

**Board of Directors
Open Meeting
Wednesday, May 3, 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			CALL TO ORDER and WELCOME				
2.0			PATIENT STORY – Dr. Gordon Porter				
3.1	1	N. Doucette	Quorum (8 members total required, 6 being voting)				
3.2	1	N. Doucette	Conflict of Interest				
3.3	1	N. Doucette	Approval of the Agenda	X			
3.4	3	N. Doucette	Chair's Remarks*				X
4.0			PRESENTATIONS/EDUCATION				
4.1	20	K. Meservia Collins et al.	Simulation		X		X
4.2	5	G. Morriseau	OHA Northwest Mental Health Conference		X		X
4.3	5	G. Whitney	Effective Governance for Quality, Patient Safety and QCIPA Overview Conference*		X		
4.4	10	A. Björn	Me to We to All Framework*				X
5.0			CONSENT AGENDA				
5.1	-		Board of Directors Open Minutes – April 5, 2017*	X			X
5.2	-		Resource Planning Minutes – April 18, 2017 Attestation: Wages and Source Deduction Q4 2016-17*				X
5.3	-		Policy BD-07 COS Performance Evaluation and Compensation *				X
6.0			REPORTS AND DISCUSSION				
6.1	5	J. Bartkowiak	Report from the President and CEO*	X			X
6.1.1	10	D. Bubar	Indigenous Health Strategic Direction Update (Virtual Visitation)*			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
7.0			COMMITTEE MATTERS - none				

#	Time (X)	Presenter	Item & Purpose (Y)	Expected Outcome (Z)			
				Recommendation /Decision/Action	Education	Discussion	Information
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	-		Critical Incidents*				X
8.6	-		CSPL Excellence in Medical Leadership Award*				X
9.0			BOARD MEMBER COMMENTS			X	
10.0			DATE OF NEXT MEETING – June 7, 2017				X
11.0			ADJOURNMENT				
<p style="text-align: center;">Ethical Framework</p> <p>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.</p> <p>The following questions should be considered for each decision:</p> <ol style="list-style-type: none"> 1. Does the course of action put 'Patients First' by responding respectfully to the needs, values, and expectations of our patients, 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? <p>For more detailed questions to use on difficult decisions, please refer to the Hospital's Framework for Ethical Decision Making</p>							

BOARD OF DIRECTORS (Open)
May 3, 2017 – DRAFT

Agenda Item	Committee or Report	Motion or Recommendation	Approved or Accepted by:
3.3	Agenda – May 3, 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 April 5, 2017;</p> <p>5.2 Accepts the Q4 2016-2017 Wages and Source Deduction Attestation, as recommended by the Resource Planning Committee;</p> <p>5.3 Approves Policy BD-07 Chief of Staff Performance Evaluation and Compensation, as recommended by the Governance and Nominating Committee</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 May 3, 2017 as presented.”</p>	Moved by: Seconded by:



Thunder Bay Regional
Health Sciences
Centre

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Board of Directors
Conseil d'administration

**Report from Nadine Doucette
Chair, Board of Directors
May 3, 2017**

I am pleased with the level of response to our call for applications to join our Board of Directors. We are in the process of selecting volunteers to fill four vacancies.

In addition to Board Directors, we are also providing opportunities for community members to participate on committees of the Board. This supports interested and committed people to gain experience and knowledge and prepare them for positions on the Board of Directors in the future.

Part of the role of the Board of Directors is the evaluation of the Hospital President & CEO. That process is underway with a new performance evaluation framework. Jean Bartkowiak agreed to pilot the new approach, which incorporates the manner in which the President & CEO builds organizational alignment towards our Hospital's Strategic Directions, develops the people who work at our organization, and develops himself as an individual. The new framework supports a more meaningful evaluation to build high performers to be even more impactful. Our Board values effective leadership, which is integral to both patient and staff satisfaction.

Serving as a Board member requires an intensive commitment of time and energy, and I am grateful to those who dedicate theirs to our Hospital. I am continuously moved by the dedication of our volunteers, both on the Board of Directors, and serving in areas throughout the Hospital and the Health Sciences Foundation. It was an honour to be part of the Volunteer Appreciation Event on April 18. Each year, hundreds of volunteers contribute thousands of hours to support patient care delivery. I thank you all for your meaningful gift.

Finally, I take this opportunity to address questions regarding parking that Board Directors have received from members of our community. Some people object to paying for parking at the Hospital. However, most people are not aware that parking operations are not funded by the province as part of our operating budget. Parking lots are expensive to operate due to asphalt maintenance, snow removal, lighting and other associated operations. Those costs – over \$1 million each year - are not covered by government funding. Parking fees cover the costs. Otherwise, parking lot maintenance costs would mean fewer funds to support health care services.

A working group of Patient Family Advisors – volunteers who have had recent experiences as patients or family members of patients at our Hospital – conducted a thorough review of our parking operations, and supported the current fees. Our Hospital's parking rates are well below the average costs at other Ontario hospitals. For example, our daily maximum fee is \$7.00. At Health Sciences North in Sudbury, it is \$10.00, and at Hamilton Health Sciences it is \$20.00.

As always, our priority is ensuring that patients in our community receive the specialized acute care they need in an academic environment at our Hospital. This is how we will be Healthy Together.



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Interesting thoughts/ideas from the
GCE's Effective Governance for Quality, Patient Safety and QCIPA Overview
Thunder Bay, (March 28, 2017)

- Excellent, thought provoking course;
- Every Board member should have a copy of GCE's Quality and Patient Safety Toolkit (2016);
- As a general rule, Board think quality is a lot better than administration and front line staff. Board oversight can make a big difference in quality;
- For better outcomes, Board spend more than 25% of its time on quality issues;
- As leading practices, Board should occasionally go to "where the work is done" to understand it better; the challenges, feel the culture, and see improvement work in action;
- Board should occasionally have a "team present a project" on the annual QIP at a Board meeting;
- Board retreats can focus on quality and patient safety – education, self assessment, performance, QIP, etc.;
- New Board members need to embrace learning;
- Use the resources available from Accreditation Canada such as "AC Governance Functioning Tool" and "Patient Safety Culture Survey";
- London Health Sciences Centre:
 - Has community members on their Board Committees;
 - Sends a Board member to the MAC;
 - Has 17 people on the Quality Committee (5 community members);
 - Meets monthly for 2.5 hours, even through summer;
 - Quality discussion is always at the top of the Board agenda (Patient safety, care, etc.);
 - High level of Board commitment.

Some recommended reading:

- Great Board - IHI (2007);
- Beyond the Quick Fix – U of T (2015);
- Free from Harm – NPSF;
- Mirror, Mirror on the Wall – The Commonwealth Fund (2014);
- High reliability in healthcare: creating the culture and mindset for patient safety – Studer Group Canada, Canadian College of Health Leaders.

Submitted by: Gary Whitney

Date: April 28, 2017

Thunder Bay Regional Health Sciences Centre is a leader in Patient and Family Centred Care and a research and teaching hospital proudly affiliated with **Lakehead University, the Northern Ontario School of Medicine and Confederation College.**

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

healthy
together

En santé
ensemble

Me to We to All

■ Creating a Deliberately Developmental Organization

Purpose – To provide the Board of Directors with an overview of the 'Me, to We, to All' Organizational Development and Engagement Framework for feedback and support.

INTRODUCTION

Historically, organizations have focused on helping people develop job related skills and competencies in isolation of developing the organization. The development of the individual is usually left out of the equation.

Development of our organization and development of our people need to be tightly connected, and now more than ever, we are seeing that the most successful organizations do not separate these.

“Leadership effectiveness is a primary contributor to business performance. In fact, the evidence strongly suggests that if you can improve leadership effectiveness, you have a 38% probability of seeing that improvement translate into higher business performance” – Mastering Leadership, Anderson and Adams, p. 14

Megatrends are currently producing (and will continue to generate) shifts in the workplace environment; because of these megatrends, we need to grow our people and our organization differently. With the ultimate goal of creating the organizational structures and cultures that facilitate leading performance, we will create an organization where the development of self, others, and the organization is prized and deliberate; an organization where we believe that a better “me” and a better “we” leads to a better “all”. We will intentionally nourish a culture that activates the development of the individual, the team and the whole. The Me, to We, to All Framework is poised to prepare us for the future, a future where we each take accountability for the development of ourselves, each other, and our organization.

the **FUTURE** of ORGANIZATIONS & LEADERSHIP

MEGATRENDS = Our knowledge about the probable future.

CHANGE has changed

Accelerated pace; more constant; more complex; more global in nature

PEOPLE'S EXPECTATIONS of workplaces has changed

Expect attention to their individual needs, personal development opportunities, and more work-life balance; loyalty to the organization is no longer enough; people expect more than compensation and benefits

CAREER PATTERNS have changed

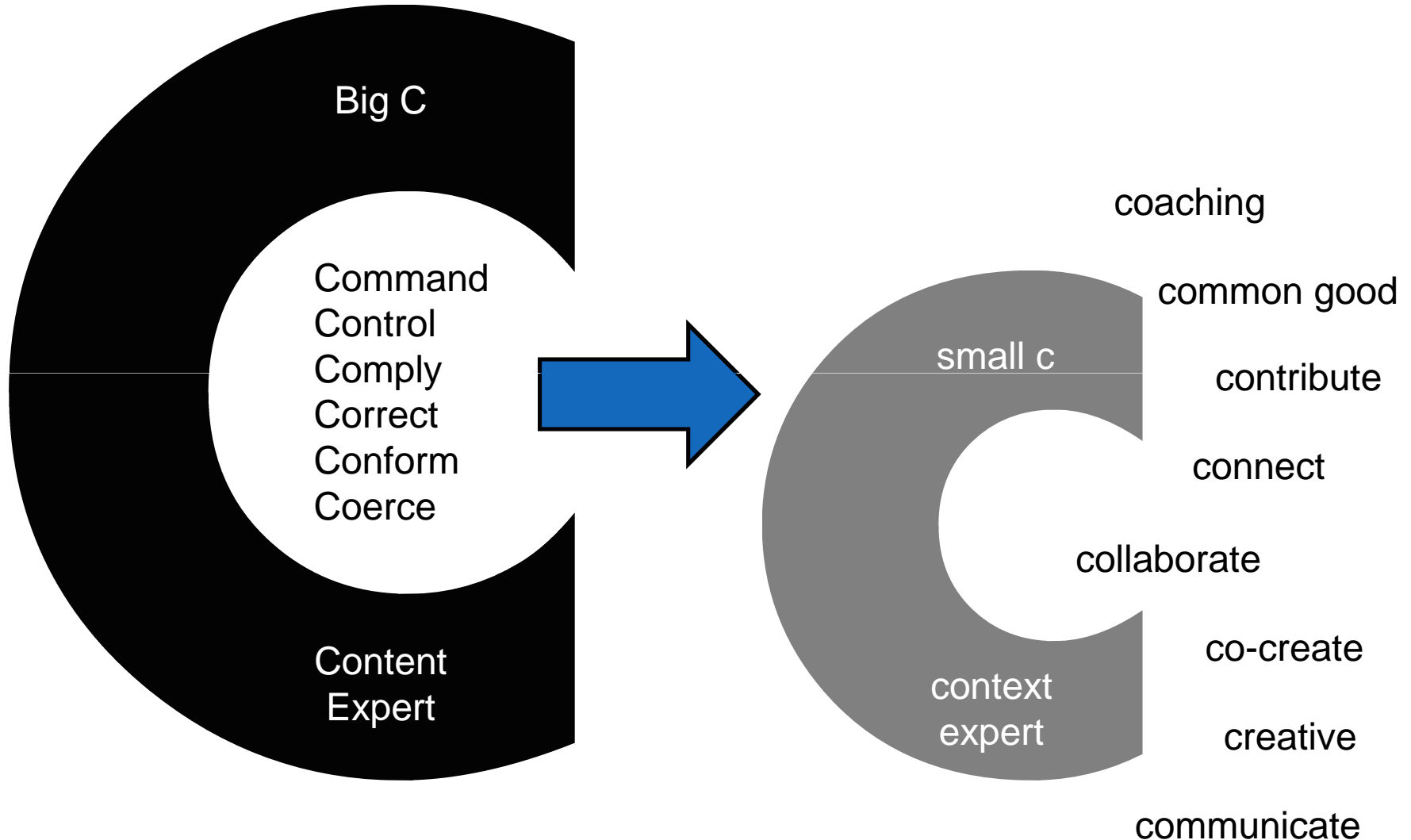
Wider range of career choices than ever before; prosperity allows for freedom to choose a job with meaning for the individual; employees seek self-expression and self-realization at work; career change is common

LEADERSHIP has changed

Shift towards being “context” not “content” expert; greater focus on the common good; collaboration, coaching, partnering, systems thinking, experimenting, improvising, openness – these skills form the base for growing people and building trust

