

**TBRHSC Board of Directors  
Open Meeting**

**Wednesday, December 2, 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			<b>CALL TO ORDER</b>				
2.0			<b>PATIENT STORY – Chisholm Pothier</b>				
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			<b>PRESENTATIONS/UPDATES</b>				
4.1	10	P. Myllymaa	Environmental Compliance and Fire Safety Update*		X		X
4.2	10	C. Covino	Critical Incidents Presentation*		X		X
5.0			<b>CONSENT AGENDA</b>				
5.1			Board of Directors: Approval of Minutes –November 4, 2015*	X			X
5.2			Report Volunteer Association Board*				X
5.3			Report Thunder Bay Regional Research Institute*				X
5.4			Quality Committee Minutes –November 17, 2015*				X
6.0			<b>REPORTS AND DISCUSSION</b>				
6.1	10	Senior Management	Report from Senior Management*	X		X	X
6.2	5	Dr. McCready	Report from the Interim President and CEO			X	X
6.3	2	G. Craig	Report from the TBRHS Foundation*			X	X
6.4	2	Dr. Thibert	Report from the Professional Staff Association			X	X
6.5	2	Dr. A. Turner	Report from the Acting Chief of Staff*			X	X
6.6	2	Dr. R. Crocker Ellacott	Report from the Chief Nursing Executive*			X	X
6.7	2	Dr. P. Moody-Corbett	Report from the Northern Ontario School of Medicine (NOSM)*			X	X
7.0			<b>BUSINESS/COMMITTEE MATTERS</b>				
7.1	2	N. Doucette	2016-2017 Corporate Membership List*	X			
8.0			<b>FOR INFORMATION</b>				
8.1			Board Comprehensive Work Plan*				X
8.2			Webcast Statistics*				X

#	Time (X)	Presenter	Item & Purpose (Y)	Expected Outcome (Z)			
				Recommendation /Decision/Action	Education	Discussion	Information
8.3			Foundation Board Corporate Membership List*				X
8.4			Volunteer Association Corporate Membership List*				X
9.0	BOARD MEMBER COMMENTS					X	
10.0	DATE OF NEXT MEETING – January 13, 2016						X
11.0	ADJOURNMENT						
<div>Ethical Framework</div> <p>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.</p> <p>The following questions should be considered for each decision.</p> <div><div></div><div>1. Does the course of action put ‘<b>Patients First</b>’ by responding respectfully to needs &amp; values of our patients, families, and communities?</div><div>2. Does the course of action demonstrate ‘<b>Accountability</b>’ by advancing a quality patient experience that is socially and fiscally accountable?</div><div>3. Does the course of action demonstrate ‘<b>Respect</b>’ by honouring the uniqueness of each individual and his/her culture?</div><div>4. Does the course of action demonstrate ‘<b>Excellence</b>’ by fostering an environment of innovation and learning to advance a quality patient experience?</div></div> <p>For more detailed questions to use on difficult decisions, please refer to TBRHSC’s Framework for Ethical Decision Making <a href="http://intranet.tbrhsc.net/Site_Published/i5/render.aspx?DocumentRender.IdType=5&amp;DocumentRender.Id=110784">http://intranet.tbrhsc.net/Site_Published/i5/render.aspx?DocumentRender.IdType=5&amp;DocumentRender.Id=110784</a></p>							

**BOARD OF DIRECTORS (Open)**  
**December 2, 2015 – DRAFT**

<b>Agenda Item</b>	<b>Committee or Report</b>	<b>Motion or Recommendation</b>	<b>Approved or Accepted by:</b>
3.3	Agenda – December 2, 2015	“That the Agenda be approved as circulated.”	Moved by: Seconded by:
5.0	Consent Agenda	<p>“That the Board of Directors:</p> <p>5.1 Approves the Board of Directors Minutes of November 4, 2015,</p> <p>5.2 Receives the Volunteer Association Board Report dated December 2015,</p> <p>5.3 Receives the TBRRI Report dated December, 2015,</p> <p>5.4 Receives the Quality Committee Minutes of November 17, 2015,</p> <p>as presented.”</p>	Moved by: Seconded by:
6.0	Reports and Discussion	<p>“That the Board of Directors:</p> <p>6.1 Accepts the Report from Senior Management,</p> <p>6.2 Accepts the Report from the Interim President and CEO,</p> <p>6.3 Accepts the Report from the TBRHS Foundation,</p> <p>6.4 Accepts the Report from the Professional Staff Association,</p> <p>6.5 Accepts the Report from the Acting Chief of Staff,</p> <p>6.6 Accepts the Report from the Chief Nursing Executive,</p> <p>6.7 Receives the Report from the NOSM,</p> <p>dated December, 2015 as presented.”</p>	Moved by: Seconded by:
7.1	2016-2017 Corporate Membership	“That the Board of Directors accepts the applications for membership to the Corporation for the 2016-2017 Corporate membership year, received for the period of October 24 to November 27, 2015 as per the attached listing.”	Moved by: Seconded by:



## Board of Directors

healthy  
together

980 Oliver Road  
Thunder Bay, ON  
P7B 6V4

Phone:  
684-6007

Website:  
[www.tbrhsc.net](http://www.tbrhsc.net)

### **Report from Nadine Doucette Chair, Board of Directors December 2, 2015**

I am pleased to present my final report of 2015.

It has been a good year, highlighted by the development of our Strategic Plan 2020 and provincial support for a new cardiovascular program here at Thunder Bay Regional Health Sciences Centre (TBRHSC). Of course, it has been a challenging year, with our continued overcapacity issues. But it is a testament to the dedicated staff, physicians and volunteers that we continue to accomplish our work with excellence.

Largely through the work of its research arm, the Thunder Bay Regional Research Institute, TBRHSC was again recognized as one of the top 40 research hospitals in Canada, moving up two notches to number 35 this year. A look at the list makes it clear that our community and our hospital are punching above our weight in this area, which is ultimately essential to patient care.

We also had the opportunity to host one of Canada's leading kidney cancer researchers, Dr. Anil Kapoor, who spoke of recent cutting edge research into drugs to treat and cure kidney cancer. This raised local awareness of the potentially deadly disease that is neither easily screened for, nor detected.

TBRHSC is participating in the Aboriginal Career Experience program with Dennis Franklin Cromarty (DFC) High School. Thirty-six DFC students will be exploring our hospital and careers available here and in health care in general. This is an exciting initiative as a significant aspect of our Aboriginal Health strategic direction is increasing the number of First Nations, Inuit and Métis people employed at our hospital.

Also exciting, last week the combined heat and power co-generator arrived on site. This co-gen project will allow TBRHSC to produce two megawatts of its own power and then recycle the heat generated during this process to produce hot water. This will save the Hospital millions of dollars over the coming years, will reduce our carbon footprint and will increase the security of our power supply, giving us access to our own power even in the event of an extended power outage. This important project is a huge credit to the work of our physical plant and operations team.

This is my last report to the Board before the new year. I want to take this opportunity to thank my fellow Board members for their dedication to TBRHSC. We are vital to the life and health of our community and I am grateful that they volunteer their time and expertise to ensure we remain on course in our mission.

I also want to wish all our staff, physicians, volunteers and donors a Safe and Happy Holiday Season. It has been another challenging year but it has also been a year of great successes, thanks to your work and commitment. I look forward to 2016 and further challenges and successes as we continue to build our vision of the Thunder Bay Regional Health Sciences Centre.

We are Healthy Together.

Nadine Doucette, Chair  
Board of Directors

# Thunder Bay Regional Health Sciences Centre

Compliance Update

For the Board of Directors

December, 2015



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# Compliance Statement

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

# Fire Code

- **Fire Inspection completed Thursday Oct. 15/15.**
  - No major issues identified. Minor issue ie. Stretcher storage addressed during inspection.
  - Awaiting final report.
- **Minimum staffing completed Thursday Oct. 22/15.**
  - Positive feedback from fire service commending our planning efforts and attention to detail.

# New Building

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



# Cyclotron

- CNCS license for cyclotron-radiopharmacy – **approved for for commissioning; commissioning ongoing. Facility inspected Oct 1-2, 2015 and passed with no follow up items.**
- Radiation surveys – **Complete, all public areas are well below predicted values.**
- 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 – **awaiting final approval from Ministry of Environment**
- Removal plan under development with Steris

# 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?



# **Compliance with Excellent Care for All Act - Critical Incident Process**

**November 2015**

**Cathy Covino, Senior Director, Quality and Risk Management**

# Canadian Adverse Events Study

## Finding:

- 3,745 charts reviewed
- ~7.5% of hospital admissions involve adverse event; 37% of adverse events preventable

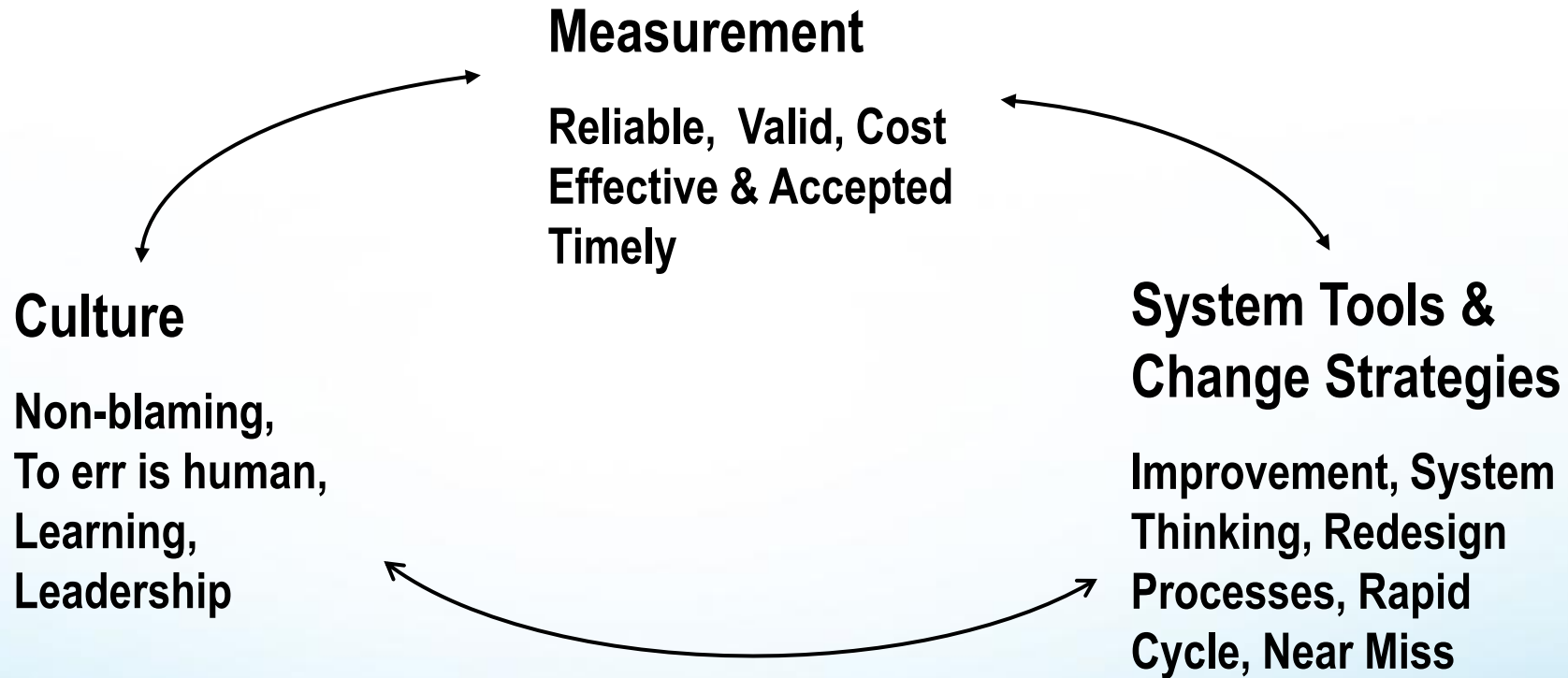
## Extrapolation:

- Of ~ 2.5 million hospital admissions in Canada in 2000
  - 185,000 experienced 1 or more adverse events
  - 70,000 of the 185,000 were determined to be preventable
  - between 9,000 and 24,000 deaths due to adverse events could have been prevented

