

2014 - 2015 Thunder Bay Regional Health Sciences Centre
Report to the Community and a Year in Review

healthy together



Thunder Bay Regional
Health Sciences
Centre



Creating
More
Inclusive
Care

Reduced
Hospital Visits
for Those
with COPD

Close to Home
Vascular
Surgery
Program

Connecting
Patients to
Urgent Mental
Health Care

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On the cover:
Vascular surgery is now available to patients in Northwestern Ontario, thanks to the early development of a vascular program and the recruitment of vascular surgeon Dr. Yaasin Abdulrehman (far left), and team members such as Ron Garon (far right), Nurse in Operating Room/Recovery.



Thunder Bay Regional
Health Sciences
Centre

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Responses to this report are encouraged. Please address your comments to the Senior Director of Communications and Engagement.

Our Vision
healthy
together

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

Values
Patients First
Accountability
Respect
Excellence

Final Report on Strategic Plan 2015

Five years ago, we launched our Strategic Plan 2015, the result of engaging community members, health managers, policy makers, health professionals and academic institutions about how to achieve our vision: Healthy Together. It also took into consideration the environment and health status of the residents of Northwestern Ontario and a review of our past successes.

The Strategic Plan 2015 was built on Patient and Family Centred Care that respects and responds to patient and family preferences, needs and values, and ensures that patient values guide all clinical decisions.

Five years later, we are glad to report that we completed 94% of the plan thanks to the combined energy and efforts of management, employees, professional staff, volunteers, Patient Family Advisors and learners and

Academic Health Sciences Centre

With patients and families at the centre of everything we do, Thunder Bay Regional Health Sciences Centre (TBRHSC) is finding innovative ways to contribute to a healthier Ontario.

Advancing world-class care in an academic, research-based, acute care environment creates a strong demand for skills, which has led to the development of new education programs at our partnering academic institutions and has made ours the teaching hospital of choice for over 1,500 learners from nearly every health care discipline including medical graduates and research students and trainees from around the globe.

donors. What follows are just a few examples of the successes from the past year. A status bar below each goal indicates the progress to date towards completion in 2015.

The goals we set out to achieve were guided by four strategic directions: Aboriginal Health; Chronic Disease Prevention and Management; Comprehensive Clinical Services; and Mental Health and Addictions.

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 new Strategic Plan 2020 that will guide our priorities for the next five years.

Message from the Co-Chair, Patient and Family Advisory Council



The end of another corporate year offers me the perfect opportunity to reflect back on all of the changes and successes for the Patient Family Advisory Council at Thunder Bay Regional Health Sciences Centre (TBRHSC). Our council is still holding between 85-100 strong. Patient Family Advisors have been involved in approximately 200 committees and working groups, all aimed at improving the patient experience.

The partnership that has been developed between patients and hospital staff and leadership has only grown stronger in the past year. We have also strengthened the bond with the Northern Ontario School of Medicine (NOSM) and the Thunder Bay Regional Research Institute (TBRRI), sharing some of our own lessons learned about what it means to include patients in all aspects of business.

There have been many notable events that were highlighted in the past year such as the long-awaited unveiling of the cyclotron and joining the City of Thunder Bay in their respect. campaign, a natural fit for

our organization. What proud moments for patients and staff at the hospital!

The most notable milestone for me has been the completion of our five-year 2015 Strategic Plan. It was developed with the full engagement of our patients and people from all walks of life from our region. The process was totally transparent and anyone who wanted to be involved in setting the direction of our hospital was welcome to share their ideas.

I have to say 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.

I would like to thank the leaders and all staff and volunteers of the hospital for an outstanding past four years and I am also thankful that the PATIENT is always at the centre of everything we do. Thank you.


Keith Taylor
Co-Chair, Patient and Family Advisory Council

Patient Family Advisory Council Members

Barb Agostino	Heather Kibzey
Dawn Aho	Jacqui Ktytor
Brenda Allard	Roberta Lane
Alexis Anderson	Maria Lento
Wayne Anderson	Mathew Lesnick
David Belrose	Ingrid Warren
Linda Biedrzycki	Laura Macgowan
Trisha Bingham	Norm McDougall
Irene Bond	Alastair McKenzie
Marga Bond	Orpah McKenzie
Donna Brown	Clarke McKercher
Carol Ann Brumpton	Brad McKinnon
Rob Cameron	Jan Miller
Sherri Capulak Tinnes	Diana Miller Harquail
Paul Carr	Irene Milne
Brad Carruthers	Joe Minelli
Linda Cavezza	Kim Montanaro
Sharon Cole-Paterson	Janet Morgan
Mary Anne Comuzzi	Judy Mostow
Gary Cooper	Wendy Noetzel
Diane Dixon	Richard Oullette
Eve Dowson	Don Pelletier
Verna Dubray	Mary Louise Peterson
Jeannie Faubert	Gail Pfaff
Bob Fenton	Robert (Bob) Pfaff
Connor Ferguson	Cathy Pilot
Gary Ferguson	Dawn Powell
Susan Fischer	Debora Prokopich Buzzi
Kathy Forbes	Barb Rickards
Mary Anne Fossum	Roger Rickards
Betty Franceschetti	Ian Robertshaw
Chris Frey	Glenn Rothenburger
Marnie Frey	Cathy Sawicki
Kelli Gothard McKinnon	Wendy Scott
Carlene Graham	Riccardo Simeoni
Margaret Hajdinjak	Ruth Sisak
Rodney Halstead	Kathleen Smith
Mona Hardy	Keith Taylor
Holly Hebert	Bill Tennier
Marcia Hiiro	Thomas (David) Van Wagoner
Daroyln Hryciw	Denny Verdenik
Dave Johnson	Heather Woodbeck
Laura Jones	Don Young
Sandra Josephson	

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of Medicine

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President and CEO

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President Professional
Staff Association

Grant Walsh
2nd Vice Chair

*The Board of Directors
gratefully acknowledges the
following individuals who
served in 2014-2015*

Dr. Mark Henderson
Acting Chief of Staff
September/14 - January/15

Dr. Gordon Porter
Chief of Staff
January/13 - September/14

Report from the Chair of the Board of Directors



“Patients
are first.”

It seems like
such an obvious
goal for an
acute care,
academic health
sciences centre.
But throughout
the history

of health care, the focus has usually been elsewhere: on the medicine, on the administration, on the statistics. Five years ago, when we launched our Strategic Plan 2015, we did so with a full commitment to the Patient and Family Centred Care (PFCC) model of care. It gave us a blueprint that allowed us to move from simply treating the disease to comprehensively partnering with patients and their families.

In a short time, health care facilities literally around the world began to look to us as pioneers. We have one of the highest number of Patient Family Advisors (PFAs) per capita – about 100 today, compared to about 2,500 staff at the Health Sciences Centre. They help us make just about every decision from what information to include in our website, to designing care programs, and selecting our next CEO.

That patient perspective is so important. Although health care providers may be the experts in medicine, patients are the experts in how that medicine affects their lives. Understanding how the care we provide impacts patients and improving that care, where possible,

is yet another example of helping patients rather than fighting the illness. That’s what health care should be all about.

As our Strategic Plan 2015 sunsets, I’d like to thank and congratulate our Five Partners in Health - the Policy Makers, Health Managers, Health Professionals, Academic Institutions, and Communities - who helped us successfully develop and ultimately reach our goals. Our focus was on four strategic directions: Chronic Disease Prevention and Management, Comprehensive Clinical Services, Aboriginal Health, and Mental Health and Addictions. I am pleased to report that we have completed 94% of our goals, and laid the groundwork for even more improvement in these areas. Looking forward to our Strategic Plan 2020, we will continue moving forward in five key directions: Patient Experience, Comprehensive Clinical Care, Seniors’ Health, Aboriginal Health, and Acute Mental Health.

In closing, I would like to say farewell and thank you to President and CEO Andrée Robichaud. Her dedication to the Health Sciences Centre has made it what it is today. On behalf of everyone at Thunder Bay Regional Health Sciences Centre, we wish her well.

Susan Fraser

Chair of the Board,
Thunder Bay Regional Health Sciences Centre

Report from the President & CEO



In 2014, the
Thunder Bay
Regional
Health
Sciences
Centre won
Waterstone’s
Canada’s 10
Most Admired
Corporate

Cultures of 2014 - Broader Public Sector. It’s something we should all be very proud of, as it represents a culmination of our efforts over the last five years to embed the Patient and Family Centred Care philosophy. In 2010, we launched a Strategic Plan that set out to tackle some of the bigger health issues including Chronic Disease, Clinical Care Services, Aboriginal Health, and Mental Health & Addictions. I’m 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. During the last five years, the Health Sciences Centre has also reduced wait times in many key areas, implemented new patient care services, expanded others,

and overall created one of the best acute care facilities in Ontario, if not Canada.

