

**Board of Directors**  
**Open Meeting**  
**Wednesday, May 4, 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			<b>CALL TO ORDER</b>				
2.0			<b>PATIENT STORY –Holly Freill, Dietician</b>				
3.1	1	N. Doucette	Quorum (8 members total required, 6 being voting)				
3.2	1	N. Doucette	Conflict of Interest				
3.3	1	N. Doucette	Approval of the Agenda	X			
3.4	3	N. Doucette	Chair's Remarks*				X
4.0			<b>PRESENTATIONS/EDUCATION</b>				
4.1	20	M. Allain Dr. Turner C. Covino	Medical Assistance in Dying*		X		
5.0			<b>CONSENT AGENDA</b>				
5.1			Board of Directors Minutes – April 6, 2016*	X			X
5.2			Q4 2015-2016 Wages and Source Deduction Attestation*				X
6.0			<b>REPORTS AND DISCUSSION</b>				
6.1	10	Senior Management	Report from Senior Leadership*	X		X	X
6.2	10	J. Bartkowiak	Report from the President and CEO*			X	X
6.2.1	5	J. Bartkowiak	Third Party Review*				X
6.2.2	5	J. Bartkowiak	2015-16 Budget Year-End Allocation*				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. Turner	Report from the Acting Chief of Staff*			X	X
6.6	5	Dr. Crocker Ellacott	Report from the Chief Nursing Executive*			X	X
6.7	5	Dr. Moody- Corbett	Report from the Northern Ontario School of Medicine (NOSM)*			X	X
7.0			<b>COMMITTEE MATTERS</b>				
7.1	20	C. Freitag M. Del Nin	2020 Strategic Plan Indicators and Targets*	X			
8.0			<b>FOR INFORMATION</b>				
8.1			Board Comprehensive Work Plan*				X

#	Time (X)	Presenter	Item & Purpose (Y)	Expected Outcome (Z)			
				Recommendation /Decision/Action	Education	Discussion	Information
8.2			Webcast Statistics*				X
8.3			Report Thunder Bay Regional Research Institute*				X
8.4			Correspondence from Governor General*				X
8.5			North West LHIN Primary Care Physician Lead*				X
8.6			2020 Strategic Plan Progress Report*				X
8.7			NW LHIN Governance to Governance Session*				X
8.8			Nurses Week Celebrations / BPSO Spotlight Media Event				X
9.0	BOARD MEMBER COMMENTS					X	
10.0	DATE OF NEXT MEETING – June 8, 2016						X
11.0	ADJOURNMENT						
<div>Ethical Framework</div> <p>TBRHSC is committed to ensuring decisions and practices are ethically responsible and align with our mission/vision/values. All leaders should consider decisions from an ethics perspective including their implications on patients, staff and the community.</p> <p>The following questions should be considered for each decision.</p> <div><div></div><div>1. Does the course of action put ‘Patients First’ by responding respectfully to needs &amp; values of our patients, families, and communities?</div><div>2. Does the course of action demonstrate ‘Accountability’ by advancing a quality patient experience that is socially and fiscally accountable?</div><div>3. Does the course of action demonstrate ‘Respect’ by honouring the uniqueness of each individual and his/her culture?</div><div>4. Does the course of action demonstrate ‘Excellence’ by fostering an environment of innovation and learning to advance a quality patient experience?</div></div> <p>For more detailed questions to use on difficult decisions, please refer to TBRHSC’s Framework for Ethical Decision Making <a href="http://intranet.tbrhsc.net/Site_Published/i5/render.aspx?DocumentRender.IdType=5&amp;DocumentRender.Id=110784">http://intranet.tbrhsc.net/Site_Published/i5/render.aspx?DocumentRender.IdType=5&amp;DocumentRender.Id=110784</a></p>							

**BOARD OF DIRECTORS (Open)**  
**May 4, 2016 – DRAFT - REVISED**

<b>Agenda Item</b>	<b>Committee or Report</b>	<b>Motion or Recommendation</b>	<b>Approved or Accepted by:</b>
3.3	Agenda – May 4, 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 April 6, 2016; 5.2 Accepts the Q4 2015-2016 Wages and Sources Deduction Attestation,  as presented."	Moved by: Seconded by:
6.0	Reports and Discussion	"That the Board of Directors: 6.1 Accepts the Report from Senior Leadership; 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 Northern Ontario School of Medicine;  dated May, 2016 as presented."	Moved by: Seconded by:
7.1	2020 Strategic Plan Indicators and Targets	"That the Board of Directors approves the strategic indicators and related targets, as presented."	Moved by: Seconded by:



Thunder Bay Regional  
Health Sciences  
Centre

980 rue Oliver Road  
Thunder Bay ON  
P7B 6V4 Canada

Tel: (807) 684-6183  
[www.tbrhsc.net](http://www.tbrhsc.net)

**Report from Nadine Doucette  
Chair, Board of Directors  
May 4, 2016**

With a continuous focus on patients and families, our Health Sciences Centre's performance is improving.

Patients are getting the care they need – the right care, in the right place, by the right provider – more effectively than ever. As a result, we are moving in the right direction in terms of meeting targets for “Average Length of Stay” – the amount of time patients spend in the hospital. Many different strategies and partners are making a difference, and patients are spending less time in the hospital when they don't have to. This helps to meet growing demands. It supported us to provide care to 667 more admitted patients this year than last year. I congratulate the physicians, staff and leadership for improving the quality and efficiency of care.

We are fortunate to have so many champions of patient care on our team. It is always special when one receives formal recognition. Most recently, Holly Freill, a Renal Dietitian, was honoured for her exceptional commitment to patient care. She is the winner of a Human Touch Award, awarded by Cancer Care Ontario and the Ontario Renal Network, to dedicated and compassionate health care professionals. Congratulations! I am always proud of the high caliber of staff that contributes to the level of quality care patients and families receive.

Quality of medical practice is a key focus of the Chief of Staff. I am happy to report that interviews for that position were held recently. I look forward to announcing the successful candidate soon. I thank Dr. Andrew Turner, who has been an outstanding support in the Acting Chief of Staff role over the past months.

In addition to the staff and physicians who care for patients and families, there are over 500 people who volunteer to support them. I am inspired and humbled by those who choose to apply their passion and dedication to serve so selflessly at our Health Sciences Centre. An annual dinner is hosted in April by our Volunteer Services and Foundation to recognize their contributions, and I was honoured to be part of it.

Volunteers logged thousands of hours last year in all areas. Volunteers also work hard to raise funds for essential medical equipment and health research. Their impact is felt everywhere. I also celebrate my own colleagues – the volunteer members of the Board of Directors who contribute their time and talents. Thank you all for making an important difference in the lives of others. This is what it means to be Healthy Together.

It also means planning with and for the people we serve. With that in mind, I invite all members of our community to provide input into our new five-year accessibility plan. Please consider attending an Open House on June 2, between 4:00 and 7:00 pm at the Italian Cultural Centre to contribute your ideas for an Accessible Environment for patients and families, visitors, volunteers and staff. Other feedback options will be available for those unable to attend, so please visit our website at [www.tbrhsc.net](http://www.tbrhsc.net) for details.



# Addressing Interim Requests for Access to Physician-Assisted Death

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Guidance for Hospitals



ONTARIO  
HOSPITAL  
ASSOCIATION

## Background and Context

In February 2015, the Supreme Court of Canada issued a decision in *Carter v. Canada (Attorney General)*, where it considered the constitutionality of the provisions prohibiting physician-assisted death in the Canadian *Criminal Code*. A unanimous Court concluded that this criminal prohibition violated individuals' rights (in certain circumstances) under section 7 of *Canadian Charter of Rights and Freedoms* – which guarantees life, liberty and security of the person. The Court's decision therefore decriminalizes physician-assisted death, in circumstances where the criteria set out in the *Carter* case are met.

The Supreme Court has further ruled that the criminal prohibition on physician-assisted death will remain in effect until June 6, 2016. However, the ruling also provided that, beginning February 2016, individuals seeking physician-assisted death may apply to a court in their province of residence for an exemption from the ongoing criminal prohibition.

**Note:** To view Ontario Hospital Association (OHA) resources on the *Carter* decision, visit [www.oha.com/endoflifecare](http://www.oha.com/endoflifecare). Please note: Some resources are available to OHA members only. To view these resources, please log in with your OHA username and password.

## Recent Developments

On February 25, 2016, the federal Special Joint Committee on Assisted Dying (Committee) released its Final Report, *Medical Assistance in Dying: A Patient-Centred Approach* (Report). This Committee was convened to consult with stakeholders and make recommendations to the government on the framework for a federal response on physician-assisted death. To access a copy of the report, visit [www.parl.gc.ca/committees/en/PDAM](http://www.parl.gc.ca/committees/en/PDAM).

The Committee Report presents 21 recommendations, including that any future legislation on this topic use the term “medical aid in dying” in lieu of “physician-assisted death”, to reflect the involvement of other health care professionals in the assisted dying process. The Report also outlines the Committee's recommendations regarding the regime for safeguards, access by mature minors, advance directives, patient assessment and review processes, and conscientious objections of healthcare professionals and institutions.

The federal and/or provincial governments may legislate on the issue of physician-assisted death, if they so choose, before June 6, 2016 – following which the *Carter* decision comes into full effect. The recommendations provided by the Committee are not binding on Parliament or provincial legislatures.

For an overview of the Committee Report, refer to **Appendix 1**.



## Purpose of this Resource

The OHA has prepared this Policy Resource to help hospitals navigate the issues relating to the *Carter* decision in the interim period leading up to June 6, 2016; and to provide guidance on tools to support internal decision-making and staff awareness related to physician-assisted death.

**Part A** provides an overview of the legal and regulatory framework arising from the *Carter* decision, and relevant developments in Ontario since the decision was released. It is intended to serve as guide to understanding the legal parameters and practical implications around physician-assisted death, in the absence of legislative direction on the issue. It also outlines applicable reference materials for further reading.

**Part B** addresses the development of process or policies on physician-assisted death in a hospital setting. It aims to assist hospitals in identifying relevant considerations from clinical, operational, and governance perspectives. It also provides a set of recommended resources to assist health care professionals and hospitals in managing ethical processes around physician-assisted death.

This Policy Resource also includes two appendices:

**Appendix 1** contains a summary of the Report provided by the Committee, to provide further information on the current legislative and policy context around physician-assisted death.

**Appendix 2** contains a bibliography of resources on physician-assisted death. It is intended to provide direction on relevant supplementary reading material on this issue.

The OHA recognizes the diverse needs and mandates of member hospitals with respect to the communities they serve. Hospitals are encouraged to use this Policy Resource in a manner that is best suited to their unique circumstances and local needs.

**Note:** This resource provides preliminary guidance, in anticipation of legal changes taking full effect on or after June 2016. As the law around physician-assisted death continues to evolve, the OHA will monitor developments, and will provide members with updates and additional support, as necessary.

## Disclaimer

This Policy Resource was prepared as a general guide to assist hospitals and healthcare professionals in understanding legal and regulatory developments relating to physician-assisted death. The material in this Policy Resource is for general information only and may need to be adapted by hospitals and healthcare professionals to accommodate their unique circumstances. This Policy Resource reflects the interpretations regarded as valid at the time of publication based on available information. It is not intended as, nor should it be construed as, legal or professional advice or opinion. Hospitals and individuals concerned about the applicability of the materials are advised to seek legal or professional counsel. The OHA will not be held responsible or liable for any harm, damage, or other losses resulting from reliance on, or the use or misuse of the general information contained in this Policy Resource.



## Table of Contents

A. Relevant Legal and Regulatory Developments	1
B. Development of Processes or Policies on Physician- Assisted Death	4
Conclusion	6
<u>Appendix 1</u>	
Overview of Final Report of the Special Joint Committee on Assisted Dying	7
<u>Appendix 2</u>	
Resources and Further Reading Material	10

## A. Relevant Legal and Regulatory Developments

Leading up to June 6, 2016, in the absence of any provincial or federal legislation on the issue of physician-assisted death, hospitals are encouraged to focus on existing legal and regulatory developments. The following existing developments may assist hospitals with internal decision-making and staff awareness:

### 1. The eligibility criteria established in the *Carter v. Canada (Attorney General)* decision (February 2015)

The Supreme Court indicated that the following criteria must be met before an individual may have access to physician-assisted death:

- The individual is a competent adult;
- The individual clearly consents to the termination of life;
- The individual has a grievous and irremediable medical condition (including an illness, disease or disability); and
- The result is enduring suffering that is intolerable to the individual in the circumstances of his or her condition.

### Practical Considerations:

- ☑ The Supreme Court did not expressly define the term “grievous and irremediable medical condition.” However, the Court did indicate that the “irremediable” criterion “does not require the patient to undertake treatments that are not acceptable to the individual.”
- ☑ According to the **Interim Guidance Document on Physician-Assisted Death**, provided by the College of Physicians and Surgeons of Ontario (CPSO),

the term “competence” refers to decision-making capacity. When assessing capacity in the context of a request for physician-assisted death, the CPSO advises physicians to rely on existing practices and procedures for capacity assessment. **See item 2 below for further information on the CPSO’s direction to the profession on physician-assisted death.**

- ☑ The CPSO Interim Guidance Document also indicates that “as part of obtaining informed consent, physicians must discuss all treatment options with the patient. With respect to physician-assisted death specifically, the treatment options discussed with the patient must include all reasonable and available palliative care interventions.”
- ☑ The **Canadian Medical Protective Association** (CMPA) encourages members with questions on physician-assisted death to contact the CMPA, “including for case-specific medical-legal advice on questions such as what to do when there is disagreement with a patient, family member, or substitute decision-maker on the recommended treatment plan.”

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The CPSO Interim Guidance Document also indicates that “as part of obtaining informed consent, physicians must discuss all treatment options with the patient. With respect to physician-assisted death specifically, the treatment options discussed with the patient must include all reasonable and available palliative care interventions.”

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### Supporting Resources

- OHA Backgrounder, *Carter v. Canada (Attorney General)* – Case Law Update on Lower Court Decisions (November 2014)
- OHA Backgrounder, *Carter v. Canada (Attorney General)* – Case Law Update on Supreme Court of Canada Decision (February 2015)

## 2. The College of Physicians and Surgeons Interim Guidance Document on Physician- Assisted Death (February 2016)

The CPSO has issued interim guidance on physician-assisted death to the medical profession, to provide direction in the absence of a legislative framework.

This Interim Guidance Document outlines:

- Professional and legal obligations articulated in CPSO policies and legislation that apply in the context of physician-assisted death;
- The criteria for physician-assisted death as set out by Supreme Court; and
- Guidance for physicians on practice-related elements specific to the provision of physician-assisted death.

### Practical Considerations:

- ☑ The Interim Guidance Document sets out a **Sample Process Map for Physician-Assisted Death** in the period leading up to June 6, 2016. It indicates that “physicians who are involved in assisting the court to evaluate an individual exemption for physician-assisted death, or who are assisting a patient who is preparing to apply to court, are advised to use this process map as an example for any element of the process in which they are participating.”
- ☑ The CPSO has further noted that any direction provided by the court in evaluating and/or granting an exemption takes precedence over the Sample Process Map for Physician-Assisted Death.
- ☑ Regarding drug protocols for administration of assisted death, the CPSO suggests that its members may wish to consult resources on drug protocols used in other jurisdictions. Examples of such protocols are available in the members’ section of the CPSO website.

