



Board of Directors

Open Meeting

**Wednesday, December 6, 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	Education	Discussion	Information
1.0			CALL TO ORDER and WELCOME				
2.0			PATIENT STORY – Dr. Mark Henderson				
3.1	1	N. Doucette	Quorum (8 members total required, 6 being voting)				
3.2	1	N. Doucette	Conflict of Interest				
3.3	1	N. Doucette	Approval of the Agenda	X			
3.4	3	N. Doucette	Chair's Remarks*				X
4.0			PRESENTATIONS/EDUCATION				
4.1	15	C. Covino J. Wintermans	Enterprise Risk Management*		X		X
4.2	5	P. Lang J. Bartkowiak	Effective Governance for Quality and Patient Safety		X		X
4.3	5	P. Lang J. Bartkowiak	OHA Health Achieve		X		X
5.0			CONSENT AGENDA				
5.1	-		Board of Directors Open Minutes – November 1, 2017*	X			X
5.2	-		Quality Committee Minutes November 15, 2017*				X
5.3	-		Corporate Membership*				X
5.4	-		Broader Public Sector Travel and Expense Report - Apr 1, 2017 to Sept 30, 2017*				X
5.5	-		Research Ethics Board – New member*				X
5.6	-		Policy BD-36 Board meetings*				X
5.7			Governance and Nominating Committee Work Plan*				X
6.0			REPORTS AND DISCUSSION				
6.1	5	J. Bartkowiak	Report from the President and CEO*	X			X
6.1.1	10	Senior Leadership C. Freitag M. Del Nin	2017-2018 Strategic Progress Report Q2*				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	Report from the Chief Nursing Executive*				X

#	Time (X)	Presenter	Item & Purpose (Y)	Expected Outcome (Z)										
				Recommendation /Decision/Action	Education	Discussion	Information							
		Ellacott		Report from the Northern Ontario School of Medicine Report from the Professional Staff Association Report from the Foundation*										
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			X								
6.7	5	G. Craig	Report from the Foundation*			X								
7.0	COMMITTEE MATTERS													
7.1	2	G. Whitney	Quality Committee 7.1.1 Report from the Chair of the Quality Committee				X							
7.2	2	G. Walsh	Resource Planning Committee 7.2.1 Report from the Chair of the Resource Planning Committee				X							
7.3	2	G. Whitney	Governance and Nominating Committee 7.3.1 Report from the Chair of the Governance and Nominating Committee				X							
8.0	FOR INFORMATION													
8.1	-		Board and Committee Work Plans*				X							
8.2	-		Webcast Statistics*				X							
8.3	-		Report from the Health Research Institute*				X							
8.4	-		Report from the Volunteer Association				X							
8.5	-		Congratulatory Letter to Pat Lang*				X							
8.6	-		Critical Incidents Presentation*				X							
9.0	BOARD MEMBER COMMENTS													
10.0	DATE OF NEXT MEETING – February 7, 2018													
11.0	ADJOURNMENT													
Ethical Framework														
<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)
December 6, 2017 – DRAFT

Agenda Item	Committee or Report	Motion or Recommendation	Approved or Accepted by:
3.3	Agenda – December 6, 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 November 1, 2017;</p> <p>5.2 Accepts the Minutes of the Quality Committee meeting of November 15, 2017;</p> <p>5.3. That the Board of Directors approves the applications for membership to the Corporation received for the period June 23 to November 30, 2017;</p> <p>5.4 Approves the Broader Public Sector Travel and Expense Report, for the period April 1, 2017 to September 30, 2017 as recommended by the Resource Planning Committee;</p> <p>5.5 Appoints Mr. Daniel Dylan, to a three (3) year term effective immediately to October 31, 2020, as a alternate member knowledgeable in relevant laws and privacy issues;</p> <p>5.6 Approves Policy BD-36 Board Meeting, upon recommendation from 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 accepts reports dated December 6, 2017 from the:</p> <p>6.1 President and CEO;</p> <p>6.2 Senior Leadership;</p> <p>6.3 Chief of Staff;</p> <p>6.4 Chief Nursing Executive;</p> <p>6.5 Northern Ontario School of Medicine;</p> <p>6.6 Professional Staff Association;</p> <p>6.7 Foundation,</p> <p>as submitted."</p>	Moved by: Seconded by:



Thunder Bay Regional
Health Sciences
Centre

980 rue Oliver Road
Thunder Bay ON
P7B 6V4 Canada

Tel: (807) 684-6183
www.tbrhsc.net

Board of Directors
Conseil d'administration

**Report from Nadine Doucette
Chair, Board of Directors
December 6, 2017**

Oversight for Quality is a critical role for the Hospital Board and I am pleased that the Hospital's Board of Directors will participate in an education session on governance oversight of safety and quality. The session will feature presenters including Dr. Ross Baker, an expert on quality and safety in health care, Dr. Steward Kennedy, who will unveil the Hospital's Quality Framework, and Dr. Gordon Porter, who will discuss quality from a physician's perspective. Board Directors will be engaged in determining the best methods to fulfill their role in governance quality oversight.

I am extremely proud that Patricia Lang, a new member of our Board of Directors, received one of Canada's highest civilian honour: Pat was appointed as a member of the Order of Canada. Pat's commitment to the growth and development of Ontario's colleges as a long-time academic administrator is a true reflection of the dedication and passion she brings to everything she does. I am proud to have Pat serve as a member on the Hospital Board, and particularly value the expertise she offers as our organization continues to grow as an Academic Health Sciences Centre. Pat's involvement is helping us achieve our Vision of 'Healthy Together'.

I am also pleased to welcome three new members to our Board of Directors: Mr. Michael Hardy, Ms. Joy Wakefield and Mr. Gordon Wickham. Michael is the Executive Director of Anishnawbe Mushkiki and has extensive experience in Indigenous health care administration. Joy works as a Bilingual Hybrid Staff Lawyer for Legal Aid Ontario in Thunder Bay. She offers advanced knowledge of law, business management, human resources management, and accounting. Finally, Gord is the Vice President, Northern Ontario, of Colliers Project Leaders (formerly Wickham Consulting), and offers unique expertise in Project Management, Construction Management, Structural Engineering and Cost Consulting services.

The past months have seen higher than usual numbers of admitted patients in our Hospital. This is not unique to our region; hospitals across Ontario are admitting more patients. The Ministry of Health and Long-term Care has provided funding to support an additional 2,000 beds throughout the province. New beds, whether in our Hospital or in the community, are welcome because they will help alleviate pressure.

The high patient volumes are demanding for health care providers as pressures are increased when the numbers of patients rise. I am proud of and humbled by the relentless efforts and steadfast commitment our health care team puts forth. Despite challenging circumstances, patients are always first, and I thank the dedicated staff for their professionalism and compassion.

I look forward to expressing my gratitude in person when I see many of the health care team members later this month. Members of the Senior Leadership Council and Board Directors will deliver holiday baskets to the units throughout the Hospital as a way to demonstrate our appreciation.

As we are entering the "Flu Season", the time of year when viruses circulate at the highest levels, I'd like to remind everyone to get the flu shot. By getting the flu shot, we can all help to contribute to reducing admissions to the Hospital. Every year in Canada, thousands of people are hospitalized because of the flu. When more people are vaccinated against the flu in a community, there is a decrease in the spread of the flu. Not only does getting vaccinated support people to be healthier, it also leads to less hospital admissions. If you haven't done so already, I encourage you to get the flu shot. Please visit www.thunderbayflu.ca for a list of Flu Clinics.

Finally, I would like to wish everyone a safe holiday season!

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

Enterprise Risk Management

Overview for Board of Directors

- Cathy Covino, Senior Director, Quality and Risk Management
- Jennifer Wintermans, Manager, Quality and Research Ethics

December 6, 2017



Thunder Bay Regional
Health Sciences
Centre

healthy
together

Enterprise Risk Management (ERM)

What is ERM?

ERM is a strategic process, applied across the organization, designed to identify events that may affect the achievement of the organization's goals, to manage them within the organization's risk appetite, and to provide reasonable assurance regarding the achievement of the organization's objectives.

adapted from the Committee of Sponsoring Organizations of the Treadway Committee (COSO)



How are we currently managing risk?

- Quarterly Reporting
- Variance Reporting
- Incident Learning Reporting (patient safety reports)
- Escalation to Senior Team
- Monitoring
- Patient Relations Data
- Potential /Actual Litigation Reports
- Patient Satisfaction Surveys
- Human Resources Reporting
- KPIs / KRIs
- Audits

WHAT IS MISSING?



A continuous, proactive and dynamic process designed to identify, communicate and manage potential risks that is effective at all levels.

Board of Directors



Front Line Staff



Thunder Bay Regional
Health Sciences
Centre

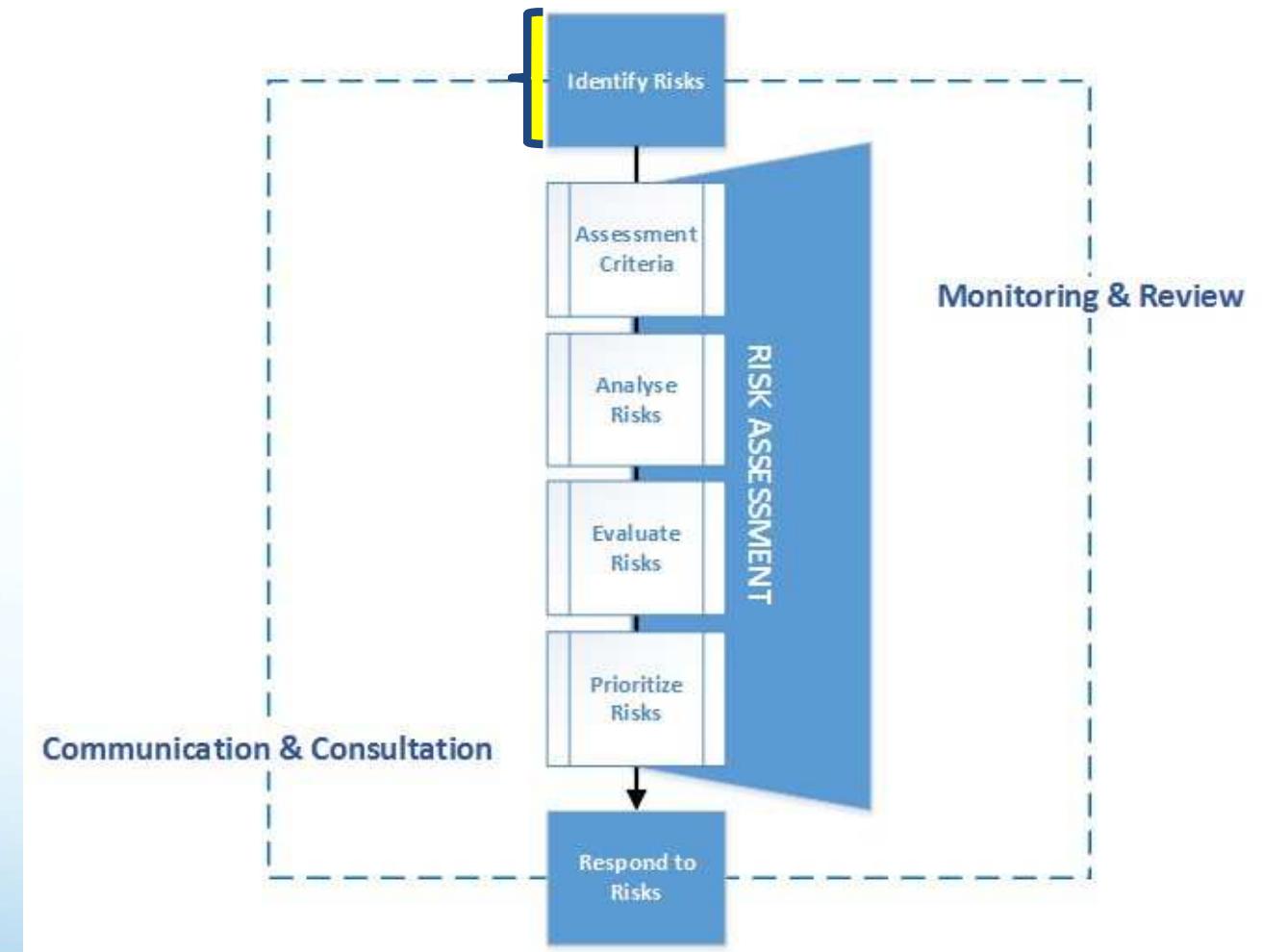
healthy
together

Benefits of Enterprise Risk Management

- Reduce operational surprises and losses
- Support governance responsibilities
- Consideration of risk during strategy and objective setting
- Exploitation of opportunities
- Strengthening of accountability
- Effective allocation of resources
- Proactive approach to manage risk by subject matter experts



What does ERM look like for Thunder Bay Regional Health Sciences Centre?



Risk Universe

Business Risk

- Patient Safety
- Governance & Strategic Development
- Operations & Business Support
- Reputation & Public Image

