

**Board of Directors
Open Meeting
Wednesday, November 2, 2016 – 5:00 pm Boardroom, Level 3, TBRHSC
980 Oliver Road, Thunder Bay
AGENDA**

Vision: *Healthy Together*

Mission: *We will deliver a quality patient experience in an academic health care environment that is responsive to the needs of the population of Northwestern Ontario*

Values: *Patients ARE First (Accountability, Respect and Excellence)*

#	Time (X)	Presenter	Item & Purpose (Y)	Expected Outcome (Z)			
				Recommendation / Decision / Action	Education	Discussion	Information
1.0			CALL TO ORDER and WELCOME				
2.0			PATIENT STORY – Glenn Craig				
3.1	1	N. Doucette	Quorum (8 members total required, 6 being voting)				
3.2	1	N. Doucette	Conflict of Interest				
3.3	1	N. Doucette	Approval of the Agenda	X			
3.4	3	N. Doucette	Chair's Remarks*				X
4.0			PRESENTATIONS/EDUCATION				
4.1	15	Dr. Polonsky	Institute Update*				X
4.2	15	T. Smith	Indigenous Health*		X		X
5.0			CONSENT AGENDA				
5.1	-		Board of Directors Open Minutes – October 5, 2016*	X			X
5.2	-		Resource Planning Committee Meeting – October 18, 2016 Q2 2016-2017 Board Wages and Source Deduction Attestation*				X
6.0			REPORTS AND DISCUSSION				
6.1	10	Senior Leadership	Report from Senior Leadership*	X		X	X
6.2	5	J. Bartkowiak	Report from the President and CEO*			X	X
6.2.1	10	J. Bartkowiak	Updates			X	X
6.4	5	G. Craig	Report from the Foundation*			X	X
6.5	5	Dr. Thibert	Report from the Professional Staff Association			X	X
6.6	5	Dr. Porter	Report from the Chief of Staff*			X	X
6.7	5	Dr. Crocker Ellacott	Report from the Chief Nursing Executive*			X	X
6.8	5	Dr. Moody- Corbett	Report from the Northern Ontario School of Medicine			X	X
7.0			COMMITTEE MATTERS				
7.1	15	D. Shanks C. Covino	Quality Committee Minutes – October 19, 2016* Accreditation Standards*	X			X
8.0			FOR INFORMATION				
8.1	-		Board and Committee Work Plans*				X
8.2	-		Webcast Statistics*				X
8.3	-		Report from the Institute*				X

#	Time (X)	Presenter	Item & Purpose (Y)	Expected Outcome (Z)			
				Recommendation /Decision/Action	Education	Discussion	Information
8.4	-		Report from the Volunteer Association*				X
8.5	-		Patient Flow Update*				X
9.0	BOARD MEMBER COMMENTS					X	
10.0	DATE OF NEXT MEETING – December 7, 2016						X
11.0	ADJOURNMENT						
Ethical Framework							
<p>TBRHSC is committed to ensuring decisions and practices are ethically responsible and align with our Mission, Vision, and values. All leaders should consider decisions from an ethics perspective including their implications on patients, staff and the community.</p> <p>The following questions should be considered for each decision.</p> <ol style="list-style-type: none"> 1. Does the course of action put 'Patients First' by responding respectfully to the 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? <p>For more detailed questions to use on difficult decisions, please refer to TBRHSC's Framework for Ethical Decision Making</p>							

BOARD OF DIRECTORS (Open)
November 2, 2016 – DRAFT

Agenda Item	Committee or Report	Motion or Recommendation	Approved or Accepted by:
3.3	Agenda – November 2, 2016	“That the Agenda be approved as circulated.”	Moved by: Seconded by:
5.0	Consent Agenda	“That the Board of Directors: 5.1 Approves the Board of Directors Minutes of October 5, 2016; 5.2 Accepts the Q2 2016-2017 Board Wages and Source Deduction Attestation, upon recommended from the Resource Planning Committee; 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 Foundation; 6.4 Accepts the Report from the Professional Staff Association; 6.5 Accepts the Report from the 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 November, 2016 as presented.”	Moved by: Seconded by:
7.1	Accreditation Standards	“That upon recommendation from the Quality Committee, the Board of Directors approves the evidence of compliance submitted for Governance Accreditation Standards #1.1 - #13.10, as presented.”	Moved by: Seconded by:



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**Report from Nadine Doucette
Chair, Board of Directors
November, 2016**

More effective problem solving happens through collaboration. There are other benefits as well; collaboration builds trust, and more trust means increased innovation, efficiencies, motivation, and improved satisfaction among staff, physicians and volunteers. And that ultimately leads to enhanced experiences for patients and their families.

In that spirit, on October 21 and 22, the Thunder Bay Regional Health Sciences Centre's Board of Directors participated in a Tri-Board retreat with the Boards of Directors of our Health Research Institute and our Health Sciences Foundation. Our three organizations are engaged in a common purpose: to provide quality care and experiences for patients and their families. I felt the collective commitment and energy as we discussed opportunities to progress collaboratively. I am excited about our next steps, which include a working group review of the recommendations tabled at the retreat, and planning for ongoing dialogue.

I am proud of the commitment and engagement demonstrated by my colleagues on the three Boards, and thank them for giving so much of their personal time to develop more cohesive governance practices of our respective Boards.

Grant Walsh, Vice-Chair, is a member of the Operational Review Steering Committee, which is supporting the review of all areas of our Hospital, including clinical services, operations, financial management and governance practices. The operational review builds on last year's Benchmarking exercise which indicated that we are an efficient organization in many areas, but also identified several opportunities for operational cost savings.

Doug Shanks, Chair of the Quality Committee, recently attended a Quality Improvement Plan (QIP) education session hosted by the Ontario Hospital Association. The lessons learned will support the development of the 2017/18 QIP for our Hospital. Mr. Shanks also guided a review of the Hospital's By-Laws. Finally, I want to recognize his leadership in facilitating a review of our institutions compliance with the most recent Accreditation Canada's Governance Standards as part of the 2018 Accreditation survey process.

Our newest Board member, Matt Simeoni, familiarized himself with our complex organization. His orientation included meeting with the Senior Leaders to learn about their portfolios and challenges.

The scope of the Board's involvement and responsibility is evidenced by our meeting agendas. We have expanded the open Board meeting sessions to 2.5 hours (previously one hour) to promote transparency. I encourage and welcome community members to stay informed of our activities and many projects by viewing the webcasts of our Board meetings. Links are posted to our website at www.tbhrsc.net.

As an academic health sciences centre, Thunder Bay Regional Health Sciences Centre has many accountabilities. The Board of Director's role goes beyond monitoring of the Strategic Plan, and includes overall governance of the affairs of the Hospital.

One initiative is our participation in an upcoming public consultation regarding hospital executive compensation. We are planning this consultation process with provincial organizations including



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the Council of Academic Hospitals of Ontario and the Ontario Hospital Association and look forward to receiving public input.

We are engaging the same provincial organizations in the matter of the government of Ontario's *Patients First Act*, formerly known as Bill 210, now referred to as Bill 41. The Bill is intended to make it easier for patients to find a new care provider; simplify the process of transferring patients between hospitals, home care and other service providers, and improve communications between family doctors, hospitals and community care centres so as to make it easier for patients to access needed care. However, the OHA is concerned that the Bill, as currently drafted, could allow LHINs to direct hospitals to make cuts to key programs and services that are needed and relied upon by the community. The Ontario Hospital Association has asked the Ministry of Health and Long-term Care to amend the Bill to address this specific concern.

Another area of focus regarding new legislation is federal Bill C-14, also known as Medical Assistance in Dying (MAID). Our Hospital recognizes the provision of MAID to a patient who meets eligibility criteria as a legal option. The support implementation, our hospital will use an ethical framework to support medical and administrative decision-making.

Finally, I take this opportunity to congratulate Jody Nesti on her recent appointment as the new Chair of the Board of Directors for our Health Sciences Foundation. Ms. Nesti's passion to support our Foundation's Mission to advance care, will continue to benefit the patients in our community. I look forward to our work together.

Bringing

Discovery
to Life



**Thunder Bay Regional
Health Research
Institute**

**Update to the Hospital Board
Nov. 2nd, 2016**

Gary Polonsky, Chair



Overview

- **New Name and New Leaders**
- **2020 Strategic Plan Update**
- **Cyclotron Update**
- **Financial Update**
- **Fundraising for Research**

New Name and New Leaders

- The Institute has legally changed its name to the Thunder Bay Regional Health Research Institute
- On September 6th, Dr. Amarjit Chahal started as the new Manager, Business Development
- On September 14th, Daniel Horne was promoted to Manager, Clinical Research Services. Daniel was formerly the Department's Compliance Coordinator
- On January 3rd, 2017, the Hospital and the Institute will welcome new VP Research & Chief Scientist, Dr. Rami Rudnick

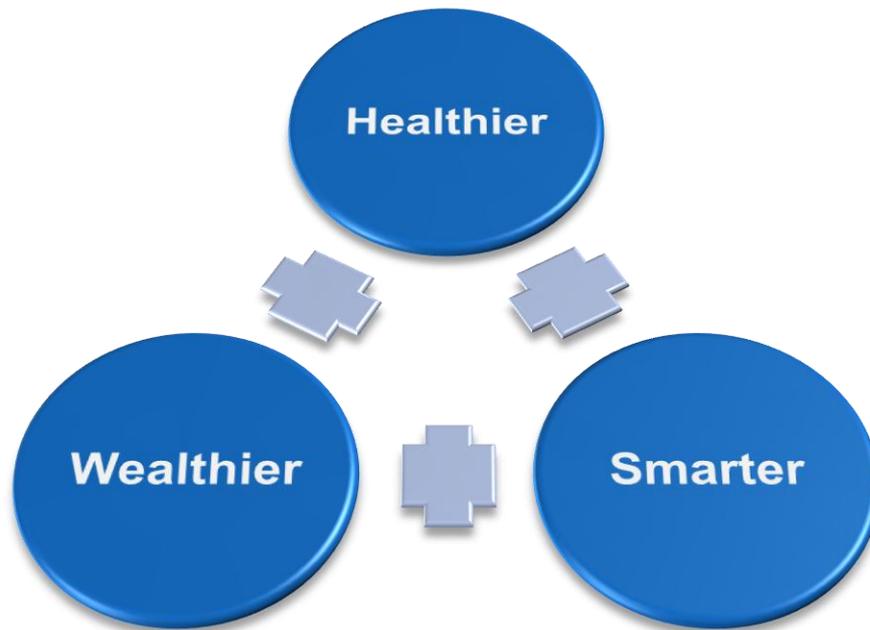


2020 Strategic Plan

- Strategic Plan was launched at the Annual General Meeting
- Three main Directions with associated Goals were presented
- Objectives and Success Criteria for each Goal were defined
- Work plan is in progress
- Key indicators and targets are being finalized and will be used to monitor progress of each strategic Direction
- New VP Research will be given an opportunity to review work to date and recommend modifications



2020 Strategic Directions



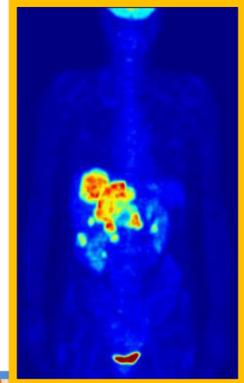
Healthier: Lead research to improve the health outcomes of the people of Northwestern Ontario and beyond

Wealthier: Advance philanthropic support and generate revenue through science and partnerships

Smarter: Enhance the academic environment

Cyclotron – Sustainability & Revenue Generation

- Meet local needs for radioactive isotopes for medical and research use
- Meet international needs for long-lived radioactive isotopes
- Contract research (TBRHRI, Lakehead University, Confederation College and beyond)
- Teaching Tool
- Industrial Applications
- Cover its operating costs – Potential to generate revenue – sustainability
- Create jobs



Mid-Year Budget Update

TBRII			
For 6 months ended Sept 30, 2016			
	Budget	Actual	Variance \$
REVENUE			
Grant-Based Funding	2,143,250	2,211,399	68,149
Unrestricted	1,110,800	1,203,608	92,808
Total Revenue	3,254,050	3,415,007	160,957
EXPENSE			
Eligible for Grant Funding			
Salaries and wages	1,859,634	1,809,605	50,029
Employee benefits	266,195	254,754	11,440
Professional and consulting fees	154,500	292,376	(137,876)
Support services	56,100	56,100	-
Supplies and other	238,564	301,677	(63,114)
Repair and maintenance	141,450	207,836	(66,386)
	2,716,442	2,922,349	(205,907)
Ineligible for Grant Funding			
Salaries and wages	146,439	104,618	41,822
Employee benefits	32,217	15,435	16,782
Travel and training	41,000	98,912	(57,912)
Board and committee meetings	44,600	46,639	(2,039)
Communication	14,600	8,871	5,729
Recruitment	1,500	1,226	274
Supplies and other	257,252	241,009	16,243
Bad Debt Expense	0	0	0
	537,607	516,710	20,897
Total Expense	3,254,050	3,439,059	(185,009)
Excess of revenue over expense	0	(24,052)	(24,052)

Fundraising for Research

- Planning a follow-up event from February 11th, 2016 meet and greet in Toronto
- Plan to achieve 100% of Institute's Board of Directors contributing to Foundation by December 31st
- Confident our new direction on Indigenous Population Health Research will resonate with new philanthropic partners



Questions?



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Donner vie à la
découverte

The population of our region is 20% Indigenous. Our Indigenous population has poorer health status than the rest of population; in addition, they experience geographic, cultural and societal barriers to access effective care



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Indigenous Health
Enhance culturally appropriate care.