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.

That’s part of the torch that I pass to our next President and CEO. In February, I made the difficult decision to announce my resignation to pursue a new opportunity. It has been a privilege to work here for the past four and a half years, and I marvel at the dedication of everyone to improve health care in our region. It’s a bittersweet moment for me, but I do feel that I leave at the best of times: the Health Sciences Centre is well positioned to continue to advance health care and improve the quality of life throughout Northwestern Ontario.

In closing, I would like to thank the community for the wonderful opportunities I’ve had here. I wish Thunder Bay Regional Health Sciences Centre and all of Northwestern Ontario continued success.

Andrée G. Robichaud

President and CEO,
Thunder Bay Regional Health Sciences Centre

Senior Management Council

Andrée Robichaud
President & CEO, Thunder Bay Regional
Health Sciences Centre (TBRHSC) &
CEO, Thunder Bay Regional Research
Institute (TBRI)

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Operating Officer - TBRI

Rod Morrison
Executive Vice President, Health Human
Resources, Planning & Strategy

Anne Marie Heron
Acting Vice President, Research,
TBRHSC and Acting Chief Administrative
Officer, TBRI

Chisholm Pothier
Vice President, Communications &
Engagement, Aboriginal Affairs &
Government Relations

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

Dawn Bubar
Senior Director, Informatics

Cathy Covino
Senior Director, Quality & Risk Management

Keith Taylor
Patient/Family Advisor

Marga Bond
Patient/Family Advisor

*Thunder Bay Regional Health Sciences
Centre gratefully acknowledges the following
individuals who also served on the Senior
Management Council in 2014-2015:*

Dr. Gordon Porter
Chief of Staff

Dr. Mark Henderson
(Acting) Chief of Staff

Dr. Roxanne Deslauriers
Vice-President, Research, TBRHSC, &
CEO, TBRI

Aaron Skillen
(Interim) Vice President, Patient Services

Tracie Smith
Senior Director, Communications &
Engagement

Carolyn Freitag
Director, Strategy and Performance
Management

Janet Northan
Senior Director, Strategic Partner
Relations & Special Projects

Aboriginal Health

Our journey towards excellence in Aboriginal Health care delivery begins with improving our physical and cultural environments to reflect the expressed values, practices and traditions of Aboriginal communities.



As an Aboriginal Patient Navigator, Susan Anderson (right) provides support such as translation and education for Aboriginal patients and families at Thunder Bay Regional Health Sciences Centre.

Creating More Inclusive Care

For many people living in First Nation communities across Northwestern Ontario, coming to the Thunder Bay Regional Health Sciences Centre (TBRHSC) for medical treatment is their first trip to Thunder Bay. Adjusting to the big city away from friends and family can be difficult, especially for those whose first language is not English. TBRHSC is committed to enhancing experiences for Aboriginal patients and families.

Aboriginal Patient Navigators provide a number of services for Aboriginal patients, including: interpretive services in Cree, Ojibway, and Oji-Cree; support before, during, and after clinical appointments; linking patients and families to community resources; tele-visitation services with remote family members; information and education in a culturally-sensitive manner; liaison and advocate between the care team, patients, and families; and assistance with discharge planning.

Currently, Aboriginal Patient

Navigators are assisting patients in the Emergency Department, Renal Services, Centre for Complex Diabetes Care, Supportive Care, and Child and Adolescent Mental Health.

TBRHSC also recognizes the need to develop facilities that are culturally welcoming for patients and families with Aboriginal artwork and stories throughout the facility.

One of the most recent artistic additions to the facility is a triptych by Thunder Bay artist Cree Stevens donated to the Regional Cancer Care Northwest at TBRHSC. The artist says it feels good to know that people have had positive reactions to the painting and she is honoured and humbled to have it on display at Regional Cancer Care Northwest. “I’ve known a lot of people in my life who have battled cancer. It feels good that I might be helping patients and families feel something. Of all the places it could have gone, it touches me that it can be in a place where people are pretty

contemplative about their lives.”

Aboriginal Health goals have been realized in large part thanks to TBRHSC’s Aboriginal Advisory Committee whose role is to advise the organization how best to meet the health care needs of Aboriginal patients and their families in a culturally sensitive and safe manner.

Jason Beardy, Director of Health Policy & Planning and Special Reports for the Nishnawbe Aski-Nation, is one of the 25 members of the committee. He says through initiatives such as establishing an Aboriginal Advisory Committee, TBRHSC is demonstrating its willingness to address Aboriginal health issues.

“There are no easy solutions, but it’s good to see that TBRHSC is taking the initiative and developing that partnership, not only with the Aboriginal Advisory Committee, but with the larger Aboriginal community in Thunder Bay.”



Foundation Support

Finding your way around the Health Sciences Centre can be intimidating, especially for those whose first language isn’t English. New pictogram wayfinding signage at the entrance to the Health Sciences Centre is assisting people in getting where they need to go, thanks to a Volunteer Association/Thunder Bay Regional Health Sciences Foundation Family CARE grant plus additional grant funding. New signs incorporate symbols, along with words to help visitors locate services throughout the facility, lessening anxiety and making a visit to the Health Sciences Centre a more pleasant experience.

Research Initiative

Thunder Bay Regional Health Sciences Centre is committed to improving our physical and cultural environments to reflect the expressed values, practices and traditions of Aboriginal communities. The Aboriginal Advisory Council acts in an advisory capacity with the main purpose of implementing the Aboriginal Health Strategic Direction of TBRHSC’s strategic plan.

The Aboriginal Advisory Committee plays an important role in helping us to ensure that research includes participation from our Aboriginal population and that we engage in culturally relevant and supported research projects. Earlier this year, members of TBRHSC’s Aboriginal Advisory Committee participated in a panel discussion “Approaching and Engaging Aboriginal Communities in Clinical Research” as part of TBRRI’s annual retreat.

Goals and Activities

Each status bar below indicates the progress to date towards completion.

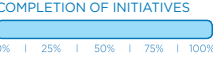
Goal 1 Create an engagement strategy with Aboriginal partners to begin the development of Aboriginal Health plans and initiatives for TBRHSC.

I. Connect and engage with Aboriginal Elders and Leaders to obtain feedback and support for the engagement process.

II. Review and update the membership of the Aboriginal Advisory Council.

III. Learn from centres of excellence in Aboriginal Health to determine best practices.

IV. Engage with Aboriginal partners and community members to develop an action plan to achieve our Strategic Direction.

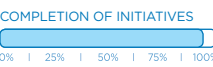


Goal 2 Establish and develop cultural sensitivity and awareness at TBRHSC in order to better address the needs of Aboriginal patients and families.

I. Provide cultural awareness training to all members of the TBRHSC Team.

II. Integrate Aboriginal staffing strategies into the Health Human Resources Plan.

III. Establish a plan to integrate Aboriginal volunteers and Patient and Family Advisors into TBRHSC.



Goal 3 Establish an environment at TBRHSC that is more welcoming to Aboriginal patients and families.

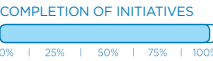
I. Develop facilities at TBRHSC that are culturally welcoming for patients and families.

II. Feature Aboriginal artwork and stories throughout the facility.

III. Provide culturally appropriate way finding within TBRHSC.

IV. Create a healing garden with the four sacred medicines.

V. Provide traditional foods for Aboriginal patients and in the cafeteria.



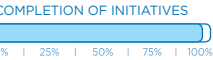
Goal 4 Develop and implement a strategy for research and education that focuses on Aboriginal Health.

I. Support the development of a new Strategic Plan for TBRRI that includes research into Aboriginal Health.

II. Measure and identify target areas for improvement in Aboriginal patient satisfaction (Initial consult conducted with legal counsel. Require advice prior to proceeding to next step which requires an expenditure.)

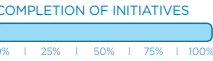
III. Liaise with educational institutions and government to increase the number of education seats and placement opportunities for Aboriginal students.

IV. Develop partnerships with Aboriginal communities and other institutions in order to engage in appropriate research projects.



Goal 5 Throughout our journey, ensure that all of our strategic directions are sensitive to expressed Aboriginal values, practices and traditions.

I. Review by the Aboriginal Advisory Council of each of the strategic activities in Chronic Disease Prevention and Management, Comprehensive Clinical Services, and Mental Health and Addictions.

