

**TBRHSC Board of Directors
Open Meeting**

Wednesday, January 13, 2016 – 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				
2.0			PATIENT STORY – Anne Marie Heron				
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	2	N. Doucette	Chair's Remarks*				X
4.0			PRESENTATIONS/UPDATES - none				
5.0			CONSENT AGENDA				
5.1			Board of Directors: Approval of Minutes - December 2, 2015*	X			X
5.2			Report Volunteer Association Board*				X
5.3			Report Thunder Bay Regional Research Institute*				X
5.4			Quality Committee Minutes - December 15, 2015*				X
6.0			REPORTS AND DISCUSSION				
6.1	5	Senior Management	Report from Senior Management*	X		X	X
6.2	3	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. A. Turner	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	N. Doucette	2016-2017 Corporate Membership List*	X			
8.0			FOR INFORMATION				
8.1			Board Comprehensive Work Plan*				X
8.2			Webcast Statistics*				X
9.0			BOARD MEMBER COMMENTS			X	
10.0			DATE OF NEXT MEETING – February 3, 2016				X

#	Time (X)	Presenter	Item & Purpose (Y)	Expected Outcome (Z)			
				Recommendation /Decision/Action	Education	Discussion	Information
11.0	ADJOURNMENT						
<p style="text-align: center;">Ethical Framework</p> <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> <ol style="list-style-type: none">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? <p>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</p>							

BOARD OF DIRECTORS (Open)
January 13, 2016 – DRAFT

Agenda Item	Committee or Report	Motion or Recommendation	Approved or Accepted by:
3.3	Agenda – January 13, 2016	“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 December 2, 2015,</p> <p>5.2 Receives the Volunteer Association Board Report dated January 2016,</p> <p>5.3 Receives the TBRRI Report dated January 2016,</p> <p>5.4 Receives the Quality Committee Minutes of December 15, 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 January, 2016 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 November 27, 2015 to December 31, 2015 as per the attached listing.”	Moved by: Seconded by:



Board of Directors

healthy
together

Report from Nadine Doucette Chair, Board of Directors January 13, 2016

First off, I hope everyone had a good holiday season and I wish all our staff, volunteers, supporters, and of course patients and families a very happy new year.

It's safe to say we're starting 2016 with a bang. Just before Christmas I announced the long anticipated news of our new President and CEO of Thunder Bay Regional Health Sciences Centre (TBRHSC) and CEO of Thunder Bay Regional Research Institute (TBRRI). We look forward to Jean Bartkowiak assuming his duties on January 25.

We are very excited to have Jean join our team in this critical leadership position.

Jean brings considerable experience to his new task. He has worked in the health sector for more than 30 years, including more than 20 years as a hospital CEO. Most recently, he was Interim President and CEO at Mattawa Hospital and Algonquin Nursing Home.

Before that he spent eight years as President and CEO of Bruyère Continuing Care in Ottawa, one of the largest health care centres of its kind in Canada with specialization in geriatric and palliative care. He also spent three years as CEO of Centre Hospitalier des Vallées de l'Outaouais, where a significant part of the work involved improving patient flow and reducing the number of ALC patients. And he was CEO of Hotel-Dieu d'Arthabaska in Victoriaville, QC for 10 years.

He is familiar with the issues and challenges we face here and is experienced in dealing with them in other jurisdictions. I am very pleased we will have him here working with us at a challenging time for health care, but also a time where there is great opportunity for innovation and transformation.

I know many of our staff met him when he toured the hospital during his brief visit here last month. I ask all of you to join me in welcoming Jean to the team and wishing him well as he takes up this leadership role.

In other good news, our academic health sciences centre was again validated for the good work it does and the way it does it. The most recent Canadian Institute for Health Information update found TBRHSC continues to perform well and remains an efficient hospital.

Our wait time for patients in the Emergency Department is below the provincial average and our Standardized Mortality Ratio is lower than the average Canadian hospital. In addition, CIHI's data shows what we have long known and maintained, that TBRHSC is a highly efficient hospital. Our cost of a Standard Hospital Stay is \$4,477, compared to an average of \$5,283 for other hospitals across Ontario.

There is always room for improvement, however, and the data also indicated we continue to struggle with the Total Time Spent in Emergency Department for Admitted Patients. We have improved in this area, but we still need to continue to work with our partners to address the causes of overcapacity that creates this lag.

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All in all, these are good results. They are a testament to the effectiveness of our dedicated, hard-working staff, and a demonstration of our commitment to the patients and families we serve.

Thank you all very much and all the best in 2016.

We are Healthy Together.

Nadine Doucette, Chair
Board of Directors

Board of Directors

healthy
together

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Thunder Bay Regional Health Sciences Centre

Board of Directors

Wednesday, December 2, 2015

Boardroom – 5:00 p.m.

