its Appendix, will be posted on the HSP's website on the same day that it is issued to the LHIN.

Susan Fraser
Chair, Board of Directors

SCHEDULE G — FORM OF COMPLIANCE DECLARATION

DECLARATION OF COMPLIANCE

Issued pursuant to the M-SAA effective April 1, 2014

To: The Board of Directors of the North West Local Health Integration Network (the "LHIN"). Attn: Board Chair.

From: The Chair of the Board of Directors (the "Board") of Thunder Bay Regional Health Sciences Centre (the "HSP")

Date: June 11, 2015

Re: April 1, 2014 — March 31, 2015 (the "Applicable Period")

Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the M-SAA between the LHIN and the HSP effective April 1, 2014.

The Board has authorized me, by resolution dated June 11, 2015, to declare to you as follows:

After making inquiries of the Interim President and Chief Executive Officer and other appropriate officers of the HSP and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, to the best of the Board's knowledge and belief, the HSP has fulfilled, its obligations under the service accountability agreement (the "M-SAA") in effect during the Applicable Period.

Without limiting the generality of the foregoing, the HSP has complied with:

- i. Article 4.8 of the M-SAA concerning applicable procurement practices;
- ii. The *Local Health System Integration Act, 2006*; and
- iii. The *Public Sector Compensation Restraint to Protect Services Act, 2010*;
- iv. The following specific performance requirements as outlined in Schedule E4 of the 2014-2017 M-SAA:
 - a. "Home First" Philosophy
 - b. Diversity Planning requirement
 - c. Behavioural Supports Ontario Action Plan
 - d. Emergency Preparedness Plans
 - e. E-Health requirement
 - f. Information Technology requirement
 - g. Health Services Blueprint — Community Engagement

Susan Fraser
Chair, Board of Directors

Strategic Planning Monitoring Meeting

June 3, 2015

Results

Success Factors	Number of Votes
Patients are Satisfied <ul style="list-style-type: none"> • Seniors • Aboriginals 	√√√√√√√
Balanced Budget/Long Term Financial Viability	√√√√√√
No Harm Events	√√√√√√
Care Closer to Home <ul style="list-style-type: none"> • Community Based Treatment • Virtual Care • Partnership 	√√√√
Efficient Operations (LOS) <ul style="list-style-type: none"> • Less gridlock days • Decrease in ALCs 	√√√
Outstanding Results on Next Accreditation Review	√√√
Improve Regional Health Statistics	√√
We (Staff, Board, Foundation, Community) can see progress in our performance	√√
Becoming a Learning Organization	√√
Regional Client Access	√
Staff Satisfaction	√
The Delivery of New Programs/Initiatives as per Strategic Plan	√
Excellent Transitions to Home	
Ongoing Measurable Improvement	
Standardized Treatment to ensure Optimum Outcome	

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	x	Completed
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	
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

TBRHSC Board of Directors Comprehensive Work Plan
Revised June 5, 2015

Item #	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
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								
30	Legal Compliance	Accessibility Update	BD					x							
31	Legal Compliance	Environmental Compliance and Fire Safety Update	BD			x		x		x			x		
32	Quality Oversight	Critical Incidents Presentation	BD				x		x			x		x	
33	Oversight of Management	Physician Recruitment Plan Update	BD					x							
34	Performance Measurement and Monitoring	Strategic Plan Update	BD					x				x			
35	Quality Oversight	Research Ethics Board Appointments	BD			x									
36	Quality Oversight	Research Ethics Board Report	BD								x				
37	Performance Measurement and Monitoring	Scorecard	BD				x						x		
38	Governance	TBRRI Update	BD				x						x		
39	Governance	Foundation Update	BD				x								
40	Governance	Gridlock Update	BD		x	x	x	x	x	x	x	x	x	x	
41	Governance	Preliminary Review of By-Laws	BL								x				
42	Oversight of Management	Evaluation of CEO	EC										x		Deferred until hire of new CEO
43	Oversight of Management	Evaluation of COS	EC										x		Deferred until hire of new CEO
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									
49	Governance	Review Board Committee Terms of Reference	Gov			x									
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			

