Thunder Bay Regional Health Sciences Centre

TBRHSC Board of Directors
Open Meeting
Wednesday, March 2, 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** – *Cathy Covino*						
3.1	1	N. Doucette	Quorum (8 members total required, 6 being voting)				
3.2	1	N. Doucette	Conflict of Interest				
3.3	1	N. Doucette	Approval of the Agenda	X			
3.4	3	N. Doucette	Chair's Remarks*				X
4.0	**PRESENTATIONS/EDUCATION**						
4.1	10	P. Myllymaa	Environmental Compliance and Fire Safety Update*		X		X
5.0	**CONSENT AGENDA**						
5.1			Board of Directors: Approval of Minutes – February 3, 2016*	X			X
5.2			Report Volunteer Association Board				X
5.3			Report Thunder Bay Regional Research Institute*				X
6.0	**REPORTS AND DISCUSSION**						
6.1	10	Senior Management	Report from Senior Management*	X		X	X
6.2	10	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	5	D. Mannisto	Quality Committee - Quality Improvement Plan				X
7.2	1	N. Doucette	Corporate Membership*	X			
8.0	**FOR INFORMATION**						
8.1			Board Comprehensive Work Plan*				X
8.2			Webcast Statistics*				X
8.3			Anishinaabek Cervical Cancer Screening Study Community		X		X

#	Time (X)	Presenter	Item & Purpose (Y)	Expected Outcome (Z)			
				Recommendation /Decision/Action	Education	Discussion	Information
			Update Report 2015*				
8.4			Cardiovascular Update*				X
8.5			Chief of Staff Posting*				X
8.6			Board of Directors Ad*				X
9.0	**BOARD MEMBER COMMENTS**					X	
10.0	**DATE OF NEXT MEETING** – April 6, 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)
March 2, 2016 – DRAFT

Agenda Item	Committee or Report	Motion or Recommendation	Approved or Accepted by:
3.3	Agenda – March 2, 2016	"That the Agenda be approved as circulated."	Moved by: Seconded by:
5.0	Consent Agenda	"That the Board of Directors: 5.1 Approves the Board of Directors Minutes of February 3, 2016; 5.3 Receives the TBRRI Report dated January 2016; as presented."	Moved by: Seconded by:
6.0	Reports and Discussion	"That the Board of Directors: 6.1Accepts 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 March, 2016 as presented."	Moved by: Seconded 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 February 1 to February 26, 2016 as per the attached listing."	Moved by: Seconded by:

Thunder Bay Regional Health Sciences Centre

Board of Directors

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Report from Nadine Doucette
Chair, Board of Directors
March 2, 2016

Last month marked the first anniversary of the arrival of the cyclotron at Thunder Bay Regional Health Sciences Centre (TBRHSC).

More importantly, the first F 18 isotope was delivered to the hospital to be used to calibrate the PET-CT scanner. When fully up and running a year from now, the F 18 isotopes will be used to treat our patients in identifying cancer.

The cyclotron will have many benefits to economic development and research in our community. But the production and use of this isotope at TBRHSC illustrates the benefit it will have on direct patient care.

We will soon have a secure and reliable supply of isotopes for use in cancer care. No longer will a patient arrive in Thunder Bay having travelled from a remote community in the region to learn that the plane carrying the isotopes didn't arrive and they should go home and re-schedule the appointment. They will be treated locally, with less expensively produced isotopes that will guarantee the care when and where they need it.

I would like to point out that critical funding for the cyclotron was provided through the Hospital Foundation's Exceptional Cancer Care campaign. I encourage you to visit the Foundation's YouTube channel to view a video celebrating the first anniversary and describing the benefits it is bringing here.

This reiterates the importance of support from our community for TBRHSC. Last month also saw the announcement of $68,000 in Family CARE (Care Advancements Recommended by Employees) grants. These grants are a unique program that takes employees' suggestions for grants for new or improved equipment that will enhance the care they provide. The 39 grants –ranging in value from $80 to $6,222 – aren't the high profile items you build a campaign around. They are smaller things that enhance care and strengthen our delivery of Patient and Family Centred Care.

This year's grants included a new wagon and ride on car for the Paediatrics unit to make the ride for a fearful child a little more pleasant, maybe even fun, as they head to the OR. Or a buzzer security system to allow patients to enter through the Main Door at night after the doors are locked, rather than have to walk all the way around to the Emergency entrance. Or baby swings to provide comfort to newborns who require neonatal abstinence scoring for maternal drug use.

Our front line workers know what's needed and that's who comes up with the ideas for those grants. I'm also pleased that a significant number of our employees contribute to TBRHSC on a consistent basis through the employee giving program, an effort the Foundation celebrated last month with an appreciation event. One of the highlights was remarks by the latest employee to join the program, new President and CEO, Jean Bartkowiak.

Also on hand was Tbaytel's CEO; Mr. Dan Topatigh, one of our strong community partners, emphasized his company's strong commitment to our institution. Indeed Tbaytel leverages our employees contributions by making matching donations up to $10,000.

Thunder Bay Regional Health Sciences Centre

Board of Directors

healthy together

It takes a village, the old saying goes. And it does. This hospital could not provide the level of excellent service it does – under challenging realities of an aging population, a sparsely populated vast geography, and ongoing fiscal pressures – without the support of our community and the work of our Foundation.

It is our community – ordinary citizens, employees of the hospital and business partners – that made all of the items I've touched on in this report possible.

I simply want to say thank you.

We Are Healthy Together.

Nadine Doucette, Chair
Board of Directors

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Thunder Bay Regional Health Sciences Centre

Compliance Update

For the Board of Directors

March, 2016

Compliance Statement

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

Fire Code

- **2016 Inspection to take place in Spring.**
  - No major issues identified at last inspection.
  - Working with Thunder Bay Fire and Rescue to schedule inspection and minimum staffing drill.

Cyclotron

- All required legislative requirements are met
- CNCS license for cyclotron-radiopharmacy – **approved for for operation in February**
- Radiation surveys – **complete, all public areas are well below predicted values**
- Fire – **Sub plans are complete**
- Health Canada – **not applicable at this time**

Sterilization (in SPD)

- Usage of Ethylene Oxide (EtO) system for sterilization ceased in 2014 (replaced with peroxide-based sterilizer)
- Decommissioning of system to occur after approval of amendment to ECA received – **awaiting final approval from Ministry of Environment**
- Removal plan under development with Steris

Co-Generation

- Cogeneration facility is complete with Johnson Controls and Toromont.
- ECA amendment – **approval received July 2015**
- **Noise and emission testing planning ongoing as part of the requirements under the ECA amendment**

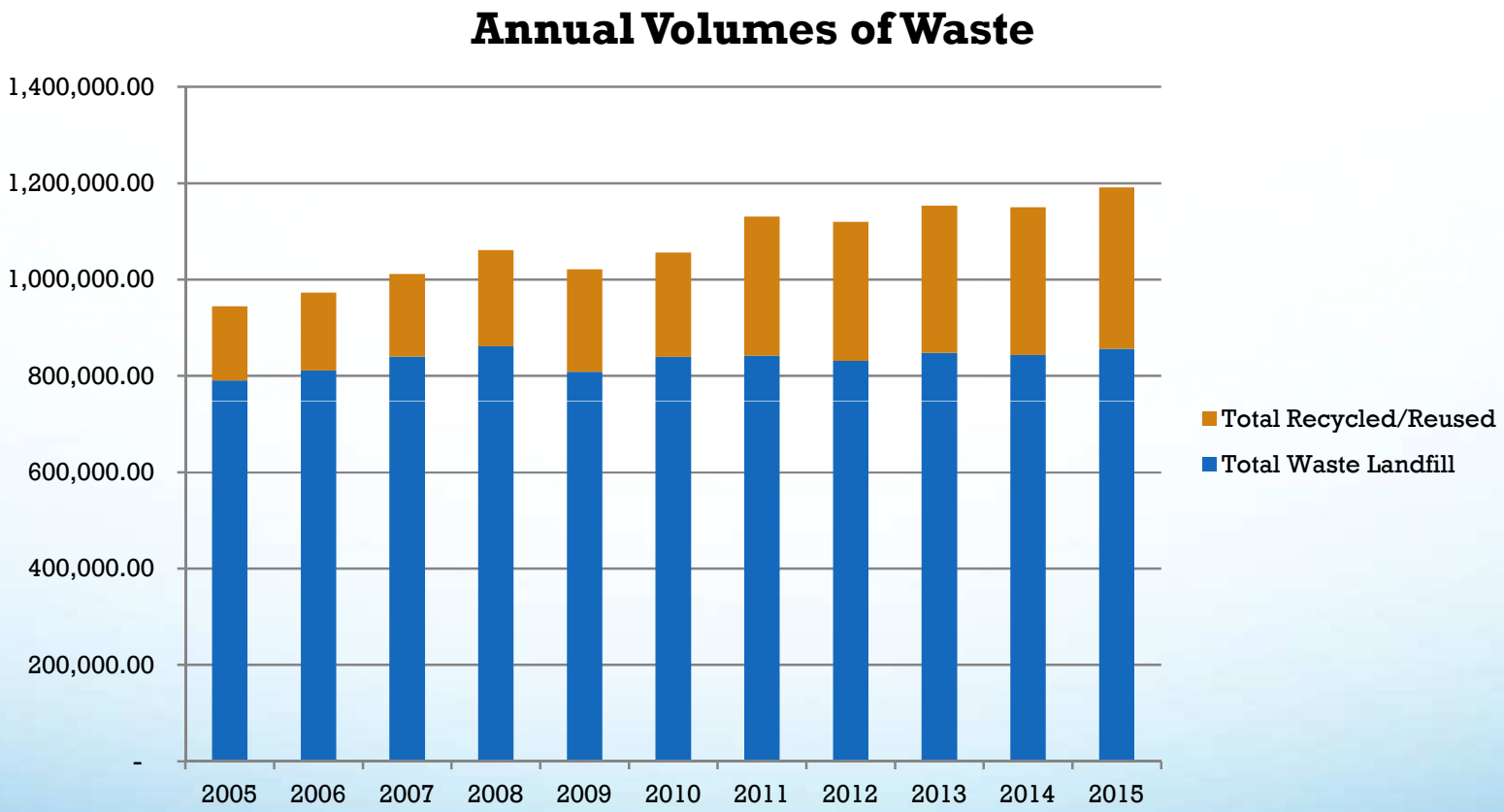
Other Regulatory Bodies

- **Electrical Safety Authority Report (ESA)** – ***electrical safety***
  - 12 months with no major electrical deficiencies as identified by the ESA Inspector
- **Technical Standards & Safety Authority (TSSA)** – ***elevating devices & pressure vessels***
  - No orders

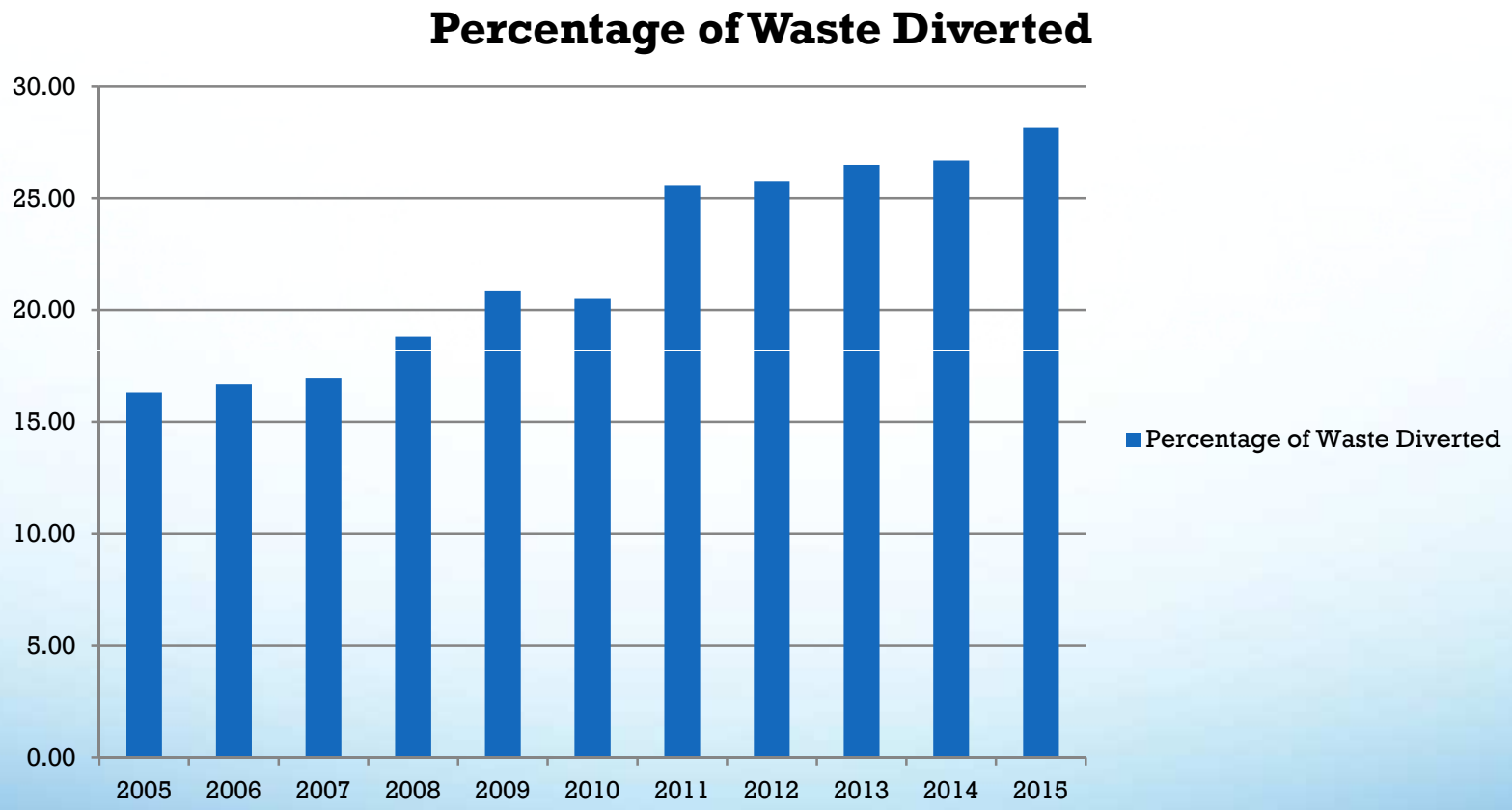
Green Energy Act

- **Green Energy Act 2009**
  - Ministry of Energy
  - Annual energy reporting to commence July 2013 for all BPS establishments
  - July 2014 five-year energy reduction program posted
  - **Next update due July 1, 2016**

Green Initiatives – Waste Diversion



Green Initiatives



Questions?

Thunder Bay Regional Health Sciences Centre
Board of Directors

Wednesday, February 3, 2016
Boardroom – 5:00 p.m.

***Present*:**

Nadine Doucette, (*Chair*)	Gerry Munt	Dick Mannisto
Jean Bartkowiak*	Grant Walsh	Doug Shanks
Gary Whitney	John Friday	Dr. Andrew Turner*
Dr. Rhonda Crocker Ellacott*	Dr. Penny Moody-Corbett	Anita Jean
Georjann Morriseau	Dr. Harshad Telang* *(Dr. Thibert)*	

By Invitation – Senior Management:

Peter Myllymaa	Amy Carr	Glenn Craig
Anne-Marie Heron	Dawn Bubar	Chisholm Pothier
Dr. Stewart Kennedy	Aaron Skillen *(Dr. Henderson)*	

By Invitation:

Jessica Nehrebecky, *Rec. Sec.*	Renée Laakso	Kathryn Shewfelt
Michael Del Nin		

Regrets Board of Directors:
Dr. Mark Thibert*

Regrets Senior Management:

Dr. Mark Henderson	Cathy Covino

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. Mr. Jean Bartkowiak, President and CEO, TBRHSC and Dr. Harshad Telang, Vice President of the Professional Staff Association (PSA) were also welcomed.