Compliance Risk

- Environment, Health & Safety
- Legal & Regulatory
- Policies
- Standards

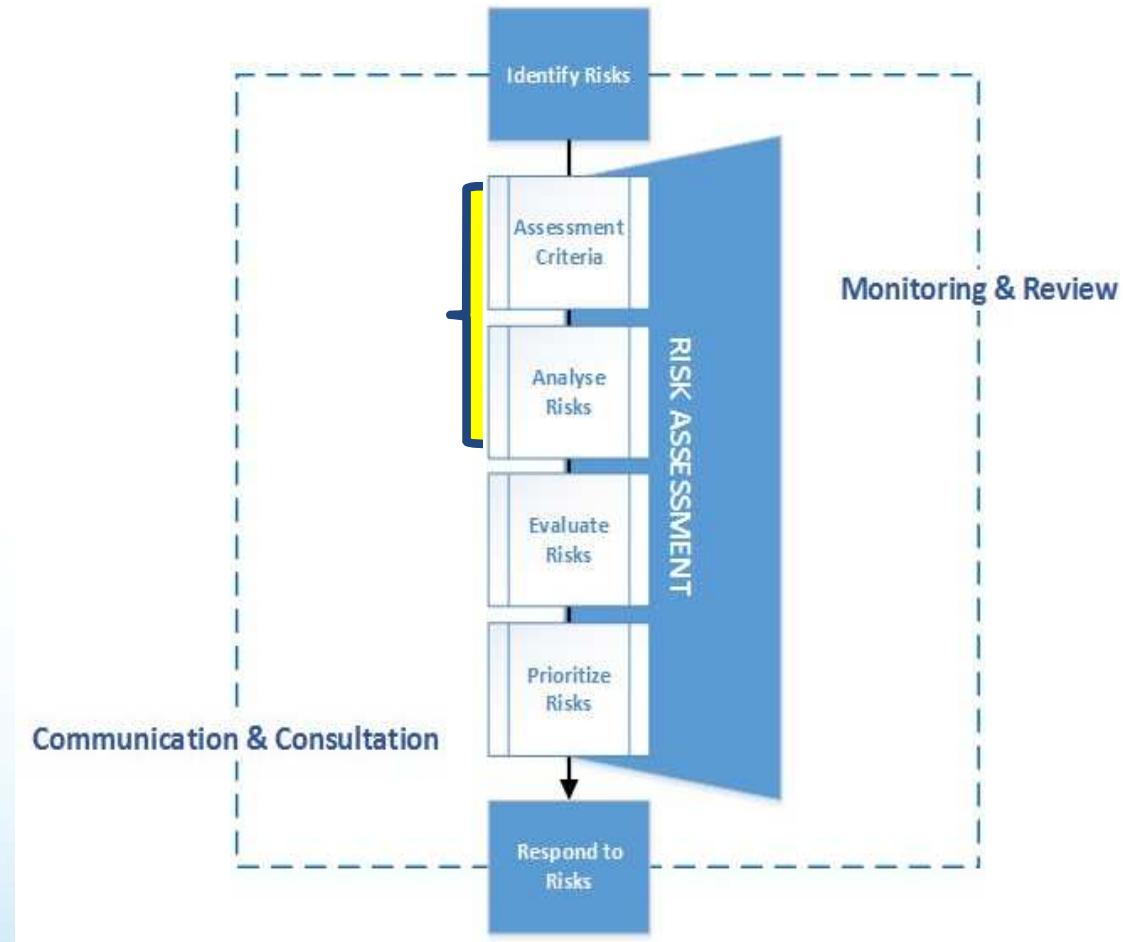
Resource Risk

- Staff
- Financial
- Information
- Physical Assets



Current Known Risks

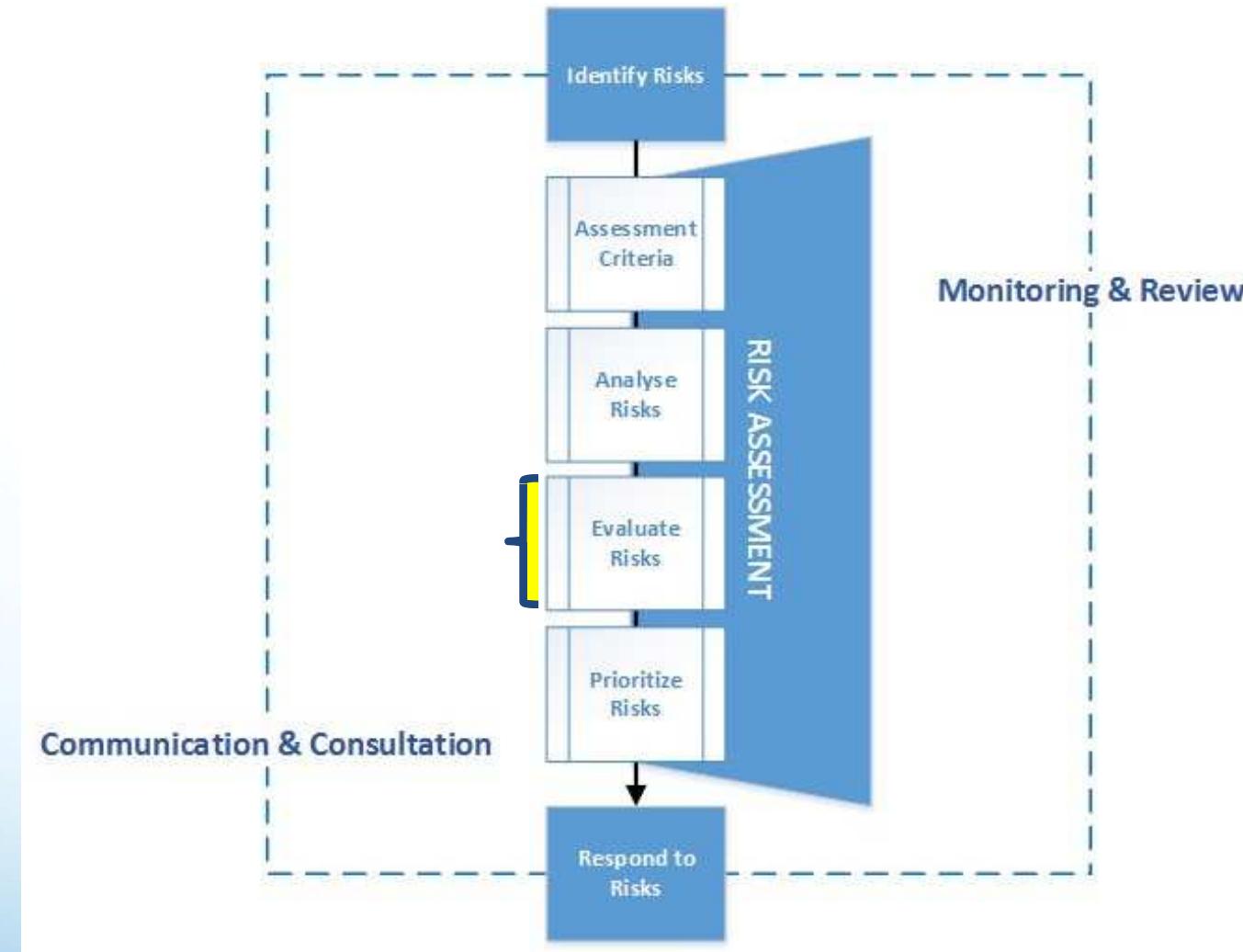
- Patient Safety Reports
- Hay Recommendations
- Emergency Preparedness Committee
- Accreditation Standards
- Risk Registry



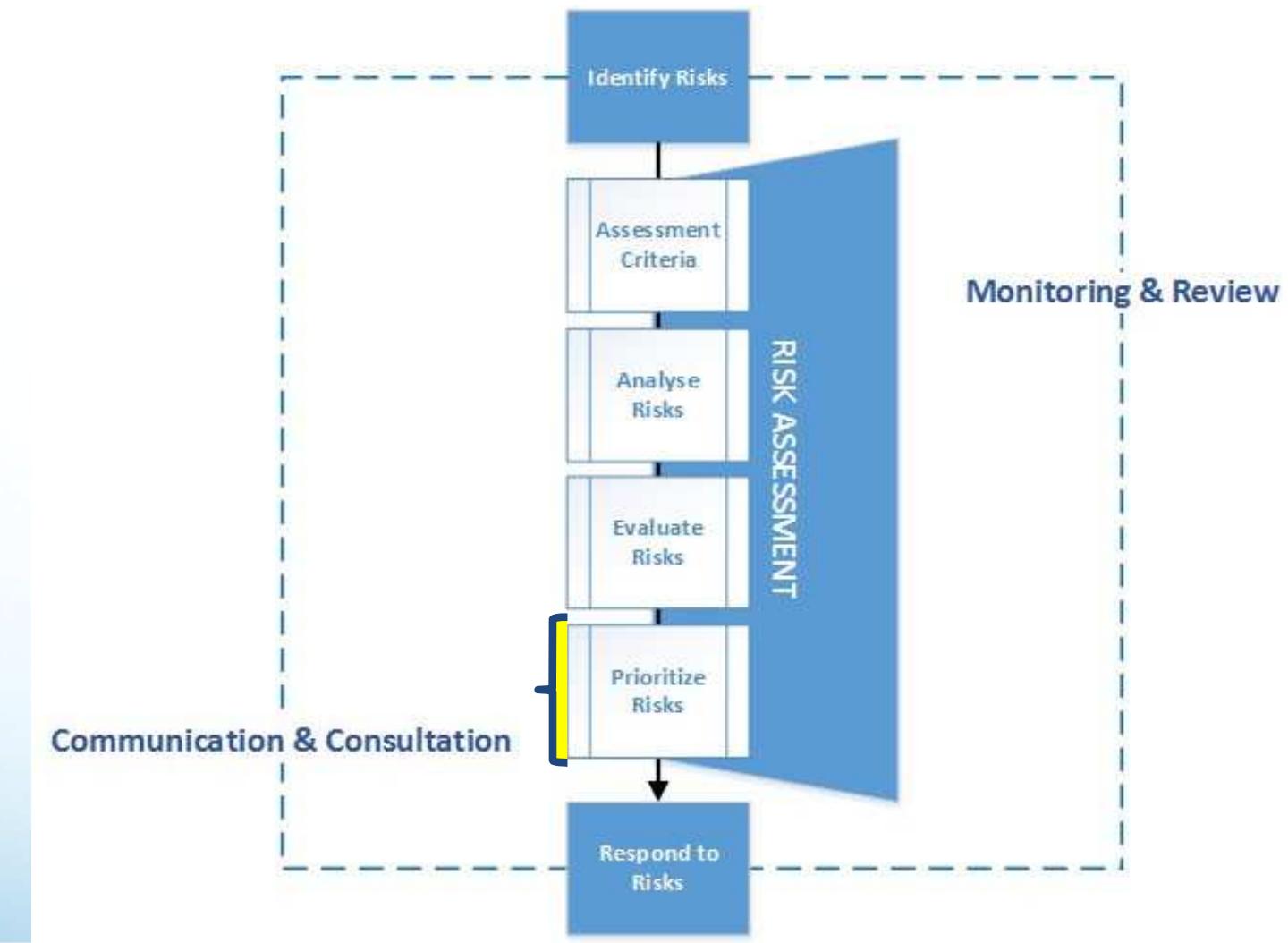
Thunder Bay Regional
Health Sciences
Centre

healthy
together

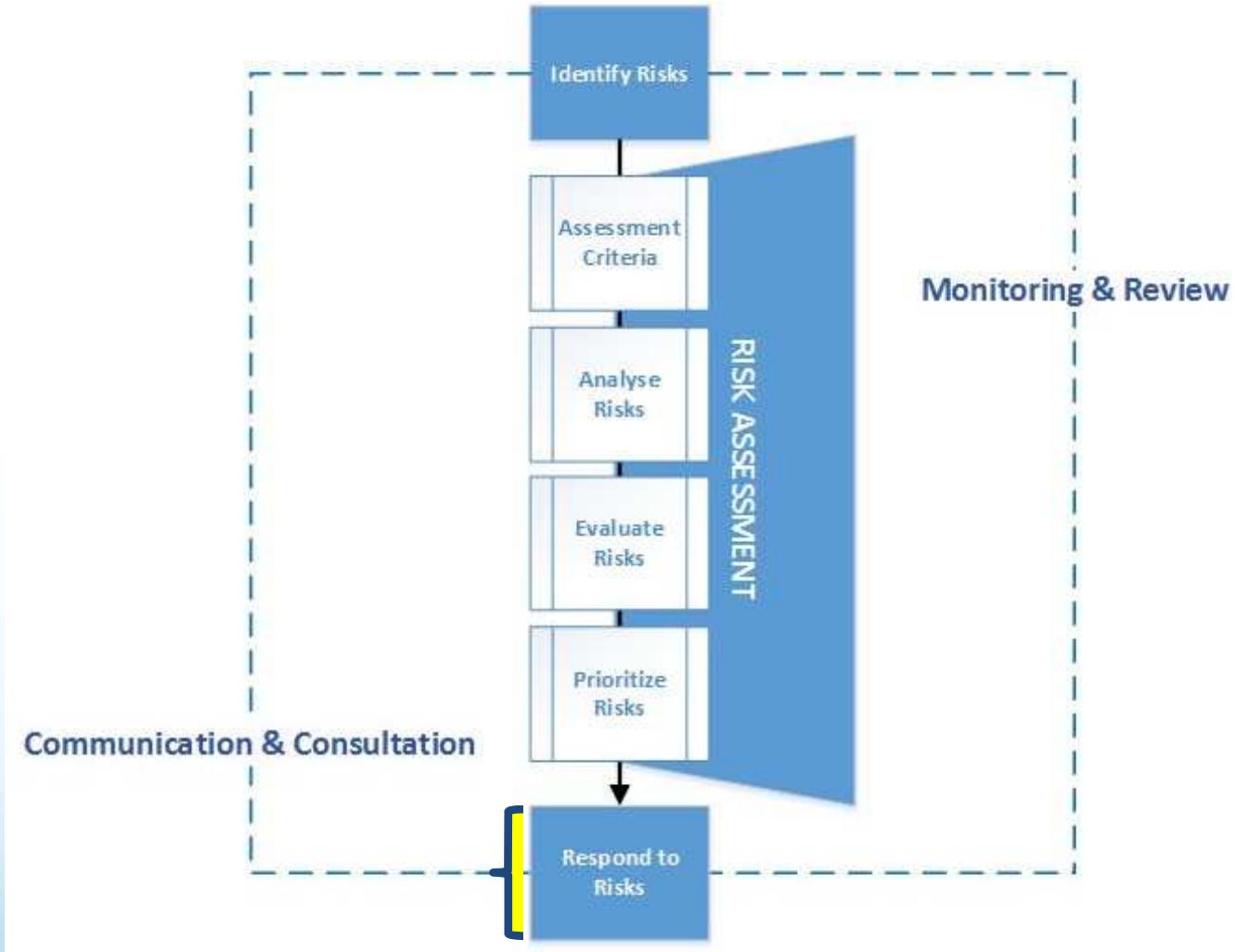
Risk Evaluation and Assessment



Risk Prioritization



Responding to Risks

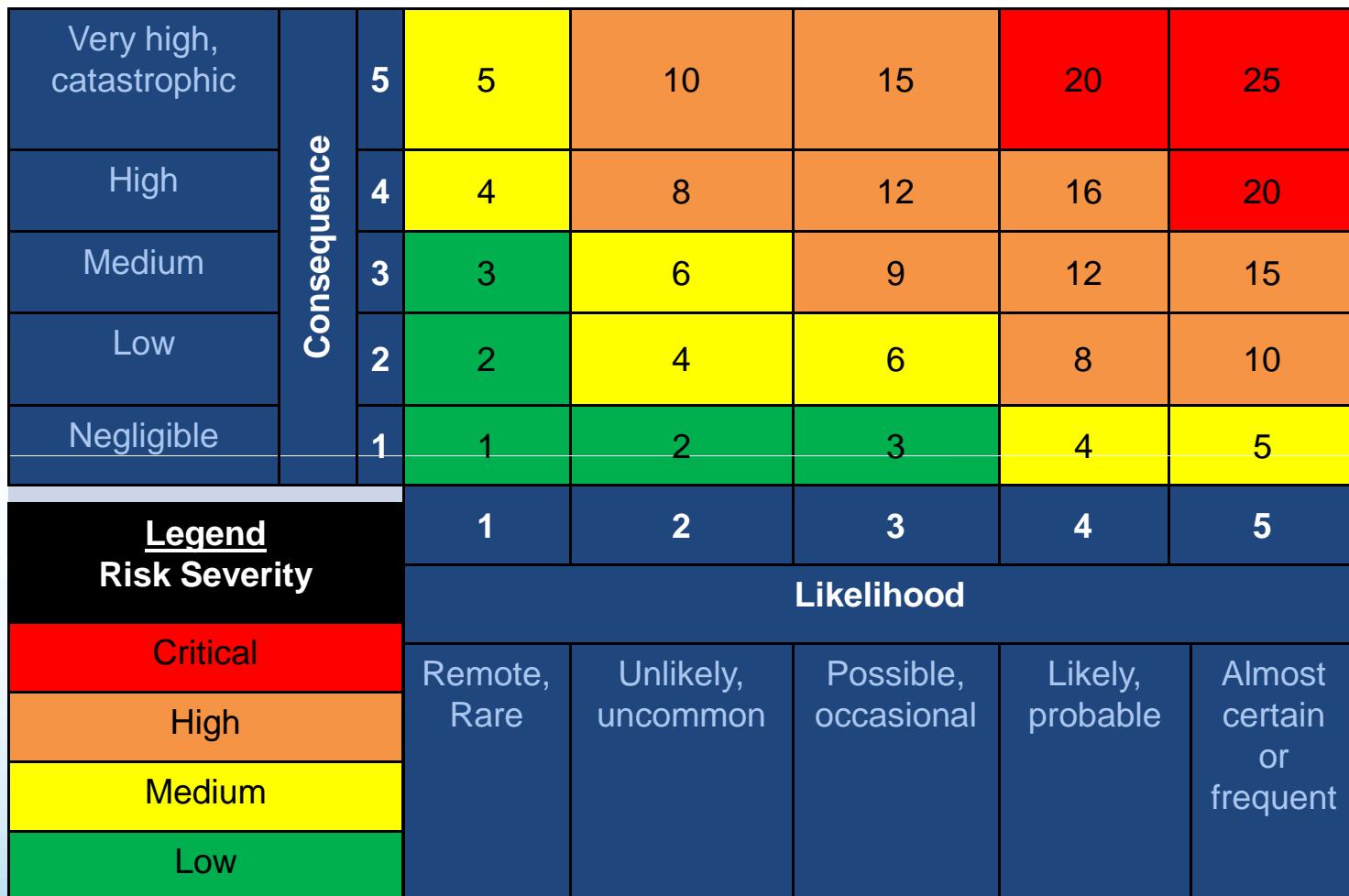


Risk Registry and Heat Map

- Centralized database
- Contains all the information inputted from risk registration form
- Contains risk ratings having to do with consequence and likelihood
- Descriptors on risk such as controls
- Validated by Senior Leadership Council and the President & CEO