Indigenous Health Disparities

- Higher smoking rate
- Diabetes rate estimated to be 2 to 3 times higher
- NW Ontario amputation rate is 2.7 times higher than the province; Indigenous population rate is even higher
- 1.5 to 2 times higher prevalence of cardiovascular diseases
- Up to 80% opioid addiction rates
- Youth suicide rates 5 to 6 times higher than provincial



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Indigenous Health Strategic Direction

Our journey in Indigenous health care delivery begins with improving our physical and cultural environments to reflect the expressed values, practices and traditions of Indigenous communities



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Indigenous Health 2015 Strategic Outcomes

- Indigenous Advisory Committee to advise President & CEO
- Increased Indigenous Patient Navigation & Liaison services
- Indigenous Spiritual Care Provider
 - Individual Smudging Sessions
 - Cleansing Ceremonies
 - Placement of offerings for patients (eg tobacco)
 - Pipe Ceremonies
 - Hand drumming
 - Singing and other music therapies



Indigenous Health 2015 Strategic Outcomes (cont'd)

- Fostered welcoming environment:
 - Signage
 - Healing Garden
 - Cultural Awareness activities
- Strategies to recruit Indigenous staff (clinicians, scientists), learners, and volunteers:
 - Indigenous language-speaking volunteers serving Information Desk
- Fostering future employees:
 - Dennis Franklin Cromarty High School students
- Growth in Indigenous health research



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2020 Strategic Plan Engagement

Community members shaped the Plan:

- 17 community focus groups, including:
 - Wequedong Lodge
 - Blue Sky Healing Centre
 - Fort William First Nation
- 5 Partners include Indigenous Advisory Committee members



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2020 Strategic Plan Engagement Results

Indigenous Health Priorities identified:

- Access to care
- Experiences of care
- Ability to self-manage
- Support transition to home communities
- Sensitivity in care
- Environment



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Indigenous Health Strategic Goals

Provide care that improves self-management, access, experience and transition to home for Indigenous patients

Provide health care that respects traditional knowledge and practices, and builds the Hospital as a leader in the provision of health care for Indigenous patients



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Indigenous Advisory Committee

- Advise the President & CEO
- Provide input on strategic activities through engagement
- Membership includes representation from:
 - Matawa, Nishnawbe Aski Nation, Dilico Anishinabek Family Care, Anishnawbe Mushkiki, Lakehead University, NOSM, City of Thunder Bay, Fort William First Nation, Indian Friendship Centre, Wequedong Lodge, Ontario Native Women's Association, Ka Na Chi Hih, St. Joseph's Care Group



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2020 Research Institute Strategic Healthier Direction

Goal:

Partner with Indigenous communities and Indigenous researchers to develop research that is relevant to their health priorities



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Objective

Increase knowledge of services in NWO for acute care providers serving remote communities

Status: Completed

Activities

- Directory completed
- Identified need to define discharge process for Indigenous patients returning to remote First Nation communities
- Recommendations provided to the Discharge Planning group



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Objective

Increase screening rates for chronic illnesses.

Status: Performing & Progressing Well

Activities

- Increased access to screening resources and information at the Hospital
- The Screen for Life Mobile Coach bringing resources to communities
- Engagement identified initiatives to pursue for chronic disease self-management



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Objective

Coordinate follow-up care prior to discharge for First Nations patients

Status: In Progress

Activities

- Discharge Planning group developing a process
- Recommendations from the “Create a Directory” project team shared with the group



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Objective

Improve partnerships to increase research related to development of Indigenous health screening tools

Status: beginning in 2017

Activities

- Engage Indigenous communities
- Enlist partners, champions, physicians to build awareness and promote research
- Develop and implement research communication strategy



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Objective

Improve access to and use of technology for pre-op, home, and follow-up care for First Nations patients

Status: In Progress

Activities

- Plan to increase technology use to provide greater access
- Determine current level of technology available in communities:
 - Position paper
 - Advocacy



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Objective

Integrate self-management education strategy in discharge processes

Status: Not Started

Activities

- Discharge working group will undertake this



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Objective

Improve adoption of traditional knowledge and practices

Status: In Progress

Activities

- Draft algorithm developed
- Hospitals surveyed for information
- Conducted environmental scan to identify current processes, barriers and opportunities to improve access
- Stakeholder engagement



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Objective

Increase recruitment of Indigenous staff and volunteers

Status: Action Required to Address Issues or Barriers

Activities

- Self Identification
- Expansion of Indigenous Career Experience to all high schools
- Recruitment strategy with Lakehead University
- Non-biased screening of applications
- Embracing inclusion workshop



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Objective

Improve appropriate sensitivity of care to Indigenous patients

Status: In Progress

Activities

- Learning plan encompassing following Indigenous education objectives:
 - Learn post-colonial policies and events' impact on Indigenous health
 - recognize connections between Indigenous culture and health
 - Identify Indigenous patients and families support resources
- Plan to be submitted to SLC in 2016



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Objective

Foster comfortable environment for Indigenous patients and families

Status: Completed

Activities

- Consulted Indigenous Advisory Committee
- *“A safe environment where I feel I am respected, comfortable and accepted.”*
- Enhance welcoming environment:
 - more Indigenous artwork throughout the facility
 - Ojibwe language lessons
 - meet expectations for traditional foods and practices



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Objective

Foster comfortable environment for Indigenous patients and families

Activities

Assess spiritual care area for multi function use

Status: In Progress

Adopt virtual visitation strategy:

- Tablet devices project for patients to communicate via internet

Status: In Progress, assessment scheduled for 2017



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Measuring Progress

Indicator	Intent
Surgery, diagnostics & procedures wait times for Indigenous patients	Identify access barriers
Surgery, diagnostics & procedures no show rates for Indigenous patients	Identify access barriers
Specialized acute hospital admissions for Indigenous patients	Identify admission deviations to improve self-management, transitions and discharge practices



Measuring Progress

Indicator	Intent
Indigenous population screening rates for chronic health conditions	Increase early primary and community care management to reduce specialized acute care needs
Survey staff attitude, knowledge and behaviour related to Indigenous culture	Influence staff attitude, knowledge and behaviour
Staff and physicians education rates on Indigenous culture	Measure progress in staff & physician 'respect' training



Questions?



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Board of Directors - Open

Wednesday, October 5, 2016

Boardroom – 5:00 p.m.

Action

Present:

Nadine Doucette, (<i>Chair</i>)	Dr. Gordon Porter*	Dick Mannisto
Jean Bartkowiak*	Doug Shanks	Grant Walsh
Gary Whitney	Gerry Munt	Dr. Mark Thibert*
Dr. Rhonda Crocker Ellacott*	Georjann Morriseau	Anita Jean
Dr. Penny Moody-Corbett	Matt Simeoni	

By Invitation – Senior Leadership:

Peter Myllymaa	Dr. Stewart Kennedy	Glenn Craig
Anne-Marie Heron	Dr. Mark Henderson	Amanda Bjorn

By Invitation:

Jessica Nehrebecky, <i>Rec. Sec.</i>	Jody Nesti	Carolyn Freitag
Michael Del Nin		

Regrets:

John Friday

1. **CALL TO ORDER** – The Chair called the meeting to order at 5:00 p.m.

The Chair welcomed Board members, Senior Leadership Team members, guests, and the webcast audience. The Chair also introduced Thunder Bay Regional Health Sciences Foundation (the Foundation) Board Chair elect, Ms. Jodi Nesti, Mr. Matt Simeoni, new Board member and Ms. Amanda Bjorn, new Vice President, Human Resources.

2.0 PATIENT STORY

Mr. Jean Bartkowiak, President and CEO, took the opportunity of the recent Franco-Ontario Day celebration to share a patient story about an elderly francophone patient's recent hospitalization where access to interpretation services would have made a significant difference in the treatment plan.

- 3.1 **Quorum** – Quorum was attained.

- 3.2 **Conflict of Interest** - None.

- 3.3 **Approval of the Agenda**



Moved by: Doug Shanks
Seconded by: John Friday

Motion

"That the Agenda be approved, as circulated."

CARRIED

3.4 Chair's Remarks - For Information.

The Chair thanked the Staff, Professional Staff and Volunteers for their dedication to the patients, their families and the organization.

The Hospital recently underwent an operational review to assess the efficiency and effectiveness of the hospital operations, its clinical processes and the availability of resources to fulfill its Mission as an academic specialized acute care centre. A report is anticipated at the end of November, 2016 that will include a Hospital Improvement Plan (HIP). The HIP will guide the development of current and upcoming Hospital operating plans.

4.0 PRESENTATIONS

4.1 Foundation Accomplishments, Future Priorities and Challenges

Ms. Jody Nesti and Mr. Glenn Craig, President & CEO, highlighted the following Foundation accomplishments, future priorities and challenges:

- The Foundation approved a \$2.5M allocation for the Hospital at their most recent Board meeting;
- The Cardiovascular Surgery (CVS) Campaign Executive Committee was designated;
- The first phase of the CVS Campaign will be to launch the quiet solicitation of gifts over \$1M;
- The Foundation is Seeking new ideas to replace some of the events that have reached their lifespan and to sustain a spirit of philanthropy with the attendees of the events;
- The Foundation has allocated over \$15M to the Hospital and Region Hospitals over the last five years.

Ms. Nesti was excused from the meeting.



4.2 Choosing Wisely Project

Dr. Stewart Kennedy, Executive Vice President, Medical and Academic Affairs, described the Choosing Wisely Canada (CWC) Project. CWC is intended to assist physicians and patients engage in conversations about unnecessary tests, treatments and procedures, and to help them make effective choices that ensure safe quality care.

The Hospital Medical Leaders have been asked to engage their respective department members in the CWC Project as a priority for the upcoming year. Very few patients are aware of this initiative; there is some resistance from the physicians and the lack of Computerized Provider Order Entry (CPOE) is hindering comparative data collection, an important component for a successful implementation of this project.

This campaign is not intended as a cost-cutting strategy; however it will alleviate some of the costs to the healthcare system as a whole. A reduction in the number of tests is anticipated in the course of the next two years.

4.3 Fracture Clinic Process Improvement Project

Dr. Mark Thibert, Chief of Surgery and Dr. Rhonda Crocker Ellacott, Executive Vice President, Patient Services and Chief Nursing Executive presented the outcome of a recent process improvement project to the Fracture Clinic (the Clinic).

The Clinic has seen a significant increase in patient volumes and wait time management has been a challenge. Emergency, family physician and regional hospitals referrals, along with orthopaedic surgeon appointments and telemedicine consultations make up the Clinic patient population.

In June, 2016, a Quality Improvement Team was tasked with a goal of improving total patients' wait time of less than 70 minutes (90th percentile). Several initiatives were implemented such as decreasing the number of patients booked per day, setting aside six emergency referral places and spreading the booking times from 8h00 to 14h30. These initiatives were introduced on August 20, 2016.

The length of stay recorded between August 20 to September 20, 2016 averaged 54 minutes. Patient satisfaction rates also significantly increased. The Staff and Physicians involved were commended for this initiative.

5.0 **CONSENT AGENDA**

Moved by: **Dick Mannisto**

Motion



Seconded by: Gary Whitney

“That the Board of Directors:

5.1 Approves the Board of Directors Minutes of June 6, 2016;

5.2 Endorses signing an agreement with Clinical Trials Ontario to become an accruing site;

5.3.1 Accepts the Q1 2016-2017 Wages and Source Deductions Attestation as recommended by the Resource Planning Committee;

5.3.2 Approves Investment Policy BD-16, as revised by the Resource Planning Committee;

5.4. Appoints Mr. Claude Camirand to a three (3) year term (September 1, 2016 to September 30, 2019, as a Community Member as recommended by the Research Ethics Board Selection Panel;

5.5 Accepts the Quality Committee Minutes of September 20, 2016.

as presented.”

CARRIED

6.0 REPORTS AND DISCUSSION

6.1 Report from Senior Leadership

The following informations were highlighted:

- The Laboratory is undergoing an accreditation survey to maintain its ISO 15189 Plus™ designation. The survey process involves a review of practice compliance including organizational structure, personnel policies, Laboratory management practices and new equipment training;
- The Sharing and Caring Expo was recently held to celebrate Staff and Patient Family Advisors commitment to the Patient and Family Centred Care (PFCC) philosophy accomplishments;
- The Hospital is partnering with the Northern Ontario School of Medicine and Health Sciences North to lead an Academic Health Sciences Integration in Northern Ontario project;
- On September 15, 2016 a Vascular Surgeon left. However a new Vascular Surgeon will be joining the surgical team on November 1, 2016. Another Surgeon is expected in the new year;
- The Hospital scored above the provincial average in every category of the Standardized Volunteer Opinion Survey;
- The Vice President, Human Resources will investigate which approaches are used to engage and attract the prospective Indigenous staff candidates. It was noted that a comprehensive presentation on our Indigenous Health Strategic Direction accomplishment will be forthcoming at the November Board meeting. This will be

Action



- a standing item on future Board Meeting agendas;
- The Executive Vice President, Corporate Services & CFO reported that the Hospital has no outstanding orders under the Fire Code (as overseen by the Fire Department) or Environmental 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;
- Directors requested that a progress report be brought forward for discussion regarding the objectives and indicators with respect to sick time and overtime improvements at an upcoming Board meeting;
- IT/IS and Decision Support Departments were recognized for their efforts in successfully implementing the Case Costing project;
- The cardiovascular surgery budget negotiations with the Ministry of Health & Long-Term Care are progressing, however a final figure is not yet determined.

