

**Board of Directors  
Open Meeting  
Wednesday, April 5, 2017 – 5:00 pm Boardroom, Level 3, TBRHSC  
980 Oliver Road, Thunder Bay  
AGENDA**

**Vision:** *Healthy Together*

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

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

#	Time (X)	Presenter	Item & Purpose (Y)	Expected Outcome (Z)			
				Recommendation / Decision/Action	Education	Discussion	Information
1.0			<b>CALL TO ORDER and WELCOME</b>				
2.0			<b>PATIENT STORY – Dr. Rami Rudnick</b>				
3.1	1	N. Doucette	Quorum (8 members total required, 6 being voting)				
3.2	1	N. Doucette	Conflict of Interest				
3.3	1	N. Doucette	Approval of the Agenda	X			
3.4	3	N. Doucette	Chair's Remarks*				X
4.0			<b>PRESENTATIONS/EDUCATION</b>				
4.1	5	G. Morriseau	OHA Northwest Mental Health Conference				X
4.2	15	Dr. Rudnick	Presentation on Research Institute's Revised 2020 Strategic Plan and Success Criteria*			X	X
5.0			<b>CONSENT AGENDA</b>				
5.1	-		Board of Directors Open Minutes – February 22, 2017*	X			X
5.2	-		Resource Planning Committee – March 21, 2017 Public Sector Salary Disclosure 2016*				X
5.3	-		Corporate Membership*				X
6.0			<b>REPORTS AND DISCUSSION</b>				
6.1	5	J. Bartkowiak	Report from the President and CEO*	X			X
6.1.1	10	A. Skillen S. Moir	<b>5:30pm</b> - Indigenous Health Strategic Direction Update (Discharge Planning)*			X	X
6.2	10	Senior Leadership	Report from Senior Leadership*				X
6.3	5	Dr. Porter	Report from the Chief of Staff*				X
6.4	5	Dr. Crocker Ellacott	Report from the Chief Nursing Executive*				X
6.5	5	Dr. Moody- Corbett	Report from the Northern Ontario School of Medicine				X
6.6	5	Dr. Thibert	Report from the Professional Staff Association				
6.7	5	G. Craig	Report from the Foundation*				X
6.8	5	J. Bartkowiak	Proposed Joint AGM Logistics*				X
6.9	5	J. Bartkowiak	Catering				X
6.10	10	A. Björn	CEO/COS Evaluation Process*				X
7.0			<b>COMMITTEE MATTERS</b>				

#	Time (X)	Presenter	Item & Purpose (Y)	Expected Outcome (Z)			
				Recommendation /Decision/Action	Education	Discussion	Information
7.1	5	D. Mannisto	Governance Committee Meeting – March 29, 2017 <ul style="list-style-type: none"><li>Membership for Tri-Board Task Force</li><li>Update on Board and Committee Recruitment</li></ul>				X X
8.0	FOR INFORMATION						
8.1	-		Board and Committee Work Plans*				X
8.2	-		Webcast Statistics*				X
8.3	-		Report from the Health Research Institute*				X
8.4	-		Report from the Volunteer Association*				X
8.5	-		Internal Medicine Accreditation Survey Email*				X
8.6	-		Foundation Board Corporate Membership List*				X
8.7	-		Volunteer Association Corporate Membership List*				X
8.8	-		2016 Annual Academic Report*				X
9.0	BOARD MEMBER COMMENTS					X	
10.0	DATE OF NEXT MEETING – May 3, 2017						X
11.0	ADJOURNMENT						
Ethical Framework							
The Hospital is committed to ensuring decisions and practices are ethically responsible and align with our Vision, Mission and Values. 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 the needs, values, and expectations of our patients, their families, and the communities?							
2. Does the course of action demonstrate ‘Accountability’ by advancing a quality patient experience that is socially and fiscally accountable?							
3. Does the course of action demonstrate ‘Respect’ by honouring the uniqueness of each individual and his/her culture?							
4. Does the course of action demonstrate ‘Excellence’ by fostering an environment of innovation and learning to provide a quality patient experience?							
For more detailed questions to use on difficult decisions, please refer to the Hospital’s Framework for Ethical Decision Making							

**BOARD OF DIRECTORS (Open)**  
**April 5, 2017 – DRAFT**

Agenda Item	Committee or Report	Motion or Recommendation	Approved or Accepted by:
3.3	Agenda – April 5, 2017	“That the Agenda be approved as circulated.”	Moved by: Seconded by:
5.0	Consent Agenda	<p>“That the Board of Directors:</p> <p>5.1 Approves the Board of Directors Minutes of February 22, 2017;</p> <p>5.2 Accepts the Public Sector Salary Disclosure for the Year 2016;</p> <p>5.3 Accepts the applications for membership to the Corporation for the 2017-2018 Corporate membership year, received for the period of February 18 to March 31, 2017;</p> <p>as presented.”</p>	Moved by: Seconded by:
6.0	Reports and Discussion	<p>“That the Board of Directors:</p> <p>6.1Accepts the Report from the President and CEO;</p> <p>6.2Accepts the Report from Senior Leadership;</p> <p>6.3 Accepts the Report from the Chief of Staff;</p> <p>6.4 Accepts the Report from the Chief Nursing Executive;</p> <p>6.5 Accepts the Report from the Northern Ontario School of Medicine;</p> <p>6.6Accepts the Report from the Professional Staff Association;</p> <p>6.7 Accepts the Report from the Foundation;</p> <p>Dated April 5, 2017 as presented.”</p>	Moved by: Seconded by:



Thunder Bay Regional  
Health Sciences  
Centre

980 rue Oliver Road  
Thunder Bay ON  
P7B 6V4 Canada

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

Board of Directors  
Conseil d'administration

**Report from Nadine Doucette  
Chair, Board of Directors  
April 5, 2017**

March was Colorectal Cancer Awareness month. I commend the Prevention and Screening Services team for spreading the word on the importance of early screening while encouraging Hospital staff to share the facts with their loved ones. There is certainly room to improve cancer screening rates in our region. When caught early, 9 out of 10 people with colon cancer can be cured. For more information, visit [www.tbrhsc.net/cancerscreening](http://www.tbrhsc.net/cancerscreening)

On March 21<sup>st</sup>, the Resource Planning Committee met to discuss updates from the Occupational Health and Safety program, and labour relations, grievances and arbitrations. The Committee also reviewed the Corporate Balanced Scorecard for 2016-17, and the forecasted year-end financial results which highlighted a projected balance position thanks in large part to the efforts of staff and our partners at the Local Health Integration Network (LHIN).

The Hospital has a new Accessibility Plan which will guide improvements for people with disabilities for the next five years. The plan's focus includes Customer Service priorities such as, service animals and support persons, training for staff, access to services; Information & Communications dealing with feedback processes, accessible forms, website content; Employment practices including recruitment priorities, supports for employees, accommodation plans, career advancement; and Design of Public Spaces describing service counters, waiting areas, exterior paths, accessible parking. Many dimensions of the Accessibility Plan also support the Hospital's direction on Seniors' Health and will enhance the care provided to an aging population.

Helping to shape the Accessibility engagement strategy was a Working Group, comprised of Health Sciences Centre staff, a Patient Family Advisor, volunteer members of the community, and the City of Thunder Bay Accessibility Coordinator. Feedback provided at an open house and through an on-line survey shaped the draft Goals of the Accessibility Plan. To view the Hospital's Accessibility Plan, please visit <http://tbrhsc.net/tbrhsc/accessibility/accessibility-plan/>.

In addition to the staff and physicians who care for patients and families, there are over 500 people who volunteer to support them. I am inspired and humbled by those who voluntarily apply their passion and dedication to serve so selflessly at our Hospital. Volunteers worked thousands of hours last year in all hospital departments. Volunteers also raise funds for essential medical equipment and health research. Their impact is felt everywhere. The annual dinner is hosted on April 18, 2017 by our Volunteer Services and Health Sciences Foundation to recognize their contributions, and I look forward to attending.

I want to recognize my own colleagues – the volunteer members of the Board of Directors who contribute their time and talents to guide the Hospital's priorities. Thank you all for contributing so significantly at improving the lives of Northwestern Ontario's residents. This is what it means to be Healthy Together.

# BRIEFING NOTE



TOPIC	TBRHRI 2020 Strategic Plan
PREPARED BY	C. Freitag, Director Strategy & Performance
APPROVED BY	Dr. A. Rudnick, VP Research & Chief Scientist
CO-SPONSER (if required)	N/A
PREPARED FOR: President & CEO <input type="checkbox"/> Board of Directors <input checked="" type="checkbox"/> Other:	
DATE PREPARED	March 28, 2017

Our Hospital is committed to ensuring decisions and practices are ethically responsible and align with our Vision, Mission, and Values. Leaders should consider decisions from an ethics perspective including their implications on patients, staff and the community.

The reader considers the following questions to ensure each decision are ethically responsible by indicating with a ✓:

- ☒ 1. We put '**Patients First**' by responding respectfully to needs, values, & expectations of our patients, families, and communities?
- ☒ 2. We demonstrate '**Accountability**' by advancing a quality patient experience that is socially and fiscally responsible?
- ☒ 3. We demonstrate '**Respect**' by honouring the uniqueness of each individual and his or 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 the Hospital's Framework for Ethical Decision Making on the iNtranet under [Quality and Risk Management>Ethics](#).

## PURPOSE/ISSUE(S)

In a brief statement identify the purpose of the note or key issue to be brought to the attention of the President & CEO or Board of Directors. To present the Research Institute's (RI) revised 2020 Strategic Plan.

## BACKGROUND

Contextualize the item being presented with an appropriate amount of background information; in doing so, assume limited familiarity with the particular issue.

The 2020 Strategic Plan was Board approved in June of 2016. In the fall, it was decided to wait to implement the plan until the new VP of Research, Dr. Abraham Rudnick, had opportunity to review. Subsequently, revisions and an engagement strategy were proposed and supported by the Board.

The proposed revisions relate to broadening the mission from medical imaging to health technology, introducing a Patient & Family Centered philosophy, reducing the number of goals and articulating clearly the research priorities, including Indigenous Health.

The engagement strategy had more breadth and depth than the first encounter and included one-on-one meetings with Indigenous Leaders from Nishnawbe Aski Nation, Matawa and Treaty's 3 communities; Town Hall meetings and surveys.

## ANALYSIS/CURRENT STATUS

What are the implications for TBRHSC? What stage of development is this item/issue in? Is a briefing required and if so when?

The RI's 2020 strategic plan revisions support and align with the Hospital's strategic plan. The broader engagement validated the proposed revisions and identified three sets of research priorities:

- 1) Indigenous health and technology supporting remote access to health care,

- 2) Chronic disease and mental health and addiction,  
3) Clinical trials.

The plan will be recommended to the RI Board at the April 28<sup>th</sup> Board meeting.

## **RECOMMENDATION**

What is the recommended course of action?

The Hospital Board is welcome to provide feedback to the VP Research & Chief Scientist.

## **NEXT STEPS**

What are the anticipated outcomes? What needs to occur next on this issue?

The RI will develop work plans to implement the 2020 Strategic Plan to begin in the fiscal year 2017/18.

Over the next 3 years, as the Hospital's research arm, the RI will pursue three strategic research directions:

- Healthier- enhance research to improve the health outcomes of people of Northwestern Ontario and beyond (focuses include technology supporting remote access, indigenous health, chronic disease, mental health and seniors health)
- Wealthier- enhance philanthropic and other support and generate revenue through science and partnerships
- Smarter - enhance the Academic environment

## **STAKEHOLDER REACTION**

Would there be any anticipated reaction from stakeholders? Is an issues management plan required?

It is anticipated that scientists, staff, learners, physicians and partners will identify with the plan and contribute to its success.

## **COMMUNICATIONS**

What kind of targeted communication(s) is necessary?

The RI will launch a wide-spread communication campaign, one that reaches internal and external stakeholders, following approval of the 2020 RI Strategic Plan.

## **FINANCIAL IMPACTS**

Is it resource neutral or is there a cost involved?

N/A

## **APPENDIX SECTION**

If there is related material, please provide here.

Presentation: TBRHRI Strategic Plan 2020: Revisions Post Engagement

# TBRHRI Strategic Plan 2020 Revisions Post Engagement

## TBRHSC Board April 5<sup>th</sup>, 2017

Dr. Abraham Rudnick,  
VP Research & Chief Scientist

# TBRHRI 2020 Strategic Plan-Revisited

- Respond to feedback from Scientists and Physician Investigators.
- Focus on research priorities e.g. Indigenous health
- Engage more broadly (Engage Indigenous leaders, staff and more clinical researchers and scientists)
- Expand focus on medical imaging to *health technology*
- Reduce the number and re-order strategic goals
- Propose revisions:
  - Mission Statement
  - Strategic Directions
  - Philosophy
  - Goals



# Engagement Strategy

- **Broader Engagement** – January - March
  - Indigenous Leaders – Jan. – Feb.
  - Leadership – Feb. 22<sup>nd</sup>
  - Patient & Family Advisors – Feb. 24<sup>th</sup>
  - Scientists, Clinical Researchers, Staff –Town Halls  
March 2<sup>nd</sup> & 14<sup>th</sup>
- **Feedback Gathered by**
  - Surveys -137
  - Table Discussion – priorities/challenges
  - One on One Meetings with Indigenous Leaders

## The Thunder Bay Regional Health Research Institute's 2020 Strategic Plan identifies goals for three strategic directions (Healthier, Wealthier & Smarter). Please rate the importance of each of the proposed draft goals.

**(Healthier)** Partner with Indigenous communities and researchers to advance Indigenous health priorities.

**(Healthier)** Develop screening and diagnostic tools that are responsive to our geographic challenges.

**(Healthier)** Strengthen local clinical research.

**(Healthier)** Integrate the Hospital's Patient and Family Centred Care model into research development.

**(Wealthier)** Engage stakeholders in philanthropy and other support of research.

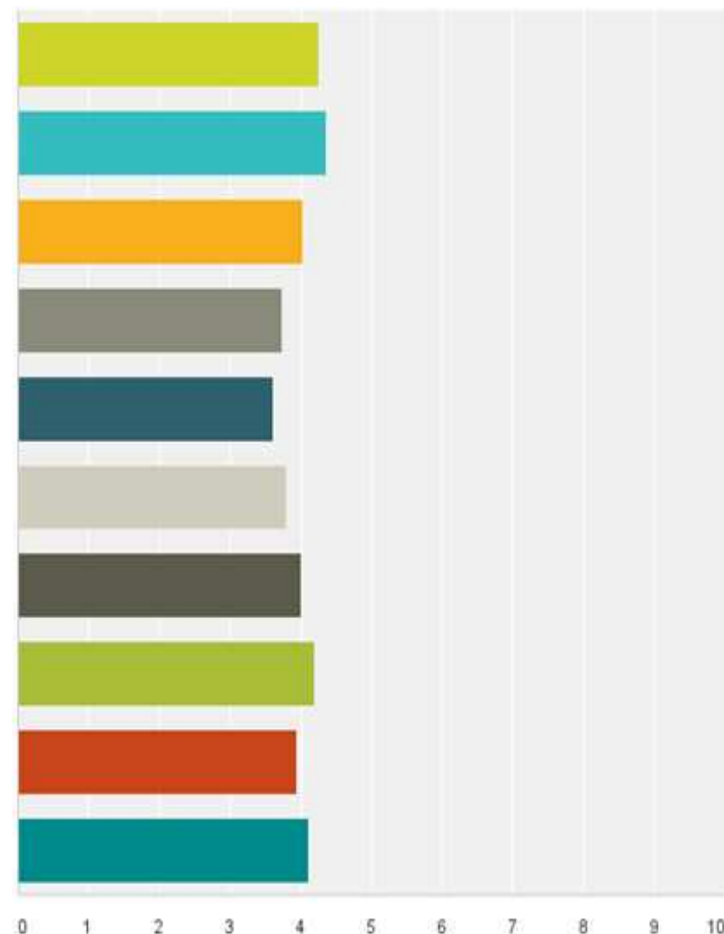
**(Wealthier)** Develop health technology products and assets.

**(Wealthier)** Secure a robust clinical research program.

**(Smarter)** Participate in development of academic programs relevant to our health research priorities.

**(Smarter)** Facilitate research culture.

**(Smarter)** Grow strategic partnerships and networks to expand research capacity and impact.



## Why do/would you conduct clinical research?

Required as part of my employment.

To work with colleagues.

To advance the Strategic Plan.

Personal interests/curiosity.

Career advancement.

Revenue opportunities.