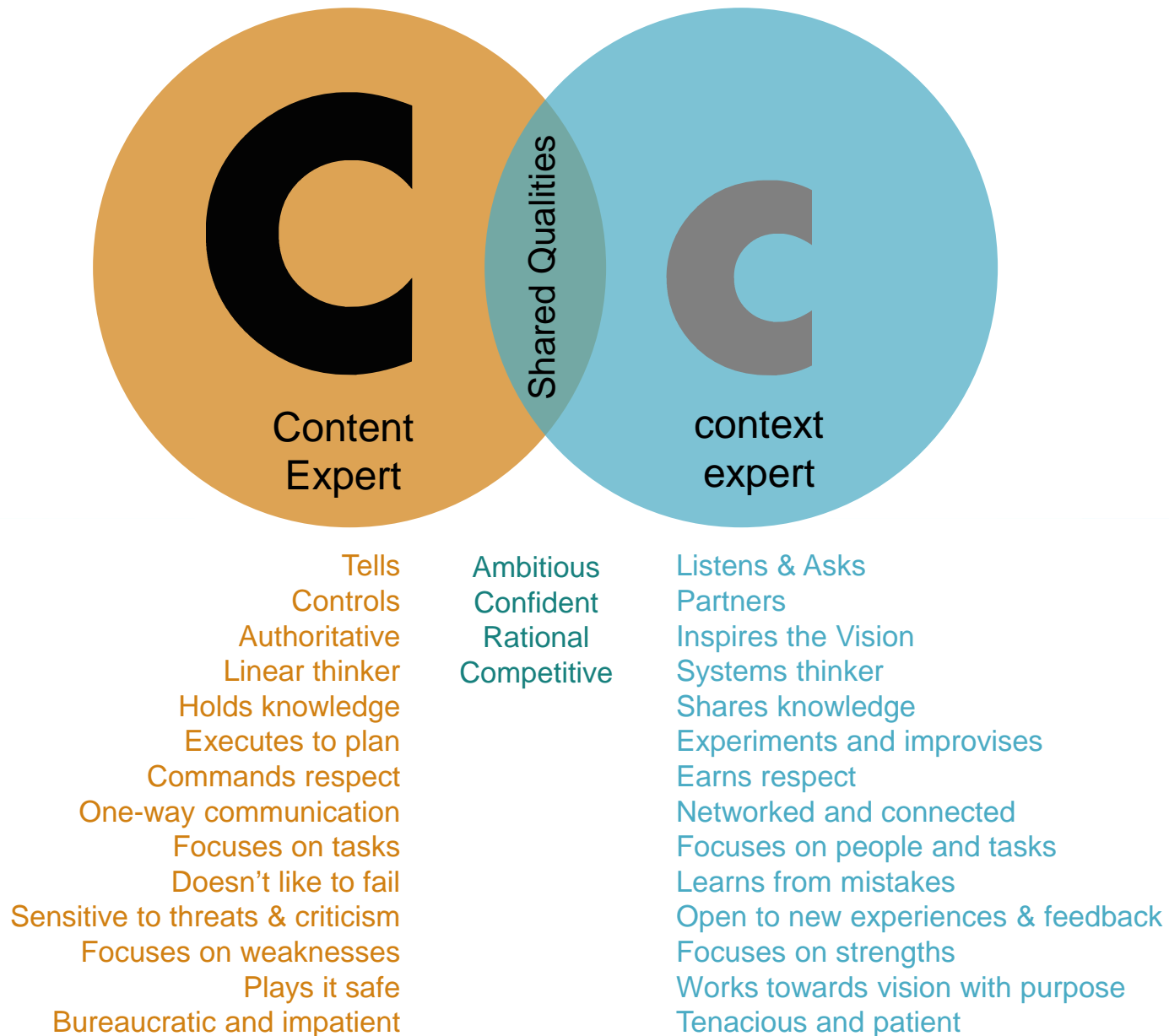
The Leadership C-Shift

What do we see shifting in leadership?

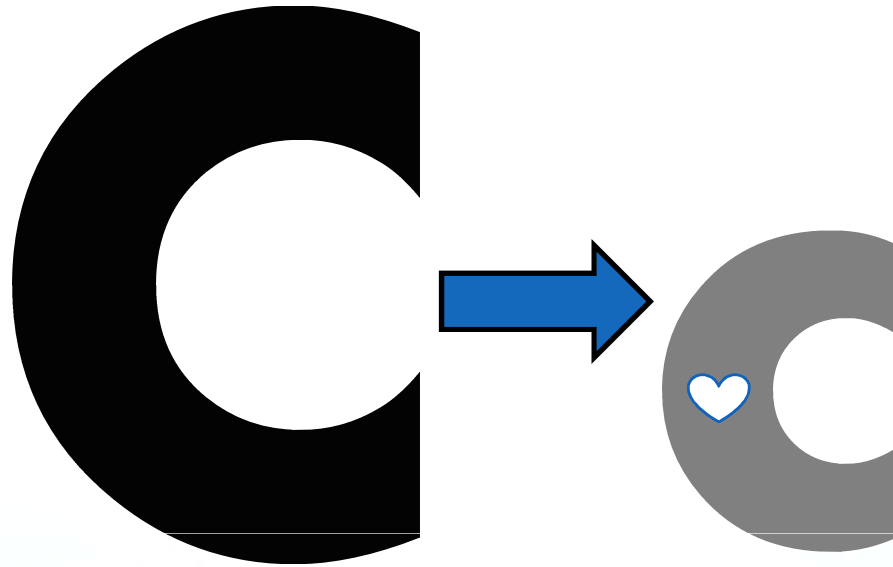


Adapted from: Melinda Sinclair & Dorothy Greenaway
The Leadership Coach's Advantage, 2013

The two C Leader's traits and qualities



You can feel the difference...

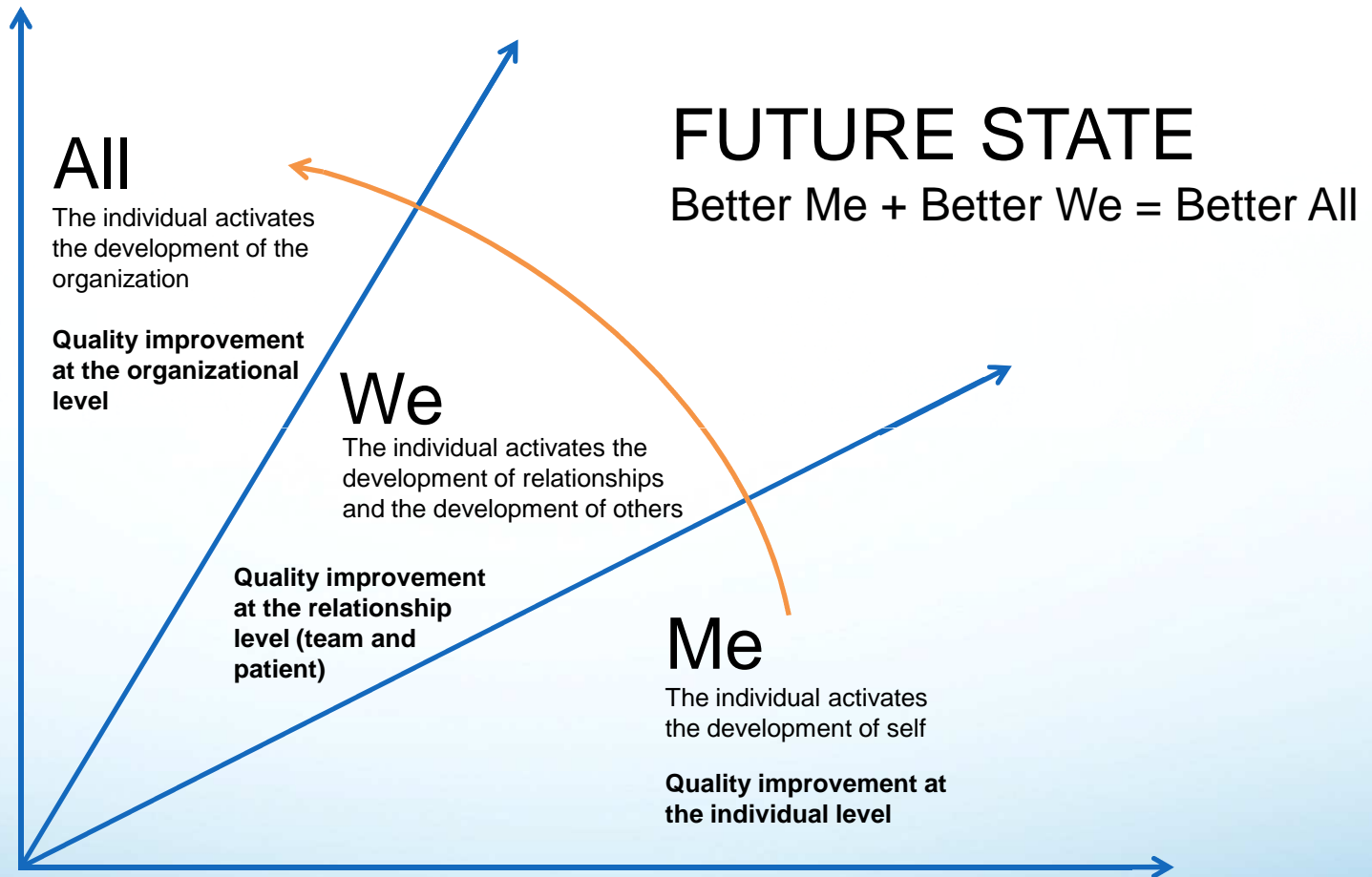


Small c Mindset – Mindset = How you think. We grow the mindset that people are, by their very nature, creative, resourceful and whole. They are capable and this capacity is wired into human beings no matter their circumstances. The alternative is a belief that people are fragile and dependent. With that belief, the leader's job would be to guide the person to the safest possible outcome. You can feel the difference. When we take a stand for the person's natural creativity and resourcefulness, we become champions on their behalf, not nervous hand holders (Co-Active Coaching. Changing Business Transforming Lives Kimsey-House, Sandahl and Whitworth, 2011).

Small c Behaviours – Behaviour = What you do. Once adopting the small c mindset, specific skills can be learned and adopted to enable our staff to perform the behaviours that will build Staff Centred Leadership and grow Patient and Family Centred Care.

Me to We to All

What will we expect?



Me to We to All

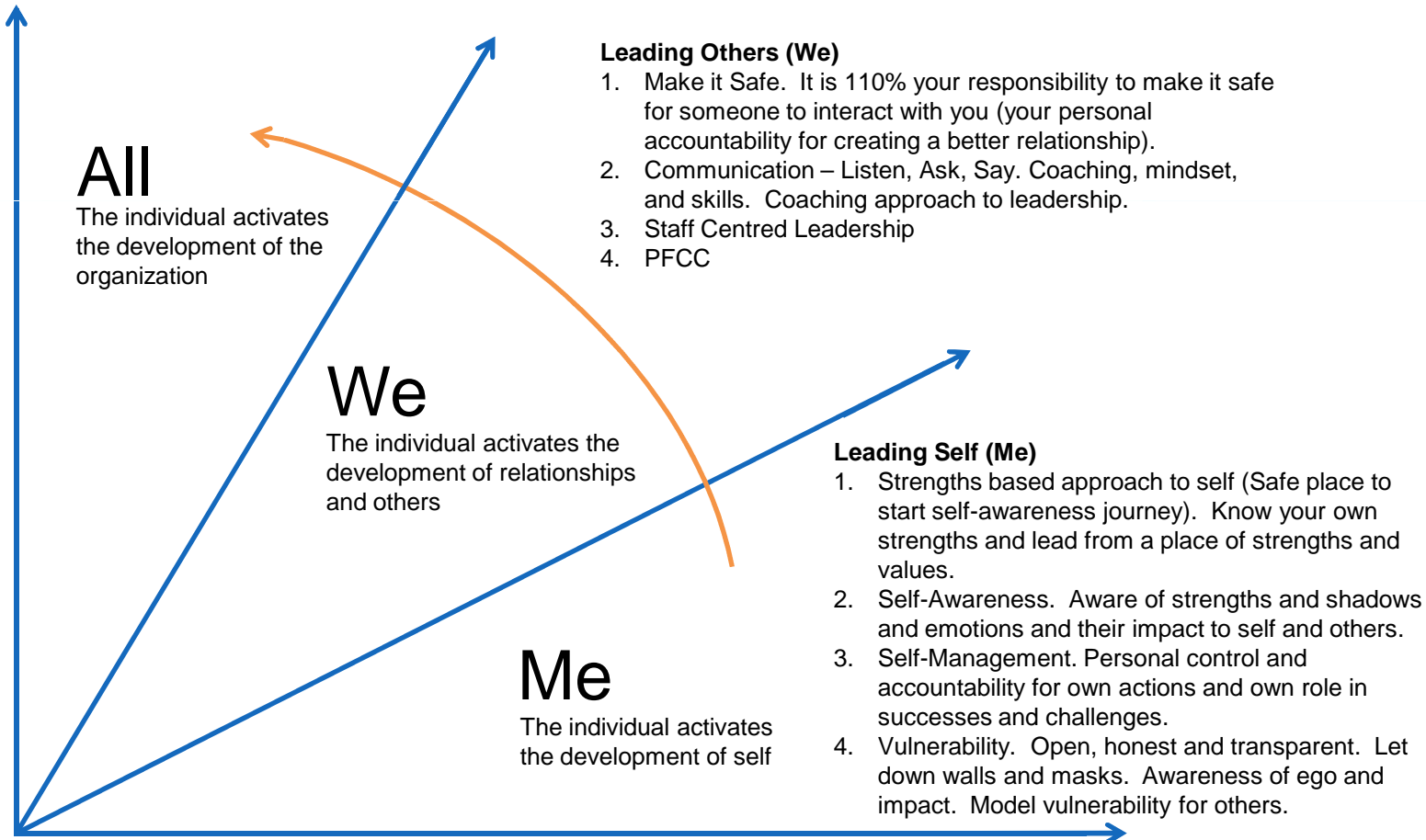
What will we focus on?

Leading Organization (All)

1. Explore challenges and the world using a systems perspective (patterns, structures, mindsets);
2. Greater Good: Focus on what's best for "all", not just the individual, team or department;
3. Visionary approach to leadership;
4. Achieves Strategic Directions. System flow – our greatest challenge and greatest opportunity to improve patient care and financial impact.
5. The individual takes accountability to not only "do the job" but also to "improve the job".

FUTURE STATE

Better Me + Better We = Better All



Resource Planning Feedback – April 18, 2017

“With your experience and expertise, how do you see this framework being used”?