Present:

Nadine Doucette, (<i>Chair</i>)	Gerry Munt	Dr. Mark Thibert*
Dr. Bill McCready*	Grant Walsh	Doug Shanks
Dick Mannisto	Gary Whitney	John Friday
Georjann Morriseau (<i>t-con</i>)	Anita Jean (<i>t-con</i>)	
Dr. Ian Dobson* (<i>Dr. A Turner</i>)	Ron Turner* (<i>Dr. R. Crocker Ellacott</i>)	

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
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Regrets Board of Directors:

Dr. Penny Moody-Corbett	Dr. Rhonda Crocker Ellacott*	Dr. Andrew Turner*
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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 – *Chisholm Pothier*

Mr. Chisholm Pothier, Vice President, Communications and Engagement, Aboriginal Affairs, and Government Relations provided a patient story regarding Renal Department staff who go above and beyond by providing a Christmas hampers for dialysis patients and in particular, the impact that was felt by one patient.

3.1 Quorum – Quorum was attained.

3.2 Conflict of Interest - None

3.3 Approval of the Agenda

<i>Moved by:</i>	<i>Doug Shanks</i>
<i>Seconded by:</i>	<i>Gerry Munt</i>

Motion

“That the Agenda be approved, as circulated.”

CARRIED

3.4 Chair's Remarks – for information

4.0 PRESENTATIONS

4.1 Environmental Compliance and Fire Safety Update

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

- Thunder Bay Regional Health Sciences Centre (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 regard to the requirements of these legislations.
- A Fire Inspection was completed on October 15, 2015 with no major issues identified. A final report is pending.
- A minimum staffing drill was completed on October 22, 2015.
- Positive feedback was received from the Thunder Bay Fire Service commending the Hospital's planning efforts and attention to detail.
- The Hospital's submission to the Ministry of Environment's Environmental Compliance Approval was approved in regard to noise and air emissions from the building at 1040 Oliver Road and noise and air emissions from cyclotron-radiopharmacy.
- The Cyclotron licensing for cyclotron-radiopharmacy has been approved for commissioning. The facility was inspected on October 1 and 2, 2015 and passed with no follow up items required. Radiation surveys are complete and all public areas are well below predicted values. Fire sub plans are also complete. Health Canada submissions are not applicable at this time.
- Decommissioning of the Ethylene Oxide sterilization equipment in the Supply Processing and Distribution (SPD) department is underway.
- The Co-Generation facility project is proceeding in collaboration with Johnson Controls and Toromont. Construction is in progress, on schedule, and on budget.
- TBRHSC submitted an update to the Ministry of Energy (MOE) on July 1, 2015 which outlines the TBRHSC energy reduction program under the Green Energy Act 2009. The next update to the MOE is due on July 1, 2016.

4.2 Critical Incidents Presentation

Ms. Cathy Covino, Senior Director, Quality and Risk Management, provided a Critical Incidents Process Update presentation. The Hospital is legislated to report on this regularly to the Board in accordance with the Excellent Care for All Act.

5.0 CONSENT AGENDA

Moved by: Doug Shanks
Seconded by: John Friday

Motion

"That the Board of Directors:

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

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

5.3 Receives the TBRRI Report dated December, 2015,

5.4 Receives the Quality Committee Minutes of November 17, 2015,

as presented."

CARRIED

6.0 REPORTS AND DISCUSSION

6.1 Report from Senior Management

The following information was highlighted from the report:

- 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.
- Fracture Clinic booking criteria and scheduling practices have been redefined, patient self-tracking and satisfaction surveys have been implemented, and data capture is improved, with positive patient feedback. Small improvements in wait times are noted, with data collection ongoing.
- The 2015 Walk the Talk Award recipients have been announced. A reception honouring the nominees and recipients will be held on Monday, January 18, 2016.
- The Occupational Health and Safety department is offering influenza vaccinations for staff. To date, 656 employees and 250 non-employees have been vaccinated for seasonal influenza.
- An exercise led by Health Care Management (HCM) Group Inc. benchmarking is currently in progress. All levels of leadership have been very supportive of this benchmarking review to identify efficiencies.
- The projected 2015-2016 and accumulated fiscal deficits will continue to place financial pressure on the organization. Overcapacity contributes to financial strains.
- The North West Local Health Integration Network (NW LHIN) has been working closely with TBRHSC to address financial pressures.
- A plan is underway to implement a reciprocal arrangement between TBRHSC, Lakehead University (LU) and the Northern Ontario School of Medicine (NOSM) to remove the need for researchers to obtain approval from both TBRHSC and LU Research Ethics Boards (REB's).
- Representatives from the University Health Network (UHN) recently spent the day at TBRHSC meeting with Thunder Bay Regional Research Institute (TBRRI) management, TBRHSC staff and clinical research staff. The fact finding visit will help UHN to assist TBRRI in identifying gaps and opportunities for improvement in clinical research processes.

- Conversations are ongoing with the Northern Ontario Heritage Fund Corporation (NOHFC) to pursue funding opportunities for the relocation of the data centre.
- TBRHSC has agreed to be a data site for single sign-on solution to the provincial viewer as a part of the provincial e-Health agenda and mandate. The site is now live and clinicians are now able to access the provincial lab information system to reduce duplication in lab testing.
- The Aboriginal Affairs Patient Satisfaction Survey is active. Fifty-six surveys from Wequedong Lodge were received from October 15 to November 15, 2015.
- The Communications and Engagement department supported the Human Resources department in hosting thirty-six students from Dennis Franklin Cromarty School in the Aboriginal Career Experience program on November 19, 2015.
- The Ministry of Health and Long Term Care (MOHLTC) Provincial Programs Branch confirmed they are continuing to process the Hospital's request for \$2 million in vascular operating funds for 2015-2016.
- The Hospital has been successful in recruiting in the areas of urology and psychiatry. Dr. Peter Braunberger has accepted the position of Medical Director of Child and Adolescent Mental Health Unit. Contracts for Chiefs of Services are currently being reviewed and renewed.