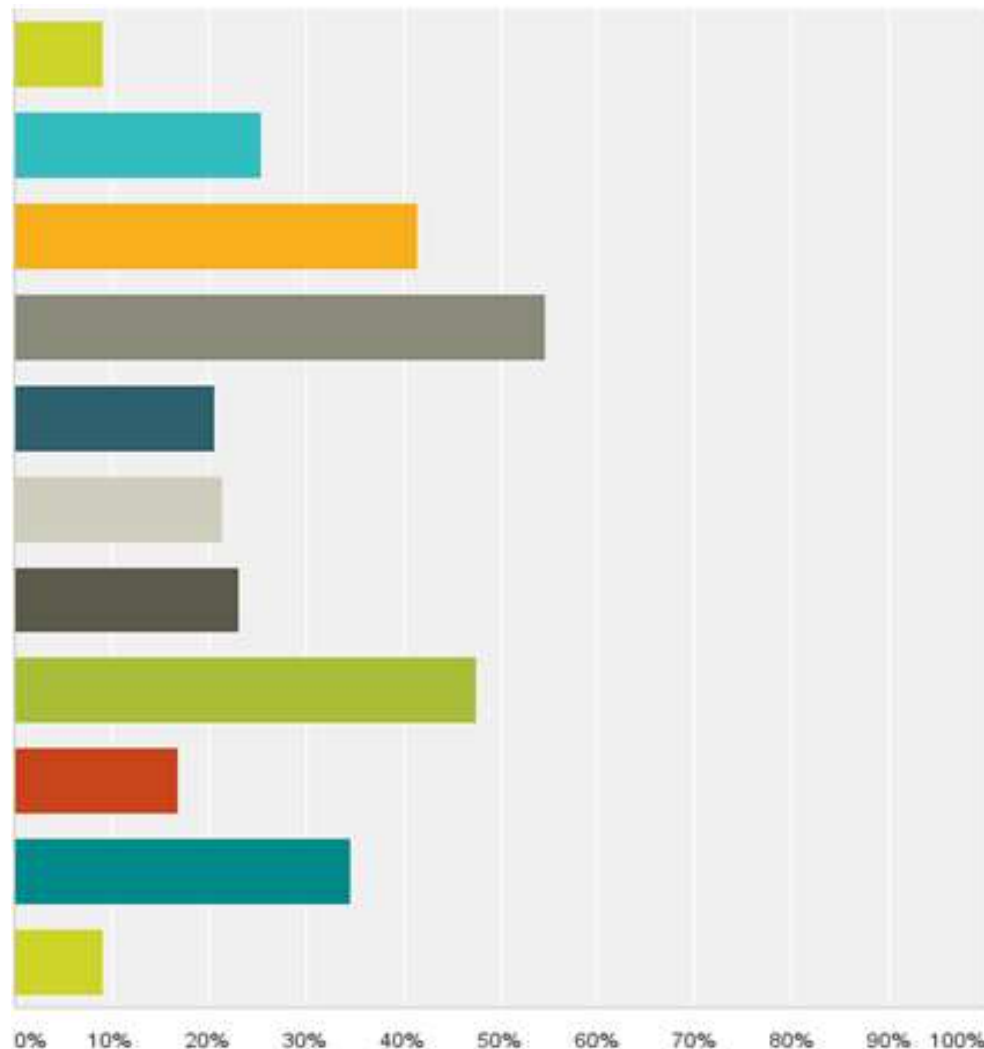
To be published.

Affect clinical practice guidelines.

Obliged to support colleagues.

Other...

I do not conduct clinical research.



## Level of Interest

Indigenous Health

Screening & Diagnostics

Medical Imaging

Technology supporting remote access  
to care

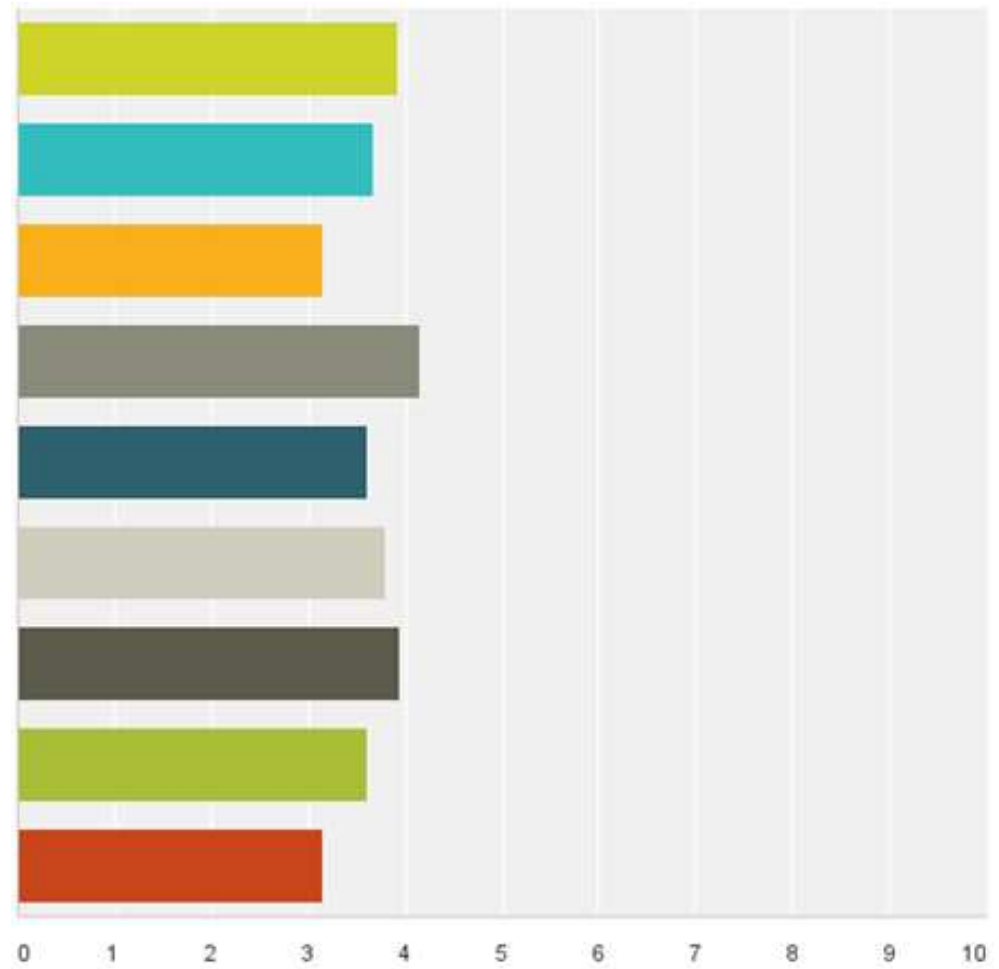
Mental Health

Seniors Health

Patient and Family Experience

Chronic Diseases

Other...



# Strategic Plan Revisions

- Mission statement broadened from medical imaging to health technology.
- PFCC philosophy adopted and consistent with the Hospital.
- Indigenous research highlighted as a focus.
- Number of Strategic Goals reduced and re-ordered.
- Hospital/SJCG staff & physicians' engagement feedback validated Strategic Goals and Indigenous research as a priority and revealed that Chronic Disease is equally important and Seniors' Health follows.
- Indigenous Leader engagement themes related to Mental Health, access and chronic disease and unique to their communities.

# Research Institute 2020 Strategic Plan

**Vision:** Bringing Discovery to Life

**Mission:** To be an international leader in health technology research, and other strategic health innovation that improves the health of the people of Northwestern Ontario.

**Values:** Excellence  
Innovation  
Respect

Collaboration  
Integrity  
Accountability

# Philosophy

**Patients and Families are at the centre of everything we do.**

*Propose adopt Patient and Family Centred research as the philosophy that guides us - consistent with the Hospital.*

# Strategic Directions

## Healthier

- Enhance research to improve the health outcomes of the people of Northwestern Ontario and beyond

## Wealthier

- Enhance philanthropic and other support and generate revenue through science and partnerships

## Smarter

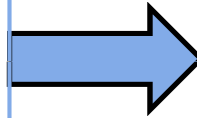
- Enhance the academic environment





# Healthier: Goals & Success Criteria

1. Partner with Indigenous researchers & communities to advance their health priorities
2. Investigate & apply assessment and intervention tools that are responsive to our geographic challenges
3. Strengthen local clinical research



1. Indigenous focused research
2. Assessment and intervention tools accessible to people living in remote and/or Indigenous communities
3. Patient centered research

# Wealthier: Goals & Success Criteria

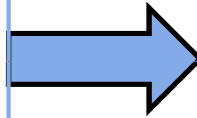
- 4. Engage stakeholders in philanthropy and other support of research
- 5. Develop health technology products and assets
- 6. Secure a robust clinical trials program



- 4. Donations support research
- 5. Spin-off companies and/or licensing agreements realized
- 6. Clinical trials growth

# Smarter: Goals & Success Criteria

- 7. Participate in development of academic programs relevant to our health and research priorities
- 8. Facilitate a research culture
- 9. Grow strategic partnerships and networks to expand research capacity and impact



- 7. Education & research integrated
- 8. Research integrated into practice
- 9. Collaborative, far-reaching research networks



# Questions?



Thunder Bay Regional  
Health Research  
Institute

Bringing  
**Discovery**  
to Life

Donner **vie à la**  
**découverte**



## Board of Directors - Open

Wednesday, February 22, 2017

Boardroom – 5:00 p.m.

### Action

#### Present:

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

#### By Invitation – Senior Leadership:

Peter Myllymaa	Dr. Stewart Kennedy	
Dr. Rami Rudnick	Dr. Mark Henderson	Amanda Björn

#### By Invitation:

Angela Kutok, <i>Rec. Sec.</i>	Kelly Meservia Collins	Carolyn Freitag
Michael Del Nin		

#### Regrets:

Glenn Craig	Dr. Gordon Porter	Grant Walsh
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1. **CALL TO ORDER** – The Chair called the meeting to order at 5:01 p.m.

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

#### 2.0 **PATIENT STORY**

Dr. Rhonda Crocker Ellacott Executive Vice President, Patient Services and Chief Nursing Executive, shared a patient story.

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

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

- 3.3 **Approval of the Agenda**

*Moved by:* Anita Jean  
*Seconded by:* Gary Whitney

*Motion*

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



## CARRIED

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

## 4.0 PRESENTATIONS

### 4.1 Patient and Family Centred Care

Dr. Rhonda Crocker Ellacott, Executive Vice President, Patient Services and Chief Nursing Executive, shared the expected outcomes, key accomplishments, and future strategies to ensure the continued progress of Patient and Family Centred Care (PFCC) philosophy in changing the culture at the Hospital. She highlighted that the Hospital is recognized as a leading PFCC expert regionally, provincially, nationally, and internationally. The future direction of PFCC will focus on key clinical tactics designed to improve upon and impact positive patient experience. These tactics will include bedside shift reports, bedside communication, whiteboard improvements, leader rounding on patients, visitor vs. care partner visitation restriction, coordination of care plans, and patient experience improvement plans. The next steps in fostering the PFCC culture include:

- Engage staff and physicians to identify opportunities to further improve patient experience;
- Align PFCC best practices with corporate initiatives. e.g. orientation redesign, simulation, Respect education plan;
- Emphasize use of Name, Occupation, Do (NOD), whiteboards, and PFCC staff learning modules;
- Support our partners in developing PFCC philosophy at regional sites.

## 5.0 CONSENT AGENDA

*Moved by: John Friday*  
*Seconded by: Dick Mannisto*

*Motion*

*"That the Board of Directors:*

*5.1 Approves the Board of Directors Minutes of February 1, 2017;*

*5.2 Accepts the applications for membership to the Corporate for the 2017-2018 Corporate membership year, received for the period of January 28 to February 17, 2017,*

*as presented."*

## CARRIED

## 6.0 REPORTS AND DISCUSSION



## 6.1 Report from the President and CEO

The President and CEO highlighted the following:

- He was was invited by St. Joseph's Care Group (SJCG) to participate in a Community Partners Focus Group on February 6, 2017 as part of their Accreditation Canada survey process. The purpose of the session was for Accreditation Canada surveyors to meet with SJCG partners to find out about services provided, their relationship with the organization, and areas for improvement;
- The President and CEO attended the Aboriginal Health Forum sponsored by the North West LHIN on Thursday, February 16, 2017. The purpose of the Forum was to generate discussion and exchange knowledge on how the health care system can improve health equity in North Western Ontario;
- He met with Mr. Norm Gale, City Manager, City of Thunder Bay, to discuss various topics including the discontinuation of non-urgent patient transfers by Superior North EMS. The Hospital is currently looking for alternatives to fill this gap.

*Ms. Kelly Meservia Collins was welcomed to the meeting.*

### 6.1.1 Indigenous Health Strategic Direction Update (Respect Training)

Ms. Amanda Bjorn, Vice President of Human Resources and Ms. Kelly Meservia Collins, Director, Academics and Inter-professional Education provided an update on an initiative related to improving the sensitivity of care to the Indigenous population. A learning plan has been developed to teach and engage staff in learning and cultivating behaviours that will impact how they communicate, treat, and care for patients. The goal of the learning plan is to cultivate culture, mindset, and behaviour of staff in order to provide care that respects traditional knowledge and practices and ensures the Hospital leads in the provision of culturally safe care for Indigenous patients. The learning plan will include e-learning modules, simulation, real time learning, and coaching of leaders within the organization to groom respectful behaviour. Learning plan modules will be implemented beginning fall 2017.

*Ms. Meservia Collins was excused from the meeting.*

## 6.2 Report from Senior Leadership

The following information was highlighted:



- In January, the Emergency Department Length of Stay (LOS) for admitted patients reached a peak of 46 hours (target 27 or less). On average, each morning, there were 26 patients waiting in ED for an in-patient bed. Staff are to be commended for their exceptional efforts during this period;
- The Child and Adolescent Mental Health Unit (CAMHU) cared for several patients related to a recent crisis in the Wapekeka community. The Hospital implemented a comprehensive discharge planning process in collaboration with Wapekeka Band and Council, as well as Wapekeka Health Coordinators, and participates in regular Wapekeka community conference calls where crisis management and interim as well as future planning for the community are considered;
- The Hospital's overcapacity impacts on current year spending pressures;
- Since implementing Hospital Elder Life Program (HELP) in September 2014, HELP volunteers have logged 8800 volunteer service hours and they have provided 14,758 interventions to patients; acute length of stay for those patients has dropped from 13 to 7 days and more patients are being discharged back to their homes rather than long-term care;
- We proceed with a second successful endovascular aneurysm (EVAR) case with Drs. Mary MacDonald and Anatoly Shuster;
- Professional staff recruitment includes recent additions in Pathology and Pediatrics. Several site visits took place during the month in the disciplines of Urology, Anesthesia, Gastroenterology, and Radiology. The Hospital has observed an increase of interested candidates from the United States;
- Research Town Hall sessions are planned in early March to learn what research is important to health professionals and scientists. Individuals interested in research are also being asked to complete a brief survey related to the Institute's proposed strategic research goals and get ideas on research interests. Results of the engagement sessions and the survey will inform the final draft of the 2020 Strategic Plan;
- The Board of Directors for the Thunder Bay Regional Health Research Institute is hosting a fundraising reception on April 6, 2017 in Toronto, where guests will have an opportunity to learn more about the research being conducted in Thunder Bay.

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

#### **6.2.1 Q3 2020 Strategic Plan Progress Report**

Ms. Carolyn Freitag, Director of Strategy and Performance Management and Mr. Michael Del Nin, Manager of Decision Support, provided an update on the accomplishments progress for the 2016-17 Strategic Plan Q3 objectives and associated indicator results. Among other progresses, the Board was briefed on the following strategic developments:

- The Hospital, as part of its Quality Based Procedure initiatives, will implement





digital standardized order sets with the LHIN's support that should improve appropriate standardized delivery of care;

- A major quality initiative that encourages the adoption of Quality Based Procedures (QBP) through the use of digital order sets supported by the MOHLTC, was endorsed by Senior Leadership Council (SLC). Access to a library of evidence based order sets was purchased with a goal to implement up to date standardized order sets for all admissions (in addition to QBPs) and to ensure successful management of the practice change. This initiative is endorsed by Medical Advisory Committee and is scheduled to begin in March;
- Staff visited University Health Network (UHN) to train for the first Endovascular Aortic Repair (EVAR) case. In January, the UHN team attended the first EVAR case to mentor the OR team. In addition to the on site team, the broader UHN team joined remotely to the OR suite using a new telehealth technology called "VisitOR1";
- A Virtual Visitation pilot project using tablets to connect patients to their families remotely began on 1A medicine/oncology in December;
- Emergency ALOS has increased considerably given the overcapacity situation that was largely driven by ALC and repatriation delays.

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

**Motion**

**6.3 Report from the Chief of Staff** – For information.

**6.4 Report from the Chief Nursing Executive** - For information.

**6.5 Report from the Northern Ontario School of Medicine** - For information.

**6.6 Report from the Professional Staff Association**

The Professional Staff Association (the Association) has a meeting planned for March 7, 2017 and will focus on medical staff engagement.

**6.7 Report from the Foundation** – For information.

*Moved by: Matt Simeoni*

*Seconded by: Dick Mannisto*

*"That the Board of Directors:*

*6.1 Accepts the Report from the President and CEO;*

*6.2 Accepts the Report from Senior Leadership;*

*6.3 Accepts the Report from the Chief of Staff;*



- 6.4 Accepts the Report from the Chief Nursing Executive;
- 6.5 Accepts the Report from the Northern Ontario School of Medicine;
- 6.6 Accepts the Report from the Professional Staff Association;
- 6.7 Accepts the Report from the Foundation;

*Dated February 22, 2017 as presented."*

#### **CARRIED**

#### **6.8 Proposed AGM Time Change**

In order to capitalize on Board members' time, the Board of Directors agreed to a proposed time change for the Thunder Bay Regional Health Research Institute Annual General Meeting scheduled on June 22, 2017.

#### **7.0 COMMITTEE MATTERS**

#### **7.1 Quality Committee Minutes – February 14, 2017**

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

#### **7.1.1 2017-18 Performance Based Executive Compensation Framework**

Ms. Amanda Bjorn, Vice President of Human Resources, introduced a proposed "Pay at Risk" Performance Based Executive Compensation Framework for inclusion in the Thunder Bay Regional Health Sciences Centre (the Hospital) 2017-18 Quality Improvement Plan (QIP).

The proposed framework links four priority quality improvement indicators to compensation including: Average length of stay (excluding Alternate Level of Care Days); Percentage Alternate Level of Care days; Patient Satisfaction: leaving hospital, did you receive enough information?; and Patient satisfaction: All dimensions – Inpatient.