Action

6.2 Report from the President and CEO

6.2.1 Updates

The President and CEO highlighted the following:

- The President and CEO visited all regional hospitals this summer. This was an opportunity to get introduced to these hospitals' Senior Leadership Teams and discuss their expectations relative to our Hospital's access to specialized acute care services, as well as their respective successes and challenges;
- During the regional tour, the President and CEO had an opportunity to meet with some of the Indigenous Communities' Chiefs in the region and discuss their expectations and concern;
- A meeting was held with the 3 western region hospitals CEOs and the Regional Orthopaedic Surgery program leadership team the challenges and expectations to successfully implementing the program in their hospitals. This program is intended to reduce the number of transfers to Thunder Bay;
- The Screen for Life Coach has now been repaired and the chassis will be refreshed this fall to mirror the Hospital's new brand.

Dr. Henderson was excused from the meeting.

6.2.2 President and CEO 2016-17 Objectives

The President and CEO's Objectives for 2016-17 were provided for information. The President and CEO performance will be evaluated against these Objectives in the Spring.

Board members were pleased with the way the Board documentation and presentations



are reported especially with regard to justifications and proposed remedial action when objectives and targets are lagging.

Ms. Carolyn Freitag and Mr. Michael Del Nin were welcomed to the meeting.

6.2.3 2020 Strategic Plan 2016-17 Q1 Progress Report

Ms. Carolyn Freitag, Director, Strategy and Performance and Mr. Michael Del Nin, Manager, Decision Support provided an update on the progress made on the 2020 Strategic Plan.

6.3 Rescheduling of March Board meeting

Due to a scheduling conflict, the March 1, 2016 Board meeting must be rescheduled. Members agreed to reschedule the meeting to February 22, 2016.

6.4 Board meeting in the Region

Discussion was held regarding the possibility of convening a Board meeting at one of the Region's Hospitals as an engagement opportunity with the other Hospitals.

Members were supportive of this idea in principle. The President & CEO will follow-up with this suggestion with his peers.

Action

6.5 Annual General Meeting Logistics

Discussion was held regarding holding concurrent Annual General Meetings for the Hospital and the Institute. Members were supportive of this idea. The President and CEO will look after the logistics.

Action

6.6 Holiday Staff Recognition Activities

Given last year's successful Holiday activities, Board members agreed to postpone hosting a dinner for the Managers and instead, to join the Senior Leaders to deliver Holiday baskets to all staff, on all shifts. Ms. Jessica Nehrebecky will coordinate the delivery schedule.

Action

6.7 Report from the Foundation – For information

6.8 Report from the Professional Staff Association



The President of the Professional Staff Association reported that his members have requested that a Board member attend their quarterly meetings. The Board will consider this request at an upcoming meeting.

6.9 Report from the Chief of Staff

The Chief of Staff mentioned that he is currently engaged with Quality and Risk Management Department staff to lead the Medical Assistance in Dying implementation process in the Hospital.

6.10 Report from the Chief Nursing Executive

The Chief Nursing Executive commended the Nursing Staff for their successful implementation of the best practice guidelines on applying the Braden Scale to prevent pressures ulcers.

6.11 Report from the Northern Ontario School of Medicine - For information

The School has entered its 11th year.

Moved by: Anita Jean
Seconded by: Grant Walsh

"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 Foundation;*
- 6.4 Accepts the Report from the Professional Staff Association;*
- 6.5 Accepts the Report from the 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 October 2016, as submitted or presented."

CARRIED

7.0 COMMITTEE MATTERS

7.1 Governance Committee – September 21, 2016

Mr. Dick Mannisto, Chair, highlighted the following from the last Governance Committee

Motion



meeting:

- In the future, all Board forms will be reviewed triennially rather than annually;
- By-Laws will be thoroughly reviewed for approval at the 2017 Annual General Meeting;
- Selection Criteria for Board and Community Members Policy BD-45, will be amended to clarify community members recruitment process.

7.1.1 CEO Performance Evaluation and Compensation Policy Amendments

7.1.2 COS Performance Evaluation and Compensation Policy Amendments

Amendments to both policies were almost identical. The Board approved that a 360 degree assessment should be conducted but questioned whether the choice of respondents should be at the discretion of the person who is being evaluated. The Governance Committee was asked to further review the current 360 degree process in these policies taking into consideration the Members' opinions and best practice guidelines before bringing forth recommendations to the Board.

Mr. Craig was excused from the meeting.

8.0 FOR INFORMATION

8.1 Board Comprehensive Work Plan - For information

8.2 Webcast Statistics - For information

8.3 Letter from Minister Hoskins re: HSRF - For information

8.4 Environmental Compliance and Fire Safety Update - For information

8.5 Article – The Cultural Erosion of Indigenous People in Health Care - For information

8.6 Report from the Institute - For information

8.7 Report from the Volunteer Association – For information

9.0 BOARD MEMBERS COMMENTS

Board members thanked the staff for their continued support and work.

10.0 DATE OF NEXT MEETING – November 2, 2016



11.0 ADJOURNMENT - The meeting adjourned at 7:21 p.m.

Chair

Board Secretary

Recording Secretary

DRAFT



Thunder Bay Regional
Health Sciences
Centre

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ATTESTATION

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

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

DATE: October 18, 2016

RE: **Q2 2015-16** Wages and Source Deductions for Fiscal Year Beginning
April 1, 2016 and ending March 31, 2017 (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 ____ day of October, 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**.

healthy
together

En santé
ensemble



Senior Leadership Report

to the

Board of Directors

Thunder Bay Regional Health Sciences Centre

November 2, 2016

Human Resources

Flu Shots

- Flu season has begun! Occupational Health and Safety will be offering flu shots to all staff, students, volunteers and professional staff working in our facility. During our first week of flu clinics located at the main staircase, 389 people were immunized. We continue to have walk in clinics in our office, booked appointments for our health nurse to go to staff groups, as well as a roaming cart that will tour around the building whenever possible.

Volunteer Services

- In the last quarter, volunteers contributed over 8000 hours of service to enhance patient and family centred care. In addition, we have recently welcomed 17 new volunteers to our team;
- The annual Fall Volunteer Retreat was held on October 31 with guest speakers Dr. Peter Voros, Amanda Bjorn, and the Alzheimer Society;
- Volunteer Services participated in several activities and initiatives over the past few weeks including the Community Fall Feast, Lakehead University Volunteer Recruitment Fair, and PFCC Caring and Sharing Expo.

2016 Walk the Talk Awards

- The 2016 Walk the Talk campaign, which ran from April 1 - September 30, has now closed. More than 200 nominations were received in 13 categories; our highest number of nominations ever! The recipients will be announced in November and the awards celebration will take place on January 16, 2017 during Employee Recognition Week.

Labour Relations

- Both The OPSEU Central settlement (3 years) and ONA Arbitration Award (2 years) have been processed. Staff increases and retroactive payments were processed in October. We anticipate the ONA local issues arbitration award shortly. PIPSC Radiation Therapists and TBRHSC will be proceeding through negotiations in November.



Research

Research Quality Oversight Program

- Final policies and procedures are in final stages of approval;
- Project Registration and Authorization process will be piloted later this year;
- A formal roll-out for research policies and processes will be planned following in support of “Building the Academic Environment” in the Hospital’s 2020 Strategic Plan.

Research at the Hospital and the Institute

- At the end of the summer, there were 166 open research projects in areas including cardiovascular and stroke, chronic disease prevention and management, regional cancer, emergency and critical care, surgical and ambulatory services and more;
- There are also 47 regulated clinical trials being conducted at the Hospital;
- Several Scientists at the Institute are engaged in research related to the health status of pulmonary function in Indigenous people, the use of therapeutic molecules against HPV related cancer, and measuring brain function in Alzheimer’s patients.

Patient Services and Cancer Care Ontario

Adult and Forensic Mental Health Program

- A site visit team representing both Adult Mental Health and Emergency visited three hospitals in southern Ontario in order to gather further information about their care of mental health and addictions within the Emergency Department. This team will be working with the Mental Health Emergency Services Executive Committee and Working Group to develop a proposal for how TBRHSC can improve care to patients in the ED with mental health and addictions issues.

Cardiovascular and Stroke Program

- We continue to await a new funding stream for implantable cardiac defibrillator follow-up services from the MOHLTC. This care has historically been an un-funded service;
- PFCC concepts are being strengthened through a trial (2C Regional Stroke Unit) where nurses share report at the bedside and include patients in the conversation. This represents a major process change and Nursing Practice is supporting the team’s efforts to strike a balance between information sharing and confidentiality.

Cardiovascular Surgical Program Development

- TBRHSC anticipates the 2016/17 vascular funding letter will be received before the end of October. Internal work is already underway to complete a budget submission for 2017/18;
- TBRHSC contacted the MOHLTC and requested quarterly planning meetings with the Capital Branch and Provincial Programs. This approach will ensure that our project will get the attention it deserves and future delays will be minimized; response pending.



Chronic Disease Prevention & Management and Medicine Services

- 'Renal Conference 2016' occurred on October 16 and was well attended by multiple disciplines from within the Renal team and throughout Northwestern Ontario. The internationally known speakers covered diverse topics;
- The Renal Team is excited to work with Dr. Mary MacDonald for vascular access surgery for hemodialysis patients and with Dr. Radu Rozenberg for hemodialysis access as well as the consideration of salvage of peritoneal dialysis access;
- The Renal Program continues to work with Facility Planning regarding the current and projected patient population growth and the space requirements to provide safe care.

Prevention & Screening Services

- The 2016 TBRHSC Fresh Market wrapped up after 16 weeks, seeing more than 3,500 visits from staff, patients, visitors, and volunteers. This year the market featured 2 new farmers with a total of 8 different vendors;
- October was Breast Cancer Awareness Month and Cervical Cancer Awareness Week. In order to increase awareness and promote cancer screening, Prevention and Screening Services worked with local media outlets, public events and regional physician leads to publicize accurate and encouraging messaging;
- Thanks to additional funds from Safeway and a staff team at the Caribou Charity Ride, the Wellness and Exercise Program for Individuals with Cancer (WE-Can) Program will run an additional session in the winter of 2017 to help decrease the wait list for the program.

Corporate Services & Operations

Financial Services

- As at September 30, 2016 the deficit is \$2.3 million compared to a budget deficit of \$3.4 million and prior year deficit of \$2.5 million with:
 - Paid Hours on budget and 1.6% less than prior year
 - Patient Days 3.9% less than budget and 5.5% less than prior year
 - Surgical Cases 9.8% less than budget and 4.2% more than prior year
 - ER Visits 3.8% more than budget and 2.8% more than prior period whereas,
 - ER Patient Days are in line with budget and 2.1% less than prior year.

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.
- Annual Fire Inspection was held on October 13, 2016. Six minor infractions were noted and corrected immediately.
- Minimal staffing fire drill is scheduled for October 26, 2016.



- *Work continues underway on the Operating Room suite roof, along with other key infrastructure projects, and remediation of 290 Munro St.*

Northern Supply Chain

- We have hired our first two Management positions to on board 24 additional Hospitals from LHIN 13 to the Northern Supply Chain Program. These positions are funded through the new Transfer Payment Agreement(TPA) signed in July;
- Data Management/Spend Analytics software expansion analysis to 13 NE Hospitals is completed pending approval. This expansion will assist with efficiency gains and identify contracting opportunities for the North and the enhanced buying power will drive lower pricing.

Information Systems/Technology

- Process for the new data centre is currently underway. This initiative is expected to take 18 months to complete;
- Review of privacy and security controls has been completed and enhanced policies and procedures have been implemented to strengthen our security posture.
- Conformance testing for contribution of clinical data from all hospitals in the NW LHIN to the provincial clinical repository has commenced with expected completion by March 31, 2017.

Decision Support

- Over the past month, Decision Support has been developing volume forecasts and a related methodology to estimate volume-related impacts on revenues and expenses. The results will be used to support preparation of the 17-18 budget.

EVP, Patient Services & Chief Nursing Executive

Emergency (ED) Patient Flow

- In September 2016, ED continued to perform at or better than provincial targets for non-admitted high acuity patients with a length of stay (LOS) of 6.8 hours (target 7 or less) and low acuity LOS of 3.5 hours (target 4 or less);
- For September, ED LOS for admitted patients remained above the target with wait times of 34.6 hours (target 27 or less).

Regional Critical Care Response (RCCR)

- RCCR provides 24 hour access to Critical Care physicians and nurses via telemedicine to support all 11 NW Regional hospitals;
- From April to September 2016, RCCR has provided 151 video consults (133 initial & 18 follow-up), facilitated 108 air transfers and 36 patients were supported in their home hospitals;
- Through LHIN funding from the Small and Rural Hospital Transformation Fund (351K), RCCR has successfully improved access to care through the addition of a



- nurse 12 hours per day and an RCCR Lead. RCCR calls on the night shift will continue to be managed by the MET (Medical Emergency Team) nurse;
- RCCR has been recognized on the Minister's Medal Honor Roll 2016/17: Honouring Excellence in quality and safety.

Regional Orthopaedic Program

- The Regional Orthopaedic Program is a LHIN supported TBRHSC led program that will improve musculoskeletal health outcomes in the population of Northwestern Ontario;
- This new program will create high quality musculoskeletal care for patients closer to home and will standardize the orthopaedic care provided in Northwestern Ontario. This program will focus on orthopaedic injury prevention, referrals, assessments, emergency and elective services, and post acute surgical care;
- Initial efforts of the Regional Orthopaedic Program will consist of designing and implementing a centralized intake for hip and knee diagnosis at three regional pilot sites, and the creation of a standardized care pathway for hip and knee diagnosis.

Operating Room Efficiencies

- A quality improvement plan to improve the operating room efficiencies has been initiated. This plan will involve the interprofessional operating team, focus on operating room start times and enhance the percentage of operating room cases started on time or early;
- Improvement in start times is intended to balance the OR workload throughout the day, while improving the surgical patient experience of care overall.