Baker GR, Norton P, Flintoft V et al. *CMAJ*, May 25, 2004



# A Conceptual Model of Strategies for Making Healthcare Safer (pg. 18)



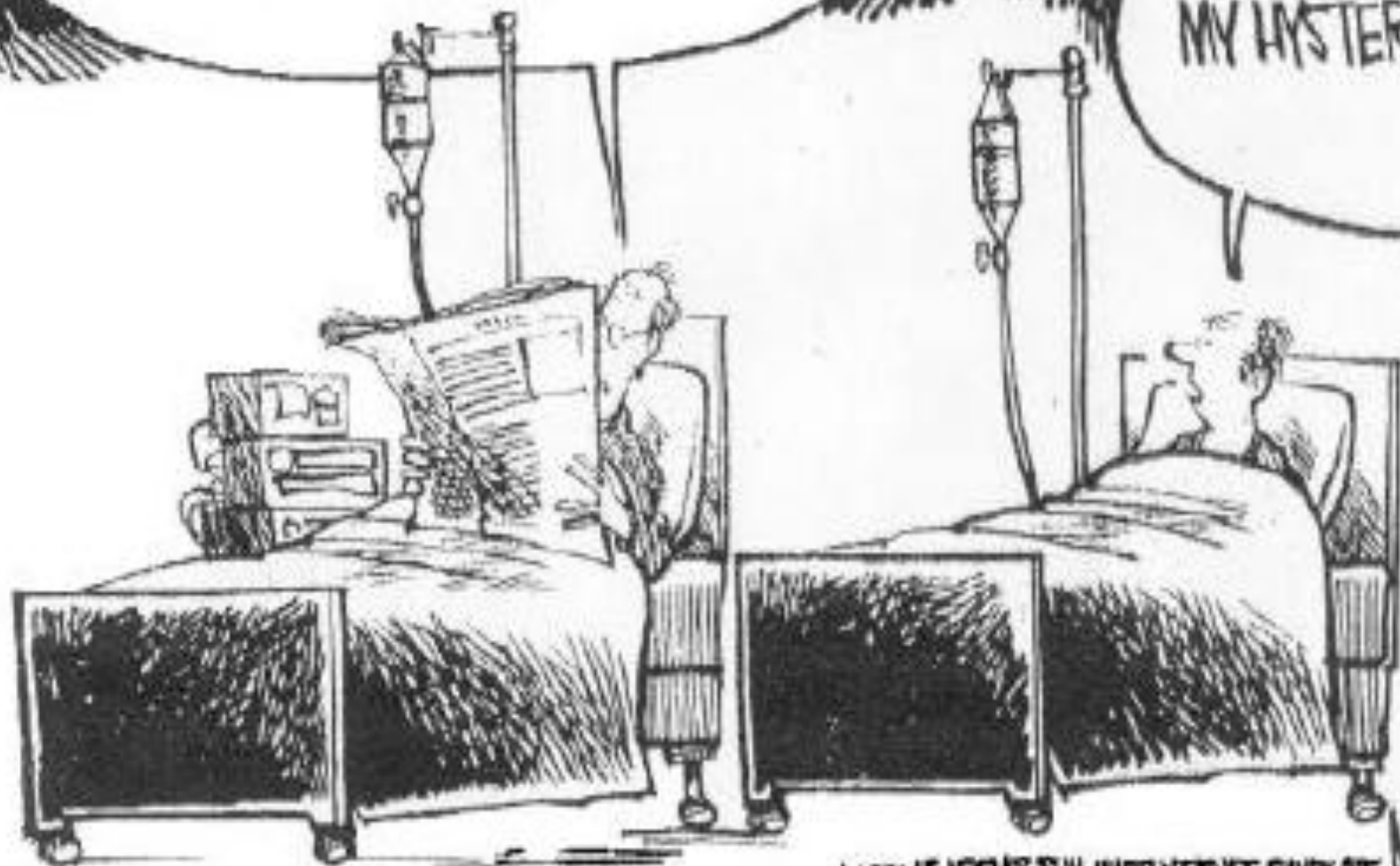
Baker, G.R. & Norton, P. (2002). *Patient Safety and Healthcare Error in the Canadian Healthcare System: A systematic review and analysis of leading practices in Canada with reference to key initiatives elsewhere*. Ottawa: Health Canada. p. 158. Retrieved from: [http://www.hc-sc.gc.ca/hcs-sss/pubs/care-soins/2001-patient-securit-rev-exam/index\\_e.html](http://www.hc-sc.gc.ca/hcs-sss/pubs/care-soins/2001-patient-securit-rev-exam/index_e.html)





IT SAYS HERE THAT THE RATE OF  
MEDICAL ERRORS IS STUNNINGLY  
HIGH.

THAT EXPLAINS  
MY HYSTERECTOMY.



PHILADELPHIA'S SUN UNIVERSE AND PLANET  
MIKE SMITH

- July, 1996
- Lasix injection ordered
- 20 cc concentrated KCl given
- 33 year old man died

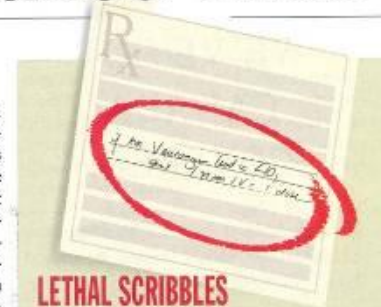


Uncounted thousands of Canadians die each year because of avoidable medical errors. A program is just beginning to monitor the errors and eliminate the causes.

# Mistakes That Kill

BY DIANA WILEY

**O**N JULY 30, 1996, Nancy Brown witnessed her son's death by the same lethal injection that is used for executions in the United States—potassium chloride. The setting, however, was no death row but the supposedly curative premises of Leamington District Memorial Hospital in southwestern Ontario. Jeffrey Brown, 33, undergoing treatment for a kidney infection, was chatting with his mother and a friend when a nurse arrived with a medication cart. Brown was supposed to receive an injection of lasix, a drug used to reduce swelling caused by excess bodily fluids. Instead the nurse somehow took a vial of concentrated potassium chloride from a drawer in the cart, filled a 20-cc syringe and in-



## LETHAL SCRIBBLES

**T**he Institute for Safe Medication Practices posted this prescription on its Web site as an example of how doctors' unclear writing can lead to errors in medication. It calls for a patient with renal failure to be given a dose of the antibiotic vancomycin, along with orders to administer another one-gram dose intravenously if his vancomycin level the next morning is "<10," meaning less than 10 milligrams per litre. But the "less-than" symbol is written in a way that makes the number 10 look like 40. The posting does not say whether the patient actually received the wrong dosage. A single dose that size is unlikely to cause harm, but prolonged excessive dosing could lead to kidney damage, ear damage or blood problems.

experience, was charged with criminal negligence. Two and a half years later, she was cleared of all charges. Nancy Brown is still trying to make sense of this "unfinished business," as she calls it. "My son died in a public institution and no one's been held accountable," she says. "I cannot heal until I am certain there are practices and procedures in place to prevent this ever happening again."

**CLEARLY, THERE AREN'T.** In hospital settings, where the guiding principle is the Hippocratic injunction "First, do no harm," thousands of Canadians—credible estimates range as high as 10,000 per year—are dying as a result of medical error. A further 10,000 deaths may result from infections acquired in hospitals and unanticipated complications from medications. Add to this an estimated 20,000 medication-related



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# The Person Approach

- Historically focused on individual performance and not system issues.
- Front line staff often not involved in the review of an adverse event.
- Partial or incomplete “solutions” that do not fully resolve the underlying cause and leave the organization vulnerable to reoccurrence of the event.
- Fear of reprisals drives important information underground



# Ignorance is not bliss!



# Broadening the Approach

- An understanding that improving patient safety and quality of care is at the broad system level, not just a matter of individual actions.
- A need to move to a culture of open discussion and analysis of adverse events.
- Visible and committed organizational and professional leadership to collaborate on a coordinated and effective framework for improvement.



# The Systems Approach

Recognizes that:

- Humans are incapable of perfect performance.
- Accidents are caused by flaws in the working environment (system) and human errors that are an expected part of any working environment.
- Accidents can be prevented by building a system that is resilient to expected human errors.



# A System Perspective

A system can be described as:

A grouping of components, such as resources and organization (structure) that act together (process), to achieve a particular result (outcome).

Royal College of Physicians and Surgeons of Canada. Jan M. Davies, Philip Charles Hébert and Carolyn Hoffman. (2003). *Canadian Patient Safety Dictionary*. Ottawa, ON: The Royal College of Physicians and Surgeons of Canada. Retrieved from: [http://rcpsc.medical.org/publications/PatientSafetyDictionary\\_e.pdf](http://rcpsc.medical.org/publications/PatientSafetyDictionary_e.pdf)

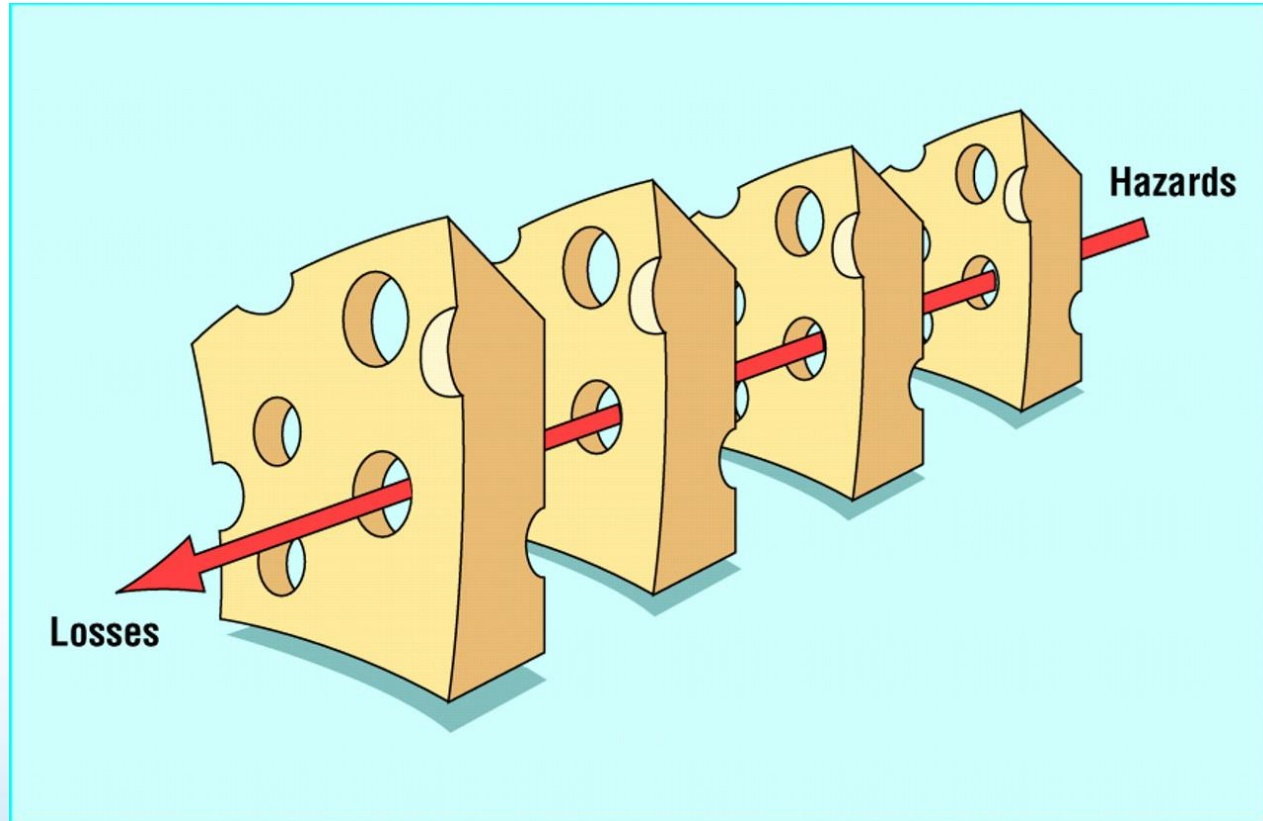
“Clearly certain structure is needed; and equally clearly, there is no way to change outcome except through changing process, since outcome ‘tells on’ process.”

Slee VN, Slee DA & Schmidt HJ. (1996). *Slee's Health Care Terms, 3<sup>rd</sup> edition*. St. Paul, MN: Tringa Press.





# The Systems Approach



Reason, J. (2000). Human error: models and management. *BMJ*, 320(7237): 768-770.

Retrieved from: <http://www.bmj.com/cgi/content/full/320/7237/768>





# The Systems Approach

“...though we cannot change the human condition, we can change the conditions under which humans work”

Reason J. (2000). Human error: models and management.

*BMJ*, 320(7237): 768-770. Retrieved from:

<http://www.bmj.com/cgi/content/full/320/7237/768>



# Health Care vs. High Reliability Organizations

(E.g. aviation, nuclear power)

## Health Care (in transition)

- Errors are the result of human failures
  - Humans generally perform flawlessly
  - Perfect performance is the expectation
  - Use retraining and punishment to root out “bad apples”
- Begin with the premise that anything can and will go wrong
  - Don’t expect humans to perform perfectly
  - Design systems accordingly in a proactive way

## High Reliability Organizations



# How Are Incidents Identified

- Patient Safety Report (replacing incident and adverse event forms)
- Call from Manager/Chief/VP
- Call from the Coroner
- CEO/COS/VP of the area are made aware and ultimately the Board is appraised of the event (ECFAA Administrator)



# Preliminary Review

- Once an incident is identified, a chart review will be undertaken by the Director or Manager(or delegate) &/or the Chief of Staff's office(Chief of Service) .
- If an adverse event is seen to have or potential to have caused any significant harm to the patient a review is undertaken.
- If the event includes multiple departments Q&RM still performs review.
- Freedom Of Information requests- counsel has indicated safety reports must be released if requested, we are working on how to have them covered under quality provisions



# QCIPA or Non-QCIPA Review

- Once it is determined that a review will take place, we then need to determine if it should or should not be covered under QCIPA.
- Is the incident potentially litigious?
- Is there a known staff/physician negligence issue?
- Is there a risk that the review might uncover process issues that may impact our liability in the future?
- Will staff participate without QCIPA?