- ☑ With respect to the certification of death where physician-assisted death is provided, the Interim Guidance Document advises physicians “to consult the Ontario government for guidance on the completion of death certificates and any mandatory reporting obligations associated with physician-assisted death.”
- ☑ The CPSO has also produced a **Frequently Asked Questions Resource** for physicians to accompany the Interim Guidance Document. This resource answers questions such as whether an individual with mental illness could meet the criteria for physician-assisted death; whether physicians are allowed to use telemedicine to assess a patient’s request for physician-assisted death; how to address disagreement regarding the patient’s eligibility for physician-assisted death; and what kinds of educational tools and/or resources are available for physicians.
- ☑ Physicians may wish to contact the CPSO’s **Physician Advisory Service** for support on questions pertaining to practice issues. Further information about this service, please visit the CPSO website at [www.cpso.on.ca](http://www.cpso.on.ca).

**Note:** The CPSO has noted that, to the extent that there is any inconsistency between its Interim Guidance Document and any future government framework on physician-assisted death, the latter would take precedence.

### Supporting Resources

- OHA Backgrounder, *CPSO Interim Guidance Document on Physician-Assisted Death* (February 2016)

### 3. Practice Advisory from the Ontario Superior Court of Justice (February 2016)

The Ontario Superior Court of Justice has issued a **Practice Advisory for Applications for Judicial Authorization of Physician-Assisted Death (Practice Advisory)**. The Practice Advisory is intended to provide guidance to legal counsel and parties in Ontario who intend to bring applications to the Superior Court before June 6, 2016 for an exemption from the *Criminal Code* prohibition against physician-assisted death.

In particular, the Practice Advisory sets out the specific evidence that will be required for a court application for physician-assisted death, in the form of affidavits from the applicant (the patient), the attending physician, the consulting psychiatrist, and the physician who is proposed to be authorized to assist death.

#### Practical Considerations:

- ☑ Once an application is filed with the court, a hearing date may be set. The Practice Advisory states that a judge will hear the application no sooner than 15 days, and no later than 30 days, after the application is filed. Depending upon the circumstances, certain applications may be heard sooner on an emergency basis.
- ☑ The applicant is required to give notice of the application to the Attorney General for Canada and the Attorney General for Ontario. In addition, depending on the circumstances, the Court may require that a notice of the application be provided to the applicant's spouse or partner, children, parents, grandparents, siblings or any other person who will be affected by the order sought.
- ☑ Hospitals and staff members who are approached regarding a court application for physician-assisted death may wish to contact legal counsel or a liability insurance organization, as appropriate.

#### Check Your Understanding: A Summary of Relevant Legal and Regulatory Considerations

The following steps are suggested to support staff awareness and internal decision-making related to physician-assisted death:

- ☐ Review the *Carter* decision, and in particular, the patient eligibility criteria established by the Supreme Court of Canada.
- ☐ Review the Interim Guidance Document and Frequently Asked Questions resource prepared by the CPSO, to understand relevant professional and legal obligations.
- ☐ Review the Sample Process Map and member-protected resources (physicians only) provided in the CPSO Guidance Document, to clarify the practice-related elements of physician-assisted death.
- ☐ Review applicable Ontario legislation to understand existing practices and procedures (see **Appendix 2** for a list of legislation).
- ☐ Review the court application process established by the Superior Court Practice Advisory, for further information on the steps that an applicant (patient) could be expected to follow when seeking physician-assisted death.
- ☐ Seek further guidance from legal counsel, an applicable regulatory body, and/or a liability insurance organization for situation-specific advice.

## B. Development of Processes or Policies on Physician-Assisted Death

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Hospitals should have appropriate policies or processes in place to address potential patient questions and requests for physician-assisted death, regardless of whether they choose to provide the service.

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The considerations outlined below are offered to assist hospitals in identifying relevant issues from a number of different perspectives. They are not intended to present an exhaustive overview of all the applicable issues that hospitals should take into account. Hospitals are encouraged to address these considerations in a manner that is best suited to their unique circumstances and local needs.

### Supporting Resources

The OHA suggests the following resources, developed by the Joint Centre for Bioethics, University of Toronto, to assist hospitals in the development of processes and policies on physician-assisted death in the period leading up to June 6, 2016:

- *Key Considerations for Addressing Interim Requests for a Physician-Assisted Death Exemption* (February 2016)
- *Discussion Paper: An Ethics-Based Analysis for Recommendations for Implementing Physician-Assisted Dying in Canada* (February 2016)

## Clinical and Operational Issues

Some suggested considerations for addressing clinical and operational issues include:

- ☑ Ensuring that hospital board members understand the findings and implications of the *Carter* decision, and that any relevant governance issues are addressed, including ensuring that hospitals have appropriate policies and procedures in place to address physician-assisted death.
- ☑ Ensuring that staff members understand the findings and implications of the *Carter* decision, including the relevant eligibility criteria and the legal risks associated with physician-assisted death.
- ☑ Identifying what kind of training or expertise may be required for clinicians or other staff members around end of life care issues generally, including physician-assisted death.
- ☑ Assessing whether patient referral or patient transfer processes may be required, for example, in circumstances where there are conscientious objections to participation in physician-assisted death.
- ☑ Reviewing existing hospital policies, including those on reporting deaths to the Coroner of Ontario.
- ☑ Understanding the role and impact of inter-specialty and inter-professional care in this context.
- ☑ Addressing appropriate dispute resolution processes should conflict arise regarding the patient's treatment plan.
- ☑ Developing processes for effective communication with key stakeholders and the media.
- ☑ Assessing the need for any ongoing internal support and resources, including grief counseling for staff members.

## Informing Patients Who Ask about the Option of Physician-Assisted Death

Some suggested considerations for navigating patient inquiries or requests for physician-assisted death include:

- ☑ Understanding the importance of discussing available treatment options:
  - As noted in the CPSO’s Guidance Document, “The treatment options discussed with the patient must include all reasonable and available palliative care interventions. The CSPO’s **Planning for and Providing Quality End-of-Life Care** policy sets out the CPSO’s expectations of physicians regarding planning for and providing quality care at the end of life, including proposing and/or providing palliative care where appropriate.”
- ☑ Ensuring clear communication with patients about end of life care:
  - There are a number of resources that may support effective communication about end of life care options, including the CMPA’s resource, “**After the diagnosis: How to communicate with terminally ill patients**” (March 2015).
- ☑ Reviewing applicable professional guidance:
  - Staff members may also wish to review any guidance on clinician-patient communication provided by their relevant professional regulatory body.
  - See **Appendix B** for resources from the CPSO, the College of Pharmacists of Ontario and the College of Nurses of Ontario.
- ☑ Providing the patient with appropriate information, including around the requirement to obtain a court order (judicial authorization) for physician-assisted death:

- Staff members may wish to refer patients to the CPSO resource, “**Interim Guidance on Physician-Assisted Death: 10 Things the Public Should Know.**”
- This resource outlines the findings in the *Carter* case; patient eligibility criteria for physician-assisted death; and issues around decision-making capacity, advance directives and substitute decision-makers.
- Staff members who are approached regarding assistance in a court application for physician-assisted death may wish to consult legal counsel or a liability insurance organization, as appropriate.

## Addressing Conscientious Objections

### 1) Health care professionals’ values

Some suggested considerations around addressing health care professionals’ values relating to physician-assisted death include:

- ☑ Reviewing the Supreme Court’s guidance in the *Carter* decision:
  - The *Carter* decision does not require that physicians provide assistance in death. The Court noted that a physician may decide whether or not to provide assistance, based on conscience, religious belief or other grounds.
  - The decision does not address the issue of participation of healthcare professionals and other individuals in assisted death processes.
- ☑ Reviewing applicable professional guidance:
  - Physicians may wish to consider other policies or regulations that may guide professional behaviour, including the CPSO’s policies on **Professional Obligations and Human Rights, Planning for and Providing Quality End-of-Life Care** and the **Interim Guidance Document on Physician-Assisted Death**.

- ☑ Understanding requirements around “effective referral”:

- The CPSO has provided specific direction on the issue of conscientious objection in situations where physicians may decline to participate in assisted death processes. The CPSO Interim Guidance Document on Physician-Assisted Death indicates that physicians must comply with their obligations under existing College policies, including those in the **Professional Obligations and Human Rights policy** (March 2015).
- This includes the “effective referral requirement”, which extends to providing a referral “in good faith, to a non-objecting, available and accessible physician or agency.”

## II) Institutional values

Some suggested considerations for addressing institutional values relating to physician-assisted death include:

- ☑ Reviewing the Supreme Court’s guidance provided in the *Carter* decision:
  - The *Carter* decision does not restrict the provision of physician-assisted death services to a particular treatment setting (i.e. hospital vs. community).
  - However, the *Carter* decision does not address the issue of whether hospitals will be required to provide physician-assisted death services.
- ☑ Reviewing generally applicable legislation:
  - To assist hospitals in understanding their obligations towards patients and the public, it may be helpful to refer to existing legislation governing hospitals generally, including the **Public Hospitals Act** and the **Local Health System Integration Act, 2006**.

## Conclusion

The OHA continues to monitor the effect of the *Carter v. Canada* (Attorney General) decision, including legislative and regulatory developments, and will keep members informed of updates.

For any further questions, please contact Alice Melcov, Legal and Policy Advisor at 416 205 1359 or [amelcov@oha.com](mailto:amelcov@oha.com)



## Appendix 1

# Overview of Final Report of the Special Joint Committee on Assisted Dying

On February 25, 2016, the federal Special Joint Committee on Assisted Dying (Committee) released its Final Report, **Medical Assistance in Dying: A Patient-Centred Approach** (Report). This Committee, comprised of both Members of Parliament and Senators, was convened in late 2015 to consult with stakeholders and to make recommendations for the government to consider when developing a framework on physician-assisted dying.

The Committee was directed to “consult broadly, take into consideration consultations that have been undertaken on this issue, examine relevant research studies and literature, and review models being used or developed in other jurisdictions.” Over the course of its consultations, the Committee heard from 61 witnesses and received over 100 submissions. To review the testimonies of the witnesses before the Committee, visit [www.parl.gc.ca/committees/en/home](http://www.parl.gc.ca/committees/en/home).

The Committee put forward 21 recommendations for a legislative framework that includes, but is not limited to, amendments to the Canadian *Criminal Code*. Among the recommendations that may be of interest to hospitals are:

### Recommendations regarding terminology

- The term “medical aid in dying” should be used instead of “physician-assisted death,” as it “reflects the reality that health care teams, consisting of nurses, pharmacists and other health care professionals, are also involved in the process of assisted dying.”
- The terms “grievous” and “irremediable”, as set out in the *Carter* case, do not require any further statutory definition, as these terms “are sufficiently well understood.”

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The Committee put forward 21 recommendations for a legislative framework that includes, but is not limited to, amendments to the Canadian *Criminal Code*.

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### Recommendations regarding eligibility criteria for patients

- Medical aid in dying should be available to those with both terminal and non-terminal grievous and irremediable medical conditions, provided that the individual is experiencing “enduring suffering that is intolerable in the circumstances of his or her condition.”
- Individuals should not be excluded from accessing medical aid in dying based on the fact that they have a psychiatric health condition.
- Those experiencing psychological suffering should also have access to medical aid in dying.
- With respect to the eligibility of minors for medical aid in dying, a graduated legislative process should be adopted. The first stage would ensure access only to those who are 18 or older, and a second stage, coming into effect no later than three years afterwards, would allow access to those who are “competent mature minors.” Prior to coming into force of the second stage, the Government of Canada should commit to further study and consultation around the issue of access to medical aid in dying by mature minors.
- Medical aid in dying should be allowed through an advance directive in two circumstances:
  1. After an individual is diagnosed with a medical condition that is reasonably likely to cause loss of competence; or
  2. After a diagnosis of a grievous and irremediable medical condition, but before the suffering becomes intolerable.

- Medical aid in dying should be available only to insured individuals who are eligible for publicly funded health care services in Canada.
- The capacity of an individual to provide informed consent to medical aid in dying should be assessed using existing medical practices, however, particular attention must be paid to vulnerabilities in end of life circumstances.

## Recommendations regarding the process involved in requesting medical aid in dying

- The federal government should work with provinces and territories and applicable regulatory bodies to ensure that the following safeguards and practices are in place:
  - A request for medical aid in dying is made in writing;
  - The request is witnessed by two individuals who have no conflict of interest;
  - Two physicians, independently of one another, must determine that the individual meets the eligibility criteria for medical aid in dying; and
  - Any period of reflection for medical aid in dying should be flexible, based in part on the rapidity of progression and nature of the patient's medical condition, as determined by the attending physician.
- With respect to conscientious objections to participation in medical aid in dying, the federal government should work with provinces and territories and regulatory bodies to ensure that:
  - A process is established to respect both the health care practitioner's freedom of conscience, while also meeting the needs of patients who seeks medical aid in dying. At a minimum, the objecting practitioner must provide an "effective referral" for the patient<sup>1</sup>; and

- All publicly funded health care institutions provide medical aid in dying. **Note:** The recommendations did not specify a definition for "publicly funded health care institutions."

- The following groups of health care practitioners should be exempted from the *Criminal Code* provisions prohibiting an individual from assisting another person in ending his/her own life: physicians, nurse practitioners, registered nurses working under the direction of a physician; pharmacists; and other health care practitioners who provide services relating to medical aid in dying.
- The regulation of medical aid in dying should not include a review and approval process (by a panel or a judge) prior to an individual being allowed to complete the process.

## Recommendations regarding reporting requirements and data collection processes

- A process should be in place to create and analyze national reports on medical aid in dying. Such reports should be compiled on an annual basis, audited for individual privacy, and tabled in Parliament.
- A mandatory review of the applicable federal legislation should occur every four years after it comes into force.

## Recommendations regarding improved supports and services

- The federal government should work with provinces and territories and applicable regulatory bodies to ensure that culturally and spiritually appropriate end of life care services (including palliative care) are available to Indigenous patients.

<sup>1</sup> Note: The Report did not provide a specific definition for the term "effective referral." As noted in the CPSO's Interim Guidance Document, an "effective referral" is a referral "in good faith, to a non-objecting, available and accessible physician or agency."

- A Secretariat on Palliative and End of Life Care should be re-established at the federal level, “to work with the provinces and territories and civil society to develop a flexible, integrated model of palliative care” across the country.
- The federal government should support a pan-Canadian mental health strategy, developed by the Mental Health Commission of Canada, and work with provinces, territories and civil society on appropriate mental health supports for individuals requesting medical aid in dying.
- The federal government should work with provinces and territories to develop a pan-Canadian strategy to “improve the quality of care and services received by individuals living with dementia, as well as their families.”

## Dissenting Report

Several members of the Committee filed a collective dissenting report, outlining their perspectives on the need for stronger safeguards for vulnerable individuals; and more robust protection of the *Charter* rights of health professionals and health institutions that may object to participating in medical aid in death.

In particular, the dissenting report noted that allowing mature minors to access medical aid in dying would be contrary to the *Carter* decision; and that stronger substantive protections (i.e. additional medical consultations) were required for patients who had an underlying mental health condition.