6.2 Report from the Interim President and CEO

The Interim President and CEO reported the following activities:

- Attended the Northern Leaders' Dialogue Reception hosted by Minister Michael Gravelle.
- Health Care Management Group benchmarking meetings are in progress.
- Participated in a Local Health Integration Network (LHIN) Blueprint Implementation Health Service Provider webinar, which focused on issues that are relevant to patients from the region.
- Participated in the Health Quality Ontario Consultation which was focused on the element of equity in quality.
- A meeting was held with representatives from University Health Network (UHN) who were invited to conduct a review and analysis of the Hospital's current research practices.
- The Hospital signed a Memorandum of Understanding (MOU) with UHN regarding cardiovascular services.

6.3 Report from the TBRHS Foundation

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

- The Christmas Wish Fundraising Campaign was launched on December 2, 2015 and includes a list of smaller capital items such as isolettes for the Neonatal Intensive Care Unit (NICU). Fifty percent of the funds for the wish list have been underwritten by a local foundation.
- The Foundation Board will be presenting the Hospital with grants for \$554,000 for

Endovascular Aneurysm Repair (EVAR) equipment and \$750,000 for the Cancer Program.

6.4 Report from the Professional Staff Association

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

- The Professional Staff Association meeting is scheduled on December 9, 2015.
- Current initiatives include the participation in Choosing Wisely Campaign, a planned giving program portal through the TBRHS Foundation website, and the development of a website for the PSA.

6.5 Report from the Acting Chief of Staff

The Chief of Staff highlighted the following:

- Dr. Robert Sheppard has been appointed as Chief of Psychiatry, effective November 5, 2015.
- Several 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, 2015.

6.6 Report from the Chief Nursing Executive

The Chief Nursing Executive highlighted the following:

- 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 Neurosurgical Unit. This model of bedside shift report is based on best practice models to advance patient safety and Patient and Family Centred Care (PFCC), in an environment that improves patient outcomes, improves efficiency and reduces error.

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

Moved by: Dick Mannisto

Seconded by: Gerry Munt

“That the Board of Directors:

6.1 Accepts the Report from Senior Management,

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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 December, 2015 as presented.”

CARRIED

7.0 BUSINESS/COMMITTEE MATTERS

7.1 2016-2017 Corporate Membership List

The 2016-2017 Corporate Membership list was received by the Board of Directors.

Moved by: Doug Shanks
Seconded by: Gary Whitney

"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."

CARRIED

8.0 FOR INFORMATION

8.1 Board Comprehensive Work Plan – for information

8.2 Webcast Statistics – for information

8.3 Foundation Board Corporate Membership – for information

8.4 Volunteer Association Corporate Membership – for information

9.0 BOARD MEMBER COMMENTS

10.0 DATE OF NEXT MEETING – January 13, 2016

11.0 ADJOURNMENT

There being no further business, the meeting adjourned at 5:43 p.m.

Chair

Board Secretary

Recording Secretary

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

BOARD REPORT

Presented at the January 13, 2016 Board meeting

Our monthly board meeting was held on December 16, 2015.

Darlene Pyne, a representative from the Volunteer Association, gave the HAAO Convention Report. This report identified the new executive for HAAO 2016-2018, and a brief summary of the workshops attended.

The new Assistant Manager for Seasons began this month. Her contract is for 25 hours; as well, she will cover the Managerial position when the Manager is away. She comes with a strong retail background.

The board finalized its donations for the year 2015. This year's donations amounted to 98,000 dollars. Donations have been made to the Missing Piece, Capital Expenditures and Foundations.

A new Board Member joined this month. She will take on a volunteer position within the Gift Shop and will serve on the Gift Shop Committee. She brings years of administrative experience and volunteer background with Camp Quality and Guiding.

The Christmas Craft group made over 2600 dollars this past month. Their year's total has surpassed 6000 dollars. A small luncheon was served to thank them for their volunteer spirit.

Margaret Power
Vice-President

“SUPPORTING PATIENT FAMILY CARE”

Thunder Bay Regional Research Institute Report for TBRHSC Board – January, 2016

Submitted by: Dr. Bill McCready, Interim CEO – TBRRI and Interim President & CEO
– TBRHSC – January 4, 2016

Anishinaabek Cervical Cancer Screening Study (ACCSS) Update Gathering: Sharing the Findings with Partner Communities & Stakeholders

On October 27th and 28th 2015, members from participating First Nations communities as well as stakeholders from Cancer Care Ontario and the Society of Obstetricians and Gynecologists of Canada met in Thunder Bay for the ACCSS Community Update Gathering. The goals of the gathering were to share and report back the ACCSS findings, to invite feedback and guidance from partner communities regarding approaches that had been used and to invite input for the next steps of the ACCSS project. The event began with an informal dinner prepared by a local Indigenous caterer where participants shared stories and reconnected.