- If there is a process that supports the right action to occur, look to performance
- If clearly performance is an issue Human Resources /Medical Staff office follows up- the difference in a "just culture" and a "no blame culture"
- If process does not support the correct action or if the process can be improved then we proceed with a process review or root cause analysis
- It is important to note that there are very few if anyone that knows the entire process, we all know our own section of it but not the whole process



# The Review “Just Culture”

- All staff, physicians, and their supervisors are gathered for 90 minutes to review the case.
- Everyone is provided an explanation with respect to QCIPA or not.
- Ground rules are reviewed.
- Everyone is given the chance to explain their role in the incident.
- Everyone is given the chance to assist in identifying the process failures or areas that need to be reviewed and/or improved.
- Everyone is given the chance to propose recommendations that would improve quality or reduce risk.



# Documentation

All Quality of Care Reviews are documented on a spreadsheet that identifies the following:

- File Number, date of the incident, summary of incident.=
- Conditions responsible for each recommendation.
- Recommendations with who is responsible to follow-up and timeline.
- Column to indicate whether or not it can be actioned and a column to indicate completion and the actions taken.
- Provided only to those Manager's and Physician leaders that are responsible.
- Reviews are presented to the Medical Advisory Quality of Care Sub-Committee and then Quality of Care Committee. Aggregate data to Board Quality and the Board twice a year. Only QOCC can close file
- Meetings with patient and/or family to comply with ECFAA (COS and SDQ&RM) letter provided at meeting





# Coroner Related Reviews

- If the Coroner has a concern about a death, they will contact the hospital and ask if we are intending on reviewing the case.
- Most often we have already started the review, but there are times, when we do respond to the Coroner's request.
- We must decide what information can be released to the Coroner pre-review if covered under QCIPA, as QCIPA review gleaned information cannot be release to the Coroner.
- We do communicate with the Coroner on improvements made in the organization that might relate back to a Coroners review, but we do not specify which.
- If the Corner meets with the organization and provides recommendations from their own review, we respond as required to these recommendations.



# Disclosure of Systemic Steps by the Hospital

Hospitals are required, at an appropriate time following disclosure of a critical incident, to disclose to the patient the systemic steps, if any, that the hospital is taking or has taken in order to avoid or reduce the risk of further similar critical incidents that the content and date of the disclosure be recorded.

OHA's Quality of care Information Protection Act toolkits, it speaks to the relationship between a hospital's obligations under QCIPA and Regulation 965

The Canadian Medical Protective Association has a Communication with you patient about harm" booklet "Disclosure of Adverse Events "

1-800- 267-6522, [www.cmpa-acpm.ca](http://www.cmpa-acpm.ca)

Apology Act



# Disclosure of Critical Incidents

## Disclosure must include:

- a) The material facts of what occurred with respect to the critical incident.
- b) Consequences for the patient of the critical incident, as they become known.
- c) The actions taken and recommended to be taken to address the consequences to the patient of the critical incident including any health care or treatment that is advisable.
- d) Should occur as soon as possible and may need to be a process rather than a one time occurrence.
- e) Should be documented on the patient's record.



# OHA Toolkit Development

- Expert panel for toolkit development- draft in review .
- Intersection between all legislative changes  
Quality of Care Information Protection Act,  
Excellent Care For All Act, Freedom of Information  
Protection of Privacy Act, Personal Health  
information Act, Apology Act
- Conference June 2015

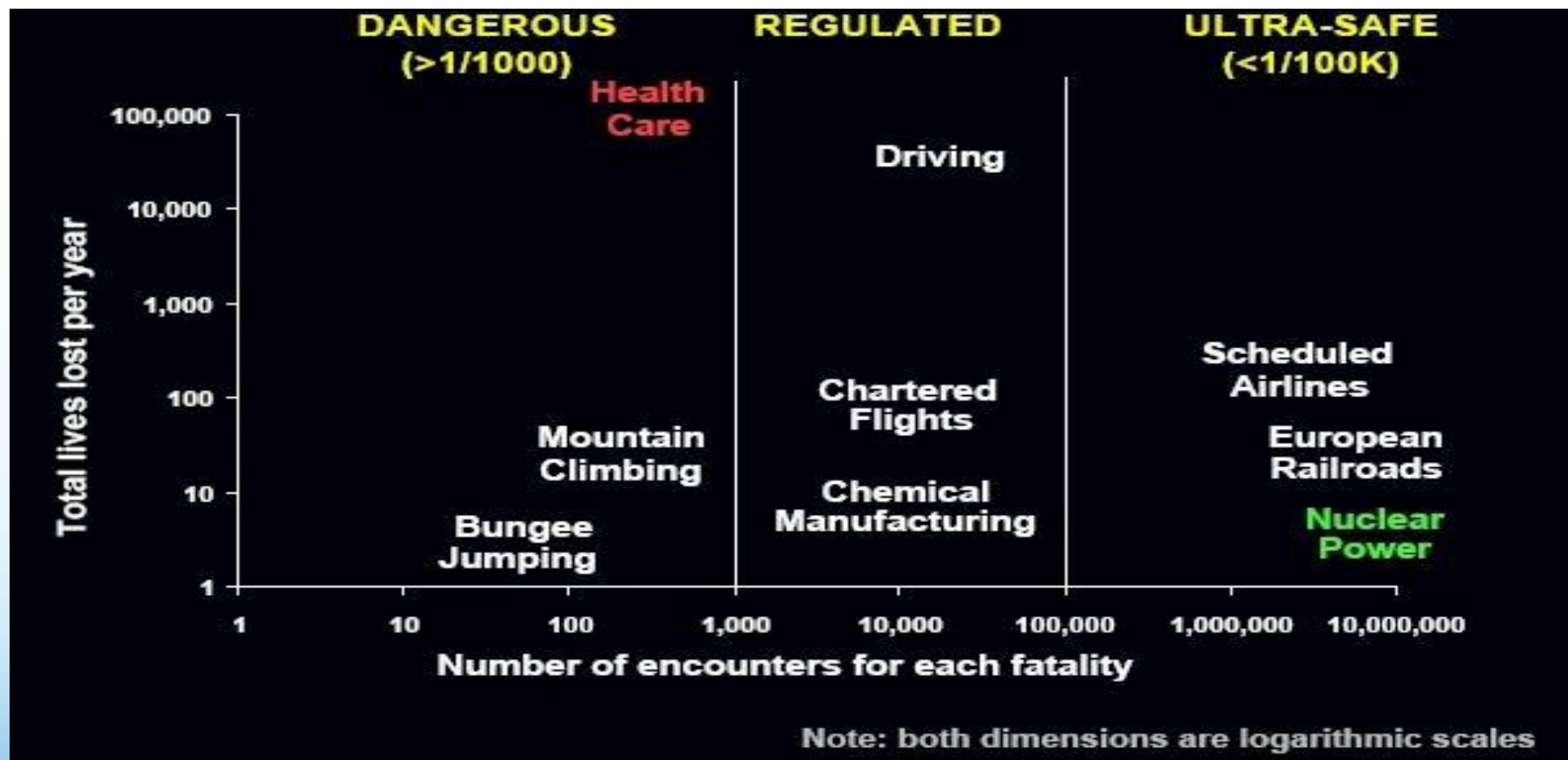


# **Compliance with Excellent Care for All Act - Critical Incident Process**

**November 2015**

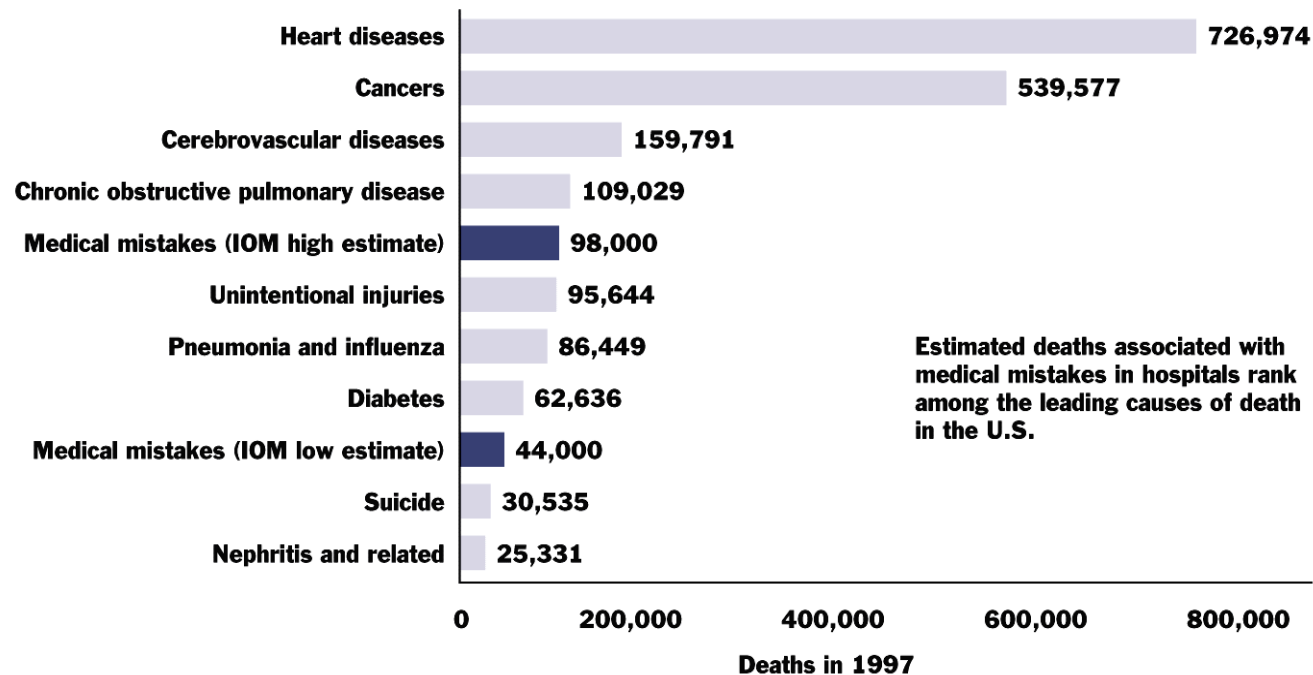
**Cathy Covino, Senior Director, Quality and Risk Management**

# Healthcare is safe, right?



# Are we different? No.

Estimated Deaths Associated with Medical Mistakes  
Compared to the Leading Causes of Death in the U.S.



Sources: IOM 2000; Kramarow et al. 1999 (deaths).