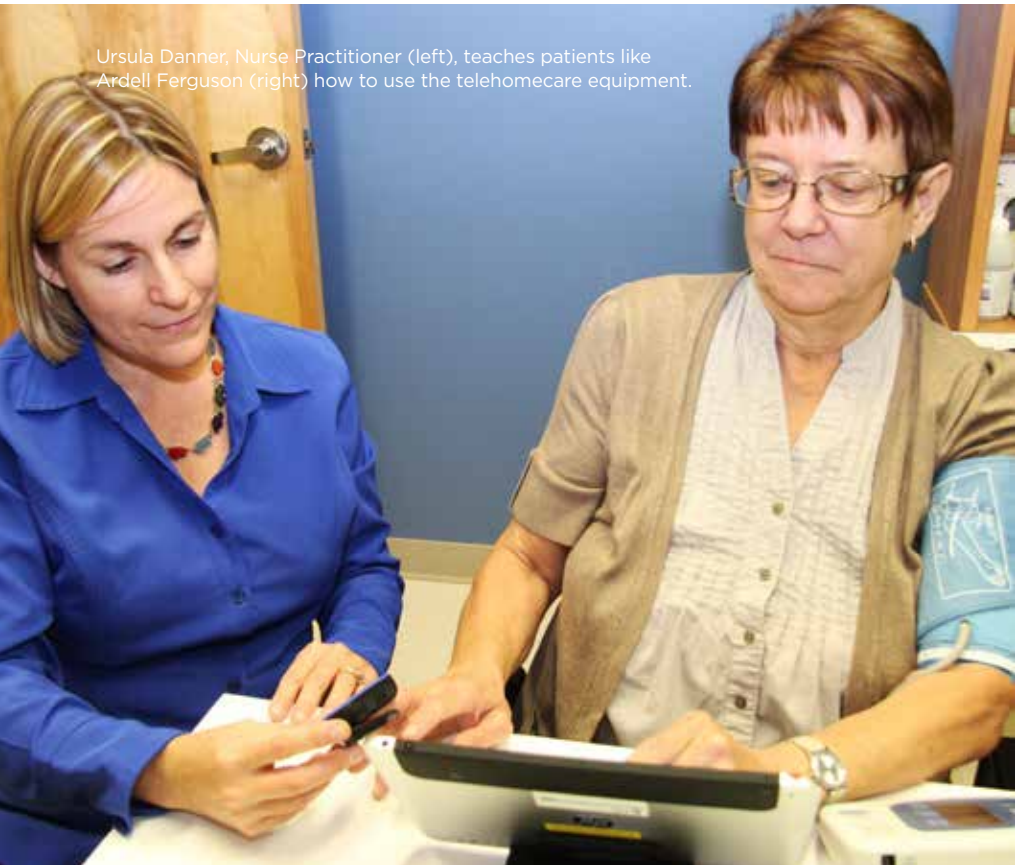


“There are no easy solutions, but it’s good to see that TBRHSC is taking the initiative and developing that partnership, not only with the Aboriginal Advisory Committee, but with the larger Aboriginal community in Thunder Bay.”

- Jason Beardy, member of TBRHSC’s Aboriginal Advisory Committee

Chronic Disease Prevention and Management

In collaboration with our partners, we will provide an evidence-based system-wide approach to Chronic Disease Prevention and Management that reduces the impact of disease.



Program Aims to Reduce Hospital Visits for Those with COPD

A multidisciplinary clinic at Thunder Bay Regional Health Sciences Centre (TBRHSC) is addressing a growing health care concern in Northwestern Ontario and across Canada. Chronic Obstructive Pulmonary Disease (COPD) is a breathing disorder, most often caused by smoking, in which the airway is blocked and breathing becomes difficult. Symptoms include shortness of breath and increased cough and sputum production. Progressive worsening breathlessness can impact daily activities.

“Our goal at the Internal Medicine Clinic-COPD Program is to delay the progression of the disease, keep the patient at home, avoid Emergency Department (ED) visits and hospitalizations, and help with coordination and communication with a patient’s care transitions between organizations and health care providers,” says Ursula Danner, Nurse Practitioner (NP). The program’s key feature is its use of telehome monitoring for patients throughout the region. A patient is given a computer tablet to take

home. Attached to the tablet are a weigh scale, a blood pressure cuff, and a blood oxygen sensing device. Every day the patient can take their vital signs and answer a set of questions that assists Danner to determine whether the patient is at imminent risk of a flare-up. Her timely intervention can help avoid hospital admissions; treat patients before they become too ill and have to come to the ED; and allow patients to live healthier lives at home. Patients can be referred to the program by any physician or nurse practitioner. Many also come from the ED or post-hospitalization and may have no family physician. “We target moderate to very severe COPD patients, who are having many flare-ups or hospitalizations,” says Danner.

At the clinic, the patient’s COPD diagnosis is confirmed using a breathing test called Spirometry. Danner, the Nurse Practitioner, and Gay Becotte, Registered Respiratory Therapist and COPD Educator, may make recommendations about COPD treatments and ensure that the patient is using their inhaler correctly. “Our program also offers smoking cessation counselling and the nurse practitioner can prescribe smoking cessation medications,” says Becotte. “Even if you’ve been diagnosed with COPD, it’s never too late to quit smoking to delay its progression and improve your quality of life.”



Foundation Support

The Exceptional Cancer Care Campaign recently announced that \$7.2 million was raised to support Regional Cancer Care’s 4-year, \$32+ million plan to provide exceptional cancer care. Altogether \$5.9 million has been committed to enhancements including a new Integrated Screen for Life Mobile Coach, state-of-the art Linear Accelerators, brand new Chemotherapy Chairs and Equipment across Northwestern Ontario, up-to-date Surgical Oncology Equipment, an incredible cyclotron, and the first MicroPET. Cancer patients can have confidence they have access to the best equipment there is, and equipped with a dedicated and highly-skilled team, they have the best chance possible to fight their disease.

Research Initiative

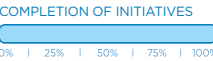
The arrival of the cyclotron in February 2015 marked a major milestone for both patients and health care research in Northwestern Ontario, providing a more ready and reliable supply of medical isotopes. The cyclotron will also usher in a new era of research at Thunder Bay Regional Health Sciences Centre (TBRHSC) and the Thunder Bay Regional Research Institute (TBRRI). Products produced by the cyclotron will be used by scientists to create new and more informative diagnostic agents that will allow physicians to provide better patient care and more personalized therapies.

Goals and Activities

Each status bar below indicates the progress to date towards completion.

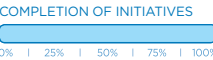
Goal 1 Identify and develop partnerships with clearly defined roles to ensure continuity, patient safety and quality of care for people living with a chronic disease.

- I. Create an expert panel of Chronic Disease Prevention and Management leaders from international jurisdictions and local/regional leadership.
- II. Identify issues and gaps in services through a regional environmental scan and a complete inventory of services and partners.
- III. Develop and begin implementing evidence based practice pathways for Chronic Disease Prevention and Management in Northwestern Ontario.



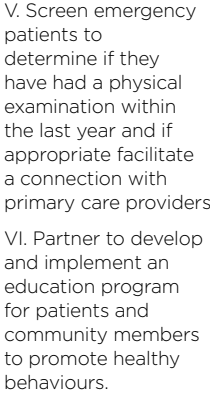
Goal 2 Adopt a collaborative framework for Chronic Disease Prevention and Management that will integrate best practices.

- I. Review the allocation of resources at TBRHSC to enable the integration of Chronic Disease Prevention and Management.
- II. Create and implement patient centred pathway(s) for Chronic Disease Prevention and Management in Northwestern Ontario.
- III. Integrate technology to support regional Chronic Disease Prevention and Management.
- IV. Establish interprofessional teams, across organizations, to provide care in Chronic Disease Prevention and Management.



Goal 3 Educate and engage patients, families, community members and health care providers.

- I. Identify and address the most common personal and health system barriers to self management at TBRHSC.
- II. Adopt and promote ‘Healthy Change’, the regional patient self management program for patients and families.
- III. Implement self management education programs for health care providers.
- IV. Partner to expand secondary prevention including evidence based screening programs.
- V. Screen emergency patients to determine if they have had a physical examination within the last year and if appropriate facilitate a connection with primary care providers.
- VI. Partner to develop and implement an education program for patients and community members to promote healthy behaviours.

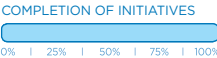


Goal 4 Conduct research through the Thunder Bay Regional Research Institute that will reduce the impact of chronic diseases.

- I. Support the development of a new Strategic Plan for TBRRI that includes research into Chronic Disease Prevention and Management.
- II. Obtain funding to support infrastructure and salaries for scientists to conduct research in Chronic Disease Prevention and Management.

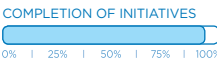


- III. Collaborate with Lakehead University and other partners to conduct research related to the impact of chronic disease.
- IV. Identify clinical trials opportunities in Chronic Disease Prevention and Management through the translational research program.
- V. Create an Academic Health Sciences Centre culture of research and education by educating and supporting the TBRHSC Team.