The dissenting members also recommended that physicians who conscientiously object to providing medical aid in dying should be required to provide information to patients, rather than an “effective referral.” A centralized government agency to manage patient requests was further recommended. Relatedly, the dissenting members indicated that health care institutions who object to participating in medical aid in dying should be exempted.

## Supplementary Report

A supplementary report filed by two members of the Committee offered their perspectives on a “principles-based approach to legislating on medical aid in dying.” The members recommended that the government “should demonstrate leadership by providing palliative care within federal jurisdiction”; and improve family support by extending compassionate care benefits. They urged the government “not to address medical aid in dying in a vacuum, but to consider its connections to other aspects of health policy, including social determinants of health.”

## Conclusion and Next Steps

According to the Supreme Court’s direction, the federal and/or provincial governments may legislate on the issue of physician-assisted dying, if they so choose, before June 6, 2016 - following which the decision comes into full effect. The recommendations of the Committee are not binding on Parliament or provincial legislatures.

The OHA is continuing to monitor this issue, and will keep members informed of any updates.

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**According to the Supreme Court’s direction, the federal and/or provincial governments may legislate on the issue of physician-assisted dying, if they so choose, before June 6, 2016 - following which the decision comes into full effect. The recommendations of the Committee are not binding on Parliament or provincial legislatures.**

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## Appendix 2

### Resources and Further Reading Material

Resources from the Ontario Hospital Association:

- Backgrounder, *Key Developments since the Release of the Carter v. Canada (Attorney General) Decision* (February 2016)
- Backgrounder, *End of Life Care – Implications Relating to Physician Assisted Dying: Frequently Asked Questions* (February 2016, OHA login required)
- Backgrounder, *CPSO Interim Guidance Document on Physician-Assisted Death* (February 2016)
- Webcast: *End of Life Care and Implementation of the Carter Decision: Practical Considerations and Approaches* (January 2016, archived for OHA members only)
- Backgrounder, *Carter v. Canada (Attorney General) – Case Law Update on Supreme Court of Canada Decision* (February 2015)
- Webcast: *The Law is Evolving: Physician-Assisted Suicide - Understanding the Decision in Carter v. Canada* (March 2015, archived for OHA members only)
- Backgrounder, *Carter v. Canada (Attorney General) – Case Law Update on Lower Court Decisions* (November 2014)

Resources from the College of Physicians and Surgeons of Ontario:

- *Interim Guidance on Physician-Assisted Death: 10 Things the Public Should Know* (March 2016)
- *Interim Guidance Document on Physician-Assisted Death* (February 2016) and *Frequently Asked Questions*

- *Policy on Planning for and Providing Quality End-of-Life Care*, Policy # 4-15 (September 2015) and *Frequently Asked Questions*
- *Policy on Consent to Treatment*, Policy # 3-15 (May 2015) and *Frequently Asked Questions*
- *Policy on Professional Obligations and Human Rights*, Policy # 2 – 15 (March 2015) and *Frequently Asked Questions*

Resources from the Ontario College of Pharmacists:

- *Physician-Assisted Death: Preliminary Guidance to Pharmacists and Pharmacy Technicians* (February 2016)

Resources from the College of Nurses of Ontario:

- *Questions and Answers, Objecting to Care on Moral Grounds* (January 2016)

Resources from the Canadian Medical Protective Association:

- Backgrounder, *What the Supreme Court of Canada decision on physician-assisted dying means for physicians* (February 2015/revised December 2015)
- Backgrounder, *End of Life Care – Medical Legal Issues* (August 2015)
- Backgrounder, *After the Diagnosis: How to Communicate with Terminally Ill Patients* (March 2015)

Resources from the Canadian Medical Association:

- Web Resource, *Developing a Canadian approach to assisted dying* (2015)
- *A Canadian Approach to Assisted Dying – CMA Member Dialogue Summary Report* (2015)
- Report: *Principles-Based Recommendations for a Canadian Approach to Assisted Dying* (2016)

Resources from the Joint Centre for Bioethics, University of Toronto:

- *After Carter v. Canada: Physician-Assisted Death in Canada: Report and Recommendations* (December 2015)
- *Discussion Paper: An Ethics-Based Analysis for Recommendations for Implementing Physician-Assisted Dying in Canada* (February 2016)
- *Key Considerations for Addressing Interim Requests for a Physician-Assisted Death Exemption* (February 2016)

#### Provincial and Federal Government Reports

- Provincial Level: *Report of the Provincial-Territorial Expert Advisory Group on Physician-Assisted Dying* (November 2015)
- Federal Level:
  - *Final Report of the External Panel on Options for a Legislative Response to Carter v. Canada* (December 2015); and
  - *Final Report of the Special Joint Committee on Assisted Dying, Medical Assistance in Dying: A Patient-Centred Approach* (February 2016)

#### Links to Relevant Legislation

- *Criminal Code*, R.S.C., 1985, c. C-46
- *Health Care Consent Act, 1996*, S.O. 1996, c. 2, Sched. A
- *Local Health System Integration Act, 2006*, S.O. 2006, c. 4
- *Public Hospitals Act*, R.S.O. 1990, c. P.40
- *Substitute Decisions Act, 1992*, S.O. 1992, c. 30

200 Front Street West, Suite 2800  
Toronto, Ontario M5V 3L1  
[www.oha.com](http://www.oha.com)

# Medical Assistance in Dying

- Board of Directors – May 2016





# Background

## ■ February 6<sup>th</sup>, 2015

- Supreme Court of Canada (SCC) in Carter v. Canada (Attorney General) struck down the Criminal Code provisions prohibiting assisted dying [s. 241(b) & s.14]
  - *Competent adult*
  - *Clearly consent to the termination of life*
  - *Grievous & irremediable medical condition that causes enduring suffering that is intolerable to the individual*

## ■ December 2015

- Special joint committee on medical assistance in dying established

## ■ January 2016

- Federal government granted 4mos extension

# Current Status

## ■ February 6<sup>th</sup> – June 6<sup>th</sup>, 2016

- Interim period (4mos extension)
- Individuals can apply to the Ontario Superior Court of Justice for an exemption
  - Must meet the criteria outlined by the SCC
  - Find an MD to assess eligibility & willing to participate

## ■ Federal Legislation – Bill C-14

- Tabled April 14<sup>th</sup> / second reading April 22<sup>nd</sup> 2016
- Defines the practice, eligibility criteria, exemptions from criminal liability, safeguards & responsibility re. conscientious objection.

# Next Steps

## ■ TBRHSC MAID internal resource group

### ■ Membership:

Senior Director Quality & Risk Management	Bioethicist
Director Health Professions & Collaborative Practice	Executive VP Patient Services and CNE
Director of Nursing	Palliative care - MD
Manager Medical and Academic Affairs	Chief of Staff
PFA	Mental Health - MD

### ■ Development & review of:

- Pathway
- Request form
- Resource & general information
- Conscientious objection policy

## ■ Collaboration with community & regional partners



## Board of Directors - Open

Wednesday, April 6, 2016

Boardroom – 5:00 p.m.

### Action

#### Present:

Nadine Doucette, (Chair)  
Jean Bartkowiak\*  
Gary Whitney  
Dr. Rhonda Crocker Ellacott\*  
Anita Jean (tcon)

Gerry Munt  
Doug Shanks  
John Friday  
Dr. Penny Moody-Corbett

Dick Mannisto  
Grant Walsh  
Dr. Mark Thibert\*

#### By Invitation – Senior Leadership:

Peter Myllymaa  
Anne-Marie Heron

Dr. Stewart Kennedy  
Dr. Mark Henderson

Glenn Craig

#### By Invitation:

Jessica Nehrebecky, Rec. Sec.  
Dr. Scott Sellick

Rod Miller (A. Carr)

Cathy Covino

#### Regrets Board of Directors:

Georjann Morriseau  
Dr. Andrew Turner\*

#### Regrets Senior Leadership:

Amy Carr

### 1.0 CALL TO ORDER

The Chair called the meeting to order at 5:00 p.m. The Chair welcomed Board members, Senior Leadership, guests, and the webcast audience.

### 2.0 PATIENT STORY

Mr. Peter Myllymaa, Executive Vice President, Corporate Services and Operations, shared a patient story.

#### 3.1 Quorum – Quorum was attained.

#### 3.2 Conflict of Interest - None.

#### 3.3 Approval of the Agenda

Moved by: Doug Shanks  
Seconded by: Dick Mannisto

### *Motion*



*"That the Agenda be approved, as circulated."*

**CARRIED**

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

4.0 **PRESENTATIONS**

4.1 **Research Ethics Board**

Dr. Scott Sellick, Chair, Research Ethics Board (REB) and Ms. Cathy Covino, Senior Director, Quality and Risk Management provided an education presentation on the REB. Highlights included:

- The REB is an agent for Thunder Bay Regional Health Sciences Centre's (the Hospital) Board and for patient safety;
- The REB meets ten times per year, however a delegated review may happen over the summer if required and reported at the next regular meeting;
- The REB follows the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2 (2014)), which is developed by the following three federal research agencies: the Canadian Institutes of Health Research (CIHR), the Natural Sciences and Engineering Research Council of Canada (NSERC), and the Social Sciences and Humanities Research Council of Canada (SSHRC);
- The REB reviews application for researcher involved in living human participants or using human biological materials (human embryos, fetal tissue, stem cells and genomics information);
- The REB approves, rejects, proposes modifications, or terminates any proposed or ongoing research;
- The REB reviews the ethical implications of the methods and design of the research projects, as well as the budget;
- The Hospital's REB timelines for processing applications are similar to those of other organizations, however they are using a manual versus an electronic system which does have some set back.

*Dr. Sellick and Ms. Covino were excused.*

5.0 **CONSENT AGENDA**

*Moved by:* **John Friday**  
*Seconded by:* **Grant Walsh**

*"That the Board of Directors:*

**Motion**



- 5.1 Approves the Board of Directors Minutes of March 2, 2016;*
- 5.2 Accepts the Quality Minutes of February 25, 2016;*
- 5.3 Accepts the Quality Minutes of March 15, 2016;*
- 5.4 Approves the Board of Directors Special Minutes of March 23, 2016;*
- 5.5 Accepts the Public Sector Salary Disclosure for the Year 2015 upon recommendation from the Resource Planning Committee,*

*as presented."*

### **CARRIED**

## **6.0 REPORTS AND DISCUSSION**

### **6.1 Report from Senior Leadership**

The following information was highlighted from the report:

- The patient wait time in the Emergency Department (ED) should read 35 instead of 33 hours as noted in the report;
- The Hospital has no outstanding orders under the Fire Code (as overseen by the Fire Department) or Environment Protection Act (as overseen by the Ministry of Environment) and is not aware of any non-compliances in regard to the requirements of these legislations.

Mr. Peter Myllymaa will follow-up on why the Hospital's website has been down during several weekends.

**Action**

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

The President and CEO highlighted the following:

- The President and CEO met with Chief Peter Collins, Chief First William First Nation (FWFN) and discussed concerns on Emergency Medical Services (EMS) access for the residents of the FWFN Community;
- A meeting was held with Dr. Brian Stevenson, President, Lakehead University where Cardiac Rehab and joint ventures between the two organizations were discussed;
- The President and CEO met with Ms. Susan Marlin, President and CEO, Clinical Trials Ontario, who was a participant in the Thunder Bay Regional Research Institute's (the Institute) 2020 Strategic Plan Engagement session;
- There has been a lower occupancy rate during the last two weeks and Senior Leaders are working to find out the cause and attempt to sustain the lower rate.

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



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

- The Foundation endorsed the 2015-16 parking revenue allocation to the Institute;
- The Foundation had donated \$4.92M to the Hospital as at the end of February, 2016.

**6.4 Report from the Professional Staff Association - For information**

**6.5 Report from the Acting Chief of Staff - For information**

**6.6 Report from the Chief Nursing Executive**

The Chief Nursing Executive highlighted the following:

- A full review of the Nursing Resource Team is being conducted regarding overtime. Recommendations to achieve savings are expected to be developed by the end of April, 2016.

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

The Associate Dean of Research, Northern Ontario School of Medicine (NOSM) highlighted the following:

- The Northern Constellations conference will be held on April 8-9, 2016 in Thunder Bay.

**Moved by:** *Dick Mannisto*

**Seconded by:** *Gary Whitney*

***"That the Board of Directors:***

***6.1 Accepts the Report from Senior Leadership;***

***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 Northern Ontario School of Medicine;***

***dated April 2016 ,as presented."***

**CARRIED**





## 7.0 BUSINESS/COMMITTEE MATTERS

### 7.1 Revised 2020 Values Definitions

Members tasked the Governance Committee to develop a process for amending the Strategic Plan or any documents of the same nature, and review the proposed changes to the 2020 Values definitions. The motion to approve the revision was deferred.

*Action*

### 7.2 Ethical Framework - Deferred per discussion in 7.1.

### 7.3 Tri-Board Retreat

The next retreat will include members of the Hospital, the Foundation and the Institute's Boards of Directors. The tentative dates are October 21 or 22, 2016. A draft agenda is under development.

## 8.0 FOR INFORMATION

### 8.1 Board Comprehensive Work Plan - For information

### 8.2 Webcast Statistics - For information

### 8.3 Report Thunder Bay Regional Research Institute - For information

### 8.4 Report Thunder Bay Regional Research Institute - For information

### 8.5 Proposed Education Topics for Board of Directors - For information

### 8.6 Board Education Budget - For information

### 8.7 Accreditation Update - For information

### 8.8 Studer Conference

The Studer Conference registration fee is complimentary for all Board members and Senior Leaders.

## 9.0 BOARD MEMBER COMMENTS

On March 29, 2016, Mr. Gary Whitney participated in the Governance Centre of



Excellence's (GCE) webcast re: Improving the Governance Relationship Between Hospital and Foundation Boards. Many of the initiatives described in the webcast are currently being done by the Hospital and the Foundation.

**10.0 DATE OF NEXT MEETING** - May 4, 2016

**11.0 ADJOURNMENT** - The meeting adjourned at 6:08 p.m.

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Chair

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Board Secretary

---

Recording Secretary



Thunder Bay Regional  
Health Sciences  
Centre

980 rue Oliver Road  
Thunder Bay ON  
P7B 6V4 Canada

Tel: (807) 684-6000  
www.tbrhsc.net

## ATTESTATION

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

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

**DATE:** April 19, 2016

**RE:** Q4 2015-16 Wages and Source Deductions for Fiscal Year Beginning  
April 1, 2015 and ending March 31, 2016 (the "Applicable Period")

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

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

during the Applicable Period.

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

Dated at Thunder Bay, Ontario this 25 day of April, 2016.

Jean Bartkowiak, MHSc, CHE  
President and Chief Executive Officer  
Thunder Bay Regional Health Sciences Centre  
Chief Executive Officer  
Thunder Bay Regional Research Institute

Thunder Bay Regional Health Sciences Centre is a leader in Patient and Family Centred Care and a research and teaching hospital proudly affiliated with Lakehead University and the Northern Ontario School of Medicine  
Le Centre régional des sciences de la santé de Thunder Bay, un hôpital d'enseignement et de recherche, est reconnu comme un leader dans la prestation de soins et de services aux patients et aux familles et est fier de son affiliation à l'université Lakehead et à l'École de médecine du Nord de l'Ontario

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980 rue Oliver Road  
Thunder Bay ON  
P7B 6V4 Canada

Tel: (807) 684-6007  
[www.tbrhsc.net](http://www.tbrhsc.net)

**Senior Leadership Report**  
to the  
**Board of Directors**  
**Thunder Bay Regional Health Sciences Centre**  
**May 4, 2016**

**Research**

**Clinical Research Services Department**

- The department is working to expand the number and type of research studies and clinical trials undertaken at the Hospital and the Institute.
- There are currently 50 regulated clinical trials being conducted at the Hospital.
- 6 new trials were opened in April and another 12 trials will open soon.