The next day began with a blessing by Elder Theresa Morrisseau. The group was arranged in a sharing circle and each member communicated what they hoped to gain from the day. A common goal was to gain information that could be brought back and disseminated in their communities like ways to empower Anishinaabek women to care for their health and understand the benefit of cervical screening. Dr. Zehbe and her colleagues Drs. Wakewich and Sameshima provided an informal overview of the ACCSS project, the history and the results with comments emphasizing the importance of relationship building and creating trust in the communities. The invited guest of honour, Dr. Angeline Letendre presented a summary of her work, “Stories of survival among Aboriginal people with cancer: scratching the surface in support of two-way translations to give voice to communities”. In the afternoon, participants were divided into three focus groups in a World Café style to discuss what worked and what could have been better, how to deliver cancer prevention education and desired future directions. After the focus groups, Dr. Zehbe’s undergraduate student Robert Strachen provided comic relief in his presentation ‘HPV in Males’—sharing the fact that HPV-related cancers in men are on the rise. One of the next research team’s goals is to implement HPV awareness programming for First Nations men. The ACCSS team engaged a young local artist—Matthew O’Reilly, to paint his impressions during the gathering [see photo above].

There was overwhelming support for the project, for its continuation, and gratitude for Dr. Zehbe’s commitment to keeping communities engaged in a meaningful way. Participants were eager to bring the messages of the day back to their communities and looked forward to future meetings. Community visits to obtain input for the next steps of the ACCSS were conducted in December 2015. The journey continues.

MRI Technologist (Research/Clinical)

Research at TBRHSC & TBRRI will get a boost through a shared research/clinical position for an MRI Technologist. Kendra Rys has accepted the position which will begin in February. Kendra will be involved in ongoing research projects on the 3T MRI and will provide technical support in developing new and innovative projects.

**Thunder Bay Regional
Research Institute**

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Sharing Research Knowledge

On December 8th **Dr. Samuel Pichardo** gave a presentation on **"Advances in MR-HIFU and MR-guided Interventions"**. He spoke about how technology created at TBRI is fundamental to advance MR-HIFU in the area of pediatrics, oncology and for more efficient treatment of uterine fibroids. TBRI is collaborating with Sunnybrook Health Sciences Centre, The Hospital for Sick Children and Philips Healthcare to develop new therapies in these areas.



Home for the Holidays Health Care Student Reception



On December 21st, TBRI participated in the 15th Annual Home for the Holidays event at St. Joseph's Heritage. This networking reception is hosted by NOSM, the City of Thunder Bay and RBC and includes booths from various health care facilities around Thunder Bay. The event gives students a chance to discuss research with other students and health care representatives, and gives them a

chance to find out what jobs are available in the health care field in Thunder Bay. Participants also had the chance to interact with Minister Michael Gravelle and Minister Bill Mauro. TBRI was represented at the event by: Dr. Roxanne Deslauriers, Imran Malik, Melissa Togtema, Jessica Grochowski, Peter Villa, Andr ea Hantjis, and Jennifer Plata.

Update on Dr. Phenix's Lab

TBRI is dedicated to excellence in medical imaging with plans to develop technologies for advanced diagnostics and non-invasive therapies. Obtaining the Sofie microPET GENISYS4 along with the ELIXYS has advanced the work of scientists not only at TBRI, but also at Lakehead University and the Northern Ontario School of Medicine.

Our relationship with Sofie, has also provided us with unprecedented access to a network of PET radiochemistry labs and scientists including Dr. Neil Vasdev at Harvard/MGH, Dr. Melissa Moore at Sofie Biosciences and has spurred additional collaborations with several investigators at other sites. It will take some time for contract research & development and clinical trials to come to fruition, however Sofie is committed to continuing a partnership with TBRI and is funding Ashley Esarick, a member of Dr. Phenix's team, to continue a collaborative project. Pre-clinical imaging, made possible by the microPET, has occurred, publications are in preparation, and Dr. Phenix and his trainees have represented TBRI at several national and international conferences where the NOHFC was acknowledged.



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Dr. Phenix has discovered and patented 2 new classes of imaging probes all of which have moved to the next stage of testing now that the cyclotron and microPET are in place. Such testing of disease on living animal models, a prerequisite of clinical studies, is only possible because of the microPET. Although Dr. Phenix has accepted a position at the University of Saskatchewan, a transition plan is in place to continue the important work that he has been undertaking in Thunder Bay.

Thunder Bay Regional Health Sciences Centre Quality Committee of the Board

December 15, 2015

Administration Boardroom – 3:30 – 5:00 p.m.

Present:

Dick Mannisto (Chair), Dr. Rhonda Crocker Ellacott, Anne Marie Heron, Anita Jean, Gerry Munt, Dr. Andrew Turner, Dave Van Wagoner, Gary Whitney

Regrets:

Georgia Carr, Nadine Doucette, Georjann Morrisseau, Dr. William McCready

By Invitation:

Stephanie Craig, Lead, Patient Safety and Evidence Based Process
Katherine Bell, Manager, Quality and Research Ethics
Michael Del Nin, Manager, Strategy and Performance Improvement
Cathy Covino, Senior Director, Quality and Risk Management
Louann Bateman, Rec. Sec.