A selection committee will be created to begin the recruitment of a chief of staff as outlined by the By-Laws. Dr. Andrew Turner was thanked for continuing in the role during the recruitment process.

2.0 PATIENT STORY

Mr. Glenn Craig, President and CEO, Thunder Bay Regional Health Sciences Foundation, shared a patient story.

3.1 Quorum – Quorum was attained.

* Denotes Non-Voting Member

3.2 **Conflict of Interest** – None.

3.3 **Approval of the Agenda**

Moved by:	***Anita Jean***	***Motion***
Seconded by:	***Dick Mannisto***	

"That the Agenda be approved, as circulated."

CARRIED

3.4 **Chair's Remarks** – For Information.

4.0 PRESENTATIONS

4.1 **Accessibility Update**

Ms. Kathryn Shewfelt, Director, Environmental Services and Chair, Accessibility Implementation Team, provided a status update on the accessibility plan.

In 2011, change in legislation required that a 5-year plan be created and status reports be submitted on an annual basis. The requirements for 2015 have been completed and are being further enhanced through a working group. The 2016 requirement is to make new or redeveloped public spaces accessible. This action is complete and the Facilities group will adhere to Design of Public Spaces Guidelines when developing new or redeveloped spaces (i.e. outdoor public eating areas, parking lots, service counters). A new 5-year plan will be developed by June, 2016 with an engagement strategy underway.

The Accessible Forms and Communications Supports (AFACS) Working Group is working on a pilot project in the Emergency Department (ED) to prioritize documents that are provided to patients and produce them in accessible formats. The plan will be to roll this initiative out to the entire organization. It was clarified that accessible formats does not mean in various languages; examples are: brail, large font, contrast colour.

Mr. Shewfelt was excused from the meeting.

4.2 **Scorecard Update**

Mr. Michael Del Nin, Manager, Performance Improvement, provided a summary of the 2015-16 Q2 (ending September 30, 2015) balanced scorecard. There is approximately a ten week lag in obtaining some of the indicators. Q3 data will be received in March, 2016. The indicators that are 'improving and/or better than target' and those that are 'worse than target and/or regressing' were reviewed. Areas of concern are that overtime and sick time remain high, alternate level of care (ALC) percentage continues to grow, offsetting capacity generated by length of stay (LOS) reductions and research results are well below targets. It was noted that new clinical trials are expected to start in the near future which are

expected to generate positive results.

The 2016-17 Quality Improvement Plan (QIP) indicators and the 2020 indicators are in the process of being developed.

4.3 Occupancy Update

Mr. Aaron Skillen, Program Director, Chronic Disease and Medicine Services, TBRHSC and Regional Director, North West Ontario Renal Network, provided a gridlock status update. TBRHSC is funded for 395 beds with the capacity for an additional 36 unfunded beds for a total of 431 maximum admitted patient beds. The following was highlighted for the months of November, 2015 to January, 2016:

- Additional in-patients had to use the four Percutaneous Coronary Intervention (PCI) recovery beds on unit 2C-Medical and two Post-Anaesthesia Care unit beds;
- TBRHSC is 3% busier than it was one year ago with respect to admissions;
- The average length of stay (ALOS) has decreased from 5.85 to 5.62;
- The admitted patient census is down 2.5% from 2014-15;
- There is an improvement in ALC patients, average of 57.8 versus 61.4 in the preview year;
- The Hogarth Riverview Manor (HRM) expansion was substantially completed in December, 2015. Once fully complete it will insert an additional 30 long term care (LTC) beds into the system;
- During the resident moves (October, 2015 to end of February, 2016), LTC wait list have grown as admissions are ceased during this period, which coincides with a traditional busy time for TBRHSC;
- TBRHSC continues to implement various mitigation strategies (Category 1 Crisis designation for TBRHSC, system surge plan);
- The LTC wait list in the City of Thunder Bay is currently 468 and is growing at a rate of 2 additional people per week;
- The Ministry of Health and Long-Term Care (MOHLTC) overcapacity funding will cease in September, 2016. It is unknown if the funding will be renewed and/or extended;
- TBRHSC needs to continue to advocate and work with the systems partners and government.

Mr. Skillen and Mr. Del Nin were excused from the meeting.

4.4 Physician Recruitment Plan update

Dr. Stewart Kennedy, Executive Vice President, Medical and Academic Affairs, provided a physician recruitment update. There have been new recruits in the following specialties: radiology, urology, pathology, gastroenterology and psychiatry. Physicians are still required in psychiatry, hospitalist service, dermatology, neurology and vascular surgery.

5.0 CONSENT AGENDA

Moved by:	*Dr. Penny Moody-Corbett*	*Motion*
Seconded by:	*Gary Whitney*	

"That the Board of Directors:
5.1 Approves the Board of Directors Minutes of January 13, 2016;
5.2 Receives the Volunteer Association Board Report dated February 2016;
5.3 Receives the TBRRI Report dated February 2016;
5.4 Receives the Quality Committee Minutes of January 19, 2016;

as presented."

CARRIED

6.0 REPORTS AND DISCUSSION

6.1 Report from Senior Management

The following information was highlighted from the report:

- Initial steps in formalizing a simulation program at TBRHSC in partnership with Health Sciences North and the Northern Ontario School of Medicine (NOSM) are underway;
- TBRHSC has no outstanding orders under the Fire Code or Environment Protection Act and is not aware of any non-compliances in regards to the requirements of these legislations;
- TBRHSC's financial position as at December 31, 2015 is a $5.2M deficit compared to a $4.4M budgeted;
- The Co-Generation project started in late December, 2015 and is now operational saving the organization approximately $180 per hour;
- The Ontario Renal Network (ORN) announced additional in-year funding to support the small scale expansion of one dialysis station into two satellite dialysis units;
- The indicators that will be on the 2016-17 QIP will be approved in the coming month.
- Employee recognition week was recently celebrated with an increase in staff participation;
- TBRHSC has received approximately $280k to support a comprehensive pain management program in partnership with St-Joseph's Care Group (SJCG);
- Two new radiologists have recently joined TBRHSC and will begin to establish a Rapid Breast Assessment Program at the Linda Buchan Centre.

6.2 Report from the President and CEO

The President and CEO reported that he is in the process of meeting with Senior Management and various stakeholders as part of his orientation. It was noted that TBRHSC is an acute care facility and the President will work with the system partners to ensure that the organization adheres to its mandate in providing acute care.

6.3 Report from the TBRHS Foundation

The 20th Bearskin Airlines Hope Classic will be held on February 5-7, 2016 at the Fort William Curling Club.

6.4 Report from the Professional Staff Association – None.

6.5 Report from the Acting Chief of Staff

A summary of the Professional Staff Satisfaction results was reviewed at the January, 2016 Medical Advisory Committee with a 35% completion rate. The results will be reviewed by each Department Chiefs and their section members to develop agreed upon action plans.

6.6 Report from the Chief Nursing Executive

As a Best Practice Spotlight Organization (BPSO), Ms. Melanie Cates, Nursing Practice Leader authored a paper and her work has been accepted for publication in the peer reviewed Canadian Vascular Access Association (CVAA) Vascular Access Journal.

6.7 Report from the Northern Ontario School of Medicine

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

There will be an open house on February 4, 2016 and the Northern Constellations 2016 will be held on April 8-9, 2016 in Thunder Bay.

Moved by: ***Doug Shanks*** ***Motion***
Seconded by: ***Dick Mannisto***

"That the Board of Directors:
6.1Accepts the Report from Senior Management;
6.2 Accepts the Report from the President and CEO;
6.3 Accepts the Report from the TBRHS Foundation;
6.4 Accepts the Report from the Professional Staff Association;
6.5 Accepts the Report from the Acting Chief of Staff;
6.6 Accepts the Report from the Chief Nursing Executive;
6.7 Receives the Report from the NOSM;

dated February 2016 as presented."

CARRIED

7.0 BUSINESS/COMMITTEE MATTERS

7.1 Resource Planning Committee – January 19, 2016

* Denotes Non-Voting Member

Thunder Bay Regional Health Sciences Centre

healthy together

7.1.1 Board Attestation: Q3 2015-16 Wages and Source Deduction

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

Motion

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

"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".

CARRIED

Dr. Penny Moody-Corbett was excused from the meeting.

7.2 2016-2017 Corporate Membership List

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

Motion

Moved by: ***Grant Walsh***
Seconded by: ***Dick Mannisto***

"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 31, 2016 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 – March 2, 2016

11.0 ADJOURNMENT - The meeting adjourned at 6:22 p.m.

_____ _____

Chair Board Secretary

_____

Recording Secretary

* Denotes Non-Voting Member

Bringing Discovery to Life

Thunder Bay Regional Research Institute

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

Submitted by: Jean Bartkowiak, CEO – TBRRI and President & CEO – TBRHSC – February 23, 2016

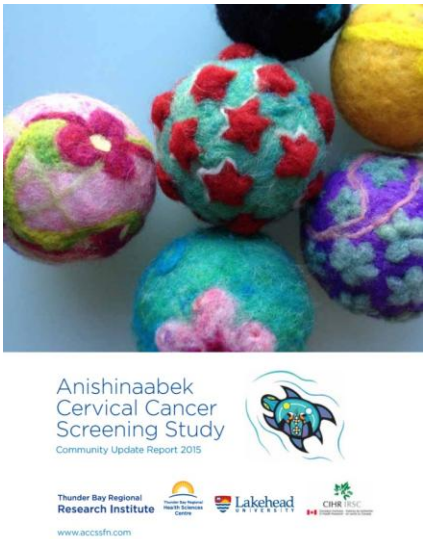
Cyclotron Facility Takes Next Big Step

It has been an exciting week at the cyclotron facility! On Feb. 17th the facility received its full license to operate from the CNSC. The license comes almost exactly 1 year after the cyclotron first arrived in Thunder Bay and follows a long process of testing and commissioning. During this time we had to confirm that all the systems and the safety features in the facility worked as designed.

Only 6 days later, on Tuesday Feb. 23rd, the facility shipped the first isotopes for use at TBRHSC. The shipment was F-18 sodium fluoride and was used to perform quality performance checks on the PET/CT scanner in the cancer centre. While these isotopes are not directly for human use they are being used to make sure the equipment used for diagnostic purposes is working properly.

The team over at the cyclotron facility wants to thank Sandra Upton and Janet O'Connor for their help as well as the TBRHSC Foundation, FedNor, NOHFC and the City of Thunder Bay for supporting this important project. This delivery is an important step on the path to making radiopharmaceuticals for human use for the people of Northwestern Ontario.

Cervical Cancer Screening Study Report Released



Dr. Ingeborg Zehbe and team have released their *Anishinaabek Cervical Cancer Screening Study Community Update Report 2015*. The report provides an overview of Dr. Zehbe's Anishinaabek Cervical Cancer Screening Study (ACCSS) over the last six years including the community engagement process, study findings and future directions. The ACCSS project is working towards creating sustainable cervical screening programs in First Nations communities. As well, future work will involve community members in the design and implementation of programming to reach older women, girls and teens. A need for HPV education for men was also identified.
To read the full report please visit: http://www.accssfm.com/educational-materials.html.

Research & Innovation Weeks (March 5th – 18th)

Each year TBRRI participates in various activities associated with Lakehead University's Research & Innovation Week. This year, the Research Institute is planning an extra week to highlight research that is being undertaken at TBRHSC. Displays, lectures and tours will be available at the hospital between March 14th – 18th. On March 15th & 18th Dr. Michael Campbell will be leading tours of the cyclotron facility. Tours of the wet lab will be held on

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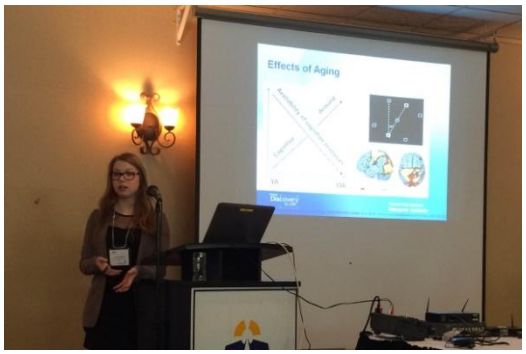
March 16th. A number of research-based displays will be open to view in the hospital Auditorium on March 17th from 3:30 – 5:00. A complete listing of activities can be found on the hospital's main Newsroom at http://www.tbrhsc.net/newsroom/ under publications.

11th Annual Showcase of Health Research 2016



The 11th Annual Showcase of Health Research, hosted by the Centre for Applied Research at St. Joseph's Care Group, was held on February 5th. A number of TBRRI researchers attended. Ms. Andréa Hantjis gave an oral presentation titled "Age-related differences in the underlying neural correlates of a novel visuomotor adaptation task". The research completed as part of her Masters in Health Science thesis, was conducted in the laboratory of Dr. Jane Lawrence-Dewar and used functional MRI to examine differences in the brain responses of individuals in three age groups while performing a computer based task. Andrèa successfully completed her program in January and is currently a research coordinator in Dr. Lawrence-Dewar's lab.

Raising Funds for Research

On February 11th the Research Institute hosted an event in Toronto to raise funds for research that will be undertaken at TBRHSC. Dr. Naana Jumah attended and spoke about her work to help moms, their babies and their care providers better manage opioid addictions during pregnancy. Stan Beardy also spoke at the reception. Stan is one of the Aboriginal leaders who will help guide the Thunder Bay Regional Research Institute to address the growing health challenges of First Nations people in Northwestern Ontario.

It is estimated that a great proportion of the patients treated at TBRHSC are Aboriginal. This population has a higher burden of disease in areas such as cancer, lung disease, diabetes and cardiovascular disease. Mr. Beardy believes TBRRI will make a difference because we are partnering with Aboriginal communities and leaders to ensure that research conducted is meaningful, pertinent and first rate so that it improves the health outcomes of First Nations people in Northwestern Ontario. Approximately $35K was raised and proceeds from a silent auction and donations are still coming in. We would like to take this opportunity to thank the TBRHS Foundation staff for helping make this event a success!

Sharing our Story

Throughout the year, TBRRI makes presentations to various groups. In the coming weeks representatives will be speaking about our research activities to the following:

- February 23rd Dr. Gary Polonsky, Chair and Board Director, Stan Beardy, will be speaking about research and Aboriginal health at the 10th Annual Chiefs of Ontario Health Forum in Toronto; and
- February 29th Dr. Gary Polonsky and Mr. Jean Bartkowiak will provide TBRRI's annual report to City Council.

Senior Management Report

to the
Board of Directors
Thunder Bay Regional Health Sciences Centre

March 2, 2016

Senior Management

Medical Affairs

- Two site visits are planned in March with candidates for the Hospitalist Service and Psychiatry.
- Letters of offer are being prepared for Cardiology, the Hospitalist Service and Neurology.
- Dr. Ali Amer joined our Pathology group at the end of February.
- Recruitment continues in the areas of Cardiology, Dermatology, Endocrinology, Gastroenterology, Hospitalist Medicine, Neurology, Psychiatry and Rheumatology.

Academics and Interprofessional Education

- Initial steps have been taken to integrate simulation into the critical/safety incident process. Developing a culture of debriefing, practicing in a simulated environment and modeling clinical processes have all been identified as beneficial to patient safety and will be explored as possibilities.
- Choosing Wisely Canada launched a "10 Million Challenge", a collective action initiative with the goal of preventing 10 million unnecessary tests and treatments across Canada by the year 2020. TBRHSC has been accepted as a participant.
- TBRHSC is committed to providing an excellent teaching and learning environment. As such, we offer observerships in many areas of our health sciences centre (observers are defined as "an individual who wishes to gain knowledge or expertise about healthcare and/or services within a health care organization"). During 2015, we hosted 120 observers.

Pharmacy

- The Medication Reconciliation Rate on Admission for January was 65.7% compared to December compliance of 60.8%.
- In April, we will add Riverside Health Care Facilities to the regional hospital sites we provide telepharmacy services to. We have hired 2 pharmacists to provide this service to 7 regional hospitals.
- Pharmacy continues to audit VTE prophylaxis on our medical units. Education will be provided to physicians regarding our VTE policy and procedures at upcoming section meetings.