**TBRI 2020 Strategic Plan**

- A well attended Engagement Session was held on April 6<sup>th</sup> which provided the Institute with draft goals to support the three new strategic directions.
- The Steering Committee and core planning group held subsequent meetings to further refine the draft goals which will be presented to Executive Management Council and the Board of Directors for final approval by May 6<sup>th</sup>.
- The plan will be launched at the Institute's June, 23<sup>rd</sup> Annual General Meeting.

**Business Development and Commercialization**

- Agreements are being finalized and work continues in relation to the formation of **Radialis Inc.** which is the company that will market Dr. Reznik's new Positron Emission Mammography technology.
- The Institute is currently recruiting for a new **Manager of Business Development**.

**Human Resources**

**Volunteer Appreciation**

- TBRHSC celebrated National Volunteer Week from April 10-16. The week's activities included:
  - Carnations and candies for volunteers;
  - Walk a Mile in a Volunteer's Shoes Initiative where Senior Leaders shadowed a volunteer in various volunteer areas of the Hospital.
- Several volunteers have been featured in *The Chronicle Journal* and social media sites including Jean Murray, Akul Bector who received the City's Citizen of Exceptional Achievement – Youth Award, and Val Dennison who was recently presented with the Governor General's Caring Canadian Award.
- A Volunteer Appreciation dinner was held on April 20, 2016 with approximately 350 guests in attendance.



### **Ministry of Labour (MOL) Site Visit**

- The Ministry of Labour was on site from April 11-15, 2016 as a part of an initiative to visit all acute care hospitals. During the site visit, Tom LeBlanc (Safety Consultant), staff, and managers were instrumental in guiding the MOL Inspector throughout clinical and non-clinical areas of the Hospital. The Hospital received a total of 38 orders of which will be complied with within the deadline assigned.

### **Ontario Nurses Association (ONA) Collective Bargaining**

- ONA represents approximately 1200 employees at TBRHSC and includes registered nurses and nurse practitioners. The current ONA central contract expired March 2016. ONA and the Hospitals' Negotiating Team completed Mediation/Arbitration in April 2016 and award is expected in early June 2016. Local Issues negotiations took place on April 15, 2016 without an agreed to contract. Local Issues coordinated arbitration will take place on October 1, 2016.

### **Annual Retirement Celebration**

- The Retirement Celebration honouring 73 employees and professional staff who retired in 2015 will be held on Tuesday, May 10, 2016 at the Victoria Inn. Board members are invited to attend.

### **Performance Appraisals**

- As an organization we are up to 75% completion rate for performance evaluations as of the end of the fiscal year 2015/16.
- The annual leadership performance evaluations process is underway utilizing an appraisal tool which reflects expected behaviours, balanced scorecard indicators and goal setting.

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

#### **Cardiac Catheterization Lab**

- The revision of workload units is complete and the first phase of case costing is complete.

#### **Medical Unit 2C**

- April saw the first year anniversary of the 12-bed Regional Stroke Unit (RSU). This unit meets the provincial and Quality-Based Procedures definitions. There is strong evidence to support stroke unit care. Death and disability is reduced by as much as 30% and patients who are cared for on a stroke unit are more likely to return home and live independently. The interdisciplinary team utilizes a coordinated approach to prevent complications and stroke recurrence.

#### **Mental Health Program**

- The Psychiatrists and Administration at TBRHSC joined the mental health leadership at SJCG in a planning session with Dr. Sarah Jarman from London Health Sciences



Centre. Planning is underway to develop a workload measurement system for Psychiatrists working at SJCG and TBRHSC.

### **Northwestern Ontario Regional Stroke Network**

- Since the Code Stroke go-live date of December 1, 2015, the median door to needle time for tPA (tissue plasminogen activator) administration has improved significantly. During the first 10 months of 2015/16, the median door to needle time was 71.5 minutes and in the last 4 months, the median time was 44 minutes. The target is a median of 30 minutes and a 90<sup>th</sup> percentile of 60 minutes.

### **Prevention and Screening Services**

- On April 1, the Genetics Program officially began offering services under Prevention and Screening. This program was formerly hosted at the Thunder Bay District Health Unit.
- Throughout the month of March, colon cancer screening was promoted across the region by means of several outreach booths, radio spotlights, TV interviews, and newspaper stories.
- April is Cervical Cancer Awareness month and the regional campaign is called 'Pap-A-Palooza'. As part of the campaign, 10 regional health clinics have committed to offering special cervical cancer screening days in their clinics, some have also opened their doors to non-rostered patients.

### **Telemedicine Services**

- Telemedicine reached a benchmark of over 10,000 clinical appointments in 2015/16. The top three areas of use (in order) were the Cancer Program, followed by Orthopedics and then Gastroenterology consultations.

### **Corporate Services & Operations**

#### **Financial Services**

- The department is working on year end close and preparing for the on-site audit.
- Awaiting final budget review from Managers before posting the budget for 2016-2017.

#### **Capital Planning & Operations**

- TBRHSC has no outstanding orders under the Fire Code (as overseen by the Fire Department) or Environment Protection Act (as overseen by Ministry of Environment) - and TBRHSC is not aware of any non-compliances in regards to the requirements of these legislations.
- The pre-capital submission for the Cardiovascular Program was submitted to MOHLTC –approval is pending.
- The pre-capital submission for the Data Centre was submitted to the LHIN.
- The cogeneration project has been nominated for the RBC Innovation Award's Innovative Project of the Year.



### **Northwest Supply Chain**

- Independent 3<sup>rd</sup> party review rfp was awarded to the Hay Group.
- On April 21, the NSC program celebrated the successes we have achieved with Media and the Region present. The theme included collaboration and partnerships amongst the Hospitals and Health related organizations in the Region.

### **Informatics**

- 120 clinicians at TBRHSC have signed up for access to the Clinical Viewer to view lab results in the provincial laboratory repository, which promotes more timely access to lab results and avoidance of duplicate lab tests for patients.
- Information Systems has signed an agreement with cNEO(eHealth) to begin contributing dictated patient reports from all 13 hospitals in the northwest to the provincial Clinical Data Repository.
- TBRHSC has signed an agreement with Tbaytel to deliver free WiFi services to our patients and families. The service is expected to be available to the public mid-May.

### **Decision Support**

- Decision Support is working closely with Hospital leadership to finalize and optimize 2015-16 year-end financial results.
- A detailed analysis and assessment of the Nursing Resource Team (NRT) was completed and presented to Senior Leadership Team. Recommendations include adjustments to NRT staffing that will reduce overtime usage.

### **EVP, Patient Services & Chief Nursing Executive**

#### **Emergency (ED) Patient Flow**

- In March 2016, the ED continued to perform at or better than provincial targets for non-admitted high acuity patients with a length of stay (LOS) of 6.7 hours (target 7 hours) and low acuity LOS of 3.9 hours (target 4 hours).
- In March, on average, 22 admitted patients waited 38 hours in ED for an in-patient bed
- At year end, ED visits were up 2.2% at 107,492, from 105,219 in 2014/15.
- Wait times performance at year end demonstrated an overall improvement in ED admitted LOS from 37.17 hours in 2014/15 to 31.36 hours (90<sup>th</sup> %).

#### **Fracture Clinic**

- Efforts to improve the overall wait time and experience of care in the Fracture Clinic have resulted in several changes including: an overall reduction in the patient's total length of stay; a rework of the number of patients booked per hour and per physician; and an increased time allotted for booking appointments.
- Since implementation of these new initiatives (January 11, 2016), total length of stay has decreased from 116.62 (January to April 1, 2015) to 86.14 minutes (January to April 2016) at the 90th %, and a decrease of 30.48 minutes/visit, despite increase in volume.





- Continued work to improve wait times and overall patient experience is ongoing, with results being monitored against a wait time of 90 minutes.

#### **Regional Orthopedics Program**

- Over the past 2 years of planning, TBRHSC has been working collaboratively with our partners across the NW LHIN to plan and develop a regional orthopedic services plan.
- The vision is to deliver high quality orthopedic care as close to home as possible. The system is to address prevention, referral and assessment, emergency and elective surgery and post surgical care in an integrated and aligned approach across the system, using health system and human resources as effectively as possible.
- A regional approach to the delivery of orthopaedic services is a critical step to ensure high quality care regardless of geography – ensuring timely access to care, lower wait times and avoidable travel.
- TBRHSC has been named the lead to implement the Regional Orthopedics Program.

#### **MRI Wait Times**

- Significant progress seen in improvement of P4 (routine) MRI wait times (at 90<sup>th</sup> %) from 76 days in October 2015 to 37 days for May 2016 (almost at 28 day target) appointments.

#### **Leading Patient & Family Centred Care: Sharing our Successes**

- Studer 2016 Toronto Conference on May 18-19, 2016 - "Achieving Patient and Family Centred Care" presented by Bonnie Nicholas, PFCC Lead and Keith Taylor, PFA Co-Chair.
- Building Relationships for your Capital Planning Strategies OHA Conference/webcast on June 10, 2016 – "Designing for Strategic Patient & Family Centred Care Objectives" presented by Rhonda Crocker Ellacott.

#### **Academics & Interprofessional Education**

##### **Development of a Structure to Support Teaching and Research**

- Dr. Stewart Kennedy partnered with NOSM to provide a presentation at Northern Constellations' Faculty Development Conference regarding the creation of practice plans to support physicians with teaching and research. Initial reactions were positive and resulted in the identification of a working group and next steps.

##### **Simulation and Patient Safety**

- Interprofessional Education teamed up with Patient Safety and Nursing Practice to create an adverse event simulation scenario to develop safety competencies and skills in delivering patient family centred care. Small teams will be participating in the simulations beginning the end of May.

#### **Medical & Academic Affairs**

##### **Medical Affairs**



- Three site visits took place during the month of April with candidates for Interventional Cardiology (1) and Psychiatry (2).
- Dr. Reza Golrokhian Sani (Otolaryngology) and Dr. Ghazala Basir (Neurology) have accepted offers with start dates to be determined.
- Dr. Heba Taha has accepted an offer with our Hospitalist Service and will join us in May.
- We continue to actively recruit for many areas but with a focused effort at this time on Pathology, Hospitalist Medicine, Psychiatry and Dermatology.

### **Pharmacy**

#### **Medication Reconciliation**

- The medication reconciliation admission rate for March 2016 was 63.2%, an increase of 1% from February 2016.

#### **Regional Pharmacy Program**

- We launched our Tele-pharmacist Services on April 1<sup>st</sup> to 7 hospitals (Dryden, Red Lake, Atikokan, Fort Frances, Nipigon, Terrace Bay and Marathon). The order scanning solution (DocuScripts™) will be fully implemented over the next several months.



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Health Sciences  
Centre

980 rue Oliver Road  
Thunder Bay ON  
P7B 6V4 Canada

Tel: (807) 684-6007  
[www.tbrhsc.net](http://www.tbrhsc.net)

President and CEO

**Report from Jean Bartkowiak  
President and CEO  
May 4, 2016**

It has been three months now since I joined the Health Sciences Centre and Research Institute teams. I can sum those months up in two words: *learning* and *collaboration*. I become more familiar each day with the many initiatives and people working to deliver quality health, teaching the next generation of health care professionals and conducting research for the people of Northwestern Ontario.

I recently participated in several discussions and activities and have been inspired by the focus and passion that is driving progress and partnership:

We welcomed the long-standing regional genetics program as it joined our Prevention and Screening Services on April 1. Formerly located at the Thunder Bay District Health Unit, and known as the Northwestern Ontario Regional Genetics Program, the program moved to our Health Sciences Centre because it aligns well within an acute care setting;

On April 6, external and internal stakeholders of the Thunder Bay Regional Research Institute (TBRI) joined me in an engagement session to shape the goals of the Institute's Strategic Plan 2020. Since then, we have identified the strategic activities and are now engaged in determining the success measures that will guide continued growth and success. Following the session, I met with Susan Marlin, President and CEO of Clinical Trials Ontario to discuss how our Research Ethics Board could be accredited to conduct multi-centric clinical trials. On April 13, I met with TBRI scientists to gain perspective on their expectations, and on April 19, I met with all the staff of TBRI;

On April 7, I had the pleasure of meeting with Dr. Peter Pisters, President and CEO of University Health Network, and Dr. Barry Rubin, Division of Vascular Surgery at University Health Network, regarding our partnership in cardiovascular care for Northwestern Ontario. It is most exciting to confirm our relationship and clarify expectations as we move this project forward;

As a member of Connecting North East Ontario (CNEO), I met on April 8 with other partners to oversee the roll-out of an electronic health information system across four north-eastern Local Health Integration Networks (LHIN) over the next four years. For patients, this will support swifter, safer care through improved access to health information, no matter where their health care provider is located within those four LHINs;

On April 9, I attended the Northern Constellations 2016 conference hosted by our academic partner, the Northern Ontario School of Medicine. This event provided forums to share experiences and challenges along with opportunities to improve specific skills in the areas of teaching and preceptorship, educational and administrative leadership, along with scholarly and research activities;

I also had the opportunity to celebrate and thank the many volunteers who have such a tremendous impact on the lives of patients, families, staff and visitors at our Health Sciences Centre. Over 500 people volunteer in virtually all areas and raising funds to advance care. The week of April 11, members of our Senior Team and I spent time "shadowing" volunteers and gained a new appreciation for the work they do. On April 20, I was able to personally thank many of them at the annual Volunteer Recognition Dinner. I applaud our wonderful volunteers!

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Le Centre régional des sciences de la santé de Thunder Bay, un hôpital d'enseignement et de recherche, est reconnu comme un leader dans la prestation de soins et de services aux patients et aux familles et est fier de son affiliation à l'**université Lakehead et à l'École de médecine du Nord de l'Ontario**.

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President and CEO

I enjoyed meeting with approximately 20 community leaders, including Mayor Keith Hobbs and City Manager Norm Gale, at our Health Sciences Foundation's "Breakfast with the CEOs" event on April 13, and I look forward to the next one.

On April 14, I met with the members of Northwest Health Network, along with colleagues from the North West LHIN and the Community Care Access Centre, to discuss regional health care priorities;

The North West LHIN Shared Services Project consultants also met with me regarding expanding shared services across our region;

A meeting on April 20 with the Mental Health Executive Committee focused on my vision for effective and confidential screening for acute mental health patients in crisis in the Emergency room;

A joint meeting on April 20 of the Senior Leadership Teams of our Health Sciences Centre and St. Joseph's Care Group allowed us to discuss child psychiatry and mental health services;

On April 21, we celebrated the impressive results enabled by the Northwest Supply Chain. Over \$21 million has been saved, much of that redirected to patient care. The Northwest Supply Chain provides a central supply chain to member organizations, including member hospitals across the region;

Dr. Mark Henderson, EVP Patient Services, and I met on April 27 with the Community Economic Development Corporation (CEDC) to discuss the cardiovascular care project and the positive impacts it will have in our community;

I was able to introduce myself and share the priorities of our Health Sciences Centre during meetings with City of Thunder Bay Mayor Keith Hobbs and City Manager Norm Gale, and later on April 27 with the Municipal Chief Administrative Officers of the District of Thunder Bay, and with the Mayor I participated at the Northern Ontario Municipalities Association Conference on April 28, as well as the Council of Clergy;

Finally, I am now a proud member of the Board of Directors of the Northwest Health Alliance, an organization that facilitates collaboration among health service providers in order to improve the delivery of health care for patients in Northwestern Ontario.