1.0 CALL TO ORDER – The Chair called the meeting to order at 3:35 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

Motion

"The agenda was approved, as circulated."

CARRIED

2.0 PRESENTATIONS/REPORTS

2.1 Patient Safety Report

Ms. Stephanie Craig, Lead, Patient Safety and Evidence Based Process, presented the Patient Safety Report for the Second Quarter for 2015 - 2016. It was noted that the Patient Safety Report has been redesigned to capture patient safety in our organization and an executive summary is now included.

The committee members provided positive feedback to Ms. Craig and she responded to several questions. The "Call, Don't Fall" poster is currently being trialed on Units 1A Medicine and 3C Surgery. Medication Reconciliation refers to determining a patient's

medication history upon admission. The Hospital Standardized Mortality Ratio (HSMR) is separate from critical events and publicly reported information can be found on the website. A litigation presentation is scheduled annually and is not included in the Patient Safety Report.

2.2 Emergency Preparedness

Ms. Katherine Bell, Manager, Quality and Research Ethics, presented on Emergency Preparedness, which is required to comply with Accreditation. TBRHSC has updated many of the colour codes and added new codes such as Code Stroke and Alert 99. A group of staff members have been recruited to respond to a nuclear disaster and many staff members have been trained on fire extinguishers.

The committee members commented that the presentation was very interesting and informative. It was noted that there is a vacant position which has not been filled due to the current benchmarking process. Code education is conducted on a regular basis, with monthly Code Red drills and regular drills for Code Black (bomb threat) and Code Green (evacuation).

2.3 QIP Excerpt from BSC Report

Mr. Michael Del Nin, Manager, Strategy and Performance Improvement, provided an update on the Quality Improvement Process and a summary of the Q2 Balanced Scorecard for 2015 – 2016. Approximately half of the indicators are at or better than their targets and there is a slight increase in patient satisfaction. Several results are variable, including hand hygiene, overtime and sick time, occupancy, and Emergency Department Length of Stay. Results for concern include five-day in-hospital mortality after surgery (up sharply), overtime and sick time usage, and research results.

The National Research Corporation Canada Group has conducted patient satisfaction surveys for the past several years but may not be selected through the OHA RFP process in the future.

Concerns were identified regarding the Medication Reconciliation process, including staffing issues. The Quality Committee of the Board offered assistance with raising the priority of Medication Reconciliation, if necessary.

2.4 Research Report

Ms. Anne-Marie Heron presented the Research Compliance Report, which included an update on the Research Quality Oversight Program, Research Risk Registry, clinical research studies and enrolment, a list of joint projects, and the regulatory summary.

Research projects are typically funded through Northern Ontario Academic Medicine Association grants, Local Education Group funding, and other external grants. The project must be self-controlled within the funding budget framework. The organization providing funding “owns” the data and results of the project. Research projects are planned to align with the organization’s strategic plan.

2.5 Risk Management / Enterprise Risk Management

Deferred to next meeting.

3.0 CONSENT AGENDA

Moved by: Anita Jean

Seconded by: Gary Whitney

Motion

"That the Quality Committee of the Board:

3.1 Approves the Quality Committee of the Board Minutes of November 17, 2015, as presented.

3.2 Received the Research Ethics Board Minutes of October 26, 2015, as presented."

CARRIED

4.0 WORK PLAN

5.0 BUSINESS/COMMITTEE MATTERS

5.1 Terms of Reference

The Terms of Reference were reviewed. A suggestion was made to revise the Chair's duties to indicate the Quality Committee of the Board Chair will be elected at the Annual Inaugural Board Meeting.

Moved by: Gerry Munt

Seconded by: Dave Van Wagoner

Motion

"That the Quality Committee of the Board:

Recommends that the Governance Committee approve the Quality Committee of the Board's Terms of Reference and Work Plan as amended."

CARRIED

6.0 FOR INFORMATION

6.1 Committee Meeting Evaluation

Committee members completed their meeting evaluations.

7.0 BOARD MEMBER COMMENTS

Mr. Dick Mannisto indicated he is not available to attend the next Quality Committee of the Board meeting scheduled on January 19, 2016, and asked for a designate. Mr. Gary Whitney will chair the next meeting.

8.0 DATE OF NEXT MEETING

The next meeting will be held on January 19, 2016 beginning at 4:30 p.m.

Senior Management Report

to the
Board of Directors
Thunder Bay Regional Health Sciences Centre

January 13, 2016

Communications & Engagement, Aboriginal Affairs & Government Relations

Media Activity (December 2, 2015 – January 6, 2016)

- Media calls/requests: 13
 - Use of cell phones within the hospital.
 - Fifty physicians to champion organ and tissue donation in Ontario hospitals.
 - Updated healthcare data places TBRHSC in top spots (x 2).
 - Ontario's cardiac care infrastructure collapsing due to budget cuts.
 - Disposal of former Port Arthur General Hospital parking lot (x 2).
 - Announcement of new President & CEO of TBRHSC, CEO of TBRI (x 6).
- Media Releases: 6
 - Giving the Gift of First-Class HealthCare this Christmas.
 - Updated Healthcare Data Places TBRHSC in Top Spots.
 - The John Andrews Foundation Embodies Christmas Giving Spirit.
 - TBRHSC and TBRI Announce New President & CEO.
 - Winner Takes Home \$17,335!
 - Thunder Bay Regional Health Sciences Centre's 2016 New Year Baby.
- Publications: 25
 - *The Chronicle Journal* Features (x 25).