Two percent (2%) of the executive salary will be linked to achieving the quality improvement indicators. Each improvement target will be calculated equally at .50% per indicator ( $0.50\% \times 4 = 2.0\%$ ). Following April 1, 2018, team achievements will be assessed against the quality indicators above. The Executives will have the opportunity to earn back the reduced salary for targets that are achieved according to the following breakdown:

- No improvement over the prior year's actual = 0%;
- Improvement above prior year's actual by 75% of target = 75% maximum target;
- Improvement above prior year's actual by 76 to 100% = proportionate 76 to 100%.

***Motion***



The resulting amount will be paid retroactively to April 1, 2017.

*Moved by: John Friday*  
*Seconded by: Dick Mannisto*

*"Whereas the Quality Committee duly reviewed and recommended the Performance Based Executive Compensation Framework for inclusion in the 2017-18 Quality Improvement Plan be approved, and,*

*Whereas the Hospital must demonstrate accountability by advancing a quality patient experience that is socially and fiscally accountable,*

*be it resolved,*

*That the Board of Directors approves the Performance Based Executive Compensation Framework for inclusion in the 2017-18 Quality Improvement Plan, as recommended by the Quality Committee."*

*Motion*

**CARRIED**

**7.1.2 Quality Improvement Plan**

Ms. Carolyn Freitag, Director of Strategy and Performance Management and Mr. Michael Del Nin, Manager of Decision Support, presented a proposed recommendation to the Board for the 2017-18 Quality Improvement Plan (QIP), which includes: 2017-18 priority indicators; Indicator action plans and related targets ; QIP Narrative ; and 2016-17 QIP progress report.

*Moved by: Anita Jean*  
*Seconded by: Gary Whitney*

*"Whereas the Quality Committee duly reviewed the 2017/18 Quality Improvement Plan, and*

*Whereas the Hospital must demonstrate accountability by advancing a quality patient experience that is socially and fiscally accountable,*

*be it resolved,*

*That the Board of Directors approves the 2017/18 Quality Improvement Plan, as*



*recommended by the Quality Committee."*

**CARRIED**

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

*Mr. John Friday was excused from the meeting.*

**7.2.1 Governance and Nominating Committee – Increase in Number of Elected Board Members**

A recommendation was introduced proposing the increase of Board membership from ten to twelve members. The *Not-for-Profit Corporations Act (Ontario)* permits the articles to set out either a fixed number of Directors or a range for the size of the board. Board size is determined according to the context of the particular hospital corporation and is based on the following factors:

- Board workload, which can be variable depending upon challenges facing the organization, such as capital projects or system integration;
- Skills required by the board, which may vary from time to time depending upon the priorities and directions of the organization;
- Board size has an impact on effective board governance functions. Board members should have the opportunity to provide meaningful input without unduly lengthening board meetings;
- If a board wishes to have rotating or staggered terms and Directors are elected for three-year terms, then the board must have at least 12 elected Directors, plus the required ex officio Directors, to allow four Directors' terms to expire each year, as required by the *Public Hospitals Act*.

**Moved by:** *Dick Mannisto*

**Seconded by:** *Gary Whitney*

*"That upon the recommendation of the Governance and Nominating Committee, the Board of Directors approves the addition of two elected Board members to be ratified by the Corporate members at the June, 2017 Annual General Meeting."*

**CARRIED**

**7.2.2 Governance and Nominating Committee – Nominations**

Mr. Grant Walsh and Mr. John Friday's terms are expiring and they have confirmed their desire to let their name stand for election at the June 22, 2017 Annual General Meeting.

*Motion*

*Motion*



*Moved by: Matt Simeoni*

*Seconded by: Anita Jean*

*"That upon the recommendation of the Governance and Nominating Committee, the Board of Directors accepts Grant Walsh and John Friday as nominees to be confirmed at the June, 2017 Annual General Meeting."*

**CARRIED**

*Mr. John Friday returned to the meeting.*

**8.0 FOR INFORMATION**

**8.1 Board Comprehensive Work Plan** - For information.

**8.2 Webcast Statistics** - For information.

**8.3 Report from the Health Research Institute** - For information.

**8.4 Environmental Compliance and Fire Safety Update** – For information.

**8.5 2017 Pathology and Laboratory Medicine Annual Report** – For information.

**9.0 BOARD MEMBERS COMMENTS**

**10.0 DATE OF NEXT MEETING** – April 5, 2016

**11.0 ADJOURNMENT** - The meeting adjourned at 6:25 p.m.

\_\_\_\_\_  
Chair

\_\_\_\_\_  
Board Secretary

\_\_\_\_\_  
Recording Secretary

## Attestation to the record of employees' 2016 salaries and benefits

### Attestation relativement au registre des traitements et avantages versés aux employés en 2016

Thunder Bay Regional Health Sciences Centre

(Name of Organization / nom de l'organisation)

To the best of my knowledge and belief, the information provided on the Record of Employees' Calendar Year 2016 Salaries and Benefits is complete, accurate, reliable, is in accordance with the *Public Sector Salary Disclosure Act, 1996*, and meets the filing requirements as provided by the Treasury Board Secretariat.

À ma connaissance, les renseignements figurant dans le Registre des traitements et avantages versés aux employés pour l'année civile 2016 sont complets, exacts, fiables et conformes à la *Loi de 1996 sur la divulgation des traitements dans le secteur public*. De plus, ils respectent les exigences en matière de présentation de documents fixées par le Secrétariat du Conseil du Trésor.

President and Chief Executive Officer,  
Thunder Bay Regional Health Sciences Centre  
Chief Executive Officer,  
Thunder Bay Regional Health Research Institute

Jean Bartkowiak

**Name / Nom**

(Highest Ranking Officer)

(dirigeant / dirigeante de l'organisation qui  
occupe le rang le plus élevé)

**Position Title / Poste**

  
**Signature / Signature**

on behalf  
of  
March 7, 2017  
**Date / Date**

Prepared under the *Public Sector Salary Disclosure Act, 1996*  
Préparée en vertu de la  
*Loi de 1996 sur la divulgation des traitements dans le secteur public*

Record of employees' 2016 salaries and benefits Registre des traitements et avantages versés aux employés en 2016							
Please refer to the guide Preparing Your Report for the Year 2016, <i>Public Sector Salary Disclosure Act</i> before filling out this form. Se reporter au guide de Préparation du rapport de 2016 aux fins de la <i>Loi de 1996 sur la divulgation des traitements dans le secteur public</i> pour remplir la présente formule.							
Cal Year / Année civile	Sector / Secteur	Employer / Employeur	Surname / Nom de famille	Given Name / Prénom	Position Title / Poste	Salary Paid / Traitement versé	Taxable Benefits / Avantages imposables
Insert additional rows at the end as needed / Insérer d'autres rangées au besoin							
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Adduono	Allyson	Nurse Practitioner / Infirmier(ère) praticien(ne)	\$ 107,287.99	\$432.30
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Albanese	Sean	Pharmacist / Pharmacien(ne)	\$ 103,643.33	\$381.00
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Allain	Michelle	Bioethicist / Bioéthicienne	\$ 103,708.84	\$419.22
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Alliett	Ashley	Nurse Practitioner / Infirmier(ère) praticien(ne)	\$ 107,296.39	\$1,032.30
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Arjune	Banskumar	Senior Medical Physicist / Physicien(ne) médical(e) principal(e)	\$ 191,369.40	\$471.72
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Barrie	Carina	Nurse Practitioner / Infirmier(ère) praticien(ne)	\$ 105,405.17	\$425.96
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Barrie	Laura Lee	Manager Surgical Units / Gestionnaire, Services de chirurgie	\$ 103,748.89	\$419.22
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Barro	John	Director Information Services / Directeur, Services d'information	\$ 117,271.26	\$1,073.28
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Bartkowiak	Jean	President & CEO / Président-directeur général	\$ 340,055.06	\$6,517.36
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Bean	Kathryn	Nurse Practitioner / Infirmier(ère) praticien(ne)	\$ 125,480.91	\$436.60
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Beck	Lisa	Director Emergency, Trauma, & Critical Care / Directrice, Urgences, Traumatologie et soins intensifs	\$ 131,363.48	\$530.16
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Belanger	Tyler	Pharmacist / Pharmacien(ne)	\$ 100,212.14	\$381.00
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Bertoldo	Lawrence	Pharmacy Clinical Lead / Chef clinique, Pharmacie	\$ 127,307.61	\$415.50
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Bishop	Debra	Nurse Practitioner / Infirmier(ère) praticien(ne)	\$ 110,415.13	\$441.54
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Bloskie	Vivian	Registered Nurse / Infirmier(ière) autorisé(e)	\$ 105,741.93	\$350.88
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Boyd	Cindy	Registered Nurse First Assist (OR) / Infirmière autorisée et première assistante (salle d'opération)	\$ 101,653.84	\$405.90
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Bubar	Dawn	Senior Director Infomatics / Directrice principale de l'informatique	\$ 131,363.52	\$530.16
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Buob-Corbett	Susan	Registered Nurse / Infirmier(ière) autorisé(e)	\$ 130,533.83	\$0.00
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Caccamo	Tina	Registered Nurse / Infirmier(ière) autorisé(e)	\$ 102,408.54	\$0.00
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Campbell	Lorraine	Manager Occupational Health & Safety / Gestionnaire, Santé et sécurité au travail	\$ 103,766.25	\$419.22
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Capulak Tinnes	Sherri-Anne	Psychological Associate / Associé(e) en psychologie	\$ 106,206.53	\$391.50
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Carr	Amy	Acting Senior Director - Human Resources and Organizational Development / Directrice principale par intérim - Ressources humaines et développement organisationnel	\$ 119,812.07	\$1,103.29
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Carr	Georgia	Technical Manager. Laboratory / Gestionnaire technique, Laboratoire	\$ 103,748.88	\$1,019.22
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Cataldo	Pat	Registered Nurse / Infirmier(ière) autorisé(e)	\$ 100,519.09	\$356.49
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Chony	Robert	Pharmacist / Pharmacien(ne)	\$ 107,065.16	\$381.00
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Copetti	Adrianno	Director Information Systems Applications / Directeur des applications en systèmes d'information	\$ 116,115.76	\$468.96
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Covino	Cathy	Senior Director Quality & Risk Management / Directrice principale de la gestion de la qualité et des risques	\$ 132,363.47	\$534.24
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Crocker-Ellicott	Rhonda	Executive Vice President, Patient Care Services & Chief Nursing Executive / Vice-présidente directrice des Services de soins aux patients et infirmière en chef	\$ 235,266.62	\$3,608.64
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Cully	Carrie	Registered Nurse / Infirmier(ière) autorisé(e)	\$ 112,903.50	\$0.00
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Danner	Ursula	Nurse Practitioner / Infirmier(ère) praticien(ne)	\$ 107,361.70	\$437.46
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Del Nin	Michael	Manager Decision Support / Gestionnaire, Soutien décisionnel	\$ 103,748.90	\$419.22
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Desramaux	Carina	Pharmacist / Pharmacien(ne)	\$ 106,745.06	\$392.04
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Diana	Lindsay	Registered Nurse / Infirmier(ière) autorisé(e)	\$ 103,626.40	\$350.88
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Docherty	Andrea	Director, Regional Cancer Program / Directrice, Programme régional de cancérologie	\$ 125,144.61	\$1,105.82
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Douglas	Mike	Registered Nurse / Infirmier(ière) autorisé(e)	\$ 103,146.13	\$350.88
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Duke	Rebecca	Registered Nurse / Infirmier(ière) autorisé(e)	\$ 103,198.66	\$350.88
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Edgar	Drew	Respiratory Therapist / Thérapeute respiratoire	\$ 100,754.54	\$0.00
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Edwards	Crystal	Manager Surgical Units / Gestionnaire, Services de chirurgie	\$ 103,748.90	\$1,019.22
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Emery	Deborah	Manager Pharmacy / Gestionnaire, Pharmacie	\$ 117,271.30	\$473.28
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Fox	Grace	Nurse Practitioner / Infirmier(ère) praticien(ne)	\$ 109,552.13	\$438.14
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Freitag	Carolyn	Director Strategy & Performance Management / Directrice, Stratégies et gestion du rendement	\$ 117,271.32	\$473.28
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Frost	Shelley	Registered Nurse / Infirmier(ière) autorisé(e)	\$ 100,448.41	\$0.00
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Gascoigne	Derek	General Manager Northwest Supply Chain / Gestionnaire, Chaîne d'approvisionnement du Nord-Ouest	\$ 172,029.10	\$680.84
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Gellert	Beverly	Manager Medical Services / Gestionnaire, Services médicaux	\$ 103,748.90	\$419.22
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Gibbons	Stephen	Registered Nurse / Infirmier(ière) autorisé(e)	\$ 100,868.38	\$350.88
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Gillson	Kevan	Registered Nurse / Infirmier(ière) autorisé(e)	\$ 100,727.11	\$350.88
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Gleeson	Dawne	Charge Nurse / Infirmier(ière) responsable	\$ 105,869.32	\$364.32
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Gosgnach	Charlene	Pharmacist / Pharmacien(ne)	\$ 103,457.10	\$381.00
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Greenwell	Heidi	Manager Health Records / Gestionnaire, Archives médicales	\$ 102,692.98	\$418.20
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Grenier Buchan	Rita	Manager Nursing Resource Team / Gestionnaire, Équipe de ressources en soins infirmiers	\$ 105,751.42	\$419.22
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Gurney	Terri	Manager Cardiac Cath Lab / Gestionnaire, Laboratoire de cathétérisme cardiaque	\$ 103,748.92	\$419.22
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Harper	James	Registered Nurse / Infirmier(ière) autorisé(e)	\$ 108,225.16	\$350.88

Record of employees' 2016 salaries and benefits Registre des traitements et avantages versés aux employés en 2016							
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Cal Year / Année civile	Sector / Secteur	Employer / Employeur	Surname / Nom de famille	Given Name / Prénom	Position Title / Poste	Salary Paid / Traitement versé	Taxable Benefits / Avantages imposables
Insert additional rows at the end as needed / Insérer d'autres rangées au besoin							
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Hart	Edith	Registered Nurse / Infirmier(ière) autorisé(e)	\$ 108,639.97	\$362.72
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Heintzman	Angela	Pharmacist / Pharmacien(ne)	\$ 108,178.74	\$381.00
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Henderson	Dr. Mark	Executive Vice President, Patient Care Services & Regional Vice President Cancer Care Ontario / Vice-président directeur des Services de soins aux patients et vice-président régional d'Action Cancer Ontario	\$ 318,171.24	\$3,702.24
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Heron	Anne-Marie	Executive Director Capital Planning & Operations / Directrice générale de la planification des immobilisations et des opérations	\$ 160,257.78	\$647.26
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Hill	Sherry Lynn	Registered Nurse / Infirmier(ière) autorisé(e)	\$ 106,632.13	\$0.00
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Howk Ventrudo	Sharon	Psychological Associate / Associé(e) en psychologie	\$ 106,212.28	\$391.50
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Hughes	Susan	NEODIN Application Administrator / Administratrice d'applications NEODIN	\$ 104,130.41	\$1,526.64
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Hyatt	Patricia	Registered Nurse / Infirmier(ière) autorisé(e)	\$ 108,384.15	\$0.00
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Inman	Suzanne	Registered Nurse / Infirmier(ière) autorisé(e)	\$ 102,298.68	\$357.00
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Jaspers	Sharon	Nurse Practitioner / Infirmier(ère) praticien(ne)	\$ 108,040.19	\$437.46
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Johnston	Paul	Psychologist / Psychologue	\$ 100,525.80	\$375.93
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Kantymir-Paquet	Jessica	Pharmacist / Pharmacien(ne)	\$ 106,468.08	\$381.00
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Kennedy	Dr. Stewart	Executive Vice President, Medical & Academic Affairs / Vice-président directeur aux affaires médicales et universitaires	\$ 238,628.36	\$3,376.68
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Khabad	Marianna	Pharmacist / Pharmacien(ne)	\$ 107,698.42	\$381.00
			Kmill	Caterina	Regional Director, Regional Stroke Program / Directrice régionale, Proramme régional de traitement des accidents cérébrovasculaires	\$ 103,748.90	\$419.22
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Kovac	Kristen	Nurse Practitioner / Infirmier(ère) praticien(ne)	\$ 106,777.13	\$430.65
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Kroker	Laurie	Nurse Practitioner / Infirmier(ère) praticien(ne)	\$ 105,105.98	\$517.12
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Langlois	Michelle	Manager Medical Affairs / Gestionnaire, Affaires médicales	\$ 102,726.83	\$415.14
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Law	Jennifer A	Registered Nurse / Infirmier(ière) autorisé(e)	\$ 103,063.10	\$118.72
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Lawrence	Nella	Manager Capital Planning & Facilities / Gestionnaire, Planification des immobilisations et Installations	\$ 103,722.21	\$419.22
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Lester	Alison	Pharmacist / Pharmacien(ne)	\$ 109,616.43	\$285.75
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Lightbody	Kim	Registered Nurse / Infirmier(ière) autorisé(e)	\$ 100,044.70	\$350.88
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	MacAskill	Liane	Manager Surgical Units / Gestionnaire, Services de chirurgie	\$ 103,748.88	\$419.22
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	MacCabe	Deborah	Manager Medical Services / Gestionnaire, Services médicaux	\$ 103,748.89	\$419.22
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	MacDonald	Dawn	Manager Surgical Units / Gestionnaire, Services de chirurgie	\$ 103,748.88	\$419.22
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	MacLean	Eila	Director Financial Services / Directrice, Services financiers	\$ 117,271.28	\$473.28
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Manary	Paul	Pharmacist / Pharmacien(ne)	\$ 106,917.71	\$381.00
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	McGhee	Peter	Director Medical Physics Program / Directeur, Programme de physique médicale	\$ 209,184.27	\$743.32
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Mclver	Hilary	Manager Infection Control / Gestionnaire, Contrôle des infections	\$ 103,748.89	\$419.22
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	McKnight	Sam	Director Diagnostic Programs / Directeur(trice), Programmes diagnostiques	\$ 120,828.08	\$442.00
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	McMahan	Amanda H.	Psychologist / Psychologue	\$ 125,806.26	\$459.87
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	McMaster	Adele	Registered Nurse / Infirmier(ière) autorisé(e)	\$ 106,611.02	\$0.00
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	McNaughton	Chris	Manager Clinical Oncology / Gestionnaire, Oncologie clinique	\$ 102,726.88	\$415.14
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Melita	Mary Jane	Nurse Practitioner / Infirmier(ère) praticien(ne)	\$ 107,174.89	\$432.30
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Meservia-Collins	Kelly	Director Academics & Interprofessional Education / Directrice, Études et formation interprofessionnelle	\$ 117,271.28	\$1,073.28
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Metcalf	Ryan	Registered Nurse / Infirmier(ière) autorisé(e)	\$ 101,886.32	\$350.88
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Mikkola	Cheri	Registered Nurse / Infirmier(ière) autorisé(e)	\$ 107,939.21	\$350.88
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Miller	Michele	Manager Cardio Respiratory / Gestionnaire, Services cardiorespiratoires	\$ 106,979.64	\$431.08
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Miller	Rodney	Manager Labour Relations / Gestionnaire, Relations de travail	\$ 105,181.31	\$1,019.22
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Mintenko	Kristopher	Registered Nurse / Infirmier(ière) autorisé(e)	\$ 100,181.89	\$350.88
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Murphy	Geoffrey	Charge Technologist Ultrasound / Technologue responsable, Échographie	\$ 106,318.97	\$334.50
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Myllymaa	Peter	Executive Vice President, Corporate Services & Operations / Vice-président directeur, Services généraux et opérations	\$ 178,970.18	\$3,132.48
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Oberg	Anna	Charge Nurse / Infirmier(ière) responsable	\$ 102,470.02	\$354.51
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	O'Keefe	Holly	Nurse Practitioner / Infirmier(ère) praticien(ne)	\$ 106,357.46	\$429.33
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Oldale	Joanne	Registered Nurse / Infirmier(ière) autorisé(e)	\$ 108,519.32	\$357.00
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Omeljaniuk	Catherine	Pharmacist / Pharmacien(ne)	\$ 107,767.54	\$381.00
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	O'Neill	Erminia	Registered Nurse / Infirmier(ière) autorisé(e)	\$ 105,337.07	\$357.00
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Paroschy-Harris	Cathy	Director, Preventive Oncology / Directrice, Oncologie préventative	\$ 117,271.34	\$473.28
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Pearson	Brett	Registered Nurse / Infirmier(ière) autorisé(e)	\$ 104,995.01	\$350.88
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Penk	Courtney	Pharmacist / Pharmacien(ne)	\$ 107,409.64	\$285.75
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Perry	Dawna Maria	Director, Nursing / Directrice, Soins infirmiers	\$ 117,672.14	\$1,076.16
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Persichino	Alexandra	Pharmacist / Pharmacien(ne)	\$ 105,713.69	\$381.00