Me	We	All
Importance of new hires buying in	Interacting with union groups	Include in engagement survey
Build into performance evaluation activities	Staff central to success of PFCC philosophy	Link with strategic goals and vision
Helps individuals create performance goals	Build trust and expertise in staff	Link to external organizations
Empowerment to do the right thing		
Learning		

A cross-section of a grassy field. The top half shows a dense layer of bright green grass blades against a clear blue sky. The bottom half shows the dark, rich soil with a dense network of white roots extending downwards from the grass. The text 'ALL WE ME' is overlaid in white, bold, sans-serif capital letters.

ALL

WE

ME

“ In our work with organizations undertaking leadership and cultural transformations, the best way to achieve an organization’s aspirations is to combine efforts that look outward with those that look inward. Linking strategic intervention to genuine self-discovery and self-development by leaders is a far better path to embracing the vision of the organization and to realizing its business goals.”

(Change Leader, Change Thyself. Boaz and Fox. McKinsey Quarterly, March 2014)

HR Guiding Statement



WE ARE YOUR
PARTNERS -
WORKING TOGETHER
TO IMAGINE,
build and nurture
A WORKPLACE
WHERE WE ALL
CAN THRIVE

Resources Used to Draft this Framework

[Mastering Leadership. An integrated framework for breakthrough performance and extraordinary business results. Robert J. Anderson and William A. Adams, 2016](#)

[Reinventing Organizations. A guide to creating organizations inspired by the next stage of human consciousness. Frederic Laloux, 2014](#)

[An Everyone Culture – Becoming a deliberately developmental organization. Robert Kagan and Lisa Lahey, 2016](#)

[The 2012 Workplace Issues Report. Insights on the People Side of Performance. Joshua Freedman, Six Seconds, 2012.](#)

[The Leadership Coach's Advantage – Dorothy Greenaway & Melinda Sinclair, 2013](#)

[Leadership 2030. The 6 Megatrends You Need to Understand to Lead Your Company into the Future – Georg Vielmetter & Yvonne Sell, 2014](#)

[How NASA Builds Teams – Charlie Pellerin, 2009](#)

[Rise of the DEO, Leadership by Design – Maria Giudice & Christopher Ireland, 2014](#)

[Primal Leadership – Unleashing the Power of Emotional Intelligence, Daniel Goleman, 2013](#)

[The Fifth Discipline. The Art and Practice of the Learning Organization. Peter Senge, 2006](#)

[WHITE PAPER - Future Trends in Leadership Development. Nick Petrie, Centre for Creative Leadership, 2014](#)

[Co-Active Coaching. Changing Business Transforming Lives – Kimsey House, Sandahl and Whitworth, 2011](#)

[Conversations for Enablement: Using Coaching Skills in Occupational Therapy, Wendy Pentland, Occupational Therapy Now, volume 14.2, 2012](#)

[Change Leader Change Thyself – Boaz and Fox, 2014](#)

[Leadership and Self-Deception – Getting out of the box. The Arbinger Insitute, 2010](#)



Board of Directors - Open

Wednesday, April 5, 2017

Boardroom – 5:00 p.m.

Action

Present:

Nadine Doucette, (Chair)
Jean Bartkowiak*
Dr. Penny Moody-Corbett
Dr. Rhonda Crocker Ellacott*

John Friday
Doug Shanks
Matt Simeoni
Anita Jean

Gerry Munt
Dick Mannisto
Dr. Mark Thibert*
Grant Walsh

By Invitation – Senior Leadership:

Peter Myllymaa
Dr. Rami Rudnick

Dr. Stewart Kennedy
Dr. Mark Henderson

Glenn Craig
Amanda Björn

By Invitation:

Jessica Nehrebecky, Rec. Sec.
Tracie Smith

Aaron Skillen

Samantha Moir

Regrets:

Dr. Gordon Porter

Georjann Morriveau

Gary Whitney

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

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

Mr. Doug Shanks was congratulated for being the recipient of this year's Thunder Bay Law Association Community Service Award, for the countless hours he spends volunteering in our community.

2.0 PATIENT STORY

Dr. Rami Rudnick, Vice President, Research, shared a patient story.

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

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

- 3.3 **Approval of the Agenda**

Item 4.1 OHA Northwest Mental Health Conference will be deferred to the next Board meeting.



Moved by: Dick Mannisto

Seconded by: John Friday

"That the Agenda be approved, as amended."

CARRIED

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

4.0 **PRESENTATIONS**

4.1 **OHA Northwest Mental Health Conference** - Deferred

4.2 **Research Institute's Revised 2020 Strategic Plan and Success Criteria**

Dr. Rami Rudnick, Vice President, Research (VPR), Thunder Bay Regional Health Sciences Centre (the Hospital), and Chief Scientist, Thunder Bay Regional Health Research Institute (the Institute) provided an update on the Institute's revised 2020 Strategic Plan.

After further engagement with a variety of stakeholder groups by the new VPR, the following changes were recommended:

- Mission statement broadened from medical imaging to health technology;
- Patient and Family Centred Care (PFCC) philosophy adopted for consistency with the Hospital;
- Indigenous research highlighted as a new Strategic Direction;
- Number of Strategic Goals reduced and re-ordered;
- Hospital and St-Joseph's Care Group (SJCG) staff & physicians' engagement validated Strategic Goals and Indigenous research as a priority and revealed that Chronic Disease is equally important and Seniors' Health follows;
- Indigenous Leaders engagement themes related to Mental Health, access and chronic disease.

The Plan is expected to be finalized in the next upcoming weeks.

In an effort to strengthen the Hospital's academic mission, the Institute is partnering with Northern Ontario School of Medicine (the School) to develop an integrated process between the School and the Institute, however funding and a culture change will be required.

A Research Ethics approval reciprocal agreement has been signed between Lakehead



University (the University) and the Hospital, which will benefit researchers and clinical scientists, notably by eliminating the need to go through two Research Ethics Boards approval processes. Ms. Cathy Covino, Senior Director, Quality and Risk Management and Ms. Katherine Bell, Manager, Quality and Research Ethics, and their counterparts at the University were commended in bringing the agreement to fruition.

5.0 CONSENT AGENDA

It was noted that Mr. Doug Shanks was not present at the February 22, 2017 Open Board meeting. The minutes will be amended to reflect the correction.

Moved by: Matt Simeoni
Seconded by: Dr. Penny Moody-Corbett

Motion

"That the Board of Directors:

5.1 Approves the Board of Directors Minutes of February 22, 2017;

5.2 Accepts the Public Sector Salary Disclosure for the Year 2016;

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;

as amended."

CARRIED

6.0 REPORTS AND DISCUSSION

6.1 Report from the President and CEO

The President and CEO highlighted the following:

- On March 20, 2017, Mr. Peter Myllymaa, EVP Corporate Services and Operations, Dr. Henderson, EVP, Patient Services and RVP, Cancer Care Ontario, and the President and CEO met with Mr. James Edwards, Director, Health Capital Investment Branch (HCIB), Ms. Anne Barszczewski, Manager, North & East Team, HCIB, and Brenda Edwards Senior Program Consultant, Specialized Programs and Agency Liaison Unit, Provincial Programs Branch regarding the Cardiovascular Surgery project. That day, a letter was received from the Ministry of Health and Long-Term Care (MOHLTC) confirming that the project has moved into phase 1 of the pre-capital approval process. The first surgery is expected to be held in 2019-2020. A meeting with Minister Mauro is being organized to brief him on the status of the project;
- During a meeting with the Thunder Bay Police Service (TBPS), Chief JP Levesque



informed the President and CEO that the TBPS have begun to partner with the Canadian Mental Health Association during the evening and night shifts to assist officers who are dealing with people that may have mental health issues and provide them with the appropriate care, instead of bringing them to the Emergency Department at the Hospital;

- It is unclear if the Hospital will be impacted by the closure of the SOS Program for the summer by the Shelter House. The President and CEO will be meeting with the new CEO of the NorWest Community Health Centre to meet and greet, as well as discuss common issues, along with the Shelter House;
- The delay in opening the Hogarth Riverview Manor (HRM) is impacting the Hospital, however the President and CEO continues to trust that the last two phases of this project should start operating gradually by mid May, 2017.

Mr. Aaron Skillen, Ms. Samantha Moir and Ms. Tracie Smith were welcomed to the meeting.

6.1.1 Indigenous Health Strategic Direction Update (Discharge Planning)

Mr. Aaron Skilen, Program Director, Chronic Disease Prevention & Management and Medicine Services and Regional Director North West, Ontario Renal Network, Ms. Samantha Moir, Manager, Corporate Patient Flow and Ms. Tracie Smith, Senior Director, Communication, Indigenous Affairs, and Engagement provided an update on the Indigenous Health Strategic Direction relative to the discharge planning Strategic Initiative.

Board members expressed that they looked forward to seeing the measures for success that will be developed in the near future.

6.2 Report from Senior Leadership

The following information was highlighted:

- Two new Medical Oncologists are expected to begin working in July, 2017;
- The Hospital and SJCG have agreed to develop a distinct acute psychiatry model that will improve access to care for the acutely ill patients of the Region;
- A joint venture between the Institute, the University and the School of Medicine to apply for a Canada Research Excellence Chair on Indigenous and remote access in health research has been developed and submitted;
- Dr. Rami Rudnick was congratulated on being appointed on a Research Canada Indigenous Health Committee;
- The Hospital has one order under the Fire Code which will be addressed by the required deadline of April 10, 2017. The Hospital does not have outstanding orders under the Environmental Protection Act and is not aware of non-compliances in



regard to the requirements of these legislations. Board members asked if the Fire Code order was something that is supposed to be reviewed on an annual basis; Staff confirmed that it was and will be addressed before the deadline for compliance.

- As at February 28, 2017, the projected deficit stands at \$1.6M compared to a forecasted budget deficit of \$6M;
- The EVP Corporate Services and Operations reported a downtime of less than 5% for the cogeneration facility; he stated that this was expected when the Hospital was negotiating with Johnson Controls. He will report on the savings to date for this project through the Resource Planning Committee;
- Dr. Stewart Kennedy, EVP, Medical and Academic Affairs was congratulated as the recipient of the Canadian Society of Physician Executives Excellence in Medical Leadership Award, which 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;
- The Board commended on the soon-to-be full complement of psychiatrists;
- Employment offer were tendered for summer positions (69 RN and 17 RPN). This year the Human Resources Department trialed a new process for the interview which included several circuit themes. The process was positively received;
- The Human Resources Department is developing a strategy to address the increasing number of grievances submitted by the Ontario Nurses Association;
- The Emergency Department was congratulated on maintaining their performance within provincial targets for non-admitted high acuity patients with a length of stay (LOS) of 7 hours (target of 7 or less) and low acuity LOS of 4 hours (target of 4 hours or less);
- The Hospital will receive \$2.1M for Pay for Results (P4R) initiatives in 2017-18; this funding allocation will be aimed at improving ED LOS, Physician Initial Assessment (PIA) and ambulance offload times;
- The Chief Nursing Executive and President and CEO are looking at how to recognize the staff in the ED for their exemplary work during this challenging period.

6.3 Report from the Chief of Staff – For information.

6.4 Report from the Chief Nursing Executive - For information.

The Chief Nursing Executive congratulated the nursing staff for using the Braden Skin Risk Assessment Tool that translated in a reduction in pressure ulcers. There will be a celebration in conjunction with Nursing Week for this success.

A patient discharge lounge will be inaugurated for discharged patients who are waiting



for family or friends to pick them up. A RPN will provide support to ensure patients are safe while they wait. This lounge will allow us to free up patient rooms more rapidly and thus provide for speedier admissions of patients waiting in the Emergency Department.

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

Dr. Penny Moody-Corbett, Senior Associate Dean, the School, highlighted several upcoming events as outlined in the report submitted.

6.6 Report from the Professional Staff Association

At the last Professional Staff Association meeting, the same Executive members were re-elected.

Dr. Mark Thibert was congratulated as returning President of the Association.

6.7 Report from the Foundation – For information.

The President and CEO highlighted that in collaboration with the Institute, the Foundation will be hosting a fundraising event in Toronto in support of the Institute.

Moved by: Anita Jean
Seconded by: Doug Shanks

"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 April 5, 2017 as presented."

CARRIED

Ms. Tracie Smith was welcomed to the meeting.

6.8 Proposed joint Hospital and Institute AGM Logistics

Motion



Ms. Tracie Smith described how Communications is planning a joint Annual General Meeting (AGM) between the Hospital and Institute this year. The business portions of the meetings will be conducted separately, however a joint portion will highlight the successes and priorities of both organizations. The focus of this year's AGM will be "Indigenous Health", a Strategic Direction of both the Hospital and the Institute. Board members were supportive of this approach.

Ms. Smith was excused from the meeting.

6.9 Catering

One of the recommendations following the 2016 Operational Review was to reduce catering costs. After reviewing various catering venues, it was suggested that when the Cafeteria is open, meal vouchers will be provided to Board members instead of having a catered dinner. The savings is expected to be approximately \$135k annually in reduced staffing.

6.10 CEO/COS Evaluation Process

The President and CEO will be evaluated with a new process this year as part of a pilot project. The Chief of Staff (COS) evaluation process will remain unchanged for this year. Some of the changes to the CEO process include: the Board Chair will meet with all of the CEO's direct reports to obtain feedback and the number of evaluators has been increased. Once the feedback is received, the 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 determine if the CEO requires a Developmental Plan to further enhance contributions to the organization or a Performance Improvement Plan to reach higher levels of performance. A link with the online evaluation tool will be sent to all voting Board members this week.