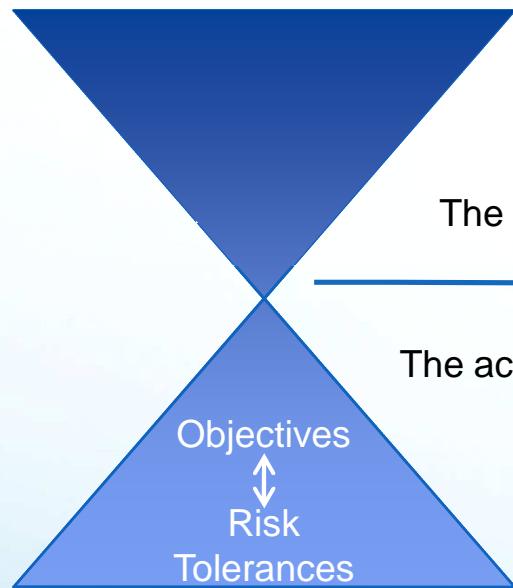


Heat Map



Risk Appetite and Tolerance

Governance



Execution



Thunder Bay Regional
Health Sciences
Centre

healthy
together

ERM Governance

RESPONSIBILITY	ROLE SUMMARY	TOOLS
Board of Directors	Governance and Oversight	Risk Appetite Dashboards and Reports
Chief Executive Officer and President	ERM Policy Endorsement	Risk Tolerance Risk Reports
	Assign accountability	Dashboards
Senior Leadership Council	Monitor, and Coordination	Risk Tolerance Dashboards and Reports
Risk Leads and Champions	Identification and Assessment	Risk Register Risk Registration Form Risk Rating Tools

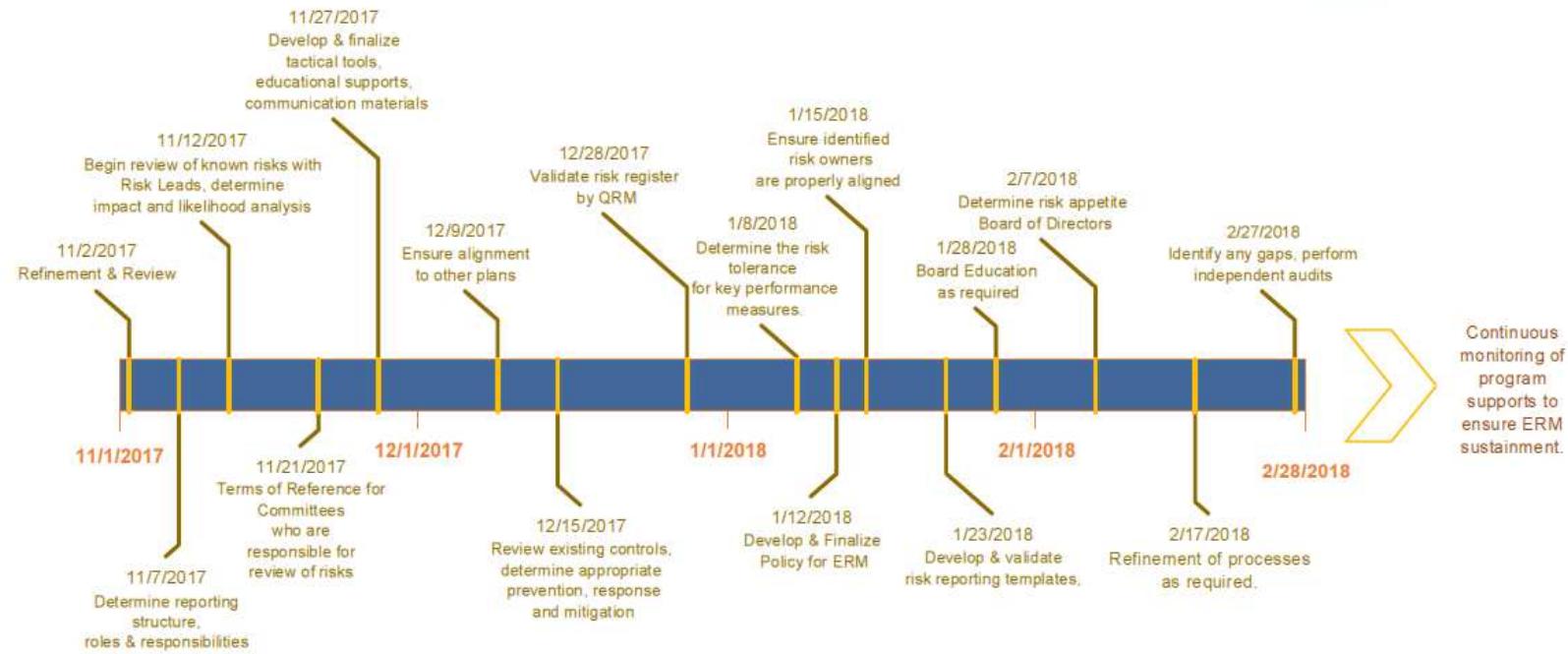


ERM and the Board of Directors

- Governance and oversight
- Monitoring of compliance
- Establish organization's risk appetite
- Review of key risk management findings and observations from the risk reports
- Identification of any deficiencies or enhancements
- Review and assess the adequacy of the organization's financial risk management or other internal controls



Next Steps



Thunder Bay Regional
Health Sciences
Centre

healthy
together



Thunder Bay Regional
Health Sciences
Centre

healthy
together



Board of Directors - Open
Wednesday, November 1, 2017
Boardroom – 5:00 p.m.

Action

Present:

Nadine Doucette, (Chair)	Gary Whitney	Anita Jean
Jean Bartkowiak*	Dick Mannisto	John Friday
Dr. Penny Moody-Corbett (tcon)	Dr. Gordon Porter	Eric Zakrewski
Dr. Rhonda Crocker Ellacott*	Patricia Lang	

By Invitation – Senior Leadership:

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

By Invitation:

Jessica Nehrebecky, Rec. Sec.	Clint Harris	Tracie Smith
-------------------------------	--------------	--------------

Regrets Board of Directors:

Matt Simeoni	Grant Walsh	Dr. Mark Thibert*
--------------	-------------	-------------------

1.0 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.

2.0 PATIENT STORY

Mr. Gary Whitney, Board member and Dr. Mark Henderson, Executive Vice President, Patient Services and Regional Vice President, Cancer Care Ontario, shared a story regarding an elderly patient who presented in the Emergency Department (ED) and was very anxious and frightened. The long wait times for admissions due to overcapacity caused a great deal of stress on this patient. In addition, often patients who are not in need of acute care can be put under more stress in the Hospital given its environment.

3.1 Quorum – Quorum was attained.

3.2 Conflict of Interest - None.

3.3 Approval of the Agenda

Motion

*Moved by: Pat Lang
Seconded by: Gary Whitney*



"That the Agenda be approved, as presented."

CARRIED

3.4 Chair's Remarks

On behalf of the Board, the Chair congratulated Dr. Rhonda Crocker Ellacott as the recipient of the 2017 Minister's Medal Honour Roll in the Individual Champion category, which recognizes the excellent contribution of health care partners across the province.

Dr. Crocker Ellacott acknowledged the involvement of the staff and the Hospital as a whole on receiving this award.

4.0 PRESENTATIONS

4.1 TBRHRI Update

Mr. Clint Harris, Chair, Thunder Bay Regional Health Research Institute (the Institute) and Dr. Rami Rudnick, Vice President, Research, provided an update on the Institute's progress on the following items: Staffing and scientist recruitment, operational review, cyclotron, budget, Clinical Research Services Department and business development. The Institute's Board of Directors recently held a retreat to identify interests of focus moving forward. The year-end deficit is forecasted at approximately \$300k.

Dr. Penny Moody Corbett and Dr. Gordon Porter were welcomed to the meeting.

Mr. Harris was excused from the meeting.

Ms. Tracie Smith was welcomed to the meeting.

4.2 French Language Services

Ms. Tracie Smith, Senior Director, Communications, Indigenous Affairs, and Engagement, provided an overview of the French language services (FLS) available at the Hospital. The Hospital is an identified provider which differs from a FLS designated provider. As an identified FLS provider, the Hospital is committed to hold French designated positions, lead a Francophone Advisory Committee, provide public signage, patient education material and key patient forms in a bilingual format. In addition, the Hospital participates in providing active offer and linguistics variable questions such as "What is your mother tongue". The Hospital reports on its progress in meeting its FLS obligations to the North West Local Health Integration (NW LHIN) on an annual basis.

Ms. Smith and Dr. Rudnick were excused from the meeting.



5.0 CONSENT AGENDA

The list of attendees and identified Chair in the minutes of the Quality Committee are inaccurate and will be corrected.

Moved by: Anita Jean
Seconded by: Eric Zakrewski

"That the Board of Directors:

- 5.1 Approves the Board of Directors Minutes of October 4, 2017;*
- 5.2 Accepts the Minutes of the Quality Committee meeting of October 18, 2017, as amended;*
- 5.3.Accepts the Q2 2017-2018 Wages and Source Deduction Attestation,*

as presented."

CARRIED

6.0 REPORTS AND DISCUSSION

6.1 Report from the President and CEO

The President and CEO highlighted the following:

- The President and CEO attended the Council of Academic Hospitals of Ontario's (CAHO) Queen's Park Day on October 27 in Toronto and had the opportunity to discuss with Ministers and MPPs about various challenges and opportunities that the Hospital and Research Institute are facing;
- On November 3-4, the President and CEO will attend and speak at the Northern Ontario Academic Medicine Association (NOAMA) Local Education Group (LEG) regarding unity in the North to improve clinical, academic and research services;
- On November 6, the President and CEO will attend an Effective Governance for Quality and Patient Safety conference hosted by the Ontario Hospitals Association (OHA);
- On November 7-8, the President and CEO will attend the OHA Health Achieve conference;
- The Hospital has not yet received news regarding an increase in funding allocation.

Dr. Penny-Moody was excused from the meeting.

6.2 Report from Senior Leadership



The following information was highlighted:

- Since the opening of 14 beds, the ED has had a lower patient census;
- The influenza vaccination rate is higher by approximately 200 from the same time last year;
- The Vice President, Human Resources, facilitated a well received Strengths Finder retreat with the members of the ONA Executive;
- The Hospital continues to improve in Tissue Plasminogen Activator (tPA) administration times for stroke patients;
- The 20107-18 annual budget was prepared with the assumption that additional beds in the community would be available in July, 2017, which has not yet materialized, therefore actual patient days at the Hospital are higher than planned;
- The IT/IS Data Centre construction is nearing completion;
- The Intensive Care Unit (ICU) physician complement has been filled.

There was a question regarding why surgical cases are down from the previous year. The Executive Vice President, Corporate Services and Operations will investigate and report back at the next meeting.

Action

6.3 Report from the Chief of Staff – For information.

A Physician Leadership Institute (PLI) session is planned for early November and will focus on training participants in holding ‘Crucial Conversations’.

6.4 Report from the Chief Nursing Executive – For information.

After a 30 day trial period, the Interprofessional rounding project on the Paediatric Unit (1B) has been found to be positive and successful in improving workflow. We anticipate to roll-out similar rounding practice in the other departments in the Hospital.

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

6.6 Report from the Professional Staff Association (PSA) – For information.

6.7 Report from the Foundation

\$1.7M in grants were approved at yesterday’s Foundation Board meeting, which will be used to enhance patient care at the Hospital as well as in some of the regional hospitals. Over 80 applications for the Family Care Grants have been submitted to support Patient and Family Centred Care (PFCC). The Volunteer Association co-sponsors this initiative and will assist to identify the successful applications.



Moved by: **Dick Mannisto**
Seconded by: **Patricia Lang**

Motion

"That the Board of Directors accepts reports dated November 1, 2017 from the:

- 6.1 President and CEO;*
- 6.2 Senior Leadership;*
- 6.3 Chief of Staff;*
- 6.4 Chief Nursing Executive;*
- 6.5 Northern Ontario School of Medicine;*
- 6.6 Professional Staff Association;*
- 6.7 Foundation,*

as submitted."

CARRIED

7.0 COMMITTEE MATTERS

7.1 Quality Committee

7.1.1 Report from the Chair of the Quality Committee

The Chair of the Quality Committee highlighted the following from the meeting held on October 18:

- Update on the Prevention and Screening department;
- Update on Accreditation process;
- Quality Improvement Plan (QIP) review;
- Reviewed the Balanced Scorecard for 2018-19;
- Discussed Length of Stay in the ED;
- Update on Adult Mental Health Program.

7.2 Resource Planning Committee

7.2.1 Report from the Chair of the Resource Planning Committee – none

7.3 Governance and Nominating Committee

7.3.1 Report from the Chair of the Governance and Nominating Committee

The Chair of the Governance and Nominating Committee reported that rather than



conducting regular business, the time was used to interview prospective candidates to fill the Board vacancies.

7.4 Accreditation Sub-Committee

To prepare the Hospital for the upcoming Accreditation Canada on-site survey visit, a sub-committee of the Quality Committee is assembled to review the previous survey results, compliance to the standards, and require organizational practices, and action plan. Ms Nadine Doucette, Mr. Gary Whitney, Ms. Patricia Lang and Ms. Anita Jean, brought their name forward to sit on the sub-committee.

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 Letter to Dr. Habian** – For information.
- 8.6 Environmental Compliance and Fire Safety Update** – For information.

9.0 BOARD MEMBERS COMMENTS

10.0 DATE OF NEXT MEETING – December 6, 2017

11.0 ADJOURNMENT - The meeting adjourned at 6:17 p.m.

Chair

Board Secretary

Recording Secretary



Quality Committee

November 15, 2017

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

Present:

Gary Whitney (Chair), Jean Bartkowiak, Cathy Covino, Nadine Doucette, John Friday, Filomena Gregorash, Michael Hardy, Patricia Lang, Dr. Gordon Porter, Dr. Abraham Rudnick, Dave Van Wagoner, Joy Wakefield, Dr. Peter Voros, Eric Zakrewski

Regrets: John Friday, Anita Jean, Dr. Rhonda Crocker Ellacott

By Invitation:

Hilary McIver, Manager, Infection Prevention and Control and Risk Management Infection Control

Dr. Gamble, Physician, Infection Control

Judy Atkinson, Rec. Sec.