<p align="center"><b>Record of employees' 2016 salaries and benefits</b>  <b>Registre des traitements et avantages versés aux employés en 2016</b></p>
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Please refer to the guide *Preparing Your Report for the Year 2016, Public Sector Salary Disclosure Act* before filling out this form.  
Se reporter au guide de Préparation du rapport de 2016 aux fins de la *Loi de 1996 sur la divulgation des traitements dans le secteur public* pour remplir la présente formule.

Cal Year / Année civile	Sector / Secteur	Employer / Employeur	Surname / Nom de famille	Given Name / Prénom	Position Title / Poste	Salary Paid / Traitement versé	Taxable Benefits / Avantages imposables
Insert additional rows at the end as needed / Insérer d'autres rangées au besoin							
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Persichino	Nancy	Director Women & Children's Program / Directrice, Programmes pour femmes et enfants	\$ 131,363.51	\$530.16
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Popa	Christian	Nurse Practitioner / Infirmier(ère) praticien(ne)	\$ 103,623.32	\$419.16
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Prescott	Ann	Registered Nurse / Infirmier(ière) autorisé(e)	\$ 109,170.74	\$350.88
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Prete	Debra	Charge Nurse / Infirmier(ière) responsable	\$ 124,162.27	\$358.16
			Price	Darcy	Manager Mental Health & Mental Health Assessment Team / Gestionnaire, Santé mentale et équipe d'évaluation en santé mentale	\$ 103,748.89	
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre					\$419.22
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Prosdocimo	Karen	Registered Nurse / Infirmier(ière) autorisé(e)	\$ 100,997.27	\$357.00
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Prunka	Jody	Registered Nurse / Infirmier(ière) autorisé(e)	\$ 128,993.59	\$350.88
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Purdon	Christina	Manager Paediatrics & Neonatal Intensive Care / Gestionnaire, Pédiatrie et soins intensifs néonataux	\$ 103,748.87	\$419.22
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Ranta	Karen	Nurse Practitioner / Infirmier(ère) praticien(ne)	\$ 100,054.91	\$416.36
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Rapino	Seija	Pharmacist / Pharmacien(ne)	\$ 105,007.80	\$381.00
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Rapley	Patrick	Senior Medical Physicist / Physicien(ne) médical(e) principal(e)	\$ 191,361.76	\$471.72
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Riendeau	Julie	Psychologist / Psychologue	\$ 111,321.40	\$445.38
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Robertshaw	Terry	Nurse Practitioner / Infirmier(ère) praticien(ne)	\$ 107,170.77	\$432.30
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Ross	John	Manager, Emergency / Gestionnaire, Services des urgences	\$ 104,255.91	\$419.22
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Rybak	Lisa	Registered Nurse / Infirmier(ière) autorisé(e)	\$ 101,571.53	\$350.88
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Sallans	Carle Jane	Charge Nurse / Infirmier(ière) responsable	\$ 112,584.65	\$370.44
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Samas	Michele	Registered Nurse / Infirmier(ière) autorisé(e)	\$ 115,285.97	\$0.00
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Shewfelt	Kathryn	Director, Environmental Services / Directrice, Services de l'environnement	\$ 117,271.28	\$473.28
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Skillen	Aaron	Director Chronic Disease & Medical Services / Directeur, Maladies chroniques et Services médicaux	\$ 131,397.32	\$530.16
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Smith	Tracie	Senior Director Communications & Engagement / Directrice principale des communications et de l'engagement.....	\$ 130,069.76	\$525.36
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Smith	Tracy	Registered Nurse / Infirmier(ière) autorisé(e)	\$ 106,781.09	\$357.00
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Stephenson	Chris	Respiratory Therapist / Thérapeute respiratoire	\$ 102,081.80	\$299.01
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Taylor	Wayne	Manager Cardiology & General Medicine / Gestionnaire, Cardiologie et médecine générale	\$ 104,950.39	\$419.22
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Thomson	Arlene	Senior Director Cardio Program Development / Directrice principale du développement du programme cardiovasculaire	\$ 131,363.51	\$530.16
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Turner	Ron	Senior Director Patient Services / Directeur principal des services aux patients	\$ 134,996.42	\$548.84
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Van Teeffelen	Barbara	Registered Nurse / Infirmier(ière) autorisé(e)	\$ 101,552.38	\$357.00
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Vinet	Adam	Director Surgical Services / Directeur principal des services chirurgicaux	\$ 114,087.77	\$1,057.32
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Voros	Peter	Director Adult & Forensic Mental Health / Directeur, Santé mentale pour adultes et services psychiatriques médico-légaux	\$ 131,363.52	\$530.16
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Walker	Cindy	Administrative Coordinator / Coordonnatrice administrative	\$ 104,842.75	\$386.42
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Westerback	Dave	Psychological Associate / Associé(e) en psychologie	\$ 107,016.37	\$391.50
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Wildbore	Pat	Charge Nurse / Infirmier(ière) responsable	\$ 102,419.32	\$370.44
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Willmore	Eric	Pharmacist / Pharmacien(ne)	\$ 103,447.66	\$381.00
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Winslow	Wendy	Manager Critical Care Services / Gestionnaire, Services de soins critiques	\$ 103,748.88	\$419.22
2015	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Wrigley	Mary	Manager Renal & Peritoneal Dialysis / Gestionnaire, Dialyse rénale et péritonéale	\$ 102,726.85	\$415.14
2016	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Thunder Bay Regional Health Sciences Centre	Yahn	Jeff	Nurse Practitioner / Infirmier(ère) praticien(ne)	\$ 104,638.03	\$1,022.90
This record has been approved by: / Ce registre a été approuvé par :							
PETER MYLLYMAA, CPA, CA					EXECUTIVE VICE PRESIDENT, CORPORATE SERVICES & OPERATIONS		
Name / Nom					Position Title / Poste		
807-684-6023					6-Mar-17		
Phone Number / Téléphone					Date / Date		
Prepared under the <i>Public Sector Salary Disclosure Act, 1996</i> / Préparé en vertu de la <i>Loi de 1996 sur la divulgation des traitements dans le secteur public.</i>							

**Thunder Bay Regional Health Sciences Centre**  
**2017-2018 Corporate Membership List**  
*Received for the period of February 18 to March 30 2017*

Surname	Name
Crocker Ellacott	Rhonda
Sacchetti	Shain

Surname	Name
Fraser	Susan

Surname	Name
Leach	Gerry

**Previously Approved**

Surname	Name
Bartkowiak	Jean
Arnone	Margaret
Bjorn	Amanda
Carr	Amy
Culligan	Denyse
Doucette	Nadine
Fidler	Wesley
Friday	John
Hannafor	Joyce
Henderson	Mark
Heron	Anne-Marie
Hettenhausen	William
Jean	Anita

Surname	Name
Jeanpierre	Donna
Johnson	Rebecca
Josefchak	Joe
Kennedy	Stewart
Knibbs	Donald
Kutok	Angela
Mannisto	Dick
Masood	Khaja
Moody-Corbett	Penny
Mylymaa	Peter
Nehrebecky	Jessica
Nicholas	Bonnie
Pikula	Jon

Surname	Name
Porter	Gordon
Powell	Dawn
Rudnick	Rami
Shanks	Doug
Sidorski	Stephen
Simeoni	Matt
Smith	Tracie
Strasser	Roger
Tupker	Jules
Walsh	Grant
Whitney	Gary
Williamson	Sara
Young	Sophie



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President and CEO  
Président directeur général

**Report from Jean Bartkowiak  
President and CEO  
April 5, 2017**

On March 15<sup>th</sup>, the Government of Canada formally confirmed an investment of \$1.85 million to enable the Thunder Bay Regional Health Research Institute (the Institute) to purchase equipment and implement new technologies in the area of probe development and bio-marker exploration. Specifically, the research equipment will be used in the discovery of new bio-markers and to evaluate the effectiveness of new treatment protocols utilizing isotopes produced at the Institute's Cyclotron. I would like to thank the Honourable Patty Hajdu, Minister of Employment, Workforce Development and Labour, and Member of Parliament for Thunder Bay—Superior North for joining us that day to share the news on behalf of the Honourable Navdeep Bains, Minister of Innovation, Science and Economic Development, and Minister responsible for FedNor.

This funding will enable the Institute to formalize partnerships with industry, pursue opportunities for contract research and clinical trials, and enable research and development projects. It will also help the Institute become an international demonstration site able to host visiting scientists and health care professionals from around the world. This is expected to result in improved health care by: providing better care at a lower cost and improving diagnostic timelines and accuracy, helping to attract new medical talent to Ontario, improving training to next generation scientists, and enhancing the conditions for new research. I took the opportunity of my interaction with Minister Hajdu to impress on her the urgent need for the Federal government to revisit its financial support of Canada's research funding agencies.

For the second consecutive year, the Board of Directors for the Institute is hosting a reception on April 6<sup>th</sup> from 6:00 to 10:00 p.m. in Toronto, where attendees will have an opportunity to learn more about the health research being conducted in Thunder Bay, with guest speaker, Dr. Naana Jumah, Clinician Researcher, Obstetrician-Gynecologist at our Hospital and Assistant Professor at the Northern Ontario School of Medicine (NOSM). Dr. Jumah focuses on partnering with mothers and their care providers to better manage opioid dependence during pregnancy. The event will be taking place in the Terrace Room at the Gardiner Museum. Everyone is welcome, and proceeds support research in Northwestern Ontario. Tickets may be purchased online at [healthsciencesfoundation.ca/discovery2017](http://healthsciencesfoundation.ca/discovery2017). For those who are interested yet unable to attend, a donation to the Health Sciences Foundation can be made.

On March 16<sup>th</sup>, I met with J.P. Levesque, Chief with the Thunder Bay Police Services (TBPS). Our discussion focused how to support community organizations to reduce volumes of individuals brought to the Emergency Department that could be served as safely in more appropriate settings for their conditions. I commended the TBPS for working with the Canadian Mental Health Association staff in developing teams of police and mental health workers collaborating to de-escalate situations in the community and thus, avoiding unwarranted ER visits hopefully. We also explored how the TBPS and Hospital staff can collaborate to more effectively enforce the no-smoking City by-law on Hospital property.

I am extremely proud of our staff, physicians and volunteers, who number approximately twenty individuals; they dedicate their time and risk their lives to keep our country safe. On March 28<sup>th</sup>, I was asked to accept an award of appreciation from the Canadian Forces Reserves for our Hospital's support of, among other Hospital staff, Lieutenant Colonel (and Dr.) Mark Thibert in his role as Brigade Surgeon with the Canadian Field Hospital Detachment of Canada's Reserve Forces. I commend Dr. Thibert for his contributions to representing our country and for serving patients in our region. I had an



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President and CEO  
Président directeur général

opportunity to briefly talk with Mr. Don Rusnak, MP, Thunder Bay – Rainy River, who was also in attendance; I impressed on him the challenges our region and hospitals are facing in serving our Indigenous communities properly. He kindly offered to brief Minister of Health Philpott at the next Northern Ontario Federal Caucus meeting on May 3, 2017.

I learned on March 23, 2017 from Tracy Buckler, President & CEO of St. Joseph's Care Group, that the opening of the last 128 long term care beds at Hogarth Riverview Manor was further delayed to May 15, 2017.

Many communities in Northwestern Ontario are located in rural and remote settings, presenting significant challenges to patients and providers when it comes to access mental health services. There is a growing need for effective governance and leadership to address the service access gaps and health equity challenges by building a regional integrated model of care. I attended the Ontario Hospital Association's Northwest Mental Health Conference on March 27th to hear from experts on critical issues impacting Northwestern Ontario. Dr. Stewart Kennedy, Executive Vice President, Medical and Academic Affairs, presented his vision of an integrated mental health program inspired by other recent successful regional initiatives, such as the regional musculoskeletal surgery program or the regional pharmacy program. Dr. Michael Kirlew, Family Physician at Sioux Lookout First Nations Health Authority, also made a passionate plea for improved access to mental health services in the Indigenous communities. Dr. Sarah Newbery, Chief of Staff, North of Superior Healthcare Group, challenged the participants around medico-legal challenges as well as telemedicine and referral support for community GPs dealing with challenging mental health patients.

On March 30<sup>th</sup>, Peter Myllymaa, Executive Vice President, Corporate Services and Operations and I met with Mr. James Stewart recently appointed Director, Health Capital Investment Branch of the Ministry of Health and Long-Term Care in Toronto. Dr. Mark Henderson, Executive VP, Patient Services and Regional VP, Cancer Care Ontario, and Dr. Stewart also attended the meeting via teleconference. As you know, the Hospital is implementing a Cardiovascular Surgical Program to serve the residents of Northwestern Ontario. The purpose of this meeting with Mr. Stewart was to discuss how we can enhance the collaboration between the Capital Branch and the Hospital to move this important project forward. We also discussed the capital expansion needs of our Renal program. The demand for this program continues to grow significantly. Indeed, although we expanded it last spring by adding four dialysis units, our 34 stations are now operating at more than 90% capacity; therefore a space expansion is inevitable in the near future.

The Hospital will be recognizing the tremendous dedication and passionate service of our volunteers with a dinner at the Italian Cultural Centre on April 18<sup>th</sup> at 6:00 pm. The presence of our many volunteers is vital to serving the health care needs and expectations of our patients. I'm looking forward to attending this important recognition event and encourage all Board members to join me for that fun evening.

On April 20<sup>th</sup>, I will be attending the Northern Constellations conference hosted by the Northern Ontario School of Medicine (NOSM) in Sudbury. The Faculty is also hosting a Symposium for Clinical Academic Integration to review the current affiliation agreement that will need to be revised in the coming months. The purpose of the event is to bring clinical and academic leaders together to share input, ideas, and viewpoints that are essential to help move medical education and research in Northern Ontario to the next level. It aims to advance the network of teaching hospitals partnership to drive innovation in health care and education in the North. Following the creation of NOSM in 2005, our Hospital was designated as an Academic Health Sciences Centre. With our affiliation agreement now up for renewal, the time is right to advance our partnership to its next stage of development.



At the March 24, 2017 Thunder Bay Public Services Executive meeting hosted by Norm Gale, City Manager, City of Thunder Bay, we had an opportunity to discuss with Travis Boissoneau, Chief Administrative Officer, Nishnawbe Aski Nation, about our respective challenges in addressing and better servicing members of those communities. On another topic, I took this opportunity to impress on Mr. Gale that the Hospital has not been involved in sometime now on the City's Emergency Operations Committee (Code Orange). We also discussed how the City's EMS or Fire Department could support the Hospital accessing required staff safety equipment in case of chemical, biological, radiological or nuclear disaster responses, given that the MOHLTC recently put all Ontario hospitals that it would no longer providing these personal protective equipments.