Goal 5 Collaborate with the LHIN, health service providers and patients to develop and begin the implementation of a plan for a health system electronic medical record as a component of the CDDM Framework.

- I. Collaborate with the LHIN on a broader health system plan for a health system electronic medical record.
- II. Develop the hospital sector plan for a health system electronic medical record.
- III. Participate in Connecting Northern & Eastern Ontario (CNEO) activities including the adoption of the CNEO solution for a provider portal.
- IV. Explore and begin implementation of patient self management option and activities.
- V. Support the implementation of best practice guidelines and order sets from an Informatics perspective.



Comprehensive Clinical Services

We will partner to deliver comprehensive secondary and tertiary services to provide evidence based care that is focused on quality and patient safety for the people of Northwestern Ontario.



With the early development of a vascular program and the recruitment of vascular surgeon Dr. Yaasin Abdulrehman, vascular surgery is now available to patients in Northwestern Ontario.

Close to Home Vascular Surgery Program Keeps Patients in Northwestern Ontario

For reasons of geography, lifestyle, and other determinants of health, people in Northwestern Ontario are at a much higher risk for diseases of the circulatory system such as arteriosclerosis than in the rest of the province. This region also sees the highest incidence of high blood pressure and diabetes.

Major amputation rates among individuals with diabetes in Northwestern Ontario are three times the provincial average and are the highest in Ontario.

Until recently, vascular surgery was not available in this region. Patients had to travel to either southern Ontario or Manitoba. “Distance creates huge barriers for people,” said Arlene Thomson, Director of the Cardiovascular and Stroke Program. “If you have to travel for a procedure, you’re less likely to access the procedure.”

Based on data from the Canadian Institute for Health Information, approximately 700 patients a year were being referred out of Northwestern Ontario for vascular surgery and related vascular procedures.

Now, with the early development of a vascular program and the recruitment of a vascular surgeon, vascular surgery is now accessible to patients in the Northwest.

Dr. Yaasin Abdulrehman joined Thunder Bay Regional Health Sciences Centre (TBRHSC) in October, 2014. During his first 6 months, he performed procedures on approximately 120 patients, patients who did not need to leave Northwestern Ontario for their care.

By providing patients with ‘closer to home’ access to vascular care, it is also expected that there will be a decrease in amputation rates.

“This is a significant improvement in the quality of care we provide,” said Thomson. “We can now offer a more timely service and avoid the complexities of getting patients here, particularly those from remote communities. We can also manage urgent vascular cases here, enhancing trauma services as well.”

Implementing the vascular surgery program is the first step in developing a comprehensive cardiovascular service, one that Dr. Abdulrehman will no doubt help establish. “I’m really honoured to have the opportunity to start this program here at TBRHSC,” said Dr. Abdulrehman. “And I look forward to working together with the vascular team to build a high quality program for patients so that we can offer them the standard of care they should expect and the kind of care that we would be proud to offer to our families.”



Foundation Support

Patients who require the services of the Intensive Care Unit are often critically ill and require support to breathe. Thanks to the generosity of donors, the Thunder Bay Regional Health Sciences Foundation was able to provide funds for the purchase of new ventilators, used for both children and adults.

Additionally, through a Volunteer Association/Thunder Bay Regional Health Sciences Foundation Family CARE grant, new portable telemetry packs were purchased, allowing patients who are well enough to move about the unit to do so, while remaining connected to their cardiac monitor. This is ideal as patients can exercise and visit with family, leading to increased wellness.

Research Initiative

TBRHSC cardiologist, Dr. Gary Small is investigating the impact of implementing Primary PCI (percutaneous coronary intervention) on our patient population. Working with Dr. Frank Nigro, his research study is comparing outcome data from TBRHSC patients who presented prior to the introduction of Primary PCI in 2008, to those presenting after its introduction.

Primary PCI was introduced at TBRHSC in 2008 as the preferred method for treatment of heart attacks caused by prolonged periods of blocked blood supply by opening up a coronary artery which is narrowed due to plaque build-up. It was anticipated that this would improve long-term outcomes such as mortality and hospital re-admission rates.

Goals and Activities

Each status bar below indicates the progress to date towards completion.

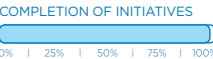
Goal 1 Develop and deliver secondary and tertiary care based on evidence.

- I. Develop and implement a cardiovascular service that includes:
- a. Vascular surgery
 - b. Cardiac surgery
 - c. Interventional Radiology
 - d. Rhythm Management

II. Develop and implement a plan for image guided intervention.

III. Align and implement a Master Service Plan to establish a full spectrum of Academic Health Sciences Centre services.

IV. Create an office of evidence based practice and pathway development.



Goal 2 Collaborate to deliver care in the most appropriate setting.

I. Review the allocation of resources at TBRHSC to ensure alignment with core services.

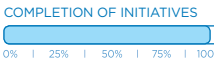
II. Collaborate to implement the Academic Family Health Team.

III. Partner to improve transitions of care to and from the community for patients.



IV. Collaborate to develop a regional health care service plan to enable delivery of the appropriate care in the appropriate setting.

V. Develop an emergency response system which includes a surge/overcapacity system.



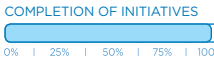
Goal 3 Create an interprofessional academic learning environment to improve care.

I. Collaborate and partner to develop a simulation program as a catalyst for interprofessional education.

II. Enhance the interprofessional component of the Medical Clinical Teaching Unit and expand the Clinical Teaching Unit concept to other Programs and Services.

III. Provide opportunities for the TBRHSC Team to work collaboratively in interprofessional teams to increase the awareness of roles and responsibilities.

IV. Develop internal and external education to expand knowledge about what it means to be an Academic Health Sciences Centre and facilitate the integration of learners.



Goal 4 Conduct research through Thunder Bay Regional Research Institute that will develop new evidence to advance care.

I. Support the development of a new Strategic Plan for TBRRI that includes research into Comprehensive Clinical Services.

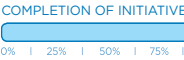
II. Develop a process for TBRRI to manage all research at TBRHSC.

III. Educate the TBRHSC Team about research, studies currently being conducted and opportunities for future focus.

IV. Develop a process for TBRHSC Team members to provide research ideas and connect with TBRRI researchers.

V. Develop a model to protect clinicians' time to ensure participation in research, academics and clinical service.

VI. Create an Academic Health Sciences Centre culture of research and education by educating and supporting the TBRHSC Team.



“I look forward to working together with the vascular team to build a high quality program for patients so that we can offer them the standard of care they should expect and the kind of care that we would be proud to offer to our families.”

- Dr. Yaasin Abdulrehman

Mental Health and Addictions

We will collaborate to create a more compassionate, knowledgeable, safe and connected system to improve the overall health and quality of life for people living with mental illness and/or addictions.

Members of the Brief Intervention Treatment Team help people with mental health issues avoid hospitalization by providing brief urgent treatment and intervention and follow-up on an outpatient basis.



Connecting Patients to Urgent Mental Health Care

Occasionally, people experiencing mental health issues come to the Emergency Department (ED) in a mental health crisis and require immediate assistance or attention. A new initiative is providing brief urgent treatment and intervention for those individuals to avoid hospitalization and optimize stabilization on an outpatient basis.

The Brief Intervention Treatment Team (BITT) is an interprofessional team that includes psychiatry, psychology, social work, and nursing. The team works closely with the Mental Health Assessment Team (MHAT) and the Adult Mental Health Inpatient Unit to provide intervention to help patients who can remain out of hospital if given brief outpatient follow-up.

“The goal of BITT is to facilitate timely mental health care for patients in the

ED in order to avoid admission to the Adult Mental Health unit,” says Dr. Peter Voros, Director, Adult and Forensic Mental Health.

MHAT does a lot of the initial screening. If it is determined that the patient does not need to stay in hospital, the MHAT team member consults with the ED physician and refers the patient to the BITT team.

“Prior to the BITT program, we would have to send referrals out, which wasn’t always timely or responsive,” says Dr. Voros. “In a lot of cases, it could take a long time for someone to access psychiatric services or a family physician or walk-in counseling. Now, rather than sitting on wait lists for services, a member of the BITT team can see the patient right away.”

The program is also addressing pressures on the Emergency Department and psychiatric services,

preventing short-term stays in the Adult Mental Health Unit. Previously, a third of admissions were short stay, with patients being discharged the next day or shortly after.

Since the program’s implementation in November 2014, there has been a decrease in re-visits to the ED within 30 days. “We’re starting to see a decrease in short-stay admissions to the unit because we’re able to connect patients to services right away,” says Dr. Voros.