EVP, Patient Services & CNE

ED Patient Flow & Overcapacity

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- In January, the ED continued to perform better than provincial targets for non-admitted high acuity patients with a length of stay (LOS) of 6.6 hours (better than target of 7 hours) and low acuity LOS of 3.29 hours (better than target of 4 hours).
- An average of 23 admitted patients waited 40 hours in ED until they were transferred to an in-patient bed (not achieving target of 25-27 hours).

Regional Critical Care Response (RCCR) Program

- From April 1, 2015 – January 31, 2016, RCCR has had a total of 186 interactions; 138 videoconference initial consultations and 48 follow-up consultations.
- 112 patients were transferred to TBRHSC ICU and 42 patients remained in their home hospital receiving the appropriate level of care.
- Effective February 24, ORNGE has joined RCCR calls. Once the decision has been made to transfer a patient from the region, the RCCR nurse connects the ORNGE Communications Centre and the ORNGE MD is added to the call. This enables better communication to the paramedics prior to patient's arrival.

Canadian ICU Collaborative - National Improvement Initiative

- Effective April 1, 2015, ICU will participate in a 10 month national collaborative on PAD (Pain, Agitation and Delirium) supported by the Canadian Patient Safety Institute(CPSI) and *Safer Heathcare Now* to focus on improving patient care and safety using best scientific evidence and clinical methodologies.

Ontario Base Hospital Group (OBHG) Annual Meeting and Conference

- TBRHSC and the Northwest Regional Base Hospital Program hosted the 2016 OBHG Annual Meeting and Conference, *"Northern Lights – In Spirit of Learning"*, on February 24-26, 2016 at the Valhalla Inn.
- Last hosted in Thunder Bay in 2003, this annual event brings together educators, researchers, physicians, paramedics and managers from across all 8 Provincial Base Hospitals (including ORNGE) to share knowledge, expertise and research to advance pre-hospital care.

Corporate Services & Operations

Financial Services

- TBRHSC financial position as at January 31, 2016 is a $6.4 million deficit compared to $4.9 million budgeted and $6.8 million forecast for fiscal year;
- Paid staffing hours, including worked hours per patient activity, paid sick time and overtime, continue to be over budget.

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.

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- The precapital submission for the Cardiovascular Program was submitted and TBRHSC is currently awaiting final approval to proceed from MOHLTC.

Northwest Supply Chain

- The Northwest Supply Chain Collaboration (NSC) is working diligently to meet a target date of April 1, 2016 for the sign off or at minimum final approval of the Business Case for the uploading of 24 Northeast Hospitals.

Informatics

- The upgrade to Meditech to all 13 hospitals in the region was a success; the version update provides enhancements and fixes to the Meditech clinical information system.

Strategy & Performance Management

- Decision Support has teamed up with clinical leadership to improve the understanding of patient satisfaction data, determine root causes, and develop improvement action plans.
- Case Costing has launched and organizational-wide communication is in progress.

Health Records

- Health Records continues to support the Physician LOS working group.

Patient Services and Cancer Care Ontario

Cardiac Catheterization Lab

- The Cath Lab is participating in a case costing project.

Epilepsy Monitoring Unit

- A proposal has been submitted to the NW LHIN for support of an epilepsy monitoring bed at TBRHSC.

Healthy Get-Together Speaker Series

- The Healthy Get-Together Speaker Series is piloting videoconferencing and live webcasting, using OTN services, to provide these healthy living sessions to a broader audience. In February, there were seven regional sites that signed up for the event, with live and archived webcast numbers to be determined.

Healthy Rebab Service Expansion

- Services are being expanded to all vascular and chronic patient conditions.

Mental Health Program Development

- In collaboration with St. Joseph's Care Group, Alpha Court, and the Canadian Mental Health Association, the Mental Health Program is preparing to launch a new computerized referral and access program for case management, treatment, and

housing within Thunder Bay. This will see one referral for all services with computerized matching in order to expedite and clarify the referral process.

Vascular Services

- We have received $2 million in vascular operating funds for 2015/16 from the MOHLTC.
- Vascular surgical volumes continue increasing and meeting projections for 2015/16.
- The team is working with the Cardiac Care Network to establish a provincial vascular database by April 1, 2016.

Communications & Engagement, Aboriginal Affairs & Government Relations

Media Activity (February 4 – February 23, 2016)

- Media calls/requests: 1
  - Leap Year Babies
- Media Releases/Events: (x 2)
  - Family CARE Grants Announced
  - World Cancer Day and MyCancerIQ
- Publications: (x 17)
  - The Chronicle Journal Features (x 13)
  - Hospital News (x 1)
  - Healthscape (x 3)

Aboriginal Affairs

- Health / Career Fair at Dennis Franklin Cromarty School February 18
- LU Nursing student placement with Aboriginal Engagement Lead
- Consent forms being translated in Oji Cre, Cre and Ojibway for telephone access
- National Aboriginal Day Planning
- Interviews for Regional Aboriginal Cancer Lead

Communications & Engagement Projects

- Accessibility engagement planning
- TBRRI Strategic Plan 2020 engagement
- Research & Innovation Week planning
- CAHO Campaign support
- Website development
- Annual Report development for TBRHSC and TBRRI
- Ethics engagement planning and support

Government Affairs

- TBRHSC and TBRRI continue to be active champions of CAHO's Healthier, Wealthier, Smarter (HWS) campaign
- Dr. Alla Reznik will be presenting her Virtual Breast Biopsy work at the CAHO Advancing Health Research breakfast at Queen's Park on March

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- TBRHSC championed CAHO messaging during the provincial government's pre-budget consultations

Project Supports

- Prevention & Screening Services
- TBRRI
- Interprofessional Education

Ethics

- The Ethics consultation policy was revised and updated.
- The pilot was initiated in January 2016. Three areas of the hospital, ICU, 2B, Maintenance have agreed to participate in the 6 month trial. The pilot will offer on unit/department education and opportunity for discussion on ethical issues pertinent to the area.
- Ethics week 2016 will take place April 4-8, in alignment with national ethics week, highlighting the work of the Operational Ethics Committee as well as the services offered by the Bioethicist.

Patient Safety

- The quarterly Patient Safety report has been revamped with new information focused on the top Patient safety issues and improvement strategies pertaining to them
- Patient Safety Week was held Oct 26-30. A patient room was staged with potential patient safety hazards to challenge a person's situational awareness. Participants were asked to identify as many potential safety errors or hazards in this "Room of Errors" as possible. The activity was well received. Accreditation Canada's Patient Safety Culture Survey was used to conduct a mid-point evaluation of TBRHSC patient safety culture. Results will be reviewed, areas needing improvement will be identified and recommendations will be made to help prepare for the 2017on-site survey.
- To help distinguish appropriate responses for incidents of different levels of severity reported in the Patient Safety Console, the severity category 'serious / critical' was split into 2 categories, 'serious' and 'critical'. The Ontario Hospital Association has a critical incident definition working group, Cathy Covino is part of this group, TBRHSC is a leader in updating these definitions.

Health Human Resources

Leadership Development

- On March 23, 2016, our leadership team will embark on our Service Excellence journey with the first Leadership Development Institute (LDI) session facilitated in partnership with Studer Group Canada. The LDIs are a series of quarterly sessions that bring leaders together for the purpose of group learning and team building. The skills and development leaders need to achieve organizational objectives are

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introduced and will reinforce our mission, vision, and values, and achievement of our strategic objectives.

Aboriginal Recruitment

- On February 18, 2016, Volunteer Services, along with Human Resources, participated in the 'Nishnawbe Aski Nation - Building Sustainable Futures' Career Fair to inform students about career and volunteering opportunities at TBRHSC.

Ministry Of Labour (MOL) Site Visit

- The MOL will be on site from April 11 – 15, 2016. On February 22, 2016 the MOL Inspectors provided our leadership team with information on the role of a supervisor and some information in preparation for the April site visit.

Sick Time Strategy

- Work is being done to address sick time issues. A working group meeting is set for March 2, 2016 and will focus on pregnancy vs. sick leave, psychological illness, and working with physicians to ensure appropriate information is received upon request for sick leave.

Research

New Milestone for the Cyclotron

- February 17th the facility received its license to operate from CNSC
- Six days later it produced and shipped the first isotopes (F-18) to the hospital to be used to perform quality performance checks on the PET/CT in the cancer centre
- The delivery is an important step to making radiopharmaceuticals for human use.

Cervical Cancer Screening Study Report

- Dr. Zehbe released the *Anishinaabek Cervical Cancer Screening Study Community Update Report 2015*
- the report outlines the study's unique community engagement process along with findings and future directions
- the study identified a need for design and implementation of a cervical cancer screening program to reach older women, girls and teens as well as a need for HPV education for men.

Outreach Activities

- February 5th researchers gathered at the **11th Annual Showcase of Health Research** hosted by St. Joseph's Care Group – Andrea Hantjis presented on research conducted in Dr. Lawrence-Dewar's lab using functional MRI to examine differences in the brain of individuals performing a computer based task
- February 11th TBRRI hosted an **event in Toronto** to raise funds for research – Dr. Jumah spoke about her work related to opioid addictions during pregnancy and TBRRI Board Director, Stan Beardy spoke about addressing growing health challenges of First Nations people in Northwestern Ontario

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- February 23rd TBRRI Chair, Gary Polonsky and Stan Beardy spoke about research and Aboriginal health at the **Annual Chiefs of Ontario Health Forum**
- February 29th Jean Bartkowiak and Gary Polosnky will give the **TBRRI Annual Report to City Council**
- March 14th – 18th TBRHSC and TBRRI will hold their own **Research & Innovation Week** – this follows Lakehead University's annual event – activities will include tours, presentations and displays – a full list can be found on the TBRHSC website under Newsroom – publications.

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President's Report
to the
Board of Directors
Thunder Bay Regional Health Sciences Centre
March 2, 2016

My first full month on the job has been eventful.

I landed in the middle of preparation for a third-party operational review. We have finalized the terms of reference and the review went out to RFP last month. As I have told staff here, an independent review is a good thing and should be welcomed. We run an efficient operation here and I expect the review will come to that conclusion, as past external reviews have. Furthermore, in any operation of this size there are always savings and operational efficiencies that can be found and we welcome that input.

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I have been getting oriented with the hospital, the research institute and the community. My tours of the units are nearing completion. I have met many of our employees and physicians, and I am impressed for the welcoming attitude with which they greet me and the level of engagement with their work. This staff is the foundation for the quality and effectiveness of the care we provide to Northwestern Ontario residents.

I have also met and discussed local health care challenges with the CEOs of St. Joseph's Care Group and the Northwest LHIN. I will soon meet with the CEO of the Community Care Access Centre. I also intend to tour the region to meet the community hospitals and hear first hand their expectations.

We face challenges and pressures on the system here and it is only with all partners within the system working together that we will find the means to alleviate those pressures. And we will. But it will take a cooperative effort and I am very pleased to have begun building these important relationships.

In the community, I have met Minister Mauro, Minister Gravelle, the Mayor, the City Manager, the Airport CEO, the chair of the Community Economic Development Commission and various other members of the community either in one on one meetings or some events I have attended. I am heartened to see there is a lot of support in the community for our institution and recognition of the important service we provide and economic impact we contribute here.

I have observed some operational processes I'd like to change. For instance, I find we spend a considerable amount of time in meetings here. I think some of that time could be better spent on the floor. So I will be revisiting the committee structure and work we do here. As a starting point, I am moving the senior management council meetings from once a week to once every two weeks.

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I want to thank the Board, senior management, staff and community at large for the welcome I have received. It has been enthusiastic and kind and it makes me very glad to be here.

We have significant challenges to tackle but good people sitting around the table willing to tackle them. It is going to be exciting and productive and I look forward to furthering our relationship.

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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
March 2016

Inspirational HOPE alive and well
The 2016 and the 20th anniversary Bearskin Airlines Hope Classic was a smashing success! These inspirational ladies raised over $180,000 in support of breast cancer patients and their families, bringing their total to **over $2.87 M**. This outstanding event has been pivotal in making possible the Linda Buchan Centre for Breast Screening and Assessment.

5 Forks Bachelors for Hope Charity Auction
Get your tickets now! Join us on April 14 at the Victoria Inn for a gourmet dinner and entertainment followed by the auction of 10 of Thunder Bay's finest and most eligible bachelors. Each bachelor comes with a fabulous date package including a main event, dinner at one of Thunder Bay's finest restaurants, and a pamper package for the successful bidder. Women have the option of taking the bachelor on the date or taking their significant other! 100% of monies raised at this event are dedicated to breast cancer research, education, diagnoses, and treatment, and support the needs of breast cancer patients in Northwestern Ontario. **Tickets are $95.00 and can be bought by calling Devon Sokoloski at 684-7113 or at healthsciencesfoundation.ca**

And the Winner Is?
On February 23 we announced the winners of the Save a Heart Car Raffel. Congratulations to Robert Gashinski who was the winner of the 2016 Acura ILX. Bruce Moratz who won two return trips from Thunder Bay to any Porter Airlines scheduled destination ($2,000 value) Dennis Orr who won a Chef's Tasting Dinner for 10 at Runway 25 donated by Valhalla Inn and to John Hill who won a Samsung 55" TV with Polk audio wireless sound bar, installation, wall mount and TV calibration included, donated by Best Buy. Congratulations to everyone who bought a ticket, you raised **$60,000** are are making Cardiac Care available close to home.

Thank you to Employee Donors for being IN!
The Health Sciences Foundation continues to work to increase our Employee Giving Campaign! Last year employees of Thunder Bay Regional raised over $73,000. Your team of employee donors is growing and we know you will make an even bigger impact this year. They really make a huge difference! The Employee Giving Team continue to visit departments and encourage employees to become part of our employee giving team! A frequently asked question sheet has been created to bring into departments to help explain why employee giving is so important. If you have questions about Employee Giving please contact Athena Kreiner at 684-7112.

Leaving your mark on healthcare
March means that spring is just around the corner – warmer weather and new life are in the air! As you plan for what 2016 has in store for your family, it's important to consider 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 – from new babies born here to the Emergency Department or Pediatric Outpatient – you know the impact health can have on all of our lives.

Take some time this spring 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 healthcare 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, Planned and Major Gifts at 684-7109 for more information.

Chief of Staff Report

to the
Board of Directors
Thunder Bay Regional Health Sciences Centre

March 2016

Chief of Staff

Chief of Staff

Department Chiefs

- Interviews have been completed for the Chief of Emergency/Trauma and Chief of Dentistry positions and the selection committee has made recommendations to the Medical Advisory Committee

Physician Length of Stay Working Group

- The group is now turning their focus to the five sections with the most potential for savings and have been attending section meetings to re-engage the members as they work closely with Health Records and Decision Support to determine potential causes of extended lengths of stay
- A presentation from Health Records on proper clinical documentation and its impact on expected length of stay was endorsed by the working group and has been recommended for all sections
- Data reports on length of stay will continue to be shared with all Department Chiefs and sections every 2 months
- The working group continues to strategize on ensuring physician groups have the right information they need to work towards reducing lengths of stay

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Physician Assistants (PAs)

- Since participating in a pilot project several years ago that introduced the PA role into our organization, we have now expanded to six PAs
- A review has begun to update reporting structures for PAs with regard to clinical work versus administration and to clarify roles and relationships with the Medical Advisory Committee and Professional Practice as well as ensuring a standardized process so that physicians are aware of their responsibillities when working with PAs

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Thunder Bay Regional Health Sciences Centre

Chief Nursing Executive

to the
Board of Directors
Thunder Bay Regional Health Sciences Centre

March 2016

Chief Nursing Executive

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Chief Nursing Executive – Open Report

Professional Practice

- TBRHSC submitted a proposal and has been selected as one of 18 teams across Canada and internationally to join the Acute Care for Elders (ACE) collaborative. The Canadian Foundation for Healthcare Improvement (CFHI), in partnership with the Canadian Frailty Network (CFN) will provide up to $40,000 in seed funding to support the implementation and evaluation of our initiative, implementation of NICHE (Nurses Improving Care for Healthsystem Elders) concepts and principles.
- NICHE is the leading nurse driven program designed to help hospitals and healthcare organizations improve the care of older adults. NICHE provides principles and tools to stimulate a change in the culture of healthcare facilities in order to achieve patient centred care for older adults. NICHE models of care, such as the implementation of a Geriatric Resource Nurse and development of an Acute Care for Elders Medical-Surgical Unit (ACE Unit) have been shown to be effective in improving clinical care and outcomes for older adult patients.
- Participation in the ACE collaborative will directly support TBRHSC Seniors Health strategic direction, specifically supporting our efforts to deliver care based on evidence and best practice for seniors. In order to identify which NICHE initiatives TBRHSC will implement, we will first complete the required NICHE Leadership Training Program and the Geriatric Institutional Profile, which will assist in the prioritization of educational and clinical initiatives.