After discussion with Cathy Covino, Senior Director, Quality and Risk Management and Dr. Rami Rudnick, Vice President, Research, we agreed that in order to improve the efficiency of research application processes, it is time to modify the reporting structure of the Research Ethics Office whereby, the Office will work under the guidance of the VP, Research to ensure shared strategic visions, but for administrative purposes, will continue to report to Ms. Covino.

The following reports from my portfolio include more highlights of recent activities and developments:

#### **Strategy & Performance**

- Facilitated the launch of the QBP Digital Order Set Project, March 28<sup>th</sup> with the Chief of Staff, Dr. Gordon Porter and vendor;
- Facilitated Meditech Readiness Assessment report presentations to regional hospitals' leadership teams with Senior Director, Information Services, Dawn Bubar and consultant;
- Completed the development of the Nipigon Hospital Strategic Plan with acting CEO, Dr. R. Crocker Ellacott;
- The Health Research Institute's 2020 Strategic Plan is ready for approval this month. Strategic indicators revisions and work plans development are underway with HRI leadership team and Decision Support;
- The 2017-18 QIP was submitted to Health Quality Ontario on March 31<sup>st</sup>.

#### **Quality and Risk Management**

- On December 6, 2016, we tested our Hospital's Heliport Emergency Response Plan by conducting a table top exercise with Transport Canada, Thunder Bay International Airport Authority, Thunder Bay Fire Rescue and Superior North EMS;
- We completed a formal incident review with Senior Leaders, front line staff, and external stakeholders to correct process gaps following the January 20, 2017 bomb threat;
- Addressed workplace violence with OH&S and Education by developing training materials and a quarterly review process for Code White incidents;
- On April 11, 2017, we will test the Hospital's process for managing a patient arriving in the ED with Viral Hemorrhagic Fever through a drill coordinated by Education;
- The Hospital's incident management framework was formally approved and the implementation plan is underway;
- We achieved Accreditation Canada compliance by conducting annual evacuation drills on every shift, specifically on: October 26, 2016 (20:00), November 17, 2016 (13:45) and March 15, 2017 (06:30);



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- The signing of the Research Ethics Reciprocity Agreement between Thunder Bay Regional Health Sciences Centre and Lakehead University took place on March 27, 2017. A Joint Management Committee will oversee this arrangement going forward.

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

- We coordinated six engagement sessions with Indigenous leaders and other stakeholders including PFAs, volunteers and clinicians to gain input into the Thunder Bay Regional Health Research Institute Strategic Plan 2020 revised Directions;
- We anticipate the launch of a French Language Services research project sponsored by Hôpital Montfort this spring;
- The annual Indigenous Career Experience program event was held on March 6, 2017 to introduce Indigenous youth to a variety of health care related career possibilities with participation from 60 high school students from Thunder Bay Catholic District School Board and Lakehead Public Schools;
- A focus group meeting was held on March 9, 2017 to review Indigenous Health E-learning modules for staff and information pamphlets for patients and families;
- We met with Larry Spence from the NW LHIN to follow up on recommendations from Chiefs of Ontario to have a joint planning meeting in Thunder Bay with partners in the community to discuss health care access challenges for Indigenous communities in NW Ontario.

President and CEO  
Président directeur général

# Strategic Plan 2020 Update Indigenous Health

## Strategic Initiative: Discharge Planning

Aaron Skillen, Program Director, Chronic Disease & Medicine Service  
Samantha Moir, Manager, Corporate Patient Flow

Wednesday, April 5, 2017



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Indigenous Health  
Enhance culturally appropriate care.





# Strategic Goal and Objective

## Goal 1:

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

## Objective 1.3:

**Ensure coordinated follow-up care prior to discharge for patients from First Nation communities.**



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# Strategic Activity

## Action 1.3.1:

Work with Patient Flow strategy to develop communication strategies regarding discharge.

\*(aligns with Strategic Direction Comprehensive Clinical Care, Goal 3.1.2: Standardizing and optimizing discharge processes)



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# Partnership: Indigenous Discharge Working Group

- Regional Palliative Care Program (Jill Marcella, Hilary Mettam, Marlene Benvenuto)
- Dilico Family Health (Marcella Kudaka, Caroline Keewasin, Sandi Cornell, Natalie Paavola, Priscilla Sky)
- Nishnawbe Aski Nation (Sarah Pellerin, Natalie Binguis)
- Non Insured Health Benefits (NIHB). (Emily King)
- Wequedong Lodge (Fred Sky, Charles Morris)
- TBRHSC Staff- UC's, SW, Palliative Care, Carmen Blais- Indigenous Lead; Susan Bale-Regional Aboriginal Cancer Lead Assistant; Crystal Davey-Regional Aboriginal Cancer Lead;



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# Progress

- Development of resources to assist staff to best meet the needs of Indigenous people during their stay and through to discharge to their remote communities.
- Intranet: Development of guidelines, care plan, discharge planning check list, contact list (Nursing stations, home community care, health director, indigenous navigator, NIHB contacts) community service list, NIHB links (formulary list, drug exception line, link to website, NIHB travel coordinators, NIHB forms), pharmacy and physician lists.
- Presentation to Clinical Leadership, Social Workers, UC's, SJCG Staff.



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# Status

- **Monthly Meetings-** Goal to gather resources for specialty areas such as: Diabetic Health, AMH, Renal. Once developed, all resources will be available on the Intranet under their own category for all staff to access for improved discharge planning for Indigenous people.
- **Indigenous Discharge Planning Resources**  
May 1, 2017 'Go Live Date'
- **Achieve:** Key information available to staff, improve discharge planning, decrease our LOS, improve communication and understanding between TBRHSC and community health staff of the special needs for discharging Indigenous people to remote communities.



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# Next steps

- **Implementation Plan- Physician and Staff Engagement Education**
- **Best Methods- Resource Binder, Lunch and Learn, Unit In-services**
- **Continue to gather resources for specialty areas which will be made available on the Intranet when complete.**
- **Measures for Success- To Be Developed**



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# Questions



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Senior Leadership  
La haute direction

## **Senior Leadership Report**

to the  
Board of Directors  
Thunder Bay Regional Health Sciences Centre  
April 5, 2017

### **Medical and Academic Affairs**

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#### **Academics**

- NOSM fourth year medical students have worked hard this year and have completed their residency interviews with 26/27 Thunder Bay based students being successful in the first round of CaRMS. (57/59 NOSM wide). NOSM residency programs have also been very successful with 14/20 spots filled in the first round. Second Iteration interviews are now complete and we are awaiting the final match expected in the second week of April. A new residency spot has been created, Family Medicine Remote First Nations, in conjunction with the community of Eabametoong First Nation (Fort Hope). It is promising that this spot will be filled in the second round.

#### **Medical Affairs**

- Dr. E. Michelle Cappello (Anesthesia) has joined our Professional Staff.
- Several site visits took place during the last month for the following specialties: Radiology; Psychiatry; Critical Care; Medical Oncology; and Urology.
- Dr. Hazem Elmansy (Urology) has accepted a position with an anticipated start date of May 1, 2017.
- Representatives from Thunder Bay Regional Health Sciences Centre, the Northern Ontario School of Medicine, and Health Sciences North have been meeting in preparation for the Northern Constellations conference being held in April. The group is developing a presentation to facilitate a lively discussion on how to ensure protected time for physicians for academics, possible funding options, and creating a more integrated model for academic integration across our organizations and with our partners

#### **Pharmacy**

- The Medication Reconciliation Admission Rate for February was 64.8%, an increase over January, which was 64.7%.

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

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

- In February, ED maintained within provincial targets for non-admitted high acuity patients with a length of stay (LOS) of 7 hours (target 7 or less) and low acuity LOS of 4 hours (target 4 or less)
- For February, ED LOS for admitted patients reached a peak of 49 hours (target 27 or less). On average, each morning, there were 31 patients waiting in ED for an in-patient bed.
- Factors contributing to February's prolonged ED admitted LOS include air transport delays (weather), overall high hospital occupancy and large numbers of isolated patients waiting for private rooms





#### **ED Pay for Results (P4R) Program**

- TBRHSC will receive \$ 2.1 M for P4R initiatives in 2017-18 targeted at improving ED LOS, Physician Initial Assessment (PIA) and Ambulance offload times
- P4R will support several strategies including: the short term continuation of 10 medical overflow beds, ED Rapid Assessment Zone, Triage Nurse, ED Coordinator, Physician Assistant/Nurse Practitioner for the Hospitalist Program, a new Discharge Lounge, Hospital Elder Life Program (HELP) funding and Nurse Led Outreach

#### **Indigenous Prevent Alcohol & Risk Related Trauma in Youth (PARTY) Program**

- One-time funding from NW LHIN for \$12,376 has been received to enhance the newly developed Indigenous PARTY program. This program focuses on Indigenous youth injury prevention caused by high risk behaviours and drug/alcohol misuse.
- The program provides a variety of educational sessions presented by community partners and utilizes storytelling to share experiences related to addiction and trauma
- In addition to face to face educational sessions, various topics will be broadcast to remote communities via videoconference

#### **NW Regional Trauma Network (NWRTN)**

- In May 2016, Critical Care Services Ontario (CCSO) mandated creation of Regional Trauma Networks (RTN) for all Lead Trauma Hospitals (LTH) in Ontario supporting integration and accreditation
- TBRHSC as LTH for the NW Region facilitated meetings with key stakeholders since its inception in September 2017
- Through engagement with stakeholders, 3 priorities have been identified to guide the work of the network over the next year. NWRTN priorities established for the next year include: i) the creation of standardized protocols; ii) the development of strategies to facilitate timely transfer and transport; and iii) the improvement of care coordination throughout the continuum.

#### **Regional Critical Care Response (RCCR) Program**

- TBRHSC's RCCR team, in collaboration with 11 NW regional hospitals and ORNGE, have developed standardized medication and ventilation protocols that will be utilized interfacility to improve patient safety and streamline all transfer processes
- In addition to standardized policies, quick reference guides, algorithms and consistent IV pump medication programming will be implemented this Spring
- Research is also underway examining impacts of the above protocol standardization. Several positive patient outcomes are anticipated including quicker transport times and improved patient stabilization.

#### **Rehabilitation Services**

- Access to Rehabilitation Services (Rehab) has been identified to be a barrier to discharge in many health care facilities in Ontario. This barrier can be exacerbated on the weekends as Rehab coverage has been historically decreased. This is also true at the TBRHSC where preliminary Emerald data indicates Rehab as a potential barrier to discharge.
- Starting in June 2017, there will be a reallocation of Rehab from the outpatient service to the weekend inpatient need. This reallocation creates an increase in one Physiotherapist on Saturday and Sunday to enhance patient experience, recovery and decrease patient length of stay.

#### **Patient & Family Centred Care**





- On March 23, 2017, MOHLTC/ LHIN representatives met with our Patient Family Advisory Council to engage on the Patients First Act and plans to implement a Provincial and LHIN wide Patient Engagement Strategy
- On March 28, 2017, Andrew MacLeod, Program Lead, Patient & Family Engagement at Ontario Hospital Association visited TBRHSC to see first-hand how our organization has become a leader in PFCC and patient engagement. Meetings were held with PFAs, management reps and he attended our PFCC Leadership Council.

## **Research**

### **Revising the Institute's 2020 Strategic Plan**

- Work is nearing completion on revisions to the Institute's 2020 Strategic Plan;
- During March, three town hall sessions were held with health care providers and PFAs along with a number of meetings with Indigenous leaders and management groups to identify what research is important to individuals;
- In addition, feedback obtained from 137 surveys helped inform proposed changes to the Plan's Strategic Directions and goals;
- Staff are in the process of drafting success criteria and strategic indicators which will then feed into work plans that will help guide the work of the Institute over the next few years;
- It is expected that the final plan will be approved in early June.

### **Indigenous Health Research**

- Indigenous health research is a focus of the Institute's 2020 Strategic Plan and work will continue in relation to growing relationships, engaging the Indigenous population, forming partnerships and developing meaningful research projects;
- Attended the Aboriginal Health Forum sponsored by the North West LHIN in February as well as a recent session at Lakehead University about the establishment of an Indigenous Research Institute in Thunder Bay;
- Meetings are ongoing with Indigenous leaders to talk about health priorities and research opportunities.

### **Rolling Out Research Policies**

- A total of thirteen research policies have been approved by the Hospital stemming from the work of the Research Quality Oversight Program;
- The policies cover the areas of research administration, clinical research and research facilities;
- Plans are being made to formally roll out the policies to researchers and health care providers in the near future.

## **Corporate Services & Operations**

### **Financial Services**

- As at February 28, 2017 the deficit is \$1.6 million compared to a budget deficit of \$6.0 million and prior year deficit of \$5.4 million with:
  - Patient Days 1.0% more than budget and 3.1% less than prior year;



- Surgical Cases 8.3% less than budget and 2.92% less than prior year;
- ER Visits 3.42% more than budget and 2.2% more than prior year and;
- ER Patient Days are 24.2% more than budget and 11.5% more than prior year.

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

- The Hospital currently has one order under the Fire Code (as overseen by the Fire Department) or Environment Protection Act (as overseen by Ministry of Environment). On February 17, 2017 the Hospital was issued an inspection order to complete a review of the TBRHSC Fire Plan which aligns with our annual review process and is due on April 10, 2017.
- A number of capital projects are under planning. An update on the status of the CVS pre-capital submission is anticipated before end of the month.
- The cogeneration facility completed its first year of operation with less than 5% downtime.

#### **Decision Support**

- Over the past month, Decision Support (DS) has continued assisting with investigation, planning for and implementation of a number of recommendations outlined in the Hay Group's Operational Review. DS has been heavily involved in validating funding adjustments in various letters and agreements. DS has also been working closely with TBRHSC's EVP, Corporate Services and Operations and the NWLHIN to prepare materials to support TBRHSC's requests for funding assistance. As well, DS supported development and finalization of 2017-18 regional pharmacy service agreements.

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

#### **Adult and Forensic Mental Health Program**

Adult Mental Health has conducted several site visits for psychiatrists and two Letters of Offer have been sent out. We are hopeful that recruitment efforts will lead to a full complement of Psychiatrists. In the meantime, we continue to utilize locum physicians in order to meet patient demands. For the first time in many years, the Adult Mental Health unit has remained under full capacity for several weeks. This is largely in part to the efforts of the staff providing urgent outpatient care and to the transfer of several long-term patients to the Lakehead Psychiatric Hospital for Rehabilitative services.

#### **Complex & Chronic Diseases**

The Adult Bariatric Program is on track to reach its target of 185 surgeries, an increase from the 2016/17 fiscal.

The Paediatric Healthy Living Program successfully launched the Parents as Agents of Change program. This is an evidence based 16-week program for parents of patients ages 4-12. There are currently 8 families in Thunder Bay and 5 families in the far North enrolled.

Joint monthly rounds between TBRHSC and Sioux Lookout's Centre for Complex Diabetes Care (CCDC) have improved patient flow and the ability to follow complex Sioux Lookout patients upon admission to TBRHSC.

A new partnership between the Telehomecare Heart Failure/COPD Program and Superior North EMS Community Paramedicine Program will be used to check on house-bound patients.

#### **Prevention & Screening Services**

March was Colon Cancer Awareness Month. A new campaign was launched to target 'influencers' (e.g. wives and children) of men ages 50-74, to talk to the men in their lives about getting screened. Highlights include: a robust social media ad strategy, four live radio interviews and



themed Battle of the Sexes on CKPR, partnerships with the Greenstone and Sunset Country Family Health Teams in the region, Wawatay radio shows, and print editorials across the region. The campaign has received positive feedback to date.

The Screen for Life Coach travel season begins April 8<sup>th</sup> in Dryden. We have started regional promotions to inform clients that we are back in the region for a full travel schedule this year. We are also starting to promote that men can book appointments to get FOBT kits on the Coach.

### **Spiritual Care**

Recently, there has been an increasing need to support grieving families who travel long distances to Thunder Bay when death occurs. In particular, sudden death of a loved one can be traumatic for families and communities. The Spiritual Care department is collaborating with Managers and Directors of several different areas and agencies to review existing policies and practices to ensure a patient and family centered approach in the future.

## **Human Resources**

### **Volunteer Services Update**

- Planning for National Volunteer Week (April) celebrations is underway. The Annual Volunteer Appreciation and Awards Dinner is planned for April 18, 2017 at the Italian Cultural Centre with musical guests Martin Blanchet Jazz Group. All Board members are welcome to attend.
- We are looking forward to celebrating the Volunteer Association's milestone 115th anniversary where they will be presented the "Citizens of Exceptional Achievement" award on April 25, 2017.
- Eleven new volunteers were welcomed at orientation on March 27, 2017.
- Westminster United Church (via Donna Brown) made a donation of 371 pairs of socks to the Patient Clothing Cupboard.
- Amanda Bjorn, VP, Human Resources, is scheduled to attend the Volunteer Association Board Meeting in April, on behalf of the President & CEO and Senior Leadership Council.

### **Indigenous Recruitment**

The Hospital lead the first city wide ICE (Indigenous Career Experience) day on March 6, 2017 for 70 Indigenous high school students from the Lakehead Public School Board, the Thunder Bay Catholic District School Board, and Matawa Learning Centre. Many students afterward asked about becoming volunteers!

In addition, Human Resources participated in recruitment events at Lakehead University and at the Urban Aboriginal Youth Conference.

### **Recruitment – Spring Hire**

Human Resources lead a new approach to the annual nursing spring hire process, utilizing an innovative interview circuit which was positively embraced by all participants. Ninety-three RN graduates were interviewed and 32 RPN graduates were interviewed, with a total of 86 offers of employments being given for summer positions (69 RN and 17 RPN).