BITT also ensures that connections are made for patients to appropriate long-term services in the community and that there is follow-up. “A lot of the needs are primarily social and we cannot easily address those in the ED,” says Dr. Voros. “We also liaise with primary care providers for people with no family doctor.”



Foundation Support

There is still a stigma surrounding mental health and addictions, but thanks to support from donors through the Thunder Bay Regional Health Sciences Foundation, more people are learning about mental health and illness through the efforts of the Mental Health Awareness Week and Mental Illness Awareness Week committee. Their aim is to increase awareness of both mental health and illness in innovative ways like hosting a performance by David Granirer, founder of Stand Up For Mental Health, a program that teaches stand-up comedy to people with mental illness or mental health issues as a way of building confidence and fighting public stigma.

Research Initiative

Representatives from TBRHSC’s Adult Mental Health program participated in a panel presentation on the implementation of the Transitional Discharge Model (TDM) at the Annual Addictions and Mental Health Conference held on May 21, 2014 in Toronto.

The Council of Academic Hospitals of Ontario (CAHO) implemented the TDM project at nine CAHO member hospitals, including TBRHSC. The project supports the successful discharge of, and bridge to the community for people diagnosed with a mental illness and discharged from hospital. Evidence demonstrates that this model reduces lengths of stay and readmission rates, and improves the experience and quality of patient care for people diagnosed with a mental illness.

Goals and Activities

Each status bar below indicates the progress to date towards completion.

Goal 1 Collaborate to improve service and flow throughout the continuum of care.

I. Review the allocation of resources at TBRHSC to ensure alignment and integration of services.

II. Identify issues and gaps in the treatment continuum through a regional environmental scan and a complete inventory of services and partners.

III. Develop evidence based practice pathways with community partners to improve the flow of patients through the system.

IV. Expand the use of telemedicine to provide services to the residents of Northwestern Ontario and support patients in their own environment.

V. Partner to improve transitions of care to and from the community for patients.

COMPLETION OF INITIATIVES
0% | 25% | 50% | 75% | 100%

Goal 2 Collaborate to prevent and reduce the impact of addictions throughout Northwestern Ontario.

I. Encourage and set parameters around the development and use of prescribing tools around addictions.

II. Advocate for a regional prescription and drug monitoring program.

III. Support the implementation of the ‘Thunder Bay Drug Strategy’.

IV. Collect and interpret TBRHSC addictions data including the cost of treatment to create a shared understanding of issues with our partners.

V. Partner to develop early identification and intervention programs for infants and parents.

COMPLETION OF INITIATIVES
0% | 25% | 50% | 75% | 100%

Goal 3 Improve the experience and outcomes for patients and families living with mental illness and/or addictions within TBRHSC.

I. Provide education on the management of patients with mental illness and addictions to build internal capacity.

II. Build mental health professionals into treatment teams in all Programs and Services.

III. Create a physical environment in patient care units and the Emergency Department that respects privacy and safety.

IV. Develop and implement mental health and addictions pathways for inpatients.

V. Establish a Psychiatric Emergency Service.

VI. Partner in a social marketing campaign to demystify mental illness and addictions and reduce stigma and discrimination.

COMPLETION OF INITIATIVES
0% | 25% | 50% | 75% | 100%

Goal 4 Develop and implement a strategy for research and education that focuses on Mental Health and Addictions.

I. Support the development of a new Strategic Plan for TBHRI that includes research into Mental Health and Addictions.

II. Collaborate to support the development of an expert panel for Mental Health and Addictions.

III. Develop and advocate for academic training, residency and professional training programs that provide interprofessional Mental Health and Addictions education.

IV. Develop and adopt core competencies for education and training for the TBRHSC Team.

V. Create an Academic Health Sciences Centre culture of research and education by educating and supporting the TBRHSC Team.

COMPLETION OF INITIATIVES
0% | 25% | 50% | 75% | 100%

“I think one of the biggest misunderstandings about mental illness and addiction is that people cannot recover. They can and they do, especially with appropriate community supports.”

- Jasmine Cotnam, System Advocate Worker at PACE (People Advocating for Change through Empowerment) who shared her personal story with TBRHSC staff as part of Mental Illness Awareness Week.

Thunder Bay Regional Health Sciences Foundation

Raising funds to support Thunder Bay Regional Health Sciences Centre programs, equipment and services in Thunder Bay and throughout Northwestern Ontario that improve patient care.



Tracey Nieckarz (left) is Chair of the Board of Directors and Glenn Craig (right) is the President and CEO of the Thunder Bay Regional Health Sciences Foundation.

The Health Sciences Foundation's mission is to inspire the people of Northwestern Ontario to give generously to enable the advancement of world-class health care at Thunder Bay Regional Health Sciences Centre. 100% of the money donors give directly supports the equipment and programs of Thunder Bay Regional Health Sciences Centre. Donors are able to designate their gifts to any area of care within the Thunder Bay Regional Health Sciences Centre, such as Cardiac, Cancer, Research, Renal, Paediatrics, Trauma, Neurosurgery or many others.

"My father had a heart attack a few years ago and his care was exceptional. We've certainly benefited from the dollars that we have raised and donated from this event (the Central Canada Charity Classic) and want the same for the people of northwestern Ontario."

Kelly Maunula of Central Canada Industries, who along with husband Wayne have hosted the Central Canada Charity Classic Golf Tournament for the past 13 years, with funds raised supporting a variety of areas within the Health Sciences Centre including cancer, cardiac and diabetes care.

In 2013, we launched the Exceptional Cancer Care Campaign to continue expanding the extraordinary, personalized care that has made Regional Cancer Care Northwest one of the best cancer centres in the province. Announced in April 2015, the Campaign surpassed its goal of \$5.9 million, with over \$7.2 million raised thanks to the generosity of the community. Funds raised ensure state-of-the-art equipment is available to cancer patients including an Integrated Screen for Life Mobile Coach, two Linear Accelerators, Chemotherapy chairs and equipment at 14 sites across the region, Surgical equipment, a cyclotron, and a MicroPET.

"Thanks to you, we have ensured that each person who walks through the doors of our Cancer Centre will have the confidence that they will have access to the very best equipment to find and treat their disease. They'll know that research is continuing to ensure the next generation of equipment is even better."

Paul Fitzpatrick, Chair, Exceptional Cancer Care Campaign

When it's needed most, there is nothing more important than world-class health care. That's exactly what your gift brings to the people of our community.

Each year, local and regional donations support medical equipment, new technology, local research, education and awareness. Improvements continue to happen every day. From the safety and care babies receive in the NICU, patients requiring eye laser surgery, renal patients in need of emergency or critical care, to patients dealing with a chronic disease – the Health Sciences Centre continues to provide the absolute best care possible to every patient.

"This is just a fantastic resource. I mean, for a city of our size to have a piece of equipment like that, well, it's just, it's the right step forward."

Trevor Mikus, Branch Manager at Bluewave Energy in Thunder Bay, on the arrival of the cyclotron.

Thanks to the generosity of donors, health care at Thunder Bay Regional Health Sciences Centre continues to improve every day, thanks to investments in health care equipment and programs of \$3.8 million in 2014, in addition to \$5.9 million committed to cancer care. People are healthier and can receive more of the care they need here at home.

Together, we are healthier.



Programs & Services

Since opening in 2004, TBRHSC has expanded in its size, as well as its programs and services to serve patients and families in Northwestern Ontario.

Cardiovascular and Stroke Program

Patient Outcomes:

- Since vascular surgeon Dr. Yaasin Abdulrehman joined the TBRHSC surgical team in October 2014, many vascular patients are now receiving care at TBRHSC - he has performed over 120 cases during his first 6 months;
- Patients had access to 'closer to home' clinics at TBRHSC provided by cardiac and vascular surgeons from University Health Network (UHN), with whom extensive planning activities were completed to bring us closer to our goal of providing cardiovascular surgical care for patients in Northwestern Ontario;
- To ensure the best possible patient outcomes, a specialized 12-bed Regional Stroke Unit was set to open on the Cardiovascular Unit (2C) in April 2015;
- Acute stroke interventions are now possible for selected, late-presenting stroke patients through a TBRHSC pilot project in which clots are aspirated under image-guidance to minimize the brain damage associated with patients arriving at hospital too late for treatment with clot-busters.



Acute mental health patients have closer access to get the benefits of exercise and counseling services at the Healthy Rehabilitation Program in its new location at 1040 Oliver Road, thanks to a collaboration between the Cardiovascular & Stroke and the Mental Health programs.

