

**TBRHSC Board of Directors
Open Meeting**

**Wednesday, October 7, 2015 – 5:00 pm Boardroom, Level 3, TBRHSC
980 Oliver Road, Thunder Bay
AGENDA**

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 (Accountability, Respect and Excellence)*

#	Time (X)	Presenter	Item & Purpose (Y)	Expected Outcome (Z)			
				Recommendation /Decision/Action	Education	Discussion	Information
1.0			CALL TO ORDER <i>Patient Family Centred Care Board – Dr. Rhonda Crocker Ellacott</i>				
2.0			PATIENT STORY – Rod Morrison				
3.1	1	N. Doucette	Quorum (8 members total required, 6 being voting)				
3.2	1	N. Doucette	Conflict of Interest				
3.3	1	N. Doucette	Approval of the Agenda	X			
3.4	3	N. Doucette	Chair's Remarks*				X
4.0			PRESENTATIONS/UPDATES				
4.1	15	P. Myllymaa	Environmental Compliance and Fire Safety Update*		X	X	
5.0			CONSENT AGENDA				
5.1			Board of Directors: Approval of Minutes –September 9, 2015*	X			X
5.2			Report Volunteer Association Board*				X
5.3			Report Thunder Bay Regional Research Institute*				X
5.4			Quality Committee Minutes –September 15, 2015*				X
6.0			REPORTS AND DISCUSSION				
6.1	10	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	3	G. Craig	Report from the TBRHS Foundation*			X	X
6.4	3	Dr. Thibert	Report from the Professional Staff Association			X	X
6.5	3	Dr. Ahmed	Report from the Acting Chief of Staff*			X	X
6.6	3	Dr. R. Crocker Ellacott	Report from the Chief Nursing Executive*			X	X
6.7	3	Dr. P. Moody-Corbett	Report from the Northern Ontario School of Medicine (NOSM)*			X	X
7.0			BUSINESS/COMMITTEE MATTERS				
7.1	2		Resource Planning Committee – September 15, 2015 7.1.1 Board Attestation: Wages and Source Deductions Q1 2015-16*	X			
7.2	2		Corporate Membership*	X			

#	Time (X)	Presenter	Item & Purpose (Y)	Expected Outcome (Z)			
				Recommendation /Decision/Action	Education	Discussion	Information
7.3	2		Board Work Plan*	X			
8.0	FOR INFORMATION						
8.1			Webcast Statistics*				X
8.2			Corporate Membership Drive*				X
9.0	BOARD MEMBER COMMENTS					X	
10.0	DATE OF NEXT MEETING – November 4, 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 considered for each decision.							
1. Does the course of action put ‘Patients First’ by responding respectfully to needs & values of our patients, families, and communities?							
2. Does the course of action demonstrate ‘Accountability’ by advancing a quality patient experience that is socially and fiscally accountable?							
3. Does the course of action demonstrate ‘Respect’ by honouring the uniqueness of each individual and his/her culture?							
4. Does the course of action demonstrate ‘Excellence’ by fostering an environment of innovation and learning to advance a quality patient experience?							
For more detailed questions to use on difficult decisions, please refer to TBRHSC’s Framework for Ethical Decision Making http://intranet.tbrhsc.net/Site_Published/i5/render.aspx?DocumentRender.IdType=5&DocumentRender.Id=110784							

BOARD OF DIRECTORS (Open)
October 7, 2015 – DRAFT

Agenda Item	Committee or Report	Motion or Recommendation	Approved or Accepted by:
3.3	Agenda – October 7, 2015	“That the Agenda be approved as circulated.”	Moved by: Seconded by:
5.0	Consent Agenda	“That the Board of Directors: 5.1 Approves the Board of Directors Minutes of September 9, 2015, 5.2 Receives the Volunteer Association Board Report 5.3 Receives the TBRRI Report dated October, 2015, 5.4 Receives the Quality Committee Minutes of September 15, 2015, as presented.”	Moved by: Seconded by:
6.0	Reports and Discussion	“That the Board of Directors: 6.1 Accepts the Report from Senior Management, 6.2 Accepts the Report from the Interim 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 Acting Chief of Staff, 6.6 Accepts the Report from the Chief Nursing Executive, 6.7 Receives the Report from the NOSM, dated October, 2015 as presented.”	Moved by: Seconded by:
7.1.1	Board Attestation: Wages and Source Deductions Q1 2015/16	“That the Board of Directors accepts the Q1 2015-2016 Board Wages and Source Deduction Attestation, as presented.”	Moved by: Seconded by:
7.2	Corporate Membership	“That the Board of Directors accepts the applications for membership to the Corporation received for the period June 26 to September 28, 2015,	Moved by: Seconded by:

Agenda Item	Committee or Report	Motion or Recommendation	Approved or Accepted by:
		2015 as per the attached listing.”	
7.3	Board Work Plan	“That the Board of Directors approves the Board Work Plan for 2015-2016, as presented.”	Moved by: Seconded by:



Board of Directors

healthy
together

Report from Nadine Doucette Chair, Board of Directors October 7, 2015

Patient and Family Centred Care is the core philosophy that our hospital has operated by for the past six years. Thunder Bay Regional Health Sciences Centre is recognized as the leading practitioner of PFCC in the country.

Every year, TBRHSC hosts events to highlight its commitment to PFCC, a model of care that puts patients and families at the centre of a collaborative care approach. Our Sharing and Caring Exhibition invites the community to learn about our PFCC approach and initiatives to improve the patient experience and reinforce our commitment to PFCC. I was very pleased to participate in the Exhibition opening last week and highlight TBRHSC's recommitment to PFCC as expressed in our new Strategic Plan 2020. As I said then, PFCC will continue to guide us in everything we do and we will ensure that patients and families are involved in every aspect of the care they receive here.

In the meantime, senior management, staff and our Board continue the work of developing the details of the action plans that will see the new Strategic Plan implemented over the next five years and will ensure our continued excellence in delivering on our mission of providing a quality patient experience responsive to the needs of the people of Northwestern Ontario.

Meanwhile, the work of the CEO Search Committee and search firm Promeus Inc. to find a President and CEO continues. That work is on track to begin interviewing candidates by the end of October.

We witnessed a significant milestone in the development of our Combined Heat and Power plant, a co-generation project that captures heat generated by our internal combustion engine that would otherwise be lost into the atmosphere, and converts it into energy to produce hot water. At a time of steep fiscal challenges, this saves TBRHSC money, makes our energy supply more secure and reduces our carbon footprint. This positive development was achieved through the dedicated and tenacious staff who originally championed the concept and saw it through to approval and its soon to be successful completion.

Finally, I want to acknowledge the Thunder Bay Regional Health Sciences Foundation's kick off of a new fundraising campaign. Hard on the heels of the amazing success of the Exceptional Cancer Care Campaign, the Foundation has launched its Missing Piece campaign, which highlights the importance the community plays as a funder of much of the essential hospital equipment we need to provide the care we provide.

It is only through the strength and dedication of our partners that we are strong, and our generous community's support for their hospital is arguably our most important partner. It is only through these partnerships that we deliver on our vision of Healthy Together.

We are Healthy Together.

Nadine Doucette, Chair
Board of Directors

980 Oliver Road
Thunder Bay, ON
P7B 6V4

Phone:
684-6007

Website:
www.tbrhsc.net

Thunder Bay Regional Health Sciences Centre

Compliance Update
For the Board of Directors
October, 2015



Compliance Statement

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

Fire Code

- **Minimum staffing drill scenario submitted to Fire Department in March. Drill to occur in October.**
- **Fire Inspection will take place in October or November.**

New Building

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

Cyclotron

- CNCS license for cyclotron-radiopharmacy – **approved for for commissioning; commissioning ongoing**
- Fire – **Sub plans are complete**
- Health Canada – **not applicable at this time**

Sterilization (in SPD)

- Usage of Ethylene Oxide (EtO) system for sterilization ceased in 2014 (replaced with peroxide-based sterilizer)
- Decommissioning of system to occur after amendment to ECA received – currently working with Pinchin to prepare ECA amendment for submission – **submission to be completed this month**

Co-Generation

- Cogeneration facility proceeding with Johnson Controls and Toromont.
- Construction in progress and on schedule.
- Worked with Pinchin to prepare ECA amendment for submission – **submitted and approval received July 2015**

Green Energy Act

■ Green Energy Act 2009

- Ministry of Energy
- Annual energy reporting to commence July 2013 for all BPS establishments
- July 2014 five-year energy reduction program posted
- **Update submitted and posted July 1, 2015**
- **Next update due July 1, 2016**

Questions?



Thunder Bay Regional Health Sciences Centre

Board of Directors

Wednesday, September 9, 2015

Boardroom – 5:00 p.m.

Present:

Nadine Doucette, (Chair)
Dr. Bill McCready*
Dr. Andrew Turner*
Georjann Morriseau
Dr. Rhonda Crocker Ellacott*

Gerry Munt
Anita Jean
Dick Mannisto
John Friday

Dr. Mark Thibert*
Doug Shanks
Grant Walsh
Gary Whitney

By Invitation – Senior Management:

Peter Myllymaa
Cathy Covino

Glenn Craig
Anne-Marie Heron

Dr. Mark Henderson
Dawn Bubar

By Invitation:

Jessica Nehrebecky Rec. Sec.
Dr. Michelle Langlois (Dr. Kennedy)
Dr. Michael Campbell

Renée Laakso
Carolyn Freitag (R. Morrison)
Dr. Scott Sellick

Michael Del Nin
Tracie Smith (C. Pothier)
Aaron Skillen

Regrets Board of Directors:

Dr. Penny Moody-Corbett

Regrets Administration:

Dr. Stewart Kennedy

Rod Morrison

Chisholm Pothier

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

The Chair welcomed the existing Board members, new Board members (Ms. Georjann Morriseau and Mr. Gary Whitney), Senior Management, guests and web audience.

Item 2.0 – Patient Story was moved after item 4.1 ALC Update to accommodate the presenter's arrival.

3.1 **Quorum** – Quorum was attained.

3.2 **Conflict of Interest** - None

3.3 **Approval of the Agenda**

Moved by: Dick Mannisto

Seconded by: Doug Shanks

"That the Agenda be approved, as circulated."

Motion

CARRIED

3.4 Chair's Remarks – for information

4.0 PRESENTATIONS

4.1 ALC Update

Mr. Aaron Skillen, Program Director, Chronic Disease and Medicine Services, TBRHSC and Regional Director, North West Ontario Renal Network, provided a gridlock status update. TBRHSC is funded for 395 beds with the capacity for an additional 36 unfunded beds for a total of 431 maximum admitted patient beds. The following was highlighted for the months of June, July and August, 2015:

- There have not been any “prior day” or “same day” surgical or Percutaneous Coronary Intervention (PCI) cancellations.
- The Year to Date (YTD) 2015-16 gridlock days is at 19.3 days versus 29 days in 2014-15.
- The admitted patient census for the 2015-16 YTD is at 404 compared to 416 in the 2014-15 year.
- Targets within the Quality Improvement plan are being achieved or are nearing achievement regarding patient flow strategies, which are the 90th percentile Emergency Department (ED) Length of Stay (LOS) for admitted patients and the average LOS (excluding Alternate Level of Care (ALC)).
- Within the 2020 Strategic Plan, two objectives within the Goal “Enhance access to clinical services supported by patient flow efficiencies” are underway.