7.0 COMMITTEE MATTERS

7.1 Governance and Nominating Committee meeting – March 29, 2017

Mr. Dick Mannisto, Chair of the Governance and Nominating Committee, highlighted the following:

- The Governance and Nominating Committee met on March 29, 2017 to review and shortlist the applications received for members to serve on the Board and its Committees;
- There are four vacancies to fill given the addition of two additional voting



Directors;

- Six candidates will be interviewed on April 26, 2017;
- A slate of candidates will be brought to the May 3, 2017 Board meeting for consideration;
- The Committee agreed that Ms. Nadine Doucette and Mr. Gary Whitney will be members of the Tri-Board Working Group (as per the Tri-Board retreat decision).

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 **Report from the Volunteer Association** – For information.

8.5 **Internal Medicine Accreditation Survey Email** – For information.

8.6 **Foundation Board Corporate Membership List**– For information.

8.7 **Volunteer Association Corporate Membership List**– For information.

8.8 **2016 Annual Academic Report**– For information.

9.0 BOARD MEMBERS COMMENTS

10.0 **DATE OF NEXT MEETING** – May 3, 2017

11.0 **ADJOURNMENT** - The meeting adjourned at 6:29 p.m.

Chair

Board Secretary

Recording Secretary



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ATTESTATION

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

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

DATE: April 18, 2017

RE: **Q4 2016-17** Wages and Source Deductions for Fiscal Year Beginning
April 1, 2016 and ending March 31, 2017 (the "Applicable Period")

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

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

during the Applicable Period.

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

Dated at Thunder Bay, Ontario this ____ day of April, 2017.

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

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

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En santé
ensemble

Policies, Procedures, Standard Operating Practices

No. BD-07

Title: Chief of Staff (COS) Performance Evaluation and Compensation	X Policy X Procedure <input type="checkbox"/> SOP
Category: Board of Directors Dept/Prog/Service: Board of Directors	Distribution: n/a
Approved: Board of Directors Signature:	Approval Date: Feb 3 <u>Oct 5,</u> 2016 <u>May 3, 2017</u> Reviewed/Revised Date: Nov. 18 <u>Sept 21,</u> 2016 <u>65</u> Next Review Date: Nov. 201 <u>7</u>

CROSS REFERENCES: *if applicable***PURPOSE**

To outline the process for the COS Performance Evaluation.

POLICYThe performance of the COS must be reviewed annually as a basis for compensation adjustments.Performance Evaluation:

The COS Performance Evaluation is comprised of two elements, which are comprised of the following; ~~in total represent the required elements for performance review. These elements are as follows:~~

1. COS ~~Goals and~~ Objectives.
2. COS Competencies.

PROCEDUREPROCESS

The Chair and President & CEO ~~shall initiate~~ the COS Chief of Staff (COS) Performance Evaluation in March of each year. ~~The Chair shall appoint an Evaluation and Compensation Committee as a Sub Committee of Executive Committee comprised of at least four (4) members. The voting members of the Executive Committee and the President & CEO will assist the Chair in the COS evaluation.~~

COS ~~Goals and~~ Objectives

~~In Each~~ In Each March of each year, the COS will submit to the voting members of the Executive Committee and the President & CEO, COS Evaluation and Compensation Committee and the COSEO proposed annual objective priorities for the next fiscal year, including related performance indicators metrics such as desired outcomes and timing. The COS ~~Goals and~~ Objectives must be ~~will be~~ consistent with the Hospital's TBRHSC Quality Improvement Plan (QIP).

Once approved, the COS ~~Goals and~~ Objectives will represent the COS annual Work Plan. ~~Quarterly progress is Throughout the year, progress shall be~~ reviewed by the Board Chair and the President & CEO in order to review and assess progress and any appropriate changes to the Work Plan.

At year end the completed Work Plan, including the COS input on achievements; is forwarded ~~shall be given~~ to the Evaluation and Compensation Committee voting members of the Executive Committee and the President & CEO.

The final assessment of the achievements ~~shall~~ represent s one of the two parts of the COS Performance Evaluation. - A summary ~~is presented~~ ~~shall be given~~ to the ~~total~~ Board by the voting members of the Executive Committee and the President & CEO ~~Evaluation and Compensation Committee~~.

This annual process ~~is shall be repeated annually~~ subject to ~~any~~ changes proposed by the Governance Committee as and approved by the Board of Directors (see sSection: Role of the Chief of Staff Evaluation and Compensation and Governance Committees).

COS Competencies

The essential competencies ~~which are essential~~ to the success of the COS shall comprise the second element of the COS' Performance Evaluation.

A competency is defined as any knowledge, skill, trait, motive, attitude, value, or other personal characteristic that are ~~is~~ essential to discharge the responsibility of the COS-perform the job and that differentiates good from superior performance. - The essential competencies and their subsets are as follows:

Teamwork:

1. Teambuilding;
2. Team lLeadership;
3. Leading by eExample.

Interpersonal Skills:

1. Building rRelationships;
2. Relationship mManagement;
3. Resolving cConflict.

Communicates Effectively:

1. Communication sStyle;
2. Promoting internal communication;
3. Listening.

Demonstrates Flexibility:

1. Adaptability;
2. Leading change;
3. Time management.

Continuous Improvement:

1. Championing innovation;
2. Innovative problem solving;
3. Focus on customers/quality.

Drives Outcomes:

1. Decision making;
2. Planning;
3. Directing and delegating.

Continuous Learning:

1. Professional development;
2. Performance management;
3. Developing leadership.

~~The Chair and the CEO will initiate annually the evaluation of the COS in terms of these competencies.~~

In April, ~~all~~ Board members ~~are will be~~ asked to participate in the COS Performance Evaluation ~~via a web-based tool~~ to assist in the competency assessment.

~~In addition, Additionally, at the discretion of the COS, the Chair and the President & CEO, up to six (6) other peers and direct reports may be asked to participate, in addition to the Board members. These six are in addition to the Board and are a combination of internal and external stakeholders. Furthermore, the COS may elect to have up to six peers and direct reports participate in the evaluation process, in addition to the Board members. Should he/she elect this option, the peers/direct reports selected by the COS must be agreeable by the Board Chair and the President and CEO.~~

By the end of April, ~~a summary report prepared by the Executive Vice President, Health Human Resources, Planning and Strategy is provided will be sent to the Board Chair and the President & CEO. the President and CEO prepares a summary report.~~

The Board Chair and President & CEO will meet with the COS for a preliminary review of the competency assessment.

The Board Chair and the President & CEO, with the voting members of the Executive Committee ~~Evaluation and Compensation Committee members,~~ ~~shall~~ meets with the COS to review the results from the competency assessment, and to discuss the achievements in the COS annual Goals and Objectives.

A summary representing both elements ~~is will be~~ presented to the Board by the Chair at the May Board meeting.

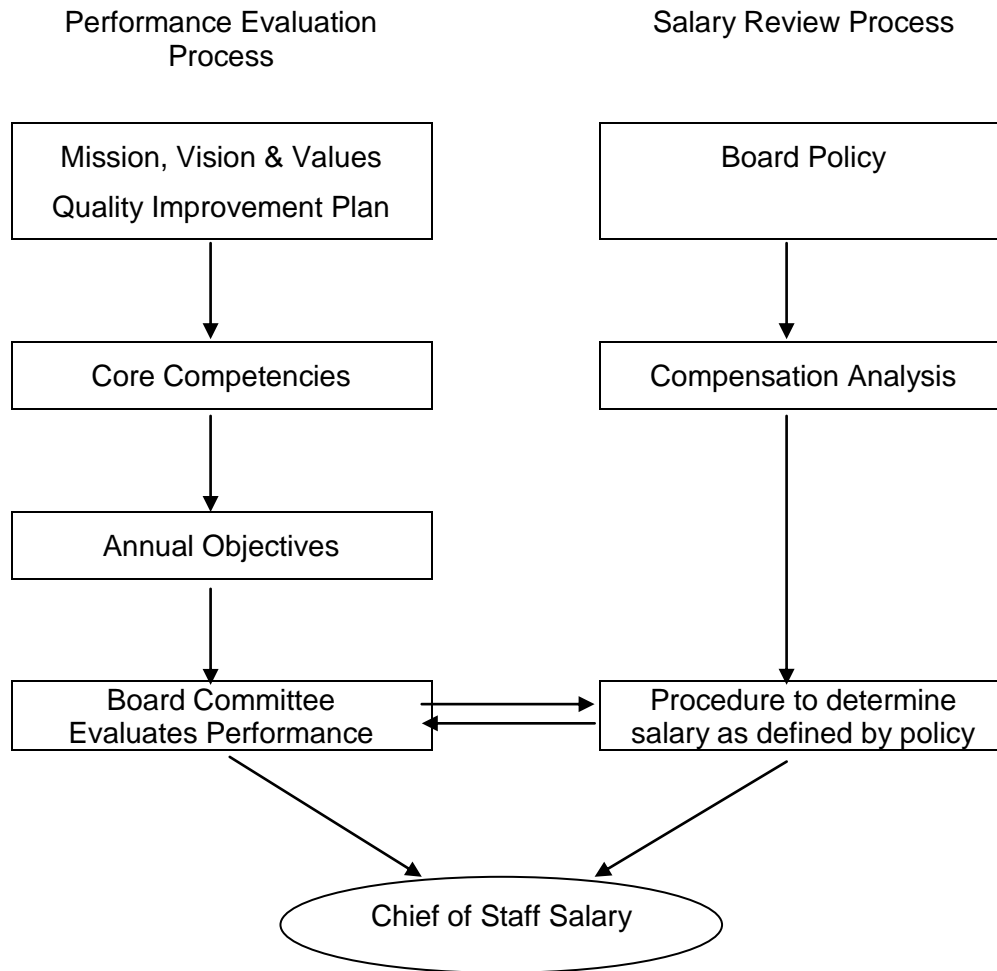
COS Compensation

The COS compensation ~~will be is~~ consistent with compensation paid to other physicians in executive positions at the Hospital TBRHSC. ~~To ensure appropriate record of performance evaluation and compensation, T,~~ the Chair on behalf of the voting members of the Executive Committee and President & CEO ~~Evaluation and Compensation Committee shall~~ writes to the COS confirming the performance evaluation results and any compensation adjustments/increases the Board ~~would~~ elects to grant consistent with the Hospital TBRHSC's policy and any relevant/appropriate legislation.

Role of the voting members of the Executive Committee, President & CEO ~~COS Evaluation and Compensation~~ and Governance Committees

The voting members of the Executive Committee and the President and CEO ~~COS Evaluation and Compensation Committee will~~ reviews annually the process of the COS Performance Evaluation and recommends ~~any~~ changes to the Governance Committee. The Governance Committee ~~will~~ then recommends changes to the Board of Directors. This process ~~will~~ occurs at the end of the COS Performance Evaluation cycle, and should be completed by September of each year.

Chief of Staff Performance Evaluation and Salary Review Process





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President and CEO
Président directeur général

**Report from Jean Bartkowiak
President and CEO
May 3, 2017**

Thunder Bay Regional Health Research Institute hosted a fundraising activity on April 6, 2017, thanks to the initiative of one of our Research Institute Board members, Mr. Tom Kehoe. I had the pleasure of meeting several potential supporters at that event. Guests heard about the remarkable work conducted by clinician scientist Dr. Naana Jumah, who is focused on women's health and Indigenous women's health in particular. Many were inspired to donate to the Health Sciences Discovery Fund of the Thunder Bay Regional Health Sciences Foundation. Donations are critical to the research being conducted both now and in the future; it's today's research that ultimately will provide tomorrow's improved clinical outcomes. This event allowed the Institute to raise \$26,000.

Our Foundation also raises funds for other areas of health care, including breast cancer research, screening and treatment. The 5 Forks Bachelors for Hope Charity Auction, held April 7, 2017, raised over \$67,000 for the Northern Cancer Fund, and I was pleased to greet the guests who made that possible.

On April 12, 2017, I attended the Joint Executive Psychiatry Governance Committee, which oversees the partnership between our Hospital and St. Joseph's Care Group (SJCG) regarding psychiatry services and recruitment. Based on previous years' experience, the committee concluded that separate staff recruitment, and appointment strategies for each organization may provide more successful. This will support our Hospital to specifically attract physician specialists with interests in acute specialized mental health care.

Also on April 12, 2017, a Joint Senior Team meeting of our Hospital and SJCG was held. One area of discussion was the Hogarth Riverview Manor commissioning. The Ministry of Health and Long-Term Care has been provided a strategy for approval regarding the opening of the remaining 128 beds. It is anticipated that residents will begin to be admitted in mid-May; we look forward to the benefits of Long-Term Care beds capacity in our community that should translate into much lower ALC occupancy of our specialized acute beds.

At the same meeting, Dr. Abraham (Rami) Rudnick, VP, Research, presented our Health Research Institute 2020 Strategic Plan. By design, this is also the research plan for our Hospital. The plan will provide through collaboration opportunities with partners like SJCG to advance our research priorities.

Kenora, Dryden, Sioux Lookout, Fort Frances Hospital CEOs and I met on April 13, 2017 to discuss our vision to support Orthopaedics as the first clinical service to implement a new software and program structure to create a true Centralized Intake and Assessment Centre with electronic physician referral capabilities, as well as the Novari ATC platform which will eventually provide integrated surgical wait list management across all surgical services initially for four sites (our Hospital, Lake of the Woods District Hospital, Riverside Health Care Facilities, Dryden Regional Health Centre). The technology will support patients and providers along the continuum of care by providing real time data and automated wait times.

I was honoured to be part of the annual Volunteer Appreciation event on April 18, 2017. Volunteers at our Hospital and Health Sciences Foundation make a tremendous impact on the experiences of patients and their care partners. They are also an essential link to the community. I take this opportunity to thank the hundreds of people who choose to give their valuable time, talents and money to support patient care at our Hospital.