1.0 CALL TO ORDER – The Chair called the meeting to order at 4:30 p.m.

1.1 Quorum – Attained.

1.2 Conflict of Interest – None.

1.3 Approval of the Agenda

Moved by:

Patricia Lang

Seconded by:

Eric Zakrewski

"The agenda be approved as circulated."

Motion

CARRIED

2.0 PRESENTATIONS/REPORTS

Ms. Hilary McIver was welcomed to the meeting.

Dr. Gamble was welcomed to the meeting.

2.1 Infection Prevention and Control

Ms. Hilary McIver, Manager, Infection Prevention and Control and Risk Management Infection Control Department provided an overview of the purpose and goal of the Infection Prevention and Control Department.



The Department ensures there is an effective program in place which assists in reducing hospital acquired infections, reducing length of stay and lowering the costs related to treatment of infections.

The goal is to protect patients, staff and visitors from hospital acquired infections resulting in improved survival rates, reduced mortality associated with infections, shorter length of stay and reduced lost time by staff. Goals are evidence based with measurable objectives that are reviewed annually and are consistent with legislated requirements. It was stressed that everyone is responsible for infection control and does not rest solely with the Infection Prevention and Control team. Infection control is an integral component of patient centred care. An improved hand hygiene program will be implemented and there will be a push to improve hand hygiene rates through education and awareness.

Ms. Hilary McIver was excused from the meeting.

2.2 Comments/Compliments/Complaints

Ms. Cathy Covino, Senior Director, Quality and Risk Management, provided an overview of the patient relations process. Ms. Covino highlighted the changes that have been implemented to the comments/compliments/complaints process. Categories are now aligned with Health Quality Ontario and actions are now being tracked. New signage which is highly visible has been placed on all boxes throughout the Hospital.

2.3 Critical Incidents/MAC Recommendations

Ms. Cathy Covino, Senior Director, Quality and Risk Management, provided an overview of the process for critical incidents and reviewed recent critical incident recommendations in an aggregate format.

Updates to the critical incident review process at the Hospital include:

- patient relations to participate in every critical incident review
- Lead, Patient Safety and Evidence Based Processes facilitates critical incident reviews
- Senior Director Quality and Risk Management present at Critical Incident Reviews to represent the patient and family and take part in discussion on their behalf

2.4 Reports – Chief of Staff/PFA

Chief of Staff

Dr. Gordon Porter, Chief of Staff, provided an overview of the duties of the Chief of Staff and the Medical Advisory Committee.



Patient Family Advisor

Dave Van Wagoner, Patient Family Advisor, provided an overview of how to become a Patient Family Advisor and some of the roles the advisors hold at the Hospital.

3.0 CONSENT AGENDA

Moved by: **Patricia Lang**
Seconded by: **Eric Zakrewski**

Motion

"That the Quality Committee of the Board approves the Quality Committee of the Board minutes of October 18, 2017, and receives the Research Ethics Board minutes of September 25, 2017, as presented."

CARRIED

4.0 WORK PLAN

4.1 Quality Committee of the Board: 2017-2018 Work Plan

The Committee reviewed the pre-circulated work plan for information.

5.0 BUSINESS ARISING/COMMITTEE MATTERS

5.1 Quality Terms of Reference

The Terms of Reference (TOR) were deferred to the December meeting.

5.2 Quality and Patient Safety – Governance Toolkit – Chapter 4

The Quality and Patient Safety Governance Toolkit was deferred to the January meeting.

6.0 FOR INFORMATION

6.1 COMMITTEE MEETING EVALUATION

Committee members completed their meeting evaluations.

7.0 RECOMMENDATIONS TO THE BOARD – None.

8.0 BOARD MEMBER COMMENTS – None.



9.0 DATE OF NEXT MEETING

The next meeting is scheduled for December 13, 2017.

10.0 ADJOURNMENT - The meeting adjourned at 6:40 p.m.

DRAFT

Thunder Bay Regional Health Sciences Centre
2017-2018 Corporate Membership List
Received for the period of June 24 to Nov 6, 2017

Pending

Surname	Name
Wickham	Gordon

Surname	Name
Hardy	Michael

Surname	Name
Wakefield	Joy

Previously Approved

Surname	Name
Arnone	Margaret
Bartkowiak	Jean
Bjorn	Amanda
Carr	Amy
Crocker Ellacott	Rhonda
Culligan	Denyse
Doucette	Nadine
Fidler	Wesley
Fraser	Susan
Friday	John
Hannaford	Joyce
Henderson	Mark
Heron	Anne-Marie
Hettenhausen	William
Jean	Anita
Brunelle	Angele

Surname	Name
Jeanpierre	Donna
Johnson	Rebecca
Josefchak	Joe
Kennedy	Stewart
Knibbs	Donald
Kutok	Angela
Leach	Gerry
Mannisto	Dick
Masood	Khaja
Moody-Corbett	Penny
Myllymaa	Peter
Nehrebecky	Jessica
Nicholas	Bonnie
Pikula	Jon
Porter	Gordon
Lang	Patricia

Surname	Name
Powell	Dawn
Rudnick	Rami
Sacchetti	Shain
Shanks	Doug
Sidorski	Stephen
Simeoni	Matt
Smith	Tracie
Strasser	Roger
Thibert	Mark
Tupker	Jules
Walsh	Grant
Whitney	Gary
Williamson	Sara
Young	Sophie
Zakrewski	Eric
Gregorash	Filomena

EXPENSE REPORTING - APRIL 1, 2017 TO SEPTEMBER 30, 2017				
DATE	DESCRIPTION	LOCATION	EXPENSE CATEGORY	AMOUNT
Bartkowiak, Jean (President and CEO)				6,981.21
March 30-31, 2017	Meetings - CAHO and Ministry, re - CVS	Toronto	Accommodation	208.74
			Incidentals	27.72
			Meals	94.12
			Taxi/Public Transport	45.09
April 3, 2017	Meeting with David Murray, CEO NWHA	Thunder Bay	Hospitality	34.63
April 6-7, 2017	RI Fundraising Event	Toronto	Accommodation	266.29
			Incidentals	12.64
			Meals	80.43
			Taxi/Public Transport	37.82
May 5, 2017	Meeting with Laura Kokocinski, LHIN CEO	Thunder Bay	Hospitality	37.38
May 5-10, 2017	World Health Summit	Montreal	Accommodation	877.51
			Air/Rail	326.36
			Meals	151.77
			Taxi/Public Transport	44.56
May 15, 2017	Meeting with Nadine Doucette, Board Chair	Thunder Bay	Hospitality	36.71
June 1-2, 2017	Meeting - CAHO	Toronto	Accommodation	208.74
			Air/Rail	429.01
			Incidentals	10.81
			Meals	102.29
			Taxi/Public Transport	28.86
June 7, 2017	Meeting with Tracy Buckler, CEO SJCG	Thunder Bay	Hospitality	33.28
June 13, 2017	Meeting with Potential Board Member	Thunder Bay	Hospitality	171.13
September 6-8, 2017	Healthcare Leadership Summit	Toronto	Air/Rail	443.48
September 28-29, 2017	Partners in Reconciliation Summit	Ottawa	Air/Rail	255.79

EXPENSE REPORTING - APRIL 1, 2017 TO SEPTEMBER 30, 2017				
DATE	DESCRIPTION	LOCATION	EXPENSE CATEGORY	AMOUNT
October 2-3, 2017	Meetings - LHIN and MOHLTC	Toronto	Air/Rail	327.93
April 2017 to September 2017	Car Allowance	Thunder Bay	Vehicle Rental/Mileage	2,688.12
Bjorn, Amanda (VP - Human Resources)				1,774.14
June 24-26, 2017	Violence Prevention in Mental Health	Toronto	Accommodation	260.44
			Air/Rail	324.25
			Meals	34.59
July 7, 2017	Meeting with Dr. Eloise Ballou	Thunder Bay	Hospitality	79.60
April 2017 to September 2017	Car Allowance	Thunder Bay	Vehicle Rental/Mileage	1,075.26
Crocker-Ellacott, Rhonda (EVP - Patient Services and Chief Nursing Executive)				2,339.54
April 2017 to September 2017	Car Allowance	Thunder Bay	Vehicle Rental/Mileage	1,075.26
	Travel as CEO of Nipigon District Memorial Hospital; reimbursed by NDMH	Nipigon	Vehicle Rental/Mileage	1,264.28
Doucette, Nadine (Chair, Board of Directors)				714.30
June 1, 2017	Meeting with new board member	Thunder Bay	Hospitality	32.18
June 11-12, 2017	OHA Hospital Physician Relations	Toronto	Accommodation	309.70
			Air/Rail	224.91
			Meals	76.65
			Taxi/Public Transport	37.79
June 22, 2017	Meeting - board recruitment	Thunder Bay	Hospitality	33.07
Henderson, Dr. Mark (EVP - Patient Services)				6,430.93
January 27, 2017	Site Visit with Dr. Jaya Chandrasekhar	Thunder Bay	Hospitality	450.84
April 6-7, 2017	CCO - Provincial Leadership Council	Toronto	Accommodation	321.98
			Air/Rail	649.02
			Incidentals	21.64
			Meals	57.05
			Taxi/Public Transport	23.00

EXPENSE REPORTING - APRIL 1, 2017 TO SEPTEMBER 30, 2017					
DATE	DESCRIPTION	LOCATION	EXPENSE CATEGORY	AMOUNT	
April 6-7, 2017	CCO - Provincial Leadership Council				
April 20, 2017	CCO - Human Touch Awards	Toronto	Air/Rail	258.03	
			Incidentals	10.82	
			Taxi/Public Transport	34.69	
May 10-12, 2017	CCO - Spring Planning Day and Provincial Leadership Council	Toronto	Accommodation	499.97	
			Air/Rail	291.24	
			Incidentals	23.22	
			Meals	40.40	
			Taxi/Public Transport	27.06	
June 6-9, 2017	MOHLTC - MISH Meeting; CCO - CEO/RVP Forum	Toronto	Accommodation	749.96	
			Air/Rail	276.62	
			Incidentals	36.74	
			Meals	63.17	
			Taxi/Public Transport	42.37	
July 12, 2017	Site Visit - IP Psychiatry Service Discussion	Kenora, ON	Air/Rail	825.31	
September 7-8, 2017	CCO - Provincial Leadership Council	Toronto	Accommodation	208.74	
			Air/Rail	335.83	
			Incidentals	31.33	
			Taxi/Public Transport	76.64	
April 2017 to September 2017	Car Allowance	Thunder Bay	Vehicle Rental/Mileage	1,075.26	
Kennedy, Dr. Stewart (EVP - Medical and Academic Affairs)					2,533.37
April 20-22, 2017	AHSC Symposium/NOSM Northern Constellations Conference	Sudbury	Accommodation	283.25	
			Air/Rail	731.95	
			Incidentals	46.43	
			Meals	164.80	
			Vehicle Rental/Mileage	127.11	
May 10, 2017	Recruitment - Psychiatry Department	Toronto	Hospitality	104.57	
April 2017 to September 2017	Car Allowance	Thunder Bay	Vehicle Rental/Mileage	1,075.26	

EXPENSE REPORTING - APRIL 1, 2017 TO SEPTEMBER 30, 2017				
DATE	DESCRIPTION	LOCATION	EXPENSE CATEGORY	AMOUNT
April 2017 to September 2017	Car Allowance			
Lang, Patricia (Board of Directors)				508.07
September 14-16, 2017	OHA - Essentials Certificate in Hospital Governance; OHA - Understanding Hospitals and the Health Care System	Toronto	Air/Rail	508.07
Mannisto, Richard (2nd Vice Chair, Regional Representative, Board of Directors)				3,710.83
April 26, 2017	Meeting was cancelled	Thunder Bay	Vehicle Rental/Mileage	147.87
April 5-6, 2017	Audit and Governance Meeting	Thunder Bay	Accommodation	117.18
			Meals	25.42
			Vehicle Rental/Mileage	232.90
April 17-19, 2017	Resource Planning Committee and Volunteer Appreciation	Thunder Bay	Accommodation	236.38
			Meals	8.44
			Vehicle Rental/Mileage	232.90
May 3-5, 2017	Board Meeting/Board Interviews	Thunder Bay	Accommodation	235.36
			Meals	16.87
			Vehicle Rental/Mileage	232.90
May 15-17, 2017	Resource Planning and Governance Committee Meetings	Thunder Bay	Accommodation	234.34
			Meals	40.20
			Vehicle Rental/Mileage	232.90
May 29-31, 2017	Audit and CEO Evaluation Meeting	Thunder Bay	Accommodation	118.20
			Meals	31.00
			Vehicle Rental/Mileage	232.90
June 7-8, 2017	Board Meeting	Thunder Bay	Accommodation	117.18
			Meals	9.15
			Vehicle Rental/Mileage	232.90
June 22-23, 2017	AGM - TBRHRI/TBRHSC	Thunder Bay	Accommodation	128.38
			Vehicle Rental/Mileage	232.90
August 15-16, 2017	Executive Board Meeting	Thunder Bay	Accommodation	118.20
			Meals	21.41

EXPENSE REPORTING - APRIL 1, 2017 TO SEPTEMBER 30, 2017				
DATE	DESCRIPTION	LOCATION	EXPENSE CATEGORY	AMOUNT
August 15-16, 2017	Executive Board Meeting	Thunder Bay	Vehicle Rental/Mileage	232.90
September 18-19, 2017	Resource Planning Meeting	Thunder Bay	Meals	9.15
			Vehicle Rental/Mileage	232.90
Myllymaa, Peter (EVP - Corporate Services and Operations)				1,725.41
June 9, 2017	CCO Joint CEO/RVP Forum	Toronto	Air/Rail	281.47
October 2-3, 2017	Meeting - NW LHIN/MOHLTC/TBRHSC	Toronto	Air/Rail	368.68
April 2017 to September 2017	Car Allowance	Thunder Bay	Vehicle Rental/Mileage	1,075.26
Porter, Dr. Gordon (Chief of Staff)				2,696.13
May 24, 2017	OHA Physician Provincial Leadership Council Meeting	Toronto	Air/Rail	413.22
June 21, 2017	QPB Clinical Adoption Retreat	Toronto	Air/Rail	346.68
September 7-8, 2017	Presentation at Huron Perth Health Care Alliance	Stratford	Air/Rail	370.12
September 20, 2017	Meeting - OHA Physician Provincial Leadership Council	Toronto	Air/Rail	490.85
April 2017 to September 2017	Car Allowance	Thunder Bay	Vehicle Rental/Mileage	1,075.26
Rudnick, Dr. Abraham (VP - Research)				6,159.89
April 6-9, 2017	RI Fundraising Event	Toronto	Air/Rail	241.59
			Incidentals	27.06
			Meals	6.57
			Taxi/Public Transport	26.59
April 20-22, 2017	Northern Constellations Conference/NO Symposium	Sudbury	Accommodation	64.20
			Air/Rail	104.24
			Hospitality	28.50
April 26, 2017	Schizophrenia in the Community Committee	Toronto	Air/Rail	38.20
			Incidentals	2.15

EXPENSE REPORTING - APRIL 1, 2017 TO SEPTEMBER 30, 2017				
DATE	DESCRIPTION	LOCATION	EXPENSE CATEGORY	AMOUNT
June 5-6, 2017	Research Canada Caucus and AGM	Ottawa	Accommodation	120.17
			Air/Rail	133.65
			Incidentals	10.82
			Meals	39.51
			Taxi/Public Transport	15.78
June 8-11, 2017	CCO - Joint CEO/RVP Meeting	Toronto	Air/Rail	237.39
			Meals	28.87
July 12, 2017	Site Visit - IP Psychiatry Service Discussion	Kenora, ON	Air/Rail	825.31
June 23-July 2, 2017	International Conference for Smart Health	Hong Kong	Accommodation	697.68
			Air/Rail	1,702.86
			Incidentals	43.61
			Meals	98.10
			Taxi/Public Transport	88.14
October 16, 2017	Research Canada Caucus	Ottawa	Air/Rail	141.44
October 24-25, 2017	CAHO Research Day	Toronto	Air/Rail	107.62
November 1-7, 2017	Techna 2017 and OHA Health Achieve	Toronto	Air/Rail	116.28
November 24-December 3, 2017	Schulich and CAHO	Toronto	Air/Rail	138.30
April 2017 to September 2017	Car Allowance	Thunder Bay	Vehicle Rental/Mileage	1,075.26
Whitney, Gary (Board of Directors)				1,045.81
June 11-12, 2017	OHA Hospital Physician Relations	Toronto	Accommodation	309.70
			Air/Rail	170.65
			Meals	63.04
September 6-7, 2017	Healthcare Leadership Summit	Toronto	Air/Rail	502.42
Grand Total				36,619.63



Thunder Bay Regional
Health Sciences
Centre

980 rue Oliver Road
Thunder Bay ON
P7B 6V4 Canada

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

October 31, 2017

Ms. Nadine Doucette
Chair, Board of Directors
Thunder Bay Regional Health Sciences Centre
980 Oliver Road
Thunder Bay, ON P7B 6V4

Re: Research Ethics Board (REB) Member Appointment

Dear Ms. Doucette:

I am writing to request approval from the Board of Directors regarding the appointment of the following member to the TBRHSC Research Ethics Board (REB).