# Critical Incident Defined

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





# Aggregated Critical Incident Data

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



# Aggregate Reporting to the Board and Quality Committee of the Board November 2014 – November 2015

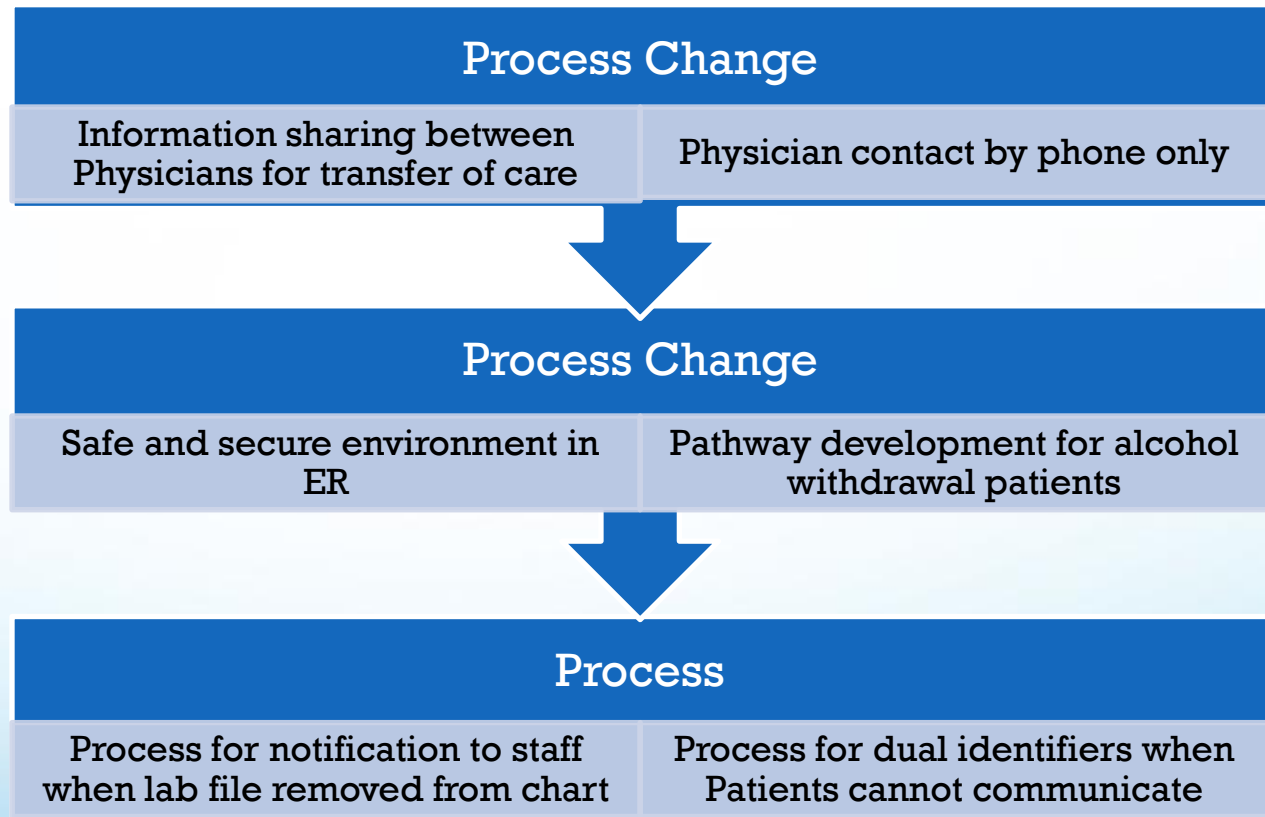
Critical Incidents Summary

Classification

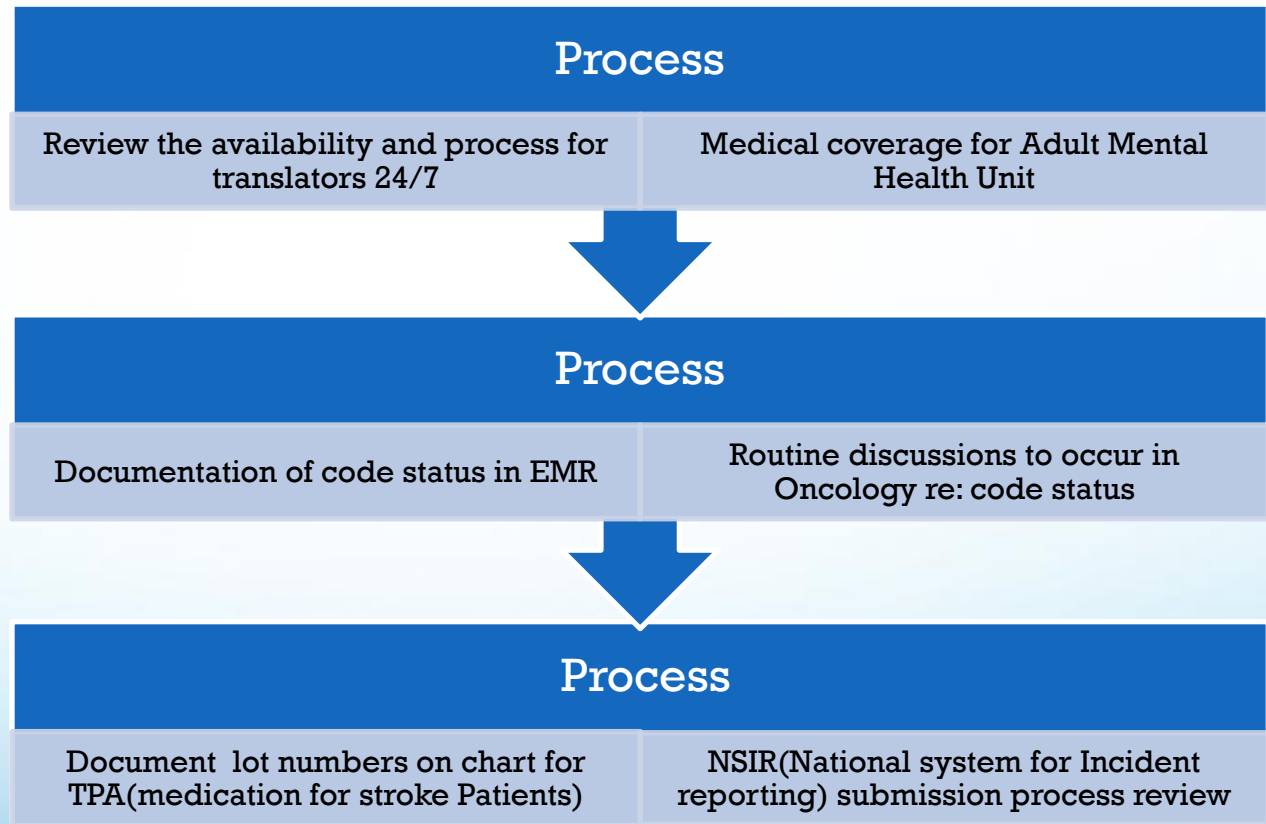
Recommendations



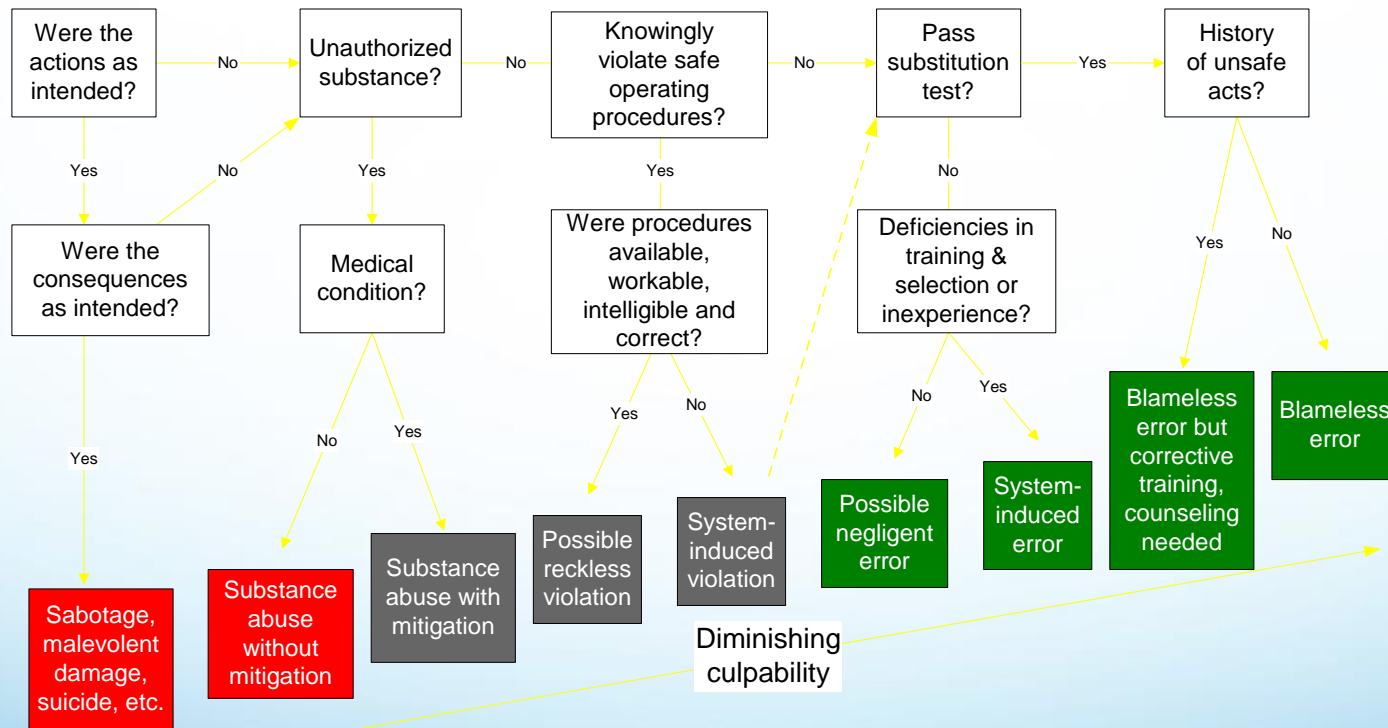
# Summary of Critical Incidents and Recommendations Aggregate



# Incident Classification and Recommendations Aggregate



# James Reason's Decision Tree – Performance vs. Process

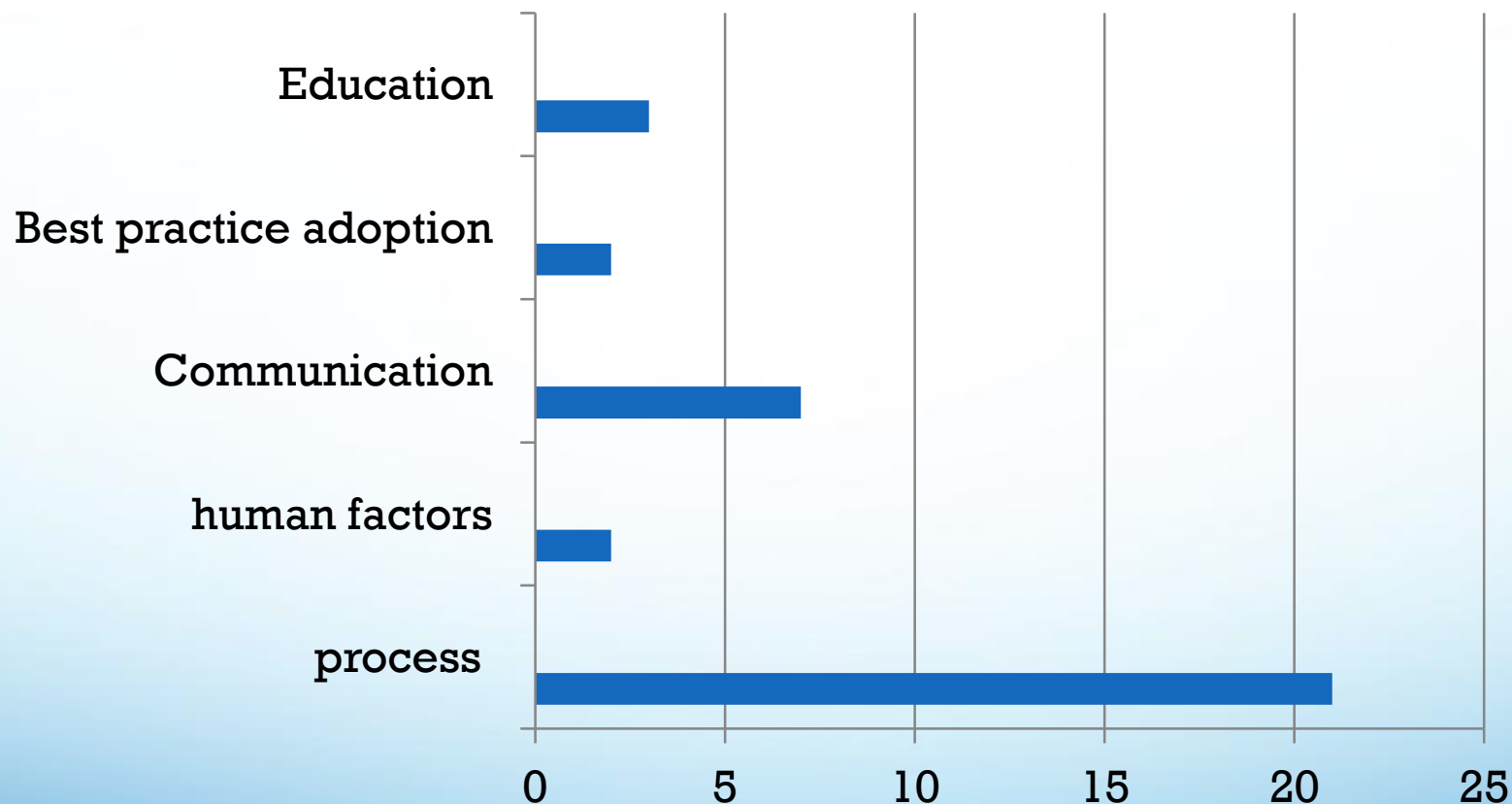


Decision Tree for Determining Culpability of Unsafe Acts



# Incident Root Cause Classification

## November 2010-2015



# Excellent Care for All Act

- The Chief of Staff (Chief of Department) and I meet with patients and families when a critical event occurs
- A review is conducted
- Improvements are shared with the families as soon as we are able to
- A letter is written and given to the patient/family
- The trust and rapport we develop is very important
- Open and honest discussion of the facts
- Incidents must be shared with the Administrator as soon as possible
- Reviews must be brought to the Medical Quality Assurance Committee of the Medical Advisory Committee and then to the Quality of Care Committee (QOCC) – **Leaders** in having a Patient Family Advisor on our QOCC - October 2015 Keith Taylor joined our committee
- Implementing QCIPA review recommendations

# Quality Care Information Protection Act Review Committee

## 6 Principles

- Critical incident investigations should assume good intentions from all parties
- Critical incident investigations should be patient inclusive
- Critical incident investigations should be transparent
- Staff need to communicate effectively with patients and families before, during and after critical incident investigations
- Critical incident investigations should entail an obligation to share lessons
- Critical incident investigations should be consistent and predictable