TBRHSC Board of Directors Comprehensive Work Plan
Revised June 5, 2015

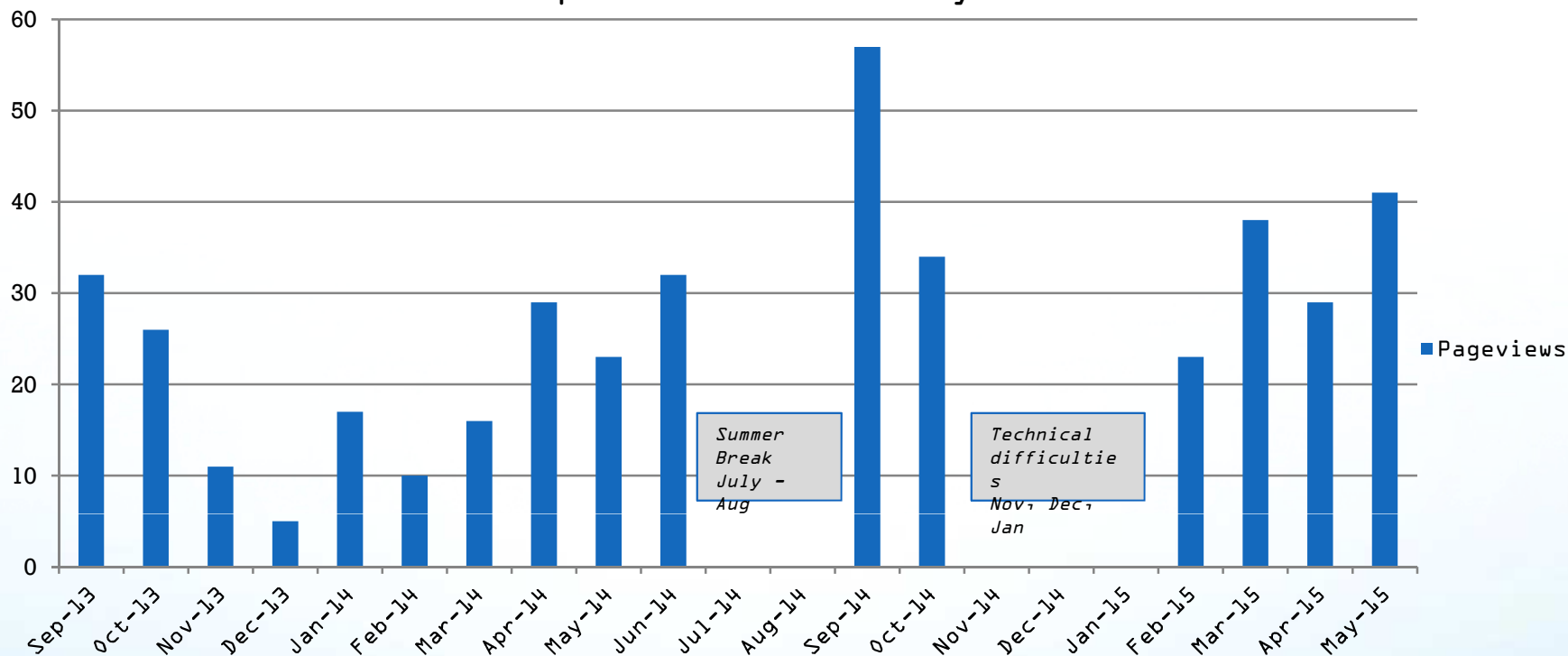
Item #	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
52	Governance	Board Self Assessment Questionnaire - Distribute to Board Members for Completion	Gov					x				x			
53	Governance	Team Effectiveness Scale - Distribute to Board Members for Completion	Gov					x				x			
54	Governance	Review Board Committee Attendance Summary	Gov							x			x		
55	Governance	Review By-Laws	Gov									x			
56	Governance	Annual Board Evaluation - Performance Review	Gov										x		
57	Governance	Review Orientation Program	Gov										x		
58	Governance	Review Committee Work Plan	Gov			x									
59	Governance	Review Board Forms	Gov		x										
60	Governance	Review Committee Membership	Gov		x										
61	Governance	Review Applications for Board Vacancies	Nom								x				
62	Governance	Nominating Committee - Candidate Interviews for Board vacancy	Nom									x			
63	Governance	Review Board Composition Profiles documents for use of Nominating Committee: Policy BD-45 Preferred Selection Criteria for Board Membership Skills Matrix for Board of Directors Applicants	Nom							x					
64	Quality Oversight	Litigation	Qual					x						x	
65	Quality Oversight	Patient Safety/Public Indicators	Qual		x			x				x		x	Item moved to May agenda, as June mtg cancelled
66	Quality Oversight	Review Quality Terms of Reference	Qual		x										
67	Quality Oversight	Review Quality Work Plan	Qual		x										