The REB interview panel recommends the following member for appointment to the REB:

- Mr. Daniel Dylan-alternate member knowledgeable in relevant laws and privacy issues

Thank you for your attention to this matter. If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

Dr. Peter Voros, C. Psych.
Chair, Research Ethics Board
Thunder Bay Regional Health Sciences Centre
researchethics_chair@tbh.net 807-684-6440

Policies, Procedures, Standard Operating Practices

No. BD-36

Title: <u>Attendance of Public at Open Board Meetings</u>	<input checked="" type="checkbox"/> Policy	<input type="checkbox"/> 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: <u>Dec 63</u> , <u>20176</u>	Reviewed/Revised Date: <u>Nov 15</u> , <u>20175</u>	Next Review Date: Nov. 2019 <u>96</u>

CROSS REFERENCES: *if applicable*

1. PURPOSE

To outline the process for the attendance of members of the public at the open ~~portion of~~ Board meetings.

2. POLICY

The public ~~is-and staff are~~ welcome to observe the open ~~portion of the~~ Board's meetings to generate trust, openness, accountability and transparency regarding governance decisions and practices.

:

~~Facilitate the conduct of the Board's business in an open and transparent manner;~~

~~Ensure the hospital maintains a close relationship with:~~

~~the public~~

~~media~~

~~stakeholder groups~~

~~Generate trust, openness, accountability and transparency~~

3. PROCESS

Members of the public ~~may are invited to~~ attend the meetings of the Board in person or via webcast, in accordance with the following:

Notice of Meeting

A schedule of the date~~s~~, location and time of the ~~Board's~~ regular meetings ~~of the Board is will be~~ available from the President's Office and ~~will be posted~~is posted on the ~~H~~ospital's website.

Attendance

The Chair of the Board may limit the number of attendees if space is insufficient.

Conduct During the Meeting

~~Members of the public may be asked to identify themselves.~~ Recording devices, videotaping and photography are prohibited.

The Chair may require anyone who displays disruptive conduct to leave.

Agendas and Board Materials Documentation

Agendas ~~will are be~~ posted on the ~~H~~ospital's website. Supporting ~~documentation is materials will be distributed only to the Board of Directors and Senior Management, and will be~~ posted on the ~~Hospital's~~ website the day after the Board meeting.

In-Camera Session

The Board ~~will hold s monthly~~ in-camera ~~meetings or special~~ meetings ~~that are not open to the public~~ for the following matters business items:

- ~~matters involving~~ property matters;
- ~~matters involving~~ litigation matters;
- material contracts;
- human resources- matters; issues
- professional staff appointments, re-appointments and credentialing; ~~issues~~
- patient care matters;
- any other sensitive Hospital matters; issues

The Chair consents to allow guests or counsel to attend in-camera sessions. Guests or counsel may remain during an in-camera session with the permission of the Chair or the consent of the meeting.

Procedure For Members of the Public Addressing the Board Requests for Interviews

During ~~the~~ Open Board meetings, members of the public may ~~not~~ address ~~the Board~~ or ask questions of the Board without the permission of the Chair. ~~Individuals who wish to raise questions with the Board must contact the Board Liaison in advance of the meeting.~~

- 1) Written notice of the request to address the Board ~~meeting~~ must be provided to the Executive Assistant ~~to the Board~~ no later than 10 working days prior to the meeting date. A brief description of the specific matter to be addressed ~~must~~ should be included in the request;:-
- 2) Requests to address the Board on a specific subject are item will be granted (generally in order of the receipt of the requests) if approved by the Chair of the Board. Persons not permitted to address the Board ~~are~~ shall be so notified;:-
- 3) The Chair of the Board may limit the number of presentations ~~or questions at any one meeting.~~
- 4) Persons addressing the Board ~~are will be~~ required to limit their remarks to five minutes. If a group wishes to make a submission, a spokesperson for the group ~~must~~ should be identified.
- 5) The Chair is not obligated to grant a request to address the Board and the Board is not obligated to take any action on the presentation it receives.

Committee Meetings

Meetings of committees are not open to the public.

Contact Information

Board LiaisonExecutive Assistant/Office Manager

Policies, Procedures, Standard Operating Practices

No. BD-36

Title: Attendance of Public at Open Board Meetings	<input checked="" type="checkbox"/> X Policy	<input type="checkbox"/> 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: Dec 6, 2017 Reviewed/Revised Date: Nov 15, 2017 Next Review Date: Nov. 2019		

CROSS REFERENCES: *if applicable*

1. PURPOSE

To outline the process for the attendance of members of the public at the open Board meetings.

2. POLICY

The public is welcome to observe the open Board meetings to generate trust, openness, accountability and transparency regarding governance decisions and practices.

3. PROCESS

Members of the public may attend the meetings of the Board in person or via webcast, in accordance with the following:

Notice of Meeting

A schedule of the dates, location and time of the regular meetings of the Board is available from the President's Office and is posted on the Hospital's website.

Attendance

The Chair of the Board may limit the number of attendees if space is insufficient.

Conduct During the Meeting

Recording devices, videotaping and photography are prohibited.

The Chair may require anyone who displays disruptive conduct to leave.

Agendas and Board Documentation

Agendas are posted on the Hospital's website. Supporting documentation is posted on the Hospital's website the day after the Board meeting.

In-Camera Session

The Board holds in-camera meetings for the following matters:

- property matters;
- litigation matters;
- material contracts;
- human resources matters;
- professional staff appointments, re-appointments and credentialing;

This material has been prepared solely for use at Thunder Bay Regional Health Sciences Centre (TBRHSC). TBRHSC accepts no responsibility for use of this material by any person or organization not associated with TBRHSC. No part of this document may be reproduced in any form for publication without permission of TBRHSC. A printed copy of this document may not reflect the current electronic version on the TBRHSC iNtranet.

- patient care matters;
- any other sensitive Hospital matters.

The Chair consents to allow guests or counsel to attend in-camera sessions.

Procedure For Members of the Public Addressing the Board

During Open Board meetings, members of the public may address or ask questions of the Board with the permission of the Chair.

- 1) Written notice of the request to address the Board must be provided to the Executive Assistant no later than 10 working days prior to the meeting date. A brief description of the specific matter to be addressed must be included in the request;
- 2) Requests to address the Board on a specific subject are granted (generally in order of the receipt of the requests) if approved by the Chair of the Board. Persons not permitted to address the Board are notified;
- 3) The Chair of the Board may limit the number of presentations or questions;
- 4) Persons addressing the Board are required to limit their remarks to five minutes. If a group wishes to make a submission, a spokesperson for the group must be identified.
- 5) The Chair is not obligated to grant a request to address the Board and the Board is not obligated to take any action on the presentation it receives.

Committee Meetings

Meetings of committees are not open to the public.

Contact Information

Executive Assistant/Office Manager.

Governance and Nominating Committee 2017-18

Updated: December 1, 2017

Colour Legend

Completed by target
In progress
Delayed



Committee legend:

G - Governance
N - Nominating business

Meetings Held:

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

#	Accountability	Activity	Committee	As Needed	September	October	November	December	January	February	March	April	May	July	Comments
1	Governance	Review Committee work plan for upcoming year	G		x										
2	Governance	Review Gov/Nom Committee terms of reference	G				x								Will be reviewed in the new year
3	Governance	Identify education needs and department tours for coming year	G		x										
4	Governance	Review Board vacancies	G						x						
5	Governance	Review Board forms	G		x										Forms to be reviewed every three years moving forward (last review in 2016)
6	Governance	Review Board policies	G				x								Only a portion of the policies to be reviewed annually on a three year rotation.
7	Governance	Plan annual Board retreat	G							x					Retreat to be held in September of each year
8	Governance	Review Board committees terms of reference	G		x										Will be reviewed in the new year
9	Governance	Review meeting evaluations for the quarter	G				x					x			
10	Governance	Review Board and Board Committee attendance	G								x				

#	Accountability	Activity	Committee	As Needed	September	October	November	December	January	February	March	April	May	July	Comments
11	Governance	Review team effectiveness scale summary	G						x			x			Distributed to Board members at December/April Board meetings.
12	Governance	Appoint community member on Board member interview panel	N						x						
13	Governance	Review Board member Selection and skills criteria (Policy BD-45)	N						x						
14	Governance	Review Board member skills matrix inventory	N						x						
15	Governance	Approve Application for Membership form	N						x						
16	Governance	Review Board of Directors recruitment ad, applications, interview questions and schedule	N							x					
17	Governance	Interview Board member candidates	N								x				
18	Governance	Propose slate of nominees	N								x				
19	Governance	Review By-Laws	G									x			
20	Governance	Review new Board member orientation program	G									x			
21	Governance	Review Board annual evaluation tool	G									x			Distributed at April Board meeting
22	Governance	Review annual education session summary	G									x			
23	Governance	AGM education theme	G								x				
24	Governance	Determine Board Committees membership	G									x			



Thunder Bay Regional
Health Sciences
Centre

980 rue Oliver Road
Thunder Bay ON
P7B 6V4 Canada

Tel: (807) 684-6007
www.tbrhsc.net

**Report from Jean Bartkowiak
President and CEO
December 6, 2017**

I am pleased to open this report with exciting news regarding our Cardiovascular Program. Earlier this month, together with our University Health Network partner, we received from Minister Hoskins approval of the Cardiovascular Surgery Capital Project. We are currently reviewing proposals from professionals that will proceed with the functional planning for the project beginning in the new year.

In October, the Ministry of Health and Long-Term Care (MOHLTC) announced funding for additional beds in the system in response to the increased admissions observed across the province. Our Hospital opened 14 overflow beds, and this funding supports associated costs. We are also collaborating with the North West Local Health Integration Network (LHIN) and St. Joseph's Care Group to add Alternate Level of Care (ALC) beds in the community hopefully before the new year.

I attended on November 3 the French Health Care Network's Annual General Meeting in Ottawa. There was a focus on the Active Offer of French Languages Services, including a presentation on health care services in linguistic minority communities. This provided opportunity to engage with authors on the subject, and discuss applications at our Hospital.

On November 4, I delivered a presentation to the Northern Ontario School of Medicine's (NOSM) Local Education Group Leads and Administrators. I shared my perspective on opportunities surrounding Northern Ontario academic leadership. This includes changes in CEO and President positions at three of the five academic institutions as well as new CEOs at both the North West and North East LHINs. Our discussion explored the benefits of unity to address a bigger population base with similar socioeconomic challenges, and strengthened collaboration to achieve our respective academic missions.

During the Ontario Hospital Association's Health Achieve conference on November 6 & 7, approximately 50 Hospital CEOs were invited to attend a private 'meet and greet' with Premier Wynn. The discussion focused on solutions to address the lack of Long Term Care (LTC) beds in the system and the growing ALC occupancy challenge in hospitals. I took this opportunity to highlight the need to equally focus on admission avoidance strategies if the addition of LTC beds is to have a lasting impact.

In follow up to a budget meeting with the Ministry Hospital Branch Director and staff in October, Peter Myllymaa, Dr. Stewart Kennedy and I recently met with Minister Mauro, as well as the Minister of Health and Long-Term Care's Chief of Staff, and later, Assistant Deputy Minister of Health and Long-Term Care to provide an update on the Hospital's financial challenges.

On November 17, I attended a health system funding reform session hosted by the Ontario Hospital Association (OHA) and MOHLTC Assistant Deputy minister Melissa Farrow. I impressed on attendants that there are higher costs associated with providing close-to-home care in a region like ours. Our vast region doesn't have the patient volumes to positively impact economies of scale. I suggested that hospital funding structures take into account that, as a sole tertiary provider far from its nearest referral centre, our Hospital will perform poorly when compared to an institution serving an area with higher population, and furthermore, that population health data drive funding.

President and CEO
Président directeur général



The Second Quarter Leadership Enhancement and Performance (LEAP) session was held on November 22 with 106 Hospital and Institute leaders in attendance. The session included open discussions regarding budget and overcapacity challenges and solutions. In addition, operational leads shared progress updates on academic partnerships and simulation, Indigenous engagement and discharge planning, Mental Health recruitment and model of care, our Health Research Institute's operational review, and a Frail Seniors Project.

The newly appointed President & CEO of Health Sciences North, Dominic Giroux and I met on November 23. There are many potential collaborations we will explore together, including the Northern Supply Chain, the cyclotron and other research and academic initiatives such as the simulation lab and population data applications.

I attended on November 24 the Council of Academic Hospitals of Ontario (CAHO) Board meeting. This provided opportunity for hospital leaders to hear the President of the OHA discuss hospital capacity and funding. Michelle Noble, newly recruited CEO of CAHO, led a discussion on pre-election advocacy platforms. In addition, participants were briefed on the future of the Adopting Research to Improve Care (ARTIC) Program, which fast-tracks the adoption of proven health care interventions into broader clinical practice across the health system. We also learned about a project at St. Michael's Hospital that uses a software to produce departmental and individual physician clinical data to drive improved efficiencies. It is exciting to be part of this dedicated group committed to making Ontario healthier, wealthier and smarter.