Nursing Resource Team (NRT)

- A Letter of Understanding (LOU) has been signed with ONA that allows TBRHSC to hire Temporary Full-time (TFT) RNs, in addition to supporting current casual and part-time staff to increase their FTE scheduled hours over the summer vacation period, in order to ensure appropriate nursing coverage. RN Spring Hire interviews have been completed, with a plan to hire approximately 72 TFT RNs and 8 New Graduate Guarantee (NGG) positions to the medical and surgical units. RPN interviews to begin in two weeks.

Nursing Resource Team Review Steering Committee

- A Working Group has begun analyzing and evaluating current Nurse staffing practices across the organization. Activities are focused on identifying inefficiencies in Nursing human resource management as they pertain to hiring, training and scheduling. Root cause analysis will drive the development of initiatives to improve staff utilization and decrease costs.
- A Project Plan, outlining recommendations and improvement strategies, will be completed by April 2016.
- Expected outcomes include improved utilization of the Nursing Resource Team, improved Nursing vacancy management, staffing processes and practices, decreased Nursing overtime and over shifting costs, decreased Nursing orientation costs and improved staff satisfaction.

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

Activity Report

Dr. Roger Strasser, Dean-CEO

February 26, 2016

Third Edition of The Scope Now Available

Across NOSM's wider campus of Northern Ontario, important health research is being undertaken that contributes to improving the health of the people and communities of Northern Ontario. Learn more about some of the exciting health research currently taking place in Northern Ontario in the latest edition of The Scope, NOSM's semi-annual research publication.
http://nosm.ca/thescope/

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

Registration is now open for ICEMEN 2016 (including Northern Health Research Conference). Through the diverse global interest of speakers and participants, ICEMEN 2016 will promote international dialogue and exchange and strengthen awareness of distributed, community-engaged medical and health professional education, research, and service. Delegates will have an opportunity to visit and engage with communities in Northern Ontario through Conference on the Move (June 20-21). The Indigenous Research Gathering (June 23-24) and the Northern Health Research Conference (June 24-25) may also be of interest to participants. Sessions will run concurrently throughout the conference. Early bird fees apply before April 20. For more information, please visit www.icemen2016.ca or email icemen2016@nosm.ca .

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,

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

Thunder Bay Regional Health Sciences Centre
2016-2017 Corporate Membership List
Received for the period of February 1, 2016 - February 26, 2016

NEW APPLICATIONS

Surname	Name
Carr	Amy
Thibert	Mark

Surname	Name
Morriseau	Georjann

Bartkowiak	Jean

PREVIOUSLY APPROVED

Surname	Name
Arnone	Margaret
Brunelle	Angele
Bubar	Dawn
Covino	Cathy
Covino	Herb
Crocker-Ellacott	Rhonda
Culligan	Denyse
Doucette	Nadine
Edwards	Don
Fidler	Wesley
Fraser	Susan
Friday	John
Hannaford	Joyce
Henderson	Mark
Heron	Anne-Marie
Hettenhausen	William
Jean	Anita

Surname	Name
Johnson	Rebecca
Jonathon	Pukila
Josefchak	Joe
Kemeny	Barbara
Kennedy	Stewart
Knibbs	Donald
Kutok	Angela
Laakso	Renée
Leach	Gerry
Lucy	Keetch
Mannisto	Dick
Masood	Khaja
McCready	Bill
Moody-Corbett	Penny
Munt	Gerry
Myllymaa	Peter
Nehrebecky	Jessica

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

Total Members: 53

Thunder Bay Regional Health Sciences Centre Board of Directors Comprehensive Work Plan
Updated: February 26, 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

#	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
1	Stakeholder Communication and Accountability	Set up partnership meetings for the year	BD		x										
2	Governance	Monthly education topics for the Board	BD		x	x	x	x	x	x	x	x	x	x	
3	Oversight of Management	Participate in CEO evaluation via website	BD									x			
4	Oversight of Management	Participate in COS evaluation via website	BD									x			
5	Governance	Approval of By-Laws	BD										x		
6	Governance	Approve Slate of Nominees to fill Board vacancies	BD										x		
7	Oversight of Management	Approve CEO evaluation	BD											x	
8	Oversight of Management	Approve COS evaluation	BD											x	

#	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
9	Governance	Approval of Committee terms of reference and work plans	BD					x							
10	Legal Compliance	Environmental compliance and fire safety update	BD			x		x			x			x	
11	Legal Compliance	Accessibility update	BD						x						
12	Quality Oversight	Critical Incidents Presentation	BD					x					x		
13	Oversight of Management	Physician recruitment plan update	BD						x						
14	Performance Measurement and Monitoring	Strategic plan update	BD		x							x			
15	Quality Oversight	Research Ethics Board appointments	BD			x									No new appointments this year
16	Quality Oversight	Research Ethics Board report	BD								x				Will be presented in June annually.
17	Performance Measurement and Monitoring	Scorecard update	BD						x					x	
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		
23	Oversight of Management	2015-16 Work Plan for information only	RP		x	x	x	x	x	x	x	x	x		
24	Financial Oversight	ALC, LOS and Emergency Admissions Monthly Report for information only	RP		x	x	x	x	x	x	x	x	x		
25	Financial Oversight	Board Attestation: Wages and Source Deductions	RP		x	x			x			x			

#	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
26	Financial Oversight	Financial Statements and Variance Report	RP		x	x	x			x			x		
27	Financial Oversight	Financial Statements for information only	RP		x	x		x	x		x	x			
28	Financial Oversight	Investment Policy Annual Review	RP		x										
29	Financial Oversight	Investment Portfolio Reviews	RP		x							x			
30	Financial Oversight	Northwest Supply Chain Performance and Medbuy Update	RP		x							x			
31	Oversight of Management	Work Plan Approval	RP		x								x		
32	Governance	Terms of Reference Annual Approval	RP		x										
33	Performance Measurement and Monitoring	Corporate Balanced Scorecard	RP			x			x			x			
34	Financial Oversight	H-SAA 2015-16 Operating Plan Submission	RP			x									
35	Financial Oversight	CAPS Submission to LHIN	RP			x									
36	Performance Measurement and Monitoring	Human Resources and Organizational Development Update	RP			x						x			
37	Legal Compliance	Legislated Compliance Report	RP			x			x			x			
38	Financial Oversight	Broader Public Sector Travel & Expense Report	RP				x						x		
39	Financial Oversight	Budget Planning Targets and Directives Report	RP				x								
40	Financial Oversight	Budget Planning Process Update	RP				x								
41	Financial Oversight	Funding HBAM and Quality Based Procedures Update	RP				x								
42	Financial Oversight	HAPS 2016-17 Update	RP				x								
43	Financial Oversight	TBRRI and Sustainability Updates	RP				x					x			

#	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
44	Financial Oversight	Capital Equipment and Capital Projects 2015-16 Update	RP						x			x			
45	Financial Oversight	Insurance Review	RP						x						
46	Financial Oversight	Capital Budget 2016-17 Planning Update	RP							x					
47	Oversight of Management	Physician Recruitment and Retention Update	RP							x					
48	Financial Oversight	Capital Budget Summary Review 2016-17	RP								x				
49	Risk Identification and Oversight	Data Centre Disaster Recovery Plan Update	RP								x				
50	Performance Measurement and Monitoring	Labour Relations, Grievances and Arbitrations Update	RP								x				
51	Legal Compliance	Occupational Health and Safety Program Update	RP								x				
52	Financial Oversight	Operating Plan Approval 2016-17	RP								x				
53	Legal Compliance	Public Sector Salary Disclosure	RP								x				
54	Financial Oversight	Capital Budget 2016-17 Review	RP									x			
55	Legal Compliance	Broader Public Sector Accountability Attestation Certificate	RP										x		
56	Legal Compliance	Broader Public Sector Use of Consultants Attestation	RP										x		
57	Oversight of Management	H-SAA Declaration of Compliance Attestation	RP										x		
58	Oversight of Management	M-SAA Declaration of Compliance Attestation	RP										x		
59	Risk Identification and Oversight	Non Patient Legal Matters Annual Review	RP										x		
60	Financial Oversight	Numbered Companies Unaudited Financial Statements 2015-16	RP										x		

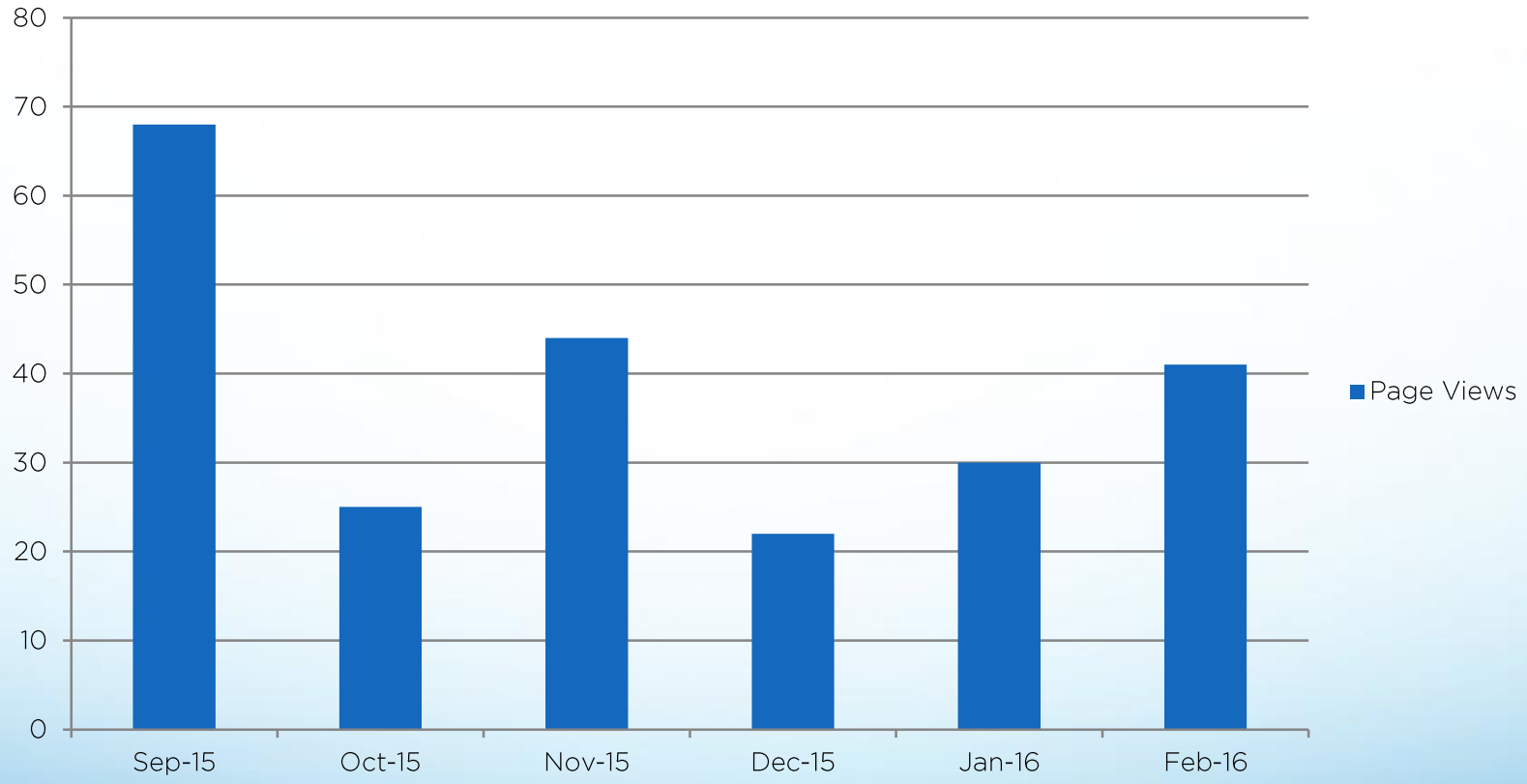
#	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
61	Risk Identification and Oversight	TBRRI 2016-17 Operating and Capital Budget Report	RP										x		
62	Risk Identification and Oversight	TBRRI 2015-16 Unaudited Financial Statements Review	RP										x		
63	Financial Oversight	Unaudited Preliminary YE Financial Statements to 2016-03-31	RP										x		
64	Quality Oversight	Programs & Services Presentations	Qual			x	x		x	x	x	x	x		
65	Quality Oversight	Comments / Compliments / Complaints	Qual			x				x					
66	Quality Oversight	Credentialing and Licensing Processes for Professional Staff and Health Professionals	Qual		x										
67	Quality Oversight	Critical Incidents / MAC Recommendations	Qual				x					x			
68	Quality Oversight	Emergency Preparedness	Qual					x					x		
69	Quality Oversight	Financial Pressures Relating to Risk	Qual	x											
70	Quality Oversight	Patient Safety / Public Indicators	Qual		x			x			x		x		
71	Quality Oversight	Accreditation	Qual			x				x					
72	Quality Oversight	Quality and Risk Management Policies	Qual						x						
73	Quality Oversight	Quality Improvement Plan Excerpt from Balanced Scorecard	Qual			x		x			x		x		
74	Quality Oversight	Quality Improvement Plan Updates / Approval	Qual							x	x				
75	Quality Oversight	Risk Management / Enterprise Risk Management	Qual			x			x	x	x		x		
76	Quality Oversight	Terms of Reference	Qual		x			x							
77	Quality Oversight	Work Plan	Qual		x										
78	Quality Oversight	Litigation	Qual						x			x			
79	Quality Oversight	Research Ethics Board	Qual		x		x				x		x		
80	Quality Oversight	Annual Quality Research Report	Qual					x							
81	Quality Oversight	Quality-Based Procedures	Qual									x			

#	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
82	Oversight of Management	2015-16 Work Plan for information only	Aud						x		x		x		
83	Financial Oversight	2015-16 Audit Plan Overview - Grant Thornton	Aud						x						
84	Governance	Terms of Reference Annual Approval	Aud						x						
85	Performance Measurement and Monitoring	Review Results of May 2015 Evaluation of Auditors	Aud						x						
86	Financial Oversight	Independence Questionnaire 2015-16	Aud						x						
87	Risk Identification and Oversight	Policy Reviews: Admin-19 & Admin-28	Aud						x						
88	Risk Identification and Oversight	Interim Audit Review 2015-16	Aud								x				
89	Performance Measurement and Monitoring	Discussion of Year End Reporting Issues 2015-16	Aud								x				
90	Financial Oversight	Audit Statement Review 2015-16	Aud								x				
91	Financial Oversight	Individual Program Audit Reports	Aud								x				
92	Financial Oversight	Update on New Hospital Capital Audit	Aud								x				
93	Financial Oversight	Summary of Audit Fees Paid for 2015-16	Aud								x				
94	Financial Oversight	2015-16 Year End Financial statements for Board Approval	Aud										x		
95	Financial Oversight	2015-16 Audit Results - Grant Thornton	Aud										x		
96	Oversight of Management	2015-16 Management Letter	Aud										x		
97	Risk Identification and Oversight	2015-16 Claims Summary	Aud										x		
98	Risk Identification and Oversight	Analysis of Legal Fees as at March 31, 2016	Aud										x		

#	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
99	Performance Measurement and Monitoring	Evaluation of Auditors for 2015-16	Aud										x		
100	Performance Measurement and Monitoring	Recommend Appointment of Auditors for 2016-17	Aud										x		
101	Oversight of Management	2016-17 Work Plan Approval	Aud										x		

Page Views: Open Board Meeting Webcast

September 2015 – February 2016



Page Views: Open Board Meeting Webcast

September 2013 – February 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	February 2016	41
March 2014	16	March 2015	38		
April 2014	29	April 2015	29		
May 2014	23	May 2015	41		
June 2014	32	June 2015	31		

Anishinaabek Cervical Cancer Screening Study

Community Update Report 2015

Thunder Bay Regional Research Institute

Thunder Bay Regional Health Sciences Centre

Lakehead University

CIHR IRSC

Canadian Institutes of Health Research / Instituts de recherche en santé du Canada

www.accssfn.com

Contents

Executive Summary

Despite a dramatic drop in cervical cancer deaths since the advent of the Pap test, Canada's First Nations women remain vulnerable to the disease and are 2 to 20 times more likely to develop cervical cancer than the general Canadian population.