# 12 Recommendations

- TBRHSC's involvement; Senior Director of Quality and Risk Management on the OHA task force for developing toolkit and Chair for a session in Toronto
- See attached spreadsheet for implementation
- 8 out of 12 are recommendations that we can action locally others we will work with the OHA on implementing
- Canadian Medical Protection Agency is presenting to the Medical Advisory Committee on November 24, 2015 re: a movement to not using QCIPA

QCIPA COMMITTEE REPORT	Current State	Actions Required	Target Date	Responsible Party
Strive for Just culture	Just culture is an ongoing investment by treatment and follow up of incidents- good near miss reporting indicates good culture as well as Safety culture surveys	Patient safety culture survey to be repeated in November of this year using survey monkey to assess effectiveness of the action plan implementation following the last Patient safety culture survey	Nov-15	Cathy/ Carolyn
The intent of QCIPA remains valid QCIPA should be retained, with recommended amendments, as a tool to further the understanding of what caused some critical incidents	QCIPA use is a decision at TBRHSC and not used 100% of the time. There is a movement to reduce its use to only when absolutely required.	CMIPA to speak to Physicians about QCIPA and endorse the use in exceptional circumstances and not as a rule scheduled Nov. 24, 2015.	15-Nov	Cathy/ Dr. Turner
Develop clear guidance on how and when to use QCIPA	Will use QCIP toolkit when released	Implement toolkit information when able	15-Dec	Cathy
QCIPA Amendments to allow disclosure of incidents with Patients and families	Material facts can be shared just not opinions from the review	Move towards fewer QCIPA covered reviews to make the sharing of information easier and more transparent with Patients and families	15-Dec	Cathy and Dr. Turner
Establish an appeals mechanism for the investigation of critical incidents	There is currently no appeals mechanism	Develop a mechanism for appeals	16-Feb	Cathy and Keith
Establish a mechanism which hospitals must share recommendations and what they have learned from critical incidents with each other	There is currently no structure for sharing recommendations with other hospitals	Working with the OHA and others on how to realize the sharing of recommendations in a meaningful way as it will include sharing of the scenarios as well to make the recommendations relevant	16-Jun	Cathy and OHA
Ensure that critical incidents that happen in organizations other than hospitals are investigated and lessons learned shared with other patients, families and organizations	Currently legislation exists in pockets and a CIR is not required in all areas where care is provided.	Work with the OHA on recommendations to ensure critical incidents are reviewed in other organizations	16-Nov	Cathy and OHA



QCI PA COMMITTEE REPORT	Current State	Actions Required	Target Date	Responsible Party
Reinforce the role of the Quality Committee of the Board to provide oversight to critical incident related processes and the recommendations of this report	Education for SMC, QOCC, QCOB and MAC is required to ensure understanding and assist in moving this forward	Request CMPA education on QCIPA to assist in support for the Physicians and work with OHA on further conferences for QCOB, SMC and QOCC	16-Mar	Cathy
Patients and families must be informed of the process that will be used to investigate their critical incident, they must be kept informed of the process of the investigation, and their voice must be represented through out the review process.	No information sharing in terms of process currently exists. A consistent process does not exist, but is certainly the goal. Keith will be part of the QOCC starting in Sept. 15- Leading practice	Process development for involving Patients and family. Brochure development .	16-Jun	Cathy, COS and clinical EVP's
Patients and families must be interviewed as part of the process of investigating the critical incident and must be fully informed of the results	Partial process exists but is not consistent. Follow up always occurs and approximately half of the time Patients or families are involved prior.	Process development for involving Patients and family. Brochure development .	16-Jun	Cathy, COS and clinical EVP's
Establish a Provincial program to train and support highly skilled staff to investigate critical incidents and communicate with and support Patients and families	Goal is too large for TBRHSC, participation will occur as required. Training is required internally for increased capacity for performing critical incident reviews.	Work with OHA on establishing a provincial program to train and support highly skilled staff to investigate critical incidents and communicate with and support Patients and families.	16-Nov	Cathy and OHA
Support Hospital staff involved in critical incidents	Support is offered through EAP. Process reviewed 2 years ago to ensure support available. Need to review is sustained and make a plan for improvement.	Assess current state, devise preferred state and work towards implementation with Human Resources and Occupational Health and Safety.	16-Nov	Rod



# References

- [www.health.gov.on.ca/en/common/legislation/qcipa/docs/qcipa\\_rcr.pdf](http://www.health.gov.on.ca/en/common/legislation/qcipa/docs/qcipa_rcr.pdf)
- [www.health.gov.on.ca/.../ecfa/legislation/criticalincident/update.aspx](http://www.health.gov.on.ca/.../ecfa/legislation/criticalincident/update.aspx)
- <https://www.cmpa-acpm.ca/-/communicating-the-disclosure-of-h>
- [www.oha.com/.../Bulletin Critical Incident Reporting.pdf](http://www.oha.com/.../Bulletin%20Critical%20Incident%20Reporting.pdf) .

# Questions or Comments?



# Thunder Bay Regional Health Sciences Centre

## Board of Directors

Wednesday, November 4, 2015

Boardroom – 5:00 p.m.

### Present:

Nadine Doucette, ( <i>Chair</i> )	Gerry Munt	Dr. Mark Thibert*
Dr. Bill McCready*	Anita Jean	Doug Shanks
Dr. Andrew Turner*	Dick Mannisto	Gary Whitney
Dr. Penny Moody-Corbett ( <i>t-con</i> )	Grant Walsh	John Friday
Dr. Rhonda Crocker Ellacott*		

### By Invitation – Senior Management:

Peter Myllymaa	Glenn Craig	Dr. Mark Henderson
Cathy Covino	Anne-Marie Heron	Dawn Bubar
Dr. Stewart Kennedy	Rod Morrison	Chisholm Pothier

### By Invitation:

Angela Kutok <i>Rec. Sec.</i>	Jessica Nehrebecky	Aaron Skillen
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### Regrets Board of Directors:

Georjann Morriseau

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

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

**2.0 PATIENT STORY** – *Dr. Andrew Turner*

Dr. Andrew Turner, Acting Chief of Staff, shared a patient story.

**3.1 Quorum** – Quorum was attained.

**3.2 Conflict of Interest** – None.

**3.3 Approval of the Agenda**

*Moved by:* Doug Shanks

*Seconded by:* Anita Jean

**Motion**

*“That the Agenda be approved, as circulated.”*

### CARRIED

**3.4 Chair’s Remarks** – for information

#### 4.0 PRESENTATIONS

##### 4.1 Occupancy Update

Mr. Aaron Skillen, Program Director, Chronic Disease and Medicine Services, TBRHSC and Regional Director, North West Ontario Renal Network, provided an update on the Hospital's occupancy and bed status for September and October of 2015.

The following was highlighted:

- There are 395 funded beds as well as 36 unfunded beds which are used on a regular basis totalling 431 maximum admitted patient beds available on any given day.
- There were no prior day surgical cancellations, however there were two same day surgical cancellations resulting from bed availability.
- Patient flow summary indicators for 2015-16 have improved slightly over last year in the areas of average length of stay (ALOS), admitted patient census, alternative level of care (ALC) patients, and gridlock days.
- Reducing average length of stay (ALOS) by 0.2 days has been identified as a pay for performance indicator for the 2015-16 Quality Improvement Plan (QIP).
- Improving patient flow efficiencies has been identified as an objective in the Thunder Bay Regional Health Sciences Centre (TBRHSC) Strategic Plan 2020 within the Comprehensive Clinical Care strategic direction.

*Mr. Aaron Skillen was excused from the meeting.*

#### 5.0 CONSENT AGENDA

The minutes of October 7, 2015 are to be amended to show that Dr. Mark Henderson was in attendance.

*Moved by: Dick Mannisto*

*Seconded by: Anita Jean*

**Motion**

*"That the Board of Directors:*

*5.1 Approves the Board of Directors Minutes of October 7, 2015,*

*5.2 Receives the Volunteer Association Board Report dated November, 2015,*

*5.3 Receives the TBRRI Report dated November, 2015,*

*as amended."*

#### CARRIED

#### 6.0 REPORTS AND DISCUSSION

##### 6.1 Report from Senior Management

The following information was highlighted from the report:

- TBRHSC has climbed to its highest-ever ranking of number 35 on Canada's Top 40 Research Hospitals list.

- Human Resources experienced some unusual staffing issues over the past several weeks which have been resolved.
- The second annual minimal staffing drill was conducted on October 22, 2015. Volunteers and staff participated, and three members of the Thunder Bay Fire Department were on site to evaluate and time the exercise.
- The Communications and Engagement Department is distributing an Aboriginal patient satisfaction survey in an effort to make TBRHSC a more welcoming environment for this patient population.
- The Thunder Bay Fire Department conducted an annual fire inspection of TBRHSC. There were no orders issued under the Fire Code or Environmental Protection Act.
- After many years of providing psychiatric care at TBRHSC, Dr. Lois Hutchinson, Chief of Psychiatry, will be retiring next month.
- The Choosing Wisely Canada Campaign was recently introduced to the senior management and physician leadership groups.
- Medical and Academic Affairs is actively recruiting in the areas of cardiology, dermatology, endocrinology, gastroenterology, neurology, psychiatry, vascular surgery, and rheumatology.
- Regional Diagnostic Services has been working with Northwestern Ontario regional partners to improve the transfer service that is being offered for patients who require urgent or elective diagnostic services.
- TBRHSC participated in a successful Take Our Kids to Work Day, facilitated by the Human Resources Department.

## 6.2 **Report from the Interim President and CEO**

The Interim President and CEO reported the following activities:

- TBRHSC has begun a benchmarking process with the Health Care Management (HCM) Group to identify potential efficiencies and cost savings measures.
- Participated in the Tbaytel Luncheon of Hope charity luncheon on October 9, 2015 in support of the Northern Cancer Fund which raises awareness and funds to support research, diagnosis, and treatment of breast cancer.
- Participated in the 10<sup>th</sup> annual Balmoral Park Acura Save a Heart Ball on October 17, 2015 in support the Northern Cardiac Fund which raises awareness and funds to purchase life-saving cardiac care equipment for TBRHSC.
- The Thunder Bay Regional Research Institute (TBRRI) has commenced its strategic planning process beginning with a retreat held on October 23, 2015.
- The Francophone Advisory Committee meeting was held on October 26, 2015.
- Attended the Canada Gairdner Awards reception, on October 29, 2015 at the Royal Ontario Museum, which recognizes research and medical achievements.
- TBRHSC and University Health Network (UHN) are working toward a final draft of a memorandum of understanding related to the cardiovascular surgical program.
- Attended the Ontario Hospital Association (OHA) Annual General Meeting and the OHA Health Achieve conference from November 2 to 4, 2015. Speakers at the conference included Captain Richard Phillips as well as Canadian actor and comedian, Martin Short.



### **6.3 Report from the TBRHS Foundation**

The President and CEO of the Thunder Bay Regional Health Sciences Foundation (TBRHSF) highlighted the following:

- Two high profile events were held in October including the Tbaytel Luncheon of Hope and Balmoral Park Acura Save a Heart Ball.
- The TBRHSF met and approved the first round of grants to the hospital for approximately \$1,000,000.
- The TBRHSF Board supported in principal the concept of supporting the cardiovascular program for approximately \$554,000.

### **6.4 Report from the Professional Staff Association**

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

- The Choosing Wisely Canada campaign will be shared with members of the Professional Staff Association.

### **6.5 Report from the Acting Chief of Staff**

The Acting Chief of Staff highlighted the following:

- The Physician Length of Stay Working Group continues to strategize to ensure physician groups have appropriate information in order to work towards reducing lengths of stay.
- The Medical Advisory Committee (MAC) has endorsed the Choosing Wisely Canada campaign at TBRHSC.
- A new Meditech option provides a more efficient way of notifying professional staff that they have records ready to be completed.

### **6.6 Report from the Chief Nursing Executive**

The Chief Nursing Executive highlighted the following:

- As a result of a falls reduction strategy, there has been a corresponding increase in the numbers of falls reported, while the number of critical falls has dropped to zero.
- A pressure ulcer study has been completed on adult in-patient units (excluding Adult Mental Health (AMH), Forensics, and Maternal/Child) showing that both prevalence and incidents have decreased compared to 2014.
- TBRHSC received honourable mention for the Champion Awards by the Canadian Patient Safety Institute Forum.

### **6.7 Report from the Northern Ontario School of Medicine**

- The fifth annual Northern Constellations Faculty Development Conference will be held on April 8 and 9, 2016 in Thunder Bay.
- ICEMEN 2016 is a five-day conference exploring themes of social accountability and community engagement in medical education and research. The conference will be held from June 20 to 26, 2016 in Sault Ste. Marie.