Finally, I extend season's greetings to the many people who make up our Hospital community. Throughout the year, dedicated staff, physicians, scientists, learners, volunteers and donors contribute to patient care and experiences. Although they are valued each and every day, this time of year provides opportunity to reflect on and express sincere gratitude for their extraordinary gifts of commitment. Happy New Year to you all.

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

Communications, Indigenous Affairs & Engagement

- The Senior Director attended a working group meeting on Non-Insured Health Benefits alongside Nishnawbe Aski Nation and First Nations and Inuit Health Branch;
- Recruitment is underway for representatives to joint our Health and Reconciliation Steering Committee. Outreach has gone to Union of Ontario Indians, Independent First Nations, Metis Nation of Ontario and Nishnawbe Aski Nation;
- Initiatives have been implemented to increase staff awareness of Dilico Anishinabek Family Care Discharge Planners working at the Hospital, including presentations to Leaders by the Dilico manager of Home and Community Care Services;
- A communications plan has been drafted to support the successful roll-out of the Respect Education project;
- In partnership with Prevention & Screening Services, the Regional Engagement Outreach initiative will expand to include additional programs and services to enhance Indigenous Health engagement initiatives;
- An education session was provided to admitting and registration staff regarding the Linguistic Variable Questions;



- Media releases:
 - November 1: Holiday Cash Up for Grabs 50/50 draw;
 - November 8: Hospital Welcomes New Board Directors;
 - November 16: Health Sciences Centre Top Research Hospital for Seventh Consecutive Year;
 - November 28: Giving Tuesday Kicks Off Christmas Wish List Campaign.
- Media requests:
 - November 7: Update on search for gastroenterologists;
 - November 10: Cafeteria services;
 - November 10: Inflectra – inquiry regarding our formulary;
 - November 13: Follow-up regarding additional hospital beds;
 - November 27: The impact of Baxter shortages;
 - November 27: Hospital energy efficient program (x 2).

Quality and Risk Management

Research Ethics

- Three ongoing REB members were re-appointed to another 3 year term and three new alternate members were appointed; we are recruiting continues for 2 vacant positions (1 physician member and an alternate member knowledgeable in laws);
- A new alternate member knowledgeable in indigenous culture was appointed which will benefit Indigenous specific inclusion projects;
- The members of the REB recently completed two professional development sessions, one focused on the research authorization process at the Hospital and the other was a webinar on the electronic consent process;
- An interim analysis was conducted on the projects which fall under the REB Reciprocity Agreement with Lakehead University. Since the agreement was signed, 14 projects have been under the auspices of the Hospital: 12 were reviewed by the Hospital REB and two by the LU REB. Prior to the agreement 9 of the 14 projects would have required review by both REB's.

Strategy & Performance

The Patient and Family Advisors engagement session was attended by over 40 members on November 13th to discuss the 2018-19 Quality Improvement Plan (QIP). The participants provided insightful feedback on the QIP indicators and gained a solid understanding of all *quality indicators*. Engagement sessions are planned with staff in December and the Board in the New Year.

2017/18 Q2 Board Strategic Update Report

Strategic Progress Summary

Strategic Directions	Complete	On Time	Moderately Behind	Significantly Behind	Prior to Start	Modified	Deleted
Patient Experience	37% (26)	37% (26)	10% (7)	-	16% (12)	-	-
Comprehensive Clinical Care	47% (17)	33% (12)	-	6% (2)	8% (3)	-	6% (2)
Seniors' Health	40% (12)	40% (12)	-	-	20% (6)	-	-
Indigenous Health	66% (23)	14% (5)	6% (2)	-	14% (5)	-	-
Acute Mental Health	53% (25)	20% (9)	-	2% (1)	26% (12)	-	-

Strategic Direction 1: Patient Experience

Performance Measure	16-17 YTD Actual	Annual Target	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
Rate of hand hygiene compliance before initial patient/environment contact	86.91%	93%	92.15%	82.40%		
30-day in-hospital deaths following major surgery (risk-adjusted)	1.90	1.67	1.50	1.60		
Number of critical events	6	0	0	0		
Patient Satisfaction: All Dimensions - Inpatient	60.3%	64.4%	60.6%	64.3%		
Learner Satisfaction	85.2%	87.0%	-	77.4%		
Total Researchers	316	301	322	355		
Paid sick hours as a percentage of worked hours	3.53%	3.48%	4.49%	4.27%		
Staff satisfaction	-	-	-	-		
Physician satisfaction	-	-	-	-		

Describe the tactics that were implemented in this quarter to address the achievement of the target.

Quality

QBP Patient Order Sets went live on September 6th with COPD, CHF and Community Acquired Pneumonia. A media event was held on site to communicate this milestone. Hip and Knee replacement, and hip fracture order sets went live on September 26th. Preliminary data shows that surgical provider uptake is 100% and medical is 44%. On average, 53% of eligible patients have been admitted with a digital order set. The clinical lead continues to coach providers every morning in the emergency department.

Leadership

The Q1 Quarterly Leadership Enhancement and Performance (LEAP) session was held in September. This session delved further into our exploration of leaders' strengths and their interconnectivity to our performance and behaviour through the creation of individual strengths constellations. Additionally, leaders engaged in the first stage of the new Respect training that will be delivered to all staff across the organization over the next two years. Given the leadership enhancement predominance of the Q1 session, the Q2 session scheduled for November 22, 2017 will focus closely on our topical corporate strategic and operational items requiring attention.

To ensure we are efficiently optimizing leaders time while providing comprehensive coverage of both strategic and operational items as well as investing in leadership enhancement, a group of internal leaders are working on an assessment of our overall corporate state of leadership meetings and the most appropriate and effective approach moving forward.

The Inpatient Manager Workload 'Design Event' occurred in September, 2017. A selection of Managers worked together to define current state, i.e. workload, accountabilities, priorities. The group identified inefficiencies, and potential work alignment and process improvement opportunities. Additional activities of redesign will be ongoing based on the recommendations from the 2 day event.

Patient Satisfaction

Patient experience action plans for all clinical and non-clinical programs are complete. Implementation of those initiatives is underway and centered on the lowest performing results on the patient experience survey and/or patient comments.

Staff Wellness

The healthy workplace model identified priority staff wellness initiatives to implement over the next three years. There are 34 initiatives in total, which include communicating existing services, such as quiet spaces, showers and Greenshield's Change 4 Life Program, and exploring new services, such as exercise classes, compressed/flex time off options and secure bike storage.

Academics

Timelines for the implementation of the expanded preceptor program have been updated. The new timelines are to account for other projects, such as the RESPECT campaign and the development of a simulation business plan, taking priority. Work on implementation of the program will be shifted to 2018/19 Q1.

The Research Institute strategic initiatives that align with Hospital research strategic initiatives will be integrated into the work completed by the Academics & Research Council.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff.

Patient Satisfaction: All Dimensions - Inpatient

Indicator has changed due to changes in National Research Canada reporting criteria and in order to ensure results can be accurately compared to Ontario peers. 17-18 Q2 results are slightly improved to 62.9%, which is still below the target of 64.4%.

Learner Satisfaction

77.4% of Learners are satisfied with their experience, which is below the annual target of 87.0% hours.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

Patient Satisfaction: All Dimensions - Inpatient

Development of clinical and non-clinical programs action plans is complete and implementation is underway. It is expected that improvements will be seen in Q3 and Q4.

Learner Satisfaction

Development of the preceptor program is currently on hold due to workload requirements other priority projects such as the RESPECT campaign and the business case for Simulation.

Strategic Direction 2: Comprehensive Clinical Care

Performance Measure	16-17 YTD Actual	Annual Target	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
Emergency Department length of stay (90th percentile in hours)	37.3	31.0	39.4	39.5		

Describe the tactics that were implemented in this quarter to address the achievement of the target.

Cardiovascular

A letter of approval from the Minister of Health was received to move forward with the Capital Project planning phase. The procurement for an architect, project manager and functional planner began immediately. Dr. Barry Rubin, UHN, was appointed as the first joint CVS Program's Medical Director. Dr.

Rubin will work with the teams at TBRHSC and UHN to integrate continuous improvement activities into service delivery.

Patient Flow

Work was completed over the summer at identifying issues causing the increase to the Emergency (ED) admitted length of stay. While occupancy remains a leading cause, the analysis focused on increasing admissions for isolation patients and volume of medical patients. As well process issues were noted for waste that exists in the bed allocation process, which results in delays in turning over inpatient beds. In Q3 design events will target improvements to the bed allocation process.

A pilot project on 2B/2C commenced in July to look for improvements to the communication in facilitating a faster transfer for a medical patient from the ED once a bed has been assigned.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff.

Admitted patients are currently waiting 39.5 hours in the emergency department for an inpatient bed, which is well above the target of 29.7 hours.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

Additional capacity was created including; Converting six (6) private rooms into semi-private rooms and conversion of 8 surgical daycare beds into ALC beds. The ED pilot project will look to improve the transfer time from an average of 1.3 hrs to the target 0.5hrs. Additional design events in Q3 will target waste that contributes to longer ED wait times by ensuring beds are available sooner post discharge.

Strategic Direction 3: Seniors' Health

Performance Measure	16-17 YTD Actual	Annual Target	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
Pressure Ulcer Incidence	3.70%	7.00%	-	2.8%		

Describe the tactics that were implemented in this quarter to address the achievement of the target.

Frail Seniors'

In December 2016, a Steering Committee comprised of stakeholders from TBRHSC, SJCG and NWLHIN Home and Community Care was established to develop best practice clinical pathways and patient care trajectories for frail seniors presenting in the Emergency Department (ED) who may require admission to hospital, referral to inpatient rehabilitative services, referral for outpatient rehabilitative services and/or short or long-term community supports.

This trial resulted in enhance communication and collaborative relationships between acute and non-acute partners in care through clearly defined processes, resources and referral criteria for hospital admissions, and inpatient and outpatient rehabilitative and community care services . A Geriatric Care

Coordinator (GCC) was added as a clinical resource to facilitate the early identification of frail seniors, begin assessment, and coordinate care. The trail also saw the implementation of clinical pathways based on best practices with standardized assessment tools.

Urinary Incontinence

A medical directive for urinary incontinence was developed and all medical and surgical units have agreed to be included on the implementation. The draft directive will be presented to the physician sections for comments and final approval is expected by the end of Q3.

Strategic Direction 4: Indigenous Health

Performance Measure	16-17 YTD Actual	Annual Target	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
Acute hospital admissions per 1,000 population for patients from Indigenous communities	249	-	-	-		

Describe the tactics that were implemented in this quarter to address the achievement of the target.

Engagement

Building our relationships with Indigenous partners is key to our continued progress.

Meetings with Indigenous leaders at Nishnawbe Aski Nation, Grand Council Treaty #3 have resulted in draft terms of reference for an Indigenous Health & Reconciliation Steering Committee. Invitations have been extended to the Union of Ontario Indians, Independent First Nations and the Metis Nation to join the conversation, and contribute to the Terms of Reference. The key role of the Committee will be to identify priorities in health care delivery and research, guide and support advocacy efforts and facilitate relationships to advance priorities.

Meetings with Indigenous health care organizations and community leaders has resulted in new partnership opportunities and updated formal agreements. This includes interactions with Dilico Anishinabek Family Care, Tikinagan Child & Family Services and Anishnawbe Mushkiki, as well as with community Chiefs. We have also been part of discussions with the First Nations and Inuit Health Branch to address challenges with Non-Insured Health Benefits.

Indigenous Discharge

The indigenous discharge sub-working group completed work on the intra-web resources for discharge planning to remote communities and the group has been decommissioned.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

Work continues on defining the indicator and developing targets. The data is currently being investigated.

Strategic Direction 5: Acute Mental Health

Performance Measure	16-17 YTD Actual	Annual Target	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
Psychiatrist full-time equivalent staffing as percentage of required full-time equivalent complement	55.70%	83.3%	58.3%	45.0%		

Describe the tactics that were implemented in this quarter to address the achievement of the target.

Psychiatry Recruitment & Governance

Jean Bartowiak sent formal communication to Tracy Buckler to finalize psychiatry governance and allocation in August. We are currently awaiting a reply.

Safe Room Checklist

The safe room checklist policy was rolled out in August. The checklist provides suggestions to staff to make off-unit mental health patient environments safe, quiet and respectful. Compliance and patient satisfaction will be evaluated.

Child and Adolescent Mental Health Unit

A transition specialist was hired to assist with patient's transition back to community, arrange necessary follow up care and communicate with all members of the health care team.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff.

The current performance of 45.0% translates to 2.7 FTE out of the required 6.0 FTE psychiatrists.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

Recruitment and retention of suitable psychiatrists proves to be significantly challenging despite active recruitment and innovative ways to attract psychiatrists to the hospital.

2017/18 Q2 Senior Leadership Council Strategic & Operational Update Report

Strategic Progress Summary

Strategic Directions	Complete	On Time	Moderately Behind	Significantly Behind	Prior to Start	Modified	Deleted
Patient Experience	37% (26)	37% (26)	10% (7)	-	16% (12)	-	-
Comprehensive Clinical Care	47% (17)	33% (12)	-	6% (2)	8% (3)	-	6% (2)
Seniors' Health	40% (12)	40% (12)	-	-	20% (6)	-	-
Indigenous Health	66% (23)	14% (5)	6% (2)	-	14% (5)	-	-
Acute Mental Health	53% (25)	20% (9)	-	2% (1)	26% (12)	-	-

Strategic Direction 1: Patient Experience

Performance Measure	16-17 YTD Actual	Annual Target	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
Rate of hand hygiene compliance before initial patient/environment contact	86.91%	93%	92.15%	82.40%		
30-day in-hospital deaths following major surgery (risk-adjusted)	1.90	1.67	1.50	1.60		
Number of critical events	6	0	0	1		
Patient Satisfaction: All Dimensions - Inpatient	60.3%	64.4%	60.6%	62.9%		
Learner Satisfaction	85.2%	87.0%	-	77.4%		
Total Researchers	316	301	322	355		
Paid sick hours as a percentage of worked hours	3.53%	3.48%	4.49%	4.27%		
Staff satisfaction	-	-	-	-		
Physician satisfaction	-	-	-	-		

Describe the tactics that were implemented in this quarter to address the achievement of the target.

Quality

QBP Patient Order Sets went live on September 6th with COPD, CHF and Community Acquired Pneumonia. A media event was held on site to communicate this milestone. Hip and Knee replacement, and hip fracture order sets went live on September 26th. Preliminary data shows that surgical provider uptake is 100% and medical is 44%. On average, 53% of eligible patients have been admitted with a digital order set. The clinical lead continues to coach providers every morning in the emergency department.

Leadership

The Q1 Quarterly Leadership Enhancement and Performance (LEAP) session was held in September. This session delved further into our exploration of leaders' strengths and their interconnectivity to our performance and behaviour through the creation of individual strengths constellations. Additionally, leaders engaged in the first stage of the new Respect training that will be delivered to all staff across the organization over the next two years. Given the leadership enhancement predominance of the Q1 session, the Q2 session scheduled for November 22, 2017 will focus closely on our topical corporate strategic and operational items requiring attention.

To ensure we are efficiently optimizing leaders time while providing comprehensive coverage of both strategic and operational items as well as investing in leadership enhancement, a group of internal leaders are working on an assessment of our overall corporate state of leadership meetings and the most appropriate and effective approach moving forward.

Patient Satisfaction

Patient experience action plans for all clinical and non-clinical programs are complete. Implementation of those initiatives is underway and centered on the lowest performing results on the patient experience survey and/or patient comments.