Aboriginal Affairs

- Two new aboriginal volunteers at TBRHSC, including one PFA.
- Self-identification question now included on Patient Satisfaction Surveys.

Communications & Engagement Projects

- Patient waiting area screens installed.
- Engagement planning to support development of 5 year Accessibility Plan.
- Accessible Forms and Communication Supports pilot project.
- Increased French content on TBRHSC website.
- TBRHSC Pride Committee first meeting held.
- Patient Services Directory 2016 to be printed this month.

Corporate Services & Operations

Financial Services

- The financial position of TBRHSC as at November 30, 2015 is a \$3.1 million deficit.
- Paid staffing hours, including paid sick time and overtime, continue to be over budget.
- TBRHSC has completed internal benchmark analysis and is working closely with the NW LHIN and other community partners to address the operating and capacity issues.

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 Cogeneration Project is closing the year on schedule – with first synchronization with hydro as of December 17. Testing and commissioning is ongoing through to the year-end – with full-time operation planned for the new year.

Northwest Supply Chain

- TBRHSC, Lake of the Woods, Riverside Health Care Facilities and Sioux Lookout Meno Ya Win Health Centre and NSC signed the statement of work to participate in the Four (4) - Shared Services Organization collaboration.
- TPA request submitted to the Ministry of Government & Consumer Services for funding to develop an Implementation Analysis and Business Case for possible on-boarding of the Northeast Hospitals.

Informatics

- As of January 06, 2016 we will have officially completed submitting all core lab, blood bank, microbiology and pathology results to the Ontario Laboratory Information Systems for all 13 hospitals in the Northwest LHIN.
- In December, as a pilot site for the development of a single sign on solution to the provincial clinical viewer, we successfully completed development and have begun granting access to clinicians.
- Successful go-live completion of the province-wide WTIS Expansion and DI Efficiencies deployment project which was launched in April 2014.

Health Human Resources, Planning & Strategy

Human Resources

- Information sessions were held for Directors regarding Employee and Professional Staff Engagement Survey results and action planning.
- The 2nd annual Employee Recognition Week will take place January 18-23rd. Events include the Walk the Talk Award Ceremony and the Long Service Celebration.

Strategy & Performance Management

- Worked closely with TBRHSC management to identify and quantify significant benchmark savings opportunities. Savings are being validated and will be used in preparing TBRHSC's 2016-17 operating budget.
- Supporting a review of the Nursing Resource Team to analyze and evaluate current nurse staffing practices across the organization. Root cause analysis will drive the development of strategies to improve staff utilization, decrease staffing costs and improve staff satisfaction.
- Provided support to Quality & Risk Management in the development of the 2016-17 QIP indicators and targets.
- Notice received from Accreditation Canada advising of an extension of accredited status on December 2nd. They have indicated that there are 3 requirements to be met by April 30th in order to maintain current status. The Accreditation Coordinator and designated clinical leads have begun compiling additional evidence to demonstrate compliance.

Volunteer Services

- Peer Mentorship: Consultation with a researcher from the Yukon for the development of a volunteer program at the 3 hospitals in the Yukon.
- Volunteer Association Donations: \$45,000 for defibrillator crash cart and bariatric bed; \$30,000 to the Family Care Grant program.
- HELP (Hospital Elder Life Program): Expanding in January to new units.
- 15 new volunteers attended orientation in November, including 3 new Pet Therapy (dog) volunteers.

Medical & Academic Affairs

Academics & Interprofessional Education

- Bruno Tassone has accepted the position of Interprofessional Educator effective January 4, 2016.

Medical Affairs

- Two site visits were held in December (Cardiology and Child & Adolescent Psychiatry).
- Dr. Radu Rozenberg (Interventional Radiology), Dr. Meghan Garnett (Emergency), and Dr. James Yi (Hospitalist Medicine) have accepted positions at TBRHSC.
- We continue to actively recruit in the areas of Cardiology, Dermatology, Endocrinology, Gastroenterology, Hospitalist Medicine, Neurology, Psychiatry, Vascular Surgery, and Rheumatology.

Pharmacy

- The Medication Reconciliation admission rate was 63% for November 2015. The average Admission Med Rec results for Q1 were 65.8% and 61.5% for the Q2.
- Refresher Med Rec education has been provided at physician section meetings over the past month. Refresher education is being developed for Nursing (i.e. FAQ sheet, checklist and upcoming safety huddles on Med Rec).
- Pocket cards of the "TBRHSC Guide to Susceptibilities & Appropriate Use of Antimicrobial Agents" based on our actual 2014-15 antimicrobial susceptibilities were distributed to physicians, pharmacists and student learners. The pocket cards also include information on: costs of antimicrobials, IV to oral step-down recommendations and adult dosing recommendations for IV Vancomycin.
- Ongoing work continues on the development of a shared pharmacist(s) service for six regional hospitals (Dryden, Atikokan, Red Lake, Nipigon, Marathon, and Terrace Bay). We are aiming for a April 1st, 2016 implementation date.