Mr. Skillen was excused from the meeting.

Dr. Scott Sellick was welcomed to the meeting.

2.0 PATIENT STORY – Dr. Mark Henderson

Dr. Mark Henderson, Executive Vice President, Patient Services and Regional Vice President, Cancer Care Ontario and Dr. Scott Sellick, Director, Supportive, Palliative Care and Telemedicine Services, shared a patient story via video called “Survive and Thrive Lake Superior Voyageur Canoe Trip – 2015”.

Dr. Sellick was excused from the meeting.

4.2 Strategic Plan Update

Ms. Carolyn Freitag, Director, Strategy & Performance Management, and Mr. Michael Del Nin, Manager, Decision Support, provided an update on the 2020 Strategic Plan. The following was highlighted:

- Five Strategic Working Group have been created, one for each of the Strategic Directors (Acute Mental Health, Patient Experience, Comprehensive Clinical Care, Seniors' Health and Aboriginal Health), lead by the Executive Vice President most

responsible for each area. Detailed action plans were developed for each.

- On September 2, 2015 a retreat was held with members of the Senior Management Council (SMC). Accountabilities were vetted and action plans were approved.
- Some of the challenges are the number of large scale project with longer time lines, resources for the project and managing the implementation change.
- A toolkit has been developed for the leadership group.
- Continued communication will continue into the Fall months and ongoing basis.
- The goal is to develop 5-8 key strategic indicators for the Board of Directors and 15 for the SMC.
- The following indicators (originally over 40) were presented to the Board for consideration:
 - Patient satisfaction – all dimensions – for Aboriginal communities or captured via separate survey tool
 - Patient satisfaction – emotional support dimension
 - % of in-patient cases which are completed within Northwestern Ontario
 - Patient satisfaction – overall – all dimensions – senior patients
 - Length of stay, excluding ALC days
 - Hospital standardized mortality index
 - Patient satisfaction – all dimensions combined – in-patients
 - Patient satisfaction – all dimensions combined – ED patients
 - Staff & Physician satisfaction
 - # of staff and physicians actively involved in research
 - Total margin

There was interest from the Board to receive further details on the dimensions and how the indicators were developed and what benchmarks were used.

Mr. DelNin was excused from the meeting.

4.3 Cyclotron update

Dr. Michael Campbell Director of Cyclotron Operations, Thunder Bay Regional Research Institute (TBRRI), and Mr. Peter Myllymaa, Executive Vice President, Corporate Services and Operations, TBRHSC and Chief Operating Officer, TBRRI provided an update on the cyclotron.

The Ministry of the Environment and the Canadian Nuclear Safety Commission (CNSC) have provided licenses and are currently operating under a license to commission, where the cyclotron is able to run at a limited power to test the systems. The commissioning of the facility began in early July, 2015 and expected to be completed by the end of October, 2015. The commissioning of the cyclotron is 85% complete whereas the commissioning of the facility is 60% complete. Staffing is in place and all have/will be trained in radiation safety and cyclotron operations.

The business plan was based on a \$4M funding gap and cumulative operating losses of \$1.1M in the first three years (2014-15, 2015-16, 2016-17). The current funding gap on

capital is \$3.95M with additional funding applied for a FedNor for up to \$1M for capital and operating contributions. Long term debt has been secured with interest only for two years.

Through a competitive process, guided by legal counsel and in compliance with the Broader Public Sector Accountability Act (BPSAA), a Memorandum of Understanding (MOU) has been developed with ACSION Industries, who will help with marketing strategies.

The cyclotron is able to produce Technetium-99m (Tc-99m), which is used in over 80% of medical imaging scans; however it requires Health Canada approval. The first production of Fluorine-18 was produced on August 17, 2015 and the development of protocol for fluorodeoxyglucose (FDG) is targeted for November 1, 2015. The target date to have the first product ready for patients in Thunder Bay is in September, 2016. There is a long period from the time the commissioning is over to the startup date due to approvals from Health Canada.

The insurance company has been apprised of the progress on the cyclotron as the project moves forward. Most of the waste that is generated by the cyclotron is short lived and decays in the facility itself. Any radioactive waste will be disposed of by a company that is licensed by the CNSC.

5.0 CONSENT AGENDA

Moved by: Anita Jean
Seconded by: Grant Walsh

Motion

"That the Board of Directors:

5.1 Approves the Board of Directors Minutes of June 11, 2015,

5.2 Receives the Volunteer Association Board Report, dated June, 2015,

5.3 Receives the TBRI Report dated June, 2015,

as presented."

CARRIED

6.0 REPORTS AND DISCUSSION

6.1 Report from Senior Management

The following information was highlighted from the report:

- The Regional Critical Care Response (RCCR) has expanded services to Atikokan, Marathon, Terrace Bay and Manitowadge hospitals on July 1, 2015.
- The number of tissue and organ donations has increased in the first quarter of 2015/16.
- The Sharing & Caring Together Exposition will be held on September 28 to October 2, 2015.

- As of July 7, 2015, TBRHSC is contributing all core laboratory and blood bank results to the Ontario Laboratory Information System (OLIS) repository.
- An image sharing solution has been implemented to support our partnership with University Health Network (UHN) facilitating the transfer of diagnostic images between TBRHSC and UHN.
- The data center suffered damage from a failure in the hospital cooling software resulting in complete outage of all hospital and region hosted solutions for almost 40 hours. Due to the high temperatures, both controllers (back-up) failed.
- The agreement is being finalized with Studer Group to implement the best practice for front line clinical staff and leadership development.
- The Interprofessional Education Department has been working to redesign the orientation to make it more interactive.
- Two psychiatrists, one gastroenterologist and one hospitalist have been hired.
- A representative from Heritage Canada attended TBRHSC's celebration for National Aboriginal Day.
- TBRHSC will be the first organization to have a Patient Family Advisor as a member of the Quality of Care Committee.
- The Thunder Bay Regional Research Institute (TBRRI) has begun to work on their new strategic plan.
- There has been five grant awards worth \$1.456M over a five year period.
- The financial position of TBRHSC as of July 31, 2015 is a \$3.6M deficit.
- The Co-Generation project is on track and the goal is for start-up is by December 31, 2015.
- TBRHSC has no outstanding orders under the Fire Code or Environment Protection Act and is not aware of any non compliances in regards to the requirement of these legislations.

6.2 Report from the Interim President and CEO

The Interim President and CEO reported the following activities:

- There has been a decrease in LOS even before any actual work on processes has been done. This is largely due to discussions and collaborations between staff and physicians.
- The staff involved in the recovery of the data centre failure was thanked and commended.
- The staff on 2C-Cardiology and the Operating Room were also commended on the long hours they put in due to staff shortages and the backlog that required extra overtime.
- The Council of Academic Hospitals of Ontario (CAHO) is working to encourage the development of a health research strategy. A lobbying group will be developed to move the research agenda forward.
- The President and CEO will be participating in an interview with CBC Radio regarding National Suicide Prevention Day.
- The results from the Employee and Professional Staff Satisfaction Survey will be brought to the Board of Directors once it has been analyzed.

6.3 Report from the TBRHS Foundation

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

- Various successful events were held throughout the summer months.
- Upcoming events include the TBaytel Luncheon of Hope on October 9, 2015 and the Balmoral Park Acura Save a Heart Ball on October 17, 2015.
- A cabinet for the Cardiovascular program will be created in the next few years.

6.4 Report from the Professional Staff Association

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

- The first meeting of the PSA was held on September 8, 2015. There was a great turnout and a lot of engaged discussions.
- One of the highlights was the engagement session between, Promeus Inc. the firm hired for the CEO search and members of the PSA.
- The PSA is in the process of developing a conflict resolution process.

6.5 Report from the Acting Chief of Staff

The Chief of Staff highlighted the following:

- A new group including physician leaders and hospital administration formed over the summer to begin the work of engaging physicians in length of stay data and will report to the Patient Flow Steering Committee.

6.6 Report from the Chief Nursing Executive

The Chief Nursing Executive highlighted the following:

- TBRHSC is working with College of Nurses of Ontario and Lakehead University to investigate the recent failures of the nurse graduates in Canada.
- The full-time to part time nursing ratio is up from 69.26% to 73.03 during the same period in 2014/15.

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

Moved by: Anita Jean

Seconded by: Doug Shanks

Motion

“That the Board of Directors:

6.1 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 September, 2015 as presented.”

CARRIED

7.0 BUSINESS/COMMITTEE MATTERS - none

8.0 FOR INFORMATION

8.1 Board Comprehensive Work Plan – for information

8.2 Webcast Statistics – for information

8.3 By-Laws – for information (hardcopy)

8.4 Foundation Events– for information

9.0 BOARD MEMBER COMMENTS

10.0 DATE OF NEXT MEETING – October 7, 2015

11.0 ADJOURNMENT

There being no further business, the meeting adjourned at 6:45 p.m.

Chair

Board Secretary

Recording Secretary

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

BOARD REPORT

Presented at the October 7, 2015 Board meeting

Our monthly Board meeting was held on September 16, 2015.

The Board decided that we would again partner with the Thunder Bay Regional Health Sciences Foundation by with a commitment of \$30,000.00 towards the Family Care Grant Program for 2015. A letter was sent to Foundations to confirm.

There was a joint meeting with the Foundation to discuss upcoming plans by both organizations. Plans are underway to set up a committee to look at the applications for the Family care Grants.

Amendments to the guidelines for job descriptions from the Hospital Auxiliaries Association of Ontario (H.A.A.O.) have been reviewed and adapted for our organization. Applications for new board Members will be a primary focus for this year as well as a search for an Assistant Manager for Seasons.

The H.A.A.O. Fall Teleconference will be held on October 17, 2015 at St. Joseph's Heritage. Presidents and their Auxiliaries' representatives from northern Ontario will be in attendance.

"SUPPORTING PATIENT FAMILY CARE"

Respectfully submitted
Margaret Power
Vice President, Volunteer Association

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

Submitted by: Dr. Bill McCready, Interim CEO – TBRRI and Interim President & CEO
– TBRHSC – September 28, 2015

Clinical Research Update

Clinical Trials Involving Drug and/or Device Being Conducted at TBRHSC				
Program or Service Area	# of Trials	Target # of Participants	# Screened	#Enrolled
Cardiovascular and stroke				
Intervention - drug	5	90	314	24
Intervention - device	1	25	4	4
Intervention - drug + device	1	20	25	12
Treatment feasibility	1	20	6	3
Chronic disease prevention and management program & medicine services				
Intervention - drug	1	100	4	0
Regional cancer				
Intervention - drug	4	30	278	30
Total	13	285	631	73

There are currently 53 regulated clinical trials as well as 120 non-regulated clinical research studies being conducted at TBRHSC. The chart to the left shows trials that are

currently accruing patients. The Clinical Research Services Program is in the process of hiring a new Manager and an Ethics Officer. A communications strategy has also been developed to help increase the number of patients screened for eligibility to participate in clinical trials. The strategy will be rolled out this fall.