Staff Wellness

The healthy workplace model identified priority staff wellness initiatives to implement over the next three years. There are 34 initiatives in total, which include communicating existing services, such as quiet spaces, showers and Greenshield's Change 4 Life Program, and exploring new services, such as exercise classes, compressed/flex time off options and secure bike storage.

Academics

Timelines for the implementation of the expanded preceptor program have been updated. The new timelines are to account for other projects, such as the RESPECT campaign and the development of a simulation business plan, taking priority. Work on implementation of the program will be shifted to 2018/19 Q1.

The Research Institute strategic initiatives that align with Hospital research strategic initiatives will be integrated into the work completed by the Academics & Research Council.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff.

Patient Satisfaction: All Dimensions - Inpatient

Indicator has changed due to changes in National Research Canada reporting criteria and in order to ensure results can be accurately compared to Ontario peers. 17-18 Q2 results are slightly improved to 62.9%, which is still below the target of 64.4%.

Learner Satisfaction

77.4% of Learners are satisfied with their experience, which is below the annual target of 87.0% hours.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

Patient Satisfaction: All Dimensions - Inpatient

Development of clinical and non-clinical programs action plans is complete and implementation is underway. It is expected that improvements will be seen in Q3 and Q4.

Learner Satisfaction

Development of the preceptor program is currently on hold due to workload requirements other priority projects such as the RESPECT campaign and the business case for Simulation.

Strategic Direction 2: Comprehensive Clinical Care

Performance Measure	16-17 YTD Actual	Annual Target	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
Emergency Department length of stay (90th percentile in hours)	37.3	31.0	39.4	39.5		

Describe the tactics that were implemented in this quarter to address the achievement of the target.

Cardiovascular

A letter of approval from the Minister of Health was received to move forward with the Capital Project planning phase. The procurement for an architect, project manager and functional planner began immediately. Dr. Barry Rubin, UHN, was appointed as the first joint CVS Program's Medical Director. Dr. Rubin will work with the teams at TBRHSC and UHN to integrate continuous improvement activities into service delivery.

Patient Flow

Work was completed over the summer at identifying issues causing the increase to the Emergency (ED) admitted length of stay. While occupancy remains a leading cause, the analysis focused on increasing admissions for isolation patients and volume of medical patients. As well process issues were noted for waste that exists in the bed allocation process, which results in delays in turning over inpatient beds. In Q3 design events will target improvements to the bed allocation process.

A pilot project on 2B/2C commenced in July to look for improvements to the communication in facilitating a faster transfer for a medical patient from the ED once a bed has been assigned.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff.

Admitted patients are currently waiting 39.5 hours in the emergency department for an inpatient bed, which is well above the target of 29.7 hours.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

Additional capacity was created including; Converting six (6) private rooms into semi-private rooms and conversion of 8 surgical daycare beds into ALC beds. The ED pilot project will look to improve the transfer time from an average of 1.3 hrs to the target 0.5hrs. Additional design events in Q3 will target waste that contributes to longer ED wait times by ensuring beds are available sooner post discharge.

Strategic Direction 3: Seniors' Health

Performance Measure	16-17 YTD Actual	Annual Target	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
Pressure Ulcer Incidence	3.70%	7.00%	-	2.8%		

Describe the tactics that were implemented in this quarter to address the achievement of the target.

Frail Seniors'

In December 2016, a Steering Committee comprised of stakeholders from TBRHSC, SJCG and NWLHIN Home and Community Care was established to develop best practice clinical pathways and patient care trajectories for frail seniors presenting in the Emergency Department (ED) who may require admission to hospital, referral to inpatient rehabilitative services, referral for outpatient rehabilitative services and/or short or long-term community supports.

This trial resulted in enhance communication and collaborative relationships between acute and non-acute partners in care through clearly defined processes, resources and referral criteria for hospital admissions, and inpatient and outpatient rehabilitative and community care services . A Geriatric Care Coordinator (GCC) was added as a clinical resource to facilitate the early identification of frail seniors, begin assessment, and coordinate care. The trial also saw the implementation of clinical pathways based on best practices with standardized assessment tools.

Urinary Incontinence

A medical directive for urinary incontinence was developed and all medical and surgical units have agreed to be included on the implementation. The draft directive will be presented to the physician sections for comments and final approval is expected by the end of Q3.

Strategic Direction 4: Indigenous Health

Performance Measure	16-17 YTD Actual	Annual Target	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
Acute hospital admissions per 1,000 population for patients from Indigenous communities	249	-	-	-		

Describe the tactics that were implemented in this quarter to address the achievement of the target.

Engagement

Building our relationships with Indigenous partners is key to our continued progress.

Meetings with Indigenous leaders at Nishnawbe Aski Nation, Grand Council Treaty #3 have resulted in draft terms of reference for an Indigenous Health & Reconciliation Steering Committee. Invitations have been extended to the Union of Ontario Indians, Independent First Nations and the Metis Nation to join the conversation, and contribute to the Terms of Reference. The key role of the Committee will be to identify priorities in health care delivery and research, guide and support advocacy efforts and facilitate relationships to advance priorities.

Meetings with Indigenous health care organizations and community leaders has resulted in new partnership opportunities and updated formal agreements. This includes interactions with Dilico Anishinabek Family Care, Tikiagan Child & Family Services and Anishnawbe Mushkiki, as well as with community Chiefs. We have also been part of discussions with the First Nations and Inuit Health Branch to address challenges with Non-Insured Health Benefits.

Indigenous Discharge

The indigenous discharge sub-working group completed work on the intra-web resources for discharge planning to remote communities and the group has been decommissioned.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

Work continues on defining the indicator and developing targets. The data is currently being investigated.

Strategic Direction 5: Acute Mental Health

Performance Measure	16-17 YTD Actual	Annual Target	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
Psychiatrist full-time equivalent staffing as percentage of required full-time equivalent complement	55.70%	83.3%	58.3%	45.0%		

Describe the tactics that were implemented in this quarter to address the achievement of the target.

Psychiatry Recruitment & Governance

Jean Bartowiak sent formal communication to Tracy Buckler to finalize psychiatry governance and allocation in August. We are currently awaiting a reply.

Safe Room Checklist

The safe room checklist policy was rolled out in August. The checklist provides suggestions to staff to make off-unit mental health patient environments safe, quiet and respectful. Compliance and patient satisfaction will be evaluated.

Child and Adolescent Mental Health Unit

A transition specialist was hired to assist with patient's transition back to community, arrange necessary follow up care and communicate with all members of the health care team.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff.

The current performance of 45.0% translates to 2.7 FTE out of the required 6.0 FTE psychiatrists.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

Recruitment and retention of suitable psychiatrists proves to be significantly challenging despite active recruitment and innovative ways to attract psychiatrists to the hospital.

Operational Progress Summary

Performance Measure	16-17 YTD Actual	Annual Target	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
Rate of hand hygiene compliance after patient/environment contact	92.72%	97.00%	97.40%	86.15%		

Reason: *Report to follow*

Action: *Report to follow*

Performance Measure	16-17 YTD Actual	Annual Target	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
Medication reconciliation on admission (QIP)	61.48%	62.00%	61.67%	55.96%		

Reason: 17-18 Q1 results consistent with past quarters and below target. Proving difficult to sustain performance with current nurse-lead completion model, especially when occupancy is high.

Action: A new model for completing medication reconciliation on admission has been piloted. A briefing note outlining implementation plans and related costs will be presented to SLC in November.

Performance Measure	16-17 YTD Actual	Annual Target	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
Rate of compliance for use of surgical safety checklist	100.00%	100.00%	99.90%	99.85%		

Reason: 17-18 Q1 results minimally under 100% target.

Action: No action required other than ongoing monitoring.

Performance Measure	16-17 YTD Actual	Annual Target	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
Fall rate per 1,000 patient days	5.05	5.30	4.77	4.55		

Performance Measure	16-17 YTD Actual	Annual Target	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
Percentage alternate level of care days	18.0%	12.70%	17.40%	12.1%		

Reason: Hogarth Riverview Manor additional beds offers provided some relief end of Q1, however, the full expected allotment of bed offers not realized in Q2.

Action: In October, the Minister of Health announced 47 additional beds in the system. CEO and Senior Leaders working with partners to develop an operational plan expected to implement Q3. The Hospital reopened 12 overflow beds to relieve pressures.

Performance Measure	16-17 YTD Actual	Annual Target	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
Length of stay (excluding alternate level of care days) (QIP)	5.31	5.50	5.29	5.30		

Performance Measure	16-17 YTD Actual	Annual Target	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
Occupancy - Overall	93.30%	94.60%	94.70%	96.5%		

Reason: 17-18 Q1 occupancy is up somewhat from 16-17 and above 17-18 target. The main contributor to this is higher than expected ALC rates although increased admissions are also a factor.

Action: As noted, a number of improvement actions are being explored and considered related to ALC. Additional root cause analysis of causes for increased admissions is underway and where possible, will be used to inform improvement plans.

Performance Measure	16-17 YTD Actual	Annual Target	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
Percentage of acute inpatient cases completed with Northwest Health Integration Network	84.80%	85.60%	-	-		

Reason: The expected 17/18 vascular case volumes are below target at end of Q2. One vascular surgeon continues managing the program while awaiting arrival of second surgeon.

Action: Second surgeon is expected in January 2018. At that time, a community communication strategy will be launched to inform primary care providers of the full vascular program service.

Performance Measure	16-17 YTD Actual	Annual Target	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
Repeat unscheduled emergency visits within 30 days as a proportion of total mental health visits	18.40%	16.30%	-	-		

Performance Measure	16-17 YTD Actual	Annual Target	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
Patient satisfaction: Leaving hospital, did you receive enough information - Inpatients & Maternal Newborn	56.1%	57.1%	57.8%	54.8%		

Reason: Patient Oriented Discharge Summary (PODS) project implementation is currently only complete on Unit 2C. Implementation of PODS is on all other medical and surgical units in on hold while the research component of the ARTIC CAHO study is completed.

Action: Implementation activities are expected to restart for remaining medical and surgical units in Q4 2017/18.

Performance Measure	16-17 YTD Actual	Annual Target	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
Patient satisfaction: All dimensions - ED	60.4%	61.4%	63.3%	65.7%		

Performance Measure	16-17 YTD Actual	Annual Target	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
Staff with up-to-date performance appraisals	81.42%	85.00%	78.72%	79.26%		

Reason: 17-18 Q2 results see a slight improvement from Q1.

Action: Expected that continuation of “Meeting Free Mornings” initiative and results of Manager Workload ‘Design Event’ should lead for further improvements during 17-18.

Performance Measure	16-17 YTD Actual	Annual Target	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
Total number of subjects enrolled in clinical trials	167	129	15	26		

Reason: 17-18 Q2 slightly improved over Q1, but considerably below target.

Action: TBRHRI developing an improvement plan to increase volumes.

Performance Measure	16-17 YTD Actual	Annual Target	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
Overtime hours as a % of worked hours	2.30%	1.99%	2.19%	3.28%		

Reason: 17-18 Q2 results increased from Q1 which is a typical trend but considerably over target. Initial root cause analysis indicates staffing vacancies within units are being filled with staff from Nursing Resource Team, which leave insufficient staff available to fill required sick and vacation leaves.

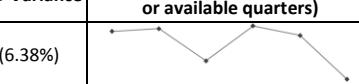
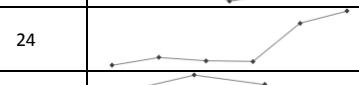
Action:

Performance Measure	16-17 YTD Actual	Annual Target	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
Total margin	0.28%	0.00%	(2.10%)	(2.52%)		

Reason: 17-18 Q2 results considerably over budget. Initial root cause analysis completed as part of 16-17 Q1 quarterly review suggests sick use, overtime, medical/surgical supplies, and drugs are all contributors. As well, a handful of organization groups account for much of the 17-18 Q2 over-expenditure.

Action: Financial Quarterly Review process initiated in September generated an organizational assessment of key areas on which to focus action plans.

Balanced Scorecard
Strategic Indicators: Board of Directors
Report for 17-18 Q2

Domain	Indicators	2016-17 Fiscal										2017-18 Fiscal										Trending (last 6 or available quarters)	
		QIP	Ind Type	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	Target	YTD Actual	YTD Variance	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	Annual Target	YTD Target	YTD Actual	YTD Variance					
Quality & safety	Rate of hand hygiene compliance before initial patient/environment contact		ST	93.04%	93.64%	86.52%	94.27%	93.00%	86.91%	(6.09%)	92.15%	82.40%			93.00%	93.00%	86.62%	(6.38%)					
Quality & safety	30-day in-hospital deaths following major surgery (risk-adjusted)		ST	3.40	1.20	1.40	1.60	1.30	1.90	(0.60)	1.30	1.60			1.67	1.67	1.38	0.29					
Quality & safety	Number of critical events		ST	1	2	3	0	0	6	(6)	0	0			0	0	0	0					
Quality & safety	Pressure ulcer incidence	17-18	ST		4.90%		2.50%	7.00%	3.70%	3.30%					6.00%	6.00%		6.00%					
Quality & safety	90th Percentile ER length of stay (hours) for admitted patients	17-18	ST	30.8	34.0	39.5	44.9	29.7	37.3	(7.6)	39.4	39.5			31.0	31.0	39.5	(8.5)					
Quality & safety	Acute hospital admissions per 1,000 population for patients from Indigenous communities		ST	235	253	259	231		244		247						247						
Quality & safety	Psychiatrist full-time equivalent staffing as percentage of required full-time equivalent complement		ST	53.3%	64.3%	58.3%	46.7%	83.3%	55.7%	(27.6%)	58.3%	45.0%			83.3%	83.3%	51.7%	(31.6%)					
Customer	Patient satisfaction: Overall rating of care - Inpatients	16-17	ST	92.9%	94.9%	95.4%	94.2%	93.9%	94.1%	0.2%													
Customer	Patient satisfaction: All dimensions - Inpatients	17-18	ST	61.0%		61.7%	59.8%	N/A	60.8%		60.5%	64.3%			61.8%	61.8%	61.5%	(0.3%)					
Academics	Total researcher staff (CAHO definition)		ST	210	231	222	220	301	316	15	322	355			301	301	325	24					
Academics	Learner satisfaction		ST		89.2%	87.4%	78.9%	87.0%	85.2%	(1.8%)	86.0%	77.4%			87.0%	87.00%	81.7%	(5.3%)					
Financial	Paid sick hours as a percentage of worked hours		ST	3.47%	3.04%	3.47%	4.14%	3.48%	3.53%	(0.05%)	4.39%	4.27%			3.48%	3.48%	4.38%	(0.90%)					

 At or better than target
 Slightly (less than 5%) worse than target
 Significantly (5% or more) worse than target
 Data not expected for reporting period
 Indicator has been discontinued and replaced
Blue text Incomplete period or result not yet finalized



Thunder Bay Regional
Health Sciences
Centre

980 rue Oliver Road
Thunder Bay ON
P7B 6V4 Canada

Tel: (807) 684-6007
www.tbrhsc.net

Senior Leadership
La haute direction

Senior Leadership Report

to the
Board of Directors
Thunder Bay Regional Health Sciences Centre
December 6, 2017

Patient Services and Chief Nursing Executive

Emergency (ED) Patient Flow

- In October, ED was able to achieve the provincial targets (7 hours or less) for all non-admitted high acuity patients, and low acuity patients (target 4 hours or less)
- ED LOS for admitted patients decreased slightly from 41.6 hours in September to 36.6 hours in October (target 27 or less). On average, each morning, there were 23 patients waiting in ED for an in-patient bed.