Item #	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
68	Quality Oversight	Programs & Services Presentations	Qual		x	x	x	x	x	x	x	x	x	x	June mtg canceled
69	Quality Oversight	Comments/Compliments/Complaints	Qual			x				x					
70	Quality Oversight	Quality Improvement Plan Except From Balanced Scorecard	Qual			x		x		x				x	Deferred to Sep, as June mtg cancelled
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		Deferred to September 2015
77	Quality Oversight	Research Ethics Board	Qual			x		x			x			x	Completed at May mtg
78	Financial Oversight	Financial Pressures Relating to Risk	Qual	x											
79	Quality Oversight	Credentialling Process/Professional Staff & regulated licensed Professional processes	Qual		x										
80	Financial Oversight	Financial Statements and Variance Report and Quarterly Review	RP		x		x		x						
81	Financial Oversight	Health Services Centre Update	RP		x										
82	Financial Oversight	Hospital Improvement Plan	RP		x								x		Removed
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	Done in
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	Mtg Cancelled. Deferred to 2015-16
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								

Item #	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
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	Mtg Cancelled. Deferred to 2015-16
100	Financial Oversight	Capital Equipment and Capital Projects Update	RP						x			x			
101	Financial Oversight	Broader Public Sector Attestation Update	RP					x							
102	Financial Oversight	Capital Budget Planning Update	RP							x					
103	Oversight of Management	Physician Recruitment and Retention Update	RP							x					Done in Mar '15
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				Done in May '15
108	Legal Compliance	Occupational Health and Safety Program update	RP								x				Done in May '15
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	TBRII Financial Statements Unaudited	RP										x		

Item #	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
115	Risk Identification and Oversight	TBRRR 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	Done in May '15
120	Risk Identification and Oversight	TBRRR Audited Year End Financial Results	RP											x	Mtg cancelled. Deferred to Sept. '15
121	Financial Oversight	Investments Performance Review	RP											x	Mtg cancelled. Deferred to Sept/Oct '15
122	Financial Oversight	Investments Policy Review	RP											x	Mtg cancelled. Deferred to Sept/Oct '15
123	Financial Oversight	Work Plan for following year	RP											x	Mtg cancelled. Deferred to Sept. '15
		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 - May 2015



Month	# of Page Views	Month	# of Page Views	Month	# of Page Views
Sept 2013	32	Mar 2014	16	Feb 2015	23
Oct 2013	26	April 2014	29	Mar 2015	38
Nov 2013	11	May 2014	23	April 2015	29
Dec 2013	5	June 2014	32	May 2015	41
Jan 2014	17	Sept 2014	57		
Feb 2014	10	Oct 2014	34		



EDUCATION REPORT 2014/15

Academics and Interprofessional Education



healthy
together



Thunder Bay Regional
Health Sciences
Centre

Academics & Interprofessional Education

Welcome to Academics and Interprofessional Education where we believe quality patient experience is achieved when our staff, professional staff (physicians, midwives, nurse practitioners, and dentists) and learners have the knowledge and skills to practice competently and confidently. We accomplish this by supporting the teaching and learning needs of all members of the healthcare team, assisting with placement processes for all learners, and by creating an environment that facilitates learning. Throughout the next couple of pages we provide you with a snap shot of how we support staff, professional staff, and learners.

We look forward to advancing as an Academic Centre as outlined in the TBHRSC 2020 Strategic Plan and assisting with the achievement of our Quality Patient Experience Initiative.