Why rates remain high among First Nations women is a question the Anishinaabek Cervical Cancer Screening Study (ACCSS) wants to answer. The study is led by cancer biologist Ingeborg Zehbe, who has assembled an inter-disciplinary team of collaborators.

The study's long-term goals are

- to see if the use of self-sampling would increase levels of participation in screening, and
- to engage directly with First Nations women about how to develop and implement sustainable and culturally acceptable screening programs in their communities to increase screening and reduce cervical cancer rates in those communities.

Following a pilot study, ACCSS expanded to include 10 First Nations communities, conducting 16 interviews with health care providers in these communities, held sharing circle focus groups (76 women in total) and conducted a controlled trial to determine if women prefer self-sampling over Pap testing.

The interviews and sharing circles confirmed that there are many significant barriers to screening for First Nations women. These include the shortage and high turnover of appropriate health care providers, geographic and transportation barriers, education and socioeconomic inequalities, the colonial legacy, and the lack of an automatic system to contact eligible women for cervical screening known as a 'recall system'.

The controlled trial indicated that cervical screening by self-sampling for HPV was preferred over Pap testing. Twice as many women participated in self-sampling compared to Pap testing. HPV analysis indicated that 20% of the women who did self-screening were carrying high-risk types of HPV.

Overall, less than 25% of eligible women accepted the offer of screening. One of the over-arching themes from both the interviews and sharing circles was the need for more education. Suggestions from the women included:

- Starting education early to inform about sexual health
- Creating a 'screening culture' based on women's well-being known as "pimatisiwin" from the Ojibwe language
- Reducing the stigma associated with HPV by creating awareness that it is very common
- Including men in the dialogue

ACCSS Milestones April 2009 – October 2015

April – December 2009	Spring 2010	October 2010	Winter 2010 & Spring 2011	Spring 2011	Summer 2011	January 2012	Spring & Summer 2012	October 2012	January to April 2013	April 2013
Pilot study with 49 women in 1 community	Informal visits with the community's health director and staff to discuss larger study	Introduction of larger study at All Chiefs' Meeting	Ratification of research agreements with the partner communities	Meet and greet visits to introduce the study to health directors	Interviews with 16 health care providers conducted in the partner communities	Obtained funding for larger study from the Canadian Institutes of Health Research (CIHR) for 3 years	Eight focus group sharing circles with community women (altogether 76 women)	Workshop with community delegates to develop educational strategies specific to each community	Hiring of a community based research assistant (CBRA) in each community	Start of the screening trial

Conclusions

First Nations women experience significant health inequalities in cancer screening that are, based on our research, less influenced by personal risk behaviors and more by broader societal forces.

> Health care providers need to be made aware of the unique 'structural barriers' faced by First Nations women to avoid the perception that they are disinterested in their health.

Jurisdictional divisions between on-reserve (First Nations community) and off-reserve (mainstream community) providers result in a lack of access to health information by community-based First Nations workers and impede the development of a locally controlled, First Nations recall-based screening system.

> Need policy changes to improve patient data sharing between on-reserve and off-reserve providers

> Need new policies to support innovative screening approaches like self-sampling for HPV

On October 27 and 28, 2015, a Community Update Gathering was held in Thunder Bay to present current findings.

Partner Communities

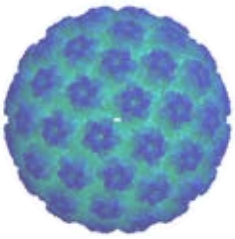
Animbiigoo Zaagi'igan Anishinaabek*
Biinjitiwaabik Zaaging Anishinaabek
Bingwi Neyaashi Anishinaabek*
Fort William First Nation
Kiashke Zaaging Anishinaabek
Long Lake #58 First Nation
Pays Plat First Nation
Pic Mobert First Nation
Red Rock Indian Band
Whitesand First Nation

*Band members do not live on land base (reserve)

Spring, Summer, Fall 2013	September 2013	Winter 2013 & Spring 2014	June 2014	July 2014	August 2014	August 2014	September 2014	July 2015	October 2015
Educational workshops in each partner community to create awareness for the screening trial	ACCSS reflection meeting with health directors	Follow-up community visits to present findings from focus groups and interviews	Reflection meeting with CBRAs	Wool felting focus group: Arts-integrated approach	Health fair in Whitesand First Nation	End of screening trial	Ongoing analyses of qualitative and quantitative data by the ACCSS team	Cancer Prevention Fair in Whitesand First Nation	Community update gathering to present ACCSS findings

Cervical Cancer

Cervical cancer is one of the most common cancer types in women worldwide and is primarily caused by high-risk strains of the human papillomavirus (HPV).[1] It can be prevented with regular screening and follow-up treatment. The Pap(anicolaou) test introduced in the 1950s can identify abnormal cells in a woman's cervix, which may be indicative of a precursor lesion or cancer. Use of Pap tests has led to an 83% drop in cervical cancer deaths in Canada between 1952 and 2006.[2] An alternative way to screen for cervical cancer is testing for high-risk HPV. National media coverage has emphasized Canada's role as a pioneer in cervical cancer screening and an exemplar of early detection through regular Pap tests. However, the media did not report the elevated risk of cervical cancer incidence and mortality among vulnerable populations in Canada, leaving the impression that the improvement included all groups of Canadian women. Indigenous women in Canada are 2 to 20 times more likely to get cervical cancer.[3-5]



Human Papillomavirus

Rasmol image by Jean-Yves Sgro ©2004. Unpublished blue version - ICTV 8th report images at virology.wisc.edu/virusworld

In Canada, First Nations women are 2 to 20 times more likely to develop cervical cancer

Why are cervical cancer rates higher among First Nations women?

One possible reason is that First Nations women have less access to or are uncomfortable getting Pap tests due to the invasive nature of this test. Would First Nations women be more likely to participate in cervical screening if the method were self-sampling?

This was the question asked by Dr. Ingeborg Zehbe in a pilot study in the Fort William First Nation in 2009.

The study found self-sampling for HPV testing was overwhelmingly the preferred option, embraced by 87% of the First Nations women participating.[6]

ACCSS – the Anishinaabek Cervical Cancer Screening Study

The results of the pilot study were presented at the Northern Superior All Chief's Meeting in the fall of 2010. Stemming from this presentation, research agreements were reached with 10 First Nations communities in the Robinson Superior Treaty region of northwest Ontario. This was the start of the Anishinaabek Cervical Cancer Screening Study (ACCSS).

The community leadership encouraged the research team members to:

- Attend community events to build a better relationship with local women
- Present at annual health fairs and cultural celebrations to raise awareness about the study and cervical cancer prevention in general
- Develop a clearly outlined process for HPV testing that was to remain blinded at the community level to give optimum privacy to participants
- Draft research agreements that could be tailored to the needs of the respective communities

Once the research agreements were in place, the communities and research team worked together to design a research plan. This included obtaining qualitative information via individual interviews and sharing circles and collecting quantitative data via questionnaires and offers of cervical screening. Two methods were to be compared: the standard-of-care Pap test and HPV testing with the women taking their own sample (self-sampling).

The **Anishinaabek Cervical Cancer Screening Study** is a project that explores cervical cancer screening in First Nations women.

We are looking for females between 25 and 69 years of age to be part of a Cervical Cancer Screening Study. Contact your Cervical Screening Representative to get involved! Be part of the journey towards better health in First Nations women.

Participating Communities:

- Animbiigoo Zaagi'igan Anishinaabek (Lake Nipigon)
- Fort William First Nation
- Long Lake #58 First Nation
- Pic Mobert First Nation
- Red Rock Indian Band (Lake Helen)
- Biinjitiwaabik Zaaginig Anishinaabek (Rocky Bay)
- Kiashke Zaaging Anishinaabek (Gull Bay)
- Pays Plat First Nation
- Whitesand First Nation
- Pic River First Nation
- Bingwi Neyaashi Anishinaabek (Sand Point)

For more information please visit **www.accssfn.com** email **accssfn.info@gmail.com.**

Follow us on Twitter **@ACCSSFN** or reach us on Facebook, **www.facebook.com/ACCSSFN**

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LOGO DESIGN: Kevin Belmore of Gull Bay
PAMPHLET INFORMATION: Health representatives from participating communities
DRESSED/UNDRESSED WOMAN CONCEPT: Aileen Malcolm of Animbiigoo Zaagi'igan Anishinaabek (Lake Nipigon)

Cervical Cancer Screening

What you need to know

Ontario First Nations women are **2 times** as likely to be diagnosed with cervical cancer.

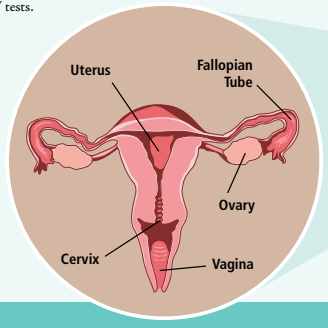
What is Human Papillomavirus (HPV)?

Genital human papillomavirus (also called HPV) is one of the most common sexually transmitted infections (STIs) in humans.

HPV is the main cause of cancer of the cervix or *cervical cancer*. Most people who have HPV do not even know they have it. There are often no signs or symptoms and most of the time, the virus tends to go away.

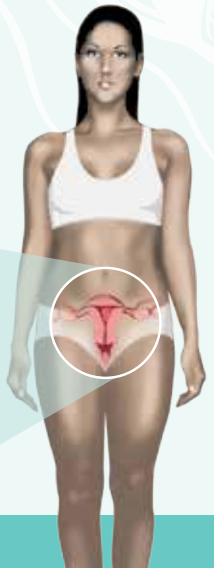
But if left untreated HPV can lead to more serious health problems, like cervical cancer in women. That's why it's important to get checked out. Because regular cervical cancer screening every 3 years can prevent cervical cancer almost completely.

In this study, there are 2 ways to participate in cervical cancer screening: Pap tests and self-sample HPV tests.



Facts & Figures

- Both men and women can be infected with HPV
- 70% of sexually active men and women will have at least one HPV infection in their lifetime.
- Between 3 and 9 million Canadians are infected with HPV.
- There are many different types of HPV, but only some are harmful. Certain types of HPV can cause health problems like genital warts and cancer, which can be treated.



Protect Yourself and Your Family
Regular cervical cancer screening can save your life!

Option A: Self-Sample HPV Test

What is a Self-Sample HPV test?

The new self-sample HPV test is a quick and easy test you can take privately (at home).

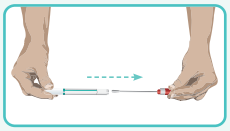
You take the test by removing the swab from the tube, inserting it a few centimetres into the vagina (similar to inserting a tampon), turning it around a few times, removing it and placing it back into the test tube. The HPV test looks for certain types of the virus that can cause cervical cancer.

SELF-SAMPLING TOOL
Swab with smooth polyester tip

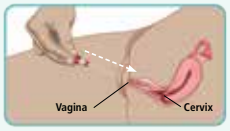
What Does a Positive HPV Test Result Mean?
If your HPV test result comes back positive, don't worry! This means that some HPV infection was found. Having HPV does not mean you have cancer. Be sure to follow up with your health care provider to see if it will go away on its own.

How to Use the Self-Sampler HPV Test

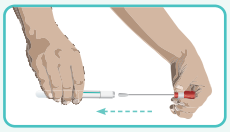
1. Find the self-sampling tool in your kit.
2. Remove the swab from the tube.



3. Insert the swab halfway into the vagina and circle around 3 times, then remove the swab.



4. Slide the swab back into the tube and make sure it is sealed tight.

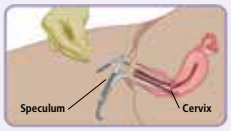


5. Mail out your sample in the pre-postaged envelope, or deliver your envelope to the Cervical Screening Representative in your community.

How is a Pap Test Done?

1. While you lie on an exam table, the health care provider puts an instrument called a speculum into your vagina, opening it to see the cervix.

2. A doctor or nurse practitioner examines the cervix to look for changes in the cells.
3. A stick, brush, or swab is used to gently take a few cells from inside and around the cervix.



4. The cells are placed on a glass slide and sent to a lab for examination.

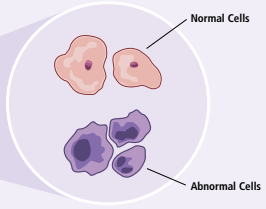
Option B: Papanicolaou Test

What is a Pap test?

A Pap test is a quick and simple test done by your doctor or nurse practitioner during a routine pelvic exam. The Pap test checks for changes in the cells of your cervix.

Why are Pap Tests Important?
A Pap test can find the earliest signs of cervical cancer. If caught early, the chances of curing cervical cancer are very high. Getting regular Pap tests helps to prevent cervical cancer.

What Does an Abnormal Pap Test Result Mean?
Don't panic! An abnormal Pap test result does not mean you have cancer. Sometimes, an abnormal Pap test shows changes that might turn into cancer, but these are easily treated. Make sure to follow up with your healthcare provider to treat these changes early.



The pamphlet used to describe the ACCSS screening trial was designed based on input from the communities and the concept of the woman dressed on the cover/and undressed on the inside pages was contributed by Aileen Malcolm of Animbiigoo Zaagi'igan Anishinaabek. In this way the pamphlet was designed to respect First Nations women's sense of privacy about the body and to make the pamphlets culturally acceptable for display in public spaces such as community and health centres.

Ethical Space

To ensure the study was conducted in collaboration with the partner communities -- embracing the principles of partnership, shared control, mutual benefit and respect -- the study team borrowed the concept of **ethical space** developed by First Nations scholar, Willie Ermine[7] which involves an ongoing dialogue and collaboration between the study team and the partner communities.[8]

This included:[8]

- Informal dialogue with health care providers in one community providing input for study design
- A pilot study in that community, the success of which led to the larger study
- Dialogue at the All Chiefs Meeting providing input for development of the large scale screening study - ACCSS
- Collaborative development of research agreements
- Invitations from the 10 First Nations communities to discuss the proposed research during community visits ("Meet and Greet")

During the "Meet and Greet" sessions, community partners made the following suggestions about the design of the study:[8]

- Raise community and health care provider awareness of HPV infection, transmission, vaccines, and testing
- Develop culturally based prevention approaches for sexually transmitted infections
- Explore HPV prevention in traditional teachings provided by Elders to young girls
- Include questions provided by community partners in the screening trial questionnaire.
- Address HPV in the context of First Nations health services, health budgets and medical transportation, and the impact of the residential schools experiences on HPV infection, and cervical cancer screening
- Protect the confidentiality and privacy of participating women

At each stage of the study, the ACCSS team attempted to include community leaders, health professionals and community women in shaping the research approach.