Chronic Disease Prevention and Management Program and Medicine Services

Patient Outcomes:

- We have seen a decrease in hospital-acquired delirium rates and average length of stay, thanks to the Hospital Elder Life Program (HELP), introduced in September 2014 on medical unit 2A, serving patients 70 years and older who are at risk for cognitive or functional decline while hospitalized;
- Patients now have access to closer to home Bariatric Surgery here at TBRHSC, a major milestone for our Bariatric Centre of Excellence;
- Children and youth with severe obesity will soon be able to access a Pediatric Bariatric Program which received approval this year and is set to launch in 2015-16;
- Renal Services successfully implemented electronic documentation to the hemodialysis program, allowing care providers improved access to their patients' clinical information.



Specially trained volunteers with the Hospital Elder Life Program (HELP) work with patients 70 years and older to prevent hospital-acquired delirium.



Maria Jones, Psychometrist, leads mindfulness practice with inpatients of the Adult Mental Health program.

Mental Health Program

Patient Outcomes:

- Inpatients in the Adult Mental Health Unit are benefiting from enhanced programming including Therapeutic Groups/Mindfulness, Healthy Lifestyles Physical Rehabilitation, Aboriginal initiatives, and recreation activities;
- Reorganized Assertive Community Treatment (ACT) teams have created 3 levels of care with existing resources: a stepped care nurse, an assessment, stabilization and aftercare team and a specialized case management team (PATH);
- As a result of ACT's reorganization, patients are experiencing reduced and almost no wait times for service and capacity has been created for additional clients;
- Forensic Mental Health Services has received additional annualized funding for a Brief Assessment Unit to increase the capacity for Court Ordered Assessments to be conducted on an outpatient basis, reducing unnecessary inpatient-based court ordered assessments, enhancing patient flow, and decreasing wait times.

Women and Children's Program

Patient Outcomes:

- Access to therapy has advanced, allowing for earlier care to babies with Neonatal Abstinence Syndrome;
- A new initiative, Mother Baby Dyad Care, is supporting mothers and their partners during their special stay on our unit, through the practice of Skin-to-Skin care in which babies are placed skin to skin with their mothers immediately after delivery and, if medically able, they are encouraged to maintain this for the first two hours uninterrupted;
- A new handbook was created for child protection workers who are the legal guardians of patients admitted to the Child and Adolescent Mental Health Unit;
- The groundwork was laid for the Paediatric Obesity Program to begin providing treatment for children and youth with complex severe obesity in 2015-2016.



Kian Fleming arrived at 11:34 a.m. on New Year's Day at Thunder Bay Regional Health Sciences Centre, earning him the title of Northwestern Ontario's first baby of 2015. Kian joins brothers Camlen, 2 (left) and Ayvan, 4 (right).



Regional Cancer Care is continually developing its services to provide the absolute highest quality cancer care available in the province.

Regional Cancer Care Program

Patient Outcomes:

- Over 200 patients have been transitioned using the survivorship discharge pathways that allow for a smooth transition for patients moving from follow-up care Regional Cancer Centre Northwest to ongoing follow-up care with their primary health care provider in the community;
- Regional Cancer Care Northwest implemented a new Quality Based Procedure funding model for Systemic Therapy (Chemotherapy), successfully aligning our services to ensure the safest, evidence-based treatment for the people of Northwestern Ontario;
- Also under the new Quality Based Procedure funding model, patients benefit from improved quality and safety of our program overall thanks to an investment in Pharmacy providing the oversight to ensure that the right evidence-based regime options are provided for the right diagnosis;
- Access for patients to Palliative Care Services has more than doubled with added resources for palliative care and symptom management, including an additional physician and nurse.

Trauma Program, Emergency, Base Hospital and Critical Care Services

Patient Outcomes:

- To assist in patients' care prior to transfer, Critical Care provides real-time videoconference consultation with ICU physicians, nurses and members of the health care team and support to regional hospitals in Northwestern Ontario;
- Patients have greater choices thanks to system-wide coordination of end-of-life care, including implementation of a new Levels of Resuscitation policy and educational resources;
- Comprehensive standardized physician order forms improve care for trauma patients upon admission;
- Through a quality review process and education, Base Hospital evaluates the impact and utilization of a provincial resuscitation directive by paramedics in the region;
- Non-admitted patients and patients waiting for physician initial assessment are experiencing low wait times, due to streamlined triage process and Rapid Assessment Zones for select patients in order to efficiently manage patient flow in the Emergency Department.



In October 2014, the Ministry of Health and Long-Term care recognized the Emergency Department (ED) at Thunder Bay Regional Health Sciences Centre (TBRHSC) for "its commitment to reducing provincial wait times and improving emergency care for the people of Ontario."



The TBRHSC Fresh Market offers the opportunity to purchase healthy, fresh, local food, while providing education and recipes to motivate staff, patients, and visitors to try new healthy foods and recipes.

Prevention and Screening Services

Patient Outcomes:

- 'Early Detection: The Path to a Good Life,' a video featuring Ontario Regional Chief Stan Beardy's personal colorectal cancer story, was launched to improve awareness and access to screening information, particularly among Aboriginal people. Watch the video here: <http://www.tbrhsc.net/goodlife>
- The Screen for Life Coach is providing cancer screening services to more First Nations communities in Northwestern Ontario;
- Patients are benefiting from streamlined cancer diagnosis services through Diagnostic Assessment Programs (DAP) for suspected lung, colorectal, breast, and malignant lymphoma;
- Cancer Care Ontario Cancer Wait Times Steering Committee formally acknowledged TBRHSC as the most improved hospital in the province for the performance of the lung DAP, which was also acknowledged for exceeding the provincial annual improvement target;
- More than 3000 people visited the TBRHSC Fresh Market, which ran for 16 weeks with 10 local vendors, offering patients, staff, and visitors the opportunity to purchase healthy, fresh, local food, as well as education and recipes to encourage trying new healthy foods and recipes.



The Volunteer Association provided funds for new medical equipment in the Clinical Laboratory. In this photo: (left to right) Sheila Prus, Biochemistry Coordinator in the Clinical Laboratory; Volunteer Association member, Sharron Detweiler; and Georgia Carr, Clinical Laboratory Manager.

Diagnostic Services

Patient Outcomes:

- Additional Ultrasound staffing and a master rotation/booking system have improved booking wait times and appointment turnaround times for patients by increasing our capacity to support a greater demand for ultrasound procedures;
- Patients now have access to an in-house 'Triage Team' developed by Transfusion Medicine to be available in the event of a critical blood-product-shortage emergency;
- There is now electronic transmission of patient results to the electronic health record and quality management monitoring of all devices and operators thanks to the upgrading of Glucometers, a major advancement of Point of Care Testing (POCT);
- Patients benefit from new equipment - Haematology updated and validated two new state-of-the-art Coagulation analyzers; received a new Osmometer; Microbiology obtained a new piece of equipment, which utilizes cutting edge technology for more efficient culture of pathogenic organisms from patient specimens.

Surgical, Ambulatory and Rehabilitative Services

Patient Outcomes:

- With the addition of two Bariatric Surgeons, patients struggling with obesity who choose gastric bypass surgery as an option can now access close to home surgical services at the Regional Bariatric Care Centre at TBRHSC;
- An online video was developed for young patients who live too far away to attend TBRHSC's Paediatric Operating Room tour in person; the tour reduces anxiety by allowing children and their families to become familiar with the hospital environment prior to surgery;
- Patient satisfaction has improved and wait times have been reduced thanks to Fracture Clinic utilization and process improvement strategies;
- In order to improve patient care and outcomes, decrease surgical complication, and decrease the cost of health care delivery, Surgical Services is participating in the National Surgical Quality Improvement Program (NSQIP) through Health Quality Ontario, providing hospitals with valuable clinical data and quality improvement programs.