Laboratory Institute for Quality Management in Healthcare (IQMH) Surveillance Visit

- IQMH is the international accrediting body for all community and hospital laboratories in Ontario;
- In 2014, TBRHSC Lab was awarded the maximum 4 year accreditation certification Iso 15189 Plus. A mid cycle accreditation (onsite-surveillance visit) was completed October 12, 2016;
- Our Laboratory received 99.2% compliance on assessment for 124 of 125 quality standards (1 minor non-compliance);
- Next IQMH accreditation assessment scheduled for Fall 2018 (full 554 standards will be measured).

PFCC

- TBRHSC is one of 12 sites selected, from 73 submissions received, to move forward to the next phase of The Change Foundation's Changing CARE funding opportunity "Partnering with Family Caregivers to improve their Experiences in Ontario's Health and Community Care Systems". A site visit is required as part of the full proposal submission and is planned for mid December 2016;



- TBHRSC participated on a Panel at the HQO/NW LHIN Regional Quality Session regarding implementing and spreading Patient and Caregiver Engagement practices that work on October 28, 2016;
- Keith Taylor will be presenting on behalf of TBRHSC at HealthAchieve North “Patient and Family Centred Care: A Success Story” on November 8.

Academics and Interprofessional Education

Further our partnership with Academic Institutes

- To achieve our academic goals and to further our relationships with our academic partners, a new “Nursing Education Committee” is being explored with Lakehead University and Confederation College. The committee will be modeled after the Medical Education Committee and provide a venue for improving the quality of training we provide to Nursing learners.

Implement best practices in the delivery of education

- How education is delivered is evolving based on the changes we are seeing in healthcare, such as the arising of new technology, increasing importance placed on quality outcomes, emerging availability of big data and analytics and the shift in expectations regarding leadership and team behaviours. Best practices in education support knowledge and theory being delivered using social media, electronic learning, videos and other mediums. Whereas “classroom” or face-to-face time is used to provide opportunities for practice through simulation, discussions and team activities. Interprofessional education is in the process of adopting these best practices:
 - Nursing orientation is being revamped to include simulation activities;
 - Interprofessional Education is partnering with Communications to increase its presence on Twitter;
 - A learning plan utilizing this approach to education has been developed for the Respect (cultural competency) initiative;
 - Plans are in development for a simulation program at TBRHSC.

Medical Affairs

- A warm welcome is extended to Dr. Alireza Bagherli, an Interventional cardiologist, that joined us in October;
- Several site visits took place during the month of October for the following specialties:
 - Medical Oncology;
 - Vascular Surgery;
 - Oral and Maxillofacial Surgery;
 - Gastroenterology;
 - Psychiatry.
- Interviews are pending for the role of Medical Lead, Maternity Care and Perinatal Services;
- An annual work plan template has been developed to help physician leaders, in collaboration with others, focus on tasks that align with the strategic plan and



program/service goals and will ensure clarity around expected key deliverables; consultation on the work plan template is currently underway.

Pharmacy

Medication Reconciliation

- The medication reconciliation admission rate for the month of September was 55.8%; a decrease from 60.6% in August.

Retail Pharmacy Program

- The Retail Pharmacy Business Plan was approved by the Senior Leadership Council.



**Report from Jean Bartkowiak
President and CEO
November 2, 2016**

As always, our Hospital works closely with partners to deliver quality patient care. It is through collaboration that we solve problems and make continuous progress. I am fortunate that the people I work with are similarly focused, because through ongoing dialogue and joint planning we will address system challenges that impact patients at our Hospital, including surge capacity.

Data suggests that, we are getting better at addressing them. Our surge capacity rates have improved compared to last year. To date this year, 46.5% of days have been in surge capacity, compared to a total of 72.4% last year and 92.1% the year before.

These improvements are due in part to a focus on Average Length of Stay (ALOS). We focused our attention on efficiencies to ensure every patient care plan moves along (for example, reducing the amount of time a patient waits for diagnostic test results). Last year, we successfully reduced ALOS by 0.2 day. According to our first quarter data, we are on target to a further ALOS reduction this year.

Our Alternate Level of Care (ALC) rates have also improved. In 2015/16 there was a total of 1,857 ALC cases. This year, we are projecting a total of 1,508 ALC cases, a prediction of 349 fewer cases. Both our Hospital and St. Joseph's Care Group continue to be challenged with ALC patient volumes. We have discussed engaging primary care providers in the community to determine ways to support frail adults and seniors to avoid the need for specialized acute care.

At the Foundation's Breakfast with the CEO on October 5, I answered several questions from guests regarding ALC patients, as well as Emergency Department visits by frail elderly patients and how they can be better supported in the community. I am always encouraged by the level of interest community members have in our Hospital, and am grateful for their input.

We are also supporting our partners at St. Joseph's Care Group regarding the completion of the Hogarth Riverview Manor Project. Together, we are identifying and addressing staffing challenges associated with their expanded capacity. As well, our senior teams met and discussed a proposed integrated regional model for frail seniors' care, a priority identified in both organizations' strategic plans.

Amanda Bjorn, VP, Human Resources attended on my behalf a consultation on Accessibility hosted by the Federal Government on October 11. It was an opportunity to hear directly from people with accessibility challenges. One of the main themes brought forward from our community was multiple chemical sensitivity, and participants acknowledging our scent-free and non-smoking policies. The topic of fumes from ORNGE helicopters landing near the facility was brought up. This issue was addressed a few years ago, and filters were changes as a result, so we'll have to verify if it's a recurring issue.

On October 12, I attended a consultation meeting regarding modernizing the community laboratory system in Ontario. This Ministry of Health and Long-Term Care initiative is engaging Indigenous communities to plan for enhanced diagnostic and lab results connectivity and access for people living in remote First Nations communities.



Also on October 12, the first meeting of the Regional Orthopaedic Program Advisory Committee was held. Members include the CEOs of the Dryden Regional Health Centre, Riverside Healthcare Facility in Fort Frances and Lake of the Woods District Hospital in Kenora, as well as family health care leads, chiefs of staff and other partners. It was a productive kick-off to an integrated approach to build a regional program to provide close-to-home orthopaedic care, with regional sites offering surgery, consultation and support.

As part of this project, Caroline Fanti, Program Director of the Regional Orthopaedic Program, and Dan Topatigh, President & CEO of Tbaytel and I, met to discuss opportunities to collaborate to advance health care through telehealth technology. We are exploring submitting a research grant to fund research on new technologies to enhance access to orthopaedic services in remote First Nation communities.

Another project team is investigating a separate opportunity to enhance health care delivery for regional patients, and particularly those in remote First Nation communities. This initiative involves examining the feasibility of an air shuttle for both patients and health care providers to increase access to service.

As part of our continued commitment to improvement, a Patient Relations Working Group is reviewing the Ontario Hospital Association's Toolkit that contains recommendations of best practices in managing patient and family concerns. As part of a pilot project with Health Quality Ontario, the group is also reviewing indicator development to track our performance. The patient relations process can help identify system level improvements and opportunities.

I was honoured to participate on October 14 in a Pre-Budget Public Consultation with Honourable Patty Hajdu and MP Don Rusnak. I applaud the Federal Government for recognizing the disparities between health status for Indigenous and non-Indigenous people in our region, and encouraged funding for research that will guide our efforts at improving health outcomes for Indigenous peoples.

I had the pleasure of visiting the Nishnawbe Aski First Nation office on October 14. Hospital Board member Georjann Morriveau, our Senior Director of Communications, Indigenous Affairs and Engagement and I met with Grand Chief Alvin Fiddler and Health Advisor Sol Mamakwa to discuss health care priorities. We identified opportunities to enhance our services, and I look forward to continued discussions.

I am pleased to report that, on October 20, the Minister of Health and Long-Term Care announced that our Regional Critical Care Response Program was recognized for excellence in health quality and safety. The program team was made an Honour Roll member for their exceptional work in delivering high-quality health care for patients and families. I congratulate the Regional Critical Care Response Program team, which provides critically ill patients across Northwestern Ontario with enhanced support and service.

During the October 21 meeting of the Board of Directors of our Hospital's research arm, newly revised letters patent were accepted. The Ministry of Government Services confirmed the change of the organization's name to Thunder Bay Regional Health Research Institute. By adding the word "Health" to the name, we are demonstrating both the focus of the research activity and the relationship between our Health Research Institute and our Health Sciences Centre. A strategy to communicate the name change has been implemented.



Also during the Health Research Institute's Board meeting, our newly recruited Vice President, Research and Chief Scientist was introduced. Although his position with us doesn't begin until January, Dr. Abraham (Rami) Rudnick travelled to meet the Board members, and to participate on October 21 and 22 in a retreat with members of the Boards of Directors of our Health Research Institute, Health Sciences Centre and Health Sciences Foundation.

On October 22, I was privileged to attend for the first time the Resolute Save a Heart Ball hosted by our Health Sciences Foundation. In the nine months I have lived here, I have been consistently impressed by the level of support our community provides to our Hospital through events like this, as well as through personal donations. Because of this level of support, we will soon offer cardiovascular surgery here in Northwestern Ontario.

This month I continued to tour areas of the Hospital and encouraged staff to share with me information about challenges, initiatives and success of which I may not be aware. Visits to our Pharmacy, Purchasing and Telemedicine Departments demonstrated to me that staff are engaged and committed to our patient care.

The Chief of Staff and I met with the Department Chiefs of Dentistry and General & Family Practice, as well as the members of the Department of Surgery, so that I could introduce myself and discuss their priorities. We both took this opportunity to engage our physicians to focus their attention on patient flow, and participation in bed management meetings to further improve coordination of care, particularly for the frail elderly in our community.

On October 28, I attended the Francophone Health Society of Canada's National Conference in Ottawa. Discussions of the challenges to accessing health care services faced by Francophones supports our work in this area. Work is underway to reduce these challenges at our hospital, and we will participate in a research project with Le Réseau du mieux-être to provide active offer of French-language services through engaging our front line managers.

Looking forward, we are planning, with the Dean and the Vice Dean of Post-Graduate Studies of the Northern Ontario School of Medicine, the upcoming interim accreditation site visit of the Department of Internal Medicine by the Royal College of Physicians and Surgeons.

Finally, I take this opportunity to commend several of my colleagues for their commitment to healthy lifestyles. In September, a group of nine employees, who represent health and wellness stakeholders and Human Resources at our Hospital, joined and registered to take part in a North American workplace step challenge sponsored by Fitbit. At the end of the two-week challenge, our team had a cumulative average step count of over 200,000 steps, which was good enough for an 11th place finish out of 67 teams. This test run of Fitbit's workplace dashboard was a useful exploration of the software as a way of testing for potential workplace use, but also for a research project that will involve staff using Fitbits to see if they affect activity levels. This project is in its early planning phases, and will potentially run in the spring of 2017.

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

Strategy & Performance

- The Performance Improvement team began preparing the Q2 Strategic Progress Report for reporting to SLC in November.



- The Performance & Planning Review Q2 session will be held Nov. 23rd. The leadership will be engaged on key strategic initiatives related to patient flow. The discussion will aim to generate creative solutions that improve our performance results
- The development of 2017/18 Quality Improvement Plan has begun. We look forward to learning from the Regional Quality Session Oct 28th hosted by the LHIN and Health Quality Ontario which will assist in informing and shaping our Quality Improvement Plan. Setting the stage and engagement with SLC, leadership, patients & family advisors, key stakeholders and the Quality Committee of the Board will occur in November and December.
- Development of the Research Institute's strategic indicators continues this month

Communications, Indigenous Affairs & Engagement

Communications

- As part of our commitment to Seniors' Health and meeting Accessibility needs, a large font format for business cards is in place, and the PFA Council has endorsed recommendations to provide large font patient education materials.
- Goals regarding Accessible Forms and Communications Supports have been drafted as part of the Hospital's new 5-year Accessibility Plan.
- Website development support areas of focus include The Northern Supply Chain, Informatics, the Health Research Institute and the Paediatric Healthy Living Program.
- Graphic design support was provided to the Northern Supply Chain, Human Resources, and the Health Research Institute.

Indigenous Affairs

- Ojibwe language lessons for staff began October 17th. The maximum 15 participants was reached within days, and there are another 15 on a waiting list.
- The Traditional Knowledge and Practices Working Group has streamlined a draft process model, and continues to work through an analysis of required resources and partnerships.
- Attended the NW LHIN Aboriginal Health Services Advisory Committee Meeting. Forum planning for a conference on March 1, 2017
- Presented to Matawa Health Directors an update on our Strategic Plan and information regarding services at our Hospital.
- Teleconference meeting with Keewatinook Okimakanak (KO) regarding tele-visitation and support to promote the service to our patients and families.
- Attended meeting with Health Canada and non-insured health benefits working group to discuss challenges with discharge and delays.
- Facilitating collaboration between Spiritual Care and Forensic Mental Health and Ka Na Chi hih to provide sweat lodge visits to patients.

Engagement

- Management Forum hosted on October 26 with a focus on the Quality Health Care Framework.
- Engagement planning with respect to the Indigenous Traditional Knowledge and Practices.



Quality and Risk Management

Enterprise Risk Management

- Feedback received on the Enterprise Risk Management (ERM) process piloted over the past few years indicates that users found the process of risk identification and action plan tracking cumbersome, reports generated from a central risk repository could be more meaningful and that the ERM process could be better aligned to inform strategy, tactics and operations.
- Quality and Risk management met with the Senior Leadership and the Quality Committee of the Board to discuss how to improve the process. To make risk identification less onerous we agreed to introduce risk categories, subcategories and types that highlight key areas of risk to consider. We adopted a risk matrix based on best practices to rate risks.