Community Engagement

Community steering committee:

We formed the community steering community (CSC) with one representative from each community (e.g. health director and/or band council member: Fort William First Nation: Karen Bannon; Whitesand First Nation: Angela Nodin; Bingwi Neyaashi Anishinaabek: Edna Hodgkinson; Pays Plat First Nation: Debbie Bouchard; Pic Mobert First Nation: Carol Rowland; Biinjitiwaabik Zaaging Anishinaabek: Robin Thompson; Red Rock Indian Band: Lucille Lesperance; Long Lake #58 First Nation: Judy Desmoulin; Kiashke Zaaging Anishinaabek: Gwendolyn King; Animbiigoo Zaagi'igan Anishinaabek: Lynda Lynch. The CSC ensured that the ACCSS was on track and provided guidance on cultural safety and feedback from their communities. Teleconferences were conducted every couple of months between the research co-ordinator (Brianne Wood), the principal investigator (Ingeborg Zehbe) and the CSC.

Publication steering committee:

The publication steering committee (PSC) was composed of at least two ad hoc members from any of the participating communities recruited for each manuscript to be submitted for publication. All scientific, peer-reviewed publications were submitted to the PSC and the community leadership prior to submission to academic journals. In some cases community members contributed to the writing of articles and were listed as co-authors.

Community-based research assistants:

The CSC recruited local, and whenever possible, First Nations community-based research assistants (CBRAs) to implement the ACCSS screening trial in their community. CBRAs acted as a liaison between the ACCSS team in Thunder Bay and their community during the time of the trial.

The CBRAs were critical to the success of the project. They created awareness for HPV and its relation to cervical cancer by organizing and hosting community events, distributing pamphlets, participating in health fairs and Well Women Clinics as well as by communicating directly with women in their communities. They had regular update meetings with the research team and helped to shape the research design based on input from the communities.

They explained that infection with high risk types of HPV could lead to cervical cancer. They suggested that participating in screening was part of 'pimatisiwin' or living the good healthy life and part of each woman's wellbeing. They let women know that cervical cancer was treatable if caught early.

Sharing this information was meaningful in providing women with reason to participate in screening. The CBRAs also followed up with individual appointments to work through the informed consent, the baseline and follow-up questionnaires and the offer of cervical screening.

The ACCSS project has provided some insight into reasons for the currently low levels of cervical screening of First Nations women. The CBRAs have played a significant role in collecting data that can be used to inform changes to policy and regulation and in this way have been part of the first step towards improving health care practices in their communities.

Congratulations and Miigwetch!

The Community-Based Research Assistants Gathering on February 19, 2013

From left to right: Belinda McWatch (Pic Mobert First Nation), Juanita Hardy (Biinjitiwaabik Zaaging Anishinaabek), Katrina Fisher (Pic River First Nation), Kyla Morrisseau (Animbiigoo Zaagi'igan Anishinaabek), Melissa Sitch (Pays Plat First Nation), Lisa Bishop (Fort William First Nation), Candace Robert (Red Rock Indian Band), Rose Antonasic (Bingwi Neyaashi Anishinaabek), Carol Samuelson (Kiashke Zaaging Anishinaabek), Brianne Wood (research co-ordinatior, TBRRI), Michelle Ossibens (Long Lake #58 First Nation).

Missing: Carla Shawayhamaisch, Tuesday Recollet, Yvonne Banning, Marissa Thompson, Vanessa Bouchard, Ashley Laframboise, Marie McWatch and Melissa Oskinegish

Elder Theresa Morrisseau and Dr. Ingeborg Zehbe

ACCSS Findings

Qualitative information was gathered from interviews and focus group sharing circles:[9-14]

Interviews with health care providers (12 of 16 were community members)

Topics: Effective ways to reach First Nations women with screening information and strategies to motivate them to participate

Focus group sharing circles (8 groups, total of 76 women)

Topics: Cancer in general, cervical cancer screening in particular

Question: Why women do or do not participate in cervical screening?

Shortage of appropriate health care providers:[9]

- Not all health care providers are trained to do Pap tests
- High turnover of physicians
- Women are shy and need someone familiar they can trust
- Preference for female health care providers

Transportation barriers:[9]

Most communities have access to a medical transportation van, which can take people to larger centres so they can access health services that aren't available in their community.

However, there are many other factors to consider:

- Women do not want to take a whole day off work just for a Pap test
- The medical van often doesn't have room for mothers to bring children
- It can take up to 3 hours to get to an appointment and then you have to wait until the van is scheduled to go back
- There may be other costs associated with the trip
- It's not possible to bring an escort which may be needed for older and very young women who require moral support

Education and socioeconomic inequalities: [10,12,14]

The lack of appropriate health education was recognized as the biggest factor leading to women not participating in screening. Community members with lack of understanding of why cervical screening is performed will be unlikely to subject themselves to a Pap test.

"We know that cervical cancer is 100% preventable, and I know because I read stats and see statistics that Aboriginal women are the number one on the list for dying from this. So I think maybe

"Education is the biggest thing"

Have a cancer survivor speak:

"Maybe a person that already went through it, like you know, I had cervical cancer and obviously beat it, you know, maybe something like that type of speaker".[6]

reinforcing that message, that this is 100% preventable"

Not only was there a lack of understanding regarding the preventable nature of the disease, but some women were also unaware of how to access health services, or had reduced comfort level in navigating the health services system. In some cases women were unaware of the link between HPV and cervical cancer. There was also the issue of HPV being considered a sexually transmitted infection and the associated shame. This, along with the lack of privacy and confidentiality within a small community prevented some women from choosing to be screened. These women were likely unaware of how prevalent HPV is in the general population. Many women were unaware that men could be infected with HPV and pass it on to their partners. In the pilot study it was found that 84% of participants were unaware that men can also be infected with and transmit HPV. In order to improve general awareness of HPV and cervical cancer the following strategies could be used:

Education could be provided through already existing programs and should be respectful (culturally appropriate), start early in schools and be ongoing.

Educational approaches could be tailored to the specific needs of different generations (e.g. teens and Elders) and should include males and females since both can contract and transmit HPV.

Education needs to include specific knowledge about HPV including: that transmission occurs through sexual contact, that most people will have some strains at some point in their lives with no illness, and that only some strains are high risk and only women who have persistent infections with high risk strains of HPV are at risk of cervical cancer.

Generational effects:[9]

Older women may not attend screening because they feel intimidated due to language and cultural barriers. Other reasons we heard were that they were in monogamous relationships, or they were no longer sexually active. Some women also said that they fear leaving the community. They were concerned that if something was found during a Pap test it would mean they would have to stay in the hospital, away from their community.[9]

"That history, that went on there that really still has such an impact! We think that we've made things user friendly, and to us it is, but to others, to them, it isn't, you know. For some of the older generation, they may not necessarily have been through mainstream education, and they don't know what questions to ask, and, they are, just very intimidated by it, and so they just avoid [mainstream health care] altogether."

"It seems that the older that they are, the more they keep to themselves and they think that automatically cancer just means you're going to die so they don't try to get the help that they can … most of the older ones are not trying to help themselves and they feel that it would be selfish of them to put the burden onto someone else."

Colonial legacy:[9,13]

Colonial legacy has had negative implications for Indigenous women's sexual health. Government assimilation policies, such as the residential school system, have destabilized First Nations traditional gender roles, reduced women's status in their communities and disrupted the transmission of culture and knowledge between generations. Direct or indirect experiences with the Residential School system have led to:

- Mistrust of mainstream Canadian institutions in general
- Loss of traditional roles of women as family health educators, caregivers, and advocates
- Negative body image, shame, shyness about sexuality
- Loss of traditional First Nations view of the body

"As we were growing up as kids, we had … a housecoat that was almost at the floor, you know, covering our ankles. … Your body was always covered … I honestly, I don't think that's so much cover was part of the [First Nations] tradition, [instead] I think a lot [of] it came from the abuse from the residential schools."

Building trust is essential for First Nations women because of the past Canadian residential school system with its physical, sexual and emotional abuse by teachers and institutional authorities. As one health care provider pointed out:

"They have been sexually abused, too, and I know like, in the past residential schools, that kind of thing, those people are just not comfortable because of their experiences in the past .... I will be here for a long time and whenever you need to see me, to come see me, so that even just that little thing and then when they do come I do see them, hopefully that trust builds up and I think that's a big piece with the First Nations."

Also, control over health services continues to be managed by federal authorities leaving communities and individuals feeling excluded from decisions about their own health and wellbeing. To empower First Nations women to take control of their wellbeing new policies need to:

Improve cultural sensitivity in health care practices,

Adopt self-sampling to ensure women's privacy and control of the screening process,

Reaffirm women's traditional caregiving and teaching role, and

Enhance mother-daughter communication.

No systems in place to initiate screening or to follow-up:[9,11]

Canadian guidelines for cervical screening (2015) recommend that women who are 21 and older, and have ever been sexually active, are screened every 2-3 years. Currently, only British Columbia, Manitoba and Nova Scotia have recall-based screening systems where a cancer registry identifies and invites eligible women for screening. Other provinces have 'opportunistic' screening which relies on either health care providers to invite their patients to be screened or on women themselves to request a Pap test. This approach has not been fully successful in getting First Nations women to be screened. Many women are unaware of why they should get tested and even though health care providers can suggest Pap tests if women come in for other issues, this will not reach all women. Also, the lack of agreements for patient data sharing between on- and off- reserve health care providers means that a community-based reminder system is currently not possible. These issues could be addressed by implementing:

policies for the sharing of patient data between on- and off-reserve health care providers and

a community-based recall system so that women will be regularly reminded about screening.

All above quotes were obtained during the interviews and focus group sharing circles.

Quantitative Analysis - Cervical Screening by HPV Self-Sampling or Pap Tests[15]

The 10 partner communities participated in an exploratory, randomized controlled trial comparing the uptake of self-sampling for HPV with that of Pap testing. All women who chose to participate in the study were asked to fill out a questionnaire and were offered cervical screening. The study pamphlet (page 4) was designed by members of the communities in collaboration with the research team and then used as an aid to describe the techniques to participants.

- The communities were randomly assigned to Arm A (Intervention group) or Arm B (Control group)
- In Arm A communities, women were offered screening by HPV self-sampling first and those who did not get screened by this method were later offered screening by Pap test
- In Arm B communities, women were offered screening by Pap test first and those who did not get screened by this method were later offered screening by HPV self-sampling
- The alternate type of screening was offered 1–2 months after the initial type
- Less than 25% eligible women participated in screening (filling out a questionnaire and getting screened)
- Some women filled out the questionnaire, but chose not to participate in screening

Approximately twice as many women participated in cervical screening when self-sampling was offered

One in five women tested positive for high-risk HPV types from self-sampling

Screening Results:[15]

- Approximately twice as many women participated in cervical screening when self-sampling was offered:
- When women who declined the first offer were offered the alternate test a few months later, no woman who refused the self-sample wanted to do a Pap test instead, but 6 women who had refused the Pap test originally were willing to do a self-sample
- DNA analysis was used to determine the presence of HPV in the self-sample
- DNA analysis was also able to identify which types of HPV were present in the self-sample
- One in five women (19 % of the self-collected samples) tested positive for high-risk HPV types
- 96 % (78 of 81) of self-sampling tests were of adequate quality for DNA analysis

Questionnaire responses:[15]

The majority of screening trial participants were between 25 and 50 years old and over 60% of the women had completed high school or beyond. Although 58% of women were employed, 27% stated that they had concerns for food security. Most women rated their health between "Good' to "Excellent", but almost half of the women said their health was negatively impacted as a result of first-hand or familial encounters with residential schooling.

The psychosocial scores which provide an indication of stress levels in the participants, did not differ between the two arms of the study. This confirms that the increased uptake of self-sampling was not due to differences of psychosocial factors between the two arms.

Only 20% of eligible women participated and the majority of these women were already taking care of their health, with approximately two-thirds of them reporting that they had a Pap test in the 3 years prior to the study. These findings indicate that further work needs to be done to develop strategies to engage and involve the "hard to reach" women.

The ACCSS Champion: "Making our own HPV Balls"

Theresa Morrisseau hadn't really thought much about cancer in the first 59 years of her life. Growing up in Biinjitiwaabik Zaaging Anishinaabek in an Ojibwe speaking home, health resources and education were scarce. If she was sick, she'd go see a doctor in nearby Beardmore; she didn't pay it much mind. "I'm a very stubborn person," the now 60-year-old mother of three and grandmother of nine, an Elder of Biinjitiwaabik Zaaging Anishinaabek, says matter of factly. "I don't go to the doctor because I have a sore leg. There's got to be something seriously wrong with me, the leg is falling off, before I go see a doctor. I don't want to waste anybody's time. Seeing a doctor is not a priority." But she has a daughter-in-law who might be just as stubborn. Kyla Morrisseau is involved with the ACCSS as a research assistant in her own community and bugged her mother-in-law to join in until she finally relented. What she learned about the incidence of cervical cancer among Indigenous women and the importance of screening was a revelation.

So, when a lump formed on her chest, she went and checked it out. It has since been treated and is in remission. She's not sure she would be alive today if she hadn't acted when she did. She has friends who passed away. They were not so lucky. Theresa has become an advocate of women in her community, and women in general, getting information and educating themselves about the possibilities of getting cancer and the actions they can take to prevent it or detect it early enough. Her interest started when she attended the ACCSS-sponsored arts-integrated workshop on HPV and cervical cancer.

First Nations women are less likely to seek out medical care until it's absolutely necessary. Growing up, Theresa didn't have easy access to health resources or information. There was no doctor or public nurse in the community. The subject didn't get talked about in the home. In the numerous more remote communities in northwest Ontario the situation was probably even worse. "There was nobody to say I'm working on health issues," she recalls. "No one to say what the consequences of not getting these tests done are. No one to give the relevant information." Going off reserve to get even limited access to healthcare wasn't particularly appealing either. Residents have had enough bad experiences that they avoided interactions with anything that smacked of the non-Indigenous world. So it would have to be a fairly serious situation to go. "We saw the government as the bad guy," she says. "So you kind of stayed away from the whole deal . . . we would go if we had to, but otherwise no." Addressing these structural barriers and ways in service delivery–factors like remote geography, transportation issues and lack of adequate health resources on reserves – as well as cultural barriers stemming from the legacy of colonialism following contact with Europeans that face First Nations women like Theresa even today, is the goal of the ACCSS.

Dr. Zehbe realized after conducting some focus groups that a traditional approach to education wasn't going to work. So the goal became to find innovative educational tools to promote the screening that would see greater participation. The ACCSS study is designed to address that. In thinking about how to get the message of the importance of screening across effectively, she ended up consulting Dr. Pauline Sameshima, the Canada Research Chair in Arts Integrated Studies at Lakehead University, who is now part of the ACCSS team. Dr. Zehbe had integrated art into the ACCSS already to design the study pamphlet with the community women and a local artist from Kiashke Zaaging Anishinaabek (Mr. Kevin Belmore) designing the study symbol—a turtle (www.accssfn.com).

Dr. Sameshima came up with wool felting of styrofoam balls representing HPV—work that would be done during the education sessions in an attempt to increase dialogue and communication. This was tried as a pilot in one of the 10 partner communities and the aim was for

the participants to metaphorically take charge of their own wellbeing by creating their own design through felting the HPV balls, she said. At the outset, there are two sides – researchers on one side, community participants listening to them on the other. Then the balls come out, the felting begins, even as a power point plays informing the participants about cervical cancer and screening, and everyone comes together in the circle as they work with questions and discussion flowing between the researchers and community members. The line between the researchers and community members disappears as each works on their ball, chatting as they do. "The difference in the amount of back and forth dialogue between the time people were felting and the time we didn't use felting, was phenomenal," said Dr. Sameshima. "At the end of the felting, when all the balls were out, there was a real sense of common ground. We probably all have the virus in us, it's dangerous for some, not dangerous for others, but as a group we can all care for one another."