*Moved by:* **Doug Shanks**  
*Seconded by:* **Gary Whitney**

**Motion**

*"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 November, 2015 as presented."*

**CARRIED**

**7.0 BUSINESS/COMMITTEE MATTERS**

**7.1 Resource Planning Committee – October 20, 2015**

**7.1.1 Board attestation: Wages and Source Deductions for Fiscal Q2 2015-16**

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

*Moved by: Grant Walsh*

*Seconded by: Gerry Munt*

**Motion**

*"That the Board of Directors accepts the Q2 2015-2016 Board Wages and Source Deduction Attestation, as presented."*

**CARRIED**

**7.2 Quality Committee Meeting – October 20, 2015**

**7.2.1 Research Quality Oversight Program**

The Research Quality Oversight Program Governance Framework was presented to the Board of Directors.

*Moved by: Dick Mannisto*

*Seconded by: Gary Whitney*

**Motion**

*"That upon recommendation from the Quality Committee, the Board of Directors approves the Research Quality Oversight Program Governance Framework, as presented."*

**CARRIED**

**8.0 FOR INFORMATION**

**8.1 Board Comprehensive Work Plan – for information**

8.2 **Webcast Statistics** – for information

9.0 **BOARD MEMBER COMMENTS**

10.0 **DATE OF NEXT MEETING** – December 2, 2015

11.0 **ADJOURNMENT**

There being no further business, the meeting adjourned at 5:45 p.m.

\_\_\_\_\_  
Chair

\_\_\_\_\_  
Board Secretary

\_\_\_\_\_  
Recording Secretary

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

**BOARD REPORT**

**Presented at the December 2, 2015 Board meeting**

Our monthly board meeting was held on November 18, 2015.

The HAAO Convention was held in Toronto on November 2-3, 2015. One of our volunteers, Darlene Pynn, was in attendance. The keynote speaker for the OHA/HAAO was Martin Short who shared his personal connection to health care and cancer in particular. Also, the convention provided networking opportunities for auxiliaries throughout Ontario.

The Amendments to the policies and by-laws as well as the guidelines for job descriptions for the Volunteer Association is ongoing. As well, the Board is sending out invitations to community members who have expressed interest in working on a business-oriented board. An application has been designed and accepted by the Board.

Seasons Gift Shop has hired an assistant Manager who is to begin at the end of November. The Gift Gallery operates its weekly sales just outside the Gift Shop.

The board finalized its donations for the year 2015. This' year's donations amounted to 98,000 dollars. Donations will be made to the Missing Piece, Capital Expenditures and Foundations. Also the board accepted a cheque from the Hospital Bridge Marathon group. As well, the Craft Group announced another Christmas show on November 26.

**“SUPPORTING PATIENT FAMILY CARE”**

Respectfully submitted,  
Margaret Power  
Vice President, Volunteer Association

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

Submitted by: Dr. Bill McCready, Interim CEO – TBRRI and Interim President & CEO  
– TBRHSC – November 24, 2015

### Site Visit with University Health Network and TBRRI/TBRHSC

University Health Network (UHN), Canada's top ranking Research Hospital in 2014 and a leader in Canadian health innovation was at TBRHSC on November 17<sup>th</sup>. Four UHN representatives (Lisa Alcia - Executive Director & Chief Research Operations Officer, Katie Roposa - Director Research Quality Integration, Paul MacPherson - Director Grants, Contracts & Clinical Research Services and Aanchal Kamra - Business Officer) met with TBRRI management and clinical research staff for a series of meeting throughout the day.

With the purpose of identifying key gaps and opportunities for improvement in clinical research processes, staff from both TBRRI and TBRHSC presented an overview of current processes and services provided to researchers. Topics of discussion included study development, implementation and approval, contract review, research quality oversight and integration of Information Technology. Representatives from Lakehead University and NOSM joined for a discussion about research grants.

At the end of the day, Lisa Alcia offered preliminary suggestions to improve the performance of the Clinical Research Services Department along with the assurance that they will deliberate and respond with formal recommendations within two weeks. Most notably, she offered to share approved UHN policies and procedures to use as reference while TBRRI/TBRHSC is working on finalizing research policies and procedures.

TBRRI/TBRHSC looks forward to continued interactions and mentorship from UHN over the coming year.

### Cyclotron Update



Staff expect to submit the commissioning report to CNSC at the end of November. The application to operate and an application to service will be submitted at the same time. A letter of intent has been signed with a third party for the sale and distribution of isotopes from the facility. Initially, sales would be for non-medical use and would not require Health Canada approval.

The Cyclotron Steering Committee has been meeting monthly and is looking at potential revenue streams that could include isotopes for TBRHSC; contract research; development of joint degree programs with LU and/or Confederation College; private pay clinics as well as the sale of isotopes to third parties.

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## Portable Positron Emission Tomography

Dr. Alla Reznik is working on a new and improved mammography system and is looking to establish a spin-off company for this new technology by the end of this year.

Breast imaging and improving long-term health outcomes in women with dense tissue or at a higher than average risk of developing breast cancer is one medical area that has a strong need and will have a significant impact.

Traditional mammography suffers from difficulty distinguishing between benign and malignant masses.

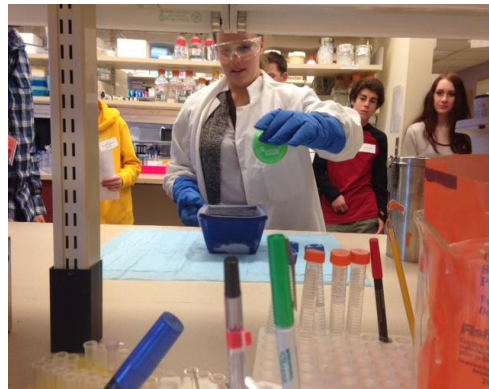
About 75 percent of biopsies prompted by mammography reveal that cancer is not present. Positron Emission Mammography (PEM) will provide a better image with improved patient comfort. Dr. Reznik has had funds allocated in 2015 through an ORF-4 grant to develop a pathway for clinical testing of PEM and the XLV scanner in Thunder Bay.



## Investing in the Future

On Wednesday, November 4<sup>th</sup> TBRI participated in the annual **Take Your Kids to Work Day** event, put on by the TBRHSC. The event hosted grade 9 students from Thunder Bay High Schools, and included 70 + students, most related to TBRHSC employees. While visiting TBRI, the students were able to learn about some of the biological research done at the Institute, including how the cyclotron generates radioactive isotopes for use in microPET imaging, how cells are cultured, fed, analyzed and stored in a lab setting, and of course they had the chance to test what happens to certain items when placed in liquid nitrogen (see pictures below). The event was a huge success, as we were told for the 3<sup>rd</sup> straight year that TBRI was the favourite station of the tour for most participants.

On November 19<sup>th</sup> TBRI will also hosted a group of students from **Dennis Franklin Cromarty High School**. The tour was similar to the Take Your Kids to Work Day, where students had a chance to have some supervised fun with liquid nitrogen, and learn about culturing cells. This tour also focused on some of the Aboriginal centered research being undertaken at TBRI, including research being done by Drs. Jumah and Zehbe.



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## Thunder Bay Regional Health Sciences Centre Quality Committee of the Board

November 17, 2015

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

**Present:** Georgia Carr, Dr. Rhonda Crocker Ellacott, Nadine Doucette,  
Anne Marie Heron, Anita Jean, Dr. William McCready,  
Gerry Munt (Acting Chair), Dave Van Wagoner, Gary Whitney

**Regrets:** Georjann Morriseau, Dick Mannisto

**By Invitation:** Katherine Bell, Manager, Quality and Research Ethics,  
Cathy Covino, Senior Director, Quality and Risk Management,  
John Ross, Manager, Manager, Corporate Patient Flow,  
Aaron Skillen, Program Director, Chronic Disease and Medicine Service,  
TBRHSC and Regional Director North West, Ontario Renal Network  
Wendy Lange, Rec. Sec.

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

1.1 **Quorum** – Attained.

1.2 **Conflict of Interest** – None.

1.3 **Approval of the Agenda**

*Moved by:* Anita Jean

*Seconded by:* Dave Van Wagoner

*“The agenda was approved, as circulated.”*

**Motion**

**CARRIED**

2.0 **PRESENTATIONS/REPORTS**

2.1 **Patient Flow Presentation**

Mr. Aaron Skillen, Program Director, Chronic Disease and Medicine Service, TBRHSC and Regional Director North West, Ontario Renal Network gave the Patient Flow presentation along with Mr. John Ross, Manager, Manager, Corporate Patient Flow.

Mr. John Ross provided a patient story.



The Quality Improvement Plan (QIP) targets related to patient flow are a seven hour reduction (36.2 to 29.0 hours) for the 90<sup>th</sup> percentile ED Length of Stay for Admitted Patients indicator and 0.2 day reduction (5.85 days to 5.65 days) for the indicator Average Length of Stay excluding alternate level of care (ALC) patients.

The Strategic Plan 2020 Strategic directions related to patient flow are under the category of Comprehensive Clinical Care, to enhance access to clinical services supported by patient flow efficiencies and to enhance access to clinical services supported by patient flow efficiencies.

Objectives to reach these goals are to have a Patient Flow Strategy Steering Committee, implement patient flow software in 2016-17, implement quality based processes, improve accessibility for patients with disabilities, and advocate and demonstrate the need for additional health systems capacity.

Growth in alternate level of care long-term care patients is anticipated at TBRHSC during the 3-month period between November 2015 and February 2016. Mitigation strategies will be used to address alternate level of care patient growth.

The following patient flow indicators have improved in 2015-16 vs. 2014-15: average length of stay (excluding alternate level of care days) = approximately 0.2 days, average daily admitted patient census = approximately 10 patients, average daily alternate level of care patients = approximately 5 patients, and average gridlock days/month = approximately 8 days.

## **2.2     Research Ethics Report**

Ms. Katherine Bell, Manager, Quality and Research Ethics gave the Research Ethics Report.

There were seven new research projects reviewed in the second 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.



A request was made to have information of a comparison to others included in the next report to show a journey rather than a snapshot. The next report will also include comparing data to last year along with comparing to Ontario Cancer Research Ethics Board (OCREB) targets.

The current bottleneck is in the pre-approval phase. For the Full Board Review, the current bottleneck is when the Research Ethics Office has sent the Research Ethics Board clarifications to the researcher regarding the completeness and accuracy of their application and is still waiting for a final and sufficient response from the researcher. The Research Ethics Office has followed up with all researchers. Delays in responses are related to turnover in research team membership, researchers waiting to provide a response until they hear back from St. Joseph's Care Group's Research Ethics Board or Thunder Bay Regional Health Sciences Centre's Credentialing Committee.

There were no local or non-local serious adverse events for the second quarter.

Surveys have been sent to first year research participants, Research Ethics Board members, and researchers to seek improvements.

Meetings with Lakehead University have taken place to draft a reciprocal agreement to reduce number of studies not submitted to multiple boards with the main target group being students from the Northern Ontario School of Medicine (NOSM) that have a short time to complete their research.

### **2.3 Critical Incident Presentation**

Ms. Cathy Covino gave the Critical Incidents / Medical Advisory Committee (MAC) Recommendation presentation.

An aggregate report on the summary of critical incidents and recommendations was given for the time frame of November 2014 – November 2015. The highest number of root case classifications for critical incidents between 2010 – 2015 was for process.

As legislated by the Excellent Care for All Act, a review is conducted of the critical incident. The Chief of Staff or Chief of Department and the Senior Manager, Quality and Risk Management meet with patients and families to share improvements. A letter is written and given to the patient/family at this time. Trust and rapport developed with the patient/family is important.

Reviews must be brought to the MAC and then to the Quality of Care Committee. TBRHSC is a provincial leader in having a Patient Family Advisor on the Quality of Care Committee.

The Quality of Care Information Protection Act (QCIPA) has six principles. They are that critical incident investigations should assume good intentions from all parties, critical incident investigations should be patient inclusive, critical incident investigations should be transparent, staff need to communicate effectively with patients and families before, during and after critical incident investigations, critical incident investigations should entail an obligation to share lessons, and critical incident investigations should be consistent and predictable.

The definition for critical incidents from the Canadian Patient Safety Institute will be adapted to separate critical incidents from serious incidents.

It was noted that no critical incidents have been directly related to a root cause of overcapacity to date.

### 3.0 CONSENT AGENDA

A request was made to change the wording for Item 2.3 Enterprise Risk Management and Risk Management Presentation of the October 20, 2015, Quality Committee of the Board minutes as follows:

#### 1. Finances/Budget

TBRHSC is underfunded and capital is being eroded which is a financial risk of *TBBRRI* sustainability, should read, TBRHSC is underfunded and capital is being eroded which is a financial risk of *TBRHSC* sustainability.

*Moved by: Anita Jean*

*Seconded by: Gary Whitney*

*"That the Quality Committee of the Board:*

*3.1 Approves the Quality Committee of the Board Minutes of October 20, 2015, as amended,*

*3.2 Received the Research Ethics Board Minutes of September 28, 2015, as presented."*

**Motion**

### CARRIED

### 4.0 WORK PLAN

### 5.0 BUSINESS/COMMITTEE MATTERS – None.

### CARRIED

### 6.0 FOR INFORMATION

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

**7.0 BOARD MEMBER COMMENTS – none.**

**7.0 DATE OF NEXT MEETING**

The next meeting will be held on December 15, 2015 beginning at 3:30 p.m.