Emergency Preparedness

- The revised Hospital Command Centre policy was submitted to SLC and Emergency Preparedness Committee. This policy provides a framework to guide senior leaders on-call during an emergency.
- Alert 99, code white and code brown policies were updated.
- The e-Observation module used for code red has been revamped based on user feedback. Education has been delivered to users of the system. Compliance reports are now being distributed monthly and we have noted a marked increase in reporting.
- Transport Canada and Thunder Bay International Airport Authority are partnering with us in planning training and drills for our Helipad to ensure compliance with Transport Canada regulations.
- Annual fire inspection was completed by Thunder Bay Fire Services on October 13, 2016 and we were found compliant in relation to fire drill regulations.
- The annual minimum staffing drill was completed on October 26, 2017 at 20:30. The drill simulated evacuation of 9 Intensive Care Patients from the Intensive Care Unit to the Post Anesthetic Care Unit. This must be completed annually to comply with the Fire Marshal's Directive under the Fire Protections and Prevention Act.
- The Hospital entered into an official agreement securing our participation in the Emergency Management Communication Tool, a web-based system that acts as a communication hub allowing organizations within the health care sector to better coordinate emergency responses.



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Health Sciences
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Northern
Cancer Fund



Northern
Cardiac Fund



Health Sciences
Discovery Fund

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

Past Events Highlight: Greek Supper Club

On September 28 the Greek Supper Club was held at Bistro One. It was a fabulous night featuring a five course meal prepared by renowned Chef Peter Minaki. The event raised over \$12,000 for the Renal Unit and Northern Cardiac Fund! Thank you to Lisa Sandham Interior Designs for organizing an amazing night!

Tbaytel Luncheon of Hope

On October 7, over 400 guests celebrated 24 years of HOPE for breast cancer patients and their families in Northwestern Ontario. The room was enlightened by guest speakers and together raised approximately \$30,000 for the Northern Cancer Fund to better the care received by patients here and throughout our region.

Resolute Save a Heart Ball

Congratulations to the Resolute Save a Heart Ball Committee! This gala event was held on October 22, 2016 at the Victoria Inn. A champagne reception, followed by a gourmet meal, enticing silent auctions and fantastic entertainment was enjoyed by all! This great event supports excellence in cardiac care here at the Health Sciences Centre. The event raised approximately \$60,000 this year for the Northern Cardiac Fund!

Upcoming Raffles - Purchase tickets at healthsciencesfoundation.ca or 345-4673 Intercity 50/50 Raffle

The Foundation is proud to host the Intercity Shopping Centre 50/50 raffle again this year. Please consider signing up for a volunteer shift selling tickets during the busy holiday season. The winning ticket will be drawn on December 22, 2016! Proceeds support the Northern Cardiac Fund and the WE-Can Program (Wellness & Exercise for Individuals Living with Cancer)

Please contact Sara for more information at 684-7278.

Media Coverage - Contact Heather ext. 7111

Past

- o Tbaytel Luncheon of Hope (Oct 7)
- o Ophthalmology Appeal/Lions Gift Announcement (Nov 1)
- o Launch of Intercity Shopping Centre 50/50 Cash Draw (Nov 2)

Upcoming

- o Funding for PCR Equipment for Lab (Nov)
- o Launch of Christmas fundraising appeal (Nov/Dec)

Thanks to our community!

The Health Sciences Foundation is the proud recipient of funds raised by many events in our community. These 'Third Party Events' are organized and executed by individuals and groups and range from golf tournaments to wine tastings and comedy shows. Please take the time to check our website's events section (www.healthsciencesfoundation.ca). New events are posted regularly so check back often to be sure you don't miss out!



Chief of Staff Report

to the
Board of Directors
Thunder Bay Regional Health Sciences Centre

November 2016

Medical Assistance in Dying (MAID)

- Quality and Risk Management facilitated a session for our physicians to provide information on MAID which was very well attended
- The Anesthesiologist section meeting was attended in October for consultation on a preprinted direct order for MAID

Physician Leadership Institute (PLI) Session

- The PLI session '*Quality Measurement for Leadership and Learning*' will be held in early November; participants will be better equipped to understand quality measures and how to use them in both leadership roles and quality improvement projects

Physician Length of Stay (LOS)

- The working group will be investigating the role of utilization coordinators and consistency in flagging patients that may be made ALC for the attention of physicians
- The working group will begin to review data from the Emerald system to consider delays to discharge identified as either an unclear plan of care or consultation delay
- The group will continue to strategize on how to engage physicians in length of stay data and ensure that they have tools and resources necessary to make improvements

Chief of Midwifery

- The position of Chief of Midwifery was posted as the end of the term had arrived
- Interviews for the position will take place in early November

Physician Assistants (PAs)

- A toolkit is in development to assist physicians in their role of supervising physician assistants
- The toolkit will provide education on the roles and responsibilities of supervising physicians as well as ensure consistency across the organization

Policies and Procedures

- MAC endorsed recent revisions to MS-23 Clinical Consultation for Most Responsible Physician – Emergency Department at the September meeting



Chief Nursing Executive
Open Report
to the
Board of Directors
November 2016

Patient Oriented Discharge Summary (PODS) ARTIC Proposal

- TBRHSC has been chosen as one of 19 hospitals across the Province to participate as a spread site in the University Health Network OpenLab ARTIC (Adopting Research to Improve Care) proposal submission "Spreading Patient Oriented Discharge Summaries (PODS) Across Ontario"
- The PODS tool and process contains five content sections for information that is actionable and useful for patients and their families, including: medications, changes to daily activities and diet, follow-up appointments, resources for patients and families, and expected and worrisome symptoms to watch out for after leaving hospital. The implementation of PODS results in improved discharge processes, increased patient satisfaction, increased understanding and adherence to discharge.
- The outcome of the ARTIC funding application will be decided in late December/early January of 2016/17

Acute Care for the Elderly (ACE) Collaborative

- TBRHSC is participating in the ACE Collaborative which is supported by the Canadian Foundation for Healthcare Improvement (CFHI) and Technology Evaluation in the Elderly Network (TVN)
- The purpose of the ACE collaborative is to spread innovative elder-friendly care practices that have demonstrated improvements in patient, provider and system outcomes
- TBRHSC is using our NICHE (Nurses Improving Care for Healthsystem Elders) Designation as our strategy to adopt change
- NICHE provides clinical and organizational tools and educational resources to support a systematic change in the culture of healthcare facilities and supports organizations to achieve patient-centred care for hospitalized older adult patients
- In August, four staff completed NICHE leadership training. A one year action plan was developed and has been approved by NICHE making us a NICHE designated hospital.

Registered Practical Nurses Association of Ontario (RPNAO) Award of Excellence and Innovation

- Nursing Practice is proud to recognize Jessica Jeremy as the 2016 recipient of the RPNAO Award of Excellence and Innovation. Jessica is a Registered Practical Nurse (RPN) in the Operating Room at TBRHSC.



Thunder Bay Regional
**Health Sciences
Centre**

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Thunder Bay ON
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- This honour is awarded to an RPN who has contributed in a significant way to exemplary nursing practices
- Jessica will receive a \$500 scholarship, a one-year free RPNAO membership and complimentary conference registration. The award will be presented at the RPNAO Annual General Meeting dinner gala in October, 2016.

Chief Nursing Executive
Chef de la direction des soins infirmiers

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, the Northern Ontario School of Medicine** and **Confederation College**.

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, à l'École de médecine du Nord de l'Ontario** et au **Collège Confederation**.

healthy
together

En santé
ensemble



Quality Committee

October 19, 2016

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

Present:

Doug Shanks (Chair), Jean Bartkowiak, Dr. Rhonda Crocker Ellacott, Nadine Doucette, Anne-Marie Heron, Anita Jean, Dr. Gordon Porter, Dave Van Wagoner, Dr. Peter Voros

Regrets: John Friday, Georjann Morriseau, Matt Simeoni

By Invitation:

Gary Ferguson, Performance Improvement Consultant, Strategy and Performance
Katherine Bell, Manager, Quality and Research Ethics
Michael Del Nin, Manager, Decision Support
Carolyn Freitag, Director, Strategy and Performance
Cathy Covino, Senior Director, Quality and Risk Management
Katrina Sutton, Rec. Sec.

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

1.1 **Quorum** – Attained.

1.2 **Conflict of Interest** – None.

1.3 **Approval of the Agenda**

Moved by: Anita Jean

Seconded by: Dave Van Wagoner

Motion

“The agenda be approved as circulated.”

CARRIED

2.0 **PRESENTATIONS/REPORTS**

The Chair advised the Committee that in an effort to generate more discussion during presentations, he will advise presenters to provide the Committee with a high level summary of their presentations. The guidelines for presentations to the Committee will be revised to reflect this new approach.

Action

2.1 **Accreditation**



Mr. Gary Ferguson, Performance Improvement Consultant, Strategy and Performance, provided an overview of the evidence of compliance submitted for Accreditation Canada's 2016 Governance Standards #1.1 - #13.10. Four Standards were identified as requiring further work on the evidence submitted. It was also identified that Accreditation Canada will be releasing new standards in January 2017 and will be offering on-site simulated surveys for organizations for approximately \$2,500.00 - \$3,500.00. Departments complete an annual review of Standards as part of the Accreditation cycle.

As one of the Standards requiring further work, the use of the ethical framework in decision-making was discussed. The Committee identified that agenda items requiring the use of the framework could be flagged prior to making decisions, that motions could reflect that the framework was used in making decisions, and that the use of the framework could be referenced in meeting minutes.

Moved by: Nadine Doucette
Seconded by: Anita Jean

Motion

"That the Quality Committee recommends that the Board of Directors approves the evidence of compliance submitted for Governance Accreditation Standards #1.1 - #13.10, as presented."

CARRIED

Mr. Ferguson was excused from the meeting.
Ms. Bell was welcomed to the meeting.

2.2 Risk Management/Enterprise Risk Management

Ms. Katherine Bell, Manager, Quality and Research Ethics, provided an overview of the proposed Enterprise Risk Management process and tool for Thunder Bay Regional Health Sciences Centre (the Hospital) as part of an integrated approach to manage and mitigate risk. The process will assign identified risks by Executive Vice-President and heat maps of risks will be generated to be reviewed at portfolio meetings. All risks will be consolidated and kept centrally by Quality and Risk Management. In the tool, standardized risk definitions and mitigation strategies will be available for selection by drop down fields. It is projected that the process and tool will go live in 2017.

Ms. Bell was excused from the meeting.
Mr. Del Nin and Ms. Freitag were welcomed to the meeting.



2.3 Quality Improvement Plan Excerpt from Balanced Scorecard

Mr. Michael Del Nin, Manager, Decision Support, and Ms. Carolyn Freitag, Director, Strategy and Performance, provided an overview of the 2016/17 Q1 balanced scorecard and indicators results.

The patient satisfaction and thirty day in hospital results were discussed. Health Quality Ontario (HQQ) may be changing the methodology for collecting patient satisfaction results, which may make it difficult to compare Hospital data with other hospitals. The thirty day in hospital indicator was noted as being higher this quarter than normal; however, it is a risk adjusted rate averaged against Canadian results which makes it difficult in comparing data. The Health Records department is reviewing this and trying to come up with better data.

Mr. Del Nin and Ms. Freitag were excused from the meeting.

2.4 Comments/Compliments/Complaints – Patient Relations

Ms. Cathy Covino, Senior Director, Quality and Risk Management, provided an overview of the current patient relations project, where the Hospital is participating in an HQO pilot that is developing compliment and concern indicators for provincial benchmarking. A patient relations project team has been struck until April 2017 to review current process, tools, and patient and family rights and responsibilities. The project team is also reviewing the proposed Ontario Hospital Association (OHA)'s patient relations toolkit.

The closing of complaints within thirty days versus forty-five days was discussed. It was agreed that contact with patients and families with concerns that will take longer to come to a meaningful resolution should be maintained throughout the investigation process, so that patients and families do not feel as if their concerns are languishing. It was also identified that in comparison to the OHA patient relations toolkit, the Hospital does not have a dedicated patient relations resource.

3.0 CONSENT AGENDA

Moved by: Anita Jean
Seconded by: Peter Voros

Motion

“That the Quality Committee of the Board approves the Quality Committee of the Board minutes of September 20, 2016, and receives the Research Ethics Board minutes of June 27, 2016, as presented.”



CARRIED

4.0 WORK PLAN

4.1 Quality Committee of the Board: 2016-2017 Work Plan

The Committee reviewed the pre-circulated work plan for information. Minor changes were identified.

5.0 BUSINESS/COMMITTEE MATTERS

5.1 OHA Primer: OHA Guidance on Critical Incidents and Update on QCIPA Activities

Ms. Cathy Covino, Senior Director, Quality and Risk Management, presented an OHA guidance document on critical incidents. The document enforces the use of the Excellent Care for All Act (ECFAA) definition of a critical incident for hospitals.

6.0 FOR INFORMATION

6.1 COMMITTEE MEETING EVALUATION

Committee members completed their meeting evaluations. The Chair commented that the request for presenters to provide a high level summary of their presentations addressed the evaluation results from the last Committee meeting.

7.0 RECOMMENDATIONS TO THE BOARD

The Committee agreed that Accreditation requires further discussion at the next Board of Director's meeting.

8.0 BOARD MEMBER COMMENTS – None.

9.0 DATE OF NEXT MEETING

The next meeting is scheduled for November 16, 2016.

10.0 ADJOURNMENT - The meeting adjourned at 5:59 p.m.

BRIEFING NOTE

TOPIC	Accreditation Standards Review
PREPARED BY	Gary Ferguson
APPROVED BY	Cathy Covino
PREPARED FOR:	President & CEO <input type="checkbox"/> Board of Directors x <input type="checkbox"/> Other
DATE PREPARED	Oct. 4, 2016

PURPOSE/ISSUE(S)

To produce supporting evidence for the introduction of a draft motion from the Quality Committee of the Board to the full Board.

Draft motion:

"That the Board of Directors approves the evidence of compliance submitted for Governance Accreditation Standards #1.1 - #13.10, as presented."

