

TBRHSC Board of Directors

Open Meeting

Wednesday, February 3, 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 – Glenn Craig				
3.0	1	N. Doucette	Quorum (8 members total required, 6 being voting)				
3.1	1	N. Doucette	Conflict of Interest				
3.2	1	N. Doucette	Approval of the Agenda	X			
3.3	3	N. Doucette	Chair's Remarks*				X
4.0			PRESENTATIONS/UPDATES				
4.1	10	K. Shewfelt	Accessibility Update*		X		X
4.2	10	M. Del Nin	Scorecard Update*		X		X
4.3	10	Dr. M. Henderson A. Skillen	Occupancy Update*		X		X
4.4	10	Dr. S. Kennedy	Physician Recruitment Plan Update*		X		X
5.0			CONSENT AGENDA				
5.1			Board of Directors: Approval of Minutes – January 13, 2016*	X			X
5.2			Report Volunteer Association Board*				X
5.3			Report Thunder Bay Regional Research Institute*				X
5.4			Quality Committee Minutes – January 19, 2016*				X
6.0			REPORTS AND DISCUSSION				
6.1	10	Senior Management	Report from Senior Management*	X		X	X
6.2	5	J. Bartkowiak	Report from the President and CEO			X	X
6.3	5	G. Craig	Report from the TBRHS Foundation*			X	X
6.4	5	Dr. Thibert	Report from the Professional Staff Association			X	X
6.5	5	Dr. A. Turner	Report from the Acting Chief of Staff*			X	X
6.6	5	Dr. R. Crocker Ellacott	Report from the Chief Nursing Executive*			X	X
6.7	5	Dr. P. Moody- Corbett	Report from the Northern Ontario School of Medicine (NOSM)*			X	X
7.0			BUSINESS/COMMITTEE MATTERS				
7.1	2	G. Walsh	Resource Planning Committee – January 19, 2016 7.1.1 Board Attestation: Q3 2015-2016 Wages and Source Deduction*	X			X
7.2	1	N. Doucette	Corporate Membership*	X			

#	Time (X)	Presenter	Item & Purpose (Y)	Expected Outcome (Z)			
				Recommendation /Decision/Action	Education	Discussion	Information
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 – March 2, 2016						X
11.0	ADJOURNMENT						
Ethical Framework							
TBRHSC is committed to ensuring decisions and practices are ethically responsible and align with our mission/vision/values. All leaders should consider decisions from an ethics perspective including their implications on patients, staff and the community.							
The following questions should be considered for each decision.							
1. Does the course of action put ‘Patients First’ by responding respectfully to needs & values of our patients, families, and communities?							
2. Does the course of action demonstrate ‘Accountability’ by advancing a quality patient experience that is socially and fiscally accountable?							
3. Does the course of action demonstrate ‘Respect’ by honouring the uniqueness of each individual and his/her culture?							
4. Does the course of action demonstrate ‘Excellence’ by fostering an environment of innovation and learning to advance a quality patient experience?							
For more detailed questions to use on difficult decisions, please refer to TBRHSC’s Framework for Ethical Decision Making http://intranet.tbrhsc.net/Site_Published/i5/render.aspx?DocumentRender.IdType=5&DocumentRender.Id=110784							

BOARD OF DIRECTORS (Open)
February 3, 2016 – DRAFT

Agenda Item	Committee or Report	Motion or Recommendation	Approved or Accepted by:
3.3	Agenda – February 3, 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 January 13, 2016,</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 January 19, 2015,</p> <p>as presented."</p>	Moved by: Seconded by:
6.0	Reports and Discussion	<p>"That the Board of Directors:</p> <p>6.1 Accepts the Report from Senior Management,</p> <p>6.2 Accepts the Report from the Interim President and CEO,</p> <p>6.3 Accepts the Report from the TBRHS Foundation,</p> <p>6.4 Accepts the Report from the Professional Staff Association,</p> <p>6.5 Accepts the Report from the Acting Chief of Staff,</p> <p>6.6 Accepts the Report from the Chief Nursing Executive,</p> <p>6.7 Receives the Report from the NOSM,</p> <p>dated February, 2016 as presented."</p>	Moved by: Seconded by:
7.1	Board Attestation: Q3 2015-16 Wages and Source Deduction	"That upon recommendation from the Resource Planning Committee, the Board of Directors accepts the Q3 2015-16 Board Wages and Source Deduction Attestation, as presented".	Moved by: Seconded by:

Agenda Item	Committee or Report	Motion or Recommendation	Approved or Accepted by:
7.2	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 January 1 to January 21, 2016 as per the attached listing.”	Moved by: Seconded by:



Board of Directors

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Report from Nadine Doucette Chair, Board of Directors February 3, 2016

Obviously, the big news for the Thunder Bay Regional Health Sciences Centre last month was the arrival of our new President and CEO Jean Bartkowiak. Jean hit the ground running, touring the facility on his first day and meeting with patients and staff. He will be continuing his orientation in the coming weeks to become more familiar with our institution, but his professional experience has him well versed in the challenges the health care system as a whole, and the hospitals operating within it, face. We are very pleased to have Jean here. He brings a background that will help us navigate these challenges and emerge on the other side as a stronger and more robust academic health sciences centre. His success will be our success and we wish him very well in undertaking this new challenge.

We also celebrated another significant achievement last month, the unveiling of our combined heat and power co-generator. This new generator will produce electricity by burning natural gas. Then, the heat recovered from the plant's internal combustion engine is not released into the air as waste, but instead used to produce hot water thereby eliminating the additional use of boilers and fuel. This will save the hospital millions of dollars in energy costs, reduce our carbon footprint by using the cleaner burning natural gas and provide greater security of power supply to our facility and its patients in the case of power outages. We want to thank our partners at Thunder Bay Hydro and the provincial government, particularly our local MPPs Michael Gravelle and Bill Mauro, who supported this project, as well as the dedicated and innovative staff of our own Capital Planning and Operations unit.

Finally, I want to highlight one of, the most important events on our calendar, the annual Walk the Talk awards. This event recognizes our many staff, nominated by their peers, who go over and above in delivering care at TBRHSC rooted in our Patient and Family Centred Care philosophy. I have said it many times, our dedicated staff is the key ingredient in delivering the excellent health care we deliver, despite the many challenges they face. It was a pleasure and an honour to put one night aside to recognize the service they deliver every day of the year.

Later that week, also as part of Employee Recognition Week, I was again very pleased to participate in the Long Service Awards, recognizing staff who have worked here from five to 45 years! We know working conditions are demanding, but I am very proud of the record we have of retaining employees for significant, if not entire, lengths of their career. In other excellence in staff news, the Transfusion Services department at TBRHSC was recently praised at a site visit from the Canadian Blood Services and the Ontario Blood Coordinating Network for rating among the best performers in adopting best practices, judicious use of blood products, excellent inventory management and low waste. The Laboratory Services team here accomplishes this despite the challenges of remote geography as the nearest Canadian Blood Services distribution centre is located Winnipeg.

We are a good employer with a dedicated, excellent staff. Thank you all for your contribution to our ongoing success.

We are Healthy Together.

Nadine Doucette, Chair
Board of Directors

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Accessibility Plan 2015 Annual Status Report

Kathryn Shewfelt

Chair, Accessibility Implementation Team

February 2016



Thunder Bay Regional
Health Sciences
Centre

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Purpose

- Annual report to SMC and Board
- Update on compliance with AODA
- Review next steps

Background

2011 - Bill 191-11, the Integrated Accessibility Standards regulation under the Accessibility for Ontarians with a Disability Act, 2005 (the “AODA” or the “Act”).

The five standards consist of:

- **Customer Service**
- **Integrated Accessibility Standard**
 - Transportation (N/A)
 - Employment
 - Information and Communications
- **Built Environment**

Background

- 2003-2011 Annual Plans created
- 2011 – Requirement for 5 yr plan
 - Status reports to be provided on an annual basis.

2015 Requirements & Status

Information and Communication

- Upon request, provide or arrange for accessible formats and communication supports for persons with disabilities.

Status

- Complete
- Currently will arrange for accessible formats on request. Further enhancing strategy via a Working Group

2015 Requirements & Status

Information and Communication

- Consult with person making the request in determining the suitability of an accessible format or communication support.

Status

- Complete
- Currently will arrange for accessible formats on request. Further enhancing strategy via a Working Group

2015 Requirements & Status

Information and Communication

- Notify the public about availability of accessible formats and communication supports.

Status

- Complete
- On website

2016 Requirements & Status

Built Environment

- Make new or redeveloped public spaces accessible

Status

- Complete
- Facilities group will adhere to Design of Public Spaces Guidelines when developing new or redeveloped spaces.

What's Next?