**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

December 2, 2015

## **Corporate Services & Operations**

### Financial Services

- The financial position of TBRHSC as at October 31, 2015 is a \$3.2 million deficit slightly better than budgeted and forecast to be \$6.7 million at year end.
- The projected 15/16 and accumulated fiscal deficits will continue to place financial pressure on the organization.
- The NW LHIN has been working closely with TBRHSC to address the financial pressures.
- Key patient activity is in line with budget and less than prior year.
- Paid staffing hours, including paid sick time and overtime, continue to be over budget.
- The 2016/17 budget analysis and facilitated benchmarking is still in progress.

### Capital Planning & 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 TBRHSC Fire Inspection and minimum staffing drill were both completed successfully. No issues or follow up items were identified by the Fire Department.

### Northwest Supply Chain

- TBRHSC, Lake of the Woods, Riverside Health Care Facilities and Sioux Lookout Meno Ya Win Health Centre and NSC will participate in the Four (4) - Shared Services Organization collaboration, TPA funded, to review existing contracts and identify potential joint initiatives to enhance buying power and eliminate duplication within Ontario - we will be part of new software module being built by the existing provider GHX, the original Data Management solution provider.
- The NSC has submitted a TPA request to the Ministry of Government & Consumer Services for funding to cover the costs to develop an Implementation Analysis and Business Case for possible on-boarding of the Northeast Hospitals.

## **Communications & Engagement, Aboriginal Affairs & Government Relations**

### Media Events

- *Kidney Cancer Expert Brings Hope* - November 19, 2015

### Publications (27)

- *Chronicle Journal* x 24
- *Healthscape* x 2
- *Hospital News* x 1

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### Aboriginal Affairs

- Supported recruitment of an Ojibway-speaking Aboriginal volunteer who will work at the Information Desk.
- Received 56 Patient Satisfaction Surveys from Wequedong Lodge from October 15 to November 15.
- Supported Human Resources for TBRHSC to host 36 students from Dennis Franklin Cromarty School in the Aboriginal Career Experience program November 19<sup>th</sup>.
- The Aboriginal Advisory Committee welcomed two new members, Vincent Simon, Executive Director at Ka Na Chi Hih Treatment Centre and Luanne Maki, Community Health Representative at Fort William First Nation.
- Engagement Session was held at the Aboriginal Advisory Committee on November 16<sup>th</sup> to develop a First Nation Health Services Directory for Northwestern Ontario.

### Communications & Engagement Projects

- Continuing collaboration regarding *respect.* campaign
- Patient waiting area screens moving forward, content being established
- Accessible Forms and Communication Supports pilot project
- New website performance assessment: Pages per session increased to 2.63 pages viewed vs. 1.5 for old site; average session increased from 52 seconds per visit to 1 minute, 55 seconds
- Increased French content on TBRHSC website
- TBRRI website content review
- TBRHSC Pride Committee established
- Development of new corporate video with PFCC
- QIP engagement planning
- Patient Services Directory 2016

### Government Relations

- The Government Relations team will be developing new relationships given the new liberal majority government. Minister Hajdu and MP Rusnak have been invited to tour facilities, chat with TBRRI scientists and learn more about health sciences cluster in Northwestern Ontario and its impact on our regional economy.

### Project Supports

- Regional Cancer Program
- Patient Services
- Interprofessional Education

### **Health Human Resources, Planning, and Strategy**

#### Human Resources, Organizational Development, and Library Services

- 65 students attended the annual TBRHSC Take Your Kids to Work Day Event with positive feedback from students, parents and participating departments.
- Information sessions were held for Nursing Graduates regarding our hiring process and time lines.

#### Labour Relations

- COPE interest arbitration award is pending.

### Strategy & Performance Management and Decision Support

- HCM benchmarking process into round 2 for further analysis in terms of potential savings.
- Strategic Planning official launch December 15<sup>th</sup> for Q2 planning.

### Occupational Health and Safety

- Flu shots are still available in OHS along with clinics for measles, mumps and rubella.
- In December, transfer of RN dedicated to managing sick leave work processes.

### Volunteer Services

- November 19 - ACE (Aboriginal Career Exposure) Program Orientation/Tours for 17 students from Dennis Franklin Cromarty to learn about TBRHSC, career and volunteering options.
- Volunteer Coordinator, Sarah Schoales, is the winner of the 2015 Walk the Talk – Respect Award. Two volunteers are winners of Walk the Talk – Volunteer Awards: Kevin Herman and Keri-Lyn Durant.
- Volunteer Sonja Aldrich nominated for June Callwood Outstanding Citizenship award.
- Positive feedback from volunteers who attended Volunteer Retreat Oct. 28 featuring Aboriginal Health initiatives at TBRHSC.

### Medical & Academic Affairs

#### Academics and Interprofessional Education

- The Learner Experience Survey was launched in October. Data will be collected at various points in the year depending on placement length and discipline. Overall, results suggest a positive learning environment with suggestions for improvements in some rotations and content covered during and before placement.

#### Medical Affairs

- One site visit was held in November for Gastroenterology.
- Dr. Walid Shahrour (Urology) and Dr. Samir Kahlil (Psychiatry) have accepted positions.
- Dr. Christopher Zanette joined our Emergency Physician group on November 6.
- We are actively recruiting in the areas of Cardiology, Dermatology, Endocrinology, Gastroenterology, Hospitalist Medicine, Neurology, Psychiatry, Vascular Surgery, and Rheumatology.

#### Pharmacy

##### Medication Reconciliation

- The MedRec Admission overall rate was 64.9% in October, an increase from 61.3% for September 2015.
- Follow up MedRec Education has started with presentations at physician section meetings.

##### Patient Safety

- Pharmacy has started an innovative training program (QUESS) related to the compounding of sterile preparations of hazardous and non-hazardous drugs.

## **Patient Services and Chief Nursing Executive**

### **Fracture Clinic**

- A review and analysis of Ontario peers operating Fracture Clinics was completed in October 2015, with a view to identify options to improve efficiency and effectiveness.
- Clinic booking criteria and scheduling practices have been redefined, patient self-tracking and satisfaction surveys have been implemented, and data capture is improved, with good positive patient feedback.
- Small improvements in wait times are noted, with data collection ongoing.
- Physician leads are engaged and contributing to Fracture Clinic flow and ER referral process initiatives.
- "Virtual" Fracture Clinic demands are adding significant pressures to the system as the availability of Orthopedic Services within the Region has diminished.
- TBRHSC, NW LHIN and OTN are currently assessing opportunities to enhance Telemedicine resources to manage the critical mass of Orthopedic needs regionally while working to improve overall Fracture Clinic operations.

### **Organ Donation**

- In all of 2014-15, the conversion rate (potential donors into actual donors) was 44% (provincial target >67%).
- In Q1, 2015, the conversion rate increased to 67%.
- In Q2, 2015, the conversion rate reached 100%, exceeding the provincial target.

### **Patient Flow & Overcapacity**

- ED length of stay (LOS) performance (October 2015) for non-admitted high acuity patients = 6.6 hrs (target 7 hrs) and low acuity patients = 3.4 hrs (target 4 hrs).
- At the 90<sup>th</sup>, 20 admitted patients waited 28 hours in ED until they were transferred to an in-patient bed (target 25-27 hours) in October.
- So far this year, October has been the busiest month in ED with 9,221 visits, which is a 2.5% increase compared to this time last year.

### **Scholarly Activity / Abstracts Accepted**

- The annual conference of the Nursing Leadership Network is being held in Toronto, March 31 - April 1, 2016.
- Regional Critical Care Response: A Regional Model to Enhance Access to Care - has been selected for a Poster Presentation.
- Collaborating with Patient and Family Advisors (PFAs) Improves Emergency Department Care Experience - has been selected for a Poster Presentation.
- Quality Boards to Improve Care Outcomes and Staff Engagement - has been selected for a Paper Presentation.

## **Patient Services and Cancer Care Ontario**

### **Comprehensive Cardiovascular Surgical Program**

- The MOHLTC's Provincial Programs Branch confirmed they are continuing to process our request for \$2 million in vascular operating funds for 2015/16.



### First Nations, Inuit and Métis (FNIM) Partner Engagement

- Prevention and Screening continues to engage with our First Nations, Inuit and Métis partners to build stronger relationships. Director, Cathy Paroschy Harris, recently attended the Grand Council Treaty #3's Annual Meeting in Couchiching First Nation.

### Mental Health External Working Groups

- Work has begun with two new external working groups: The Joint Mobile Crisis Response group will be working to develop a Police and Mental Health coalition and the Multi-Jurisdictional group will be focused on addressing the needs of complex patients that require integrated care from multiple sectors.

### Psychiatry Services

- Dr. Robert Sheppard has begun in his new role as Chief of Psychiatry.

### Strategy and Performance

- The Adult and Forensic Mental Health Program have begun work on their operational plans for the coming 18 months. Initiatives will focus on improving patient care and flow.

### **Quality and Risk Management**

#### Research Quality Oversight Program

- Governance structure approved
- University Health Network visit on November 17, 2015 for visioning session on quality in research
- Gap analysis completed
- Policy development underway

#### Research Ethics

- Plan to implement a reciprocal arrangement between TBRHSC, LU and NOSM to remove the need for researchers to obtain approval from both TBRHSC and LU REBs is underway
- Researchers and REB members have been successfully engaging in meaningful dialogue regarding ethical issues through researcher presentations at REB meetings and REB member consultations on research projects
- Research Ethics Office's quarterly report now identifies projects that are stuck in stages of the REB approval process to help highlight bottlenecks in the process
- A two page summary of the monthly REB meeting minutes are now provided to the Quality Committee of the Board to help orientate members to the detailed minutes

### **Research**

#### Site Visit with University Health Network

- representatives from the University Health Network recently spent the day at TBRHSC meeting with TBRRI management, TBRHSC staff and clinical research staff ;
- the fact finding visit will help UHN to assist us in identifying gaps and opportunities for improvement in clinical research processes.





## Senior Management

### **Cyclotron Update**

- the commissioning report, application to operate and application to service will be submitted to CNSC by the end of the month;
- the Cyclotron Steering Committee is meeting monthly and is looking at potential revenue streams for products that will be produced by the cyclotron/radiopharmacy.

### **Commercialization Update**

- Dr. Reznik is continuing to advance a new portable mammography system that will use Positron Emission Tomography to produce a better image than traditional mammography technology.

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Health Sciences  
Foundation**

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**Northern  
Cancer Fund**



**Northern  
Cardiac Fund**



**Health Sciences  
Discovery Fund**

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

### **Christmas comes early to the Health Sciences Centre**

The Volunteer Association and Health Sciences Foundation are looking forward to a choosing and announcing the successful recipients of the Family CARE Grants. Thanks to generous donors, \$60,000 is available. Please look for a media announcement in early January!

This was no easy decision as a committee of community, clinical, previous recipients, Foundation and Volunteer Association members had to consider 71 applications for over \$150,000. In the past, this program has supported many areas of care including Adolescent Mental Health, Rehab, Pediatric Outpatient and Endoscopy. We look forward to sharing stories with you about these grants throughout 2016.

### **Will you be the big winner?**

The Foundation is proud to host the Intercity Shopping Centre 50/50 raffle again this year. Please consider signing up for a volunteer shift selling tickets during the busy holiday season. This raffle supports the Cardiac Program and the jack pot will be up to \$25,000. The winning ticket will be drawn on December 22!

Please contact Devon for more information at 684-7113.

### **Dancing the Night Away**

Congratulations to the **Balmoral Park Acura Save a Heart Ball** Committee! This gala event was held on **October 17, 2015** at the **Victoria Inn**. A champagne reception, followed by a gourmet meal, enticing live and silent auctions and fantastic entertainment was enjoyed by all! This great event supports excellence in cardiac care here at the Health Sciences Centre. The event raised approximately \$45,000 this year!

### **What are you driving today?**

We proudly launched the '**Save a Heart Car Raffle**' in October. The lucky winner of this draw will drive away in a 2016 Acura ILX (valued at \$36,101.54), thanks to provider Balmoral Park Acura. The real winners are the cardiac patients here and throughout Northwestern Ontario. The over \$80,000 raised by this raffle has provided investment in Angioplasty, Cardiac Rehabilitation, Telemedicine – all providing closer to home care for our friends and family. Get your ticket today from the Foundation's Donation Centre. Draw is on February 23, 2016.

### **What will your legacy be?**

Did you take the time in November to think about your Will? If not, please consider it on your 'to do' list for 2016. Over half of Ontarians don't have an up to date Will. Your Will is a powerful tool to impact care in our region. A gift could have significant positive implications for the administration of your estate and Will help put tools in the hands of the gift professionals at the Health Sciences Centre – offering better care to your children and grandchildren for the future.

Every gift makes a difference and we hope that you've taken the time to think about what your legacy could be. Haven't had a chance? Want to know where your gift could make a difference? Please contact Lindsey Wychopen, Development Assistant at 684-7106 for more information.