The Honourable Kirsty Duncan, Federal Minister of Science, received a tour of the Cyclotron facility and Wet Lab on April 19, 2017, joined by Fort William First Nations Chief Collins and Chiefs of Ontario Regional Chief Isadore Day;

The Northern Ontario Clinical and Academic Integration Symposium was held in Sudbury on April 20, 2017. Our affiliation agreement with the Northern Ontario School of Medicine is now 10 years old; the time is right to review and advance our affiliation to its next stage of development. This symposium provided an opportunity to reflect on the next steps necessary to meet evolving academic needs and advance the governance model of our affiliation to include Health Sciences North and eventually Lakehead and Laurentian University leaders at the Affiliates' Governance Committee.

I also participated in the Northern Constellations Conference hosted in Sudbury by the Northern Ontario School of Medicine on April 21 and 22, 2017. Sessions focused on key concepts relevant to health professional education: Improving our clinical and educational activities through a culture of quality; Providing leadership as we move towards integrating health care with education, research, and scholarly pursuits; along with Professional development of the empathetic self within the context of medical education.

The Thunder Bay Regional Health Research Institute Board of Directors met on April 28, 2017. Dr. Abraham (Rami) Rudnick presented the revised Strategic Plan for the Health Research Institute, which was updated based on engagement sessions with research scientists, clinicians, Indigenous community leaders, volunteers and Patient Family Advisors.

I met with the Francophone Advisory Committee on May 1, 2017 to review and discuss French Language Services (FLS) activities. Our Hospital is being Identified FLS Provider, we are committed to develop and implement a FLS Plan.

Finally, I am pleased to report continued improvement in patient flow. Collaboration with systems partners, combined with the extraordinary efforts of staff and physicians, translated in 2016-17 fiscal year is 61% days in surge capacity. This is down significantly from 72% the previous year, and 92% in 2014-15. Our average length of stay has also improved to 5.31 days, compared to 5.66 last fiscal year and 5.85 the year prior.

The following reports from my portfolio highlight recent activities and developments:

Strategy & Performance

- The Chief of Staff, Dr. Gordon Porter and vendor, Think Research, have launched the first phase of the 8 month QBP Digital Order Set Project. We are involved in conducting a readiness assessment and awareness campaign as well as identifying priority order sets, and recruiting physician champions.
- A new workflow model to obtain the Best Possible Medication History was piloted on 2B unit. The change in workflow is expected to improve the medication reconciliation rate at admission.
- The 5-Partners Annual Accountability session to report our successes and challenges as we close year 2 of the 2020 strategic plan, is planned on June 7, 2017.



Quality and Risk Management

Quality Based Procedures (QBP)

- The 'Paediatric Tonsillectomy with and without Adenoidectomy', and 'Elective Repair of Lower Extremity Occulsive Disease' QBP are under development;
- 'Paediatric Hyperbilirubinemia' is no longer funded as a Quality Based Procedure and is returning to base funding.

Quality Framework

An integrated quality framework has been developed as part of the 2020 Strategic Plan Patient Experience Direction. Over the past two years, the Quality Work Group researched best practices, reviewed expert literature, conducted site visits and assessed our current environment. Consideration was given to our Patient and Family Centred Care philosophy, how it is integral to quality. The importance of supporting staff engagement and the correlation with staff and patient satisfaction were also considered. To promote a culture of quality, a shared understanding of quality must exist. This is achieved by defining a framework, organizational structure and accountabilities, methodologies & tools that support quality care.

The proposed Governance and Administrative structure aligns with the Ontario Hospital Association's proposed structure and the practice of other comparable organizations.

The three components of the Quality Healthcare Framework include:

- A written description of purpose, quality definition, principles, and enablers;
- An integrated governance and committee structure;
- A visual schematic that represents the quality framework.

The Framework and supportive documentation will be reviewed at the Quality Committee of the Board at the May meeting.

Communications, Indigenous Affairs & Engagement

- The 2016-17 Annual Reports for the Hospital and the Health Research Institute are in development and these Annual General Meetings with joint presentation portion is planned for June 22, 2017;
- Emergency and Trauma, Pre-Admission, 3C Medical Unit and Ambulatory Care will participate in a French Language Services research project on FLS. The project is conducted by a research team from Montfort Hospital.
- The Senior Director participated in the City of Thunder Bay's Roundtable Against Racism on April 3, 2017;
- The Traditional Knowledge and Practices Working Group is finalizing a policy and process to support the adoption of traditional knowledge and practices;
- The third cycle of Ojibwe Language Lessons for staff, Professional Staff and volunteers was launched. To date, 24 staff have completed and 10 are currently enrolled;
- She participated in the LHIN Aboriginal Health Services Planning Committee on April 20th and presented a summary of the January 18, 2017 meeting with Chiefs of Ontario Regional Chief Day;



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- A discharge planner from Shibogama Tribal Council attended the Indigenous Discharge Planning Working Group meeting on April 21, 2017 to present the challenges and support services available for patients from the Sioux Lookout zone;
- A tool was developed for Indigenous Patient Navigators to track the number of patients they support on a daily basis;
- Indigenous Patient Satisfaction Survey returns are up from last quarter. Most patients reported having had positive experiences at the Hospital.

President and CEO
Président directeur général

Strategic Plan 2020 Update Indigenous Health

Strategic Initiative: Virtual Visitation

Presenter: Dawn Bubar, Sr. Director, Informatics

Date: May 3, 2017



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Indigenous Health
Enhance culturally appropriate care.



Strategic Goal and Objective

■ Goal:

- Provide health care that respects traditional knowledge and practices, and builds Thunder Bay Regional Health Sciences Centre (the Hospital) as a leader in the provision of health care for Indigenous patients

■ Objective:

- Continue to create an environment where Indigenous patients and families feel more comfortable



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Indigenous Health
Enhance culturally appropriate care.



Strategic Activity

- **Adopt a virtual visitation strategy**
 - Virtual visitation was piloted on 1A in-patient unit in an effort to decrease the negative consequences patients coping with illness experience due to isolation from family and community supports



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Progress

- Pilot conducted from February 2017 to April 2017 on 1A in-patient unit where patients were offered the opportunity for virtual visitation via an available tablet and internet connection. Only one patient requested access and was accommodated



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Status

- Evaluation of pilot determined that this activity may no longer be required; patients now have access to free internet and most often have their own electronic devices with some sort of account (i.e. Facebook, email, etc.) pre-established
- In addition to free internet, the Hospital continues to offer telemedicine-visitation to patients upon request, allowing patient to connect with families when separated by distance



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Indigenous Health
Enhance culturally appropriate care.



Next steps

- **Determine which option(s) to pursue:**

- Conduct another pilot on another unit to see if findings are different
- Consider offering limited availability of tablets for patients that do not have accessibility to a technology that allows for access to the internet in a central location. This option presents some challenges such as:
 - Where and who would manage the signing in & out of devices
 - What would be the hours of operations
 - Would units know who to call to get device delivered

- **Continue to promote telemedicine-visitation and free internet services for patients separated by distance**



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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
May 3, 2017

Academic Affairs and Interprofessional Education

Applying Best Practices in Education to Nursing Orientation



Nursing orientation has been redesigned from primarily classroom teaching to simulation. Here is some initial feedback:

"I'm totally about this new system; I love it"

"I was definitely not confident in this skill before, but the sim and debrief were very helpful for clarifying and teaching before I go to the unit."

"Very engaging, loved the standardized patient; made me more comfortable"

"Good Sim, I liked practicing what to do with a stressed family member."

Medical Affairs

- Two site visits took place during the last month for Critical Care and Cardiology
- Dr. Ismeil Amhalhal (Interventional Cardiology) has accepted a position with an anticipated start date of July 2017
- The Northern Ontario Symposium on Clinical/Academic Integration was held in April in Sudbury. This was an interactive forum where the key findings of four working groups were shared and the best-fit options for actions/strategies for collaborations presented for discussion by a broad group of stakeholders. Dr. Stewart Kennedy led the work on the theme of leadership accountability for teaching and research at clinical sites and presented the findings, followed by a lively discussion the next day at the World Café.

Pharmacy

- The medication reconciliation admission rate for March was 68.1%, an increase over February at 64.8%.



Patient Services-Chief Nursing Executive

National Surgical Quality Improvement Plan (NSQIP)

- Through collaboration with Health Quality Ontario funding was secured for NSQIP to be continued through to March, 2018.
- NSQIP collects data that provides in-depth and insightful analysis, which supports perioperative services to better understand the quality of care provided at our hospital when compared to similar hospitals with similar patients.
- Using NSQIP's surgical patient outcome data to drive quality improvement aids in interprofessional collaboration, commitment; and fosters decreased surgical complications, improved quality patient care, and decreases the cost of health care delivery. NSQIP is the tool that aligns a continuous quality improvement approach with patient centered care to deliver effective and efficient health care.

Emergency (ED) Patient Flow

- The ED volume in 16-17 was 109,089 which represent a 1.5% increase from last year's total of 107,089 patient visits.
- Of the 109,089 ED visits, 81% were from patients with high acuity conditions compared to 78% last year.
- In March, ED remained 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 3.2 hours (target 4 or less).
- ED LOS for admitted patients decreased from 49 hours in Feb to 39 hours in March (target 27 or less). On average, each morning, there were 23 patients waiting in ED for an in-patient bed.

Organ & Tissue Donation

- April was national BeADonor month in support of the 1,500 people in Ontario waiting for an organ transplant.
- Every 3 days someone will die because they did not get their organ transplant in time.
- One organ donor can save up to 8 lives and enhance the lives of up to 75 more through the gift of tissue (bone, eyes & skin).
- Registration through www.BeADonor.ca or at Services Ontario centre is the only guaranteed way of ensuring your donation wishes are known.
- Since 2011 the registration rate in Thunder Bay climbed from 42% to 49% and 31% of all Ontarians are registered donors.
- Everyone regardless of age is a potential donor. To date the oldest Canadian organ donor was 92 and oldest tissue donor was over 100.

Organ & Tissue Donation Metrics

- Since 2013 Trillium Gift of Life Network (TGLN) has required hospitals to publicly report two performance metrics; mandatory notification of potential donors and conversion rate (ratio at which potential donors become actual donors).



- Starting in September 2018, performance metrics related to approaching families for organ donation will be publicly reported.
- The enhancement of public reporting will increase transparency, further demonstrate hospitals commitment to Ontario's transplant system and ensures families have the opportunity to be approached to consider donation.

Research

Clinical Research Projects

- at the end of March, 69 of 162 open clinical research projects were operating through Clinical Trials;
- research projects include 21 non-oncology, 44 oncology and 4 physician initiated studies
- of the above research projects, 49 are clinical trials.

Academic Integration in Northern Ontario

- Dr. Rudnick, Mr. Bartkowiak and Dr. Kennedy attended sessions in Sudbury on April 20th – 22nd along with representatives of Health Sciences North and the Northern Ontario School of Medicine;
- the conferences provided an opportunity to look at how to better integrate NOSM and the two Academic Health Sciences Centres and to consider how to improve the academic component of the mission of the two hospitals with NOSM;
- TBRHSC, NOSM and HSN executives are leading a process that will shape future collaboration agreements and redefine partnerships in medical education across the North;
- the Clinical/Academic Integration Symposium focused on various issues related to academic work in clinical settings;
- the Northern Constellations conference offered attendees a variety of concurrent sessions ranging from quality improvement, leadership, research, virtual healthcare and more;
- while in Sudbury, Dr. Rudnick also facilitated a discussion group with faculty from the Faculty of Health Sciences at Laurentian University.

Outreach & Other

- attended the OHA sponsored **Northwest Mental Health Conference** on March 27th;
- the focus of this session was on health equity issues facing Northern Ontario; building integrated models of care; Emergency Department care challenges and opportunities; and improved access to mental health professionals;
- on March 30th attended a Northern Ontario Heritage Fund Corporation reception with Minister Mauro;
- Dr. Rudnick recently received an appointment to Lakehead University as an External Adjunct Professor to the Department of Health Sciences;
- for other news please refer to the April TBRHRI Report for the Hospital Board.



Corporate Services & Operations

Financial Services

- The department is working on year end close and preparing for the on-site audit.

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 were due on April 10, 2017. Documents were submitted by the deadline and are being reviewed by the Thunder Bay Fire Department.
- *A number of program and facility capital projects are in planning.*
- *An approval of the pre-capital submission for Cardio-vascular Surgery was received.*
- *A systematic review of facility Security and Parking is planned.*

Decision Support

- Over the past month, Decision Support (DS) has been heavily focused on completing fiscal year end reconciliations and adjustments, and working with TBRHSC leadership on validating final budget workbooks. As well, DS is leveraging initial case cost data to determine how it can be used to support future operational improvements and efficiencies.

Northern Supply Chain (NSC)

- The expanded NSC program has issued several RFPs in fiscal 16-17 where the NE and NW Hospitals have jointly participated and benefited from enhanced buying power. Projected savings to the NE should experience significant momentum as new initiatives such as Staff Scheduling which was just awarded and with larger opportunities in the queue such as Employee Benefits and 3rd Party Distribution services.

Informatics

- Recent enhancements have been made to the Picture Archiving & Communications System (PACS) which stores diagnostic images such as x-ray, ultrasound, CT, MRI, etc. images, including new privacy functionality that enables images to be locked for privacy reasons and increased standardization of image data elements to streamline the appearance of information on screens for improved efficiency for physicians/radiologists. Foreign exam management that allows for the electronic retrieval of images from studies completed at other facilities in LHIN 11, 13, and 14 has also been implemented. This eliminates the need for patients to obtain their images on a disk from a participating facility and bring it with them to the Hospital.
- Enhancements have been made to the Hospital Information System to support Hospitalists in making their practice more efficient by identifying and aligning patients. Reports are now in place that have eliminated manual processes, such as having to cross-reference patients' family physicians and aligning patients without family physicians to Hospitalists.