Further Enhance Communication Supports

- Accessible Forms and Communications Supports (AFACS) Working Group

■ The AFACS Working Group aims to:

- Develop a process for prioritizing forms and information to be made available in accessible formats
- Develop a process and guidelines to create accessible documents
- Develop a method to identify electronic accessible documents on iNtranet
- Develop process for accessing electronic accessible files
- Educate administrative staff about how to create accessible documents
- Educate front-line staff about where and how to access accessible documents
- Implement a pilot project in the Emergency Department
- Evaluate the pilot project components and assignments
- Implement a corporate-wide roll-out

What's Next?

Develop New 5 year Accessibility Plan

- Imbedded in Strategic Plan
- Engagement Strategy under development
- Full plan to be developed by June 2016

QUESTIONS?



Summary of 15-16 Q2 Balance Scorecard

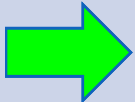

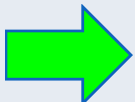

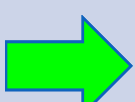




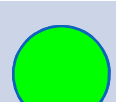
Michael Del Nin
Strategy & Performance



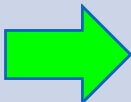

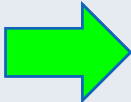

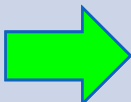

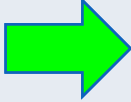

Overall highlights:

- 15-16 Q2 indicators carried forward from 14-15 with minor tweaks . . . best characterized as interim BSC
- 2020 strategic plan indicators and related targets to be finalized and approved by Board in December
- 16-17 QIP indicators under development
- Updated “15-16 BSC”
 - Covers Apr 2015 to Mar 2017
 - Will include 2020 indicators, and 16-17 QIP indicators/targets
 - Release expected in Q4, except for 16-17 QIP indicators which will be added to Apr – Jun 2016 update







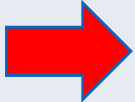

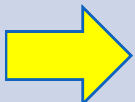

Highlights: Improving and/or better than target

Description	Trend	Performance vs Target
Infection rates – Central line		
Infection rates – Ventilator associated pneumonia		
Surgical safety checklist		
Patient satisfaction – All dimensions combined - Inpatient		
Patient satisfaction – Overall care received – ED		





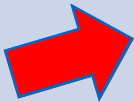



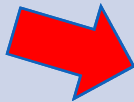

Highlights: Improving and/or better than target

Indicators/Grouping	Trend	Performance vs Target
# of full time nurses		
Length of stay		
Occupancy – All and Select		
ED length of stay		


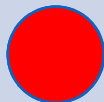
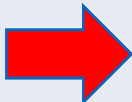

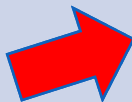
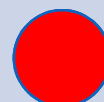


Highlights: Worse than target and/or regressing

Indicators/Grouping	Trend	Performance vs Target
Infection rates – CDifficile		
Hand hygiene – before & after		
5-day in-hospital mortality after surgery		
Medication reconciliation – admission		
Patient satisfaction – Overall care received – Inpatient		

Highlights: Worse than target and/or regressing

Indicators/Grouping	Trend	Performance vs Target
Patient satisfaction – All dimensions combined – ED		
Total margin		
Sick hours as % of worked hours		
OT hours as % of worked hours		
% ALC days		

Highlights: Worse than target or regressing

Indicators/Grouping	Trend	Performance vs Target
Staff performance appraisals		
Number of faculty & staff actively involved in research		
Year-over-year growth of external research funding		
Patient accruals to clinical trials		



Overall assessment

- About half of indicators improving/better than target, with a similar number regressing/worse than target
- Signs of progress in patient satisfaction results
- Some results highly variable
 - Hand hygiene, overtime & sick time up and down
 - Occupancy stable but remains high
 - ED LOS down, likely due to occupancy reduction, but expected to climb as occupancy increases
- Some results concerning:
 - Overtime & sick time usage remain high
 - ALC percentage continues to grow, offsetting capacity generated by LOS reductions
 - Research results well below targets



Questions?



				View Filters		2014-15 YTD Performance			2015-16 Performance						2015-16 YTD Performance			
Domains	Objective	Sub-Objectives	Measures	Type	QIP Sub-type	Annual Target	YTD Actual	Variance	April	May	June	July	August	September	Annual Target	YTD Target	YTD Actual	Variance
Customer Perspective: Deliver PFCC in Partnership	Improve outcomes for our patient population in a safe environment	Reduce rate of central line blood stream infections	Rate of central line blood stream infections per 1,000 central line days	BSC other		0.00	0.00	0.00			0.00			0.00	0.00	0.00	0.00	0.00
		Reduce rate of clostridium difficile associated diseases (CDI)	Rate of CDI per 1,000 patient days	BSC other		0.20	0.23	(0.03)			0.20			0.26	0.20	0.20	0.26	(0.06)
		Reduce rate of ventilator associated pneumonia (VAP)	Rate of VAP per 1,000 ventilator days	BSC other		0.00	0.00	0.00			0.00			0.00	0.00	0.00	0.00	0.00
		Improve provider hand hygiene	Rate of hand hygiene compliance before initial patient/environment contact	BSC other		95.0%	91.9%	(3.1%)	96.7%	86.4%	98.9%	98.6%	92.2%	88.3%	95.0%	95.0%	93.5%	(1.5%)
			Rate of hand hygiene compliance after patient/environment contact	BSC other		97.0%	96.1%	(0.9%)	97.9%	92.3%	99.2%	98.9%	95.0%	96.3%	97.0%	97.0%	97.1%	0.1%
		Reduce rates of deaths and complications associated with surgical care	Rate of compliance for use of surgical safety checklist	BSC other		100.0%	99.9%	(0.1%)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%
			5-day in-hospital mortality following major surgery (rate per 1,000)	BSC other		9.3	0.1	9.2			13.5			6.6	9.3	9.3	10.3	(1.0)
		Compliance with medication reconciliation requirements	% of eligible patients for whom medication reconciliation was performed on admission	QIP	QIP needs improvement & linked to compensation	80.0%	61.2%	(18.8%)	63.6%	67.8%	66.0%	61.5%	61.7%	61.3%	67.3%	67.3%	63.6%	(3.7%)
		Reduce unnecessary deaths in hospitals	Hospital standardized mortality index	BSC other		75	84	(9)							75	75		
	Exceed patient/client expectations	Improve patient experience (PFCC Listen)	% positive responses on NRC Picker surveys for question "Overall, how would you rate the care and services you received at the hospital?" - Inpatient	QIP	QIP needs improvement & linked to compensation	94.8%	93.5%	(1.3%)			95.2%			93.8%	95.3%	95.3%	94.5%	(0.8%)
			% positive responses on NRC Picker surveys for "All Dimensions Combined" - Inpatient	BSC other		76.2%	73.8%	(2.4%)			76.5%			76.6%	76.2%	76.2%	76.5%	0.3%
			% positive responses on NRC Picker surveys for question "Overall, how would you rate the care and services you received at the hospital?" - ED Patients	QIP	QIP needs improvement & linked to compensation	86.6%	84.5%	(2.1%)			90.8%			83.3%	86.9%	86.9%	87.0%	0.1%
			% positive responses on NRC Picker surveys for "All Dimensions Combined" - ED Patients	BSC other		66.9%	64.1%	(2.8%)			66.4%			66.9%	66.9%	66.9%	66.7%	(0.2%)
Efficiently Use our Resources	Achieve a balanced budget	Improve organizational financial health	Total Margin (year to date)	QIP	QIP needs improvement & linked to compensation	0.0%	(0.5%)	(0.5%)	(6.9%)	(5.7%)	(2.4%)	(2.7%)	(1.6%)	(1.4%)	0.0%	0.0%	(1.3%)	(1.3%)
		Reduce use of sick time to no greater than peer median for all groups	Paid sick hours as a percentage of worked hours	BSC other		2.6%	4.4%	(1.8%)	4.3%	4.7%	2.9%	3.9%	3.8%	3.8%	2.9%	2.9%	3.8%	(0.8%)
	Reduce overtime	Reduce use of overtime to no greater than peer median for all groups	Overtime hours as a percentage of worked hours	BSC other		1.0%	2.3%	(1.3%)	2.4%	2.9%	2.0%	2.6%	3.7%	2.3%	2.0%	2.0%	2.4%	(0.4%)