BACKGROUND

As part the annual Accreditation cycle it is was recommended that the Board of Directors review the Governance standards provided by Accreditation Canada annually. The standards outline the necessary practices that a Board must incorporate in their governance model to ensure compliance with Accreditation Canada. The review of standards also engages the Board in understanding the governance requirements in preparation for future onsite survey visits. The annual review provides opportunity to identify any perceived deficiencies and implement a plan for correction action prior to the on-site survey visit in 2018. The Board of Governors delegated the review to a sub- committee of the Quality Committee of the Board.

ANALYSIS/CURRENT STATUS

The QCOB sub- committee completed a review of the 2016 Accreditation Standards in April/May 2016. This exercise resulted in additional review of 3 standards. They are identified in Appendix 1.

Accreditation Canada has indicated new standards will be released in January 2017. It is uncertain if changes, additions or deletions will occur to the Governance Standards. The Standards introduced in 2017 will be utilized for the Board of Directors during the 2018 survey.

RECOMMENDATION

1. Acceptance of the draft motion.
2. Review the opportunities identified and develop action items to address them.
3. Annual review of the Governance standards released by Accreditation Canada.
4. The Board review the standards released in January/February 2017.

NEXT STEPS

The Quality Committee of the Board sub- committee will continue to monitor the standards. To achieve full compliance action items will be developed to address any areas where improvement opportunities have been identified.

The 2017 Governance standards will be used to assess the Board of Director's compliance during the 2018 on-site visit. To assist in preparation for on-site survey visits Accreditation Canada has recently introduced a new Simulated On-site Survey. Senior Leadership Council will be asked to consider the option of requesting an Expert

TOPIC	Accreditation Standards Review
PREPARED BY	Gary Ferguson
APPROVED BY	Cathy Covino
PREPARED FOR: President &CEO <input type="checkbox"/> Board of Directors x <input type="checkbox"/> Other	
<p>Advisor from Accreditation Canada to conduct a leadership/governance meeting, tracer activities, provide coaching and guidance. Required Organizational Practice compliance would be the focus of the Expert Advisor.</p> <p>This process can assist in preparing the Leadership Team and Board of Directors for discussions with surveyors as it would provide a basis for expectations that can be referred to if required. Upon completion of the Simulated On-site Survey a report can identify organizational priorities, needs and risks. Risks that we are aware of to date are patient falls, infections, pressure ulcers and medication reconciliation.</p>	
STAKEHOLDER REACTION	
A positive reaction is expected as preparation for the on- site survey will ensure readiness and decrease anxiety by empowering knowledge and action planning.	
COMMUNICATIONS	
<p>Information has been shared with QCOB as prepared by the sub- committee. The Board of Directors is now requested to endorse the work of the QCOB Accreditation sub- committee. Communication on the recommendations will result in</p> <ol style="list-style-type: none"> 1. Review the opportunities identified and develop action items to address them. 2. Annual review of the Governance standards released by Accreditation Canada. 3. The Board review the standards released in January/February 2017. 	
FINANCIAL IMPACTS	

APPENDIX SECTION

Appendix 1 – Standards requiring further review

Appendix 2 – Evidence of compliance for standards #1.1 - #13.10

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, & 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 advance 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.](#)

Governance Standards Review 2016: Standards Requiring Further Review

Governance Standards	Evidence of Compliance
<p>1.3 The governing body approves, adopts, and follows the ethics framework used by the organization.</p>	<p>The governing body's minutes reflect that the ethics framework is used as part of its regular activities. This needs to be a formal process. Consider the use of the Checklist when possible. How can we frame issues in a way to engage board in ethical discussions captured in briefing notes? This will need to be a more direct approach than done in the past</p>
<p>3.1 The ethics framework and evidence-informed criteria are used by the governing body to guide decision making.</p>	<p>Is decision making guided by the values and principles of the governing body and the organization, as well as by lessons learned from past decisions? Decisions are values- and evidence-informed and consistent with the organization's mission and vision and aligned with a culture of client- and family-centred care? Decision making can be aided by the use of checklists or criteria matrices that are aligned with the values and principles of the organization. More evidence of use of the form for important decisions</p>
<p>5.1 The governing body works with the organization's leaders to define or update the organization's values statement.</p>	<p>Roles and responsibilities of the Board Form BDF-08 5 year plan Change to reflect teaching hospital</p>
<p>5.3 The governing body provides oversight of the organization's efforts to build meaningful partnerships with clients and families.</p>	<p>Roles and Responsibilities of the Board BD – 81 (Stakeholder communication and accountability) PFCC involvement at all levels Why don't we get reports from PFCC? Do we get reports from PFCC monthly and should we? CNE to report on PFCC activity</p>

Governance Standards Review 2016: Standards #1.1 - #13.10

Governance Standards	Evidence of Compliance
1.1 The roles, responsibilities, and legal obligations of the governing body are defined and regularly reviewed.	Preferred selection Criteria for Board members BD-45 Education and Development BD-25 Roles and Responsibilities of the Board BD - 81 By-Laws TBRHSC
1.2 There is written documentation that identifies the governing body's roles and responsibilities, as well as how those roles and responsibilities are carried out.	Roles and Responsibilities of the Board BD – 81 By-Laws TBRHSC
1.3 The governing body approves, adopts, and follows the ethics framework used by the organization.	The governing body's minutes reflect that the ethics framework is used as part of its regular activities. This needs to be a formal process. Consider the use of the Checklist when possible. How can we frame issues in a way to engage board in ethical discussions captured in briefing notes? This will need to be a more direct approach than done in the past
1.4 The governing body adopts a code of ethical conduct for its members.	Conflict of Interest and Conduct of Directors BD-30 Bylaws 4-4.7 In minutes
1.5 There is a process to develop the governing body's by-laws and policies and update them regularly.	Review and Revisions of Board Documents BD- 20 This action is in the yearly work plan for the Board Acceptance of the By-laws at the annual General Meeting yearly
1.6 The governing body's by-laws and policies are consistent with its mandate, roles, responsibilities, accountabilities, and the organization's ethics framework.	Yes Content of the by-laws and policies reflect this PFCC
2.1 The mix of background, experience, and competencies needed in the governing body's membership is identified.	Preferred selection Criteria for Board members BD-45 Skill Based Board Article 4-4.7
2.2 There are established mechanisms for the governing body to hear from and incorporate the voice and opinion of clients and families.	Stakeholder Relationships BD-80 Roles and Responsibilities of the Board BD - 81 Surveys to patients Engagement for Strategic Planning PFA at every level of the Board PFCC Philosophy Skill Matrix
2.3 The governing body includes clients as members, where possible.	PFA currently on Board Quality Current Board Member has recently become PFA (Anita) Future recruitment of Board members that have a skill set required by the board , who are also a PFA Monthly PFCC Report forwarded to the Board
2.4 There is a documented process that is followed to elect or appoint the chair of the governing body.	By-Laws TBRHSC Article 9.1
2.5 The roles and responsibilities of the chair are described in a position profile, terms of reference, or by-laws.	By-Laws TBRHSC Article 9.2
2.6 There are written criteria and a defined process for recruiting and selecting new members of the governing body.	Preferred selection Criteria for Board members BD-45 By-Laws TBRHSC Article 4.0- 4.7

Governance Standards	Evidence of Compliance
2.7 New members of the governing body receive an orientation before attending their first meeting.	Yes – Prior to starting on the Board Education and Development BD -25 New Board member Checklist BDF -06
2.8 Each member of the governing body signs a statement acknowledging his or her role and responsibilities, including expectations of the position and legal duties.	Roles and responsibilities of the Board Form BDF-08
2.9 Members of the governing body receive ongoing education to help them fulfill their individual roles and responsibilities and those of the governing body as a whole.	Education and Development BD -25 Currently no defined process to consider individual Board members needs Board members can advise the chair of their educational needs When Board members participate in education or conferences, they are expected to share information and provide a presentation back to the Board
2.10 The governing body's membership policies and/or by-laws address term lengths and limits, attendance requirements, and compensation.	Meeting Attendance BD-11 TBRHSC By- laws Article 4.6
2.11 The governing body's renewal cycle supports the addition of new members while maintaining a balance of experienced members to support the continuity of corporate memory and decision-making.	Board Mentorship Liaison BD-92 TBRHSC By- laws Article 4-4.7 Board of Directors Governance/Nominating Committee of the Board of Directors
3.1 The ethics framework and evidence-informed criteria are used by the governing body to guide decision making.	Is decision making guided by the values and principles of the governing body and the organization, as well as by lessons learned from past decisions? Decisions are values- and evidence-informed and consistent with the organization's mission and vision and aligned with a culture of client- and family-centred care? Decision making can be aided by the use of checklists or criteria matrices that are aligned with the values and principles of the organization. More evidence of use of the form for important decisions
3.2 Areas where decision making is shared with government, funding authorities, and other health organizations are identified.	Examples may exist in relation to working with the LHIN, provincial government or ST Joseph's RFP OP review T and C Collaboration Letters sent to the LHIN
3.3 The information required to support decision making is available and accessible to the governing body.	Information Request Process BD-40 Board Documentation Access BD-91
3.4 The governing body has processes in place to oversee the functions of audit and finance, quality and safety, and talent management.	Fiscal Advisory Committee (Terms of Reference) Sub Committees of the Board Roles and Responsibilities of the Board BD - 81
3.5 Required information and documentation is received in enough time to prepare for meetings and decision making.	Information Request Process BD-40 Board Documentation Access BD-91

Governance Standards	Evidence of Compliance
3.6 The governing body reviews the type of information it receives to assess its appropriateness in helping the governing body to carry out its role.	Is Information used by the governing body may include client safety data, finance and audit reports, enterprise risk management assessments, reports from the organization's ombudsperson, and client and team satisfaction survey results? Pre-meeting briefings with the committee chair
4.1 The governing body works in collaboration with the organization's leaders to develop the organization's mission statement.	Roles and responsibilities of the Board Form BDF-08 Part of the Strategic Planning processing Engagement sessions
4.2 When developing or updating the mission statement, input is sought from team members and external stakeholders, including clients, families, and partners.	Engagement session have been conducted in the past an example would be Strategic Planning Stakeholder meetings 5 Partners
4.3 Government or the organization's shareholders are regularly consulted to confirm the appropriateness of the organization's mandate and core services and to develop a common understanding about performance expectations.	Board of Directors Public Policy BD- 35 Roles and Responsibilities of the Board BD – 81 5 Partners Engagement/Meetings
4.4 The organization's mission statement is regularly reviewed and revised as necessary to reflect changes in the environment, scope of services, or mandate.	Roles and responsibilities of the Board Form BDF-08 Strategic Planning Process
5.1 The governing body works with the organization's leaders to define or update the organization's values statement.	Roles and responsibilities of the Board Form BDF-08 5 year plan Change to reflect teaching hospital
5.2 The governing body collaborates with the organization's leaders to seek input from team members, clients, and families to define or update the organization's values statement.	BD- 81 (Stakeholder communication and accountability)
5.3 The governing body provides oversight of the organization's efforts to build meaningful partnerships with clients and families.	Roles and Responsibilities of the Board BD – 81 (Stakeholder communication and accountability) PFCC involvement at all levels Why don't we get reports from PFCC? Do we get reports from PFCC monthly and should we? CNE to report on PFCC activity
5.4 The governing body monitors and evaluates the organization's initiatives to build and maintain a culture of client- and family-centred care.	Patient and Family Centred Care in place in the organization – EVP and CEO currently provided with updates Balanced Scorecard results To be established with reports from CNE Monitor reports from CNE
5.5 The governing body has a formal process to understand, identify, declare, and resolve conflicts of interest.	Conflict of Interest and Conduct of Directors BD-30 By-Laws TBRHSC Article 5 Practiced at all meetings
6.1 The governing body oversees the strategic planning process and provides guidance to the organization's leaders as they develop and update the organization's vision and strategic plan.	Roles and responsibilities of the Board Form BDF-08

Governance Standards	Evidence of Compliance
6.2 The governing body, in consultation with the organization's leaders, identifies timeframes and responsibility for achieving the strategic goals and objectives.	Roles and responsibilities of the Board Form BDF-08 (Strategic planning, mission, vision and values) need more -Quarterly Reporting -Strat Plan -Implementation Plan -Quarterly Board Monthly meeting
6.3 The governing body works with the organization's leaders to conduct an ongoing environmental scan to identify changes and new challenges, and ensures that the strategic plan, goals, and objectives are adjusted accordingly.	This is part of the Strategic planning process -5 Partners -AGM
7.1 The governing body oversees the recruitment and selection of the CEO.	CEO Succession Planning BD-55 Example - 2015 Hiring
7.2 The governing body follows a policy on CEO compensation.	CEO Performance and Compensation BD-05
7.3 The governing body develops and updates the position profile for the CEO.	CEO Performance and Compensation BD-05 Executive meeting
7.4 In partnership with the CEO, the governing body sets performance objectives for the CEO and reviews them annually.	CEO Performance and Compensation BD-05 -Executive Committee meeting -Review and Agreements -Discussions with the CEO and submissions by the CEO
7.5 The governing body supports and commits resources to the ongoing professional development of the CEO.	Provide examples Provision in the CEO's Contract
7.6 The governing body has a mechanism to receive updates or reports from the CEO.	Monthly report to the Board from the CEO as part of the Board meeting package -Executive Meeting -Regular Board meetings
7.7 The governing body, with the input of the organization's leaders, evaluates the CEO's performance and achievements annually.	CEO Performance and Compensation BD-05 360 Summary
7.8 The governing body has a succession plan for the CEO.	CEO Succession Planning BD-55 -Letter on File -Long term Plan by CEO
7.9 The governing body oversees the development of the organization's talent management plan.	Talent management includes ensuring that the organization has adequate and appropriate human resources, including planning for future needs, and encompasses all team members. -Report From CEO -HR oversees -Human resources data bank
8.1 A documented process is followed for granting privileges.	By-Laws Article 15-15.11 -Done in Camera -Reviewed monthly -Process outlined in the By-laws
8.2 A documented process is followed to review and evaluate the performance of health care professionals who have been granted privileges.	By-Laws Article 15-15.11 By-Laws Article 25 COS Responsibility
8.3 A documented process is followed for reviewing and renewing privileges (including processes for addition of new privileges or alteration of privileges) on a regular basis.	By-Laws Article 15-15.11 By-Laws Article 25 In Camera – agenda monthly