Of the 173 research studies being conducted at TBRHSC, 110 are physician lead and 21 are being lead by TBHRSC staff. Funding to undertake research studies is critical and Northern Ontario Academic Medicine Association (NOAMA) Grants are enabling Northern physicians to conduct valuable research. On September 24th TBRRI sponsored a Lunch & Learn about the NOAMA Grant Funds. Participants also received an overview of the support provided by TBRRI Clinical Research Support Services.



Lunch & Learn
NOAMA Grant Funds, September 24th, 2015
Main Meeting Room 2178, 2nd Floor
12:00 pm – 1:00 pm

"NOAMA Grants Research and Clinical Innovation - Opportunities for Physicians"



Dorothy Wright, Executive Director, NOAMA
The presentation will provide an overview of the grants available from NOAMA, the application process, and factors contributing to success. Based on the experience today, a brief overview of reasons why some of the grants are not successful will be included.

NOAMA
NORTHERN ONTARIO
ACADEMIC MEDICINE
ASSOCIATION

All physicians, learners, and researchers may benefit from this presentation


"TBRRI Clinical Research Support Services"



Shalyn Littlefield, Clinical Research Support Services, TBRRI
TBRRI Clinical Research Services Department provides researchers support and assistance to make the research happen—from idea to implementation. A brief overview of the department and support services provided will be explained.

Please RSVP to researchprogram@tbb.net

Facilitating Research Knowledge Transfer



Vineet Johnson, BSc PT, PG Dip PT, MSc (Neuro), PhD (C)
Lecturer, School of Kinesiology
Faculty of Health and Behavioural Sciences
Lakehead University
"Neuro-rehabilitation of the Hand Post-Stroke - A unique collaborative approach in Thunder Bay"

Stroke is one of the leading causes of disability and impairment in Canada and the world. Following a stroke, significant disability and/or impairment has been observed, leading to loss of independence and poor quality of life. Impaired hand function leads to increased dependence on caregivers for most activities of daily living. Improving hand function could have a significant impact on reducing dependency and improving quality of life. This collaborative project using a novel hand training device aims to improve hand function in individuals post stroke. The study will further attempt to understand both cortical (using fMRI) and peripheral (using EMG) mechanisms that mediate recovery, as well as to assess perceived benefits of hand function training through qualitative and quantitative measures.

September 28th, 2015
12:00 noon to 1:00 pm
TBRHSC Room 2171

Please RSVP no later than September 24th to:
Shannon Villalta
Administrative Assistant
Ph: 684-6713
Em: villalta@tbb.net

Bringing
Discovery
to Life
Thunder Bay Regional
Research Institute

Sharing research findings and providing an opportunity for collaboration with colleagues is also an important part of research. Monthly, with the exception of the summer months, TBRRI hosts regular Brown Bag Presentations that allow scientists, physicians and others to present their work to a group of their peers and interested individuals. On September 28th, Dr. Vineet Johnson presented on a collaborative study being undertaken between Lakehead University, St. Joseph's Care Group and TBRRI to help stroke survivors regain hand function. Improving hand function could have a significant impact on reducing dependency and improving quality of life. This collaborative project aims to improve hand function in individuals post stroke.

**Thunder Bay Regional
Research Institute**

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www.tbrii.com

Scientific Publications

Over the summer a number of TBRII scientists and associates have had their research published, accepted or submitted articles for publication in peer-reviewed journals. Recent publications include the following:

Phenix, C. (senior author); **Adams, B.T.** (first author); **Niccoli, S.** (co-author); **Chowdhury, M.A.** (co-author); **Esarik, A.N.K.** (co-author); **Lees, S.J.** (co-author); **Rempel, B.P.** (co-author). *N-Alkylated Aziridines are Easily Prepared, Potent, Specific and Cell-Permeable Covalent Inhibitors of Human B-Glucocerebrosidase*. Chemical Communications, 51(57):11390-3. Published July 2, 2015. **IF: 6.718**

Reznik, A. (senior author); **Kasap, S.** (first author); **Koughia, C.** (co-author); **Berashevich, J.** (co-author); **Johanson, R.** (co-author). *Charge Transport in Pure and Stabilized Amorphous Selenium: Re-Examination of the Density of States Distribution in the Mobility Gap and the Role of Defects*. Journal of Material Science: Material Electronics, 26(7):4644-58. Published July 2015. **IF: 1.97**

Zehbe, I. (senior author); **Togtema, M.** (first author); **Jackson, R.** (co-author); **Richard, C.** (co-author); **Niccoli, S.** (co-author). *The Human Papillomavirus 16 European-T350G E6 Variant Can immortalize But Not Transform Keratinocytes in the Absence of E7*. Virology. Published August 25, 2015. **IF: 2.343**

Zehbe, I. (senior author); **Wakewich, P.** (first author); **Wood, B.** (co-author); **LaFramboise, A.** (co-author). *Colonial Legacy and the Experience of First Nations Women in Cervical Cancer Screening: A Canadian Multi-Community Study*. Critical Public Health. E-published July 22, 2015. **IF: 1.712**

Albert, M.S. (co-author); **Kruger, S.J.** (first author); **Nagle, S.K.** (co-author); **Couch, M.J.** (co-author); **Ohno, Y.** (co-author); **Fain, S.B.** (senior author). *Functional Imaging of the Lungs with Gas Agents*. Journal of Magnetic Resonance Imaging. E-published July 27, 2015. **IF: 2.788**

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TBRII Commences Development of New Strategic Plan

TBRII has officially started the process to develop a new strategic plan that will be launched in June, 2016. In September, the TBRII management team attended a full day retreat to discuss the Research Institute's strengths and opportunities and drafted some new strategic priorities for consideration by the TBRII 2020 Strategic Plan Steering Committee and the Board in October. Stakeholder engagement will begin early in the new year.

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Thunder Bay Regional Health Sciences Centre Quality Committee of the Board

September 15, 2015

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

Present: Georgia Carr, Nadine Doucette, Dr. Rhonda Crocker Ellacott, Anita Jean, Dick Mannisto, Gerry Munt, Dave Van Wagoner, Gary Whitney

Regrets: Georjann Morrisseau, Dr. William McCready

By Invitation: Michelle Addison, Director, Health Professions & Collaborative Practice, Stephanie Craig, Lead, Patient Safety and Evidence Based Processes, Cathy Covino, Senior Director, Quality and Risk Management, Gary Ferguson, Project Coordinator, Strategy and Performance Management, Dr. Michelle Langlois, Manager, Medical Affairs, Wendy Lange, Rec. Sec.

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

1.1 Quorum – Attained.

1.2 Conflict of Interest – None.

1.3 Approval of the Agenda

Moved by: Dave Van Wagoner

Seconded by: Anita Jean

"The agenda was approved, as circulated."

Motion

CARRIED

2.0 PRESENTATIONS/REPORTS

2.1 Credentialing Processes for Physicians, Nurses, and Other Professionals Presentation

Dr. Michelle Langlois, Manager, Medical Affairs and Michele Addison, Director, Health Professions & Collaborative Practice gave the Credentialing Processes for Physicians, Nurses, and Other Professionals presentation.

The hospital's definition of credentialed is a designation provided to a medical, dental, midwifery, and extended class nursing staff who are appointed and granted privileges of the board.

The process is governed by the Northwest Regional Credentialing Policy and Procedure, which is used in 12 of the 13 organizations in the Local Health Integration Network (LHIN). All appointments are granted for one year and expire on December 31 annually.

The Credentials Assistant sends the applicant a request form which asks for their preferred email address, the names of three referees and a list of core privileges which they may be requesting.

The applicant at this time can also request Regional Staff status at the other participating organizations in the North West LHIN.

They are then sent an email which gives them access to the Northwest Regional Electronic Credentialing System (www.nrecs.ca) and a temporary password.

The documents necessary are the Certificate of Registration with applicable college, proof of immunization status, curriculum vitae, confirmation of professional liability insurance coverage, three references, a photograph, and depending on profession one of the following: Certificate of Professional Conduct (CPSO), Certificate of Standing (RCDSO), Letter of Professional Standing (CMO), or Extended Certificate of Registration (CNO).

Application agreements included health information, criminal proceedings or any criminal convictions, any previous restrictions or limitations to practice, and reviewed Rules & Regulations and Bylaws.

For Staff Health Professionals education and licensing (if relevant) are checked upon hire and a vulnerable sector check or criminal record check is to be provided upon hire. Licenses are checked annually.

For non-staff Health Professionals, a request is received by Standards of Practice Council and non-staff enter into agreements with Thunder Bay Regional Health Sciences Centre (TBRHSC).

Agreements typically contain services being requested and who is paying for them, proof of education or regulatory license, liability insurance, vulnerable section check, immunization, confidentiality statement, terms and conditions, and obligations of the parties.

2.2 Patient Safety Report

Ms. Stephanie Craig, Lead, Patient Safety and Evidence Based Processes gave the Patient Safety Report for the 2015/16 First Quarter.

There were 2049 safety huddles held across the organization, with 44 departments/units reporting participation.

Some of the topics discussed include included Alert 99 (immediate care of a person who has experienced a collapse and/or trauma within Thunder Bay Regional Health Sciences Centre) policy, medication/narcotic safety, specimen management, medication cart locking, Vancomycin-Resistant Enterococci outbreak, falls prevention, and the Morse fall scale.

There were a total of 1111 reports submitted with 974 incidents and 137 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 Medication/IV Safety, Safety/Security/Conduct, and Delivery of Care Issues.

There were 234 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 “other”.

There were 194 falls reported. The most number of falls were reported by Oncology, followed by Medical Units 2A and 2B. The majority of falls were considered no harm or minor. The most common incident was “unknown – found on floor”, followed by “while ambulating”.

There were 185 Medication/IV Safety incidents reported. The unit with the highest number of incidents reported was the Surgical Unit 3A, followed by Medical Units 2A and 2B. The majority of incidents were considered no harm or minor. The most common incident type was “other”, followed by “wrong dose.”

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

2.3 Accreditation Update Presentation

Gary Ferguson, Planning and Project Consultant gave the Accreditation Update presentation.

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

The areas requiring submission of evidence demonstrating compliance to standards are Ambulatory Care, Venous Thromboembolism, Organ and tissue donation, Ambulatory Systemic Cancer Therapy Services, Pressure Ulcers, Reprocessing, and Infection Prevention and Control.

There is only one outstanding standard to be completed by September 30, 2015.

It was noted that there is a possibility of receiving Accreditation with Commendation but that is a Accreditation Canada's discretion.

2.4 Research Ethics Report

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

There were 14 new research projects reviewed in the first quarter. The turnaround times were reviewed for the following classifications: number of days between submission to the Research Ethics Office (REO) clarifications, number of days to respond to the REO clarifications, number of days to Research Ethics Board (REB) after the Principal Investigator's response, number of days from REB review to REB clarifications, number of days from REB clarifications to Principal Investigator's response, and number of days from Principal Investigator's response to approval.