				View Filters		2014-15 YTD Performance			2015-16 Performance						2015-16 YTD Performance			
Domains	Objective	Sub-Objectives	Measures	Type	QIP Sub-type	Annual Target	YTD Actual	Variance	April	May	June	July	August	September	Annual Target	YTD Target	YTD Actual	Variance
Efficiency	Reduce overtime	Maintain the percentage of full time nurses	% of full time nurses	BSC other		70.0%	69.2%	(0.8%)			73.4%			72.9%	70.0%	70.0%	73.1%	3.1%
Internal Process	Ensure access to the right care in the right place at the right time	Reduce ALC days	Percentage ALC days: Total number of inpatient days designated as ALC, divided by the total number of inpatient days. (CIHI definition and calculations for ALC percentage)	QIP	QIP needs improvement	13.3%	18.2%	(4.9%)			16.5%			17.7%	13.3%	13.3%	16.5%	(3.2%)
		Maintain corporate average length of stay below expected length of stay	Length of stay, excluding ALC (days)	BSC other		5.9	5.9	0.0			5.6			5.6	5.9	5.9	5.6	0.3
			Occupancy - Overall	BSC other		95.0%	97.5%	(2.5%)	94.9%	95.4%	95.6%	93.3%	95.3%	94.8%	96.8%	96.8%	94.9%	2.0%
			Occupancy - Select Areas including IP Medicine, IP Surgery, IP Adult Mental Health, & General Emergency Unit	BSC other		102.5%	105.8%	(3.3%)	103.1%	100.3%	103.4%	100.6%	103.5%	102.8%	104.7%	104.7%	102.3%	2.5%
			Reduce wait times in the Emergency Department	QIP	QIP needs improvement & linked to compensation	29.0	37.9	(8.9)	30.5	30.7	29.8	23.8	32.8	28.2	34.1	34.1	29.6	4.6
		Reduce wait times in the Emergency Department	90th Percentile ER length of stay (hours) for admitted patients	QIP	QIP needs improvement & linked to compensation	29.0	37.9	(8.9)	30.5	30.7	29.8	23.8	32.8	28.2	34.1	34.1	29.6	4.6
Learning & Growth	Improve staff and physician satisfaction	Increase staff and physician satisfaction	% of staff with up-to-date performance appraisals	BSC other		85.0%	71.6%	(13.4%)			75.2%			72.3%	85.0%	85.0%	72.3%	(12.7%)
	Increase growth in research	Increase growth in research	Number of faculty and staff actively engaged in research	BSC other		0	108	108			99			97	113	113	97	(16)
			Year-over-year growth of external research funding	BSC other		5.0%	(16.8%)	(21.8%)	41.0%	(27.0%)	(6.1%)	(18.3%)	(26.0%)	(17.0%)	5.0%	5.0%	(15.8%)	(20.8%)
			Patient accruals to clinical trials	BSC other		1,324	470	(854)	61	27	31	10	11	15	517	345	215	(302)
			Placeholder: Education			0	0	0							0	0		

At or better than target

Slightly (less than 5%) worse than target

Significantly (5% or more) worse than target

Results not expected for reporting period

Possible data accuracy issues. Further investigation required

No data available for reporting period

TBRHSC Occupancy Update: November 2015 – January 2016

TBRHSC Board Meeting (Open Session) Presentation
Wednesday, February 3, 2016

Aaron Skillen

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



Thunder Bay Regional
Health Sciences
Centre

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Presentation Outline

1. TBRHSC Beds for Admitted Patients
2. November 2015 – January 2016 Admitted Patient Bed Use
3. November 2015 – January 2016 Patient Flow Summary
4. Hogarth Riverview Manor Expansion Update
 - a) Schedule, Implications for TBRHSC, Mitigation Strategies
5. Post HRM (Phase 1 & 2) Concerns

TBRHSC Beds for Admitted Patients

395 Funded

- 375 Beds
- 10 Medical Short Stay Unit beds (3TM) *temporary funding
- 8 Overflow beds (Surgical Day Care) *temporary funding
- 2 PCI recovery beds (IP Unit 2C, 290) *temporary funding

36 Not Funded

- 12 Treatment room beds
- 14 Patient lounges
- 10 Emergency Department
- **431** Maximum admitted patient beds



Admitted Patient Bed Use (November 2015 – January 2016)

- Additional inpatients in:
 - Up to 4 PCI recovery beds (2C, 290)
 - Up to 2 Post-Anaesthesia Care Unit beds
 - 0 Surgical Day Care beds
 - 0 Pediatric Outpatient beds
- “Prior Day” Surgical Cancellations = 0
- “Same Day” Surgical Cancellations = 0
- PCI Cancellations = 0

2015-16 Patient Flow Summary

Indicator (Daily Ave.)	YE 14-15	November	December	January (1-27)	YTD 15-16
ED Visits	288.2	290.8	283.8	286.0	291.8
ED Admits	30.2	32.2	31.3	31.3	31.2
ED Admit Rate	10.5%	11.1%	11.0%	10.9%	10.7%
Total Admits	52.5	55.7	52.3	54.2	54.0
Total Discharges	52.4	55.1	53.2	52.9	54.0
ALOS (excl. ALC)	5.85				5.62
Admitted Pt. Census	416	410	387	417	405
ALC Patients	61.4	60.5	55.7	61.2	57.8
Gridlock Days	28.0	30	21	27	22.1

HRM Expansion: Schedule

- Construction of Hogarth Riverview Manor (HRM) Expansion was substantially completed in December 2015.
- Resident move-in order/dates:
 - Hogarth Riverview Manor (current) - 72 residents moved into HRM expansion facility Mon. Jan. 4, 2016.
 - Dawson Court - up to 150 residents move into HRM expansion facility Jan. 5-27, 2016.
 - Grandview Lodge- up to 150 residents move into HRM expansion facility Feb. 1-24, 2016.
 - The transfer of 24 BSU clients will commence following the completion of BSU construction Feb. 9, 2016.

Implications for TBRHSC

- “Admissions Ceased” periods at 3 LTC Homes prior to and during resident moves.
 - HRM (current): Nov. 30, 2015 – Jan. 4, 2015
 - Dawson Court: Oct. 28, 2015 – Jan. 27, 2016
 - Grandview Lodge: Oct. 28, 2015 – Feb. 24, 2016
- Growth in LTC wait lists anticipated during the this 4-month period (i.e., Oct. 28, 2015 – Feb. 24, 2016).
- Historical TBRHSC Concern: 7-Week Period (Dec. 26/15 – Feb. 15/16)
 - Restriction to LTC sector during this period will contribute to an increase in overall admitted patient census.

Mitigation Strategies

1. Category 1 Crisis designation for TBRHSC (#1 priority for LTCH bed offers)
2. System Surge Plan
 - SJCG - 4 surge beds opened at TTCU on Jan. 29, 2016.
3. New admissions to HRM via “community beds”.
 - 2 new admissions (“Community Beds”) to HRM scheduled Jan. 28 & 29, 2016.
4. New admissions to HRM via “attrition beds”.
 - SJCG will determine the schedule for additional new admissions to HRM (10 more long-stay community beds and ~26 attrition beds).
5. TBRHSC internal surge plans will be utilized until new admissions to HRM are available

Post HRM (Phase 1 & 2) Concerns

- Current unmet LTCH demand of 2.0/week
 - TBRHSC + SJCG + WAH + Comm. Crisis = 0.6/week (Category 1 Crisis designation used)
 - Community wait list growth of 1.4/week
- MOH LTC overcapacity funding ends with HRM Phase 2 (Sept. 30/16):
 - TBRHSC: 10 overcapacity beds
 - TBRHSC: NLOT expansion
 - SJCG & TBRHSC: Assess & Restore program
 - SJCG: TTCU 28 transitional LTC beds
 - SJCG: PR Cook 4 assisted living beds
- Need to continue advocacy efforts with MOH LTC (e.g., Bethammi etc.)

Questions?



Recruitment Update

Presentation for the Board of Directors
February 3, 2016

Dr. Stewart Kennedy, EVP Medical and Academic Affairs



Thunder Bay Regional
Health Sciences
Centre

healthy
together

Current Physician Resources

- **235** Active & Associate Staff
- **88** Supportive/Courtesy Staff
- **88** Active GPs in community
- **41** GPs with Admitting Privileges

Recruiting Advertisements

For each actively recruiting specialty, we advertise with:

- TBRHSC Website
- Health Force Ontario (HFO) Jobs Website
- Canadian Association of Staff Physician Recruiters Job Bank
- the Canadian Federation of Medical Students
- the Canadian Medical Association Journal
- The Northern Ontario Medical Journal
- Government of Canada Job Bank
- Specialty specific Journals/websites as requested

Recent Recruitment Successes

Radiology:

- 2 Breast Imaging physicians have begun practice as of January 2016
- 1 Interventional Radiologist to join group in July 2016

Urology:

- 1 new physician began practice Dec 31, 2015

Pathology:

- 1 new physician to begin practice in March 2016

Gastroenterology:

- 1 new physician began practice September 2015

Psychiatry:

- 2 new physicians have begun practice in CAMHU and AMH Dec 2015
- Increase in locum pool for On-Call, AMH and CAMHU

Our Challenges

Psychiatry (Department complement = 11 FTE)

Current:

- 6 (2 Forensics, 4 Adult Mental Health)
- 2 United Kingdom Psychiatrists pending immigration (have accepted Letters of Offer)

Requirement Remaining:

- 4 Psychiatrists (1 AMH, 2 CAMHU, 1 for urgent care/consultation through the ED or other units)

Present Recruitment Efforts:

- Advertising and Recruiting jointly with SJCG
- Working with Lawyers re: immigration for 2 new physicians
- Exhibitors at Canadian and American Psychiatric Conferences

Our Challenges

Hospitalists (Department complement = 12-14 FTE)