The following reports from my portfolio include more highlights of recent activities.

### **Quality and Risk Management**

#### **Medical Assistance in Dying**

- An internal resource group has been convened to review the legal and regulatory questions arising from the Supreme Court of Canada *Carter v. Canada* decision.
- The group is led by Quality and Risk Management and will provide an ethical process for managing requests for medical assistance in dying at TBRHSC. Once our processes are established, we will collaborate with the region and community to partner and offer expertise.

#### **Ethics Week 2016**

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President and CEO

- Ethics week 2016 was successfully held from April 4 – 8, 2016. The role of the Clinical Ethics Committee and Bioethicist were highlighted. Through rounding on the units, 385 individuals were engaged to select their top ethics issue and corresponding solution on display board.
- Education sessions were offered on the topics of weight bias & discrimination, research ethics, medical assistance in dying, powers of attorney, and the impact of the Indigenous Truth and Reconciliation Commission on health care.

### **Quality Based Procedures**

The MOHLTC has issued clinical handbooks for 18 quality based procedures, 12 of which are applicable to TBRHSC:

- Five QBPs have successfully been implemented and sustained at TBRHSC.
- Accurate diagnosis and early patient-pathway alignment continue to be a challenge for two adopted QBPs.
- Four new QBPs are to be adopted in 2016: Community Acquired Pneumonia, Paediatric Tonsillectomy with and without Adenoidectomy, Coronary Artery Disease, and Paediatric Hyperbilirubinemia.
- \$26m in QBP funding has been secured through established volume and rate review monitoring in 2015-16.
- Compliance with quality indicators could become a factor in earning QBP funding.

### **Communications, Indigenous Affairs & Engagement**

- We will partner with Confederation College to produce new corporate and PFCC videos. Production will begin in early 2017;
- The TBRHSC website recently expanded to include additional content for Regional Renal Services, Medical & Academic Affairs, Prevention & Screening Services, Accessibility and Public Reporting;
- Stakeholder engagement was conducted to support the development of the Thunder Bay Regional Research Institute 2020 Strategic Plan;
- An Open House is scheduled on June 2, 2016 to encourage community feedback on the development of a new five-year Accessibility Plan for our Health Sciences Centre. Anyone who is not able to attend but wishes to provide input will have on-line options;
- Meetings with Indigenous community leaders were coordinated and held to gain insight on potential Strategic Plan success indicators;
- A process to collect and report on Indigenous patient satisfaction is in development and expected to be finalized in May;
- A process is in place to ensure that new patient education materials are produced in a bilingual (English & French) format;
- Funding from Heritage Canada to support National Aboriginal Day activities at TBRHSC on June 21, 2016 has been confirmed;
- A media event was coordinated to communicate the successes of the Northwest Supply Chain;
- Services were provided to support internal and external communications initiatives for Strategy & Planning, Cardiovascular Care, the Emergency Department, Chronic Disease Prevention & Management, the Northwestern Ontario Regional Stroke Network and the Thunder Bay Regional Research Institute;

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# BRIEFING NOTE

TOPIC	Independent 3 <sup>rd</sup> party review - update
PREPARED BY	Peter Myllymaa
APPROVED BY	Jean Barkowiak
PREPARED FOR: President & CEO <input type="checkbox"/> Board of Directors <input checked="" type="checkbox"/> Other	
DATE PREPARED	April 26, 2016

## PURPOSE/ISSUE(S)

To provide an update on the independent 3<sup>rd</sup> party review of Thunder Bay Regional Health Sciences Centre (TBRHSC).

## BACKGROUND

Both the 2014/15 and 2015/16 HSAA signed with the North West Local Health Integration Network (NW LHIN) provided a balanced budget "waiver" with the TBRHSC agreeing to certain terms with the NW LHIN. One of these requirements was TBRHSC agreeing to a review to be conducted by an external 3<sup>rd</sup> party to determine the root cause of the hospital's persistent overcapacity pressures, with the terms of reference and completion timelines to be mutually agreed to.

## ANALYSIS/CURRENT STATUS

In consultation with the NW LHIN senior team, terms of reference for the review were developed and mutually agreed upon. The Request for Proposals for the review was posted on February 17, 2016 with a closing date of March 10, 2016. Six submissions were received and were reviewed by the evaluation team, which included representation from TBRHSC and the NW LHIN. An agreement is being formed with the leading proponent. The project is scheduled to be completed within 4 months of the start date.

We anticipate the 3<sup>rd</sup> party review will validate the position that we are an efficient hospital as has been demonstrated by the benchmarking review which was recently completed.

## RECOMMENDATION

Hospital staff will work with the successful proponent and the NW LHIN to complete the review within the 4 month time frame.

## NEXT STEPS

Senior Administration will meet with the Project Team from the successful proponent during the project start up phase to coordinate the requirements of the project.

## STAKEHOLDER REACTION

Expected to be neutral as a communications plan is created, and all Directors and Managers have been informed at the quarterly meetings to advise them of the purpose and anticipated outcomes

## COMMUNICATIONS

TOPIC	Independent 3 <sup>rd</sup> party review - update
PREPARED BY	Peter Myllymaa
APPROVED BY	Jean Barkowiak
PREPARED FOR: President &CEO <input type="checkbox"/> Board of Directors <input checked="" type="checkbox"/> Other	
<p>Communications staff from the hospital are working collaboratively with communications staff from the NW LHIN to develop a communication to be distributed to all staff.</p>	
<b>FINANCIAL IMPACTS</b>	
<p>Cost of the review to be funded by one time funds to be received from the NW LHIN.</p>	
<b>APPENDIX SECTION</b>	
<p>N/A</p>	

TBRHSC is committed to ensuring decisions and practices are ethically responsible and align with our mission/vision/values. All leaders should consider decisions from an ethics perspective including their implications on patients, staff and the community.

The following questions should be considered for each decision.

1. Does the course of action put '**Patients First**' by responding respectfully to needs, values, and expectations 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 provide a quality patient experience?

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

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



# BRIEFING NOTE



TOPIC	2015-16 Year end funding
PREPARED BY	Peter Myllymaa
APPROVED BY	Jean Bartkowiak
PREPARED FOR: President & CEO <input checked="" type="checkbox"/> Board of Directors <input type="checkbox"/> Other	
DATE PREPARED	April 26, 2016

## PURPOSE/ISSUE(S)

To provide an update on one time funding announced from the North West Local Health Integration Network (NW LHIN)

## BACKGROUND

Throughout 2015/16, Thunder Bay Regional Health Sciences Centre (TBRHSC) has been projecting a deficit to year end. The HSAA submitted to the NW LHIN had also been approved based on a deficit position. The board approved deficit for 2015/16 is \$5.8 million. This deficit is in large part being caused by the persistent over capacity. During 2015/16, TBRHSC was in gridlock 265 days (72.4%) and the average daily admitted patient census was 406 patients.

## ANALYSIS/CURRENT STATUS

The preliminary, unaudited deficit at March 31, 2016 is projected to be approximately \$5.5 million. This year end deficit is subject to further accruals and adjustments, and as such, is an estimate only at this time. The projected deficit throughout the year was consistently in excess of \$5 million to year end. This had been communicated to the NW LHIN, and through discussions with senior administration at the NW LHIN, we learned that there may be additional one time funding available. Staff at the NW LHIN have advised the hospital that an additional \$5.2 million will be provided for the financial pressures. From the funding provided, up to \$400,000 will be used to fund the 3<sup>rd</sup> party review.

## RECOMMENDATION

Year end financial statements will be prepared recognizing the \$5.2 million receivable from the NW LHIN. Up to \$400,000 (but based on the actual cost of the 3<sup>rd</sup> party review signed agreement) will be internally restricted for the purpose of the review, and will be reflected accordingly in the net assets/debt of the hospital.

## NEXT STEPS

Amended HSAA with revised funding amount to be signed. Senior administration will continue to identify further cost savings and efficiencies for 2016/17.

## STAKEHOLDER REACTION

## COMMUNICATIONS

N/A

TOPIC	2015-16 Year end funding
PREPARED BY	Peter Myllymaa
APPROVED BY	Jean Bartkowiak
PREPARED FOR: President & CEO <input checked="" type="checkbox"/> Board of Directors <input type="checkbox"/> Other	
<b>FINANCIAL IMPACTS</b>	
\$5.2 million positive impact.	
<b>APPENDIX SECTION</b>	

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**Thunder Bay Regional  
Health Sciences  
Foundation**

980 Oliver Road  
Thunder Bay ON  
P7B 6V4 Canada

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



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

### **Over \$69,000 raised for Breast Cancer!**

On April 16, the phenomenally successful Five Forks Bachelors for HOPE Charity Auction raised over \$69,000 in support of breast cancer education, awareness and treatment for Northwestern Ontario. The over 350 attendees enjoyed a gourmet meal, entertainment and most importantly, made an incredible impact on the care to be offered from the Health Sciences Centre and sites throughout our region. **The event has now raised over \$1,000,000 in its 18 year life!** Hats off to the organizing committee on an amazing year – looking forward to even more excitement in 2017!

### **Thanks a Million!**

National Volunteer Week was April 11-17/16. Volunteers across Canada were recognized for the invaluable contributions and impact they make to our communities.

On April 20 at the Victoria Inn, the Health Sciences Centre and Health Sciences Foundation joined to recognize an incredible resource – volunteers. **The over 900 active volunteers** supporting healthcare include special event committees, information desk attendants, office volunteers, Patient and Family Advisors and many, many, more. Their collective support makes possible the work of both organizations. Your role as Board Directors is key to providing strategic direction for both organizations – and we couldn't be more grateful.

### **New Baby?**

The First Marks Club is the perfect gift for the new baby in your family. Your gift invests in the best care possible for the smallest patients at the Health Sciences Centre and places their name on a 'footprint' in Maternal Newborn. Grandparents often create a family tradition of enrolling grandchildren. If you would like more information about the First Marks Club please contact Athena Kreiner, Director, Annual Giving Program at 684-7112.

### **Get your Tickets Now!**

30th Annual Rotary **House Lottery Draw Date is July 1, 2016!** This date will be here before we know it. Get your tickets for your chance to win the grand prize - 1,700 square foot home (valued at \$486,294!). Other prizes include \$50,000 is available in early bird cash draws starting April 22. Tickets are \$100.00 or 3 for \$250.00 and only 10,000 will be sold! Visit our tickets sells outside of the Donation Office to purchase your ticket now!

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

We've seen our fair share of winter this year. But with spring around the corner, it's time to plan in earnest for your future – near or far. Before you map out your garden, book an appointment to review your Will and consider a gift to the Health Sciences Foundation.

Every gift – regardless of size – impacts the care offered to all of us in Northwestern Ontario. Your Health Sciences Foundation helps make possible things like new isolettes for the tiniest residents, just starting their lives through to new hemodialysis machines for patients receiving dialysis here at the Health Sciences Centre and regional sites, including Sioux Lookout.

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, Director, Planned and Major Gifts at 684-7109 for more information.



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Chief of Staff

# **Chief of Staff Report**

to the  
Board of Directors  
Thunder Bay Regional Health Sciences Centre

May 2016

## **Department Chiefs**

- We are pleased to announce the re-appointment of Dr. Dave Wood as Chief of Emergency/Trauma
- The Medical Advisory Committee has made a recommendation to the Board of Directors regarding the Chief of Pediatrics position

## **Northwest Chiefs of Staff Council**

- The council reconvened for the first time this year with the main topic of discussion around discharge planning at TBRHSC and the challenges in the region

## **Length of Stay**

- The Physician Length of Stay Working Group continues to meet regularly
- Education continues for Professional Staff on clinical documentation to increase accuracy in coding and therefore having more accurate expected lengths of stay

## **Physician-Assisted Dying**

- A small working group led by Quality & Risk Management with physician representation has been created to keep informed of changes in legislation regarding physician-assisted dying and to begin to develop a plan for handling requests at TBRHSC

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Chief Nursing Executive

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

to the  
**Board of Directors**  
**Thunder Bay Regional Health Sciences Centre**  
**May 2016**

## **Nursing Resource Team (NRT) Review**

- The NRT was established in 2012 to provide a flexible pool of RNs, RPNs and safety attendants to provide better care coverage, coordinate a comprehensive overall response to vacation, sick time and reduce overtime
- The strategy, initially, created a significant number of new full time nursing positions, while reducing overtime, and providing a coordinated response to systems overcapacity
- A functional review of the NRT was completed this Spring to address concerns related to increases in overtime and overall operational effectiveness
- Resulting changes will be implemented to the NRT over the next 6 months to better align supply / demand and clinical need with appropriate staffing
- Changes include: increasing the overall full time equivalent in the NRT to enable the replacement of its own long-term vacancies, and regular vacancy need; improved alignment of tours 7.5 versus 11.25 to better reflect needs; and, expanding the casual pool of safety attendants to include part time positions to ensure comprehensive coverage of needs
- Overall, these strategies are anticipated to support a \$500,000 reduction in Nursing overtime – related to the expansion and rightsizing of the NRT pool, and a further \$150,000 reduction in costs related to close and constant observation

## **Nursing Week**

- This year National Nurse's Week will take place May 9 -15 with the theme "Nurses: With you every step of the way". Once again, we will be partnering with ONA, SEIU and Registered Nurses Association of Ontario (RNAO) to plan a full week of events.
- A calendar highlighting the events of the week is being circulated

## **Best Practice Spotlight Organization (BPSO)**

- As part of our BPSO, the Registered Nurses Association of Ontario (RNAO) supports our participation in their international indicator data system *NQuIRE*, which collects data on nursing practice, organizational structure and patient outcome indicators
- In order to best utilize Best Practice Guidelines (BPGs), the RNAO has provided TBRHSC with \$3,500 to enable our participation in its NQuIRE "Boot Camps" focusing on topics such as indicator selection, data entry, data sources, sampling and data collection, and reporting.

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# Northern Ontario School of Medicine Monthly Activity Report from the DEAN'S DESK



**March 2016**

*This monthly activity report is sent to members of the Northern Ontario School of Medicine's (NOSM) Board of Directors, Academic Council, Indigenous Reference Group, and Francophone Reference Group. This report is based on key messages sent to NOSM staff and faculty throughout the month from the office of the Dean.*

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## **CaRMS Match 2016**

During their final year, MD students submit applications to undertake their residency education. They may choose a program in any specialty offered by any medical school anywhere in Canada. Residency program directors review the applications received and call selected applicants for interview in late January and early February each year. Subsequently, the student applicants and the residency program directors submit their preferences in order of priority to the Canadian Residents Matching Service (CaRMS) which runs a computer match in early March.