Comparison data of TBRHSC's REB to the Ontario Cancer Research Ethics Board were reviewed for the following classifications: researcher submits application to REB review, REB review to REB clarifications received by researcher, REB review to REB clarifications received by researcher, REB clarifications received by researcher to sufficient response received by REB, and sufficient response received by REB to REB approval received by researcher.

3.0 **CONSENT AGENDA**

Moved by: Anita Jean
Seconded by: Gerry Munt

"That the Quality Committee of the Board:

3.1 Approves the Quality Committee of the Board Minutes of May 19, 2015, as presented,
3.2 Received the Research Ethics Board Minutes of March, April 27, 2015, and May 25, 2015."

Motion

CARRIED

4.0 WORK PLAN - The Work Plan was discussed under item 5.2.

5.0 BUSINESS/COMMITTEE MATTERS – none.

5.1 Terms of Reference

The Terms of Reference revisions will be reviewed at the meeting in October.

The members were in agreement with adding the Vice President of Research at TBRHSC to the membership of the committee. This was a recommendation by the Quality Research Oversight Committee.

The members felt information on the types of research and how many studies are conducted in the hospital would be beneficial.

Discussion took place regarding whether it is the Board of Directors or the Quality Committee of the Board's Terms of Reference that should be referencing the oversight of areas of quality relating to the Strategic Plan.

5.2 Work Plan

Discussion took place regarding adding to the Work Plan either monthly or quarterly areas of the Strategic Plan to review any barriers, risks, or weaknesses to assess room for improvement. Copies of the Strategic Plan were distributed.

The Quality of Care Information Protection Act recommendations spreadsheet will be reviewed at the meeting in October.

6.0 FOR INFORMATION

6.1 NRC Canada Satisfaction Survey Language Grade Level

Information was provided that the NRC Canada's satisfaction surveys are written for a Grade 7 level of comprehension.

6.2 Committee Meeting Evaluation – Committee members completed their meeting evaluations.

7.0 BOARD MEMBER COMMENTS – none.

8.0 DATE OF NEXT MEETING – October 20, 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
October 7, 2015

Research

Clinical Research Update

- recruitment efforts for a new Manager and Ethics Officer continue
- the Clinical Research Support Services office continues to educate staff about the services they provide to those interested in conducting research at TBRHSC
- a communications strategy to increase the number of patients screened for eligibility to participate in clinical trials will be rolled out this fall
- staff are working with XLV Diagnostics Inc. to ascertain the feasibility of opening a clinical trial in Thunder Bay next year to test their new digital mammography technology.

Developing a new Research Strategic Plan

- the Research Institute has officially kicked off the process to develop an updated Strategic Plan which will be launched in June, 2016
- the Executive Management Council held a retreat on September 9th to develop some strategic directions for consideration by the strategic plan steering committee and Board of Directors
- the new plan will align with the 5 goals/strategic directions identified in the hospital's recently released *Strategic Plan 2020*
- engagement of various stakeholder groups will commence in January.

Research Policy, Funding & External Collaborations

- finalization of a revised Research (Admin 13) policy and new joint Intellectual Property policy is nearing completion
- TBRHSC, TBRRI and Foundation staff are working to develop a plan to raise awareness of the importance of funding research at TBRHSC & TBRRI
- the appointment of new Joint TBRRI/Lakehead University Chairs will be announced in the near future.

Quality and Risk Management

Patient Safety

- Amendments have been made to policy QM-60 'Safety Reporting for Incidents & Near Misses'. The purposed changes reflect the separation of the 'serious/critical' incident category into two distinct categories, 'serious' and 'critical'. This change will assist Managers/Directors/VPs to better identify the appropriate response following an incident that is 'serious' or 'critical'.

- Furthermore, there has been an addition to the 'Safety Reporting for Incidents & Near Misses' policy (QM-60) to reflect the responsibility of the Manager/Director to complete the 'Incident Review' tab following a 'serious' or 'critical' incident within 60 days of the receiving date. This will improve accountability and facilitate the investigation following a 'serious' or 'critical' incident. Education regarding the 'incident review tab' will be provided to managers/directors in October.
- Since the implementation of the Safety Report Audit review in July 2012, improvements have been made with a 91% decrease in the total number of open reports that are older than 2 months.
- A meeting has been arranged with the group who attended the Patient Safety Education Program course in May 2015 to discuss current patient safety education initiatives and develop a course of action to provide organization wide patient safety education.
- Planning is now underway for this year's Patient Safety Week, which will be held October 26th – Oct 30th. The purpose is to raise awareness of patient safety issues for all staff, physicians, learners, volunteers, patients and family members.
- During Patient Safety Week TBRHSC will be conducting a Patient Safety Culture Survey. This survey is for clinical staff who work directly with patients and for those providing leadership to clinical programs/services. This survey will assist in assessing the current status of the patient safety culture and identify strengths and areas for patient safety culture improvement. Recommendations will be made for areas identified as needing improvement in anticipation for Accreditation Canada's Patient Safety Culture Survey in 2018.

Infection Prevention & Control

- The department continues to be increasingly challenged due to overcapacity. The department in consultation with staff attempt to ensure that patients are accommodated in the best areas to provide the right care.
- The Ebola preparedness task force has established sustainable plans to ensure the staff remains current.
- In consultation with the Microbiology department, the PCR validation with the new equipment will start the beginning of October. An education plan will be developed to assist the staff in selecting the appropriate criteria for the PCR testing.
- The influenza season will be upon the community shortly. There has already been a confirmed case of influenza within the hospital.
- Infection Prevention and Control week will be a joint venture with Patient Safety week.
- The department has started a new surveillance activity with Environmental Services. This activity is both an education and auditing elements to ensure that rooms are cleaned appropriately upon discharge of patients.
- The department is consulting with other organizations in regards to IPAC software.

Communications & Engagement, Aboriginal Affairs and Government Relations

Media Activity (September 9, 2015 – October 7, 2015)

- Media Events: 2
 - Combined Heat and Power (CHP) Plant
 - 6th Annual Sharing and Caring Together Exhibition
- Publications / Features: 14
 - *Chronicle Journal* (x13)
 - *Healthscape* (x1)

Aboriginal Affairs

- Investigating funding opportunities with Dr. Sheldon Tobe
- Developing a Self Identification Brochure
- TBRHSC hosted a booth for Dennis Franklin Cromarty School students for the Amazing Race with focus on smoking cessation
- Aboriginal Patient Satisfaction Surveys approved for implementation
- Aboriginal Career Experience collaboration with Dennis Franklin Cromarty School
- Meeting with Chief Collins and health staff at Fort William First Nation
- Aboriginal Advisory Committee engagement regarding volunteer recruitment

Strategic Plan 2020

- Internal roll-out continuing

Communications & Engagement Initiatives

- Wellness Walks with Prevention & Screening
- *respect.* campaign collaboration
- New vendor secured for LCD screen content
- Accessibility Forms and Communications Supports
- Engagement planning regarding Regional Cancer Program plan
- Clinical Trials Screening awareness

Project Support

- Mental Illness Awareness Week
- Franco-Ontarian Day celebrations
- Spiritual Care pamphlet
- Renal Department - staff poster
- Aboriginal Health roll-up brochure and survey
- TBRRI Dr. Albert brochure
- We-Can brochure and poster
- Patient Education brochures and flysheets
- Mental Health Awareness week posters
- Caring and Sharing week promotional items

- CCDC Diabetes Log Book
- Stroke Network TIA Toolkit
- TBRRI BrainShift MARS conference poster
- RCC Kidney Cancer poster
- TBRRI Strategic Plan
- NWORSN Newsletter template
- PFCC White Boards
- Update Site maps
- Pink Day poster
- MET Posters and lanyard cards
- Code Red/Green drill poster

Government Relations

- The Council of Academic Hospitals of Ontario (CAHO) represents Ontario's 24 research hospitals that play a unique and vital role in the province's health care system. CAHO hospitals are leaders in the system, and collectively we make Ontario healthier, wealthier and smarter (HWS). TBRHSC is one of these research hospitals and our Communications and Government Relations departments are joining the HWS conversation across a variety of digital platforms. Discover real stories featuring researchers and patients discussing the practical benefits of health research to Ontarians like you by visiting www.healthierwealthiersmarter.ca

EVP, Patient Services and RVP, Cancer Care Ontario

Cardiovascular and Stroke Program

- September was a busy month planning for The Comprehensive Cardiovascular Surgical (CVS) Program for Northwestern Ontario. Discussions with the Provincial Programs Branch, MOHLTC, were positive regarding our proposed 2015/16 vascular operating costs and approval is anticipated shortly. TBRHSC also anticipates feedback from the local Capital Planning Branch, MOHLTC, by early October; this will provide a foundation for expanding discussions to include senior provincial representation in efforts to fast-track the next phases of our CVS capital project. TBRHSC also received notice of approval for 50% funding for a Physician Assistant to support our developing vascular service over a 2 year period; this role will support our vascular surgeon to manage the high demands in Northwestern Ontario.
- Wayne Taylor, Manager, 2C Cardiovascular and the in-patient care team are participating in an exciting opportunity with automated patient call-backs. Expanded communication platforms, such as email, will be added to support patient educational needs and preferences. The team is proud of its ongoing efforts to support post-discharge patients.
- The Healthy Rehab Program continues to grow and now supports patients and providers at 11 regional exercise sites. This has grown from only 7 existing sites less than 2 years ago. Efforts continue to minimize the waiting times for patients to participate.

Chronic Disease Prevention and Management Program and Medicine Service

- We welcome Monica Ambs as the Patient Educator/ Navigator in the Renal Program. In this role, she will support the patient experience by providing information, decision support, and navigate the path for patients as they learn and decide on the treatment modality that best fits with their values, beliefs, and life plan.

Adult and Forensic Mental Health Program

Adult Mental Health Services

- In partnership with Prevention and Screening, the Mental Health Garden outside the cafeteria was a huge success. The patients have been harvesting the vegetables and learning about healthy eating.
- Enhanced programming for the Inpatient Unit including Yoga and Art Therapy has been well received by patients.

Forensic Mental Health

- Approval has been received from the MOH to utilize funds from the youth forensics contingency fund to support the position of a 1.0 FTE Advanced Practice Nurse. This nurse will enhance and develop forensic specific education across the Forensic continuum. The incumbent will work collaboratively with the Mental Health CNS (Clinical Nurse Specialist).
- Interviews were held for the newly funded position of a forensic behaviour therapist. A successful candidate has been identified.

Mental Health Outpatients

- Community Case Management partners (CMHA, Alpha Court , SJCG, TBRHSC) have begun discussing coordinated intake into Case Management, Mental Health Out Patient, and Supported Housing. A software demo is being arranged for "Access", a web based referral platform.
- ACT continues to work with Information Services to trial a rocket hub for point of care charting.

Regional Cancer Program

- Cancer Program leadership has held a series of annual meetings with Physician Leads. These meetings are an opportunity to review role descriptions and collaborate on the development of annual workplans.
- We were recently recognized by Cancer Care Ontario for our hard work in the development of our Computerized Prescriber Order Entry (CPOE) process and maintaining 100% computer generated (no handwritten) oral chemotherapy prescriptions. This is a very significant safety initiative for the province and a part of our comprehensive oral chemotherapy safety plan. This plan includes computer automated care plans for individual regimes, patient education with in-house pharmacists, and scheduled nursing follow-up for symptom management.