Current:

- 8 FTE (includes one physician on maternity leave, one physician to join group in January 25, 2016)
- Additional scheduling gaps being filled by extensive Locum pool

Requirement Remaining:

- 4 Full Time physicians needed to implement new schedule and become less locum dependent

Present Recruitment Efforts:

- Plans for 2 upcoming Site Visits
- Recently attended 2 recruiting events specifically for Hospitalist physicians

Our Challenges

Dermatology (Department complement = 1 FTE)

Current:

- 1 Physician (who has indicated retirement in early 2016)
- Supplemented by additional locum coverage in the community and through new Telederm program with OTN

Requirement Remaining:

- 1 Dermatologist

Present Recruitment Efforts:

- Advertising

Our Challenges

Neurology (Department complement = 4 FTE)

Current:

- 2 Physicians

Requirement Remaining:

- 2 general Neurologists

Present Recruitment Efforts:

- Plans for 1 site visit at the end of January 2016
- Advertisements with Canadian Neurological Sciences Federation in print and online

Our Challenges

Vascular Surgery (Department complement = 3 FTE)

Current:

- 1 Physician

Requirement Remaining:

- 2 Vascular Surgeons

Limitations Affecting Recruitment Efforts:

- No EVAR Program
- No additional OR resources

Thunder Bay Regional Health Sciences Centre

Board of Directors

Wednesday, January 13, 2016

Boardroom – 5:00 p.m.

Present:

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

By Invitation – Senior Management:

Peter Myllymaa	Dr. Mark Henderson	Rod Morrison
Cathy Covino	Anne-Marie Heron	Dawn Bubar
Tracie Smith (<i>Chisholm Pothier</i>)	Kelly Meservia-Collins (<i>Dr. Stewart Kennedy</i>)	

By Invitation:

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

Georjann Morriseau	Dick Mannisto
--------------------	---------------

Regrets Senior Management:

Chisholm Pothier	Dr. Stewart Kennedy	Glenn Craig
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1.0 CALL TO ORDER

The Chair called the meeting to order at 5:00 p.m.

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

This is the last Board meeting where Dr. Bill McCready will be serving as interim President and CEO of TBRHSC. Dr. McCready has also decided to retire from his role as permanent Chief of Staff, however will continue with his part-time clinical practice. The Chair thanked Dr. McCready for his leadership in both roles, and particularly the guidance provided during a time of transition as the Hospital recruited a new President and CEO.

Dr. Andrew Turner has agreed to remain Acting Chief of Staff. Recruitment for a permanent replacement will commence once Mr. Jean Bartkowiak has assumed his duties as the new President and CEO.

2.0 PATIENT STORY

Ms. Anne Marie Heron, Acting Vice President, Research Thunder Bay Regional Health Sciences Centre (TBRHSC) and Acting Chief Administrative Officer Thunder Bay Regional Research Institute (TBRI), provided a patient story. A video clip was shared on how

Sunnybrook Health Sciences Centre's High Intensity Focused Ultrasound Health Research and Innovation is having a direct impact on improving patient care and making health care delivery less costly.

3.1 Quorum – Quorum was attained.

3.2 Conflict of Interest – None.

3.3 Approval of the Agenda

Moved by: Doug Shanks

Seconded by: Grant Walsh

Motion

"That the Agenda be approved, as circulated."

CARRIED

3.4 Chair's Remarks – For Information.

4.0 PRESENTATIONS – None.

5.0 CONSENT AGENDA

Moved by: John Friday

Seconded by: Gerry Munt

Motion

"That the Board of Directors:

5.1 Approves the Board of Directors Minutes of December 2, 2015,

5.2 Receives the Volunteer Association Board Report dated January 2016,

5.3 Receives the TBRI Report dated January 2016,

5.4 Receives the Quality Committee Minutes of December 15, 2015,

as presented."

CARRIED

6.0 REPORTS AND DISCUSSION

6.1 Report from Senior Management

The following information was highlighted from the report:

- Length of stay (LOS) targets for non-admitted high acuity patients and low acuity patients in the Emergency Department (ED) are better than target for December, 2015.
- The Ministry of Health and Long Term Care (MOHLTC), Cardiac Care Network (CCN), Local Health Integration Networks (LHINs), Thunder Bay Regional Health

Sciences Centre (TBRHSC), University Health Network (UHN) and Hamilton Health Sciences (HHS) will collaborate to finalize plans to begin shifting cardiac surgical care locations for northwestern residents within Ontario.

- There are currently 50 regulated clinical trials and 123 non-regulated clinical research studies being undertaken at TBRHSC.
- Work continues on the development of the Thunder Bay Regional Research Institute's (TBRRI) Strategic Planning 2020 with engagement sessions being held over the next few months.
- The Anishinabek Cervical Cancer Screening Study (ACCSS) has received favourable feedback from the First Nations population.
- As of January 6, 2016 Information Technology has completed submitting all core lab, blood bank, microbiology, and pathology results to the Ontario Laboratory Information Systems for all 13 hospitals in the North West Local Health Integration Network (NW LHIN). This project is now complete.
- Communications staff introduced the incoming President and CEO, Mr. Jean Bartkowiak, to Hospital staff and to local media on December 22, 2015. Positive feedback was received.
- Ongoing work continues on the development of a shared pharmacist service for six regional hospitals (Dryden, Atikokan, Red Lake, Nipigon, Marathon, and Terrace Bay).
- Polymerase Chain Reaction (PCR) validation and education of all staff on how to obtain both Methicillin Resistant Staphylococcus Aureus (MRSA) and Vancomycin Resistant Enterococci (VRE) swabs will be completed by end of January 2016.
- Overcapacity continues to drive financial pressures. 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.
- 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-compliance in regard to the requirements of these legislations.
- The Cogeneration Project is closing the year on schedule.

6.2 Report from the Interim President and CEO

The Interim President and CEO reported the following activities:

- Mr. Rod Morrison, Executive Vice President, Health Human Resources, Planning, and Strategy is retiring at the end of January 2016. Dr. McCready thanked Mr. Morrison for his wisdom, leadership, and dedication over the past four years and wished him well in his retirement.
- Dr. McCready thanked the leadership team for their support during his role as Interim President and CEO.

6.2 Report from the TBRHS Foundation – For information.

6.4 Report from the Professional Staff Association – None.

6.5 Report from the Acting Chief of Staff – For information.

6.6 Report from the Chief Nursing Executive - For information.

6.7 Report from the Northern Ontario School of Medicine

The report from the Northern Ontario School of Medicine (NOSM) highlighted the following:

- The fifth annual Northern Constellations Faculty Development Conference will be held on April 8 and 9, 2016 in Thunder Bay.
- ICEMEN 2016 (International conference on Community Engaged Medical Education in the North) 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: Anita Jean
Seconded by: Gerry Munt

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 January, 2016 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: John Friday
Seconded by: Doug Shanks

Motion

"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."

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 – February 3, 2016

11.0 ADJOURNMENT

There being no further business, the meeting adjourned at 5:18 p.m.

Chair

Board Secretary

Recording Secretary

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

BOARD REPORT

Presented at the February 3, 2016 Board meeting

Our monthly board meeting was held on January 20, 2016

A motion was passed to continue our partnership in 2016 with the Thunder Bay Regional Health Sciences Foundation with a commitment of \$30,000.00 towards the Family Care Grant Program. A letter of intent will be sent.

The annual Gift Show taking place at the end of January in Toronto will be attended by our Season's Manager, Louisa Gosnach, Donna Jeanpierre, Manager of Volunteer Services and one of our volunteers. Attendance at this show provides us with a wide range of giftware and up to date fashion styles for our shop. A budget of \$50,000.00 has been allocated.

We would like to have more volunteers to work in the shop to help cut the cost of wages, however it is difficult to recruit new people. The search for new volunteers is always ongoing.

We would also like to spruce up the shop this year with some re-organization, slat wall and perhaps some paint to enhance the shopping experience.

Our Craft Group is holding a mini sale on January 28th in front of Seasons Gift Shop.

The board was asked to consider a new more concise application form for new members. An introductory paragraph was to be added before final approval.

The H.A.A.O. spring conference is being held in Fort Frances April 8th and 9th. The focus of the conference and guest speakers have yet to be announced.

We have 2 new board applications both of which are from long time volunteers.

Respectfully submitted
Sharron Detweiler
President

“SUPPORTING PATIENT – FAMILY CARE”

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

Submitted by: Jean Bartkowiak, CEO – TBRRI and President & CEO – TBRHSC –
January 26, 2016

New Technology Update

On January 20th, XLV Diagnostics Inc. CEO, Sorin Marcovici, gave a presentation at TBRHSC on the status of the XLV Mammography machine. It was exciting to see Radiologists and clinical staff present to hear about this new technology that will soon be ready to test through a clinical trial which will be undertaken at TBRHSC. This technology was developed by Dr. John Rowlands, Founding Scientific Director of the Research Institute.