Our Team: Academics, Interprofessional Education & Clinical Nurse Specialists

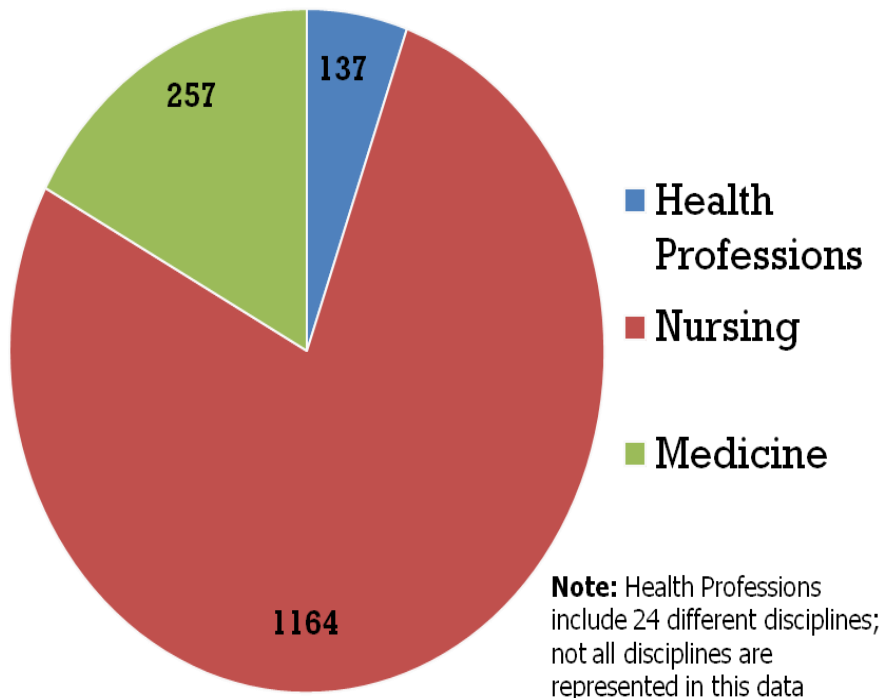


Back Row: Kelly Meservia-Collins, Shelley Chisholm, Chad Johnson, Craig Kozlowski, Dieter Kreps, Allyson Hoard-Mann, Raeanne Faykes, Kendra Walt, Kerry Posselwhite, Andrea Raynak, Erin Bergen

Front Row: Leanne Baird, Karen Anderson, Louann Bateman, Tabetha Carruthers, Deb Olson, Tracey Hill

Investing in the Future of Healthcare

Number of Student Placements: 1503



Here at TBRHSC, learners are valuable members of our healthcare team. Not only are they our future healthcare workers, they also contribute to quality patient care through new ideas, knowledge, and skills.

In 2014/15, we provided placements for over 1500 learners from more than 26 different health disciplines. The majority of our learners come from Lakehead University, Confederation College and the Northern Ontario School of Medicine (NOSM). However, we proudly accept learners from over 45 affiliated academic institutes situated across Canada and all over the world!

52,232 training days/year

DID YOU KNOW.....

We had **56** visiting elective placements for 2014/2015. Some individuals have come from as far as Egypt and Saudi Arabia!

We Grow our Own....

87% of nurses hired between April 2014 – March 2015 completed placements at TBRHSC

17 of the 22 physicians granted privileges in the last year are NOSM graduates or completed electives through NOSM

Our Learners

Centralized Process

In response to the need for a centralized process to support learners and meet organizational requirements, Academic Council was created. Academic Council has representatives from all disciplines who have learners on site for clinical and non clinical placements. A major achievement of the council has been the development of a standardized process for the intake of all learners within the organization. This process ensures we have an affiliation agreement with the placing academic institution, required approvals are in place, and necessary paperwork is complete.



Who is Who?

Three of the seven lanyard colours utilized at TBRHSC are designated for learners:

Red lanyards are worn by medical learners. These learners are undergraduate medical students affiliated with the Northern Ontario School of Medicine (NOSM) who are engaged in clinical activities on site primarily during year 4.

Green lanyards are worn by residents. These learners are physicians or MDs. They have already graduated from medical school but are continuing their training for another 2-5 years in their chosen specialty.

Orange lanyards are worn by all other learners. These learners are participating in a clinical or non-clinical placement as part of their university or college educational program. The new orange lanyard was launched in November of 2014 and is being phased in over a four year period.



Observerships

An important part of academics at TBRHSC is the ability to participate in observerships. This past year, new policies were implemented to ensure patient and staff safety.

A few examples of those who apply for observerships are: individuals contemplating a specific educational program, a professional staff or health professional wishing to gain a better understanding of a procedure, an individual investigating practice opportunities, business professionals wishing to observe product use, and international graduates wishing to gain experience in a Canadian institution.



Interprofessional Education

At TBRHSC we provide interprofessional education across the lifespan of learning: education for learners, new hires and throughout a staff member's career. For example, some learning opportunities we provide include orientation, clinical skills training, in-situ simulation activities, rounds, certification courses and e-learning.

It has been our goal to transition our education curriculum, events and learning environment to be interprofessional and aligned with experiential learning theories. We have made great progress in achieving this transition by implementing improvements to the Medical Clinical Teaching Unit (MCTU), hosting the Annual Interprofessional Expo, and increasing the number of simulated mock drills. We look forward to continuing our work to achieve this goal.