Patient Services & Cancer Care Ontario

Acute Stroke Services

- A corporate "Code Stroke" approach was implemented in December to support the rapid treatment of stroke victims at TBRHSC. The early results are extremely positive, reducing time-to-treatment significantly.

Comprehensive Cardiovascular Surgical Program

- This month, the MOHLTC, CCN (Cardiac Care Network), LHINs, TBRHSC, UHN (University Health Network) and HHS (Hamilton Health Sciences) will collaborate to finalize plans to begin shifting cardiac surgical care locations for northwestern residents within Ontario.

Mental Health Program Development

- With the recent increase in our number of psychiatrists, the Mental Health team is beginning to work on the development of a proper Mental Health Consultation/Liaison service in order to improve psychiatry consultations to the other programs within TBRHSC.

Northwest Regional Renal Services

- The Ontario Renal Network has provided funding to our Renal Service to increase the number of in-hospital hemodialysis stations from 30 to 34. This will support 24 more hemodialysis patients.

Prevention and Screening Services

- Dr. Richard Bitar is the new Regional Breast Imaging Lead for the Ontario Breast Screening Program, replacing Dr. Don Henderson who was the interim Lead.

Psychiatry Services

- Two new Psychiatrists have joined the team at TBRHSC. Dr. Elizabeth Czolpinska transferred from her outpatient role at SJCG and Dr. Carolyn Stark is a new graduate from McMaster University.

Patient Services & Chief Nursing Executive

Patient Flow & Overcapacity

- Length of stay (LOS) targets for non-admitted high acuity patients = 6.5 hrs (target 7 hrs); low acuity patients = 3.2 hrs (target 4 hrs) for December.
- Average of 21 admitted patients waited 29 hrs in ED until transferred to an in-patient bed (target 25-27 hrs). Hospital overcapacity.
- On average, it takes 2 hrs from the time a patient registers at triage until seen by ED physician. For complex conditions that require diagnostics and/or specialist consult, ED stay will extend 5 hrs. If patient requires admission, they will wait in ED for another 22 hours until a bed becomes available. Total time = 29 hrs.

CritiCall Ontario One-Number-To-Call (ONTC) Project

- Effective December 9, 2015, the ONTC project was implemented throughout Ontario in collaboration with MOHLTC, CritiCall, Ornge, Central Ambulance Centres and Critical Care Services Ontario.
- If patient is confirmed as Life or Limb, CritiCall will assist the referring hospital by coordinating all transportation.

Medical Emergency Team (MET)

- The ICU MET provides early intervention and consultation for admitted adult patients showing signs of deterioration.
- 2014-15 = 1,849 consults / 3,642 follow-up visits for patients transferred from ICU.
- As of Q2 2015, 960 consults / 2,115 follow-up visits = 24% increase in activity. 20% of patients transferred to ICU, 80% stayed on unit with support of MET. Overall cardiac arrest calls decreased from 3.12 per 1,000 admissions to 1.2 since MET was initiated in 2006.

Philosophy of Care Boards

- In early December, the new PFCC Philosophy of Care, Mission, Vision and Value Boards were delivered to over 80 departments. The signed Commitment Boards will be displayed to demonstrate our ongoing commitment to PFCC.

Quality & Risk Management

Infection Prevention & Control

- In-patient and out-patient surveys were completed to assess how comfortable patients are in asking their health care workers to do hand hygiene, and if they see their health care workers performing hand hygiene.
- Increase of patients presenting to TBRHSC with C. Difficile and Pertussis (Whooping Cough) has been observed.
- PCR validation and education of all staff on how to obtain both MRSA and VRE swaps will be completed by end of January. This validation has a three pronged approach: 1. Validation of negative results, 2. Validation of positive results, 3. Traditional method validation.
- Collaboration with Surgical Program and monitoring of catheter associated urinary tract infections is underway.

Quality Based Procedures (QBP's)

- Community Acquired Pneumonia QBP – the pre-printed direct order (PPDO) and clinical pathway are completed and approved. Next step to develop the pathway into Meditech and provide education to staff impacted by the pathway.
- 3 new QBP's: "Paediatric Tonsillectomy with and without Adenoidectomy", "Hyperbilirubinemia in Term and Late Pre-Term Infants (≥ 35 weeks)", and "Coronary Artery Disease" were approved by SMC in August 2015. Development underway.
- Monitoring the uptake of clinical pathways is an essential component of measuring the success of the 6 TBRHSC implemented QBP's and ensuring patients receive quality and efficient care. Information from QBP variance reports provide snapshots of current QBP use; however, this information is often incomplete and should be interpreted with caution. Moving forward, the Office of Evidence-Based Processes will work closely with QBP working groups to establish a concrete process for QBP development, implementation and evaluation.
- Knee Replacement Surgery QBP – since implementation, 578 patients have been put on pathway. Currently meeting expert panel recommendations for the target LOS for this procedure.
- Hip Replacement Surgery QBP – since implementation 425 patients have been put on pathway. Currently meeting expert panel recommendations for the target LOS for this procedure.
- Hip Fracture QBP – since implementation, 186 patients have been put on pathway. Average LOS at TBRHSC for a patient on this pathway is longer than the target expected LOS found in the expert panel recommendations in the QBP handbook (8.85 days vs. 5 days).