This unique digital mammography device promises to improve breast cancer screening programs by making high-quality, low-cost equipment available and accessible for developing nations and rural populations. This x-ray light valve (XLV) detector will offer excellent image resolution at less than half the price of traditional screening technology. It is easy to use and install and is mobile for field applications. Clinical Research Services Department staff are in the process of assisting with trial organization and it is hoped that a clinical trial can commence in Thunder Bay later in 2016.

Update from Dr. Albert's Lab

China

Dr. Mitchell Albert was invited to give a keynote presentation at the BIT World Gene and Technology Conference in Qingdao, China this past November for his work on *Advancing Hyperpolarized and Inert Fluorinated Gas MRI Technology*. Dr. Albert was also invited to present this work to two labs that are interested in a collaboration that will bring the Inert Fluorinated Gas technology to Southern China where there is a high prevalence of pollution and smoking-related pulmonary diseases, including COPD. Pending funding, Dr. Albert's team will be flown to China in 2016-2017 to install necessary equipment and MRI sequences for these research collaborations.



On a previous trip to China, Dr. Albert was invited to give a lecture in Dr. Zhao's lab and in several hospitals that were interested in the hyperpolarized gas MRI technology. Dr. Zhao is a renowned professor in China and a former post-doctoral fellow in Dr. Albert's lab at Harvard Medical School. Dr. Albert is pleased to report

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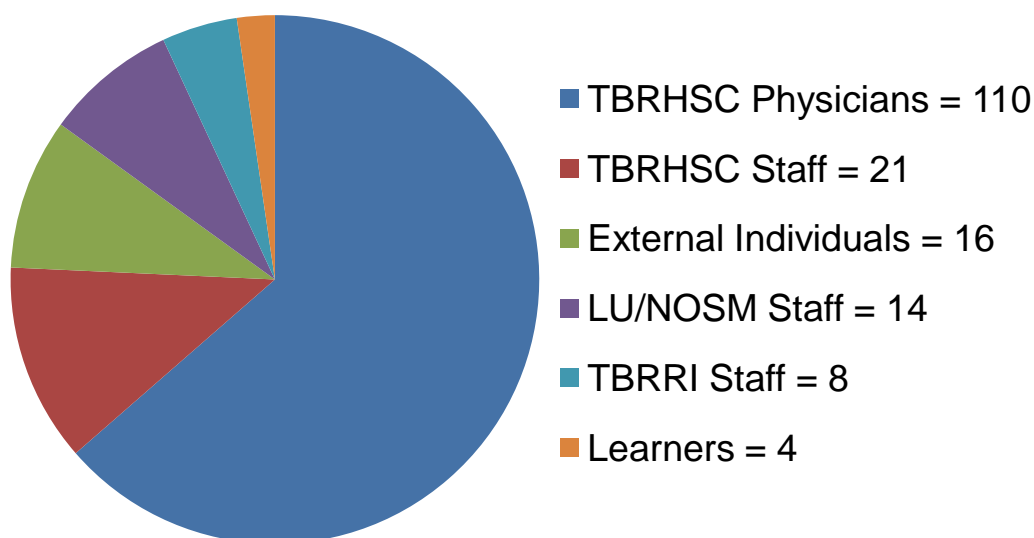
that a clinical research trial for hyperpolarized xenon MRI is now being carried out in a hospital in China to obtain clinical research MR images. This is a great example of international dissemination of Dr. Albert's research and the technology he co-invented.

United Kingdom

It has come to our attention that Hyperpolarized (HP) Gas MRI has recently been approved for routine clinical use in the United Kingdom. Dr. Albert co-invented HP Gas MRI technology in 1993. This is ground-breaking news as the clinical applications of this technology have the potential to provide earlier detection and improved treatment of pulmonary and neurological disorders.

Who is conducting Research at TBRHSC?

As of December 2015, there were 174 open research projects being undertaken at TBRHSC. The chart below gives an indication of who is conducting this research:



Building Relations



On January 12th the Research Institute facilitated a session with local health, academic and First Nations leaders to speak with Dr. Earl Nowgesic of The Waakebiness-Bryce Institute for Indigenous Health. Dr. Nowgesic provided an overview of the Institute which is part of the Dalla Lana School of Public Health at the University of Toronto. Attendees had an

opportunity to share what their organizations are doing to improve the health outcomes of the First Nations population in Northwestern Ontario and to discuss how they could work together to address issues that are impacting the health of First Nations individuals in this area.

Over the past month, TBRRI was also pleased to host tours of the new cyclotron for the Honourable Patty Hajdu, Minister of Status of Women; MP Don Rusnak; and Paul Halucha, Associate Assistant Deputy Minister for Industry Canada. All were very impressed with this new technology and the potential impact it will have on patients in Thunder Bay and beyond.

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Thunder Bay Regional Health Sciences Centre Quality Committee of the Board

January 19, 2016

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

Present:

Gary Whitney (Acting Chair), Dr. Rhonda Crocker Ellacott, Anne Marie Heron, Gerry Munt, Dr. Andrew Turner, Dave Van Wagoner, Grant Walsh (for Nadine Doucette)

Regrets:

Dick Mannisto, Nadine Doucette (delegated Grant Walsh), Anita Jean

By Invitation:

Carolyn Freitag, Director, Strategy and Performance Improvement
Michael Del Nin, Manager, Strategy and Performance Improvement
Gary Ferguson, Consultant, Strategy and Performance Improvement
Cathy Covino, Senior Director, Quality and Risk Management
Deb Emery, Manager, Pharmacy
Stephanie Rea, Rec. Sec.

1.0 **CALL TO ORDER** – The Chair called the meeting to order at 4:31 p.m.

1.1 **Quorum** – Attained.

1.2 **Conflict of Interest** – None.

1.3 **Approval of the Agenda**

Moved by: Dave Van Wagoner

Seconded by: Gerry Munt

“The agenda was approved, as circulated.”

CARRIED

2.0 **PRESENTATIONS/REPORTS**

2.1 **Program & Service Presentation – Pharmacy Services**

Ms. Deb Emery, Manager, Pharmacy, presented “Overview of Pharmacy Services; Clinical Services”. Pharmacy’s clinical services involve central medication order review, medication reconciliation, drug information, antimicrobial stewardship, therapeutic drug monitoring, support, patient medication counseling, inter-disciplinary rounds, in-service education, adverse drug reaction reporting, Medication Incident Reporting and Regional Pharmacy Program Telepharmacy (Telepharmacy will be starting April 1 2016 with six

Motion

hospitals). An overview of the distribution services was also presented, as well as the department's latest improvements, such as the registration of pharmacy technicians, the tracking of medication incidents by subgroup, and the Ontario Colleges of Pharmacists Inspection.

2.2 Risk Management / Enterprise Risk Management

Ms. Cathy Covino, Senior Director, Quality and Risk Management, presented an overview of the Senior Management Council's top five corporate risks (psychiatry resources, finances, overcapacity, primary data centre and research) the current mitigation strategies, quarterly progress reports and corporate risk action plan. An overview of benchmarking and a review of the cycle were also presented. The next steps include: establish a process for root cause analysis on key risks, establish a forum for reporting risk issues, establish a quality and risk management dashboard/reporting mechanism, review risks for Strategic Plan 2020, develop risk mitigation plans, and establish process for risks to be part of the budget /capital planning processes.

2.3 Quality and Risk Management Policies

Ms. Cathy Covino presented the January 2016 update of the Administrative Policies for the Committee. Policy QM-100 (Release of Information to the Police) requires frequent updating. The two Quality of Care policies (*Quality of Care Reviews – Quality of Care Information Protection Act (QCIPA) Protected* QM-80 and *Quality of Care Reviews – Not Covered Under the Quality of Care Information Protection Act (QCIPA) QM-81*) will be revised in 2017.

2.4 Litigation

Ms. Cathy Covino presented on legal matters with the use of a graph demonstrating the number of files from 2007-2015. Actual, potential and notification litigation types were presented: One actual case, twelve potential cases and one notification case make the current report. When Thunder Bay Regional Health Sciences Centre is provided a statement of claim, Aviva assigns one lawyer to all staff involved in the claim. There is a process to support staff when they receive subpoenas as well through Quality and Risk Management and the Managers. Settlements and upcoming files of significant nature were presented, as well as activities related to litigation and examples of settlements.

2.5 Quality Improvement Plan

Cathy Covino and Carolyn Freitag, Director, Strategy and Performance Improvement presented the Quality Improvement Plan (QIP), which is based on the Compliance with the Excellent Care for All Act. This Act involves critical incident reporting, focus on performance, patient/client/resident engagement and surveying, links to strategic and business planning processes, commitments to patients/clients/residents/community on improved performance. An overview was given of QIPs in Ontario on an organizational level, provincial level (leads: Ministry of Health and Health Quality Ontario), the

development process (includes 8 steps), Priority One Indicators from 2011/12, 2012/13, 2013/14, 2014/15 and priorities for 2015/16. Indicator changes, 2015/16 Common hospital initiatives and executive compensation were also highlighted. The key priority indicators and process for QIP completion were reviewed. The final documents will be presented at the next Quality Committee for review and recommendation to the Board of Directors.