Governance Standards	Evidence of Compliance
8.4 There is a documented process to address any performance issues identified with health care professionals with privileges.	By-Laws Article 15-15.11 By-Laws Article 25
8.5 The governing body verifies that documented processes for appeals of decisions regarding privileges are followed.	By-Laws Article 15-15.11
9.1 The governing body approves the organization's capital and operating budgets.	Resource Planning Committee of the Board By-Laws Article 3.11
9.2 The governing body ensures the integrity of the organization's financial statements, internal controls, and financial information systems.	Resource Planning Committee of the Board By-Laws Article 3.11 -Annual external Audit -Audit Committee -In Camera -AGM
9.3 The governing body reviews the organization's financial performance in the context of the strategic plan and key performance areas such as utilization, risk, and safety.	Resource Planning Committee of the Board -Reports -Review of indicators -Dashboard
9.4 The governing body reviews and approves the organization's capital investments and major equipment purchases.	Resource Planning Committee of the Board -13.5 By-laws -RFP process -Capital planning committee -Reports forwarded to the Board
9.5 The governing body oversees the organization's resource allocation decisions as part of its regular planning cycle.	Resource Planning Committee of the Board
9.6 When reviewing and approving resource allocation decisions, the governing body assesses the risks and benefits to the organization.	Resource Planning Committee of the Board – meeting minutes
9.7 When approving resource allocation decisions, the governing body evaluates the impact of the decision on quality, safety and client experience.	Resource Planning Committee of the Board – meeting minutes
9.8 The governing body anticipates the organization's financial needs and potential risks, and develops contingency plans to address them.	Resource Planning Committee of the Board – meeting minutes -Bank report -By-law 13.3
9.9 The governing body addresses recommendations in financial reports and from the CEO and the organization's leaders.	Meeting minutes, Board Reports -Briefing notes -Motions made at meetings
10.1 The governing body adopts client safety as a written strategic priority for the organization.	Quality Committee of the Board -PFCC -Strat Plans -Score Cards
10.2 The governing body monitors organization-level measures of client safety.	Quality Committee of the Board quarterly reporting
10.3 The governing body addresses recommendations made in the organization's quarterly client safety reports.	Quality Committee of the Board quarterly safety reporting
10.4 The governing body regularly reviews the frequency and severity of safety incidents and uses this information to understand trends, client and team safety issues in the organization, and opportunities for improvement.	Quality Committee of the Board Quarterly safety reporting

Governance Standards	Evidence of Compliance
10.5 The governing body regularly hears about quality and safety incidents from the clients and families that experience them.	Quality Committee of the Board and stories from each program and service that presents PFCC Stories
11.1 The governing body works with the CEO to identify stakeholders and learn about their characteristics, priorities, interests, activities, and potential to influence the organization.	Engagement sessions, Strategic Planning, 5 Partners
11.2 In consultation with the CEO, the governing body anticipates, assesses, and responds to stakeholders' interests and needs.	Engagement sessions, Strategic Planning, 5 Partners
11.3 The governing body works with the CEO to establish, implement, and evaluate a communication plan for the organization.	Provide copy of the communication plan News Articles
11.4 The communication plan includes strategies to communicate key messages to clients and families, team members, stakeholders, and the community.	This will need to be identified in the communication plan
11.5 The governing body promotes the organization and demonstrates the value of its services to stakeholders and the community.	Board of Directors Public Policy BD-35 - City Council meetings - 5 Partners engagement - Regional CEO tour
11.6 The governing body regularly consults with and encourages feedback from stakeholders and the community about the organization and its services.	Engagement sessions, Strategic Planning, 5 Partners Report to City Council
11.7 The governing body, in collaboration with the organization's leaders, share reports about the organization's performance and quality of services with teams, clients, families, the community served, and other stakeholders.	AGM, Chronicle Journal Articles, Media Releases - Engagement session - Annual reporting - Working Committees - Strat Plan engagement
12. The governing body demonstrates accountability for the quality of care provided by the organization.	Accountable for the yearly QIP submission, QCOB reviews concerns, aggregate critical incidents, safety reports and enterprise risk reports.
12.1.1 The governing body is knowledgeable about quality and safety principles, by recruiting members with this knowledge or providing access to education.	By-Laws Article 4 Board Committee Selection Form BDF-04 Education and Development BD-25 Potential to add community members to committee
12.1.2 Quality is a standing agenda item at all regular meetings of the governing body.	Determined by reviewing Board agenda
12.1.3 The key system-level indicators that will be used to monitor the quality performance of the organization are identified.	Balanced Scorecard Report to the Quality Committee
12.1.4 At least quarterly, the quality performance of the organization is monitored and evaluated against agreed-upon goals and objectives.	The QIP and balanced scorecard are reviewed quarterly.
12.1.5 Information about the quality performance of the organization is used to make resource allocation decisions and set priorities and expectations.	Resource Planning Committee of the Board Meeting Minutes
12.1.6 As part of their performance evaluation, senior leaders who report to the governing body (e.g., the CEO, Executive Director, Chief of Staff) are held accountable for the quality performance of the organization.	Chief of Staff Performance Evaluation BD-07 CEO Performance Evaluation

Governance Standards	Evidence of Compliance
12.2 The governing body works with the CEO and the organization's leaders to develop an integrated quality improvement plan.	Quality Committee of the Board The Board's Annual work plan Submissions to the Province
12.3 The governing body ensures that an integrated risk management approach and contingency plans are in place.	Quality Committee of the Board
12.4 The governing body receives summary reports of client and family complaints received by the organization.	Quality Committee of the Board
12.5 The governing body monitors and provides input into the organization's strategies to address client flow and variations in service demands.	The Board was an active member in 2020 Strategic Planning process ALC discussions
12.6 The governing body promotes learning from results, making decisions that are informed by research and evidence, and ongoing quality improvement for the organization and the governing body.	This process may include ensuring support and teaching skills needed to learn from results, providing mechanisms for collective feedback and reflection such as briefings, and balancing between learning from results and focusing on end results.
12.7 The governing body demonstrates a commitment to recognizing team members for their quality improvement work.	Board Performance Review BD-10
13.1 The governing body publicly discloses information about its governance processes, decision-making, and performance.	AGM, Board reports, Open meetings
13.2 The governing body's activities and decisions are recorded and archived.	Meeting minutes and reports
13.3 The governing body shares the records of its activities and decisions with the organization.	Meeting minutes and reports (MBWB)
13.4 The governing body follows a process to regularly evaluate its performance and effectiveness.	Board Performance Review BD-10 Team/Self Summary
13.5 The governing body conducts or participates in an assessment of its structure, including size and committee structure.	Board Performance Review BD-10
13.6 The governing body regularly evaluates the performance of the board chair based on established criteria.	Board Performance Review BD-10 Meeting Assessments
13.7 The governing body regularly reviews the contribution of individual members and provides feedback to them.	Team/Self Summary
13.8 ACCREDITATION CANADA REQUIRED INSTRUMENT: The governing body regularly assesses its own functioning using the Governance Functioning Tool.	Yes this is done once in the Accreditation Cycle to be done again in 2017 Current Review
13.8.1 The governing body monitors its team functioning by administering the Governance Functioning Tool at least once every accreditation cycle.	Yes this is done once in the Accreditation Cycle to be done again in 2017
13.8.2 The governing body has taken action based on its most recent Governance Functioning Tool results.	Yes action plan are developed for any area demonstrating a deficiency
13.9 The governing body prepares an annual report of its achievements.	Yes prepared by communications annually and presented at the Annual General Meeting
13.10 The governing body identifies and addresses opportunities for improvement in how it functions.	Evaluations are completed at the end of each Committee and Board meeting

#	Accountability	Activity	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
21	Financial Oversight	HAPS 2017-18 Update				x								Deferred to December
22	Financial Oversight	TBRRRI and Sustainability Updates				x					x			
23	Financial Oversight	Capital Equipment and Capital Projects 2016-17 Update						x			x			
24	Financial Oversight	Insurance Review						x						
25	Risk Identification and Oversight	Data Centre Disaster Recovery Plan Update								x				
26	Performance Measurement and Monitoring	Labour Relations, Grievances and Arbitrations Update								x				
27	Legal Compliance	Occupational Health and Safety Program Update								x				
28	Financial Oversight	Operating Plan Update 2017-18		x	x	x								
29	Financial Oversight	Operating Plan Approval 2017-18					x							
30	Legal Compliance	Public Sector Salary Disclosure								x				
31	Financial Oversight	Capital Budget 2017-18 Update			x									
32	Financial Oversight	Capital Budget 2017-18 Approval					x							
33	Legal Compliance	Broader Public Sector Accountability Attestation Certificate										x		
34	Legal Compliance	Broader Public Sector Use of Consultants Attestation										x		
35	Oversight of Management	H-SAA Declaration of Compliance Attestation										x		
36	Oversight of Management	M-SAA Declaration of Compliance Attestation										x		
37	Risk Identification and Oversight	Non Patient Legal Matters Annual Review										x		
38	Financial Oversight	Numbered Companies Unaudited Financial Statements 2016-17										x		
39	Risk Identification and Oversight	TBRRRI 2017-18 Operating and Capital Budget Report										x		
40	Risk Identification and Oversight	TBRRRI 2016-17 Unaudited Financial Statements Review										x		
41	Financial Oversight	Unaudited Preliminary YE Financial Statements to 2017-03-31										x		

Colour Legend	
Completed by target	
In progress but not completed by target	
Not in progress, and not completed by target	

#	Accountability	Activity	As Needed	September	October	November	December	January	February	March	April	May	Presenter	Comments
1	Quality Oversight	Programs & Services Presentations		x	x	x	x	x	x	x	x	x	Dyad Leads	No presentations were scheduled for October
2	Quality Oversight	Comments / Compliments / Complaints			x				x				C. Covino	
3	Quality Oversight	Credentialing and Licensing Processes for Professional Staff and Health Professionals		x									M. Addison / Dr. M. Langlois	
4	Quality Oversight	Critical Incidents / MAC Recommendations				x					x		C. Covino	
5	Quality Oversight	Emergency Preparedness					x					x	C. Covino /K. Bell/F. Pennie	
6	Quality Oversight	Financial Pressures Relating to Risk	x										P. Myllymaa	
7	Quality Oversight	Patient Safety		x			x			x		x	S. Craig	
8	Quality Oversight	Infection Prevention & Control Mandatory Patient Safety Indicators									x		H. McIver	
9	Quality Oversight	Accreditation			x				x				G. Ferguson	
10	Quality Oversight	Quality and Risk Management Policies						x					C. Covino	
11	Quality Oversight	Quality Improvement Plan Excerpt from Balanced Scorecard			x		x			x			C. Covino / M. Del Nin	
12	Quality Oversight	Quality Improvement Plan Updates / Approval						x	x				All	
13	Quality Oversight	Risk Management / Enterprise Risk Management			x			x					C. Covino /K. Bell/F. Pennie	
14	Quality Oversight	Terms of Reference Review		x									D. Shanks / C. Covino	
15	Quality Oversight	Terms of Reference Approval						x					D. Shanks / C. Covino	

DRAFT-Governance/Nominating Committee 2016-17

Updated: September 30, 2016

Colour Legend
 Completed by target
 In progress but not
 Not in progress, and not

Committee legend:

G - Governance
 N - Nominating

Meetings Held:

Governance-September, November, February, May
 Nominating-March, April (interviews)

#	Accountability	Activity	Committee	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
1	Governance	Review Gov/Nom Committee work plan for upcoming year	G		x										
2	Governance	Review Gov/Nom Committee terms of reference	G				x								
3	Governance	Board members identify education needs for coming year	G		x										
4	Governance	Review Board vacancies	G							x					
5	Oversight of Management	Review CEO/COS Performance Evaluation Process	G		x										
6	Governance	Review Board forms	G		x										Forms to be reviewed every three years moving forward
7	Governance	Review all Board policies - identify revisions required	G				x								
8	Governance	Plan annual Board retreat	G										x		Annual Retreat to be held in September of each year
9	Governance	Review all Board committee terms of reference	G										x		

#	Accountability	Activity	Committee	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
10	Governance	Review all Board committees work plans	G							x					Beginning in 2016-17: all Committee workplans for the for next year's Board cycle will be reviewed at the Febraury Governance with approval at the March Board meeting
11	Governance	Review meeting evaluations for the quarter	G				x						x		
12	Governance	Review Board and Board Committee attendance summary	G										x		
13	Governance	Review team effectiveness scale summary	G							x			x		Distributed to Board members at December/April Board meetings.
14	Governance	Board Chair to review self assessment questionnaire	G							x					Only reviewed by the Board Chair
15	Governance	Appoint community member	N							x					
16	Governance	Review and approve nominating action plan	N							x					
17	Governance	Review Policy BD-45 Preferred Selection Criteria for Board Membership	N							x					
18	Governance	Review current Board member skills matrix inventory	N							x					Current Board members to complete at November Board meeting
19	Governance	Review and approve skills matrix for Board of Directors applicants	N							x					
20	Governance	Review and approve application for membership form	N							x					
21	Governance	Review and approve ad	N							x					
22	Governance	Review of Board of Directors applications	N								x				