- Our program has received confirmation of funding from Cancer Care Ontario to proceed with procurement of a large bore CT for treatment simulation (not intended for diagnostic purposes). The large bore will allow treatment planners to position patients optimally during the planning process, resulting in patients being treated in the same optimal position. This cannot be achieved in a conventional sized bore.

Prevention and Screening Services

- An education series for healthcare providers, with a focus on those in Northern and remote communities, called the 'Health Living and Cancer Prevention & Screening Series' is being offered via KO (Keewaytinook Okimakanak) eHealth Telemedicine to help increase cancer screening rates in these communities. There are 8 sessions in total featuring our Regional Physician Leads and navigators as presenters that cover topics from cervical cancer screening to smoking cessation.
- The Aboriginal Cancer Strategy (ACS) III was released by the Aboriginal Cancer Control Unit with Cancer Care Ontario. Prevention & Screening Services will work to align strategies from the 2020 strategic plan and the ACS III.

Corporate Services and Operations

Financial Services

- The financial position of TBRHSC as at August 31, 2015 is a \$2.3 million deficit compared to a budgeted deficit of \$2.4 million and prior year deficit of \$3.7 million
- Actual Paid Sick hours average out to 13.3 days per full-time employee compared 12.7 days in prior year to date
- Overtime hours of 10,675 are 25.2% more than the prior year
- Patient volumes as at August 31, 2015:
 - Inpatient Days of 60,887 are 1.5% more than budget and 1.6% less than prior year
 - Emergency Visits of 44,654 are 1.2% less than budget and 266 less than prior year
- Financial Services staff continue to work with Human Resources to roll out the Financial Skills for Leaders training program
- Budget process planning and consultations for the 2016-2017 budget cycle has begun

Informatics

- TBRHSC/SJCG Informatics will be entering into an agreement with the NWHHA to deploy the next phase of Connecting Ontario which involves populating the provincial Clinical repository with physician dictated notes and imaging reports. The initiative also includes deploying the provincial viewer to a broader clinician group in the northwest.
- In partnership with Ontario Access to Care, IS/IT will be working with Emergency Department to develop and implement a solution that will standardize the application of triage guidelines in Ontario.

- Informatics is leading a working group to develop a strategy plan to replace and/or enhance communication and alert systems. The plan will address how to integrate the many disparate systems across the organization onto a common platform.
- Number of users supported is 7814; number of devices supported on network = 4846
- Number of calls to Service Desk last month reported = 2938 or 98 calls/day

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 is in progress and on track. The projects goal is for start up by calendar year-end.

Northwest Supply Chain

- The NSC has finalized a 3rd Party Diagnostic Imaging Service agreement for five years worth approximately \$11.1 million dollars that will drive savings close to \$3.96 million over the term of the agreement. The savings portion for TBRHSC is \$2.51 million. There is a further opportunity with the Cath Lab once warranties expire that could drive a further \$600,000 savings.
- NSC was able to report a projected future savings of \$24.6 million for the member hospitals over signed contracts implemented to date, at our September Steering Committee. Our original Transfer Payment agreement forecasted \$16.2 million.

EVP Patient Services and Chief Nursing Executive

PFCC

Sharing & Caring Together 2015

- Our 6th annual Caring and Sharing Together Exhibition was held during the week of September 28 - October 2, 2015.
- Daily events were held to celebrate the many accomplishments of our teams, and promote learning throughout the organization. Events included: coffee rounds, lunch & learns, Grand Rounds, and a Patient Family Advisor Open House.
- The Main Exhibition and PFCC Recommitment Kick Off event was held October 2 with a "sign on" event to demonstrate our continued Commitment to PFCC.
- Following this event, Philosophy of Care Commitment Boards will be signed throughout the organization as a sign of our promise to always put patients and families first!

TBRHSC advances PFCC Practice Provincially/ Nationally

- **Canada's Virtual Forum on Patient Safety and Quality Improvement Conference -** Keith Taylor, Co-Chair, PFA Council and Bonnie Nicholas, PFA Lead, Patient Advocate will present in Edmonton on October 30; "Patients as Leaders: How Thunder Bay has engaged patients to become a leading practice recipient in PFCC".

- **Health Quality Transformation 2015 Conference** – Rhonda Crocker Ellacott - Best Practices in Patient Relations – Partnering to Improve Experiences – presenter and panelist - October 14, 2015.

Emergency, Critical Care & Trauma

ED Patient Flow & Overcapacity

- ED continues to meet provincial targets for non-admitted high acuity patients with a length of stay (LOS) of 6.5 hours (target 7 hours) and low acuity LOS of 3.26 hours (target 4 hours) for the month of August.
- In August, an average of 20 admitted patients waited 33 hours in ED until they were transferred to an in-patient bed (target 25-27 hours).

Ambulance Offload Time System Performance

- Ambulance offloads times (AOT) have been provincially monitored since April 2010, with the current provincial average at 40.5 minutes (90th percentile).
- AOT have been added to the ED Provincial Access to Care Tracking and will be a new P4R metric next fiscal year.
- LHIN 14 has reported the lowest ambulance offload time of 8 minutes (90th percentile), and TBRHSC Emergency Department leads the way with an ambulance offload time of 6 minutes (90th percentile).
- With noticeable success in the ambulance offload program, a web-based presentation was requested by Guelph's Emergency LHIN lead Dr. Ian Digby. The presentation was presented to local Guelph hospitals and EMS Chiefs with a focus on improvement strategies to incorporate ambulance offloads into the emergency department and increase patient flow.

Regional Critical Care Response (RCCR) Program

- As of September 15, all targeted regional hospitals are live with RCCR including Sioux Lookout, Dryden, Kenora, Fort Frances, Atikokan, Marathon, Terrace Bay, Red Lake, Geraldton, Nipigon and Manitouwadge Hospitals.
- Between April 1 and August 31, 2015, RCCR has had a total of 122 interactions; 83 videoconference initial consultations and 39 follow-up consultations.
- 75 patients were transferred to the ICU and 21 patients remained in their home hospital, with an estimated savings of \$357,000 to date.

Health Quality Ontario Transformation 2015: Highlighting Successes

- RCCR: "An e-Health Initiative Providing Equity as a Dimension of Quality of Care" was submitted for consideration to HQO Transformation 2015.
- The paper has been selected as a "TOP 5" presenter for rapid fire oral presentation – as a success / bright spot in the province.
- Congratulations to Edie Hart, RCCR Clinical Lead, and Dr. Michael Scott, Project Sponsor & Medical Lead and the entire RCCR Team!

Electronic Canadian Triage & Acuity Scale (e-CTAS) Support Tool

- The Canadian Triage and acuity Scale (CTAS) is the national standard for triaging patients in Emergency Departments across Canada.
- The e-CTAS tool will produce an accurate application of CTAS guidelines to ensuring safe, consistent patient triage.
- e-CTAS rollout will begin on December 11th, 2015 with full provincial uptake by 2017/18.
- TBRHSC submitted an application to be selected as a leader in this provincial change and be included in the Phase 1 implementation of the e-CTAS tool.

Surgical & Ambulatory Care Services

National Surgical Quality Improvement Program (NSQIP)

- Enrollment in NSQIP's comprehensive clinical data collection and analysis system provides TBRHSC with an audited, nationally benchmarked and risk-adjusted patient outcome report.
- Data submission began in June 2015. To date, performance results are based on outcomes for ~250 patients who were tracked from pre-op through 30-days post-op, including discharge.
- Hospital-level surgical data is being used to identify opportunities to develop quality improvement initiatives based on clinical best practice and identified priorities.
- Initial efforts will focus on reducing the length of stay for patients with hip fractures by reviewing surgical management protocols, incorporating QBP guidelines and engaging community care providers.

Medical and Academic Affairs

Academics and Interprofessional Education

- To measure and guide initiatives for our advancement as an Academic Health Sciences Centre, Academics and Interprofessional Education developed a Learner Experience Survey. The survey is based on a similar design used in partner Academic Health Sciences Centres and will measure all learners' satisfaction with their learning experience including orientation, space, teaching quality, and relevant content. Learners finishing their placement this fall will be the first to utilize the survey.
- Recognizing that the majority of nursing learners who complete placements at TBRHSC eventually attain permanent positions at our organization, prompted initiatives to improve learners' experiences. Accordingly, this year saw a change in the way we orientate nursing learners. In total 230, 1st and 2nd year nursing students from Confederation College and Lakehead University were at TBRHSC to complete an on-site orientation, which was previously completed at their academic institute. In addition, learners were required to complete seven on-line e-learning modules to ensure they are receiving all relevant information before starting their placement. Feedback has been very positive as we move to a system where consistent orientation is occurring for learners within our organization.

Medical Affairs

- Dr. Meagan Kennedy has accepted the position of Cancer Care Ontario Medical Lead for Regional Pathology.
- A letter of offer has been extended to Dr. Meghan Garnett to join our Emergency Department.
- Dr. Mary Ann Cooper, a Gastroenterologist, joined us September 1.
- There are 5 site visits planned for the month of October (2 Interventional Radiologists, 2 Psychiatrists, and 1 Hospitalist).
- Our Physician Recruitment Assistant will be attending a number of events in October to promote TBRHSC including the Canadian Cardiovascular Congress, the Kitchener/Waterloo and Area Resident Recruitment Event, the Canadian Society of Hospitalist Medicine Annual Conference, and the Canadian Psychiatric Association's Annual Conference.

Pharmacy

- Pharmacy continues to recruit for Pharmacy Technician vacancies.
- Pharmacy is involved with the Regional Pharmacy Program Project funded through the Small Hospital Transformation Fund. TBRHSC Pharmacy will be providing the Lead Pharmacist position for this project and pharmacists to provide pharmacy services for hospitals in our region.

Health Human Resources, Planning, and Strategy

Human Resources, Organizational Development, and Library Services

- Human Resources led the annual Franco Ontarian Day celebration on September 25th. The Franco-Ontarian flag was raised by the recipient of the Walk the Talk's 2014 French Language Services Award. The Walk the Talk 2015 nomination campaign ended on September 30th.
- Studer Group has been awarded the contract for Leadership Development services; plans to commence in October.
- An overview of the Employee and Professional Staff Engagement Survey was shared with SMC in September. Planning for communication of results and development of action plans will begin in October.