3.0 CONSENT AGENDA

Moved by: Gerry Munt

Seconded by: Grant Walsh

Motion

"That the Quality Committee of the Board:

3.1 Approves the Quality Committee of the Board Minutes of December 15, 2015, as presented.

3.2 Received the Research Ethics Board Minutes of November 23, 2015, as presented."

CARRIED

4.0 WORK PLAN

5.0 BUSINESS/COMMITTEE MATTERS

5.1 Accreditation Notice of Extension

Gary Ferguson, Consultant, Strategy and Performance Improvement and Carolyn Freitag informed the Committee of the recently received letter from Accreditation Canada, stating a deadline date of April 30, 2016 for the revision and action on current compliance issues. The process for responding was outlined in the presentation. It was noted that this has never occurred in the past at Thunder Bay Regional Health Sciences Centre. Improvements are seen in audits and a process is in place. Members were reassured that the deadline would be met.

Moved by: Dave Van Wagoner

Seconded by: Grant Walsh

Motion

"That the Quality Committee of the Board:

Recommend that the Board of Directors accept the Accreditation Notice of Extension."

CARRIED

6.0 FOR INFORMATION

6.1 Committee Meeting Evaluation

Committee members completed their meeting evaluations.

7.0 BOARD MEMBER COMMENTS - None

8.0 DATE OF NEXT MEETING

The next meeting will be rescheduled from February 16th to a date to be determined.

9.0 ADJOURNMENT - The meeting adjourned at 6:14 p.m.

DRAFT

Senior Management Report

to the
Board of Directors
Thunder Bay Regional Health Sciences Centre

February 3, 2016

Research

New Technology Preparing to Trial

- XLV Diagnostics Inc. now has a prototype of a digital mammography device and is making the necessary applications and preparations to undertake a clinical trial at TBRHSC.
- The machine will offer excellent image resolution at less than half the price of existing screening technology and will be easy to use and install.

Research Compliance

- The annual Research Compliance Report was presented to Senior Management Council & the Quality Committee of the Board in mid December.
- Work is ongoing on the Research Quality Oversight Program – with development of policies and procedures, and review of the authorization process.
- No Audits or Inspections by regulatory bodies were conducted in 2015.

Outreach

- Preparations are underway for *Research and Innovation Week* which will take place from March 5th – 10th – activities will include booths at Intercity, lectures and displays at Lakehead University and this year we are hoping to have a number of research focused events at TBRHSC.
- Dr. Earl Nowgesic was recently in Thunder Bay and spoke at a session hosted by TBRRI; the session provided an introduction to The Waakebiness-Bryce Institute for Indigenous Health at the University of Toronto and gave local participants an opportunity to discuss how they can work together to address issues that are affecting the health of First Nations individuals in Thunder Bay and the surrounding area.
- The cyclotron has had a number of important visitors over the past month including Minister Patty Hajdu, MP Don Rusnak, and Associate Assistant Deputy Minister for Industry Canada, Paul Halucha.

Quality and Risk Management

Quality Improvement Plan

- The priority indicators for the 2016-17 Quality Improvement Plan have been selected through engagement with the Senior Management Council, Directors and Managers, Partners in Healthcare and Patient and Family Advisors. They are as follows;
 1. Medication Reconciliation on admission and discharge
 2. Patient satisfaction scores in both the Emergency Department and Inpatient areas
 3. Length of stay excluding alternate level of care days

4. Length of time admitted patients stay in the Emergency Department
5. Readmission after 30 days for Chronic Obstructive Pulmonary Disease and Congestive Heart Failure
6. Equitable care to the residents of Northwestern Ontario

- Final review of the Quality Improvement Plan by Senior Management, the Quality Committee of the Board and the full Board will occur in February and March respectively. The Narrative will be signed by the Chair of the Board, the Chair of the Quality of Care Committee and the President and CEO. The submission is electronic now so the original signed document will be retained at TBRHSC.
- Submission is required by April 1, 2016 as mentioned through electronic submission. The exported documents will be branded by the Communications & Engagement department and will be available on our Internet site. This process is in compliance with the Excellent Care for All Act.

Communications & Engagement, Aboriginal Affairs & Government Relations

Media Activity (January 4 – January 27, 2016)

- Media calls/requests: 7
 - In-depth story on new TBRHSC President & CEO
 - Shortage of psychiatrists in Canada
 - Ontario making hospital parking more affordable (x3)
 - Radio interview with new President & CEO (x2)
- Media Releases/Events: 3
 - Northern Cancer Fund and Shoppers Drug Mart Raise Critical Funds for Women's Health Initiatives Through Growing Women's Health Campaign
 - Powering the Future of Healthcare (Co-Gen plant launch)
 - New President & CEO's first day
- Publications: 19
 - The Chronicle Journal Features (x18)
 - Hospital News (x1)

Aboriginal Affairs

- LHIN Aboriginal Forum planning
- Grant application for cultural sensitivity
- Hosting Aboriginal Career Experience Program in February 2016
- National Aboriginal Day planning

Communications & Engagement Projects

- TBRI website analysis and fundraising support
- Ethics engagement planning
- Tobacco Control Steering Committee planning
- Aboriginal Advisory Committee engagement
- Translations of Consent to Treatment and roll-out planning
- PFCC plan partnership
- Healthy Food and Beverage Environment Model Steering Committee
- Corporate video planning

Project Supports

- TBRRI
- NWO Regional Stroke Network
- Human Resources

Patient Services and Cancer Care Ontario

Hemodialysis Satellite Expansion

- The Ontario Renal Network announced additional in-year funding to support the small scale expansion of one dialysis station into two satellite dialysis units; one in Fort Frances; and the second in Sioux Lookout. This will continue to support the opportunity to provide care closer to home by offering hemodialysis to six more individuals in each community.

Mental Health Program Development

- In an effort to improve patient care and access to specialized treatment, the Mental Health Program is beginning the development of an ECT (Electroconvulsive Therapy) Service. Although ECT has been offered at TBRHSC for some time, the service will undergo enhancements that will improve patient access and care.

Telemedicine Service for St. Joseph's Hospital Patients Requiring Fracture Clinic Follow-up

- St. Joseph's Hospital site patients no longer require transfer to TBRHSC Fracture Clinic, as many Orthopedic Surgeons now provide follow-up appointments via a wireless video unit from patient rooms.
- X-rays are completed in advance at SJCG and a Nurse/Physiotherapist is present with patient, allowing direct communication with the Surgeon.

Prevention and Screening Services Medical Leadership

- Dr. Naana Jumah is the new Regional Colposcopy and Cervical Lead, replacing Dr. Nick Escott.

Tele-Dermatology

- The Tele-Dermatology service for inpatients and outpatients launched in January 2016.

Vascular Services

- We are pleased to announce that Victor Lukankin, Physician Assistant, has joined the growing team and will work with both inpatients and outpatients requiring vascular care.
- TBRHSC submitted documentation to the Cardiac Care Network of Ontario to be formally designated as a vascular facility approved to provide EVAR (endovascular aneurysm repair) procedures.

Corporate Services & Operations

Financial Services

- TBRHSC financial position as at December 31, 2015 is a \$5.2 million deficit compared to \$4.4 million budgeted;
- Key patient activity is in line with budget and less than prior year;
- Paid staffing hours, including worked hours per patient activity, paid sick time and overtime, continue to be over budget;
- Budget planning for 2016/17 is in final stages.

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 started up on schedule in December, with final training and testing completed early in January. The equipment is now running and performing as planned. A media announcement was held January 22.

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 (SSO) collaboration.
- Implementation Analysis Transfer Payment Agreement signed off last week to develop a Business Case for possible on-boarding of the Northeast Hospitals.

Strategy & Performance Management

- Decision Support staff are working diligently to prepare the 2016-17 budget workbooks incorporating HCM benchmark savings and cost pressures for leadership review.
- The Performance Improvement (PI) consultants are coordinating and supporting the new and existing strategic project teams to begin work in February.

Health Records

- The team is working very hard to recover from the introduction of two technological changes related to scanning and abstracting.
- Scanning targets for ER, Outpatient, and Surgical Daycare are being met consistently. Evaluation of inpatient scanning backlog indicates that challenges still exist for this area. Ongoing improvement in this area is expected.

Patient Services and Chief Nursing Executive

Comprehensive Pain Management Service

- TBRHSC and SJCG jointly submitted a proposal to the MOHLTC for a Comprehensive Pain Management Program.
- TBRHSC has received approximately \$280,000 to support a comprehensive acute inpatient pain management service, in collaboration with the Department of Anesthesia. In addition, we will also expand our outpatient chronic pain management service.