Wednesday, March 2 was this year's CaRMS match day. This year, all NOSM students were matched in the first CaRMS round with 57% matched to family medicine (predominantly rural) residency programs, 38% matched to other general specialties like internal medicine, general surgery and paediatrics and 5% matched to subspecialties, including Diagnostic Radiology and Anatomical Pathology. 38% of this year's NOSM MD graduates will be undertaking their residency with NOSM. 52 of 62 places in NOSM residency programs were filled in this round including six of the twelve Royal College streams (including Anesthesiology, General Surgery and Pediatrics), and six of eight Family Medicine streams. All unfilled places are likely to be matched in the second round of CaRMS, which takes place in mid April. Once again, NOSM's CaRMS match results are truly outstanding when compared to other Canadian medical schools. Please join me in congratulating the students, the program directors and all involved faculty and staff members on this phenomenal success.

## **Register Now ICEMEN & NHRC 2016**

ICEMEN 2016 (International conference on Community Engaged Medical Education in the North) will be held in [Sault Ste. Marie](#), on June 20-25, 2016. [NOSM](#) (Canada), [Flinders](#) (Australia), and [THEnet](#) (Global) are *Putting Communities in the Driver's Seat!* Participants will have an opportunity to visit and engage with communities in the pre-conference [Conference on the Move](#), June 20-22. The Indigenous Research Gathering (IRG), June 23-24, and the [Northern Health Research Conference](#) (NHRC), June 24-25, will be woven into the five-day ICEMEN 2016, providing many opportunities to explore social accountability, community engagement and Indigenous health in education, research and service.

ICEMEN/NHRC/IRG 2016 has a star-studded cast of keynote speakers, any one of whom would be a reason to register now at [icemen2016.ca](http://icemen2016.ca). They are: Bjorg Palsdottir, CEO, Training for Health Equity network (THEnet); Rachel Ellaway, Professor of Medical Education in Community Health Sciences, University of Calgary; Suwit Wibulpolprasert, former rural physician and advisor to the Thai government and WHO; Cynthia Wesley-Esquimaux, Vice Provost (Indigenous Initiatives) at Lakehead University; Marie Wilson, award-winning journalist, and Truth and Reconciliation Commissioner; Sheldon Tobe, Heart and Stroke Foundation/NOSM Chair of Rural and Indigenous Health; Frank Sullivan, academic family physician and Gordon F. Cheesbrough Research Chair at North York General Hospital; and Aurel Schofield, academic family physician and Project Director for the Franco Doc project of the AFMC.

## **Admissions Weekends 2016**

The weekends of March 4-5 and April 2-3 were the interview weekends for applicants to the 2016 intake to the NOSM MD program. In all, 317 individuals have been called for interview over the two weekends selected from the 2153 applications received for 64 available places. This confirms the competitive nature of securing a place as a medical student with NOSM. 63% of those interviewed this year are females. Amongst the 317, there are 57 (18%) self-identified as Francophone and 30 (9%) self-identified as Indigenous. Following from the interviews, the Admissions Committee will assess all the information on these candidates in the lead up to sending out first round offers to 64 selected candidates on May 10. Orientation week for our 2016 first year class begins on August 22.

Interviewing around 320 applicants over two weekends is a huge logistical exercise and a major challenge for all involved. It is also of great importance to the School as the process is as much about inspiring applicants that this is the medical school for them, as it is about selecting which of them will be offered places in the NOSM MD program. Many students, faculty and staff members, as well as individuals from the communities of Northern Ontario (not just Sudbury and Thunder Bay), contribute considerable time and effort to the success of the interview weekends. Thank you to all of you for your participation in this process which is very important to the School. Congratulations to Dr. Owen Prowse, Assistant Dean Admissions, Miriam Cain, Director Admissions and Learner Recruitment, Julie Pacifico, Admissions Officer, and the whole team on the success of the selection and admissions process.

## **Research: Essential to Improving Health**

Research is essential to improving health care and health outcomes. For physicians and other health-care providers, every day interactions with patients raise questions. Often these questions can be answered by reviewing the literature and/or consulting colleagues. Sometimes, the answer to a question is not known and this is the beginning of a new research project. Research may be seen as a systematic approach to answering questions. Recognizing this, it is important that our students, residents and all learners come to see research as integral to everyday clinical practice. Given NOSM's social accountability mandate, it is of particular importance that NOSM faculty members and learners undertake research focused on addressing the health needs of the people and communities in Northern Ontario.

In this context, NOSM has become a leader of health research in Northern Ontario, encouraging a culture of research and innovation through: enhancements in infrastructure and support; annual [Northern Health Research Conferences](#); [The Scope](#), NOSM's bi-annual publication that highlights NOSM research

activities; and partnerships and collaboration within Northern Ontario and beyond. In the current issue of [The Scope](#) several valuable collaborations are highlighted, including: a NOSM faculty member investigating competencies of the rural physician; a NOSM resident using data from the Institute of Clinical and Evaluative Sciences to investigate access to psychiatry care; the important work being undertaken by Local Education Groups (LEGs) across the North; and, so much more. This year's Northern Health Research Conference will be June 24-25 in Sault Ste Marie in collaboration with ICEMEN 2016. Now is the time to [register](#). I look forward to seeing you there.

## **Staff News...**

**Dorothy Olfert** has accepted the part-time term position of Learner Affairs Officer at NOSM at Laurentian University, effective February 19, 2016.

**Meghan Dunn** has accepted the term position of Student Assistant, Health Sciences Library at NOSM at Lakehead University, effective February 26, 2016.

### **Regretfully, the following staff members have left NOSM:**

**Tim Dubé** has resigned from his position as Curriculum Instructional Designer, effective March 18, 2016.

**Eli Nix** has resigned from his position as Research Assistant, effective March 10, 2016.

Sincerely,

A handwritten signature in black ink, appearing to read 'Dr. Strasser', with a stylized flourish at the end.

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



## BRIEFING NOTE

TOPIC	2020 Strategic Indicators & Targets
PREPARED BY	C. Freitag & M. Del Nin
APPROVED BY	J. Bartkowiak
PREPARED FOR: President & CEO x <input checked="" type="checkbox"/> Board of Directors x <input type="checkbox"/> Other	
DATE PREPARED	April 26, 2016

### PURPOSE/ISSUE(S)

To recommend the revised governance strategic indicators & related targets.

### BACKGROUND

A series of 3 special Board meetings held between June 2015 and March 2016 that were led by a Board member. The intention was to develop the 'critical few' strategic indicators which would allow the Board to monitor progress and performance of the 2020 strategic plan implementation. These meetings involved members of the Senior Leadership Council. At the March 23<sup>rd</sup> meeting, an action item was for the CEO to review and revise the strategic indicators and related targets with the members of Senior Leadership Council and return to the Board with a final draft to the Board in May.

### ANALYSIS/CURRENT STATUS

The CEO's approach to strategic indicator development differs from the approach taken and emphasizes the following principles:

- strategic indicators must correlate to the strategic goals;
- trending performance results internally over time is a valuable methodology where external benchmarking not available;
- indicators should rely more on quantitative data rather than qualitative data (limited reliance on survey data);
- strategic indicators must provide results within regular intervals, without prolonged lag time; and
- SLC develops the strategic indicators and related targets for presentation to the Board

Further consultations have taken place to source additional data in order to refine or complement existing indicators. Meeting were held with G. Morriseau, regarding Indigenous Health and P. Voros, regarding Mental Health to review the proposed indicators and explore additional ones.

### RECOMMENDATION

The Board approves the recommended strategic indicators and related targets.

### NEXT STEPS

TOPIC	2020 Strategic Indicators & Targets
PREPARED BY	C. Freitag & M. Del Nin
APPROVED BY	J. Bartkowiak
PREPARED FOR: President & CEO <input checked="" type="checkbox"/> Board of Directors <input type="checkbox"/> Other	
The Balanced Scorecard will be amended with the 2020 strategic indicators and related targets and include distinct views for the Board, Quality Committee and Resource Planning Committee	
<b>STAKEHOLDER REACTION</b>	
The revised strategic monitoring indicators and related targets will satisfy the Board's expectation to monitor the achievement of the 2020 Strategic Plan Directions.	
<b>COMMUNICATIONS</b>	
The 2020 strategic indicators will be reported "quarterly" accompanied by a status update on the progress of activities summary in the form of a color-coded summary report.	
Once approved, communicate to the leadership team and staff.	
<b>FINANCIAL IMPACTS</b>	
None	
<b>APPENDIX SECTION</b>	
2020 Strategic Indicators Summary.	

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, and expectations 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 provide a quality patient experience?

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

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

# 2020 Strategic Plan Indicators and Targets

- Michael Del Nin, Manager, Decision Support
- Carolyn Freitag, Director, Strategy and Performance

Presentation to Board of Directors – May 4, 2016

# Board Strategic Indicators

2020 Strategic Alignment	2020 Strategic Indicators
Patient Experience	Hand hygiene compliance before contact
Patient Experience	30-day in-hospital deaths following major surgery
Patient Experience	Number of critical events
Patient Experience	Patient satisfaction: Overall rating of care – in-patients
Patient Experience	Staff satisfaction – organizational engagement
Patient Experience	Physician satisfaction – organizational engagement
Patient Experience	Learner satisfaction
Patient Experience	Paid sick hours as a percentage of worked hours

# Board Strategic Indicators Con't

2020 Strategic Alignment	2020 Strategic Indicators
Comprehensive Clinical Care	Emergency Department length of stay (90th percentile in hours)
Comprehensive Clinical Care	Total Researchers
Seniors' Health	Pressure ulcer incidence
Indigenous Health	Acute hospital admissions for patients from Indigenous communities
Acute Mental Health	Psychiatrist full-time equivalent staffing as percentage of required full-time equivalent complement



## 2020 Recommended Strategic Indicators & Related Targets

As at May 4, 2016

(Items in **RED** have changed from distributed version)

		Performance & Targets							
		TBRSHC Results				Targets			
2020 alignment	Indicator	13-14	14-15	15-16 YTD	Trend	Ontario peer median or average	15-16 TBRHSC target	16-17 TBRHSC proposed target	2020 TBRHSC proposed target
Patient Experience	Hand hygiene compliance before contact	92.7%	91.9%	92.3%		88.0%	95.0%	93.0%	95.0%
Patient Experience	30-day in-hospital deaths following major surgery	1.40	1.80			1.30	n/a	1.30	1.30
Patient Experience	Number of critical events	3	6	4		n/a	n/a	0	0
Patient Experience	Patient satisfaction: Overall rating of care - Inpatients	91.9%	93.5%	93.7%		95.3%	95.3%	93.9%	95.3%
Patient Experience	Staff satisfaction - organizational engagement	n/a	n/a	64.8%		67.0%	60.0%	n/a	70.0%
Patient Experience	Physician satisfaction - organizational engagement	n/a	n/a	55.2%		69.2%	60.0%	n/a	70.0%
Patient Experience	Paid sick hours as a percentage of worked hours	4.11%	4.44%	3.66%		3.66%	2.94%	3.48%	3.25%
Patient Experience	Learner satisfaction	n/a	n/a	86.1%		n/a	n/a	87.0%	90.0%
Patient Experience	Total Researchers	n/a	n/a	315		n/a	n/a	321	341
Comprehensive Clinical Care	Emergency Department length of stay (90th percentile in hours)	29.21	37.94	29.56		28.15	34.15	29.70	28.15
Seniors' Health	Pressure ulcer incidence	n/a	18.6%	9.1%		10.0%	n/a	7.0%	1.0%
Indigenous Health	Acute hospital admissions for patients from Indigenous communities [Results require further review and validation]					n/a	n/a		
Acute Mental Health	Psychiatrist full-time equivalent staffing as percentage of required full-time equivalent complement	n/a	n/a	66.7%		n/a	n/a	83.3%	100.0%

## Health Sciences Centre Board of Directors Comprehensive Work Plan

Updated: April 28, 2016

<b>Colour Legend</b>	
Completed by target	
In progress but not completed by target	
Not in progress, and not	

**Legend:**

BD: Board of Directors

EC: Executive Committee

Gov: Governance Committee

Nom: Governance/Nominating Committee

BL: Governance/By-Law Committee

Aud: Audit Committee

RP: Resource Planning Committee

Qual: Quality Committee

FA: Fiscal Advisor

[illegible]

#	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
9	Governance	Approval of Committee terms of reference and work plans	BD					x							
10	Legal Compliance	Environmental compliance and fire safety update	BD			x		x			x			x	
11	Legal Compliance	Accessibility update	BD						x						
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			Scheduled on May 4 No new appointments this year
15	Quality Oversight	Research Ethics Board appointments	BD			x									
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	TBRRRI 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			
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			



#	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
31	Oversight of Management	Work Plan Approval	RP		x								x		Completed in April
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			Deferred to May
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	TBRRRI and Sustainability Updates	RP				x					x			
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				

#	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
53	Legal Compliance	Public Sector Salary Disclosure	RP								x				
54	Financial Oversight	Capital Budget 2016-17 Review	RP									x			Completed in February
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		
61	Risk Identification and Oversight	TBRRRI 2016-17 Operating and Capital Budget Report	RP										x		
62	Risk Identification and Oversight	TBRRRI 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	x		Dec. deferred/March deferred to May. April meeting rescheduled to May 4
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			April meeting rescheduled to May 4
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		