- Construction on the new data centre has commenced and is expected to be completed by November 2017.

Patient Services and Cancer Care Ontario

Adult and Forensic Mental Health Program

Adult Mental Health continues its efforts to recruit Psychiatrists. Psychiatric manpower is currently our largest concern. We have signed a returning Psychiatrist who will join us part-time starting in May and a new graduate who will join us full-time next year.

Mental Health has completed a pilot of a mental health screening tool that will assist staff throughout the hospital to more appropriately identify patients who may be struggling with mental health difficulties. After some minor tweaks to the tool, it should roll out organization wide this summer.

Cardiovascular and Stroke Program

Code Stroke was initiated in December 2015, to maximize patient outcomes by facilitating the rapid assessment, investigation, diagnosis and access to acute stroke treatment including the administration of the drug tPA. Significant improvements towards provincial and national benchmarks have been made since implementation. During the fiscal year of 2016/17, 185 Code Stroke calls were made, with 51 patients receiving tPA (32 cases in the fiscal year of 2015/16, 28 cases in fiscal year of 2014/15). This has resulted in a median for door to needle time of 44 minutes (58 min in 15/16, 70 min in 14/15), the Ontario target being 30 minutes.

The Regional Stroke Unit's ongoing success continues in treating stroke patients from LHIN 14 on an Acute Stroke unit as per Quality-Based Procedures and best practices. Patient transfer time from acute stroke admission in the Regional Stroke Unit to inpatient rehabilitation are improving, soon to be quantified in the upcoming Ontario Stroke Network report card (release date June 2017).

With continuous focus and efforts on seamless patient transitions to TBRHSC and repatriation back to regional communities, the team met with the Ornge team. The meeting focused on delays we have with patient transfers for cardiac surgery and delays with the transfer of cardiac patients from the region. The impact of these delays on patient outcome was agreed upon as our biggest issue. We also discussed the significant impact on utilization of resources in regional hospitals, our hospital and the tertiary cardiac surgical sites. Dr. Homer Tien (Chief Medical Officer, Ornge) suggested he visit our hospital within the next few weeks to develop improvement plans. He requested we send him 10-15 patient stories with significant "cardiac" delays that he can review prior to his visit to Thunder Bay.

Prevention & Screening Services

The Genetics program celebrated its one year anniversary with the Hospital. The program provides assessment, diagnosis and information to patients who may be at high risk for a genetic problem, addresses concerns and advises patients and their health care providers about ways to stay healthy. Patients referred to the Genetics program may include: individuals



with a family history of a genetic disorder, individuals with a genetic condition, birth defect, and/or serious development delay; and women with an abnormal pregnancy.

The Lung Diagnostic Assessment Program (DAP) closed off 2016-17 with 59.1% of all cases achieving a diagnosis within 28 days. The Provincial target is 65%. The Hospital is sitting at 5th place in the province out of the 14 Lung DAPs. Our Regional patients are included in equal access to the Lung DAP as well.

Regional Cancer Program

A new medical Oncologist, Dr. Olexiy Aseyev has been successfully recruited to join the Cancer Program. Dr. Aseyev will be joining the program the first week of July as he completes his residency in OncoCardiology.

The annual COPE (Community Oncology Professional Education) workshop is planned for May 5th. Staff and physicians including our regional partners and primary care are invited to participate.

The Palliative Care team has a refined process for centralized referral through the Cancer Centre for all referrals. A new outpatient clinic has been developed for patients without a cancer diagnosis through St. Joseph's Care Group.

Telemedicine Services

Phase I scheduling integration across NW Ontario in partnership with OTN has been successful. 95% of appointments for independent physicians, Fracture Clinic and the Cancer Program are now initiated within the Hospital. Concerns continue regarding appropriate clerical supports within the Hospital and across the region. Project integration continues with phase II, which will affect 13 regional sites.

Human Resources

Labour Relations Update

Rod Miller, Manager of Labour Relations has resigned effective, April 28, 2017 to accept a position as Director of Human Resource Strategies and Services at the NW LHIN. Since Rod joined our staff in 2006, his skills and dedication earned him continued success within our organization. We are all sorry to lose Rod's passion for his work, influential nature and integrity; we wish Rod every success in his new endeavors. Recruitment to fill this vacancy is underway.

Occupational Health and Safety Week

"Get In S.T.E.P. – Safety Takes Every Person" is the theme for the Occupational Health and Safety week being held from May 23-26. The Joint Occupational Health and Safety Committee (JOHSC) has planned a week of fun and safety related events to promote a cooperative spirit focusing on occupational health and safety issues both at work and at home. Staff will also have an opportunity to meet and chat with members of the JOHSC.



Attendance Support Program Redesign

Human Resources in conjunction with Occupational Health and Safety have made significant changes to the Attendance Support Program (ASP) (previously Attendance Awareness Program). The overall purpose of our ASP is to help our employees maintain regular attendance at work, either through medical intervention, counselling, and/or job modification. We have had a long-standing program in place, providing attendance management support and monitoring to over 100 employees at any given time.

Q4 Leadership Enhancement and Performance (LEAP)

The next Leadership Enhancement and Performance session for our leadership group is scheduled on May 24, 2017 and will focus on the future of leadership, using our collective strengths, patient flow, operational review, and quality framework. These quarterly sessions continue to help enhance leadership skills and knowledge required to support our staff and our patients and families, while keeping our strategic and operational performance top of mind.

Retirement Celebration – May 11, 2017

The Retirement Celebration honouring 82 employees and professional staff who retired in 2016 will be held on Thursday, May 11, 2017 at the Victoria Inn. Board members are invited to attend.

National Volunteer Week

National Volunteer Week was celebrated April 23-29. As part of the week's events, Senior Leaders participated in the "Shadow a Volunteer" initiative, where they spent time with a volunteer in one of our service areas to better understand and recognize the impact our volunteers make every day for our patients, visitors, and staff. Other events during the week included:

- booth at the bottom of the Grand Staircase with information and giveaways for volunteers;
- flag-raising at City Hall on April 24 with the Mayor and members of City Council in honour of all volunteers in Thunder Bay ;
- Annual Volunteer Appreciation and Awards Dinner on April 18 at the Italian Cultural Centre with musical guests Martin Blanchet Jazz Group.
- City of Thunder Bay's Citizens of Exceptional Achievement Awards Night held on April 25 where the Volunteer Association received an award.

Ontario Volunteer Service Awards

Ten volunteers will be honoured at the Ontario Volunteer Service Awards and one volunteer will receive the Ontario Youth Award at a ceremony on May 23.



Thunder Bay Regional
Health Sciences
Centre

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Chief of Staff
Médecin chef

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

May 2017

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; Health Records, Information Systems and Decision Support are collaborating on this joint effort
- Volunteers from the working group will be meeting in May to review the current format of Physician LOS data reports provided by Health Records to discuss how they may be re-designed to be more user-friendly and meaningful

Professional Staff 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 has been overwhelming

Quality-Based Procedures (QBP) and Think Research

- The hospital will be participating in the provincial project to improve the adoption of QBP order sets (and eventually will expand to all order sets using digital technology)
- The vendor, Think Research, is providing expertise in evidence informed practice, easy-to-use technologies and project/change management
- The first phase of the project with Think Research will run for one year (project initiation, assessment, development, implementation and sustainment) to launch the QBP digital order sets
- Official kick off with Think Research took place on March 28
- The new Clinical Lead position to support the project has been filled
- Hospital-wide engagement started the week of April 17 and included a memo circulated to all staff and Professional Staff to raise awareness, a display booth in the cafeteria and the opening of the pre-implementation baseline survey
- A clinical workshop facilitated by Think Research was held May 1 to orientate those that will be developing the first group of order sets
- The governance structure and membership has been finalized
- The newly created Digital Order Sets Approval Committee held their inaugural meeting on May 3

Thunder Bay Regional Health Sciences Centre is a leader in Patient and Family Centred Care and a research and teaching hospital proudly affiliated with **Lakehead University, the Northern Ontario School of Medicine and Confederation College**.

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

healthy
together

En santé
ensemble

Chief Nursing Executive

Open Report

to the

Board of Directors
May 2017

Nursing Week

- This year National Nurse's Week is May 8 -12 with the theme “#YESThisIsNursing”.
- Confirmed events include:
 - Monday May 8th, an informal kick-off continental breakfast for all TBRHSC nurses, featuring coffee, muffins, fruit sponsored by the Lakehead Chapter of the RNAO (Registered Nurses' Association of Ontario).
 - Lunch and learn events sponsored by RNAO Best Practice Champion Open House funding and 3M:
 - Tuesday May 9th, presentation by Michelle Allain, Bioethicist, on the topic of Social Media.
 - Wednesday May 10th, presentation by 3M, "Back to the Basics-Tips and Tricks to Improve Your Day" focus on intravenous practice.
 - Thursday May 11th, presentation by Shelley Tees, CNS – Wound, on the topic of pressure injury, sharing data and next steps on our pressure injury prevention journey.
 - Friday May 12th at 1330, Annual Nurses Week Celebration Tea with presentation of Annual Nursing Awards of Excellence.
 - Throughout the week “expo” style booths, showcasing work of our nurses in advancing patient care, will be set up at the bottom of the grand staircase.

Nurse Practitioner (NP) – Prescribing controlled drugs and substances

- In October of 2016 the Minister of Health and Long-Term Care communicated to the College of Nurses of Ontario (CNO) that he would like to see NPs in a position to prescribe controlled drugs and substances as soon as possible and no later than March 2017.
- March 2017, CNO approved draft regulation that would expand the NPs scope of practice to include prescribing controlled substances be sent to the government for review and approval.
- In order to support safe client care the proposed regulations include a condition that NPs must meet education requirements related to controlled substances.
- All NPs in Ontario were sent a communication by the CNO informing them that in order to be able to prescribe controlled substances when the regulation changes come into effect, they would be required to complete, by March 10, 2017, one of two approved courses. If a NP chooses to not complete the education required to prescribe controlled substances, their profile on the public register, Find a Nurse, will indicate that their practice has restrictions.

- April 19th, it was announced that the government has approved the regulations allowing NPs to prescribe controlled substances. The regulation has been filed as O. Reg. 111/17 and it is in force; however, it could take a few days for the amendments to be reflected on e-laws.
- CNO is in the process of updating documents on their website and will be updating the Find a Nurse to reflect license restrictions for any NP who did not complete the required course.

Frail Seniors Clinical Pathway Development

- Thunder Bay Regional Health Sciences Centre, in partnership with St. Joseph's Care Group and the North West Community Care Access Centre have developed screening protocols which will inform a comprehensive clinical pathway aimed at enhancing the care of frail elderly patients who present at the Emergency Room, or who require admission to Hospital.
- The Senior Friendly approach to care has helped inform the project's overarching principles and guidelines, and the expertise of the Geriatric Assessment Team (GAT), Assess & Restore, Hospital Elder Life Program (HELP) and Nurses Improving Care for Healthsystem Elders (*NICHE*) clinicians have been leveraged to develop the tools, processes and framework required to support the implementation and uptake of clinical practice, the assessment and treatment of patients, and the evaluation of the quality, effectiveness and efficiency of pathway outcomes.
- A draft pathway has been developed, and a 4 week trial is currently underway in the Emergency Department. The Geriatric Care Coordinator, in collaboration with both internal and external partners, will facilitate the execution and assessment of the clinical pathway during the trial, and throughout the broader implementation plan.



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**Northern
Cancer Fund**



**Northern
Cardiac Fund**



**Health Sciences
Discovery Fund**

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

Over \$67,000 raised for Breast Cancer!

On April 7, the phenomenally successful Five Forks Bachelors for HOPE Charity Auction raised over \$67,657 in support of breast cancer education, awareness and treatment for Northwestern Ontario. The over 400 attendees enjoyed a gourmet meal, entertainment and most importantly, made an incredible impact on the care to be offered from the Health Sciences Centre and sites throughout our region. Hats off to the organizing committee on an amazing year – looking forward to even more excitement in 2018 for the 20th year!

Thanks a Million!

National Volunteer Week was April 24-29/17. Volunteers across Canada were recognized for the invaluable contributions and impact they make to our communities.

On April 18 at the Italian Cultural Centre, the Health Sciences Centre and Health Sciences Foundation joined to recognize an incredible resource – volunteers. **The over 900 active volunteers** supporting healthcare include special event committees, information desk attendants, office volunteers, Patient and Family Advisors and many, many, more. Their collective support makes possible the work of both organizations. Your role as Board Directors is key to providing strategic direction for both organizations – and we couldn't be more grateful.

Media Coverage – Contact Heather ext. 7111

Past

- o 5 Forks Bachelors for Hope Auction Raises \$67,657! (Apr 10, 2017)
- o New Cancer Care Equipment Funded at Atikokan General Hospital (Apr 13, 2017)
- o New Cancer Care Equipment Funded at La Verendrye Hospital (Apr 13, 2017)
- o New Blanket Warmer for Cancer Patients at Hopital Notre-Dame Hospital (Apr 19, 2017)
- o New Cancer Care Equipment Funded at North of Superior Healthcare Group - McCausland Hospital Site (Apr 24, 2017)
- o New Cancer Care Equipment Funded at North of Superior Healthcare Group - Wilson Memorial Hospital Site (Apr 25, 2017)

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 where 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!

What will your legacy be?

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

Every gift – regardless of size – impacts the care offered to all of us in Northwestern Ontario. Your Health Sciences Foundation helps make possible things like new isolettes for the tiniest residents, just starting their lives to new cancer care equipment for patients to receive care close-to-home at 13 satellite sites across the region.

Every gift makes a difference and we hope that you've taken the time to think about what your legacy could be. Haven't had a chance? Want to know where your gift could make a difference? Please contact Terri Hrkac, Director, Planned and Major Gifts at 684-7109 for more information.