Theresa's involvement in the study prompted her to take control of her health. Armed with the information she received at the felting session, Theresa sought medical attention when she had a persistent sore rib. It was attributed to a recent fall she had, was likely broken and only time would heal it. That sounded reasonable, so she went home, determined to live through the pain in the meantime. But after two weeks without the pain subsiding, she realized something had to be wrong. In the past, said her daughter-in-law Kyla, she would have just continued to suffer. But with the awareness the cancer information had created, she returned to get checked out again. Testing discovered she had cancer, which could cause bones to break. Her treatment was successful and now she says she's fit enough to take on her interviewer in a race. But she knows what fate awaited her if she hadn't been on top of her own health and eager to get tested. As an outcome of the felting session, some of the other women participating who had not previously been screened went and got screened. And a roomful of women are now ambassadors for screening, talking about their experience with their friends and neighbours. "The ladies go home, like I do, and talk about it," she said. "They have a cup of tea, sharing what I went through. That cascading effect in the wake of the workshop is an important part of the project, says Dr. Zehbe. "The evolution is just beginning," said Theresa. "This is just a start."

Special Report by Mr. Chisholm Pothier from the Thunder Bay Health Sciences Centre (revised and adapted for the current report)

Pam Wakewich, Pauline Sameshima, Elder Theresa Morrisseau, Kyla Morrisseau and Dr. Ingeborg Zehbe

Implications for Practice and Policy[9,10]

The results obtained from HPV testing are more sensitive and give an earlier warning of the possibility of developing cervical cancer than the currently used Pap testing. Sample analysis can provide detailed information about the strains of HPV present. Since HPV vaccination, testing, and surveillance programs will be integrated into the Ontario Cervical Screening Program over the next few years, now is the time to suggest a cervical screening program tailored to meet the needs of First Nations women.

The prospect of including the novel and non-invasive screening approach, namely, HPV self-sampling, was received positively because it is consistent with First Nations teachings on personal responsibility for caring for your body. As such, it has the potential to further empower women to collect their own samples in privacy, giving them control over how and when they participate in screening.

Suggestions:

- Create new policies to support innovative screening approaches like self-sampling
- Make policy changes in the area of patient data sharing between on-reserve (First Nations community) and off-reserve (mainstream community) providers
- Continue working to ensure implementation of self-screening programs within the First Nations communities in the study
- Share ACCSS results and encourage similar programs in First Nations communities across Canada
- Integrate services with the "Screen for Life" mobile coach (Cancer Care Ontario) to reach more of the women aged 50 and higher
- Support the development and implementation of novel appropriate educational strategies
- Investigate the use of arts-integrated education which shows promise as a technique for reaching First Nations women who may not participate otherwise
- Integrate HPV education with already existing programs (e.g. moon time girls and wilderness boys as well as playgroups and bingos)
- Continue to train women from the community to partake in the research in a variety of capacities, for example, as program coordinators, research assistants and co-authors on publications

ACCSS Community Update Gathering dinner

The ACCSS Community Update Gathering: Sharing the findings and so much more

On October 27th and 28th 2015, two representatives from each of the participating First Nations communities as well as stakeholders from Cancer Care Ontario (CCO) and the Society of Obstetricians and Gynecologists of Canada (SOGC) were invited to come to Thunder Bay for the ACCSS Community Update Gathering. There were approximately 40 participants in attendance also including the ACCSS team members Drs. Anne Burchell, Brenda Magajna, Pauline Sameshima, Pamela Wakewich and Ingeborg Zehbe as well as the Kiashke Zaaging Anishinaabek artist Kevin Belmore who had created the ACCSS turtle logo and graduate student and artist Matthew O'Reilly to paint his impressions of the gathering. The ACCSS team was very honoured to welcome Dr. Angeline Letendre and Elder Theresa Morrisseau.

The goals of the gathering were to share and report back the ACCSS findings, to invite feedback and guidance from the partner communities regarding educational 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 consisting of moose meat stew, fried pickerel and fresh greens where participants shared stories and reconnected. The evening was capped with a lovely performance by the Medicine Wheel Spirit Singers from the Fort William First Nation, singing songs in the Ojibwe language about health and empowerment.

The next day began with a blessing by Elder Theresa Morrisseau. Her beautiful spirit set the tone for the day. Dr. Sameshima had prepared a basket of turtle insignia "talismans". As the basket was passed around, each member chose a small talisman and spoke. 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 such as ways to empower Anishinaabek women to care for their own health and understand the benefit of cervical screening. There was consensus in the group that such a sharing circle was a valuable way to discuss and learn from each other.

After the opening circle, Dr. Zehbe provided an informal overview of the ACCSS project, the history and the results with comments from Lakehead University study collaborators Drs. Wakewich and Sameshima each of whom emphasized the importance of relationship building and creating trust in the communities. Kyla Morrisseau and Luanne Maki shared their experiences as Community Based Research Assistants with the ACCSS. Kyla noted that women found self-sampling empowering since it gave them control and was less invasive than Pap screening. Luanne pointed out that even getting 3 more women to do screening was a success, and that creating awareness was an ongoing process.

The invited guest of honour, Dr. Angeline Letendre [lead scientist of the Community Research Stream for Cancer Prevention and Screening, including Health Promotion with the ACPLF at Alberta Health Services], who had given a talk to the university

community on Tuesday afternoon prior to the gathering entitled “Alberta First Nations: Scratching the Surface in Support of Two-Way Translations & Cancer Research” also presented a summary of her work during the gathering: “Stories of survival among aboriginal people with cancer: scratching the surface in support of two-way translations to give voice to communities”. The similarities faced by First Nations people in Alberta and those in northwest Ontario were striking: the lack of trust and avoidance of mainstream medicine, the issues of poverty and food security, and the racism encountered while navigating the health system. Also similar were the immediate concerns of women who were diagnosed with cancer: How will I support my family if I can’t work? Who will look after my children while I can’t? How will I cover costs associated with leaving the community?

In the afternoon, the group was divided into three smaller groups to discuss one of three focus questions in a World Café style. Each group began with one question. Ideas were copied to chart paper and after 20 minutes the groups switched allowing the next group to build on what the first group had contributed. In this way focus groups explored the feedback from community members about the project: (i) what worked and what could have been better, (ii) best approaches to deliver cancer prevention education that is holistic and culturally appropriate, and (iii) desired future directions based on what would be considered project success.

Community members acknowledged the “persistence” of the research team and their ability to adapt to the needs of each community as these were important to the success of the project. The importance of relationship building and trust was a common theme. The need for more consistent communication between the researchers and the community was also noted. Researcher’s visits and screening need to be done with regularity.

Common suggestions for education included, providing information to all ages and both males and females, using visuals to explain more complex concepts, using a variety of tools like videos, stories of cancer survivors, and games, keeping information sessions short and understandable, sharing information in person and including the sharing of a meal, using a traditional retreat-based approach, sharing information during Elder’s Circles, being respectful of all perspectives, focusing on messages of hope by sharing stories of cancer survivors, including humour and generally focusing on well-being “pimatisiwin” and healthy lifestyles.

The best indication that the ACCSS project has been successful would be higher rates of cervical screening among First Nations women based on improved trust of the health care system and knowledge of how to access services. Different approaches to health care are needed and the political will to respond and fund alternatives like self-sampling for HPV would be another measure of success. Also, changing the attitude toward HPV and cancer, so that people are more comfortable speaking about these topics more freely would be a meaningful accomplishment. After the World Café style focus groups, Dr. Zehbe’s undergraduate biology student Robert Strachan provided comic relief and an important educational message 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.

Dr. Angeline Letendre, Beatrice Twance-Hynes, Kyla Morrisseau, Dr. Pam Wakewich, Kevin Belmore, Jacqueline Gagnon, Debbie Bouchard, dinner, Lauren Beach, Jennifer Fawcett, Tarja Heiskanen, Elder Theresa Morrisseau

The ACCSS team also engaged a young artist/Master's student in the Department of Education, Lakehead University—Matthew O'Reilly. Matthew was tasked with painting his impressions during the gathering. Dr. Sameshima had only briefly discussed the project with Matthew so that he could maintain an outsider's perspective—knowing about the ACCSS is one thing and being active in it another. He was aware that he would meet a heterogeneous audience of community members, researchers, stake holders and facilitating staff as well as different gender, ages, cultures—all creating 'space'. Matthew did not want to appropriate anything Indigenous, as a non-Indigenous artist, but rather tell the story as he heard it from the participants, using his own style as an artist. He wanted to do something unique capturing the day with an abstract rather than objective/scientific approach. He was aware of the emotions in the gathering room and worked from different layers—one on top of each other as the day unfolded. Matthew wanted to create a visual metaphor, spontaneous, an element of chance and away from reference pictures, a new framework just for this project and just for this gathering.

Commissioned artwork by MSc student and artist, Matthew O'Reilly

Overall, there was significant support for the ACCSS to be continued as well as gratitude expressed for Dr. Zehbe's commitment to keeping the 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. The day ended with a blessing by Elder Theresa Morrisseau. Community visits to get input from the communities for the next steps of the ACCSS were scheduled for early December 2015. The journey continues. A separate report about this dynamic gathering is in progress.

Future Directions

THe ACCSS project has worked over the last 6 years to develop trusting relationships with members of the partnering First Nations communities. The research team, CBRAs and project staff have strived to create awareness of the role high-risk strains of HPV, if left unchecked, play in leading to cervical cancer. In turn, the women in the communities have shared their stories, described barriers to screening, and proposed strategies to increase screening uptake.

The arts-integrated approach to HPV education:[16]

One of the strongest messages from the communities was the need for alternate approaches to education.

With the goal of finding innovative educational tools to promote screening that would see greater participation, Drs Pauline Sameshima & Ingeborg Zehbe organized a wool felting workshop to test out as a pilot in one of the 10 partner communities. In the summer of 2014, participants created their own HPV balls with wool felt while a power point about HPV and cervical cancer played in the background. "The difference in the amount of back and forth dialogue between the time people were felting and the time we didn't use felting was phenomenal." The success of this workshop indicates that such arts-integrated research should be pursued further and communities that we have heard from are interested in more sessions of this nature.

Most importantly, the ACCSS team strongly encourages input from the partner communities and will conduct focus groups to inquire about feasible educational approaches, e.g. using various types of arts-integrated education or other potential activities and strategies.

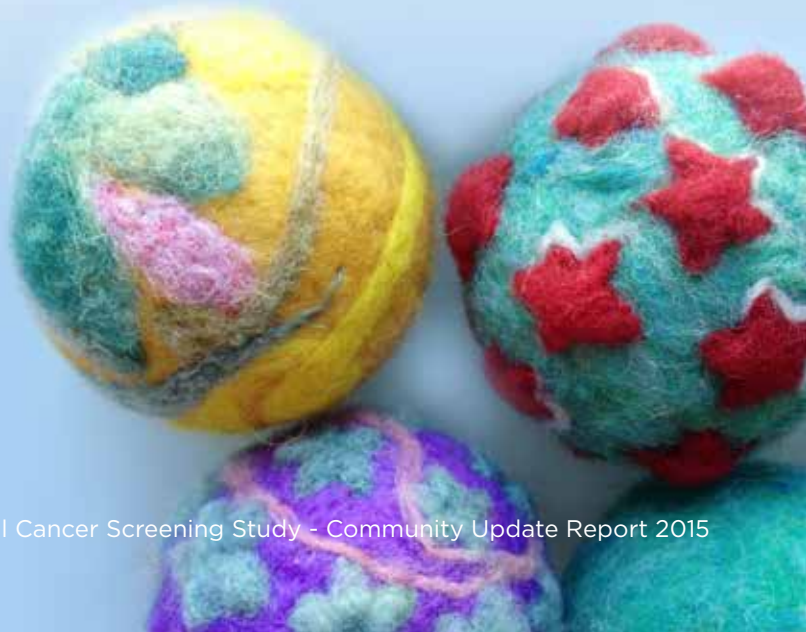
Extending our reach: HPV awareness for men, older women and girls:

The ACCSS project facilitated involvement of 25 to 59 year old women. It became clear during the research that there was a need to create specific educational programming geared to older women as well as specific attention to girls and teens. Future work will involve community members in the design and implementation of programming designed to reach these groups.

Another theme that came out of the research was the need for HPV education for men. Many women were surprized to learn that men could be carriers and spread the virus. It was suggested that most men are also likely unaware of this. Given that the rate of HPV-related head and neck cancers in men is on the rise and that HPV has been linked to anal and penile cancers, it will be meaningful to promote HPV awareness in First Nations men.

The ACCSS project is working towards creating sustainable cervical screening programs in First Nations communities.

Specific educational strategies need to be developed to reach younger women, older women and men



The Research Team

We are an interdisciplinary team spanning areas such as cancer biology, virology, sociology & women's studies, epidemiology and public health, arts-integrated education and philosophy. Drs. Zehbe & Maar conducted the field work during the qualitative phase. Dr. Zehbe and Ms Brianne Wood conducted the field work during the quantitative phase (screening trial) of the ACCSS. The following list includes both current and former members.

Dr. Ingeborg Zehbe, Senior Scientist, Thunder Bay Regional Research Institute (TBRRI), TBRRI/Lakehead University Research Chair, cross appointment in Clinical Sciences at the Northern Ontario School of Medicine (NOSM) (principal investigator)

Dr. Pamela Wakewich, Director of the Centre for Rural and Northern Health Research Lakehead (CRaNHR), Professor of Sociology and Women's Studies, Lakehead University; cross appointment in Human Sciences at the NOSM (co-investigator)

Dr. Pauline Sameshima, Canada Research Chair in Arts-Integrated Studies and Education Specialist, Department of Education, Lakehead University (co-investigator)

Dr. Julian Little, Epidemiologist, Canada Research Chair in Human Genome Epidemiology, University of Ottawa (co-investigator).

Dr. Ann Burchell, Epidemiologist, Ontario HIV Treatment Network, Dalla Lana School of Public Health, University of Toronto (co-investigator)

Dr. Alberto Severini, Virologist, Chief of the Viral Exanthemata and STD Section at the National Microbiology Laboratory, Public Health Agency of Canada, and Assistant Professor in the Department of Microbiology, University of Manitoba (co-investigator)

Dr. Gina Ogilvie, Public Health Epidemiologist, British Columbia Centre for Disease Control, University of British Columbia (co-investigator)

Dr. Nicholas Escott, Pathologist and Colposcopist at the Thunder Bay Regional Health Sciences Centre, cross appointment at the Clinical Sciences at the NOSM, Cervical Screening Lead for the Northwest Ontario Local Health Integration Network (collaborator)

Mr. Lee Sieswerda, Public Health Epidemiologist at the Thunder Bay District Health Unit (collaborator)

Dr. Richard Maundrell, Ethical Philosopher, Associate Professor, Department of Philosophy, Lakehead University (collaborator)

Dr. Brenda Magajna, Post-doctoral fellow at Lakehead University/TBRRI (ACCSS coordinator)

Dr. Marion Maar, Associate Professor, Medical Anthropologist, Human Sciences at the NOSM (previous co-investigator)

Ms Brianne Wood, (previous ACCSS coordinator), Epidemiologist, PhD Candidate at the University of Ottawa

Dr. Helle Moeller, (previous ACCSS coordinator), Medical Anthropologist, Associate Professor, Department of Health Sciences at Lakehead University

ACCSS Team Meeting on August 18th, 2015. From the left: Richard Maundrell, Pam Wakewich, Brenda Magajna, Ingeborg Zehbe, Jennifer Fawcett, Pauline Sameshima, Nicholas Escott. Missing: Gina Ogilvie, Alberto Severini and Lee Sieswerda.

More Information

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Already published ACCSS manuscripts can be accessed at www.accssfn.com or by contacting Ingeborg Zehbe at zehbei@tbh.net

ACCSS Conference Presentations

Zehbe, I. & Maar, M. Culturally safe HPV screening in First Nations women in northern Ontario. Circumpolar Health Conference, Fairbanks, US, August 9, 2011.

Zehbe, I., Maar, M. Ethical space for a sensitive research topic: engaging First Nations women in the development of culturally sensitive HPV screening. 27th International Papillomavirus Conference, Berlin, Germany, September 20, 2011.