### **Labour Relations Update**

Canadian Office and Professional Employees (COPE) union has served the Hospital notice to bargain. The employer negotiating team has been selected and dates to bargain will be determined.



A strategy has been developed to address the increase in grievances received by the Ontario Nurses' Association (ONA). The Hospital will continue to work with the new Labour Relations Officer and ONA Executive to find solutions in order to mitigate any litigation.

### **Employee Engagement Strategy**

The 'Me to We to All' Framework for Employee and Organizational Engagement and Development has been launched. This framework will progressively focus our Human Resources strategies on self development, people, relationship development, and organizational development. We will align our current engagement activities and structures with this framework and are excited to share more with the Board at a future date.

### **Leadership Development**

Part of the 'Me to We to All' Framework involves building strengths based, self-aware leaders. To do this, we are growing leaders that can coach and support others to develop and grow.

Several leadership development strategies have been implemented:

- Leaders Influencing the Future Today (LIFT) team members are participating in strengths-based coaching learning opportunities lead by the VP, HR.
- Leadership Learning Communities have been created. LIFT members act as a coach for the Learning Community.
- Leadership Enhancement sessions have been merged with Quarterly Performance sessions to tightly connect leadership development to real organizational performance topics and issues. (E.g., how team and individual strengths relate to the Operational Review.)
- We held our first leadership evaluation focus group seeking feedback specifically related to meeting free mornings and leader rounding on direct reports. Feedback will be used to improve these important initiatives.

### **Occupational Health and Safety**

An update was given at the March 21, 2017 Resources Planning meeting outlining activities and services provided by the Occupational Health and Safety team to promote, maintain, and restore employee health, safety, and well-being. Strategies focus on prevention of illness and injury, hazard identification, the provision of a safe working environment, monitoring employee sick leaves, safe and early return to work, and providing modified/accommodated work as required.



Thunder Bay Regional  
Health Sciences  
Centre

980 rue Oliver Road  
Thunder Bay ON  
P7B 6V4 Canada

Tel: (807) 684-6564  
[www.tbrhsc.net](http://www.tbrhsc.net)

Chief of Staff  
Médecin chef

## Chief of Staff Report to the Board of Directors Thunder Bay Regional Health Sciences Centre

April 2017

### Chief of Midwifery

- Interviews have been completed for the Chief of Midwifery position and a recommendation will be forthcoming to MAC shortly

### Incomplete Health Records

- The policy on record completion timelines is undergoing significant revisions and a draft will be presented to Medical Advisory Committee for feedback in the coming months

### Physician Length of Stay (LOS)

- The working group continues to advocate for an estimated length of stay by diagnosis in Meditech for easy access by clinicians
- A meeting was held with Information Systems, Decision Support and Health Records to discuss the requirements and options are currently being explored

### Professional Staff Leadership Development

- The inaugural Professional Staff Leadership Bursaries were recently awarded to 4 individuals; the bursaries support Professional Staff who are currently enrolled in or recently completed educational endeavors such as pursuing a degree, diploma, or certificate/course work related to leadership development
- A Physician Leadership Institute (PLI) session will be offered in May in Thunder Bay focusing on Self-Awareness and Effective Leadership; enthusiasm and support for this has been overwhelming

### Quality-Based Procedures and Think Research

- Think Research held a kick off meeting March 28<sup>th</sup> to begin the transition to digital order sets
- Presentation to Medical Advisory Committee (MAC) at March meeting for physician engagement strategies

### Physician Leadership Award

- Congratulations to Dr. Stewart Kennedy who has received the Canadian Society of Physician Executives (CSPE) Excellence in Medical Leadership Award (Chris Carruthers); this annual award recognizes a physician who has made an outstanding contribution to the development and mentorship of medical leaders in the field of health services leadership and management

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.

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ensemble



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#### Northwest Regional Chiefs of Staff Council

- Discussion regarding repatriation with full support to complete physician 'process'; CEO endorsement essential for success
- Repatriation presentation to NWLHIN complete
- Quality-Based Procedures (QBPs) initiative endorsed – regional concept explored
- Northwest Regional Electronic Credentialing System (NRecs) review and updates to be considered as a group

Chief of Staff  
Médecin chef

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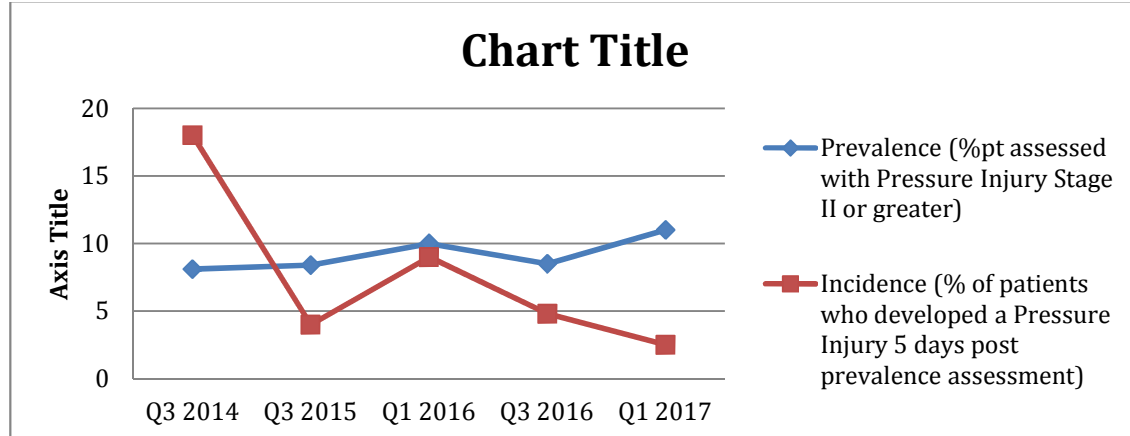
## **Chief Nursing Executive**

### **Open Report**

to the  
**Board of Directors**  
April 2017

#### **Pressure Injury Monitoring and Prevention Strategies**

- TBRHSC utilizes the Braden Skin Risk Assessment Tool to identify patients at highest risk for pressure injuries. Random chart audits monitor staff adherence to policy requirements. Adult patients have a Braden assessment completed within 24 hours of admission, with follow up assessment daily (compliance 90-100% med/surg units).
- Since October 2014, biannual pressure ulcer prevalence and incidence (P&I) studies have measured the extent of pressure injuries at TBRHSC. February 2017 P&I indicated a prevalence of 11% (*up from 8.5%: Oct. 2016*), and incidence of 2.5% (*down from 4.8%: Oct. 2016*).



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

- Our interim report (2016–2018) was submitted on March 20, 2017
- A BPSO deliverable is to participate in the Advanced Clinical Practice Fellowship (ACPF) program through the submission of at least one proposal per year. ACPF is a nurse mentoring experience aimed at developing and promoting nursing knowledge and expertise, and improving client care and outcomes in Ontario. Successful applicants partner with recognized nursing experts for an intensive learning experience that develops clinical, leadership or knowledge transfer expertise and skills in a chosen focus area. This year, we had two ACPF proposals accepted for implementation in 2017.





Shelley Tees, Wound CNS will do a part time fellowship focused on obtaining knowledge related to treatment of burns. Alanna Marasco, RN, 3A, will complete a full-time fellowship focused on pain management.

- A second BPSO deliverable is the dissemination of activities and outcomes related to our BPSO work through presentation at conferences/meetings. Melanie Cates, Nursing Practice Leader, Chad Johnson, CNS Trauma, Critical Care and Neurosurgery and Tia Cooney, Professor, Confederation College Nursing have been invite to present their research *Evaluation of Occlusion Rates in Percutaneously Inserted Central Venous Access Devices Using Normal Saline vs. Heparin Lock Flush* as a poster at the Canadian Vascular Access Association Conference in Ottawa on April 26–28, 2017.

#### Patient Discharge Lounge

- Review of discharge processes reveal that from Monday to Friday, on average, 50 patients per day are discharged to home or like, with approximately 85% (~42 patients) of these discharges occurring between 10 a.m. – 6 p.m. Both patient admissions and discharges consistently peak at the same period of the day (12 p.m. – 5 p.m.), putting a significant strain on the system and the staff.
- To achieve our goals of improving patient flow, discharge efficiency and the opening of beds for patients in the ED with acute care needs, we are creating a Patient Discharge Lounge or “Discharge Hospitality Lounge” (DHL)
- A DHL will provide a comfortable waiting area for patients who have been discharged from either the ED or an in-patient area. This type of transitional space enhances discharge planning and processes, and reinforces a culture that supports and facilitates the discharge of patients by 11 a.m.
- Patients who are oriented, independent in their activities of daily living (ADL), and discharged to home without any frequent care needs will be prioritized for transfer to the DHL to await transportation home. The DHL will be located within the Labour and Delivery Waiting Area (maintained as a shared space). The DHL will operate from 10 a.m. until 6 p.m., will be staffed by a Registered Practical Nurse and can accommodate up to 5 discharged patients at any given time. During their stay in the DHL, patients will have access to television, free WiFi, refreshments and washroom facilities.
- To support this practice, a patient information pamphlet will be provided to admitted patients to outline hospital discharge policies and the potential for transition to the DHL
- The DHL initiative is supported by recommendations outlined in the Hay Group Strategic Operational Review and through a 2017/18 Emergency Department Pay for Results (ED-P4R) funding allocation





Dr. Roger Strasser, Dean-CEO

### March – April 2017

## HEALTH SCIENCES SUMMER CAMP

## DES SCIENCES DE LA SANTÉ

This year, the School will host its annual Health Sciences Summer Camp from July 10 – 14, 2017 at NOSM at Laurentian University in

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to support excellence in medical education, research, and the quality and safety of patient care. To this end, NOSM, HSN and TBRHSC have established the Northern Ontario Academic Health Sciences Integration Project lead by Drs Catherine Cervin, Janice Willett, Robert Smith, Chris Bourdon, and Stewart Kennedy, with Jennifer Wakegijig as project manager.

The project is informed by an extensive environmental scan and has four themes, each with a working group: leadership accountability; research support services; administrative support; and collaboration and governance. On April 20-21 in Sudbury, there will be a Symposium at which key findings from each theme will be shared, and the best-fit options for actions/strategies for future collaborations will be presented for discussion by a broad group of stakeholders. There are many opportunities for synergies, with the potential for the whole academic collaboration to be greater than the sum of the parts. Today, the two AHSC CEOs and I present a joint communique (attached and copied below) and encourage all invited academic and clinical leaders to participate in the Symposium and contribute to the future successful collaboration across the North.

### **NOSM's Achievements and Upcoming Events Highlighted at Board of Directors Meeting**



Using a combination of video- and tele-conference connectivity across Northern Ontario, the Northern Ontario School of Medicine (NOSM) held a regular meeting of the Board of Directors on Wednesday, March 22, 2017. At the meeting, NOSM Dean Dr. Roger Strasser presented an update on NOSM's Performance Goals, highlighting recent achievements in the areas of educational excellence, outstanding research, whole school culture, faculty empowerment, and community engagement. These areas reflect the School's priorities relative to NOSM's social accountability mandate and address the strategic goals set out in the NOSM's 2015-2020 Strategic Plan.

### **The Noojamadaa Exhibit: Indigenous Perspectives on Healthy Relationships**



The Noojamadaa Exhibit is a stunning new photovoice collection on display now through April 1, 2017, at the McEwen School of Architecture in Sudbury. Noojamadaa means "let's heal" and the exhibit provides a safe space for Indigenous and non-Indigenous peoples to reflect on our shared journey towards wellness, through contemplation of our relationships with one another and our surroundings. Over the past year, a research team—led by Northern Ontario School of Medicine (NOSM) Associate Professor Dr. Marion Maar—has collaborated with Manitoulin First Nations communities and health organizations on research in support of healthy

relationships to help counteract intimate partner violence.

**Northern Constellations Conference** link for registration and more information:

[http://www.nosm.ca/education/cepd/event\\_detail\\_new.aspx?courseInstanceID=CFINC\\_58397208](http://www.nosm.ca/education/cepd/event_detail_new.aspx?courseInstanceID=CFINC_58397208)





JOIN US FOR THE 12<sup>TH</sup> ANNUAL  
NORTHERN HEALTH RESEARCH CONFERENCE

OCTOBER 13 - 14, 2017  
THUNDER BAY, ONTARIO

***Northern Ontario School of Medicine Achievement Report 2016 - [HERE](#)***

***Northern Passages:*** Fall 2016 [[English](#)] [[Français](#)]

For more news and information visit [www.nosm.ca](http://www.nosm.ca)

Respectfully submitted,

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



Thunder Bay Regional  
**Health Sciences  
Foundation**

980 Oliver Road  
Thunder Bay ON  
P7B 6V4 Canada

TEL: 807 345 4673  
[www.healthsciencesfoundation.ca](http://www.healthsciencesfoundation.ca)  
[info@healthsciencesfoundation.ca](mailto:info@healthsciencesfoundation.ca)



Northern  
Cancer Fund



Northern  
Cardiac Fund



Health Sciences  
Discovery Fund

Report to the Thunder Bay Regional Health Sciences Centre Board of Directors  
April 2017

### **5 Forks Bachelors for Hope Charity Auction**

Get your tickets now! Join us on Friday April 7 at the Valhalla Inn for a gourmet dinner and entertainment followed by the auction of 10 of Thunder Bay's finest and most eligible bachelors. Each bachelor comes with a fabulous date package including a main event, dinner at one of Thunder Bay's finest restaurants, and a pamper package for the successful bidder. Women have the option of taking the bachelor on the date or taking their significant other! 100% of money raised at this event is dedicated to breast cancer research, education, diagnoses, and treatment, and supports the needs of breast cancer patients in Northwestern Ontario. **Tickets are \$95.00 and can be bought by calling Maureen Mills at 684-7278 or at [healthsciencesfoundation.ca](http://healthsciencesfoundation.ca)**

### **April is Cancer Awareness Month**

What better way to acknowledge Cancer Awareness Month than to learn more about our cancer services? Your regional program supports 13 satellite locations providing closer to home care – and the Foundation is proud to help along the way. Thanks to generous donors throughout Northwestern Ontario, we are making exceptional cancer care possible closer to home. Since 2002 over \$800,000.00 has been given to regional sites through grants! Many are living with cancer rather than dying from it – thanks to early detection, innovative treatment and research driving us into the future.

### **New Baby?**

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

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

30th Annual Rotary House Lottery Draw Date is July 1, 2017! This date will be here before we know it. Get your tickets for your chance to win the grand prize - 1,870 square foot home (valued at \$ 535,297!). Other prizes include \$50,000 is available in early bird cash draws starting April 20. Tickets are \$100.00 or 3 for \$250.00 (the hospital is one of the select locations the 3 for \$250.00 can be purchased) and only 12,000 will be sold! Visit our tickets sells outside of the Donation Office to purchase your ticket now!

**REVISED Annual General Meeting  
Proposed Time Change  
June 22, 2017**

In order to capitalize on Board members' times the following time change is proposed for the Annual General Meeting scheduled on June 22, 2017:

<b>Time</b>	<b>Event</b>	<b>Location</b>
3:00pm – 3:30pm	TBRHRI AGM Business Portion	Auditorium A
3:30pm – 3:45pm	TBRHRI Inaugural Meeting	Boardroom
3:45pm – 5:15pm	Joint AGM Presentations (see following page for details)	Auditorium A
5:15pm – 5:30pm	Break	
5:30pm – 6:15pm	TBRHSC AGM Business Portion	Auditorium A
6:15pm – 6:30pm	TBRHSC Inaugural	Boardroom

## Joint AGM presentations

June 22, 2017

Time	Activity	Speaker	Notes
3:45 (2 min)	Welcome	MC	
3:47 (3 min)	Patient Story	TBD	Related to Indigenous Health
3:50 (1 min)	Introduction	MC	
3:51 (3 min)	Report from the Chair	Nadine Doucette	Per annual report
3:54 (1 min)	Introduction	MC	
3:55 (3 min)	Report from the Chair	Dr. Gary Polonsky	Per annual report
3:58 (15 min)	Report from the CEO	Jean Bartkowiak	Presentation on Strategic Successes for Hospital and Research Institute
4:13 (1 min)	Introduction	MC	
4:14 (10 min)	Improving Indigenous Health through Research	Abraham Rudnick	Focus on future directions for Hospital and Research Institute
4:24 (1 min)	Introduction	MC	
4:25 (25 min)	Indigenous Health Ethics/Esp. in Research	Dr. Richard Matthews	Historical context in today's research
4:50 (10 min)	Q&A	MC	Present gift to speaker
5:00 (2 min)	Foundation	TBD	Connect fundraising to advancing health
5:02	Closing	MC	



# BRIEFING NOTE

TOPIC	CEO Evaluation Update
PREPARED BY	Amanda Bjorn, Vice President, Human Resources
APPROVED BY	Nadine Doucette, Board Chair
CO-SPONSER (if required)	N/A
PREPARED FOR: President & CEO <input type="checkbox"/> Board of Directors <input checked="" type="checkbox"/> Other: Board of Directors In Camera Meeting – April 5, 2017	
DATE PREPARED	March 30, 2017

Our Hospital is committed to ensuring decisions and practices are ethically responsible and align with our Vision, Mission, and Values. Leaders should consider decisions from an ethics perspective including their implications on patients, staff and the community.

The reader considers the following questions to ensure each decision are ethically responsible by indicating with a √:

- ☐ 1. We put '**Patients First**' by responding respectfully to needs, values, & expectations of our patients, families, and communities?
- ☐ 2. We demonstrate '**Accountability**' by advancing a quality patient experience that is socially and fiscally responsible?
- ☐ 3. We demonstrate '**Respect**' by honouring the uniqueness of each individual and his or 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 the Hospital's Framework for Ethical Decision Making on the iNtranet under [Quality and Risk Management>Ethics](#).