#	Accountability	Activity	Committee	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
23	Governance	Review and approve letters to applicants	N								x				
24	Governance	Review and approve interview questions	N								x				
25	Governance	Review and approve interview schedule	N								x				
26	Governance	Interview candidates	N									x			
27	Governance	Review incumbents	N									x			
28	Governance	Review of applicant interviews	N									x			
29	Governance	Propose slate of nominees	N									x			
30	Governance	Review By-Laws	G										X		
31	Governance	Review orientation program	G										x		
32	Governance	Review Board annual evaluation tool summary	G										x		Distributed at April Board meeting
33	Governance	Review annual education session summary	G										x		

AUDIT COMMITTEE
2016-2017 WORK PLAN

Colour Legend	
Completed by target	
In progress but not completed by target	
Not in progress, and not completed by target	

#	Accountability	Activity	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
1	Oversight of Management	2016-2017 Work Plan for information only						x		x		x		
2	Financial Oversight	2016-2017 Audit Plan Overview - Grant Thornton						x						
3	Governance	Terms of Reference Annual Approval						x						
4	Performance Measurement and Monitoring	Review Results of May 2016 Evaluation of Auditors						x						
5	Financial Oversight	Independence Questionnaire 2016-2017						x						
6	Risk Identification and Oversight	Policy Reviews: Admin-19 & Admin-28						x						
7	Risk Identification and Oversight	Expense Test Audit						x						
8	Risk Identification and Oversight	Interim Audit Review 2016-2017								x				
9	Performance Measurement and Monitoring	Discussion of Year End Reporting Issues 2016-2017								x				
10	Financial Oversight	Audit Statement Review 2016-2017								x				
11	Financial Oversight	Individual Program Audit Reports								x				
12	Financial Oversight	Update on New Hospital Capital Audit								x				
13	Financial Oversight	Summary of Audit Fees Paid for 2016-2017								x				
14	Financial Oversight	2016-2017 Year End Financial statements for Board Approval										x		
15	Financial Oversight	2016-2017 Audit Results - Grant Thornton										x		
16	Oversight of Management	2016-2017 Management Letter										x		
17	Risk Identification and Oversight	2016-2017 Claims Summary										x		
18	Risk Identification and Oversight	Analysis of Legal Fees as at March 31, 2017										x		
19	Performance Measurement and Monitoring	Evaluation of Auditors for 2016-2017										x		
20	Performance Measurement and Monitoring	Recommend Appointment of Auditors for 2017-2018										x		
21	Oversight of Management	2017-2018 Work Plan Approval								x				

Regional Health Sciences Centre Board of Directors Work Plan
 Updated: October 28, 2016

Colour Legend	
Completed by target	
In progress but not completed by target	
Not in progress, and not completed by target	

Legend:
 BD: Board of Directors
 EC: Executive Committee

#	Accountability	Activity	Responsible Body	As Needed	October	November	December	February	March	April	May	June	Comments
2	Governance	Monthly education topics for the Board	BD		x	x	x	x	x	x	x	x	
3	Oversight of Management	Participate in CEO evaluation via website	BD							x			
4	Oversight of Management	Participate in COS evaluation via website	BD							x			
5	Governance	Approval of By-Laws	BD								x		
6	Governance	Approve Slate of Nominees to fill Board vacancies	BD								x		
7	Oversight of Management	Approve CEO evaluation	BD									x	
8	Oversight of Management	Approve COS evaluation	BD									x	
9	Governance	Approval of Committee terms of reference and work plans	BD				x						

#	Accountability	Activity	Responsible Body	As Needed	October	November	December	February	March	April	May	June	Comments
10	Legal Compliance	Environmental compliance and fire safety update	BD		x		x		x			x	
11	Legal Compliance	Accessibility update	BD										
12	Quality Oversight	Critical Incidents Presentation	BD				x				x		
13	Oversight of Management	Physician recruitment plan update	BD										
14	Performance Measurement and Monitoring	Strategic plan update	BD							x			
15	Quality Oversight	Research Ethics Board appointments	BD		x								
16	Quality Oversight	Research Ethics Board report	BD									x	
17	Performance Measurement and Monitoring	Scorecard update	BD									x	
18	Governance	TBRRI update	BD			x					x		
19	Governance	TBRHS Foundation update	BD		x								
20	Governance	Occupancy update	BD			x		x			x		
21	Oversight of Management	Evaluation of CEO	EC								x		
22	Oversight of Management	Evaluation of COS	EC								x		

Page Views: Open Board Meeting Webcast

September 2013 – October 2016

Month	# of Page Views	Month	# of Page Views	Month	# of Page Views	Month	# of Page Views
Sept 2013	32	Sept 2014	57	Sept 2015	68	N/A	--
Oct 2013	26	Oct 2014	34	Oct 2015	25	Oct 2016	85*
Nov 2013	11	N/A	--	Nov 2015	44		
Dec 2013	5	N/A	--	Dec 2015	22		
Jan 2014	17	N/A	--	Jan 2016	30		
Feb 2014	10	Feb 2015	23	Feb 2016	41		
Mar 2014	16	Mar 2015	38	Mar 2016	58		
Apr 2014	29	Apr 2015	29	April 2016	38		
May 2014	23	May 2015	41	May 2016	35		
June 2014	32	June 2015	31	June 2016	20		
Yearly Total # of Page Views	201		253		381		



* Please note that due to a glitch in our process, the link on the Hospital website was not synched with the OTN website. As a result, those attempting to view the webcast through our website link would not have had access. This has not happened before, and we are implementing a formal process to ensure it doesn't happen again. The stats for the October 5th meeting indicate the number of people who visited the webcast page on that date, but were not able to view the live meeting.





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

Submitted by: Jean Bartkowiak, CEO – TBRHRI and President & CEO – TBRHSC – October 26, 2016

Institute Set to Announce New Name

On November 1st and 2nd announcements will be made to staff of the Institute and the Hospital that the Institute will now be known as the **Thunder Bay Regional Health Research Institute**. The name change more clearly identifies the responsibility of the Institute and embraces the Institute's role as the research arm of the Hospital. It also aligns with the Institute's new 2020 Strategic Plan and the expansion of research into areas beyond medical imaging. Once announcements have been made to staff, a broader announcement will be rolled out to partners, suppliers and the public.



Thunder Bay Regional
Health Research
Institute

Welcome to Incoming Vice President Research and Chief Scientist



The Hospital and the Institute are excited about the impending arrival of the new Vice President, Research and Chief Scientist, Dr. Abraham (Rami) Rudnick. Dr. Rudnick will start his new position on January 3rd. Rami was in Thunder Bay on October 20th – 25th and was able to meet some of the staff, tour much of our facilities and participate in the Institute's Board meeting as well as the Tri-Board Retreat.

Rami has years of experience leading interprofessional health research. During his time in the Department of Psychiatry at the University of Western Ontario, he established and chaired the first Canadian Division of Social and Rural Psychiatry supporting cross-department and cross-faculty mental health research. Also, in the Department of Psychiatry at the University of British Columbia, he was partner appointed with the Vancouver Island Health Authority's Mental Health and Substance Use program and served as their joint academic leader for Vancouver Island, advancing rural and other research. He is a certified psychiatrist and a PhD-trained philosopher. We are looking forward to Dr. Rudnick helping us to achieve our strategic goals to advance patient care in Northwestern Ontario and ensure the continued success of the Institute.

Research Project Updates

Providing Better Pulmonary Care: Dr. Albert's group is working on a study to investigate the health status of pulmonary function in Indigenous peoples using hyperpolarized and inert fluorinated gas MRI as a tool for regional and functional imaging of the lungs. Fort William First Nation (FWFN) Chief, Peter Collins and Dr. Albert, have recently signed a Memorandum of Understanding on this important study. This is a step forward in creating a cooperative relationship, where the goal is to develop this innovative technology to provide people in the community of FWFN and Thunder Bay with better pulmonary care.



Thunder Bay Regional Research Institute is the research arm of the Thunder Bay Regional Health Sciences Centre, 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**.

L'institut régionale de recherche de Thunder Bay assure la mission de recherche du Centre régional des sciences de la santé de Thunder Bay, un hôpital d'enseignement et de recherche affilié à l'**université Lakehead et à l'École de médecine du Nord de l'Ontario**, et un leader dans la prestation de soins et de services centrés sur les patients et leurs familles.

Bringing
**Discovery
to Life**

Donner
**vie à la
découverte**



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Druggable vulnerability in human papillomavirus (HPV)-related cancer: The Zehbe group’s basic science research into the mechanistic and functional properties of the HPV16 intratypic variants is key for providing the foundation on which to develop targeted molecular therapies for HPV-related cancers. It provides information about which viral targets are most relevant and whether one therapeutic molecule will be expected to function similarly against all variants or not - a *personalized treatment* approach.

The current standard of care for HPV-related cancers involves chemotherapy, radiation and surgery. These are highly invasive approaches which destroy both healthy and diseased tissues and cause many side effects. In response, Dr. Zehbe’s lab is exploring molecules, including antibodies and small interfering RNA (siRNA), which are able to block the cancer causing actions of the viral E6 protein while having minimal effect on surrounding healthy cells. During her recent NOHFC internship, MSc Jessica Grochowski with PhD candidate Melissa Togtema, PhD candidate Robert Jackson and MSc candidate Peter Villa began evaluating a unique E6-targeting siRNA which, in future, will be chemically modified and custom packaged in nanoparticles to optimize delivery and effectiveness in a pre-clinical model.



In this interprofessional project, the team is working with other TBRHRI/LU scientists: engineers Drs Laura Curiel and Samuel Pichardo. They will use sonoporation to facilitate the intra-cellular and intra-tumour delivery of therapeutic molecules into HPV-infected cells—a technique that was successfully employed in a recent pilot study using E6 antibodies. Sonoporation employs high intensity focused ultrasound (HIFU) together with gas microbubbles to create temporary pores in the cell membrane. Worldwide, this is a unique approach to combine cancer research and medical imaging to develop a non-invasive anticancer therapy against cervical cancer. For the next three years, this research will be



generously funded by a Collaborative Health Research Projects (CHRP) grant, a joint initiative between the Canadian Institute of Health Research (CIHR) and the Natural Sciences & Engineering Research Council of Canada (NSERC).

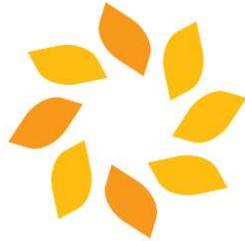
Open Research Projects Researchers at the Hospital and the Institute are looking at:

Program or Service Area	Total Number Open Studies
Cardiovascular and stroke	22
Chronic disease prevention and management program & medicine services	29
Mental health	1
Regional cancer	50
Women and children’s	5
Supportive, palliative care and telemedicine services	2
Diagnostic services	6
Surgical and ambulatory services	20
Emergency and critical care services and trauma	14
Prevention and screening services	7
TBRHRI	8
Nonclinical program	2
Total	166

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Volunteer Association
to Thunder Bay Regional
Health Sciences Centre

BOARD REPORT – October 2016

Our Meeting was held on October 19, 2016 with a quorum of five. As was stated in the September Report, the director's Handbook was presented and passed. Each director was presented with a handbook, identifying the confidentiality agreement and that the Handbook was to be returned on one leaving the Board. This is a Working Binder and has to be brought to all meetings.

Our primary focus is Seasons Gift Shop as it provides us with the funds to donate to the Family Care Grants, Bursaries and other hospital needs. Due to the resignation of our Assistant Manager, a promotion to that position was given to one of Seasons staff. As well, Seasons will be undergoing some renovations to add cupboards and shelving. We have suffered some loss of revenue (\$12,000); it was decided to recoup this from regular raffles and /50/50 draws. Our first draw will take place mid December. We appreciate the assistance and information from Foundations on this venture.

Two Directors will be attending the HAAO Convention in November in Toronto. They will present their reports at our December meeting. HAAO has just informed us that Jacqueline Harvey, one of our volunteers, is the recipient of the annual HAAO Scholarship. This is a prestigious award and we commend Jacqueline on her success.

The Fall Teleconference was held on October 22. Members from Auxiliaries and Associations in Northern Ontario presented their semi-annual reports and collaborated on issues facing some Auxiliaries/Associations. Many are using social media to reach out to prospective volunteers. We are investigating social media to enhance our image as a Volunteer Association.

Respectfully submitted,

Margaret Power (President)



Patient Flow Update Clinical EVP Meeting - October 18, 2016

Overcapacity updates for 2016-17 Q2 (July, August, September 2016):

- Extended overflow beds (PCI, PACU, SDC, Peds OP areas) not in use July, August or September.
- No surgical or PCI cancellations in July, August or September.

Surge:

- Out: July 1-July 17 inclusive (17 days); Aug. 20-28 (9 days); Sept. 3-6 (4 days) = 30 days total (33%)
- In: July 18 - Aug. 19 (33 days); Aug. 29 - Sept. 2 (5 days); Sept. 7-30 (24 days) = 62 days total (67%)
- June 2016 Average daily admitted patient census (@ 0700) = 361. *(lowest month in past 2 years). Was 408 in June 2015 and 409 in June 2014.
- July 2016 Average daily admitted patient census (@ 0700) = 382.
- August 2016 Average daily admitted patient census (@ 0700) = 382.
- September 2016 Average daily admitted patient census (@ 0700) = 399.
- 17 of last 18 months have shown improvement in average daily admitted patient census vs. month from previous year.

ALOS (excluding ALC days):

- 2014-15 = 5.85 days
- 2015-16 = 5.66 days
- 2016-17 YTD (Q1 Apr. - June 2016) = 5.42 days

Monthly Average Daily Admitted Patient Census