**From the Foundation Board and Staff – we would like to wish you a very, Merry Christmas and all the best for a safe and prosperous 2016. Together, we are healthier.**

# **Chief of Staff Report**

to the  
**Board of Directors**  
**Thunder Bay Regional Health Sciences Centre**

**December 2015**

## **Chief of Staff**

### **Chief of Psychiatry**

- We are pleased to announce the appointment of Dr. Robert Sheppard as Chief of Psychiatry, effective November 5, 2015

### **Department Chiefs**

- Several of our Department Chiefs positions are coming to the end of their term
- Calls for internal candidates were posted and interviews are expected to be held during the month of December
- Department Chiefs may serve multiple terms

### **Annual Reappointments for Professional Staff**

- The reappointment process for all Professional Staff began with invitations delivered for reappointments on November 20
- This will be the first time Professional Staff will be provided with the option of applying at either St. Joseph's Care Group, Thunder Bay Regional Health Sciences Centre or both facilities using the same application

Chief of Staff

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# **Chief Nursing Executive**

**Open Report  
to the  
Board of Directors  
Thunder Bay Regional Health Sciences Centre**

**December 2015**

## **Chief Nursing Executive – Open Report**

### **Patient & Family Centred Care**

- Our Philosophy of Care Commitment Board rollout is scheduled for the first 2 weeks of December, 2015. PFAs, PFCC Leadership and SMC representatives will deliver Boards to Departments to support and celebrate the continuance of our Patient and Family Centred Care Philosophy within our Strategic Plan 2020.
- In response to a consult request from Perth Huron, Keith Taylor, PFA will be travelling to Stratford, ON to present to their Board and Leadership Team on December 3, 2015

### **Transfer of Accountability Pilot on 3C Neuro: A Strategy to Improve Patient Experience and Care Outcomes**

- A pilot project introducing a change in the transfer of accountability process between Nurses at shift change was launched in June of 2015 on 3C Neuro.
- This model of bedside shift report is based on best practice models to advance patient safety, and PFCC, in an environment that improves patient outcomes, improves efficiency and reduces error.
- Currently, this practice is being used at the Ottawa Hospital, Trillium Health/ Credit Valley Hospital and Hamilton Health Sciences Centre, as well as several other teaching hospitals across Canada, the USA and the UK.
- The bedside report replaces the Shift Summary module in the EMR. With training, the bedside report between nurses usually takes less than 2 minutes per patient.
- Formal evaluation of the change is progressing, while demonstrating a need to further engage interprofessional staff, patients/ families and physicians in a feedback process regarding the change.
- Nursing staff unit feedback supports the continuation of the project and an opportunity for further roll out of the process change across the organization.





Dr. Moira McPherson, Chair of the Northern Ontario School of Medicine's Board of Directors and VP, Academic and Provost at Lakehead, noted that the two-day meeting in Sudbury was a great success. "As NOSM celebrates its 10<sup>th</sup> anniversary, it's exciting to reflect on the progress the School has made in contributing to the health of the people and communities of Northern Ontario," says Dr. McPherson. "NOSM's success is truly a collaborative effort, and I am inspired by the Board's ongoing dedication to corporate governance and fiscal management at the School."

The Northern Ontario School of Medicine's next Board of Directors meeting is scheduled to occur on March 16, 2016.

### **NOSM Associate Dean, Postgraduate Education Reappointed for Second Five-Year Term**



The Northern Ontario School of Medicine (NOSM) is pleased to announce the reappointment of Dr. Catherine Cervin as NOSM's Associate Dean of Postgraduate Education (PGE) for a second five-year term, effective September 2016. NOSM's Postgraduate Education Office is responsible for the oversight, administration and support of all Postgraduate Residency Programs in Northern Ontario. NOSM offers Residency Programs in: Family Medicine and Family Medicine Enhanced Skills in Emergency Medicine, Family Practice Anesthesia, Maternity Care, and Care of the Elderly. Royal College Accredited Programs include Public Health and Preventative Medicine, Pediatrics, Internal Medicine, General Surgery, Orthopedic Surgery, Psychiatry, Anesthesiology. As well there is a Northern Stream of the Ottawa Obstetrics and Gynecology residency program.

### **NOSM Assistant Dean Learner Affairs Appointment**

We are pleased announce that Dr. Jason Shack has accepted the position of Assistant Dean, Learner Affairs for Undergraduate Medical Education at NOSM, effective December 1, 2015. Dr. Shack has been involved with NOSM in many aspects of undergraduate and postgraduate medical education. Most recently, he held the role of Site Liaison Clinician in Fort Frances for many years as well as he was a member of the UME Theme 1 Committee. Dr. Shack received his MD from the University of Toronto, and completed both his Rural Family Medicine Residency and his Family Practice Anesthesia Fellowship in the North with the Northeastern Ontario Family Medicine Program in the days before NOSM. His reputation as an outstanding and student-centered educator is well known in NOSM. After a number of years of practice and teaching in Fort Frances, Dr. Shack and his family have recently relocated to Thunder Bay where he has joined the Aurora Family Clinic. Please join Dr. Dave Musson and the UME Portfolio in welcoming their newest member of the team, Dr. Jason Shack, to NOSM. Jason, all the best in continuing your success at NOSM in your new role as Assistant Dean, Learner Affairs.

### **NOSM Makes an Impact in Sudbury**

The impact the Northern Ontario School of Medicine has had on Northern Ontario's health and economy was celebrated on Wednesday, November 18 at a leadership luncheon held by the Greater Sudbury Chamber of Commerce. NOSM, the first medical school to open in Canada in 30 years, celebrated its 10th anniversary earlier this year.



Founding dean, Dr. Roger Strasser, was one of four panelists who spoke to chamber members at the Radisson Hotel. The "genesis" of the school was in 2000 and 2001 with a widespread community movement to increase the number of family doctors in Northern Ontario by educating them here.

Strasser read excerpts from a Sudbury Star editorial that ran Sept. 14, 2005, the day after the medical school officially opened. At that time, then Sudbury mayor Jim Gordon called

the opening of the medical school one of the most important announcements in Sudbury's history.

For more information see <http://www.thesudburystar.com/2015/11/19/sudburys-med-school-makes-impact>

Above: Dr. Chris Bourdon, second right, chief of staff at Health Sciences North, speaks to an audience at a Greater Sudbury Chamber of Commerce luncheon in Sudbury, Ont. on Wednesday November 18, 2015.

John Lappa/Sudbury Star/Postmedia Network

### **Leadership luncheon in Thunder Bay**

The Thunder Bay Chamber of Commerce is hosting a luncheon with the Northern Ontario School of Medicine (NOSM) as they celebrate 10 years of working together for a healthier North on Friday December 4, 2015. Panellists, include Dr. Roger Strasser, Dean and CEO of the Northern Ontario School of Medicine, Mr. Tim Pile, Secretary-Treasurer to the Métis Nation of Ontario, NOSM Board Member, and Member of NOSM's Aboriginal Reference Group, Dr. Kim Varty, Physician at Fort William Clinic, Assistant Professor at NOSM, and Site Director for NOSM's Postgraduate Family Medicine Program in Thunder Bay and Mr. Chuck Schmitt, Physician Recruitment and Fundraising Coordinator with the Dryden Regional Health Centre, and NOSM Site Administrative Coordinator.

To register: <http://business.tbchamber.ca/events/details/leaders-luncheon-with-nosm-22>

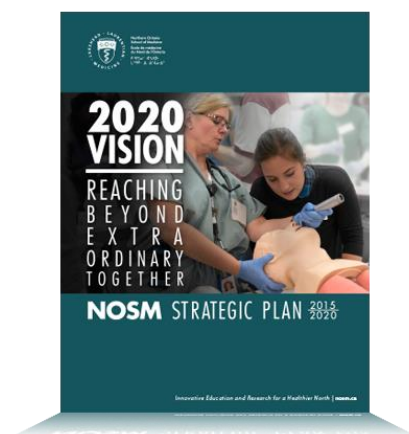
### **Reaching Beyond Extraordinary Together—NOSM's Strategic Plan 2015-2020 / Dépasser l'extraordinaire ensemble—Plan stratégique de l'EMNO 2015-2020**

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 Hosts Fifth Francophone Symposium**

From September 24 to 26, 2015, the Northern Ontario School of Medicine (NOSM) held its fifth Francophone Symposium at Laurentian University in Sudbury. More than 90 health professionals and community partners from across Northern Ontario gathered to explore dimensions of health care related to Francophone populations.

With a particular focus on mental health and the "active offer" (ensuring that services in French are obvious, easily available, and accessible), the conference provided dynamic presentations, discussions, and a student-led wellness workshop. These activities focused on community networking, capacity building, health practices and services, and collaborative approaches designed to enhance effective health-care delivery for Francophones in Northern Ontario.

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

## Northern Constellations 2016



Join your colleagues on April 8 and 9, 2016 in Thunder Bay for our Fifth Annual Faculty Development Conference. Northern Constellations 2016 will further develop your knowledge and skills as a faculty member at NOSM.

For more information or to register:

<http://www.nosm.ca/northernconstellations2016/>

## ICEMEN 2016



ICEMEN 2016 is a five-day conference exploring themes of social accountability and community engagement in medical education and research. Specifically, ICEMEN will investigate how community-driven health education and research builds healthy communities.

Abstract submission deadline is 15 January 2016.

JUNE 20-25, 2016 | SAULT STE. MARIE, ONTARIO,

CANADA

For more information and to register: <http://www.icemen2016.ca/>

## Northern Passages Fall 2015 Now Available

The latest issue of Northern Passages is now available online. Online:

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

For more news and information visit [www.nosm.ca](http://www.nosm.ca)

Respectfully submitted,

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



**Thunder Bay Regional Health Sciences Centre**  
**2016-2017 Corporate Membership List**  
*Received for the period of October 24 - November 27, 2015*

Surname	Name
Arnone	Margaret
Covino	Cathy
Covino	Herb
Culligan	Denyse
Edwards	Don
Fidler	Wesley
Fraser	Susan
Friday	John
Hannaford	Joyce
Henderson	Mark
Heron	Anne-Marie
Hettenhausen	William
Jean	Anita
Johnson	Rebecca
Jonathon	Pukila
Crocker-Ellacott	Rhonda

Surname	Name
Josefchak	Joe
Kemeny	Barbara
Kennedy	Stewart
Knibbs	Donald
Kutok	Angela
Laakso	Renée
Leach	Gerry
Lucy	Keetch
Mannisto	Dick
Masood	Khaja
McCready	Bill
Munt	Gerry
Mylymaa	Peter
Nehrebecky	Jessica
Nicholas	Bonnie

Surname	Name
Omendra	Adhikary
Porter	Gordon
Powell	Dawn
Shanks	Doug
Sidorski	Stephen
Sidorski	David
Smith	Cheryl
Smith	Tracie
Tracey	Robinson
Tupker	Jules
Turner	Andrew
Walsh	Grant
Whitney	Gary
Williamson	Sara
Young	Sophie

Total 46 Members

Thunder Bay Regional Health Sciences Centre Board of Directors Comprehensive Work Plan  
Updated: November 27, 2015

<b>Colour Legend</b>	
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

[illegible]

#	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						moved from December to January due to the annual accessibility cycle
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									No new appointments this year
16	Quality Oversight	Research Ethics Board report	BD								x				
17	Performance Measurement and Monitoring	Scorecard update	BD						x					x	
18	Governance	TBRRl update	BD				x						x		
19	Governance	TBRHS Foundation update	BD			x									
20	Governance	Occupancy 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 in December

# Page Views: Open Board Meeting Webcast

September 2013 – October 2015

Month	# of Page Views	Month	# of Page Views	Month	# of Page Views
September 2013	32	September 2014	57	September 2015	68
October 2013	26	October 2014	34	October 2015	25
November 2013	11	N/A	--	November 2015	44
December 2013	5	N/A	--		
January 2014	17	N/A	--		
February 2014	10	February 2015	23		
March 2014	16	March 2015	38		
April 2014	29	April 2015	29		
May 2014	23	May 2015	41		
June 2014	32	June 2015	31		

**Thunder Bay Regional Health Sciences Foundation Board of Directors**  
**December 2, 2015**

Surname	Name
Adams	Steve
Bossio	Tony
Craig	Glenn
Dubinsky	Sue
Harris	Clint
Holloway	Kevin
Jean	Anita
Jones	Parker

Surname	Name
Kadikoff	Anthony
Knutson	David
McCready	Bill
McKinnon	Brian
Mihaljevic	Tom
Mirabelli	Vince
Moses	Joe
Nesti	Jody

Surname	Name
Nieckarz	Tracey
Poulter	Mary
Shean	Kyle
Skula	Pat
Streib	Barry
Thibert	Mark

**Thunder Bay Regional Health Sciences Volunteer Association Board**  
**December 2, 2015**

<b>Surname</b>	<b>Name</b>
Britt	Cathy
Detweiler	Sharron

<b>Surname</b>	<b>Name</b>
Donaldson	Ann
Murray	Jean

<b>Surname</b>	<b>Name</b>
Power	Margaret
Skula	Pat