Annual Interprofessional Learning Expo

The goal of this event was to provide clinical information and hands on learning opportunities to all health professions and learners to facilitate quality patient care. The expo included 22 booths and was comprised of external and internal participants. At the booths, one could find interactive education on current and/or new products and practices.



Paying Tribute to our Teachers!

Several dedicated staff and professional staff demonstrate an ongoing commitment to delivering excellent education at TBRHSC in positions such as Preceptor, Course Instructor, Site Supervisor, Interprofessional Educator and Clinical Nurse Specialist. It is through the efforts of these individuals that we are able to provide certificate courses, learner placements, and continuing professional development. Accordingly, it is because of these contributions that we are able to advance as an academic centre.

Improving Quality Patient Care using Simulation

Simulation at TBRHSC

At TBRHSC, we use simulation training for health care providers and learners to gain hands on experience in a safe learning environment. For example, simulation is used to duplicate specific patient care scenarios or events allowing the healthcare team to perfect their clinical competencies, communication skills, and ability to work as a team. In addition, simulation is used to test practices, policies, and processes before implementing which ensures the safety of patients and staff.

By practicing and learning using simulation, TBRHSC is keeping patient and family centred care at the core of education and contributing to achieving quality patient experience.



DID YOU KNOW.....

Mock Code Blues are occurring within designated areas of the hospital 1-2 times per month.

Mock Code Blue

To ensure our staff can provide the best care during a Code Blue, the Interprofessional Education department oversees monthly/bi-monthly mock drills. All critical members of the team respond to the mock code blue drill and after the scenario is finished, the interprofessional group meets to debrief what went well, what could be changed, and any further discussion points.

The feedback is always positive and staff and learners feel it is an essential component to remaining competent in their roles within this type of emergent scenario.



What's New in Simulation?

TBRHSC Foundation recently provided Interprofessional Education with the funds to purchase SimMan 3G, a high fidelity mannequin. This advanced, wireless model is operator controlled and can blink, breathe, speak, has palpable pulses, audible heart and breath sounds and responds to medication. He can also bleed, perspire, cry and seize. The mannequin is key to ensuring a high level of realism for learning scenarios.



Improving Quality Patient Care using Simulation

Ebola Preparedness Training

In October 2014, TBRHSC admitted a patient with suspected Ebola Viral Disease (EVD). Although the patient ultimately tested negative, the opportunity to improve internal processes was recognized. The level of the communication and collaboration required to appropriately identify, diagnose, and care for a patient with EVD was challenging and required a comprehensive education plan.



DID YOU KNOW.....

The 2014 Ebola outbreak is the largest Ebola outbreak in history and the first Ebola epidemic the world has ever known. As a result, TBRHSC invested in training an expert healthcare team that will be able to respond to the admittance of a patient presenting with a known infectious disease.

What's the Plan?

Interprofessional Education developed a detailed plan to train staff working in the Emergency Department (ED), Medical Laboratory and Critical Care Unit (CCU) on the correct procedure for testing and caring for a suspect Ebola case based on the directives from the Ministry of Health. The training included an overview of EVD and care processes, video demonstrations of personal protective equipment (PPE) concepts, and a hands-on practical component utilizing a procedure checklist.



Specialized Training

Specialized training in higher level PPE was provided to CCU nurses, internists and Registered Respiratory Therapists for aerosol-generating procedures. Additional training for this specialized “Infectious Disease” team has continued, incorporating skills labs and simulation along with the donning and doffing of the PPE. Housekeeping staff and Medical Laboratory Technologists also participated, reviewed processes, and practiced their skills in a simulated environment.

DID YOU KNOW.....

By the end of the first week, 342 staff including physicians, nurses, Registered Respiratory Therapists, medical laboratory technologists, housekeepers and security personnel had completed the training.

Certification Courses

TBRHSC offers many opportunities for staff, professional staff and learners to attain clinical certification. We offer the following certification courses in-house:

- Basic Cardiac Life Support (CPR)
- Advanced Cardiac Life Support (ACLS)
- Pediatric Advanced Life Support (PALS)
- Non Violent Crisis Intervention (NVCi)
- Neonatal Resuscitation (NRP)
- Trauma Nursing Core Course (TNCC)
- Lead II



DID YOU KNOW.....

We run approximately 150 certification courses at TBRHSC per year.

Number of Staff Certified 2014/15