Research

TBRRI Strategic Planning 2020

- At their meeting on December 18th, the Board reviewed and supported draft Vision, Mission and Values for the new Strategic Plan.
- The Board reviewed and proposed 3 revised strategic directions.

- Stakeholder engagement sessions to review and discuss the strategic directions and goals will take place following the arrival of the new CEO.

Growing the Thunder Bay Imaging Cluster

- Staff and Dr. Reznik's team are poised to establish a new company that will add to the existing imaging cluster already established in Thunder Bay (i.e. XLV Diagnostics Inc., TBRRI and the Cyclotron).
- This expanding group will contribute to a highly-trained engineering & scientific workforce in Thunder Bay with clinical manufacturing and support expertise.

Clinical Research Services Update

- The Clinical Research Services Department committed to recruiting 20 patients for the month of October and met this goal. As well, 3 new oncology studies have been opened and 3 non-oncology studies will open soon.
- There are currently 50 regulated clinical trials and 123 non-regulated clinical research studies being undertaken at TBRHSC.



**Thunder Bay Regional
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
January 2016

Christmas Campaign focuses on helping fund 'the Missing Piece'

The Christmas season reminds us that there is nothing more important than the health of our loved ones. Donations ensure that exceptional healthcare is available to them, when it's needed most. On December 2 we launched this year's Christmas Appeal. Sarah and Blade, parents of Baby Grayson who utilized vital paediatric equipment after being born more than 3 months premature helped bring the importance of community donations for our 'Missing Pieces' of equipment and the Paediatric Program close to everyone's heart. Having Exceptional everyday care close to home affects our community in a way like no other. Donations received so far this holiday season will continue to have a real impact on the lives of our families, friends and neighbours. The John Andrew Foundation came through in a big way with \$116,000 to support this endeavour.

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 \$100,000 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**.

In support of your Health Sciences Foundation

Throughout the year, various community organizations raise funds in support of your Foundation. These range from headshavings and bake sales to comedy nights and festive celebrations. These volunteer-driven third party events are an important part of raising funds, awareness and engaging with our community. We encourage you to check out the upcoming events calendar at www.healthsciencesfoundation.ca and come out to celebrate. Together, we're healthier.

What will your legacy be?

The holidays are made special by the time we're able to spend with family and friends. Planning for next year often starts on December 26! Next holiday season isn't the only important thing for planning ahead. Have you taken the time to think about 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 Terri Hrkac, Senior Director, Major Gifts and Legacy Giving at 684-7109 for more information.

Chief of Staff Report

to the
Board of Directors
Thunder Bay Regional Health Sciences Centre

January 2016

Chief of Staff

Canadian Medical Protective Association (CMPA)

- Dr. Gordon Wallace, Managing Director of Safe Medical Care with the CMPA presented to the Medical Advisory Committee on the topic, 'EMR Pitfalls to Avoid'. His presentation provided insight into common pitfalls and medico-legal risks associated with EMR use and strategies to mitigate these risks

Telehomecare - presentation

- Rebecca Swick provided an overview to the Medical Advisory Committee on the Telehomecare Program

Department Chiefs

- The MAC has made recommendations to the Board of Directors for the appointing/reappointing of several department Chief positions that were at the end of term (Internal Medicine, Anesthesiology, Surgery, Diagnostic Imaging, Obstetrics and Gynecology, Critical Care)
- Interviews will be forthcoming for Department Chief positions that were at the end of term and more than one applicant applied

Walk the Talk Award

- Recipients of the 2015 Professional Staff Award of Excellence, Dr. Lois Hutchinson, Dr. Anatoly Shuster and Dr. Margaret Anthes will be honoured at an award reception held on January 18, 2016
- Notable nominees include Dr. Yassin Abdulrehman, Dr. William Hettenhausen, Dr. Mike Chang, Dr. Linda Bakovic and Dr. Vanessa Luks

Chief Nursing Executive

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

January 2016

Chief Nursing Executive – Open Report

Nurse Dispensing

- In January 2014, post changes in legislation, the College of Nurses of Ontario added the controlled act of medication dispensing for RNs and RPNs to its Medication Standard. The change in legislation and CNO medication standard allow nurses to use their knowledge, skill and judgment to select, prepare and transfer stock medications for one or more prescribed medication doses to a patient to administer at a later time.
- After consultation with nursing staff, leadership and the Standards of Practice Council, a policy for nurse dispensing at TBRHSC was developed that allows identified nursing staff to dispense prescribed medications when accompanied with an order for dispensing by an authorized provider (e.g. physician, midwife) in certain circumstances.

Thunder Bay Regional Health Sciences Centre
2016-2017 Corporate Membership List
Received for the period of November 27, 2015 - December 31, 2015

NEW APPLICATIONS

Surname	Name
Doucette	Nadine
Strasser	Roger
Bubar	Dawn
Moody-Corbett	Penny

PREVIOUSLY APPROVED

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
Myllymaa	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 50 Members

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

[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 – December 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	--	December 2015	22
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		