**THUNDER BAY
Regional
Health
SCIENCES CENTRE**

Governance/Nominating Committee 2016-17

Updated: April 28, 2017

Colour Legend

Completed by target

In progress

Delayed



The flag of the Republic of Serbia is a tricolor consisting of three horizontal stripes of equal width: blue at the top, red in the middle, and green at the bottom.

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					
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				
26	Governance	Interview candidates	N									x			Interviews cancelled on April 26 due to weather - will be rescheduled.
27	Governance	Review incumbents	N									x			
28	Governance	Review of applicant interviews	N									x			
29	Governance	Propose slate of nominees	N									x			Interviews cancelled on April 26 due to weather - will be rescheduled.
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	

			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								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: April 28, 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.

RESOURCE PLANNING COMMITTEE WORK PLAN

2016-2017 as at April 18, 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]

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

2016-2017 as at April 10, 2017

2016-2017 as at April 10, 2017

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

[illegible]

Page Views: Open Board Meeting Webcast

September 2013 – April 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	March 2017	--
April 2014	29	April 2015	29	April 2016	38	April 2017	19
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		



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

Submitted by: Jean Bartkowiak, CEO
April 26th, 2017

Minister Duncan Visits Thunder Bay

On April 18th and 19th, Federal **Minister of Science, Kirsty Duncan** was in Thunder Bay. Along with visiting Lakehead University, Minister Duncan visited the Institute where she received a tour of the Cyclotron and Radiopharmacy facility and the Wet Lab. Prior to her departure, she also participated in a roundtable discussion with Senior Leaders and several Indigenous leaders. During the discussion, the health challenges of Indigenous people in Northwestern Ontario and elsewhere was acknowledged and emphasis was placed on the need to develop full partnerships with Indigenous people regarding their health research. The Institute has had some very positive examples of collaborating with Indigenous communities on research that addresses health issues specific to this population. During the discussion we emphasized that we look forward to future support from the Federal government and agencies to advance partnerships with Indigenous communities on research projects that will address their health challenges.



The importance of federal and other supports for innovative and applied research was also stressed. This support is critical to enable research institutes and academic health sciences centres to carry out vital and impactful research.

Bringing Discovery to Life in Toronto



On April 6th approximately 70 guests attended a fundraising event in Toronto featuring Dr. Naana Jumah. Her presentation showcased her work to address the issue of maternal narcotic addictions in Indigenous women. This demonstration of our commitment to research that improves the health outcomes of the people of Northwestern Ontario and beyond is inspiring philanthropic support of our Institute. This was the second year in a row that the Institute hosted this reception and we would like to recognize Tom Kehoe's role in the evening's success. Following the event, several potential donors have expressed interest in coming to Thunder Bay in May to tour the Institute's facilities and to learn more about research that is being undertaken at the Hospital and the Institute.

Thunder Bay Regional Research Institute is the research arm of the Thunder Bay Regional Health Sciences Centre, a leader in Patient and Family Centred Care and a research and teaching hospital proudly affiliated with **Lakehead University** and the **Northern Ontario School of Medicine**.

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

Bringing
Discovery
to Life

Donner
vie à la
découverte



Thunder Bay Regional
Health Research
Institute

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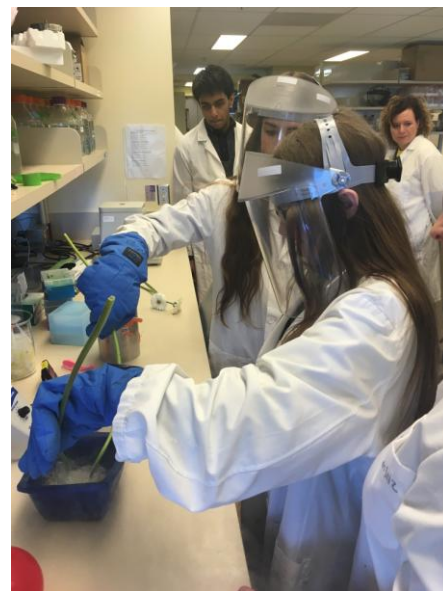
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Fax: (807) 684-5892
www.tbrhri.ca

Northwestern Ontario Regional Science Fair

On April 7th the Institute took part in the 54th annual Northwestern Ontario Regional Science Fair held at Lakehead University. Over 120 students between grades 4 and 12 participated in the event as well as several hundred students who were visiting as part of field trips.

In addition to being a Gold-level sponsor, Institute staff and trainees volunteered as expert judges. The judging teams included Dr. Michael Campbell, Shayna Parker and Dan Tesolin (English language) and Drs. Laura Curiel, Samuel Pichardo and Roxanne Deslauriers (French language). Robert Jackson chaired the Regional Science Fair Committee while Melissa Togtema and Vanessa Masters provided a guided tour of the Institute's 3rd floor Wet Lab as part of the participants' science fair activities.



Strengthening the Research Ethics Review Process



This month saw a milestone agreement reached that will improve and streamline how research applications are reviewed and approved by Research Ethics Boards (REB) at both the Thunder Bay Regional Health Sciences Centre and Lakehead University. The two organizations signed a reciprocal agreement which makes approval by one REB relevant for both organizations. This should help encourage more innovation and promote ethical research that is meaningful to our region.

Research Seed Funding Competition Launched

A new funding opportunity was recently announced that aims to support promising health research in order to advance research outcomes and capacity. The research seed funding competition is sponsored by the Hospital and the Institute and applies to basic science, clinical research, social inquiry, humanities scholarship or other health research that addresses the strategic directions outlined in the Institute's 2020 Strategic Plan. Teams of at least two applicants can apply. The principal applicant must be a physician, scientist or staff of the Hospital or Institute and at least one co-applicant must be a patient or learner at the Hospital or Institute or a resident of Northwestern Ontario. A maximum of \$10,000 will be awarded per successful application with up to \$20,000 being awarded this year. For more information contact Daniel Horne at horned@tbh.net or Dr. Abraham Rudnick at rudnicka@tbh.net. **The deadline for applications is June 30th, 2017.**

Thunder Bay Regional Research Institute is the research arm of the Thunder Bay Regional Health Sciences Centre, a leader in Patient and Family Centred Care and a research and teaching hospital proudly affiliated with **Lakehead University** and the **Northern Ontario School of Medicine**.

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

Bringing
Discovery
to Life

Donner
vie à la
découverte



BOARD REPORT – April 2017

The Board welcomed Amanda Bjorn at the meeting on April 19. She shared with us the ongoing plan on developing cohesiveness and leadership within the hospital and its Departments.

All donations for 2016 have been finalized and discussion for the 2017 has begun. A motion on participation in the 2017 Family Support Grant was passed. The board received their appreciation from Lakehead University, Confederation College and Nursing students for the scholarships.

The Raffle portfolio is in discussion mode with the Quilt Guild in the city. Overall, the Guild expressed their desire to contribute quilts for future raffles. A committee has been set up to ensure that communication between the Raffle Group and the Quilt contributors stay on track. The intention is to run a Quilt raffle in 2018.

As it is the 115th anniversary of the Volunteer Association, a Memories Newsletter was designed identifying a brief history of the two hospital auxiliaries, its amalgamation and its many fundraising groups. It has been placed on the hospital website as well as displayed at the Volunteer Appreciation Banquet. The association received an award for its longevity and contributions from the Hospital Auxiliaries Association of Ontario. As well, the City of Thunder Bay awarded the Association a Citizen's award on April 27.

Seasons move is complete. We do appreciate the organized chaos under Nella Lawrence. It was quite successful. As well, a renovation in the back room of Seasons is just about complete. We have given the Cabinet contract to Pradal and sons. That work is to be completed by June. .

Respectfully submitted,
Margaret Power (President)

Compliance with Excellent Care for All Act – Critical Incident Process

Cathy Covino,

Sr. Director, Quality & Risk Management

April 12, 2017

Critical Incident Defined



A critical incident is defined in Regulation 965 under the *Public Hospitals Act*, as, “any unintended event that occurs when a patient receives treatment in the hospital;

AND

that results in death, or serious disability, injury or harm to the patient,

AND

and does not result primarily from the patient’s underlying medical condition or from a known risk inherent in providing treatment.”



Aggregated Critical Incident Data



- Section 4 of the Excellent Care for All Act (ECFAA) provides that the Quality Committee must oversee the preparation of the quality improvement plan, which must be developed having regard to its aggregated critical incident data (Jan. 2011)
- Board ensure the Administrator provided aggregate data of critical incidents to the Quality Committee twice a year
- Includes data of incidents occurring at the hospital since previous report - does not stipulate how to aggregate data - hospitals develop their own template for consistent reporting
- The Quality Committee should consider the recommendations of the MAC that relate to systemic or recurring quality of care issues
- The MAC is now required to make recommendations directly to the Quality Committee which in turn, must take these into consideration when reporting to the Board

Five Questions to help assess whether a patient safety incident is a critical incident

1. Did something unintended happen to the patient?
2. Was the patient under the care of the facility at the time?
3. Was there disability, injury or harm? If yes, at what level?
4. Are there consequences to the patient now, or anticipated in the future?
5. Did the incident result primarily from the patient's underlying medical condition or from a known risk inherent to providing treatment?

Aggregate Reporting to the Board and Quality Committee of the Board November 2016 – March 2017

Critical Incidents Summary



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graph TD; A[Critical Incidents Summary] --> B[Classification]; B --> C[Recommendations];
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Classification

Recommendations



Incident Classification and Recommendations Aggregate

Best Practice Implementation

Alcohol withdrawal protocol to align with best practice

Specific guidelines for reduced kidney and liver function present but not followed- now highlighted in protocol



Process

Alcohol withdrawal protocol in combination with narcotics needs to be reviewed and align with best practice

Samples were requested from the Coroner, process failed, reviewed and improved process



Environmental

Aesthetic finishing was removed

Assessment of all glass where it is possible to climb over undertaken and will be reviewed by SLC



Incident Classification and Recommendations Aggregate

Process

Ability to manage form 1 patients in the ER

Response to mental Health surge review to ensure appropriately trained staff are available in ER



Policy

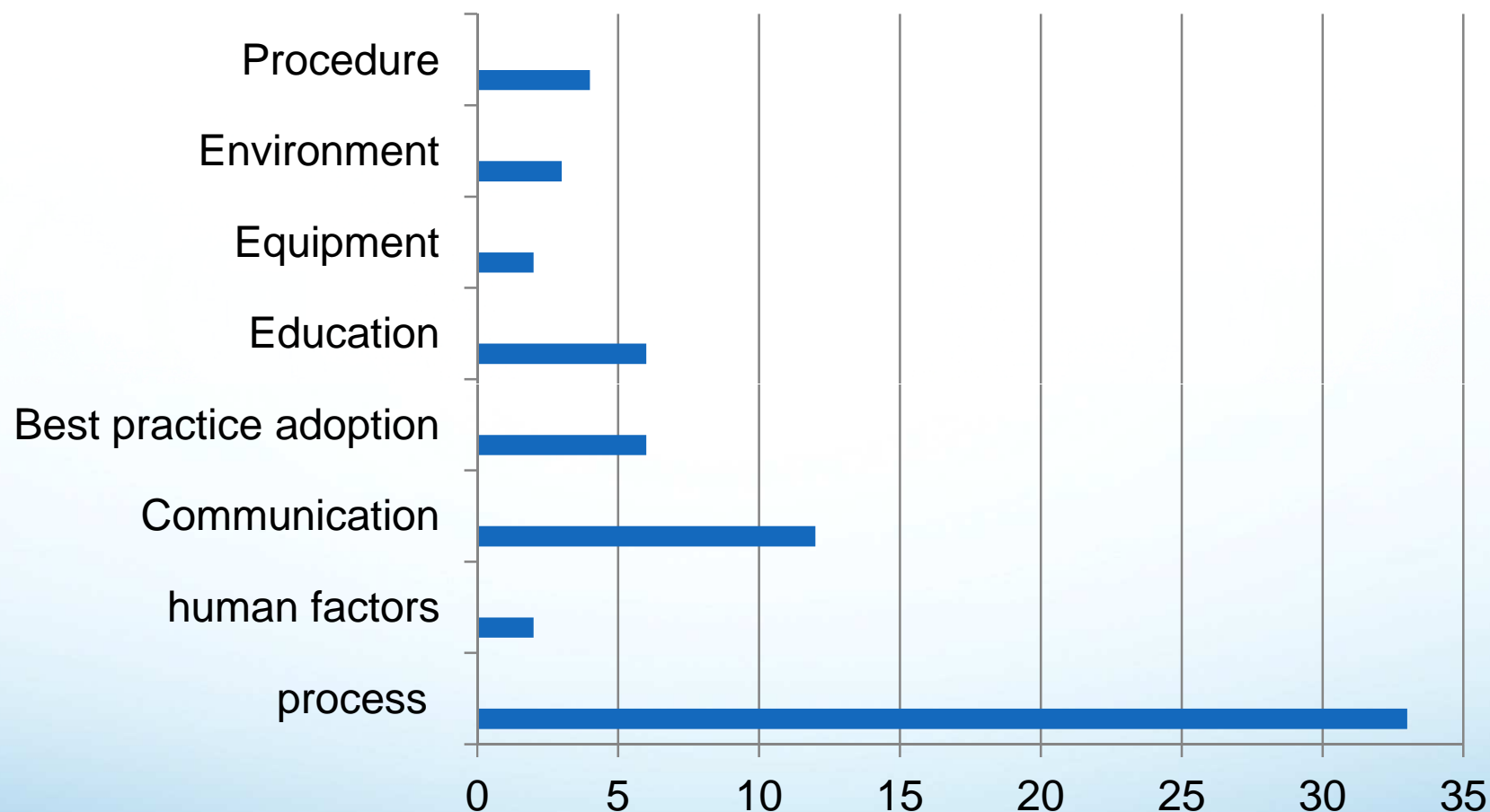
Response to attempted suicides are not managed through a code being called