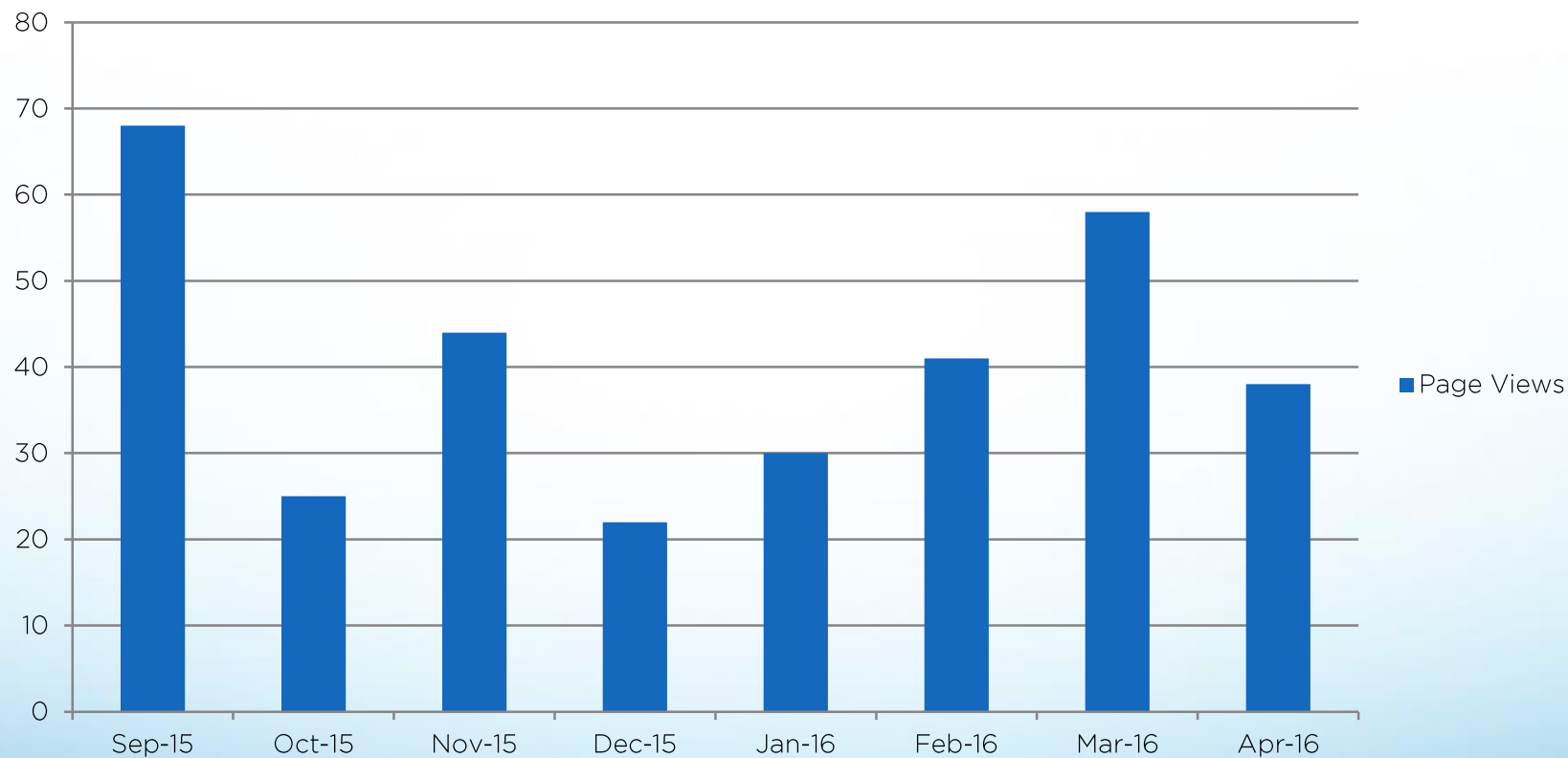
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#	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
97	Risk Identification and Oversight	2015-16 Claims Summary	Aud										x		
98	Risk Identification and Oversight	Analysis of Legal Fees as at March 31, 2016	Aud										x		
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		Completed in March
102	Stakeholder Communication and Accountability	Financial Statements and Variance Report	FA				x								
103	Stakeholder Communication and Accountability	Operating Plan 2015-16	FA				x								
104	Stakeholder Communication and Accountability	Q2 2015-16 Financial Review	FA				x								
105	stakeholder Communication and Accountability	Work Plan 2015-16 Approval	FA				x								
106	Stakeholder Communication and Accountability	Financial Statements as at 2015-08-31	FA				x								
107	Stakeholder Communication and Accountability	Financial Statements and Variance Report	FA									x			
108	Stakeholder Communication and Accountability	Operating Budget 2016-17	FA									x			
109	Stakeholder Communication and Accountability	Q3 2015-16 Financial Review	FA									x			
110	Stakeholder Communication and Accountability	Financial Statements as at 2015-02-28	FA									x			

#	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
111	Stakeholder Communication and Accountability	Terms of Reference Annual Approval	FA									x			
112	Stakeholder Communication and Accountability	Work Plan 2015-16 Approval	FA									x			

# Page Views: Open Board Meeting Webcast

September 2015 – April 2016



# Page Views: Open Board Meeting Webcast

September 2013 – April 2016

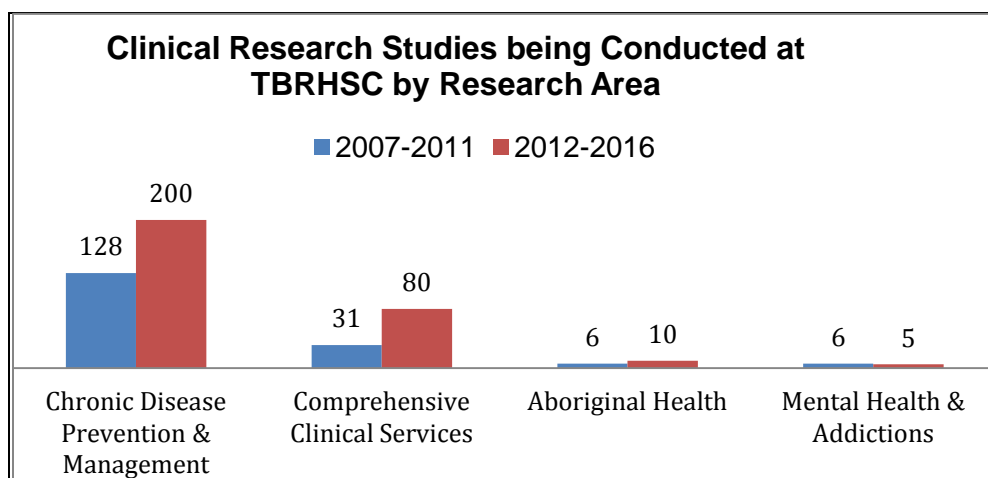
Month	# of Page Views	Month	# of Page Views	Month	# of Page Views
September 2013	32	September 2014	57	September 2015	68
October 2013	26	October 2014	34	October 2015	25
November 2013	11	N/A	--	November 2015	44
December 2013	5	N/A	--	December 2015	22
January 2014	17	N/A	--	January 2016	30
February 2014	10	February 2015	23	February 2016	41
March 2014	16	March 2015	38	March 2016	58
April 2014	29	April 2015	29	April 2016	38
May 2014	23	May 2015	41		
June 2014	32	June 2015	31		

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

Submitted by: Jean Bartkowiak, CEO – TBRRI and President & CEO – TBRHSC – April 27, 2016

### Clinical Research Services Department

The Clinical Research Services Department has been working to expand the number and type of research studies and clinical trials undertaken at TBRHSC (the Hospital) and TBRRI (the Institute). The diagram below reflects the number and growth of research studies from 2007 – 2016 in the four priority areas identified in the Institute's current Strategic Plan.



**Clinical Trials** staff have made progress increasing enrollment in existing trials as well as securing new trials. There are currently 50 regulated clinical trials being conducted at the Hospital:

- 40 drug;
- 5 device;
- 3 drug + device;
- 2 no drug or device.

The Clinical Research Services Department is actively recruiting to 5 Oncology, 6 Non-Oncology and 1 Investigator Initiated studies. As well, they are almost ready to open 4 new Oncology studies, 2 new Non-Oncology studies and are working to open 6 Investigator Initiated studies. In April alone, the department opened 2 Non-Oncology and 4 Oncology studies and recruited a good number of patients.

Although more studies have been opened, the accrual rate is slow due to hurdles with screening and trial criteria.





Thunder Bay Regional  
Research Institute

**Translational  
Research Office**  
980 Oliver Road  
Thunder Bay ON  
P7B 6V4 Canada

**Pre-Clinical  
Research Office**  
290 Munro Street  
Thunder Bay ON  
P7A 7T1 Canada

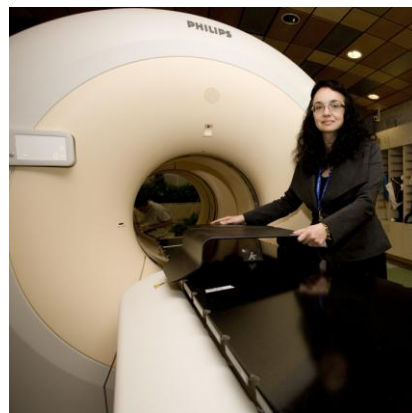
Tel: (807) 684-7223  
Fax: (807) 684-5892  
[www.tbrri.com](http://www.tbrri.com)

## Dr. Reznik Wins Leadership Award

The Ontario Research and Innovation Optical Network (ORION) has announced that Dr. Alla Reznik has been selected as a winner of the ORION 2016 Leadership Award in the Higher Education category. They noted that Alla's Positron Emission Mammography (PEM) detector technology has demonstrated excellent use of ORION's fibre-optic network through advanced



imaging systems and high performance computing, resulting in cutting-edge health technology. The impact of PEM has the potential to significantly improve breast cancer diagnosis, reduce the need for breast biopsy and enhance women's health and breast cancer survival.



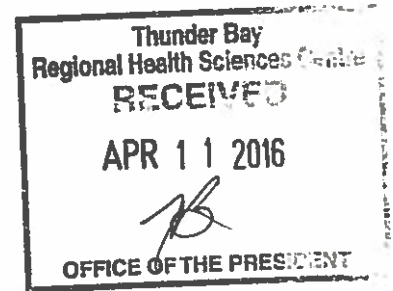
## Dr. Albert Lab Update

Dr. Mitch Albert recently returned from the 13<sup>th</sup> annual World Congress of the Society for Brain Mapping and Therapeutics held in Miami, Florida April 8 – April 10, 2016. Dr. Albert was invited to give a Featured Keynote Presentation titled, "Hyperpolarized xenon brain functional MRI and inert gas imaging". This talk included information on his functional magnetic resonance imaging and brain mapping research. Dr. Albert also highlighted some of the other ongoing work in his laboratory including the development and application of biosensors that target specific regions of the brain, pulmonary disease imaging, and imaging with both hyperpolarized noble gases and inert fluorinated gases.





THE GOVERNOR GENERAL • LE GOUVERNEUR GÉNÉRAL



March 30, 2016

  
Dear Mr. Bartkowiak,

I would like to thank you for welcoming me to the Thunder Bay Regional Research Institute. It is so inspiring to see the innovative health care research taking place in northwestern Ontario.

The research being done here will benefit not only local patients, but also patients across the province and Canada. The cyclotron in particular is an impressive piece of technology, one that is contributing to cancer research and patient care.

This was a fascinating visit and I am pleased to see so many invested in the health of our nation. I wish you the very best.

Yours sincerely,

*And warm personal regards*

  
David Johnston

Mr. Jean Bartkowiak  
Chief Executive Officer  
Thunder Bay Regional Research Institute  
980 Oliver Road  
Thunder Bay ON P7B 5E1

975 Alloy Drive, Suite 201  
Thunder Bay, ON P7B 5Z8  
Tel: 807 684-9425 • Fax: 807 684-9533  
Toll Free: 1 866 907-5446  
www.northwestlhin.on.ca

975, promenade Alloy, bureau 201  
Thunder Bay, ON P7B 5Z8  
Téléphone : 807 684-9425  
Sans frais : 1 866 907-5446  
Télécopieur : 807 684-9533  
www.northwestlhin.on.ca

## Memorandum/Note de service

To/ Destinataire: Chief Executive Officers, Chiefs of Staff, Primary Care Providers  
From/De: Laura Kokocinski, Chief Executive Officer  
Date/Jour: April 21, 2016  
Subject/ Sujet: Primary Care LHIN Lead

---

I am very pleased to share with you that Dr. Stewart Kennedy has agreed to accept the Primary Care LHIN Lead role with the North West LHIN over the next six months until August 2, 2016.

Dr. Kennedy will work closely with internal staff at the North West LHIN. In this role, he will be responsible to Chair the Primary Care Council Committee meetings along with supporting the North West LHIN in working closely with local primary care physicians, groups, their physician leads, community networks and other health services providers to ensure that primary health care priorities and issues are brought forward and communicated across the LHIN.

Additionally in this role, Dr. Kennedy through his leadership, will support advancement of the Integrated Health Services Plan IV specifically focused on enhancing access to primary care within the region and advancing Health Links across the five Integrated District Networks.

The North West LHIN is committed to improving access to primary care as it is an entry point to the health care system. With Dr. Kennedy's leadership and support the goal is to build a strong foundation of primary care and improve equitable access to these services in an appropriate, timely manner that meets the needs of the population.

Please join me in welcoming Dr. Kennedy in this role.

Sincerely,



Laura Kokocinski  
Chief Executive Officer

# BRIEFING NOTE



TOPIC	2020 Strategic Progress Report: Yr 2 Q1
PREPARED BY	C. Freitag
APPROVED BY	J. Bartkowiak
PREPARED FOR: President & CEO <input checked="" type="checkbox"/> Board of Directors <input type="checkbox"/> Other	
DATE PREPARED	April 27, 2016

## PURPOSE/ISSUE(S)

To provide the 2020 strategic progress report for year 1, quarter 4.

## BACKGROUND

The strategic plan was approved in June 2016 by the Board. Over the summer months detailed action plans, accountabilities, timelines and indicators were developed. All except the indicators were approved in September by Senior Leadership Council. Meanwhile the Board continued to develop governance strategic indicators.

The October launch of the strategic plan was postponed by Senior Leadership Council until after the benchmarking process was complete in Nov/Dec. Although the plan did not officially launch the implementation phase in the fall, many initiatives will catch up and are on track to meet expected timelines. This is due, in part, to some activities in progress from the 2015 plan or a function of current operations. However, the formal launch of the 2020 strategic plan implementation occurred as of Jan 2016.

## ANALYSIS/CURRENT STATUS

The 2020 Strategic Plan includes objectives to evaluate and increase the sensitivity, knowledge and competency of staff in the areas of Indigenous health, acute mental health, senior's health and patient experience overall.

The Director leads for each of these priorities have committed, together, to develop the most effective means to meet these directions and ensure that the initiatives are complimentary rather than working at cross purposes or competing for resources. SLC approved this proposal April 19<sup>th</sup>. A coordinated detailed work plan will be prepared by September 2016 to execute an education program related to sensitivity & knowledge for these strategic objectives.

The accountability and structure to support the Indigenous Health strategic direction was revised to provide a most responsible Senior Leader Sponsor and an oversight committee to ensure success. The Senior Leader Sponsor aligned with this direction is Rhonda Crocker

TOPIC	2020 Strategic Progress Report: Yr 2 Q1
PREPARED BY	C. Freitag
APPROVED BY	J. Bartkowiak
PREPARED FOR: President & CEO x <input type="checkbox"/> Board of Directors x <input type="checkbox"/> Other	
<p>Ellacott. With Rhonda's leadership, the Indigenous Advisory Committee terms of reference will expand to include a mandate to provide oversight for all activities within the Indigenous Health strategy.</p> <p>A summary of key accomplishments in Year 1, quarter 4 includes:</p> <ol style="list-style-type: none"> <li>1. Leadership model developed and first quarter complete;</li> <li>2. Integrated communication system business plan developed and deferred 1 yr due to budget constraints;</li> <li>3. Comprehensive acute pain management model over 50% developed;</li> <li>4. A Seniors' Steering Committee structure and accountabilities established that demonstrates organizational commitment to Seniors Friendly Hospital concept;</li> <li>5. Decision to develop a coordinated education work plan for sensitivity, knowledge &amp; competency staff training within patient experience, Seniors, Indigenous and Mental Health by Sept 2016.</li> </ol> <p>A summary of key activities in Year 2 Qtr 1 &amp; 2 includes:</p> <ol style="list-style-type: none"> <li>1. Develop the Quality Framework;</li> <li>2. Engage in Wellness model;</li> <li>3. Implement gap analysis for Chronic Disease Framework to determine relevant elements;</li> <li>4. Obtain pre-capital approval for Cardiovascular Surgical Program;</li> <li>5. Implement the acute pain management model;</li> <li>6. Develop a Seniors recruitment and reward plan;</li> <li>7. Develop a directory resource for transitions in care for First Nations.</li> </ol>	
<b>RECOMMENDATION</b>	
None	
<b>NEXT STEPS</b>	
The strategic plan is a dynamic document and may evolve to provide clarity in description where required.	
<b>STAKEHOLDER REACTION</b>	
It is expected that the progress report informs the Board and organization sufficiently to ensure a general understanding of the past quarter and upcoming quarter strategic activities.	