Labour Relations

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

COLLECTIVE AGREEMENT			LABOUR RELATIONS STATISTICS					
	TERM	DETAILS	GRIEVANCES			ARBITRATION		# Emp.
			Since Jan/15	Active	Resolved	Active	Awarded	
ONA (central/local)	Apr. 1, 2014 -Mar. 31, 2016	Current	26	19	14	4		1059

COPE (local)	Apr. 1, 2011 - Mar. 31, 2013	Arbitration rescheduled for Oct 2015	3	0	2	1	1	339
OPSEU (central/local)	Apr. 1, 2014 - Mar. 31, 2016	Current	14	21	12			409
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 contract pending Interest Arbitration Award.	6	8	6	1	1 (MO A)	609
PIPSC Med.Physic ists (central)	Jul. 1, 2013 - Jun. 30, 2016	Current	0	0	0			2
PIPSC- Assoc. Rad.Therap ists (local)	Oct. 2, 2012 -Sept. 30, 2016	Current	0	3	3		1 (MO S)	23
TOTALS			51	54	37	6	3	2462

Strategy & Performance Management and Decision Support

- Work on the 2020 Strategic Plan has focused on aligning action plans with existing teams and new project groups and finalizing timelines. This work is expected to wrap up in the next few weeks which then will launch us into the implementation phase. Indicator and related target development is also nearing completion, which once complete will enable refreshing of existing balanced scorecards.
- The 2015-16 Q1 review session was held in September. This half-day session was an opportunity for TBRHSC leadership to review the scorecard and financial results, to discuss challenges, and to learn about the current status of activities including: the 2020 Strategic Plan development, the Accreditation new annual cycle, CVS project development, Patient Flow Strategy, Cancer & DI Collaboration to improve Performance and Enterprise Risk Management progress. This quarterly session for Leadership facilitates corporate strategic focus, monitors performance, and encourages shared messaging with staff.
- HCM Consulting has been retained to complete an organizational efficiency project that is expected to lead to considerable cost savings. HCM has completed similar engagements with most Ontario hospitals, as well as many across Canada. Work began in September and will be complete in early January. HCM will be working closely with Senior Management, Directors, Managers, and Decision Support to

complete the project. Results will be used to inform TBRHCS's 2016-17 budget preparations.

Health Records

- Health Records is back on track and will meet the second consecutive quarterly MOH data submission deadline for Q2. We anticipate sustained performance levels.
- Length of Stay (LOS) presentations have been delivered to medical section meetings this month to support the Patient Flow Strategy. Health Records is assisting the physician group to better understand how this data can assist them to explore possible improvements that may contribute to the organizational LOS target. More to attend in October.

Occupational Health and Safety

Lost Shifts due to WSIB

2014/2015	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Number of Incidents	54	75	62	61	56	63	90	74	57	76	75	64	100	85	52	82	66	70
WSIB Health Care Claims	7	13	7	11	7	10	21	14	15	16	14	8	20	11	11	13	14	12
WSIB Lost Time Claims	0	0	0	0	0	0	0	2	0	0	1	0	1	0	0	0	0	0
WSIB Lost Time Recurrences	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lost Time Days	3	0	0	0	0	0	0	7	16	0	3	10*	1	0	0	0	0	0
Near misses/hazardous situations	13	24	22	23	16	13	19	18	12	17	14	6	6	9	9	11	6	7
WSIB denied claims	3	5	5	3	6	3	4	1	0	0	2	3	3	2	1	2	2	1

* part days

- Measles, Mumps, and Rubella catch-up program for health care workers underway. Letters will be sent out to workers requiring mandatory immunization.
- Planning for annual influenza clinics is underway. Clinics to start in October.
- Orientation for health and safety for all students is underway.

Volunteer Services

- We're growing – VS provided new volunteer orientation to 17 new volunteers in August and 11 in September.
- After more than 5 years, Nicole Moorey has left her position as Volunteer Coordinator.



Senior Management

- We recently welcomed Sarah Schoales to the position of Volunteer Coordinator.
- Work continues to recruit Aboriginal volunteers, including the ACE (Aboriginal Career Exposure) Program to give students from Dennis Franklin Cromarty an opportunity to learn about TBRHSC, career, and volunteering options.
- A presentation on the need for Aboriginal volunteers was made to the Aboriginal Advisory Committee and a lively discussion and engagement session followed, led by Communications and Engagement.
- The Hospital Elder Life Program (HELP) was featured on TBT News and CBC TV's "Keeping Canada Alive".
- The Volunteer Association's request to the TBRHSC Board to increase its Board membership to 8 members was approved and they have begun recruiting to fill the new positions.

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**Thunder Bay Regional
Health Sciences
Foundation**

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

Tbaytel Luncheon of Hope

Do you have your tickets yet? The **Tbaytel Luncheon of Hope October 9, 2015** is nearly sold-out and hundreds are ready to hear Florence Strang and Susan Gonzalez. This event has proudly supports the Breast Cancer Fund of the Northern Cancer Fund and has supported initiatives like the Linda Buchan Centre, Breast MRI and the mobile screening coach that provides breast screening to women throughout Northwestern Ontario.

Get your tickets today by calling 345-HOPE (4673).

Get out your dancing shoes

Work is well underway for the **Balmoral Park Acura Save a Heart Ball on October 17, 2015 at the Victoria Inn**. This gala event celebrates our successes in cardiac care and helps to make even more possible. Tickets for this event, which include live and silent auction, a champagne reception, gourmet dinner and live music, are now available at the Donation Centre for \$150 each or a table of 8 for \$1200. Gather your friends for what promises to be an elegant evening.

Get your tickets by calling Maureen Mills at 684-7278.

What's YOUR idea to improve care? \$60,000 up for Grabs!

The Volunteer Association and Health Sciences Foundation have teamed up to offer the Family CARE (Care Advancement Recommended by Employees) Grants again – and the due date is fast approaching. What's your idea to improve care at the Health Sciences Centre? Submit an application by October 16/15 to be a part of the Volunteer Association and Health Sciences Foundation Family CARE Grants.

Have questions? Please call Megan Upton at 684-7276.

What's Missing?

On Tuesday September 22, the Health Sciences Foundation launched their 'Missing Piece' Campaign. The campaign is intended to highlight that without donors and donations the Health Sciences Centre would be missing vital pieces of equipment. The campaign's imagery is powerful and hard-hitting and its messaging is bold. It's intended to start a dialogue; one in which people take a moment to think about where we'd be as a hospital without donations. The Health Sciences Foundation was fortunate to have all the ad space for this campaign donated by community partners.

If you would like to donate to the Missing Piece Campaign call 345-4873

Donors are the missing pieces. Without donors

Fall 'to do' list – make a will

Back to routine after a beautiful summer, many days are consumed by tasks and 'to do' lists. Revising your will is an important part of keeping your affairs in order, including understanding how your estate can make a difference in healthcare for our region.

There are few key questions that you can ask yourself to see if your Household is in order. Do you know what the first step over every estate plan is? A personally inventory lists all of your assets and allow the state planning attorney the ability to address all the assets within your estate plans. What is trust used for? A professional trustee can be hired to manage the assets inside a trust. It is important to know that even revocable living trusts do not entirely replace the need for a will. It is important to plan now for your future.

Do you have questions about planned giving? Please call Terri Hrkac, Senior Director, Legacy and Major Gifts at 684-7109 for more information.

Chief of Staff Report

to the
Board of Directors
Thunder Bay Regional Health Sciences Centre

October 2015

Chief of Staff

New Chief of Pathology

- We are pleased to announce the appointment of Dr. Dave Welbourne as Chief of Pathology
- Dr. Welbourne has been Acting Chief of Pathology since September 2013 and we look forward to having him continue in this role

Chief of Psychiatry

- Dr. Lois Hutchinson will be resigning as Chief of Psychiatry in November 2015, after many years of hard work and dedication; we wish her all the best in retirement
- Interviews for a new Chief of Psychiatry have now been completed and the selection committee will be making a recommendation to the MAC

Physician Length of Stay Working Group

- The Physician Length of Stay Working Group continues to meet regularly
- An information sheet was circulated to all Professional Staff and a presentation was also made at the Professional Staff Association, to raise awareness of our focus on reducing length of stay
- The Chief of Staff, the Manager of Medical Affairs, and a representative from Health Records have been attending various section meetings to discuss the issue and to ask for the sections' help; data reports specific to each speciality were shared, and will now be provided on a monthly basis to help foster discussions at the section level about timely discharge

Physician Quality Improvement Initiative (PQII)

- Approximately two years ago, we started the PQII as part of the Council of Academic Hospitals of Ontario (CAHO), an evaluation for physicians based on feedback from medical colleagues, non-physician co-workers and patients
- A total of 12 of our Program Medical Directors and Chiefs have fully completed the assessment while 6 more will receive reports based on the feedback received to date
- This is the first time an evaluation of this magnitude has been completed with our physician leadership group

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CNE Open Report

to the
Board of Directors
Thunder Bay Regional Health Sciences Centre

October 2015

Chief Nursing Executive – Open Report

RNAO Best Practice Spotlight Organization (BPSO)

- As a BPSO, TBRHSC is required to maintain our deliverable of having 15% of our nursing staff trained as Best Practice Champions. To sustain this achievement, we are hosting both a Level 1 and Level 2 Best Practice Champions Workshop on October 15 and 16, 2015.
- Level 1 workshop introduces participants to RNAO's Best Practice Guidelines (BPGs) and evidence-based practice, along with a model to implement practice change.
- The Level 2 workshop is a booster session for those who have already participated in a Level 1 workshop and wish to expand their skills in knowledge transfer.
- As part of our on-going process to implement the RNAO BPGs related to pressure ulcer prevention and management, as well as meet accreditation standards, Nursing Practice will be conducting a hospital wide prevalence and incidence study on October 21 and 26, 2015.

Falls Booster

- To further engage staff in our Falls program, a support and education program was implemented on 2A over the month of June. Refresher Education on fall risk screening, fall prevention strategies and documentation was provided in the form of educational inservice and an online MEDworx LMS course. Resources were added to support Falls best practices and documentation standards, followed by safety huddles led by "Falls Champions". There is a plan to spread this program throughout all the units.

Nursing Comportment

- The Nursing Task Force has now completed online voting to establish a color for the standard nursing uniform. The majority of votes were cast for the blue uniform top, together with a black pant. Next steps in the process include the completion of an RFP to identify a supplier for the top and the updating of the TBRHSC dress code policy.

Ontario Graduates NCLEX Performance for Writes between January 1-June 30, 2015

- The following bar chart represents how Ontario graduates performed on each NCLEX RN test plan category for the first 6 months of 2015 relative to the Canadian average performance.

Educational Jurisdiction	January–June 2015		
	# Delivered	# Passed	% Passed
ONTARIO	1,688	1,149	68.1%
CANADA	4,701	3,321	70.6%

- Information regarding local performance has not yet been made available.
- TBRHSC continues to work with our educational partners to support current and future RN graduates.
- The impact of the lower than typical pass rate has caused challenges in staffing for our organization and added to our overtime experience.



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

Dr. Roger Strasser, Dean

September-October 2015

Four New Members Appointed to NOSM Board of Directors

Amid a Week of Important NOSM Public Events

Using a combination of web- and tele-conference connectivity across Northern Ontario, the Northern Ontario School of Medicine (NOSM) held its Annual Members and Board of Directors meetings on Wednesday, September 23, 2015.

Board members Dr. Bob Algie, Dr. Louise Logan, James Morris, and Dr. Teresa O'Driscoll were thanked for their significant contribution to the Northern Ontario School of Medicine, as their terms completed September 23, 2015.