Efforts are being place on a proactive approach to suicide attempts in early detection and management

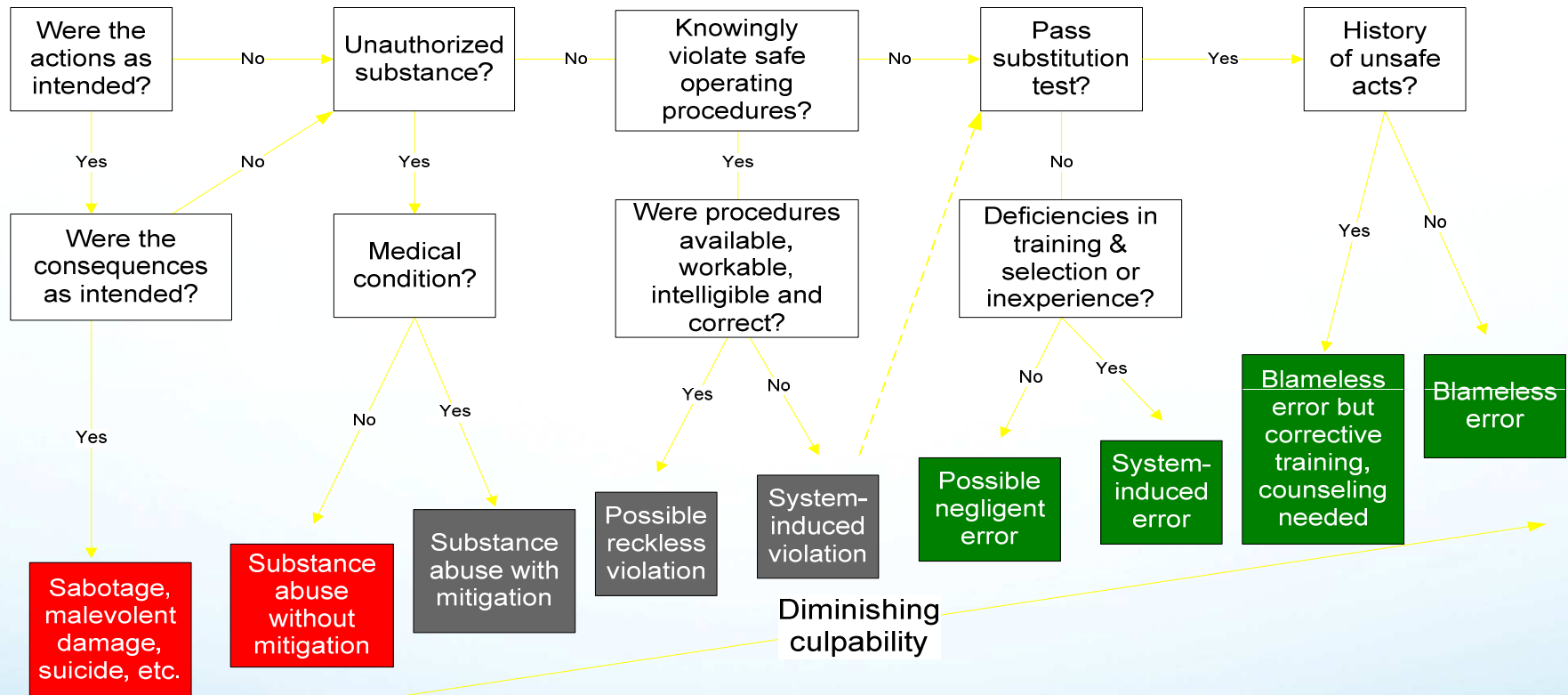


Incident Root Cause Classification

March 2010-2017



James Reason's Decision Tree – Performance vs. Process



Decision Tree for Determining Culpability of Unsafe Acts



Excellent Care for All Act

- Incidents must be shared with the Administrator as soon as possible
- A review is conducted
- Improvements are shared with the families as soon as we are able to
- The Chief of Staff (Chief of Department) and I meet with patients and families when a critical event occurs
- A letter is written and given to the patient/family
- The trust and rapport we develop is very important
- Open and honest discussion of the facts
- Reviews must be brought to the Medical Quality Assurance Committee of the Medical Advisory Committee and then to the Quality of Care Committee (QOCC) – **Leaders** in having a Patient Family Advisor(PFA) on our QOCC - October 2015 Keith Taylor joined our committee next steps PFA to attend review and family meetings
- Reviewing QCIPA review recommendations

HOSPITAL PROCESS TO RESPOND TO PATIENT SAFETY/ CRITICAL INCIDENTS: *Summary of Key Items*



24-48
hours

72
hours –
1 week

1 week –
1 month

20-30
days



A. IMMEDIATE RESPONSE

1. Identification of Incident (*initial assessment of threshold*)
2. Ensure Immediate Needs of Patient(s) and Families; and Support Staff
3. Preserve Evidence and Document in Patient Chart
4. Notification of Leadership/Management and Triage Response Required
5. Disclosure (Initial) to Patient and Family
6. Consider Additional Disclosure or Reporting Requirements
7. Meet Documentation Requirements

B. PREPARE FOR ANALYSIS/CONDUCT INTERVIEWS

8. Assemble Review Team
9. Review Information
10. Meet with Patient/Family, Health Care Professionals, and Other Individuals
11. Develop Sequence of Events/Timeline
12. Meeting Logistics and Package of Materials

C. PATIENT SAFETY/CRITICAL INCIDENT REVIEW MEETING(S)

13. Confirm Details Related to the Incident
14. Identify Problem Statement and System Gaps
15. Validate Evidence for Causes Identified
16. Brainstorm and Prioritize Recommendations

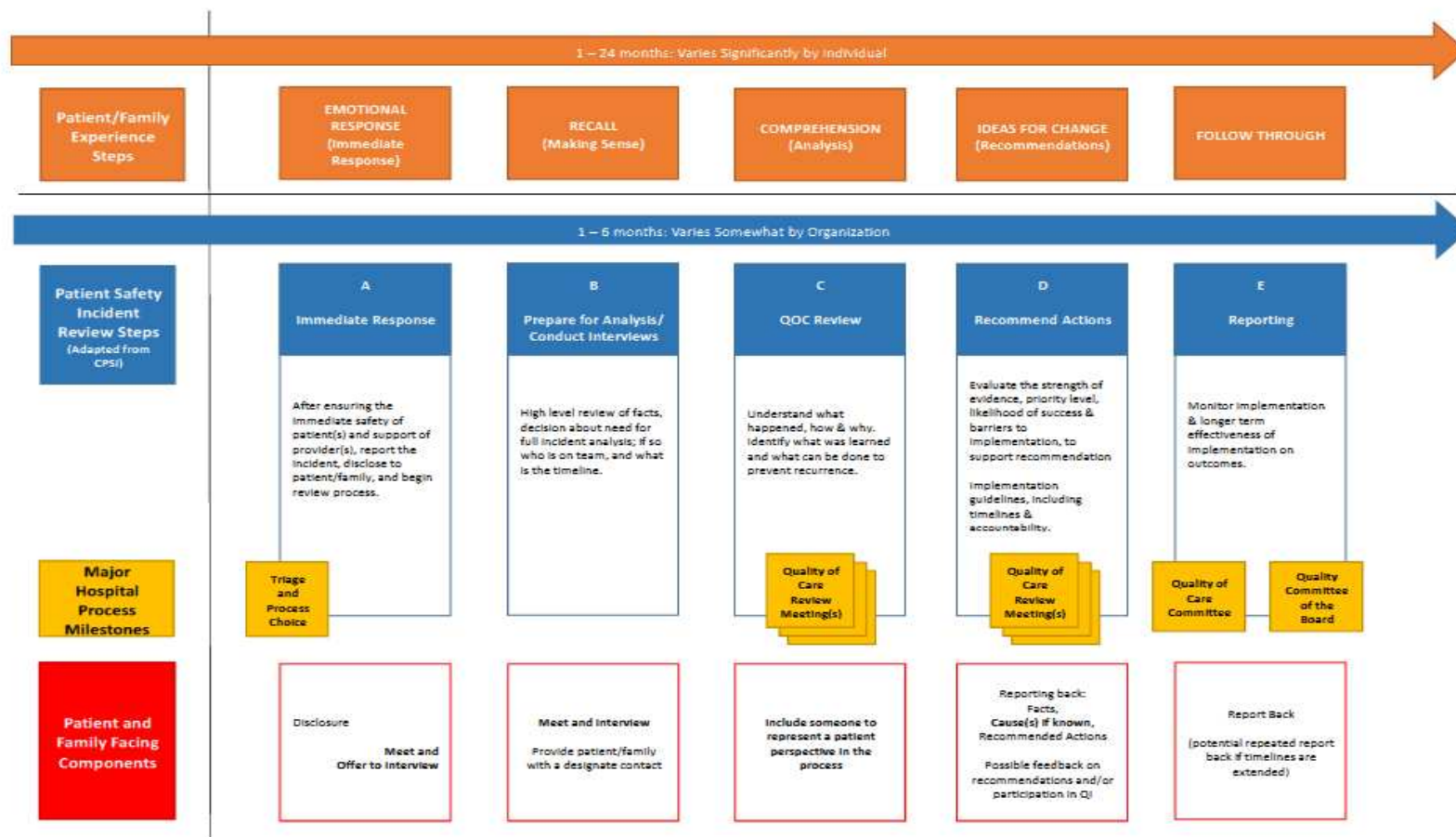
D. RECOMMENDED ACTIONS

17. Finalize Recommendations and Assign Timelines and Accountability
18. Presentation to Quality of Care Committee

E. REPORTING AND IMPLEMENTATION

17. Post-Disclosure to Patient/Family
18. Monitor Implementation and Report Back





Quality Committee of the Board

- Please review the previous two slides, they are new tools developed from the Ontario Hospital Association(OHA)
- Do the timelines make sense?
- The Patient Relations part of the critical incident is relatively new, does the diagram make sense?
- Is there feedback the QCOB would like to provide the OHA?

Quality of Care Information Protection Act Review Committee (2015)

6 Principles

- Critical incident investigations should assume good intentions from all parties
- Critical incident investigations should be patient inclusive
- Critical incident investigations should be transparent
- Staff need to communicate effectively with patients and families before, during and after critical incident investigations
- Critical incident investigations should entail an obligation to share lessons
- Critical incident investigations should be consistent and predictable

New to Excellent Care for All Act 2016

- Patient relations to participate in every critical incident review
- Affected patient must be interviewed as part of review
- Certain information about critical incidents cannot be withheld from patients and their families
- Information to be disclosed:
 - The facts – what happened?
 - Cause(s) of the critical incident, if known
 - Consequences of the critical incident for the patient
 - Action taken or recommended to be taken for the patient
 - Systemic steps taken to address consequences or reduce risk of future incidents

References

- www.health.gov.on.ca/en/common/legislation/qcipa/docs/qcipa_rcr.pdf
- www.health.gov.on.ca/.../ecfa/legislation/criticalincident/update.aspx
- <https://www.cmpa-acpm.ca/-/communicating-the-disclosure-of-h>
- [www.oha.com/.../Bulletin Critical Incident Reporting.pdf](http://www.oha.com/.../Bulletin%20Critical%20Incident%20Reporting.pdf)
- OHA toolkit



Questions or Comments?





CSPL Excellence in Medical Leadership Award

(Chris Carruthers Award)

Dr. Stewart Kennedy is executive vice president of Medical and Academic Affairs at Thunder Bay Regional Health Sciences Centre in Ontario. He is a member of the senior management team with responsibilities for medical affairs, pharmacy and academics, and interprofessional education. Dr. Kennedy is leading the development of a system-wide quality framework with a focus on enhancing the patient experience and developing a simulation program emphasizing quality improvement. He is introducing change into the organization and transforming a community hospital into an academic centre of excellence.

Dr. Kennedy is also working with the Northern Ontario School of Medicine and the Northern Academic Hospitals to enhance the governance structures of these organizations and improve the integration and accountability of the medical leadership. This work also includes development of an academic plan that will provide for protected time for clinicians to pursue their academic mission. As primary care LHIN (Local Health Integration Network) lead, Dr. Kennedy is spearheading the development of a medical model of governance for the region.

Dr. Kennedy developed the Enhanced Patient Care Clinic, which is responsible for caring for the most complex patients — those who use the top 5% of hospital health care resources. This has led to a reduction in hospital admissions and earlier discharges among this cohort of patients.

Dr. Kennedy was chair of the 2004–2005 OMA Negotiating Team, which established a landmark agreement that stabilized academic medicine in Ontario. It introduced family health teams, capitation models for family practice, enhanced physician payments for hospital work, and complex care and incentive payments.

Dr. Kennedy is a highly experienced and professional senior executive with a history of making positive change at both local and provincial levels. He faces challenges head on and is an exceptional role model for physicians and hospital staff. He accepts challenges and is a respected leader who believes in accountability, transparency, and evidence-based decision-making. He is able to build consensus, reach decisions, and solve complex problems with creativity and innovation. Dr. Kennedy has demonstrated outstanding skills in building relationships with colleagues, patients, and community members, and he understands the importance of working with a strong and dedicated team. He pursues excellence with integrity and passion and has proven his ability to work through challenges to achieve results in a complex health system.

Dr. Kennedy was president of the Ontario Medical Association in 2011–2012 and has filled numerous roles within the organization, including a term (2005–2008) as co-chair of the Physicians Service Committee responsible for contract implementation with the Ministry of Health and chair of the Section of General and Family Practice. He served on the board of the Canadian Medical Association from 2012 to 2015.

Dr. Kennedy is currently a member of the board of Health Quality Ontario.