TOPIC	2020 Strategic Progress Report: Yr 2 Q1
PREPARED BY	C. Freitag
APPROVED BY	J. Bartkowiak
PREPARED FOR: President & CEO <input checked="" type="checkbox"/> Board of Directors <input type="checkbox"/> Other	
<p><b>COMMUNICATIONS</b></p> <p>Present 2020 strategic plan progress report to:</p> <ul style="list-style-type: none"> <li>• Medical Advisory Committee in May;</li> <li>• Leadership in May 25<sup>th</sup>;</li> <li>• 5 Partners engagement on June 9<sup>th</sup>.</li> </ul> <p>Communicate more broadly to staff.</p> <p>Present Year 2, Quarter 2 Report in October.</p> <p><b>FINANCIAL IMPACTS</b></p> <p>None</p>	
<p><b>APPENDIX SECTION</b></p> <p>2020 Strategic Plan</p>	

TBRHSC is committed to ensuring decisions and practices are ethically responsible and align with our mission/vision/values. All leaders should consider decisions from an ethics perspective including their implications on patients, staff and the community.

The following questions should be considered for each decision.

1. Does the course of action put '**Patients First**' by responding respectfully to needs, values, and expectations 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 provide a quality patient experience?

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

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

# 2020 Strategic Plan











RYGB	Primary Column	Detail	Status	Senior Leadership: Sponsor	Senior Leadership: Key Support	Director: Operations	Start Date	End Date	Project Team	PI Consultant
1	StratPlan 2020						12/01/14	03/31/20		
2	Patient Experience - Enhance the quality of the patient experience	Patient Experience - Enhance the quality of the patient experience					12/01/14	03/31/20		
3	1	Develop a framework to deliver high quality care.					12/01/15	04/03/17		
4	1.1	Identify opportunities to improve quality care that is: safe, effective, patient and family centred, timely and accessible, equitable, and efficient.	Prior to Start Date				12/01/15	01/27/17		
12	1.2	Integrate sustainable systems and structures to support quality.	Prior to Start Date				05/02/16	04/03/17		
16	1.3	Adopt standardized processes, tools, templates, and resources to support quality.	Prior to Start Date				09/05/16	03/31/17		
19	2	Enhance understanding and continue to grow and embed our PFCC philosophy.					06/01/15	03/31/20		
20	2.1	Create sustainable systems, structures, and processes for PFCC.	On Time				08/04/15	03/31/20		
28	2.2	Advance the body of knowledge for PFCC.	On Time				06/01/15	03/31/20		
33	3	Advance the academic environment.					12/01/14	03/31/20		
34	3.1	Enhance the Learner experience	On Time				12/01/15	03/31/20		
38	3.2	Further our partnership with academic institutes.	On Time				04/01/16	03/31/20		
42	3.3	Develop models and structures that enable teaching and research.	On Time				09/01/15	03/31/20		
50	3.4	Integrate research.	On Time				12/01/14	03/31/20		
56	3.5	Implement best practices in the delivery of education.	Prior to Start Date				12/01/15	03/01/18		
60	4	Invest in staff development, engagement, and wellness.					12/01/15	01/31/18		
61	4.1	Develop and implement supports and structures for staff to participate in education that will allow them to excel.	Prior to Start Date				12/01/15	06/30/17		
67	4.2	Develop leadership that inspires our physicians and staff to excel and attracts and retains the best performers.	Complete				12/01/15	01/31/18		
72	4.3	Increase organizational commitment to wellness.	On Time				02/01/16	12/29/17		
78	4.4	Engage staff throughout the organization in a meaningful way.	On Time				03/07/16	06/01/17		
83	5	Use information technology to advance the patient experience.					11/01/15	03/31/20		
84	5.1	Develop an Informatics action plan that defines the transformational technologies to advance the strategic objectives.	On Time				11/01/15	03/31/20		
94	Comprehensive Clinical Care - Enhance the delivery of our clinical services	Comprehensive Clinical Care - Enhance the delivery of our clinical services					04/01/15	03/31/20		
95	1	Adopt the Ontario Chronic Disease Prevention and Management framework.	On Time				02/05/16	03/31/20		
96	1.1	Identify and adopt the relevant elements of the Ontario Chronic Disease Management framework.	On Time				02/05/16	03/31/20		
99	2	Deliver comprehensive cardiovascular care in accordance with the Ministry of Health.					02/26/16	11/29/19		
100	2.1	Receive Ministry of Health funding approval.	On Time				02/26/16	09/29/16		

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102	2.2	Complete the implementation of the vascular program.	Prior to Start Date				09/29/17	09/29/17		
104	2.3	Complete the implementation of the cardiac surgery program.	Prior to Start Date				08/31/16	11/29/19		
106	3	Enhance access to clinical services supported by patient flow efficiencies.					04/01/15	03/31/20		
107	3.1	Improve internal patient flow efficiencies.	On Time				04/01/15	03/31/20		
118	3.2	Improve accessibility for patients with disabilities.	On Time				05/01/16	02/28/20		
123	3.3	Advocate and demonstrate the need for additional health systems capacity.	Complete				12/01/15	03/31/20		
128	4	Develop formal partnerships to deliver comprehensive clinical services that support care in the appropriate location.					12/01/15	03/31/20		
129	4.1	Optimize and effectively provide patient access for specialty care not available at TBRHSC through partnerships outside of the NW LHIN.	On Time				12/01/15	03/31/20		
134	4.2	Improve patient access for services in the region which require external partnerships within our community and within the NW LHIN.	Prior to Start Date				04/04/16	03/31/20		
138	4.3	Improve internal program and service collaboration that improves patient experience.	Prior to Start Date				12/01/15	03/31/20		
141	5	Deliver a comprehensive acute pain management service.	On Time				01/01/16	07/15/16		
142	5.1	Develop an acute pain management model for trauma and post-operative in-patients.	On Time				01/01/16	07/15/16		
146	5.2	Develop and implement an out-patient interventional chronic pain management clinic.	On Time				03/01/16	06/01/16		
148	Seniors' Health - Enhance the care provided to an aging population	Seniors' Health - Enhance the care provided to an aging population					12/01/15	03/31/20		
149	1	Deliver an optimal experience for seniors.					01/11/16	03/31/20		
150	1.1	Demonstrate organizational commitment to Senior Friendly Care (organizational support).	On Time				01/11/16	03/31/20		
154	1.2	Increase the overall knowledge and competency of all staff.	Prior to Start Date				03/31/16	03/31/20		
159	1.3	Improve the sensitivity of care.	Prior to Start Date				02/01/17	03/31/20		
164	1.4	Ensure human resources with geriatric expertise are available to support the care of seniors (organizational support).	On Time				03/31/16	03/31/17		
168	2	Adopt the Ontario Senior Friendly Hospital Framework.					12/01/15	03/31/20		
169	2.1	Deliver care designed from evidence and best practice for seniors (processes of care).	Prior to Start Date				03/31/16	03/31/20		
174	2.2	Deliver care and service that is free of ageism and respects the unique needs of senior patients and their caregivers (emotional and behavioural environment).	Prior to Start Date				12/01/15	08/30/19		
179	2.3	Deliver ethical care that protects the autonomy, choice, and diversity of senior patients (ethics in clinical care and research).	Prior to Start Date				03/31/16	12/30/16		
185	2.4	Provide an environment that minimizes the vulnerabilities of senior patients and promotes safety, comfort, independence, and functional well-being (physical environment).	Prior to Start Date				06/01/16	03/24/20		
189	Indigenous Health - Enhance culturally appropriate care	Indigenous Health - Enhance culturally appropriate care					10/01/15	03/31/20		



RYGB	Primary Column	Detail	Status	Senior Leadership: Sponsor	Senior Leadership: Key Support	Director: Operations	Start Date	End Date	Project Team	PI Consultant
190	1	Provide care that improves self-management, access, experience, and transition to home for Indigenous patients.					12/01/15	03/31/20		
191	1.1	Increase knowledge of services in NWO for acute care healthcare providers providing services to remote communities.	On Time				12/01/15	10/03/16		
195	1.2	Increase screening rates for chronic illnesses.	On Time				04/28/16	07/31/17		
202	1.3	Ensure coordinated follow-up care prior to discharge for patient from First Nations communities.	On Time				12/01/15	05/01/17		
205	1.4	Improve partnerships that increase research opportunities related to the development of Indigenous health screening tools.	Prior to Start Date				04/01/16	06/29/18		
210	1.5	Improve access to and the use of technology for pre-op care, home care, and follow-up care for patients from First Nations communities.	On Time				12/01/15	03/31/20		
215	1.6	Integrate a self-management education strategy into discharge processes.	Prior to Start Date				06/08/16	03/31/20		
217	2	Provide health care that respects traditional knowledge and practices, and builds TBRHSC as a leader in the provision of health care for Indigenous patients.					10/01/15	03/31/20		
218	2.1	Improve the adoption of traditional knowledge and practices.	On Time				10/01/15	03/31/20		
223	2.2	Increase the recruitment of Indigenous staff and volunteers at TBRHSC.	On Time				12/01/15	02/22/17		
228	2.3	Improve the appropriate sensitivity of care to the Indigenous population.	Prior to Start Date				12/01/15	11/01/18		
233	2.4	Continue to create an environment where Indigenous patients and families feel more comfortable.	On Time				12/01/15	09/08/17		
237	Acute Mental Health - Enhance acute mental health service	Acute Mental Health - Enhance acute mental health service					04/01/15	03/31/20		
238	1	Adopt attitudes and behaviours that recognize mental health as an integral part of the delivery of comprehensive acute care services.	Prior to Start				12/01/15	03/31/20		
239	1.1	Increase the overall knowledge and competency of all staff.	Prior to Start Date				12/01/15	03/01/18		
244	1.2	Improve the sensitivity of care.	Prior to Start				02/01/17	03/31/20		
249	2	Enhance the delivery of mental health care to all patients at TBRHSC, outside of mental health services.	On Time				02/01/16	03/31/20		
250	2.1	Incorporate mental illness screening within the admission history for all patients.	On Time				02/01/16	06/02/17		
256	2.2	Increase access to specialized and appropriate mental health services on all in-patient units.	On Time				02/01/16	06/29/18		
263	2.3	Develop clear care plans for off-unit mental health patients.	Prior to Start Date				04/01/18	07/01/19		
268	2.4	Provide a safe, quiet, and respectful environment in all patient areas.	On Time				04/01/16	03/31/20		
274	2.5	Expand Transitional Discharge Model (TDM) to include Child and Adolescent Mental Health Unit (CAMHU) patients and off-service mental health patients.	Prior to Start				09/01/17	03/30/18		
277	2.6	Coordinate care for patients with primary resources at St. Joseph's Care Group - Mental Health and Addictions.	On Time				04/01/16	09/01/16		
279	3	Collaborate with system partners and appropriate governing agencies to develop and enhance transitions in care.	On Time				04/01/16	12/01/17		
280	3.1	Create a formal agreement structure for psychiatrists.	On Time				04/01/16	12/01/17		

	RYGB	Primary Column	Detail	Status	Senior Leadership: Sponsor	Senior Leadership: Key Support	Director: Operations	Start Date	End Date	Project Team	PI Consultant
284		 4	Enhance the delivery of acute mental health care within mental health.	On Time				04/01/15	09/03/19		
285		 4.1	Increase the recruitment of psychiatrists working at TBRHSC.	On Time				04/01/16	12/01/16		
287		 4.2	Implement the comprehensive mental health-emergency service (MHES).	On Time				03/17/16	09/02/19		
294		 4.3	Improve access to acute mental health.	Prior to Start Date				09/04/17	09/03/19		
296		 4.4	Develop the comprehensive pediatric and adolescent mental health service.	On Time				04/01/15	10/03/16		

## Invitation to North West LHIN Governance- to- Governance Session

As Board Chair/First Nation Chief, I would like to invite you as well as your organization's CEO/Health Director, and Board/Council members to the upcoming Governance to Governance session hosted by the North West Local Health Integration Network (LHIN) Board with the Dryden Local Health Hub - health service provider boards on May 30, 2016 in Dryden, Ontario.

The North West LHIN Board is hosting this session to share an update and discuss the implementation plan for Years 4-6 of the North West LHIN Health Services Blueprint. The Blueprint contains recommendations for an integrated service delivery model in which all health service providers will work together to organize services and delivery of care at the local level, the district level and the regional level within the North West LHIN to better meet the needs of the population served.

At the Session you will:

- Develop a better understanding of the Health Services Blueprint Implementation Plan Years 4-6
- Gain better understanding of the Integrated Health Care Organization Conceptual Framework
- Learn more about the key deliverables associated with the early adopter work as it relates to creating a vertically and horizontally integrated health care system and,
- Gain better understanding of your role and responsibility as Boards with the early adopter phase of this work.

**Date:** Monday, May 30, 2016

**Time:** 10:00 a.m. – 12:00 noon (CST)

**Location:** **Best Western Plus Dryden Hotel & Conference Centre**  
349 Government Street  
Dryden, Ontario, P8N 2P4

More information will be provided, along with the agenda, closer to the date.

Please advise us if you and/or your delegates have any special accessibility requirements.

Please RSVP by **Friday, May 13, 2016** to Kara Pratt at [kara.pratt@lhins.on.ca](mailto:kara.pratt@lhins.on.ca) or (807) 684-9425 ext. 2009.

I look forward to your participation in this exciting dialogue.

Dan Leveque  
Interim Chair, North West LHIN Board of Directors

# National Nurses Week May 9 to May 13

**Nurses:** With you every step of the way

## Monday May 9th

### Nurses Week Kick-off Breakfast

Jointly sponsored  
by RNAO and SEIU  
This is an informal  
drop-in continental  
style breakfast

**0900 to 1100 hrs in  
Auditorium B**

Open to all  
TBRHSC nurses

## Wednesday May 11th

### FREE HOT BEVERAGES

At Robins for all nurses presenting a Nurses Week Coffee  
Card (cards will be distributed to all Nursing Units)

### RNAO Best Practice Guidelines Spotlight Organizations Media Event

**1230 to 1330 hrs  
St. Joseph's Heritage, Georgian Room**

A Nurses Week Special Event celebrating TBRHSC,  
Pioneer Ridge LTC, SJCG and TBDHU and their use of  
RNAO Best Practice Guidelines to support excellence  
in patient care

*Light refreshments provided. All are invited*

### Nurses Week Unwind Wednesday

Sponsored by ONA

**2000 hrs  
Tony and Adam's Restaurant**

*All TBRHSC nurses are invited to drop by for  
appetizers and conversation*

## Friday May 13th

### TBRHSC Nursing Awards of Excellence

Our annual tribute  
to nurses and teams  
of nurses who  
exemplify the highest  
standards of quality  
nursing practice and  
patient and family  
centered care

**1330 to 1500 hrs  
Auditorium A/B**

*Light refreshments  
provided*

*All TBRHSC staff,  
physicians and  
volunteers are invited*



Thunder Bay Regional  
Health Sciences  
Centre

healthy  
together