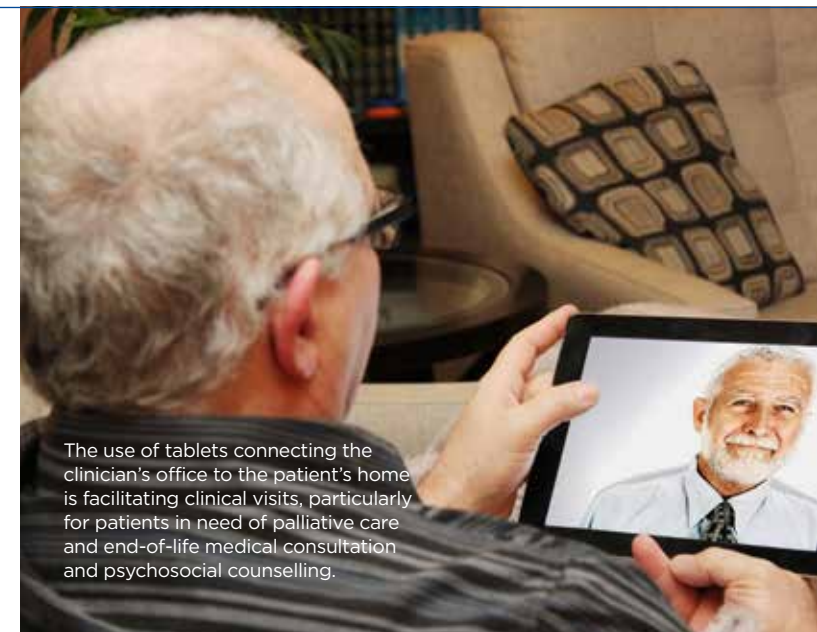


A new online video features a talented cast of staff and volunteers from the Paediatrics Operating Room team including Dave Vincent (left) with Rej the Puppet and Keri-Lyn Durant with Phoebe. Watch the video here: <http://www.tbrhsc.net/PaediatricORTour/>

Supportive, Palliative Care and Telemedicine Services

Patient Outcomes:

- The innovative use of tablets connecting the clinician's office to the patient's home is facilitating clinical visits, particularly for patients in need of palliative care and end-of-life medical consultations and psychosocial counselling;
- Inpatients are getting help to quit smoking through Moving on to Being Free, the 'at bedside' intensive smoking cessation research program (P. Smith, PI);
- 35% of patients who signed up are still smoke-free one year after hospital discharge;
- Cancer patients can now access counseling from home through tele-counseling with a Supportive Care counsellor at the Cancer Centre, offering patients greater flexibility and privacy, particularly important in smaller communities.



The use of tablets connecting the clinician's office to the patient's home is facilitating clinical visits, particularly for patients in need of palliative care and end-of-life medical consultation and psychosocial counselling.

World-class health care and our accomplishments are possible through the hard work and dedication of all of our physicians, staff, volunteers, Patient and Family Advisors, and the support of the following departments:

Administrative Staff
Admitting
Capital Program
Planning
Chief of Staff Office
Clinical Trials
Communications & Engagement
Corporate Services
Financial Services

Health Records
Housekeeping
Human Resources & Organizational Development
Infection Control
Information Systems
Information Technology
Labour Relations

Laundry and Linen Services
Library
Mail Service
Material Distribution
Medical & Academic Affairs
Northwest Regional Supply Chain - Sourcing and Contracting

Nutrition and Food Services
Occupational Health & Safety
Patient and Family Advisors
Patient Care Services
Pharmacy
Physical Plant and Biomedical

Quality Management
Research Ethics
Security
Strategy & Performance Management
Supply Process Distribution
Telecommunications

Thunder Bay Regional Health Sciences Foundation
Volunteer Association to Thunder Bay Regional Health Sciences Centre
Volunteer Services

Health Records

Essential to Providing Excellent Patient Care



Annette Scarcello, Release of Information Technician, is one of the 55 employees in the Health Records department at Thunder Bay Regional Health Sciences Centre, working behind the scenes to ensure patient care is meticulously charted.

If you have ever visited the hospital, you likely encountered a nurse, physician, or other health professional, as well as employees from housekeeping, food and nutrition, and possibly administration.

But it is unlikely you met another critical member of your health care team. That is because the 55 employees in the Health Records department at Thunder Bay Regional Health Sciences Centre (TBRHSC) work behind the scenes to ensure your care is meticulously charted.

Some of the functions performed in Health Records include the transcription of medical and surgical reports, coding diagnoses and surgical procedures, releasing health information, retrieving, storing, filing, and scanning medical information and report writing of the coded information. The department is also responsible for ensuring privacy legislation is adhered to at TBRHSC.

“A lot of what we do is driven by legislation, particularly the Public Hospitals Act,” says Heidi Greenwell, Manager, Health Records. Accuracy is of the utmost importance. “Data quality is an important part of what we do. We run 150 data quality reports before they’re submitted to the Ministry of Health and Long-Term Care at the end of each month.”

Employees in Health Records play an essential role in terms of quality, efficiency, and trend analysis. Data provided to hospital administration can help leadership at TBRHSC see current trends and projections. “For example, we can compare our readmission rates to other hospitals in the province or even other provinces and look at how we’re different, why, and how can we improve,” says Greenwell. That data is also an essential element to any proposals for new funding, programs, or services.

Because Health Records provides patient chart reviews and reports

for health care providers that help clinical decisions, the department is essential to TBRHSC’s ability to provide excellent patient care. The implementation of scanning records streamlines clinical access.

Once a patient is discharged, their record comes to Health Records. The department processes a staggering volume, 17,500 inpatient discharges annually and transcribing 4 million lines annually.

“For clinicians the Health Record is essential to providing good care to our patients,” says Dr. Bill McCready, Interim President and CEO, TBRHSC, and Interim CEO, Thunder Bay Regional Research Institute. “The Health Records staff make sure these records are organized, available, and relevant to the clinical staff, while protecting the privacy of the patient. We all owe the staff of Health Records a debt of gratitude for the work they do.”

Recognizing a Job Well Done



Representatives from Thunder Bay Regional Health Sciences Centre (TBRHSC) accepted the 'Canada's 10 Most Admired Corporate Cultures Award' at a ceremony in February. Delegates included (from left to right): Rod Morrison, EVP, Health Human Resources, Planning and Strategy; Angela Kutok, Administrative Assistant, Health Human Resources, Planning and Strategy; Marga Bond, Patient Family Advisor; Keith Taylor, Patient Family Advisor; Susan Fraser, TBRHSC Board Chair; Tracey Nieckarz, Thunder Bay Regional Health Sciences Foundation, Board Chair; Terry Robertshaw, Nurse Practitioner, 2B; Debra Spaulding, Pacemaker Certified Technician; Heather Neilson Clayton, Counsellor, Supportive Care & Patient Education Lead.

Walk the Talk Awards

Every year Thunder Bay Regional Health Sciences Centre (TBRHSC) presents Walk the Talk Awards in a number of categories to acknowledge and reward physicians and staff members who go above and beyond in their work.

These individuals are helping the TBRHSC turn its mission to advance world-class Patient and Family Centred Care in an academic, research-based, acute care environment into a reality.

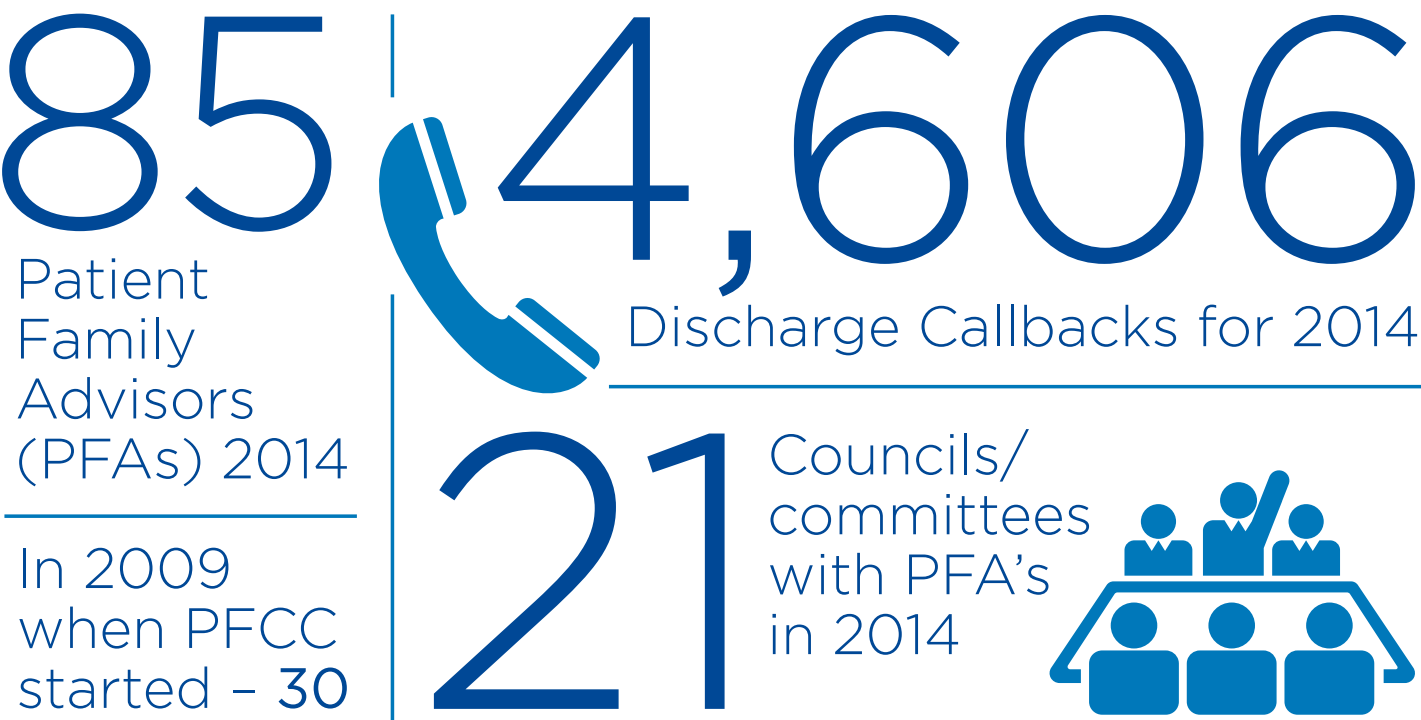
- | | | | |
|---|--|--|--|
| Aboriginal Health Award:
Lisa Laitinen-Egbuchulam | Foundation Award (Individual):
Sue Buob-Corbett | President's Award of Excellence:
Eileen Lidemark | Board of Directors' Award:
Operating Room |
| French Language Services Award:
Suzanne McLeod | Foundation Award (Group):
3A Surgical Inpatient Unit | Team Awards:
Porters
Post-Anesthetic Room | Leadership Awards:
Anne Marie Heron
Marissa Kubinec |
| Healthy Together Award:
David Gladun | Individual Awards:
Anne Clarke
Debra Everts
Laura Macgowan
Mary Nucci
Michelle Kundrat
Steve Spirka | Professional Staff Award:
Dr. Gordon Porter
Dr. Salima Oukachbi
Dr. Sunil Gulavita | Patient and Family Centre Care Award:
Terry Robertshaw |
| Occupational Health & Safety Award:
Don Leonetti & Maintenance Electricians | Academic and Research Award:
Dr. Laura Curiel | Volunteer Awards:
Sanna Agombar
Susan Thompson | Respect Awards:
Betty Annala
Bonnie Zabirka |
| | | Patient Safety Award:
Housekeeping Department | |