At the recommendation of the Board's Governance Committee and Nominations and Community Relations Subcommittee, the Board appointed four new members to NOSM's Board of Directors:

- Danielle Bélanger-Corbin
- Dr. Pierre Bonin
- Mark Hurst
- Bruce Sutton

In accordance with Board policy regarding Officers of the Corporation, Dr. Moira McPherson, Provost and Vice-President Academic Lakehead University, was confirmed as Chair of the Board and Dr. Robert Kerr, Vice President, Academic and Provost of Laurentian University, was confirmed as Vice-Chair. NOSM MD candidate Krista Marcotte was also reappointed as Board member.

The Board approved both the audited financial statements for the year ending April 30, 2015, and that BDO Canada LLP be appointed as auditors for the fiscal year ending April 30, 2016.

This week is an important one for the School, and a busy one for NOSM Board members who participated in several important NOSM events. NOSM publicly launched its new 2015-2020 Strategic Plan, created in collaboration with people and communities of Northern Ontario, and officially opened its 10th anniversary celebration by engaging communities across Northern Ontario to "Be Active with NOSM." Also this week, NOSM's Francophone Affairs Unit is hosting the School's 5th Francophone Symposium at Laurentian University in Sudbury.

The new Strategic Plan, NOSM's 10th anniversary celebrations, and the Francophone Symposium share a common theme—that is, each of them is grounded in NOSM's commitment to working with the region's people, communities, partners, and collaborators for a healthier North.

Prior to the official Board meeting, members were invited to a special pre-screening of TVO's upcoming *The Doctor Can See You Now*, a documentary which follows the story of NOSM-trained physician, Dr. Doris Mitchell, the doctor for Brunswick House First Nation, Chapleau Cree First Nation, and the Township of Chapleau. The documentary examines Northern Ontario health-care issues, and provides insight into how the Northern Ontario School of Medicine is addressing the chronic shortage of physicians in our region. *The Doctor Can See You Now* will first air on TVO on September 30 at 9:00 p.m. EST.

The next Board of Directors meeting will be held in Thunder Bay on November 26 and 27, 2015.

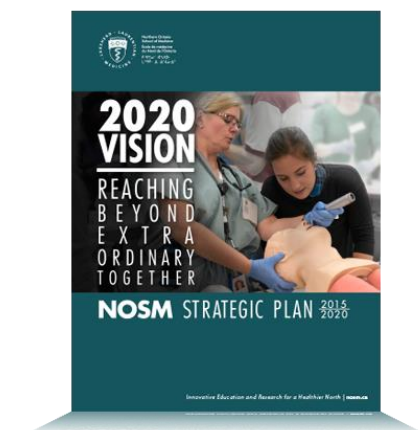
For a complete list of Board members, please visit our website at nosm.ca.

Reaching Beyond Extraordinary Together—NOSM's Strategic Plan 2015-2020
Dépasser l'extraordinaire ensemble—Plan stratégique de l'EMNO 2015-2020

Consistent with our social accountability mandate, and guided by our vision, mission, and values, five strategic goals are at the heart of our renewed Strategic Plan.

Our five strategic goals

- Enrich Education Programs
- Strengthen Research Capacity
- Create Whole School Culture
- Empower Faculty Members
- Engage Communities and Partners



Visit the website: <http://www.nosm.ca/strategicplan2015-2020/>

NOSM to Host 5th Francophone Symposium

The Francophone Affairs Unit of the Northern Ontario School of Medicine (NOSM) is hosting the School's 5th Francophone Symposium from September 24 - 26, 2015 at Laurentian University in Sudbury.

This symposium will bring together health professionals and community members interested in Francophone health. These symposia are meant to inform, promote networking within the Francophone population, as well as explore questions relating to – and of interest to – the population.

For more information visit: <http://nosm.ca/symposiumfrancophone2015/>

NOSM Announces New CAO

The Northern Ontario School of Medicine (NOSM) is pleased to announce the appointment of Ray Hunt as Chief Administrative Officer (CAO). Hunt will start in this role on November 2, 2015, and will be based at NOSM at Laurentian University in Sudbury. In his role as CAO, Hunt will be responsible for leadership, strategic direction, corporate services, and management of the non-academic administration functions at NOSM. The focus of these functions is to collaborate with, support, and facilitate all parts of the School. In addition, he will ensure the efficient and effective strategic management of NOSM's resources.

Residency Positions Increase in Northern Ontario



The Federation of Northern Ontario Municipalities (FONOM) is pleased that the Ministry of Health and Long-Term Care (MOHLTC) has confirmed an increase of five of residency positions in Northern Ontario for 2016. The Northern Ontario School of Medicine (NOSM) has been instrumental in addressing the continued challenges of providing quality health care in the region by developing a made in the North model of community-engaged medical education. "Research has shown that students who study and train at NOSM are staying in the North to practice," says Mayor Alan Spacek of Kapuskasing and President of FONOM. "The impact

that NOSM has had on Northern Ontario within the last ten years is truly significant," continued Spacek.

In order to qualify for a license to practice medicine unsupervised, MD graduates must complete postgraduate medical education known as residency and achieve certification in a medical specialty. In Canada, all postgraduate medical education is provided by medical schools whose residency programs are accredited by the College of Family Physicians of Canada (CFPC) for family medicine and by the Royal College of Physicians and Surgeons of Canada (Royal College) for the other specialties. Although the

medical schools are responsible for delivery of residency programs, the two medical colleges set the examinations and award the certification. Family medicine residency programs are two years in duration with the possibility of an additional third year enhanced skills training in fields like emergency medicine and anaesthesia. Royal College residency programs involve four or five years of postgraduate medical education. NOSM has residency programs in family medicine, plus enhanced skills, and in eight major general Royal College specialties.

NOSM residency programs are major contributors to Northern Ontario communities and to NOSM's success. Residents provide patient care as they learn, contribute to improving our residency programs and undertake research on northern health issues. Clinical faculty enjoy and value teaching residents as junior colleagues, often commenting that teaching students and residents keeps them fresh. 69% of NOSM residency graduates are practising in the North including 22% in remote rural communities. 94% of NOSM MD graduates who completed NOSM residencies are practising in Northern Ontario (33% in small communities). Congratulations and thank you to all involved in NOSM residency programs - the residents, clinical faculty members, community and hospital/health service partners, residency program directors, and postgraduate education (PGE) staff led by Associate Dean PGE, Cathy Cervin and PGE Director Jennifer Fawcett.

NOSM's 64 New MD Students Travel the North during Orientation Week

August 31 officially marked the first day of classes for 64 new medical students at the Northern Ontario School of Medicine (NOSM), following a week of travel to learn about the geographic, social, cultural, and linguistic diversity of Northern Ontario.

Orientation Week-or O-Week, as it is affectionately referred to at NOSM-is about so much more than helping students find their classes. NOSM's newest group of students spend the week becoming immersed in the cultural, linguistic, and geographic diversity of the North. This is their introduction to NOSM's wider campus of Northern Ontario, where they will live and learn for the next four years.

On Tuesday, August 25, NOSM students came together in Sudbury and travelled by bus to Nipissing First Nation. Warmly welcomed by a song from the Little Iron Drum Group, the students broke bread with community members, received an Elder teaching on smudging, and heard advice and encouragement on behalf of the Chief and Council at Nipissing First Nation. Finally, Dr. Brenda Restoule, NOSM faculty member, Aboriginal woman, and psychologist in the area shared information with the students about frameworks developed for First Nations' Wellness.

On Wednesday, August 26, the MD students toured the Temiskaming Hospital, Haileybury Family Health Team, and the Centre de santé communautaire du Témiskaming. There, the students spoke with NOSM faculty and graduates working in the area about the realities and benefits of practising rural medicine with both French and English patients.

Finally, the students returned to Sudbury by bus for the NOSM Oath Ceremony. This ceremony introduces students to the obligations and high standards of their newly chosen profession. The NOSM Oath Ceremony familiarizes students with the Physician's Oath (the modern version of the famous Hippocratic Oath), its meaning and importance, and begins their four years of medical education with the principles of the Oath in mind.

NOSM continues to meet its social accountability mandate, innovative education and research for a healthier North. Admission to NOSM's MD program is highly competitive, and members of this incoming class have been selected from over 2000 applicants with a class mean GPA of 3.83 (measured on a 4-point scale). Demographic characteristics of this class include:

- 89% are from Northern Ontario
- Remaining 11% are from rural and remote parts of the rest of Canada
- 8% are self-identified Aboriginal
- 20% are self-identified Francophone

NOSM Hosts Historic Elders Gathering

From August 18 - 20, 2015, the Aboriginal Affairs Unit of the Northern Ontario School of Medicine (NOSM) held a historic Elder's gathering on the traditional lands of Fort William First Nation. The gathering brought together Aboriginal Elders from First Nations and Métis communities across NOSM's wider campus of Northern Ontario to discuss the future of the School's Council of Elders.

Over the past ten years, the School has developed relationships with more than 20 Elders who each have special gifts for working with community members. NOSM's Council of Elders is comprised of these Aboriginal peoples who possess gifts and significant knowledge of traditional, cultural, and spiritual customs and practices. Each of these gifts, separately or together, is related to maintaining the holistic health of a community. Their knowledge is gained through a full life of learning, experiences, and teachings received from other Elders and traditional people.

The sense of direction given by the Council of Elders is fitting as this is a time of change at the Northern Ontario School of Medicine. Over the next month, the School will celebrate its tenth anniversary and will be launching *NOSM's Strategic Plan 2015-2020: Reaching Beyond Extraordinary Together*-which many of the Elders were involved with developing.

For more information:

http://www.nosm.ca/about_us/media_room/media_releases/media_release.aspx?id=20224

NOSM Faculty, Board Ratify Three Year Collective Agreement

The Northern Ontario School of Medicine (NOSM) and the NOSM faculty Union (Unit 1 of Ontario Public Service Employees Union [OPSEU] Local 677) are pleased to announce the ratification of their fourth collective agreement, covering full-time faculty, professional librarians, and professional staff at the School.

The faculty Union's Members voted in favour of the new collective agreement on July 23, 2015. The agreement was ratified by NOSM's Board of Directors on July 31, 2015.

For more information:

http://www.nosm.ca/about_us/media_room/media_releases/media_release.aspx?id=20091

NOSM's Dietetic Internship Program Receives National Accreditation

The Northern Ontario School of Medicine (NOSM) is pleased to announce the School's Northern Ontario Dietetic Internship Program (NODIP) has received full accreditation status from the Dietitians of Canada (DC) until 2022. Thanks to its reputation for high quality of education, NODIP was recently selected by the Dietitians of Canada to be the first post-degree internship of all Canadian dietetic education programs to be assessed using the new Partnership for Dietetic Education and Practice (PDEP) Accreditation Standards.

Since the program accepted its first students in 2007, NODIP has trained 99 dietetic interns in more than 35 communities in the North. Of those, 74 percent have chosen to practice in rural or Northern communities. That means that 64 dietitians are now increasing access to dietetic services in rural and Northern settings that have faced historical shortages.