Regional Critical Care Response (RCCR) Project

- RCCR provides immediate telemedicine access to Intensivist, other specialist and interprofessional critical care team to support early stabilization and transfer, or assistance to reduce patient transfers from the Region to TBRHSC.
- From March 31 to December 31, 2015, RCCR had 186 regional interactions. Of the 138 patients assessed, 37 patients did not require transfer to ICU and remained in their home hospitals with RCCR support.
- We have nominated RCCR for the 3M Health Care Quality Team Award for an initiative that has improved the healthcare system in Ontario.

New Radiologists Specializing in Breast Imaging

- Dr. Vivianne Freitas and Dr. Romuald Ferre have joined our Radiologist team in January. With these additional resources, we are excited to begin establishing our Rapid Breast Assessment Program at the Linda Buchan Centre.

TBRHSC as Leader in PFCC

- 7th International Conference on Patient and Family Centered Care, July 25-27, 2016, New York City – (2) Oral presentations accepted “*TBRHSC: A Patient Family Centred Care Success Story*” and “*Patient and Family Advisors – Allies Co-designing Quality Improvements in the Emergency Department*”.

Health Human Resources

Employee Recognition Week

- Employee Recognition Week was celebrated with 101 staff attending the Walk the Talk Awards Ceremony, 191 staff attending the Long Service Celebration, and 787 employees receiving attendance recognition letters. Congratulations and thank you to all involved.

Nursing Spring Hire

- The 2016 Nursing Spring Hire process has begun. 120 Registered Nurse (RN) applications were received for the 60-70 estimated hires. Interviews will take place over the next month.

Occupational Exposures

- Occupational exposures are on the rise. Upon investigation, it was identified that a review of infection control practices, and ensuring they are being followed, will be a focus for the Occupational Health and Safety department.

Aboriginal Recruitment

- Planning continues for future ACE (Aboriginal Career Exposure) Learning Days in March and April. These will give students from Dennis Franklin Cromarty another opportunity to learn about career and volunteering options at TBRHSC.

Academics and Interprofessional Education

- Initial steps in formalizing a simulation program at TBRHSC have taken place. This includes exploring a partnership with Health Sciences North (HSN) and Northern Ontario School of Medicine (NOSM) around sharing resources, revitalizing current

education space to be better able to accommodate simulation sessions, and initiating engagement conversations with internal stakeholders.

- The number of learner placements confirmed or completed for the period of January - December 2015:

Profession		# of Placements
Nursing (includes RPN, RN & NP Programs)	Preceptored	346
	Group	987
Medical	Medical Students	158
	Residents	131
Health Professions	Diagnostic Imaging	14
	ECG Tech	3
	Dietetics	4
	Midwifery	5
	Medical Lab Assistant (MLA)	10
	Medical Lab Tech (MLT)	5
	Paramedic	22
	Pharmacy	3
	Psychology	15
	Physician Assistants	15
	Recreation	2
	Radiation Therapy	5
	Rehabilitation	8
	Social Work	6
	Child & Youth Worker	3
	Early Childhood Education (ECE)	1
	Lactation Consultant	1
	Office Administration	3
	Financial Services	1
	Native Nurses Entry Program	2
Total		1750

Medical Affairs

- Two site visits were held in January with candidates for Neurology and the Hospitalist Program
- Dr. Marlon Hagerty, a Radiation Oncologist, has accepted a position at TBRHSC and is expected to join us in the summer of 2016
- A warm welcome is extended to several new physicians who arrived during the months of December and January:
 - Dr. Jennifer Swerdyk (Child & Adolescent Mental Health)
 - Dr. Walid Shahrou (Urology)
 - Dr. Carolyn Stark (Psychiatry)
 - Dr. Vivianne Freitas (Radiology)
 - Dr. James Yi (Hospitalist Program)
 - Dr. Romuald Ferre (Radiology)

- Congratulations to Dr. Jonathan Boekhoud, who has accepted the position of Medical Lead, Regional Cancer Imaging and to Dr. Naana Jumah who has accepted the position of Medical Lead, Regional Colposcopy and Cervical Screening

Pharmacy

Medication Reconciliation

- The Medication Reconciliation admission rate was 60.8% for December 2015. This is slightly down from November.

Antimicrobial Stewardship Program

- We have initiated an Audit & Feedback process on 2 B Medical Unit in January 2016.
- We have completed a 1 year audit & feedback process on the 1A Oncology Unit. The antimicrobial stewardship pharmacist & lead physician provided recommendations on antimicrobial therapy. The total costs of anti-infectives was approximately \$ 229,309 (for the fiscal year 2014-15) this was a slight decrease from the previous year \$ 236,212 (2013-14). The total cost per 1000 patient days was tracked for 7 drugs. A number of interventions & acceptance rates were tracked as well such as: dose optimization and Intravenous therapy to Oral therapy step down. Based on the results of this audit, the decision was made by the Antimicrobial Stewardship Committee to focus attention on another unit for 2016 The 1A Audit & Feedback results were presented at the January Systemic Meeting of the Cancer Clinic.

Regional Pharmacy Program

- Service agreements between TBRHSC and six regional hospitals (Dryden, Atikokan, Red Lake, Nipigon, Marathon, and Terrace Bay) have been signed. We are aiming for a April 1st, 2016 implementation date of providing Telepharmacy services for these sites.



**Thunder Bay Regional
Health Sciences
Foundation**

980 Oliver Road
Thunder Bay ON
P7B 6V4 Canada

TEL: 807 345 4673
FAX: 807 684 5802
TOLL FREE: 1 877 696 7223



**Northern
Cancer Fund**



**Northern
Cardiac Fund**



**Health Sciences
Discovery Fund**

Report to the Thunder Bay Regional Health Sciences Centre Board of Directors
February 2016

Where do you get your HOPE?

The 20th anniversary of the Bearskin Airlines Hope Classic is fast approaching! This incredible ladies bonspiel weekend is set for February 5-7, 2016 at the Fort William Curling Club. These exceptional ladies have raised **over \$2.5M** in support of breast cancer research, education and treatment here in Thunder Bay and throughout Northwestern Ontario. This outstanding event has been pivotal in making the success of the Linda Buchan Centre for Breast Screening and Assessment possible.

Interested in more details? Please visit www.bearskinairlineshopeclassic.com.

Working together: Lakehead Thunderwolves

In January, the Lakehead Thunderwolves Varsity Athletes hosted 'Think Pink' games – raising pledges, awareness and funds for breast cancer services here in our community. On January 30th the Men's Hockey Jersey auction and the Woman's Volleyball Game supported the Breast Cancer Fund of the Northern Cancer Fund. Hats off to these amazing athletes and their continued support of healthcare in our community. Their dedication to these events and supporting local efforts is admirable. Together, we are healthier.

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 5 Speed Automatic with Paddle shifters including power sunroof (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**.

What will your legacy be?

February means time for tax planning – thinking ahead to what 2016 will have in store for you and your family. It's important to be sure your plan extends beyond 2016 to the bigger picture of what you want to impact – the things that touch your family and friends closest. It's likely that you or someone you love has been a patient at the Health Sciences Centre in some way – whether as an inpatient, a visit to the Emergency Department or a visitor – you know the impact health can have on all of our lives.

Take some time this month to think about how you could impact healthcare offered in our region. A gift to the Health Sciences Foundation in your will 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, Legacy and Major Gifts** at 684-7109 for more information.

Chief of Staff Report

to the
Board of Directors
Thunder Bay Regional Health Sciences Centre

February 2016

Chief of Staff

Professional Staff Satisfaction Survey Results

- A summary of the results of the survey conducted in the spring of 2015 was presented at the January Medical Advisory Committee
- The next step will be for each of the Department Chiefs to work with their section members to develop agreed upon action plans

Department Chiefs

- We are pleased to announce the following appointments/reappointments of Department Chiefs
 - Dr. Syed Zaki Ahmed, Chief of Internal Medicine
 - Dr. Ian Dobson, Chief of Anesthesia
 - Dr. Mark Thibert, Chief of Surgery
 - Dr. David Kisselgoff, Chief of Diagnostic Imaging
 - Dr. Henry Fairely, Chief of Obstetrics and Gynecology
 - Dr. Michael Scott, Chief of Critical Care
- Interviews are forthcoming for the position of Chief of Dentistry

Walk the Talk Award

- Recipients of the 2015 Professional Staff Award of Excellence, Dr. Lois Hutchinson, Dr. Anatoly Shuster and Dr. Margaret Anthes were 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

healthy
together

980 Oliver Road
Thunder Bay,
ON
P7B 6V4

Phone:
684-6007

Website:
www.tbrhsc.net

Chief Nursing Executive

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

February 2016

Chief Nursing Executive – Open Report

Registered Nurses' Association of Ontario (RNAO) Best Practice Spotlight Organization (BPSO)

- As a BPSO, TBRHSC is recognized as an organization that strives to create and maintain a culture of excellence by embedding evidence into daily nursing practice
- One deliverable of our BPSO designation is the dissemination of activities and outcomes related to our BPSO work through publication
- Over the course of our BPSO candidacy and designation, we have work to implement, sustain and evaluate two of the RNAO Best Practice Guidelines (BPG) related to Peripheral Intravenous (PIV) practices
- Melanie Cates, Nursing Practice Leader, authored a paper entitled, *Evaluation of Peripheral Intravenous Practices*, based on the results of our PIV BPG work. Her paper has been accepted for publication in the peer reviewed Canadian Vascular Access Association (CVAA) Vascular Access Journal.