Patients as Partners

The Patient and Family Centred Care (PFCC) philosophy guides us in everything that we do and it means that patients and families are involved in every aspect of the care they receive at the Health Sciences Centre.

At the heart of PFCC is the Patient Family Advisor or PFA, a patient or patient’s family member who has experienced care within the past two years and is focused on improving care experiences for others.

From participating on interview panels for leadership positions to providing input to guide new initiatives and revise existing ones, Patient Family Advisors are involved in everything we do.



Financial Statements

Thunder Bay Regional Health Sciences Centre (TBRHSC) continues to manage resources effectively and efficiently, despite continued overcapacity pressures. TBRHSC finished the **2014-2015** fiscal year with a \$2.2 million deficit, compared to a deficit of \$19,000 in the previous year. This is primarily attributable to operating at levels beyond our funded capacity due to the significant bed pressures that our community has continued to experience. TBRHSC continues to work with the Local Health Integration Network and other community partners to address this issue.

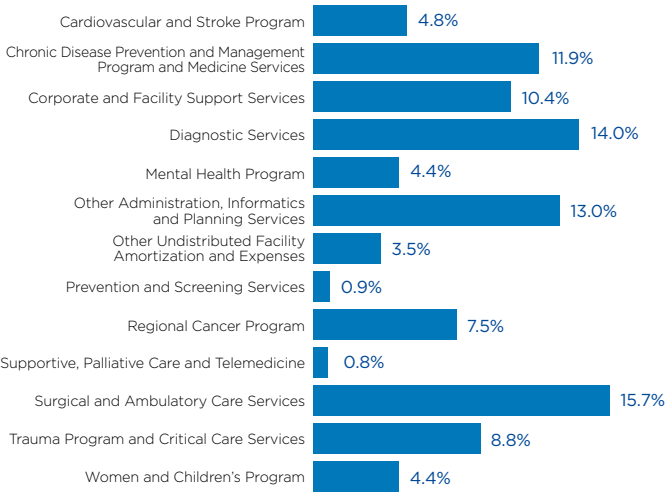
STATEMENT OF FINANCIAL POSITION

March 31, (Amounts in \$ thousands)	2015	2014	2013	2012	2011
Assets					
Current assets	33,686	33,113	33,452	29,822	28,779
Non-current assets	272,029	260,039	238,660	246,473	256,185
Total Assets	305,715	293,152	272,112	276,295	284,964
Liabilities and Fund Balances					
Current liabilities	59,596	45,300	42,858	41,179	40,175
Non-current liabilities	240,113	236,634	218,603	227,040	233,508
Total liabilities	299,709	281,934	261,461	268,219	270,493
Fund Balances	6,006	11,218	10,651	8,076	11,281
Total Liabilities and Fund Balances	305,715	293,152	272,112	276,295	284,964

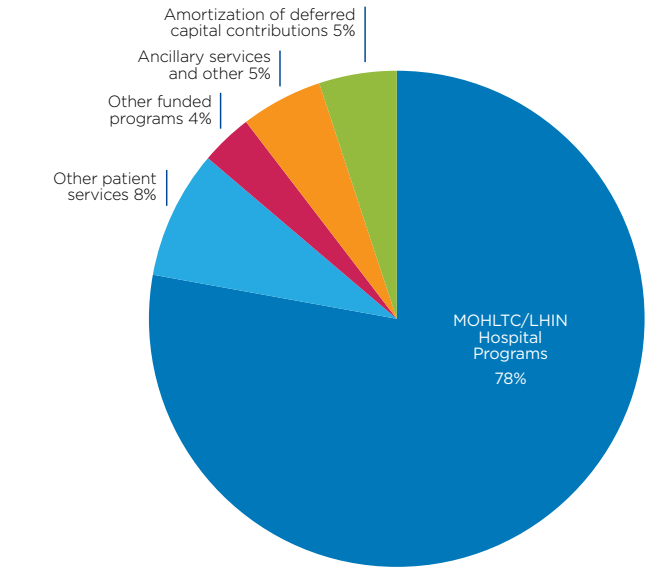
STATEMENT OF OPERATIONS

For the year ended March 31, (Amounts in \$ thousands)	2015	2014	2013	2012	2011
Revenue					
"Ontario Ministry of Health and Long-Term Care / North West Local Health Integration Network"	249,780	238,968	233,940	227,104	221,085
Other patient services	26,841	26,411	25,109	26,716	26,721
Other funded programs	10,863	9,671	8,838	8,727	7,312
Ancillary services and other	17,132	17,020	15,532	16,246	15,117
Amortization of deferred capital contributions	16,253	16,214	16,767	16,420	19,738
	320,869	308,284	300,186	295,213	289,973
Expenses					
Salaries and benefits	214,050	204,366	198,443	200,141	195,068
Medical, surgical supplies and drugs	40,059	36,064	34,486	34,919	33,866
Supplies and other	18,201	19,216	18,089	22,666	21,665
Other funded programs	10,981	9,647	8,840	8,744	7,226
Plant operations and equipment maintenance	17,665	16,252	15,874	10,517	13,614
Amortization	22,086	22,758	22,032	21,245	20,868
	323,042	308,303	297,764	298,232	292,307
Excess (deficiency) of revenue over expenses	(2,173)	(19)	2,422	(3,019)	(2,334)

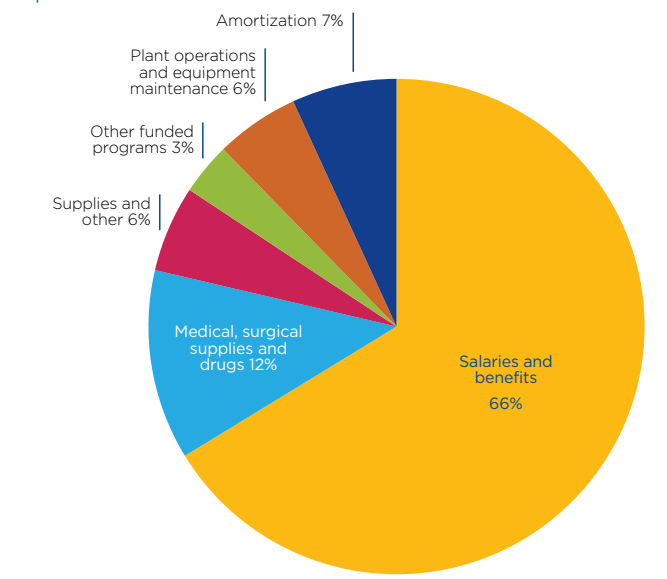
Expenses by Program and Service



Revenue



Expenses



Patient-Centred Care

The Patient and Family Centred Care model is respectful of and responsive to patient and family preferences, needs, and values, and provides a guide for all clinical decisions. PFCC does this by recognizing that the delivery of health care is a collaborative partnership among patients, families, and caregivers including all Health Sciences Centre health care professionals and staff.



**Thunder Bay Regional
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