## PURPOSE/ISSUE(S)

To review the timeline for the 2016/17 Performance Evaluation for the President & CEO, to inform the Board of Directors of their role, and to advise on the next steps in the process.

## BACKGROUND

The objectives of an effective Performance Management Program are to encourage excellent performance by setting clear objectives that are linked to corporate plans, objectives, and leadership competencies, evaluating the achievement of results, and providing a link to compensation adjustments.

In 2016, The Board Chair along with the VP of Human Resources, set out to review and evaluate the current CEO evaluation process and to provide the Governance Committee with recommendations to further enhance the process. Preliminary recommendations were presented to, and supported in principle by the Governance Committee at the November 16, 2016 meeting. Changes to the process will be trialed for 2016-2017, and a fully revised proposed framework will be presented to the Governance Committee following the evaluation of this year's trial.

The Chief of Staff Evaluation will remain unchanged for 2016/17, and may be changed in future to follow the CEO evaluation process, pending the evaluation of this year's pilot run.

## ANALYSIS/CURRENT STATUS

The current CEO Performance and Evaluation and Compensation Policy #BD-05 establishes a framework comprised of two parts: **CEO Competencies and CEO Objectives**. The Competencies of Achieving Results, Leading Effectively, Thinking Critically, and Personal Effective provide the basis for questions used in the 360 degree on-line performance evaluation assessment tool called 20/20 Insight.

The competencies and the on-line evaluation tool have not been changed from previous years.

What has changed slightly is the process, as well as the number of internal and external raters providing feedback. We are piloting the process this year; feedback from participants will be used to enhance the process for future use.

**Timeline:**

**February** – Chair of the Board met with CEO direct reports to gather feedback.

**March 31** - In addition to the Board members, the CEO identifies 6 direct reports and 4 external evaluators, and provides the list of names to the Board Chair.

**April 4** - From the list of 4 proposed external evaluators, the Board Chair will select 2 individuals to complete the on-line evaluation, and advise HR of the names of the 2 selected individuals.

**April 5** – Update to be provided at the I/C Board meeting and advise Board that they will be sent the on-line evaluation link the following day.

**April 6** – On-line evaluation tool will be open to all participants. Email notification will be sent to Board members, internal, and external evaluators with a link to the on-line evaluation tool.

**April 23** – Deadline for on-line evaluation to be completed.

**April 23** – CEO submits, to the Chair and the Executive Committee, the proposed annual objectives/priorities for the next fiscal year, as well as an update on the achievements of the previous year.

**May** - Board Chair and Executive Committee will meet to review the 360 on-line evaluation feedback, all verbal feedback, and previous year's achievements. They will collaborate to determine if the CEO requires a Developmental Plan (currently meeting or exceeding expectations - outlines development that will further enhance contributions to the organization) or requires a Performance Improvement Plan (requires improvements to reach higher levels of performance).

**May** – CEO attends Developmental Plan feedback meeting with Executive Committee and key stakeholders.

**May** – Executive Committee approves the CEO's Goals and Objectives which represents the CEO's Annual Workplan.

**June** - Report to the Board (in camera) – a summary representing both the CEO Goals and Objectives will be presented by the Board Chair.

**RECOMMENDATION**

Trial process for this year, and pending the outcome, propose change to policy for the 2017-2018 Performance Evaluation process.

**NEXT STEPS**

Following completion of the 2016/2017 Evaluation, the Executive Committee will meet to consider input from Board and CEO on the trial of the 2016/2017 process, review the current competencies and criteria, and recommend changes to the policy for the 2017/2018 Performance Evaluation process. A revised policy will be presented to the Governance Committee at the first meeting in fall 2017.

**STAKEHOLDER REACTION**

Positive feedback is anticipated as the process has been made more robust by allowing for additional raters and additional opportunities for feedback from direct reports. Through the addition of Developmental Plan or Performance Improvement Plan, the process provides the Board and the CEO with a more explicit strategy for future goals and objectives planning.

**COMMUNICATIONS**

N/A

**FINANCIAL IMPACTS**

N/A

**APPENDIX SECTION**

N/A



RESOURCE PLANNING COMMITTEE WORK PLAN

2016-2017 as at March 21, 2017

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	2016-17 Work Plan for information only		x	x	x	x	x	x	x	x	x		
2	Financial Oversight	ALC, LOS and Emergency Admissions Monthly Report for information only		x	x	x	x	x	x	x	x	x		
3	Financial Oversight	Board Attestation: Wages and Source Deductions		x	x			x			x			
4	Financial Oversight	Financial Statements and Variance Report		x		x			x			x		
5	Financial Oversight	Financial Statements for information only		x	x		x	x		x	x			
6	Financial Oversight	Investment Policy Annual Review		x										
7	Financial Oversight	Investment Portfolio Reviews		x							x			
8	Financial Oversight	Northwest Supply Chain Performance and Medbuy Update		x	x						x			
9	Oversight of Management	Work Plan Review 2016-17		x										
10	Oversight of Management	Work Plan Approval 2017-18							x					
11	Governance	Terms of Reference Review		x										
12	Governance	Terms of Reference Annual Approval							x					
13	Performance Measurement and Monitoring	Corporate Balanced Scorecard			x			x		x	x			Moved to March
14	Financial Oversight	H-SAA 2016-17 Operating Plan Submission			x									
15	Financial Oversight	CAPS Submission to LHIN			x			x						Deferred to January
16	Performance Measurement and Monitoring	Human Resources and Organizational Development Update		x	x	x	x	x	x	x	x	x		
17	Financial Oversight	Broader Public Sector Travel & Expense Report				x						x		
18	Financial Oversight	Budget Planning Targets and Directives Report				x								
19	Financial Oversight	Budget Planning Process Update				x								
20	Financial Oversight	Funding HBAM and Quality Based Procedures Update				x								

[illegible]

**FISCAL ADVISORY COMMITTEE**  
2016-2017 as at November 14, 2016

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

[illegible]

**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		x				Completed in January

## Governance/Nominating Committee 2016-17

Updated: March 31, 2017

### Colour Legend

Completed by target

In progress

Delayed



Committee legend:

## G - Governance

## N - Nominating

Meetings Held:

Governance-September. November, February, May

Nominating-March, April (interviews)

[illegible]

#	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					Under revision
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					Under revision
20	Governance	Review and approve application for membership form	N							x					Under revision
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				Letters will be sent to Chair for approval.
24	Governance	Review and approve interview questions	N								x				
25	Governance	Review and approve interview schedule	N								x				Canvassing committee - will be last week of April.
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		
34	Governance	Determine Committee memberships	G												NEW ITEM - Committee to decide on timing

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	



16	Quality Oversight	Work Plan 2016-17 Review		x									D. Shanks / C. Covino	
17	Quality Oversight	Work Plan 2017-18 Approval						x					D. Shanks / C. Covino	
18	Quality Oversight	Ethics										x	M. Allain	
19	Quality Oversight	Litigation									x		C. Covino	
20	Quality Oversight	Research Ethics Board					x					x	K. Bell	
21	Quality Oversight	Research Ethics Board Annual Report										x	K. Bell	
22	Quality Oversight	Annual Quality Research Report					x						A. M. Heron	
23	Quality Oversight	Quality-Based Procedures									x		S. Craig	

gional Health Sciences Centre Board of Directors Work Plan  
 Updated: March 31, 2017

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						Will be brought to the February 15 Governance meeting prior to being sent for Board approval.



# Page Views: Open Board Meeting Webcast

September 2013 – February 2017

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	Nov 2016	17
Dec 2013	5	N/A	--	Dec 2015	22	Dec 2016	19
Jan 2014	17	N/A	--	Jan 2016	30	Jan 2017	--
Feb 2014	10	Feb 2015	23	Feb 2016	41	Feb 1, 2017	38
						Feb 22, 2017	36
March 2014	16	March 2015	38	March 2016	58		
April 2014	29	April 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		



Thunder Bay Regional  
Health Research  
Institute

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

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

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

## Thunder Bay Regional Health Research Institute Report for TBRHSC Board – March, 2017

Submitted by: Jean Bartkowiak, CEO  
March 29<sup>th</sup>, 2017

### Exciting Announcements

The first two weeks of March were busy with the Institute's participation in several activities related to Research and Innovation Week, continued engagement regarding our 2020 Strategic Plan and visits from three Ministers.

On March 3<sup>rd</sup>, **Minister Bill Mauro announced the launch of Radialis Medical.** This company is a joint venture between Lakehead University and the Institute. Radialis is partnering with the Centre for Imaging Technology Commercialization to design, manufacture, and sell advanced imaging systems from Thunder Bay. A Positron Emission Mammography (PEM) unit will be the first product. This high-resolution, highly sensitive system will allow for earlier and more accurate cancer detection that will increase the ability of physicians to treat pre-invasive breast cancers. This will result in an improvement of breast cancer survival especially in high-risk patients and yield significant clinical benefits. Dr. Alla Reznik, a Senior Scientist at the Institute is the Chief Scientific Officer for Radialis and is working to develop the system and bring it to clinical trials at the Hospital.



On March 6<sup>th</sup>, **Minister of Research, Innovation and Science, Reza Moridi** had an opportunity to tour the Cyclotron facility and to also see the PEM technology that is being developed by Radialis. Minister Moridi is a strong supporter of the work of the Institute and noted the significant progress the Institute has made since his first visit in April, 2013.

On March 15<sup>th</sup>, **Minister Patty Hajdu** announced on behalf of Federal Minister of Innovation, Science and Economic Development, Navdeep Bains, that the Institute had received **\$1.85M from FedNor for its Biomarker and Probe Development Program.** This funding will support the purchase of equipment to be used for probe and biomarker research and development and to evaluate the effectiveness of new cancer treatment protocols using isotopes produced at the Cyclotron facility.



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.

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

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

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

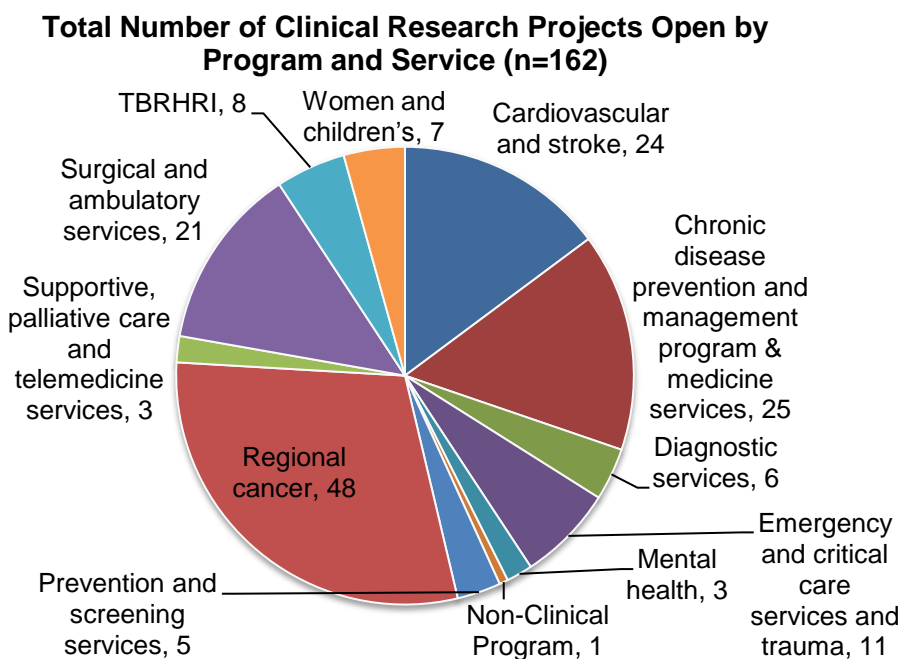
## Research and Innovation Week

The Institute was very involved with activities that took place during the University's annual event. The following are some of the highlights:

- March 3<sup>rd</sup> opening ceremonies and launch of Radialis Medical;
- March 4<sup>th</sup> the Institute and Clinical Research Services Department had displays at the showcase event at Intercity Mall;
- March 6<sup>th</sup> Dr. Albert was recognized at the Celebrating Our Authors event;
- March 8<sup>th</sup> Dr. Reznik participated on the International Women's Day Research Panel;
- March 8<sup>th</sup> Dr. Rudnick participated in the roundtable discussion regarding the establishment of an Indigenous Research Institute;
- March 9<sup>th</sup> Drs. Ruznik, Curiel, Albert, and Zehbe had displays at the Faculty & Post-Doctoral Poster Display event;
- March 9<sup>th</sup> the Institute co-hosted the Gairdner Foundation Talk where Dr. Adrian Owen spoke about brain function, cognition and neuroimaging;
- March 9<sup>th</sup> Drs. Dewar and Rudnick provided Dr. Owen with a tour of the Institute's research facilities at the Hospital;
- March 9<sup>th</sup> Dr. Reznik received the Faculty Innovation Award at the Awards of Excellence Reception held at the end of this busy week. Also at this event, Francis Hane received a Postdoctoral Fellows Poster award and Braedan Prete won an award in the Undergrad Oral Presentation category. Both are supervised by Dr. Albert.



**Clinical Research Projects Update:** 69 of the 162 open clinical research projects operate through Clinical Trials.



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## **Volunteer Association to Thunder Bay Regional Health Sciences Centre**

### **BOARD REPORT – March 2017**

All donations for the 2016-year are done. In summary, the Volunteer Association has donated a total of \$50,000 to the hospital. In addition, the Association agreed to increase all scholarships and bursaries to the high schools, Confederation College, NOSM and Lakehead University.

The Raffle portfolio is in discussion mode as to what will be the next step. It will either be a Quilt or a cash draw. The Craft Group still meet on Tuesdays and bring over \$12000 a year through their Craft Sales. As well, the Jewelry Group brings in sales of over \$10,000.

Seasons was informed that the move to the new storage area would take place on March 6. The process has begun with the goal to be completed by March 31. At the same time, renovations are taking place in the store to put more storage there. All parties concerned in this move are motivated to make this a success. We thank Nella Lawrence for her assistance. A contract with Pradal and Sons was signed; they will build additional cabinets within the store.

The HAAO (Hospitals Associations and Auxiliaries of Ontario) Spring Conference is at Pioneer Ridge on April 21-22. The President of HAAO will be in attendance. The Volunteer Association will be presented with a certificate from HAAO congratulating the Association for **115** years of service. A volunteer of over 55 years of service will accept the certificate.

Respectfully submitted,

Margaret Power (President)





**Jean Bartkowiak - Amazingly good news from the Internal Medicine Accreditation Survey today**

---

**From:** Catherine Cervin <ccervin@nosm.ca>  
**To:** Roger Strasser <strasser@nosm.ca>, Janice A Willett <jwillett@nosm.ca>, ...  
**Date:** 3/2/2017 4:29 PM  
**Subject:** Amazingly good news from the Internal Medicine Accreditation Survey today

---

Hello all

The **recommendation** of the survey team is: Accredited Program with Review at the time of the next regular survey" This is the best status a program can receive.

This is a tribute to dedicated, tireless work by an entire team across all of Northern Ontario. Kim Tilbe as Program Director, the internists who go the extra mile every day to teach the residents and provide leadership to the program, the NOSM, HSN and TBRHSC staff - particularly Joey McColeman, Mel Desloges, Jennifer Morris, Line Ferris and Karen Anderson; who work morning, noon and night to support residents and faculty. A huge amount of credit goes to the residents who provide feedback, ideas and energy to better the program.

A big thank you to all of you for your leadership and support for Internal Medicine and residency education in Northern Ontario!!

We need to remember that this is a recommendation - the Accreditation Committee of the Royal College will make the final decision in June - they will not remove the accreditation of the program I am certain, but they may ask for an internal or external review in 2 years (which would be fine).

All the best,

Cathy

Catherine Cervin MD, MAEd,FCFP  
Associate Dean Postgraduate Education  
Northern Ontario School of Medicine  
[catherine.cervin@nosm.ca](mailto:catherine.cervin@nosm.ca)  
T: 705.662.7284 or 705.662.7259  
F: 705.662.7274



East Campus West Campus

Laurentian University Lakehead University  
935 Ramsey Lake Road 955 Oliver Road  
Sudbury, Ontario P3E 2C6 Thunder Bay, Ontario P7B 5E1

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## **Health Sciences Foundation Board of Directors**

**September 2016**

Jody Nesti (Chair)

Kyle Shaen (Vice-Chair/ Chair, Finance and Audit Committee)

Barry Streib (Chair, Governance Committee)

Dr. Steve Adams (Chair, Development Committee)

Tracey Nieckarz (Past Chair)

David Knutson

Tony Bossio

Mary Poulter

Parker Jones

Sue Dubinsky

Tom Mihaljevic

Sean Davies

Jean Bartkowiak (HSC CEO)

Pat Skula (Volunteer Association)

Dr. Mark Thibert (Professional Staff)

Anita Jean (HSC Board Representative)

Clint Harris (TBRRI Board Representative)

**Volunteer Association Board of Directors**

President: Margaret Power

Vice-President: Cathy Britt

Past President: Sharron Detweiler

Treasurer: Leshya Hunka

Secretary: Pat Skula

Director: Jean Murray

Director: Shirley Wragg

Director: Darlene Pyne



## What's coming?

- IPE is working in partnership with Quality & Risk Management to develop simulation for near misses and adverse events thus improving patient safety
- and ultimately enhancing the quality of the patient experience.
- Further development of our simulation program throughout the organization
- An amalgamation of orientation labs into more simulation-based learning.
- Development of educational supports and structures.

“There is no knowledge that is not power.”