Nursing Resource Management

- In Q3, it was identified that a review of the Nursing Resource Team (NRT) would be undertaken in order to identify efficiencies
- Through the benchmarking process, additional opportunities related to nursing resource management beyond the NRT were identified
- To address the opportunities and challenges surrounding NRT and Nurse staffing, a Nursing Resource Management Steering Committee has been formed. The Committee will review historical data trends, nursing staffing models, unit level supports, staffing ratios and patterns, in order to develop recommendations.

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Activity Report

January – February 2016

The Northern Ontario School of Medicine (NOSM) is seeking eight (8) individuals to join the Board of Directors in September 2016. See attached flyer for information.



The Northern Ontario School of Medicine (NOSM) invites all community members to have a heart-to-heart with the medical school made in the North, for the North. As part of NOSM's tenth anniversary, the medical school is opening its doors and inviting the public to come and learn about your medical school. There will be refreshments, and it is free to everyone! The Open House will be held Thursday, February 4, 2016. Stop in any time between 3:30 p.m. - 7:00 p.m.

http://www.nosm.ca/about_us/media_room/media_releases/media_release.aspx?id=20988

Northern Ontario School of Medicine (NOSM) Professors Dr. Ashley Scott and Dr. Greg Ross were recently presented with the Research Project of the Year Award by the Institution of Chemical Engineers (IChemE). Ross, Scott, and their team of graduate students collaborated with Sudbury Integrated Nickel Operations (Sudbury INO, a Glencore company) in Falconbridge, Ontario on the research project, titled 'Industrial off-gas supports biofuel production.' The goal of the project is to reuse waste heat and carbon dioxide in order to create a greener alternative to burning fossil fuels. The Global Awards were presented in Birmingham, UK and celebrate excellence, innovation and achievement in the chemical, biochemical and process industries. Established in 1994, the Awards attract international attention.



presented by Tournament Director Chris Lepore to Dr. Janice Willett, NOSM Associate Dean of Faculty Affairs and Continuing Education and Professional Development on behalf of the School.

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/>

NOSM's Annual Health Sciences Summer Camp

The Northern Ontario School of Medicine (NOSM) maintains a commitment to providing information to rural, remote, Aboriginal, and Francophone youth about health careers. This year NOSM will host its annual Health Sciences Summer Camp from July 4 – 8, 2016 at Laurentian University in Sudbury and from July 11 – 15, 2016 at Lakehead University in Thunder Bay. These weeklong programs provide students with an opportunity to explore health-care careers, obtain hands-on experience, and find a mentor.

Learn more:

http://www.nosm.ca/about_us/media_room/media_releases/media_release.aspx?id=21007

Northern Passages Available Online

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

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

For more news and information visit www.nosm.ca

Respectfully submitted,

David C. Marsh MD CCSAM

Associate Dean, Community Engagement

Doyen associé, Engagement communautaire

Deputy Dean and Professor, Clinical Sciences

Dr. David C. Marsh MD CCSAM

Northern Ontario School of Medicine



The Northern Ontario School of Medicine (NOSM) is seeking eight (8) individuals to join the Board of Directors in September 2016.

Born of a grassroots movement by Northern Ontarians in need of health professionals, NOSM is a medical school like no other. No other Canadian medical school is a joint initiative between two universities—in this case, Lakehead University in Thunder Bay and Laurentian University in Sudbury. No other Canadian medical school provides training in more than 90 communities across a geographic expanse of 800,000 square kilometres. Rather than taking an off-the-shelf approach to delivering health professional programs modeled after traditional methods, NOSM has developed novel education strategies to meet the needs of Northern Ontarians.

Applicants must submit a NOSM Board of Directors Application Form, accompanied by a CV or resumé and the names and contact information of three (3) references. All applications will be acknowledged.

Deadline for submissions is February 12, 2016.

Application forms and other supporting documents are available at nosm.ca/board.



Northern Ontario
School of Medicine

École de médecine
du Nord de l'Ontario

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 $L^{\text{u}} \rho \dot{\rho} \cdot \Delta \quad \Delta^{\text{u}} \dot{d}_{\text{e}} \cdot \Delta^{\text{u}}$

L'École de médecine du Nord de l'Ontario (EMNO) cherche huit (8) personnes pour siéger à son conseil d'administration en septembre 2016

Fruit d'un mouvement populaire dans le Nord de l'Ontario qui avait besoin de professionnels de la santé, l'École de médecine du Nord de l'Ontario est unique en son genre. Aucune autre école de médecine canadienne n'est rattachée à deux universités, dans ce cas la Lakehead University à Thunder Bay et l'Université Laurentienne à Sudbury. Aucune autre école de médecine canadienne n'offre de la formation dans plus de 90 communautés réparties sur 800 000 kilomètres carrés. Au lieu d'adopter une approche toute faite de l'enseignement des programmes professionnels de la santé fondés sur les méthodes traditionnelles, l'EMNO a conçu des stratégies novatrices de formation qui répondent aux besoins des gens du Nord de l'Ontario.

Les candidats doivent envoyer un formulaire de candidature au conseil d'administration de l'EMNO et y joindre leur curriculum vitae ainsi que les noms et coordonnées de trois (3) références. Tous les candidats recevront un accusé de réception.

La date limite de présentation des candidatures est le 12 février 2016.

Les formulaires de candidature et la documentation d'appoint se trouvent à nosm.ca/board

HAVE A HEART-TO-HEART WITH YOUR MEDICAL SCHOOL!

JOIN US FOR THE I ❤️ NOSM OPEN HOUSE
THURSDAY, FEBRUARY 4, 2016
3:30 P.M. – 7:00 P.M.



**NOSM
OPEN
HOUSE**

- TAKE A TOUR •
- TRY OUT MEDICAL EQUIPMENT •
- MEET A NOSM SIMULATION MANNEQUIN •
- OPTIONAL FILM SCREENING •
- LEARN WHAT IT TAKES
TO GET INTO MEDICAL SCHOOL •

FOR MORE INFORMATION
NOSM.CA/OPENHOUSE

NOSM
EST. 2005

**NOSM at
Lakehead University**
955 Oliver Road
Thunder Bay, ON

**NOSM at
Laurentian University**
935 Ramsey Lake Road
Sudbury, ON

COEUR À COEUR AVEC VOTRE ÉCOLE DE MÉDECINE

JOIGNEZ-VOUS À NOUS POUR LA VISITE « J'♥ L'EMNO »
JEUDI 4 FÉVRIER 2016

15 H 30 À 19 H

VISITE
LIBRE
EMNO ♥

- VISITEZ L'ÉCOLE •
- ESSAYEZ DU MATÉRIEL MÉDICAL •
- RENCONTREZ UN MANEQUIN DE SIMULATION •
- REGARDEZ UN FILM •
- RENSEIGNEZ-VOUS SUR LES CRITÈRES D'ADMISSION À L'ÉCOLE DE MÉDECINE •

POUR DE PLUS AMPLES RENSEIGNEMENTS
NOSM.CA/OPENHOUSE

EMNO
Fondée en 2005

**EMNO à
Lakehead University**
955, chemin Oliver
Thunder Bay ON

**EMNO à
Université Laurentienne**
935, chemin du lac Ramsey
Sudbury ON

ATTESTATION

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

FROM: Jean Bartkowiak, MHSc, CHE
President and Chief Executive Officer

DATE: January 19, 2016

RE: Q3 2015-16 Wages and Source Deductions for Fiscal Year Beginning
April 1, 2015 and ending March 31, 2016 (the "Applicable Period")

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

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

during the Applicable Period.

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

Dated at Thunder Bay, Ontario this 29 day of January, 2016.



Jean Bartkowiak, MHSc, CHE
President and Chief Executive Officer

Thunder Bay Regional Health Sciences Centre
2016-2017 Corporate Membership List
Received for the period of January 1, 2016 - January 31, 2016

NEW APPLICATIONS

Surname	Name
Brunelle	Angele

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
Doucette	Nadine
Moody-Corbett	Penny

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
Strasser	Roger

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
Bubar	Dawn

Total Members: 51

Thunder Bay Regional Health Sciences Centre Board of Directors Comprehensive Work Plan
Updated: January 28, 2016

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						Will be presented at the February 3 meeting.
12	Quality Oversight	Critical Incidents Presentation	BD					x					x		
13	Oversight of Management	Physician recruitment plan update	BD						x						Will be presented at the February 3 meeting.
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	Will be presented at the February 3 meeting.
18	Governance	TBRRI 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 – January 2016

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	--	January 2016	30
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		