For more information:

http://www.nosm.ca/about_us/media_room/media_releases/media_release.aspx?id=19999

NOSM Receives International Award for Excellence in Communications

On Monday, June 15, 2015, the Northern Ontario School of Medicine (NOSM) was honoured to receive an international award for excellence in communications. The prestigious Gold Quill Award of Excellence was received from the International Association of Business Communicators (IABC) as part of IABC's annual World Conference in San Francisco.

The IABC 2015 Gold Quill Awards program recognizes business communication excellence globally, and is acknowledged as one of the most prestigious awards programs in the industry.

For more information:

http://www.nosm.ca/about_us/media_room/media_releases/media_release.aspx?id=19917

NOSM Faculty Member Receives Funding for First Nations Diabetes Research



A new research project has received funding from the Ontario Strategy for Patient-Orientated Research (SPOR) Support Unit to take a closer look at diabetes within Ontario's First Nations peoples, and help develop new programs and policies for those living with the disease.

Dr. Kristen Jacklin, Associate Professor of Medical Anthropology in the Human Sciences Division at the Northern Ontario School of Medicine (NOSM) at Laurentian University is one of three principal investigators leading the research. The team's project *Reducing the burden of diabetes on First Nations people in Ontario: Using population-level data to inform policy and practice* has been awarded a \$770,000 IMPACT Award from the Ontario SPOR SUPPORT Unit (OSSU). Dr. Jacklin will work alongside Dr.

Mike Green (Queen's University) and Dr. Jennifer Walker (Nipissing University) in leading this three-year project.

The research approach involves a formal partnership with the Chiefs of Ontario, the Institute for Clinical Evaluative Studies (ICES) and the Centre for Rural and Northern Health Research (CRaNRH) at Laurentian University. Working with key stakeholders and a patient advisory group, the team will gather data on diabetes, assess and analyze it, and then use that information for the betterment of the First Nations communities in Ontario.

For more information:

http://www.nosm.ca/about_us/media_room/media_releases/media_release.aspx?id=19925

Northern Passages Summer 2015 Now Available



The latest issue of Northern Passages is now available online. This special edition features articles about the launch of the Northern Ontario School of Medicine's (NOSM) new Strategic Plan 2015-2020; a behind-the-scenes look at two staff members who have been with the School for over 10 years; a look at the School's 10th annual Northern Health Research Conference; and, reflections from former NOSM faculty member, Dr. Rachel Ellaway. Online:

<http://nosm.ca/northernpassages/>

NOSM Achievement Report 2015

A copy of the report can be found:

http://www.nosm.ca/uploadedFiles/About_Us/Media_Room_2/NOSM%20Achievement%20Report%202015-web.pdf

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

ATTESTATION

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

FROM: William McCready, MB FRCPC MRCP (UK)
Interim President and Chief Executive Officer

DATE: September 15, 2015

RE: Q1 2015-16 Wages and Source Deductions for Fiscal Year Beginning
April 1, 2015 and ending March 31, 2016 (the "Applicable Period")


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

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

during the Applicable Period.

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

Dated at Thunder Bay, Ontario this 30th day of September, 2015.



William McCready, MB FRCPC MRCP (UK)
Interim President and Chief Executive Officer

Thunder Bay Regional Health Sciences Centre
Corporate Membership List
Received for the period of June 26 - September 28, 2015

Surname	Name
Sidorski	David

Surname	Name
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Previously Approved

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

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

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

Total 58 Members*

Thunder Bay Regional Health Sciences Centre Board of Directors Comprehensive Work Plan
Updated: September 23, 2015

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

Legend:

BD: Board of Directors

EC: Executive Committee

Gov: Governance Committee

Nom: Governance/Nominating Committee

BL: Governance/By-Law Committee

Aud: Audit Committee

RP: Resource Planning Committee

Qual: Quality Committee

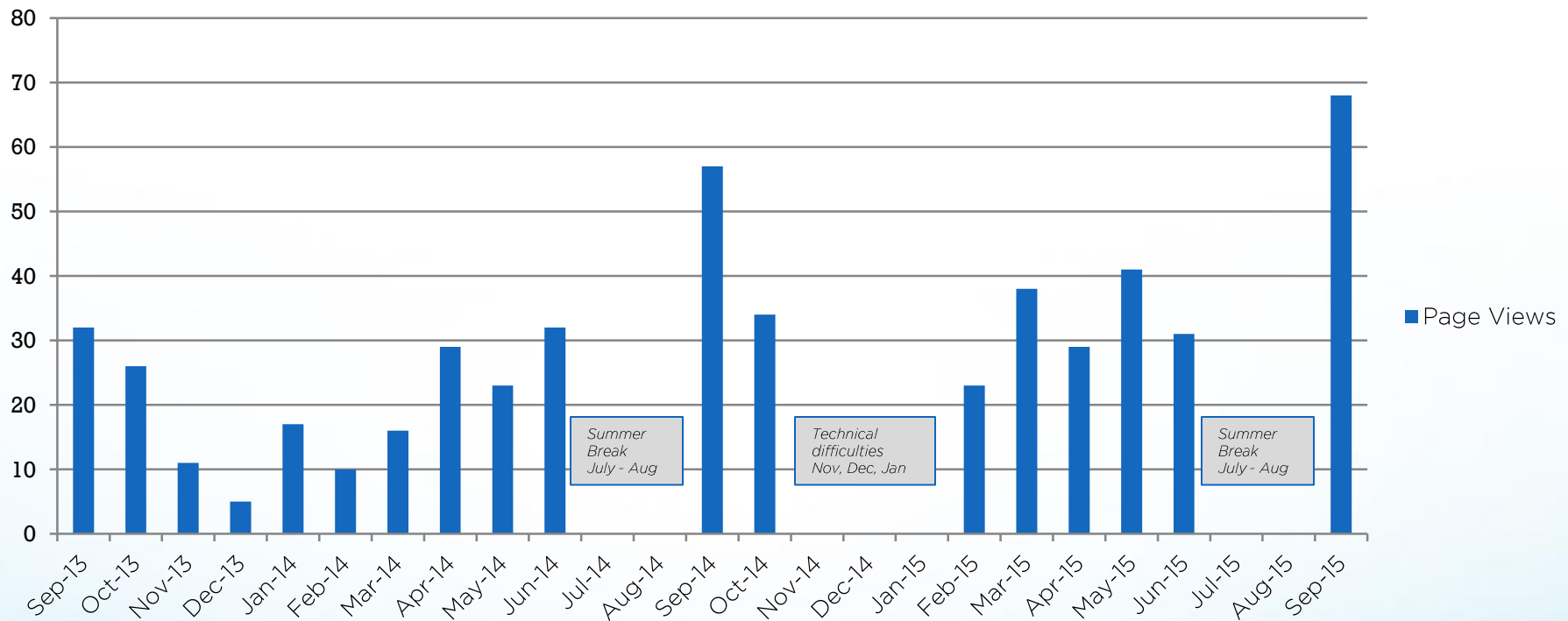
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#	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
9	Governance	Approval of Committee terms of reference and work plans	BD					x							
10	Legal Compliance	Environmental compliance and fire safety update	BD			x		x			x			x	
11	Legal Compliance	Accessibility update	BD					x							
12	Quality Oversight	Critical Incidents Presentation	BD					x					x		
13	Oversight of Management	Physician recruitment plan update	BD						x						
14	Performance Measurement and Monitoring	Strategic plan update	BD		x							x			
15	Quality Oversight	Research Ethics Board appointments	BD			x									
16	Quality Oversight	Research Ethics Board report	BD								x				
17	Performance Measurement and Monitoring	Scorecard update	BD						x					x	
18	Governance	TBRRI update	BD				x								
19	Governance	TBRHS Foundation update	BD			x									
20	Governance	Gridlock update	BD		x		x			x			x		
21	Oversight of Management	Evaluation of CEO	EC										x		
22	Oversight of Management	Evaluation of COS	EC										x		

**Note that the Committee work plans will be inserted into the comprehensive Board work plan once approved by the Board

Page Views: Open Board Meeting Webcast

September 2013 – September 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	June 2015	31
Feb 2014	10	Oct 2014	34	Sept 2015	68

BRIEFING NOTE

TOPIC	Corporate Membership Drive
PREPARED BY	Jessica Nehrebecky, Board Liaison
APPROVED BY	Renée Laakso, Executive Assistant/Office Manager
PREPARED FOR: President & CEO <input type="checkbox"/> Board of Directors <input checked="" type="checkbox"/> Other	
DATE PREPARED	September 17, 2015

PURPOSE/ISSUE(S)

To advise the Board of Directors of the proposed revised period for the Corporate membership drive.

BACKGROUND

As per section 2.2 (d) of the Thunder Bay Regional Health Sciences Centre (TBRHSC) By-Laws, "Any annual membership in the Corporation shall be effective from February 1st one year to January 31st the following year. Section 2.2 (e) of the same states the following: "An Annual Member shall not be entitled to vote at any meetings of the Corporate unless the membership was approved by the Board and the membership fee was paid in full at least 60 days before any such meeting."

ANALYSIS/CURRENT STATUS

Historically, the drive for the Corporate membership was held annually in March, closing in late April, leaving 60 days prior to the Annual General Meeting (in late June) so that all Corporate members could vote.

RECOMMENDATION

The historical Corporate membership timelines leaves TBRHSC with a gap of five months without any Corporate members. It is recommended that the Corporate membership drive begin in mid October and closes at the end of November to allow 60 days prior to the end of membership period of January 31. The new timelines will ensure that TBRHSC has Corporate members that are allowed to vote immediately should a special meeting of the Corporation be called. A legal opinion has been sought and their view is reflective of the proposed recommendation.

NEXT STEPS

Following the normal process, post the ads in the local papers, website and mail out membership form to previous members in mid October.

STAKEHOLDER REACTION

None anticipated.

COMMUNICATIONS

Include information on the ad and membership form explaining briefly the rational of the change in Corporate membership drive dates. Clarify on the form that the membership is for the upcoming year beginning February 1 until January 31 the following year.

TOPIC	Corporate Membership Drive
PREPARED BY	Jessica Nehrebecky, Board Liaison
APPROVED BY	Renée Laakso, Executive Assistant/Office Manager
PREPARED FOR: President & CEO <input type="checkbox"/> Board of Directors <input checked="" type="checkbox"/> Other	
FINANCIAL IMPACTS	
No additional cost to the process.	
APPENDIX SECTION	
None.	

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 considered for each decision.

1. Does the course of action put '**Patients First**' by responding respectfully to needs & values of our patients, families, and communities?
2. Does the course of action demonstrate '**Accountability**' by advancing a quality patient experience that is socially and fiscally accountable?
3. Does the course of action demonstrate '**Respect**' by honouring the uniqueness of each individual and his/her culture?
4. Does the course of action demonstrate '**Excellence**' by fostering an environment of innovation and learning to advance a quality patient experience?

For more detailed questions to use on difficult decisions, please refer to TBRHSC's Framework for Ethical Decision Making

For more detailed questions to use on difficult decisions, please refer to TBRHSC's Framework for Ethical Decision Making on the iNtranet under [Quality and Risk Management > Quality > ECFAA \(Excellent Care for All Act\) > Presentations.](#)