Maar, M., & Zehbe, I. Provider perspectives of community-based recruitment strategies to increase Aboriginal women's participation in cervical screening in Ontario, Canada. 28th International Papillomavirus Conference, Puerto Rico, December 4, 2012.

Wakewich, P., Wood, B. & Zehbe, I. Decolonizing Indigenous female bodies and health through culturally sensitive education and self-sampling for HPV testing: a Canadian multi-community study. The Body, Public Health and Social Theory Conference. Copenhagen, Denmark, April 2013.

Sameshima, P., Wakewich, P., Wood, B., & Zehbe, I. Engaging Canadian Anishinaabek First Nations Women in Cervical Cancer Screening: Integrating the Arts in Community Education and Data Collection. The World Alliance for Arts Education Global Summit, Griffith University, Brisbane, Australia. November 27, 2014,

Sameshima, P. Arts Integrated Research, Parallaxic Praxis, Antiphona, and Arts in Community Education. Guest Lecture and Workshop, Hunter Building HB14, Callaghan Campus, University of Newcastle, Australia, December 1, 2014.

Sameshima, P. Arts Integrated Research, Parallaxic Praxis, Antiphona, and Arts in Community Education. Guest Lecture, Education Building A35 Room 408, University of Sydney, Australia, December 2, 2014.

Sameshima, P., Slingerland, D., Wakewich, P., Wood, B., & Zehbe, I. Learning through felting. Provoking Curriculum Studies Conference. University of British Columbia, Vancouver, BC, Canada, February 20-21, 2015,

Sameshima, P., Slingerland, D., Wakewich, P., & Zebhe, I. Bridging the arts, sciences, and social sciences in cervical cancer screening education in Northwest Ontario: Highlights from the ACCSS Project. Poster presentation at Research and Innovation Research Week. Lakehead University, Thunder Bay, Ontario, March 6, 2015.

Sameshima, P., Slingerland, D., Wakewich, P., & Zehbe, I. (2015, April 10). Needle felting viruses as pedagogy. Feminisms at the Lakehead 2015, Lakehead University. Gender Issues Centre and Department of Women's Studies, April 10, 2015.

Sameshima, P., Wakewich, P., & Zehbe, I. Growing wellness: Ekphrasic renderings from a First Nations Women cervical cancer screening study. 5th International Symposium on Poetic Inquiry. Vancouver, BC, October 8-10, 2015.

The turtle logo for the Anishinaabek Cervical Cancer Screening was designed by

Mr. Kevin Belmore
from Kiashke Zaaging Anishinaabek

Thunder Bay Regional
Research Institute

Thunder Bay Regional Health Sciences Centre

Lakehead University

CIHR IRSC

If you have any questions please contact:

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Planning & Performance Q3 Review

Cardiovascular Surgical Program Implementation: Milestones

Arlene Thomson, CVS Director and

Implementation Lead

February 24, 2016

Objective

- *Share impact on our patients*
- *Update team regarding developments since MOHLTC approval and Q1 Sept. 23, 2015*
- *Inform team regarding working groups*
- *Share key milestones and timelines*

Impact on Vascular Patients 2015/16

	Actual 9 months	Projected 12 months	Target 15/16
Carotid surgery	6	8	15
Aortic Aneurysm	11	15	40
Lower Extremity	72	96	50
Dialysis Access	48	64	80
Miscellaneous	15	20	0
TOTAL		203	185

Q3 Project Milestones

Activity	Progress
"One Program, Two Site" Memorandum of Understanding signed with UHN; Patient repatriation agreement developed	
Ongoing negotiations with LHINs, MOHLTC, CCN and 3 facilities to reach agreement around the shift of Northwest cardiac patients from Hamilton to UHN	
Vascular program continues development; increasing case volumes and types; Vascular Physician Assistant hired: Victor Lukankin	
Vascular surgeon recruitment; anesthesia training discussions	

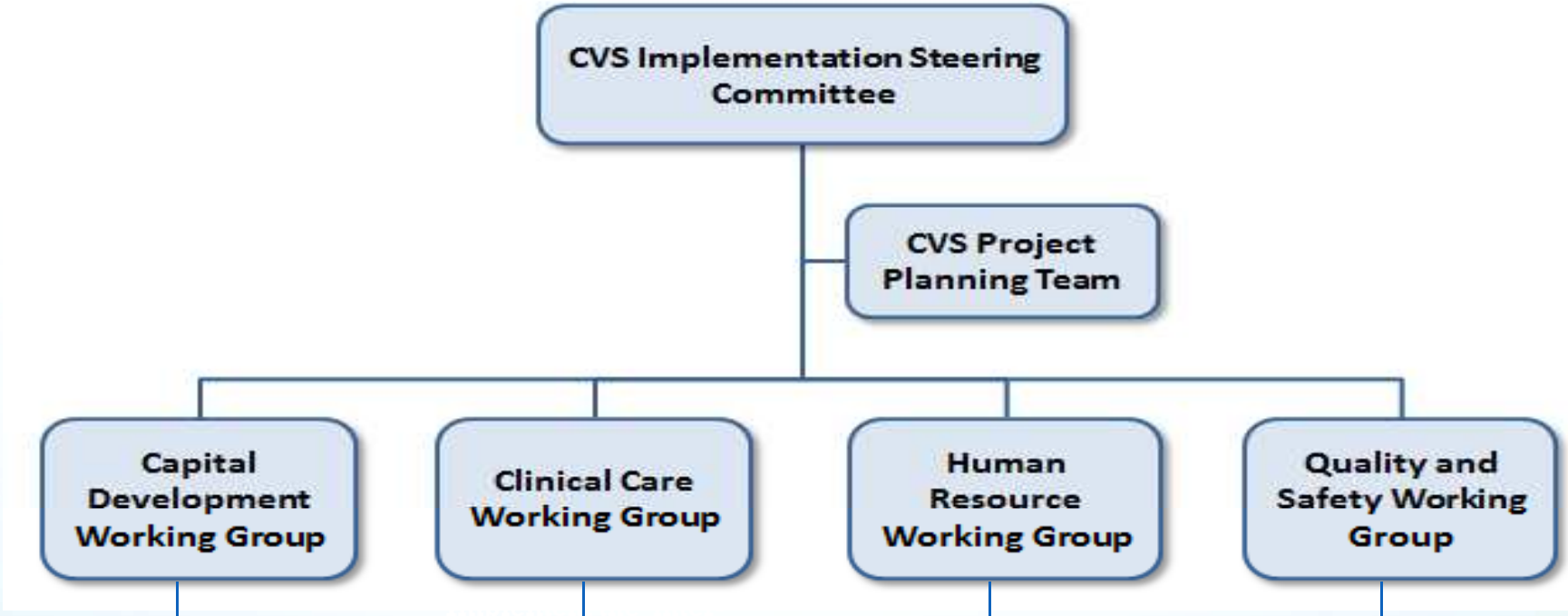
Q3 Project Milestones

Activity	Progress
Submitted request to MOHLTC to be an official “EVAR” site	
RFP completed for vascular imaging equipment / EVAR	
Joined a multi-site contract / vascular consumables	
Selected 2 staff to enter Perfusionist Program / Mitchener: Alexandra Brazeau RRT, Scott Longridge, RN	
Collaborating with Cardiac Care Network to implement new provincial Vascular Database – April 1/16; Confirmed participation in an international vascular outcomes database; Clinical Data Specialist, Stephanie Needham	

Q4 Expected Milestones

- Finalize agreement around cardiac patient transition from Hamilton to UHN (MOHLTC approval)
- Awaiting Ministry's feedback upon our PreCapital submission; move ahead with planning process
- Continue vascular surgeon physician recruitment; anesthesia training
- Continue preparations to perform EVAR; staff training and case planning
- Negotiate vascular operating budget for 2016/17

CVS Project Structure



Capital Development Working Group

Complete capital project plan; support submissions to Capital Branch/MOH; support development of functional plan, procure equipment requirements; update major and minor equipment lists/costs; execute occupancy.

Clinical Care Working Group

professional model of care. Develop training plans, referral and discharge processes both internally and across sites, and patient education tools that align with QBP clinical pathways for EVAR, LEOD, and cardiac services. Implementation of operational supports required to deliver vascular and cardiac service, including Canadian Blood

Human Resource Working Group

Planning, development and execution of recruitment for medical staff and interdisciplinary team. Includes bursary support where applicable.

Quality and Safety Working Group

Implement quality databases. Develop and implement joint vascular and cardiac quality outcome report and quality improvement infrastructure. Set indicator targets and report progress to PMCC Executive, TBRHSC SMC, and hospital BODs

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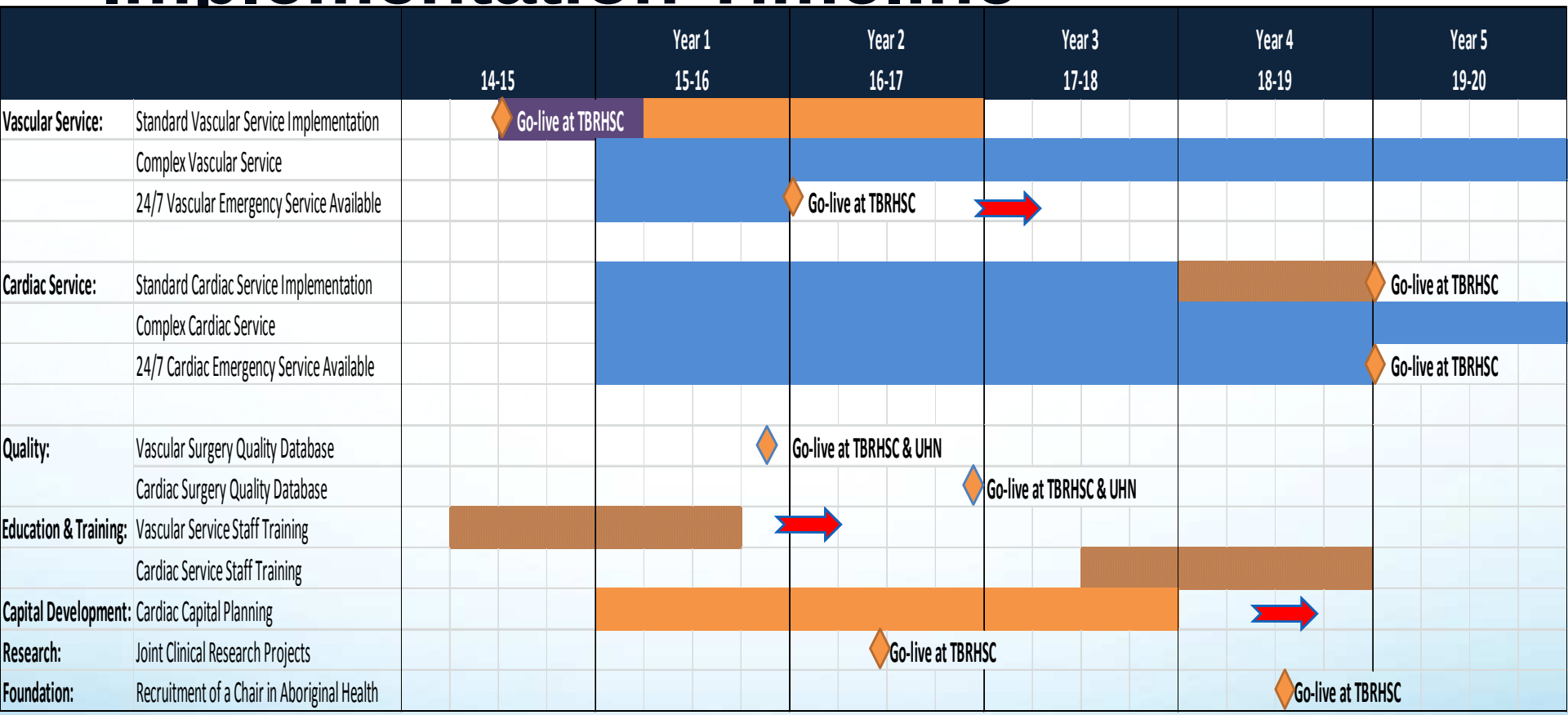
Implementation Timeline



Legend:

Pre-approval period

UHN

TBRHSC

UHN and TBRHSC

Thunder Bay Regional Health Sciences Centre

healthy together

Take Away Message

- *vascular surgical program is expanding successfully and delivering “Care Close to Home”*
- *over 200 patients will receive surgical procedures in 15/16*
- *our vascular patients share moving stories regarding the services they receive*
- *Working Groups will move the project forward in 16/17*
- *Capital project planning becomes a priority*

Questions?

Position Available

Ref# 16-Non-11

Chief of Staff - (.6) to (.8) FTE

Medical & Academic Affairs

Reporting to the Board of Directors, and working in close collaboration with the President and CEO and the Senior Executive team, the Chief of Staff is responsible for establishing and monitoring the credentialing and disciplining processes for the professional staff. The Chief of Staff supports medical leaders in standardizing physician care processes, addressing medical quality and patient safety issues related to physician practice, facilitating professional staff education, addressing gaps in physician care, developing physician to physician transfer of care protocols and organizing medical care provision, including an on-call system. The Chief of Staff acts as a role model as a physician and medical leader. The Chief of staff is the Chair of the Medical Advisory Committee and reports on its activities and makes recommendation on privileging to the Board of Directors.

Education and Credentials:
* Degree of Medical Doctor,(MD)
* Certified with the College of Physicians and Surgeons of Ontario, the College of Family Physicians of Canada or the Royal College of Physicians and Surgeons

Experience:
* Minimum of 5 years in a position with significant responsibility for medical staff management, including clinical service or department leadership, preferably in a highly complex, matrixed organization such as an academic health sciences centre, a medical school, or a research institute, with a demonstrated strong attendance record
* Active clinical duties within a hospital, preferably in an academic health sciences centre

Skills:
* Interpersonal and conflict resolution skills
* Effective administrative skills
* Financial and budgetary knowledge
* Management and leadership skills

The Health Sciences Centre strives to ensure the safety and security of the patients, visitors, employees and assets financial and otherwise. As one tool in the recruitment screening process, all offers of employment to external candidates shall be conditional upon a satisfactory Criminal Records Check (CRC) to ensure the absence of relevant criminal convictions.

The Health Sciences Centre (HSC) is committed to delivering healthcare in a manner that is consistent with Patient and Family Centred Care. Applicants are required to have a demonstrated knowledge, understanding and commitment to this care philosophy.

Candidates will have demonstrated adherence to the Hospital's Code of Conduct. Regular attendance at work is imperative, therefore, all applicants will have to demonstrate a good attendance record to be considered for this position.

We are an equal opportunity employer. Upon request, accommodations due to a disability are available throughout the selection process. Additionally we are identified as an English/French speaking health sciences centre and encourage bilingual candidates to apply.

If there are no qualified applicants for the above position, the Hospital may, at their discretion, train unqualified individuals.

Interested applicants should submit a resume outlining related previous experience and training no later than 1630 hours on **March 4, 2016** to the **President's Office, Attention: Chair of the Board**

Posted: February 24, 2016
Non Union

Board of Directors

Thunder Bay Regional Health Sciences Centre

The Board invites interested and community residents to consider serving as a member of the Thunder Bay Regional Health Sciences Centre Board of Directors. Successful candidates are expected to participate actively in governance activities for a three year term.

We are seeking to fill vacancies with interested volunteers from our community and region:

- who are committed to strong regional healthcare services,
- who believe in the importance of teamwork and commitment,
- whose values and behaviour are consistent with those of the Thunder Bay Regional Health Sciences Centre's,
- who have a history of community leadership,
- who have financial, business, or human resources acumen,
- who have the time necessary to be a productive Board member, and
- who especially have strategic planning and visionary skills.

Candidates should forward a resume and a letter of interest by Friday, March 11th, 2016 to:

Thunder Bay Regional
Health Sciences
Centre

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Chair, Nominating Committee
c/o President's Office
Thunder Bay Regional
Health Sciences Centre
980 Oliver Road,
Thunder Bay, ON P7B 6V4

www.tbrhsc.net