Ralph Waldo Emerson



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*Inspiring and empowering excellence in teaching and learning at TBRHSC*



Thunder Bay Regional  
Health Sciences  
Centre

Interprofessional  
Education

healthy  
together

En santé  
ensemble



Thunder Bay Regional Health Sciences Centre  
Interprofessional Education

## 2016 Annual Academic Report



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ensemble



## Simulation at TBRHSC

Interprofessional Education has continued to enhance the culture of simulation throughout the organization. We are now into our second year of providing in-situ mock code blues in the hospital and to date in 2016, we have completed eight mock code blue simulations in both in-patient and out-patient settings. These simulations continue to be in high demand and are proving to be extremely valuable and appreciated by all staff involved. Here are a few quotes from participants:

“Keep doing these every month!”

“Valuable for those who have not seen or experienced a code.”

“As a student, this experience was very valuable, thank you!”

“Great facilitation, more please!”

“More mock codes, more often!”

Not only do our simulations provide opportunity for hands on skill development and interprofessional competencies for example, communication and team work, they have allowed us to identify process improvement issues as well, such as personal protective equipment (PPE), correct routes of the code team responders, and overhead paging practices.

**Thank you! Interprofessional education recognizes the impact on busy day to day operations to add simulation exercises into the mix. Without the support and dedication of time and resources from front line staff, managers, switchboard operators, security, lab, housekeeping and volunteers we would not be successful to ensure optimal learning and ensuring authenticity of the simulation experience!**

## Certificate Courses offered at TBRHSC

Certificate courses are provided to learners throughout the organization. Participants include staff, physicians, nurses, residents and medical learners. Many of our courses are available to our regional partners.

**Neonatal Resuscitation Program (NRP)** The Neonatal Resuscitation Program introduces the concepts and skills of neonatal resuscitation. Five courses were offered since January 2016. Participants include RNs, midwives, physicians, residents, registered respiratory therapists and paramedics.

**Fetal Health Surveillance (FHS)** The Fetal Health Surveillance course is designed to provide an evidence-based approach to the fundamental concepts of fetal health surveillance. Participants include RNs (L&D Mat/ Newborn) midwives and physicians. Regional health professionals have also been included in the training.

**Baby Friendly Initiative** This 20 hour breastfeeding course was developed in conjunction with the Women and Children's program. RNs, RPNs and midwives were trained. We also now have 2 in-house instructors.

**Basic Life Support (BLS)** The BLS course teaches both single-rescuer and team basic life support skills for application in both in-facility and pre-hospital settings with a focus on high-quality CPR and team dynamics. To date in 2016 there have been 3 full certification and 18 recertification courses. Our

plan for the fall is to run 1 full BLS certification and 2 BLS recertification courses each month.

**Advanced Cardiac Life Support (ACLS)** This course builds on the foundation of basic life support (BLS) skills. It emphasizes the importance of continuous high-quality CPR and takes healthcare provider training to the next level- highlighting the importance of high-performance team dynamics and communication. Three courses have been offered so far this year. Internal and regional staff have been trained. We welcomed a new Medical Director, Dr. Damian MacDonald, to the team. We will be hosting an instructor course by early fall 2016.

**Trauma Nursing Core Course (TNCC)** This course empowers nurses with the knowledge, critical thinking skills and hands-on training to provide expert care for trauma patients. Two courses have been offered this year. ICU and Emergency Department RNs were trained. An instructor course will be offered later this year.

**Non-violent Crisis Intervention (NVCi)** The NVCi training program is a holistic behavior management system based on the philosophy of providing the best care, welfare, safety and security for staff and those in their care, even during the most violent

moments. Classes remain ongoing throughout the year. Instructor training was offered this summer. There are future plans to have all staff trained within a 2 year timeline.

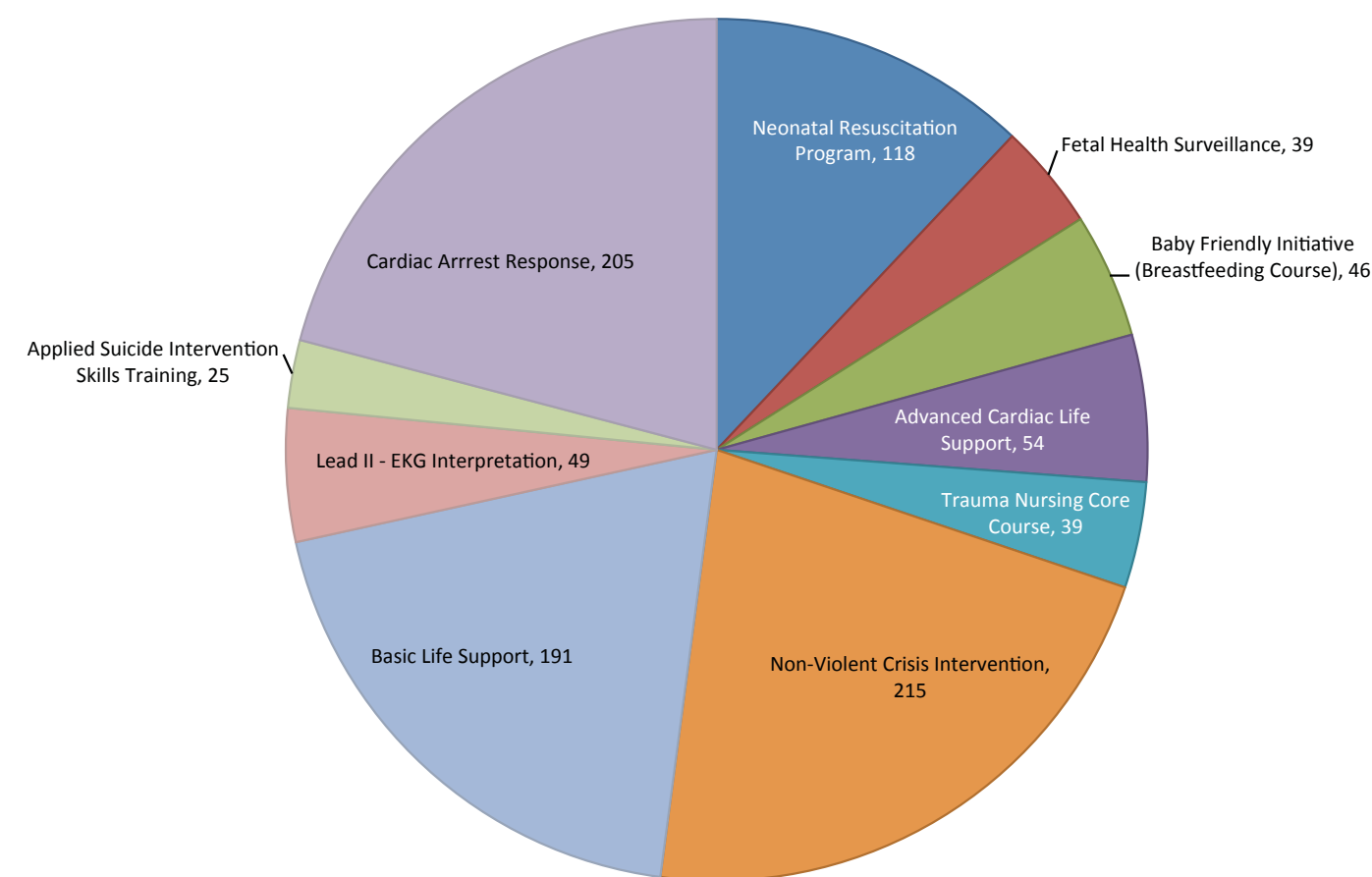
**Lead II – ECG Interpretation** The Lead II ECG Interpretation course reviews basic cardiac anatomy physiology and electrophysiology and teaches ECG rhythm acquisition and identification. We had run 4 courses in 2016.

**Applied Suicide Intervention Skills Training (ASIST)** – ASIST is the world's leading suicide intervention workshop. During the two-day interactive session, participants learn to intervene and help prevent the immediate risk of suicide

**Cardiac Arrest Response (CAR) Recertification** The CAR program is a one hour re-certification training for nurses working in ER, Critical Care, Critical Care Resource Team, the Cath Lab and PCI Recovery.

**Pediatric Advanced Life Support (PALS)** The course focuses on a systematic approach to pediatric assessment, basic life support, PALS treatment algorithms, effective resuscitation and team dynamics to improve the quality of care provided to seriously ill or injured children, resulting in improved outcomes.

Number of Participants for 2016 to date are as follows...



## Types of Education at TBRHSC

Not every learner is the same and, as such, there is no one way to provide education. Education occurs at TBRHSC regularly...

- Internal Medicine Rounds
- Regional Education Grand Rounds
- Palliative Care Education Series
- Provincial Stroke Rounds
- Encounters in Bioethics
- Neuroscience Grand Rounds
- Skin and Wound Care Rounds
- Critical Care Rounds
- Ontario Stroke Network Webcasts and Videoconferences
- Mental Health Education Rounds
- Huron Perth Healthcare Alliance Grand Rounds via videoconference
- Thunder Bay Regional Research Institute Brown Bag Presentations
- Various Lunch and Learns (Schizophrenia, Planning an Expected Death at Home, Kidney Transplant Options) and e-learnig modules



## Simulation is growing at TBRHSC!!!

### 2016 Simulations include

#### Code Red to Code Green Drill

This drill is a code red fire turned code green horizontal evacuation of a unit. Staff simulated how to evacuate patients who were ambulatory and non-ambulatory based on policy and department sub-plans.

#### Room of Errors

We set up a standard patient room where multiple errors are presented throughout the room, (medication errors, bed rails not up, etc). Staff listed all the errors they identified.

#### Alert 99 Trauma

Staff were able to simulate care involved with an Alert 99 Trauma call to allow responders to feel more prepared for the potential real-life call.

#### Labour and Delivery Postpartum Hemorrhage

In conjunction with women and children's program, staff simulated how to care for a postpartum hemorrhaging mother.

#### Polytrauma Simulation

This simulation was a polytrauma in the Emergency Department with a focus on difficult airway. There were many learning objectives but the overall learning outcome reported on evaluations was that communication is the key to a functional trauma experience. In addition, participants were reminded to stay calm and recap situations. The importance of having clearly defined roles was highlighted.

#### Infectious Disease Alert Drill

This drill simulated an infectious disease patient from time of entry to hospital to admission in the Intensive Care Unit. A large interprofessional team was needed to make this drill a success.

#### Chemical Biological Radiological Nuclear (CBRN) Training Program

This simulation based training occurred in August 2015 to provide working knowledge of CBRN equipment and CBRN emergency response procedures.

If you are interested in learning more about simulation at TBRHSC or if you would like to provide training using simulation, please contact Leanne Baird at [baird1@tbh.net](mailto:baird1@tbh.net) or 684-6250.



## Learner Data

The Learner Experience Survey was created by Academic Affairs at TBRHSC to gather data from learners with respect to their placement experiences. The first survey was sent out in October 2015 with 68 responses to date. Data is important to the ever evolving learning environment as we will use this data to improve the learner experience within our organization. Some highlights include:



## Education is EVERYWHERE....

let's look at the education in the laboratory as just one example among many!

- Every year staff must complete a Quality and Safety quiz and by doing so the staff receive a full review of the Quality and Safety manuals.
- The Specimen Procurement Coordinator and Transfusion Medicine Coordinator trains new nursing hires on POCT (Point of Care Testing) and blood product administration respectively. All new lab staff sign off on training logs and current staff perform departmental competency assessments.
- Interprofessional tours are arranged for Allied Health Care Professionals to understand and appreciate the work processes within the lab.
- The Staff work vigilantly through the Laboratory Quality Utilization Committee (LQUC) and the Choose Wisely campaign to help physicians with appropriate utilization of test orders. There are times when Interprofessional Education and Standards of Practice avenues are utilized for roll-out.
- The lab offers an annual Dr. Rathbone Scholarship through the Foundation for continuing professional studies.
- Staff are encouraged to take advantage of opportunities such as workshops and conferences offered by our accreditation body IQMH - Institute for Quality Management in Healthcare.
- Transfusion Medicine offers the U of T Transfusion Rounds Teleconferences for staff on a monthly basis.
- The Microbiology department lead held three teleconferences for staff via an established CE (continuing education) provider: Molecular Detection of Gram Positive Bacteria Intestinal Dysbiosis: Lessons for the Clinical Microbiology Lab Ask the Experts.
- Hematology offered three teleconference educational presentations: Neuroscience Grand Rounds Weak D Webinar and Bayer Inhibitors.
- The lab has a subscription to Media Lab Inc. where courses are offered for each discipline to front line and leadership Medical Laboratory Technologists (MLTs). The lab also has subscriptions to journals such as Cytology and Flow Cytometry (accreditation requirement) available to the staff.
- Staff run External Quality Assurance and are included in the follow up - used as competency in some cases.
- Staff continually review lab and hospital policies during the year via (mandatory) Medworxx corporate/ internal education plans and through weekly departmental safety huddles - patient safety report review case studies etc.
- Corporate and physician driven Lunch & Learns including off site healthcare talks are also attended.
- Lab leadership has signed up for and/or completed financial and MIS workload unit/intervention count training modules via Medworxx (extra) and CIHI (Canadian Institute for Health Information) respectively.
- Note: In addition that it is a college requirement (CMLTO - College of Medical Laboratory Technologists of Ontario) that all MLTs perform 30 hours of Continuing Education annually. Personal portfolios are maintained.





From left to right - Lindsey Rae, Chad Johnson, Erin Bergen, Shelley Tees, Deboura Olson, Jackie Veneruz, Andrea Raynak, and Craig Kozlowski

## Clinical Nurse Specialists

Education at Thunder Bay Regional Health Sciences Centre is occurring every day! In addition to our IPEs, education is also being delivered by our team of Clinical Nurse Specialists (CNSs). As nursing skills are frequently changing in response to best practice standards and many of these skills are increasing in complexity, it is the CNS who assists nurses to develop these skills.

The Clinical Nurse Specialist is an advanced practice nurse who demonstrates expertise in a specific area of nursing. Clinical Nurse Specialist provide clinical expertise

and leadership, support the coordination of care and interprofessional collaboration, and mentor future nurses. Their strength is their ability to combine clinical expertise leadership and research. There are twelve CNSs at TBRHSC working in a variety of clinical areas as follows:

Erin Bergen  
**Mental Health Programs**

Allyson Hoard-Mann  
**Renal Services**

Lindsey Rae  
**Women & Children's Program**

Chad Johnson  
**Trauma: Critical Care & Neurosurgical**

Craig Kozlowski  
**Cardiovascular & Stroke Program**

Dieter Kreps  
**Perioperative Services**

Deboura Olson  
**Surgical & Ambulatory Services**

Andrea Raynak  
**Chronic Disease Prevention & Management**

Martin Sabourin  
**Emergency & Trauma Services**

Shelley Tees  
**Wound Care**

Jackie Veneruz  
**Oncology**

Erica Crowley  
**HELP Program**

Education is also provided by preceptors on the floor, clinical instructors, certificate course instructors, and practice leads.

## Orientation

Orientation at TBRHSC was significantly revamped over the past year to be interactive. Improving General and Clinical/Nursing orientation has been a primary focus for Interprofessional Education. Goals of the redesign included: ensuring all new employees felt welcomed to the organization, felt part of the team, have the knowledge

and skills to practice culturally sensitive and patient family centred care, received all legislated information and that our facilitators/presenters role modeled best practices in education delivery and their behaviours aligned with TBRHSC's mission, vision and values. We have been successful in reaching our goals. For

example, a Patient and Family Advisor (PFA) participates in orientation to share his/her story and remains with the group to participate in an interprofessional competency development workshop. Feedback on the new format has been extremely positive. The following is quoted from our orientation evaluations:

“Great speakers and interactive activities made this more interesting.”

“Interactive, insightful, concise, meaningful”

“Ken and Gary were very helpful sharing their personal stories. They displayed the importance of putting the patient first.”

“The Indigenous Health component provided great insight into why it is difficult for aboriginals to stay healthy.”

“The Indigenous Health piece was very well presented and focused on many issues. The presenter used preferred language and was culturally sensitive.”

“So excited to start working here... FINALLY! Thank you so much for making my first day welcoming.”

Further changes to clinical and nursing orientation will be implemented in early 2017. Changes will include embedding PFCC and simulation into all clinical labs and presentations.





## Who are we?

### Interprofessional Education

Health Canada describes interprofessional education as learning together to promote collaboration. Interprofessional Educators (IPE) are education leaders who work in collaboration with all health care professionals to learn with and from all health disciplines to improve patient care at TBRHSC under the Patient and Family Centred Care Model. There are four IPEs at TBRHSC.

At TBRHSC, we strive to provide an interprofessional approach to all education we deliver.

### Academic Affairs

The Academic Affairs Department provides on-site support to all Professional Staff learners including medical undergraduates, residents, physician assistant students, dietetic learners, Registered Nurses-Extended Class, and midwifery students. Academic Affairs is also accountable for the scheduling of Year 4, Phase III undergraduate medical learners. The Academics team have great knowledge of placement processes and established relationships with academic institutes. They are a great resource, especially to students and placement coordinators.

If you have a need for delivering education, call us as we are here to help with education throughout the organization!



Kelly Meservia-Collins  
**Director of Academics & Interprofessional Education**



Kendra Walt  
**Registered Nurse & Interprofessional Educator**



Bruno Tassone  
**Registered Respiratory Therapist (RRT) and Interprofessional Educator**



Tracey Hill  
**Radiation Therapist and Interprofessional Educator**



Donna Niemi  
**Interprofessional Educator, Forensics**



Leanne Baird  
**Lead for Interprofessional Education**



Karen Anderson  
**Academic Liaison Coordinator**



Tabetha Carruthers  
**Learning and Education Assistant**



Simon  
**3G Simulation Mannequin (SIM Man)**