Organ & Tissue Donation

- On December 5, 2017, Trillium Gift of Life Network (TGLN), for the second year in a row, presented TBRHSC with an achievement award for its dedication to organ and tissue donation in Ontario
- TBRHSC received the Benchmark for Conversion Rate Award for achieving the provincial target. The Conversion Rate is the percentage of actual donors from all potential patients meeting organ donor criteria.
- Key factors that influence Conversion Rate is early notification of all potential donors and collaboratively working with TGLN staff to promote optimal approach planning
- In 2016/2017, 58% percent of potential donors went on to give the Gift of Life, which is on par with the provincial target (63%)
- Northern Ontario leads the province in numbers of registrants per capita. Thunder Bay has 49% of its eligible population registered as organ donors, putting the city in 22nd place provincially out of 170 communities.

Regional Critical Care Response (RCCR)

- Throughout the Fall period, members of RCCR and the Neurosurgical Outreach Team provided on site education at 10 regional hospitals
- Education was delivered in a variety of ways including lectures, hands on training stations and group mock simulation
- Topics included: airway management, neuro-trauma assessment, administering IV medications using drug library, IV access, and, fluid administration in crisis situations
- A total of 103 participants, including nurses, paramedics, physicians, medical learners, educators and administrators attended

NW Regional Base Hospital Program (NWRBHP)

- On June 13th and 14th, NWRBHP underwent a program review evaluating how each Host Hospital has achieved requirements outlined in Base Hospital's performance agreement and standards
- The program review was focused on ensuring that Paramedics provide quality patient care and public safety in Ontario is maintained
- The final review report was issued October 4, 2017 and confirmed that NWRBHP continues to demonstrate ongoing quality improvements and achievement in maintaining a high quality service. The review did not report any deficiencies and overall met all certification criteria and legislated requirements.



- Emergency childbirth has recently been recognized by the Ministry as a Delegated Medical Act. As such, emergency childbirth is now a skill that is performed by Paramedics.

Prostate Surgery

- With the recent recruitment of a new Urologist, Dr. Hazem Elmansy, TBRHSC has had the opportunity to provide an enhanced prostate surgical procedure to the patients in Northwestern Ontario
- This new prostate procedure is called the Holmium Laser Enucleation of the prostate (HoLEP) procedure. The HoLEP procedure is a modern, minimally invasive treatment for patients with an enlarged prostate due to benign prostate hyperplasia (BPH). TBRHSC is one of the only facilities in Ontario to offer the HoLEP procedure. The limited adoption of the HoLEP procedure in the province, to date, relates to the lack of opportunities to train and learn the HoLEP technique. This has forced most Urologists to complete this specialized training via a fellowship in the United States.
- With the HoLEP procedure, the patient will benefit from an enhanced standard of care for patients suffering with BPH; a greater patient experience; lower secondary complications; and a lower length of stay.

Diagnostic Services – CT Wait Times

- As a result of the efficiency of our new CT, we have been able to leverage additional appointments to the CT schedule. As a result, capacity has improved by approximately 1,000 scans per quarter. Our overall CT wait times have shown significant improvement as a result.
- Oct-17 90th percentile Overall CT wait times Province vs. TBRHSC:

Priority (Target)	Province	TBRHSC
P2 (2 days)	1 day	2 days
P3 (10 days)	28 days	13 days
P4 (28 days)	62 days	29 days
P2-4 Combined	35 days	27 days

- Hospital wide Choosing Wisely campaign will be focusing on utilization and appropriateness of MRI and Ultrasound inpatient exams – goals to ensure patients receive appropriate test in timely manner and to support inpatient flow and discharge

Transition Specialist - Child & Adolescent Mental Health Unit (CAMHU)

- In response to the Northern Suicide Crisis, the LHIN has provided funding to CAMHU to increase its capacity and to improve transitions into and out of hospital
- A Transition Specialist was hired and started in mid-September and has been developing relationships with community and regional partners
- In the first 22 days of actively working in her role, she has deferred 10 admissions to CAMHU by connecting with regional hospital staff, legal guardians and community agencies; assisted the region with managing 8 youth waiting for beds on CAMHU, thereby decreasing their total length of stay; followed up with 8 patients over 2-3 weeks to ensure that post-discharge recommendations have been implemented and that additional information was provided to the outpatient counselors
- In addition, our Transition Specialist has been actively developing and solidifying relationships with community and regional partners and participating on some key community committees

Smilezone Renovation - Child & Adolescent Mental Health Unit

- The Smilezone Foundation has completed its planned renovation on CAMHU to transform it into a more welcoming environment. Updates include: new signage to welcome those entering the unit; painting of



Thunder Bay Regional
Health Sciences
Centre

980 rue Oliver Road
Thunder Bay ON
P7B 6V4 Canada

Tel: (807) 684-6007
www.tbrhsc.net

the department with murals and inspirational quotes; as well as updating the paint in the classroom and games room and outfitting it with new TVs, iPads, furniture and murals.

Human Resources

Take Our Kids to Work Day

On November 1st over 60 grade 9 students attended the Hospital's annual Take Our Kids to Work Day. This full-day session afforded students an opportunity to tour departments and learn about careers in healthcare in Emergency and Trauma, Research, Nutrition and Food Services, Medical Device Reprocessing, Waste Management, Laundry, Physical Plan and Operations, Radiation Therapy, and our Clinical Laboratory.

Bill 148 – Fair Workplaces, Better Jobs Act

Work is underway to ensure the new amendments to existing employment standards illustrated under Bill 148 are effectively integrated into our existing practices and processes. With a January 1, 2018 implementation date for most amendments, Bill 148 includes employment enhancements such as: raising minimum wage, equal pay for part-time and temporary workers, pay for two personal emergency leave days, ban on requiring sick notes for personal emergency leave days, increase in vacation time, compensation for short notice shift cancelations, and an expansion of maternity leave entitlements.

Volunteer Program Promotion

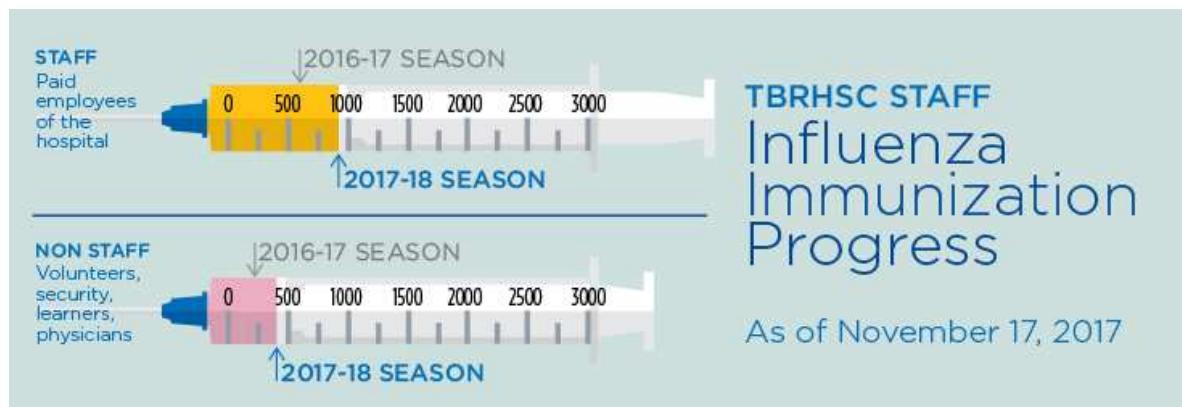
Volunteer Services welcomed 15 new volunteers in October.

Volunteer Events

The Volunteers' Christmas Craft Sale raised over \$2300. All proceeds go towards the purchase of medical equipment for the hospital. We are asking for donations of new socks and underwear for the Patient Clothing Cupboard. These clothes are provided to patients in need of clothing on discharge.

Influenza Vaccinations

Promoting the flu vaccine continues and vaccine compliance rates continue to trend higher than last year at the same time.





Labour Relations Update

With the expiration of several collective agreements in the next few months the Labour Relations Department is busy preparing for the various upcoming negotiations.

SEIU Local Negotiations are scheduled for December 11 and 12, 2017. The ONA Local Negotiation team has been selected and we are currently developing proposals, with negotiation dates scheduled for March 2018. COPE and OPSEU Mtc. negotiations will be occurring in early 2018.

OPSEU Central has re-opened their collective agreement and a collective agreement extension has been ratified seeing the expiry date extended until March 2022.

We continue to work with our union partners to collaboratively solve issues and have seen a resolution of several outstanding grievances.

Patient Services and Cancer Care Ontario

Adult and Forensic Mental Health Program

- Although we remain locum dependant for Psychiatrists, we have contract offers for 2 additional Psychiatrists. It is looking very likely that by summer 2018 we will be at 90% of our target.
- The functional program for a full Mental Health Emergency and Stabilization Unit are complete. Submission to SLC for feedback and approval should occur this month.
- Staff and Psychiatrists on the Adult Mental Health unit are preparing for a “Design Event” to look at the model of patient care. The hope is to improve patient care by examining the collaborative team model.

Cardiovascular and Stroke Program

- In alignment with the hospitals strategic plan, the philosophy of Patient and Family Centred Care, and efforts to use resources efficiently, the Internal Medicine Clinics (Anticoagulation, Congestive Heart Failure, and Chronic Obstructive Pulmonary Disease), will be re-aligned with the Cardiovascular and Stroke Program effective April 1, 2018. Over the next couple of months, the teams (including Patient and Family Advisors), will be working together to develop the future state of the care delivery model.
- CorHealth (formerly the Ontario Stroke Network and the Cardiac Care Network) held a Rehabilitation Symposium to address and identify improvements and priorities within and across cardiac, stroke and vascular rehabilitation. The outcome of the symposium is to develop a White Paper for the MOHLTC. TBRHSC representation was present to ensure the prospective of Northern Ontario was included.

Cardiovascular Surgical Program Implementation

- Capital Development Project: Minister Hoskins confirmed the MOHLTC's support for a multi-year investment in infrastructure associated with the development of our cardiovascular surgical program.
- The firm of Agnew Peckham was signed to lead our Functional Planning activities. Submissions received in response to the RFP for project management firms are under review at this time.
- TBRHSC received \$628K in additional funding for 2017/18 program expenses in November, bringing the total 2017/18 program support to \$2.258M.



Chronic Disease Prevention & Management and Medicine Services

- We welcome Dr. Rory Silverberg and Dr. Rey Acedillo to the Nephrology group. Dr. Silverberg began his practice at TBRHSC in November and Dr. Acedillo will join us in January 2018.
- We thank Dr. Amit Patel, Nephrologist for his provision of care to those living with kidney disease here in Northwestern Ontario, and we wish him the very best as he transitions his practice to Windsor, Ontario.
- The Renal Program has submitted a Pre-Capital Submission to the MOHLTC to review the continuing capacity issues related to caring for people living with kidney disease in Northwestern Ontario.
- The current review of the capacity in the outpatient hemodialysis unit has resulted in the approval of an 8-station expansion from the Ontario Renal Network. Together with the Ambulatory Care Department, this expansion will be initiated in the Ambulatory Care Department in the evenings, Monday through Saturday and is set to begin in early 2018.

Prevention and Screening Services

- There was a 6% increase in monthly screening volume during Breast Cancer Awareness month in October, with increased promotions and marketing. Northwestern Ontario had a total of 975 mammography screens, 474 of these were on the mobile Coach.
- Indigenous resource holders have now been installed in waiting areas in the hospital; volunteer services is replenishing the content, currently specific to cancer prevention and screening.

Regional Cancer Program

- Transition to a new Radiation Treatment planning system called Monaco is underway. The first patient treated with a plan generated on the Monaco system took place in November.
- The Cancer Program is upgrading the Mosaiq Electronic Medical Record on December 4th. Staff and physician training is underway with significant support from IT/IS.
- There is a new partnership with Cardiology to develop a Cardio-Oncology specialty clinic to ensure the safe delivery of cardio-toxic chemotherapy and radiotherapies. The first clinic is slated to be held in January 2018.
- Centralized Reception for the Cancer Centre is fully implemented.

Telemedicine, Spiritual Care, Tbaytel Tamarack House

- Tbaytel Tamarack House will close for renovations from December 8th until January 2nd, 2018. Updates will include flooring, painting, bedspreads, window treatments, and some furniture.
- A holiday musical celebration will be held December 19th from 12:00-2:30 p.m. with over a dozen musicians in Auditoriums A&B to celebrate the season, our patients and families, and staff.

Corporate Services & Operations

Financial Services

- As at October 31, 2017 the deficit is \$3.7 million compared to a budget deficit of \$3.4 million and prior year deficit of \$3.2 million with:
 - Patient Days 4.8% more than prior year and 7% more than budget;
 - Surgical Cases 2.2% less than prior year and 10% less than budget;
 - ER Visits 4.1% less than prior period and consistent with budget, and;
 - ER Patient Days are 36% more than prior year.
- Overall Paid Hours are 2% more than budget and 2% more than prior year.



- A preliminary 2018/19 operational budget summary has been prepared and continues to be reviewed by Senior Leadership for operational savings to achieve target.
- Finance and Capital Planning are working with program and service directors to develop the 2018/19 capital purchasing plan.
- Employee Self Service will be implemented by Payroll in phases starting in November and will provide employees with web-based access to their payroll information, electronic paystubs and annual T4 slips. By January 2018, Employee Self Service will be the primary method to retrieve electronic paystubs and annual T4 slips saving the Hospital printing and processing costs.

Capital Planning & Operations

- The Hospital currently has no outstanding orders under the Fire Code (as overseen by the Fire Department) and no orders under the Environment Protection Act (as overseen by Ministry of Environment).
- A number of program and facility capital projects continue in planning or in progress – with the short-term focus on renal and pharmacy initiatives.
- The data centre construction at 1040 Oliver Road will reach substantial completion by the end of November, with equipment staging to follow.
- Planning for Stage 1 for Cardio-vascular Surgery has commenced. Procurement is ongoing for the professional services – i.e. project manager, architect, and functional planner, and will be expected to be the focus through the fall.
- The next phase of energy conservation projects continue under engineering with Johnson Controls for review in the new year, with an implementation timeline on track to start in the spring.

Northern Supply Chain (NSC)

- The NSC submitted a RFP response to the Ontario Association of Children's Aid Society (OACAS) request to management of the Decentralized Procurement network that exists throughout the 37 agencies in the province that will be participating spanning 50 sites. OACAS is looking for an existing Shared Services Program to centralize purchasing, automate contract management, and establish a distribution model and install an ecommerce solution amongst its members. If we were successful the nine year contract is worth \$1.28 billion in spend.
- Our business case has gone through a second reading with the Ministry of Government and Consumer Services for 15 Hospitals in Northern Ontario with a Surgical Services Lean Program Review. The request totals \$1.957 million of which \$201,000 is marked for TBRHSC to implement earlier reviews that identified cost savings opportunities.

Informatics

- Health Records continues to experience an increase in the number of Release of Information Requests. In 2014/15, Health Records processed 8,890 requests compared to 10,015 in 2016/17 and a projected volume of 14,000 for 2017/18.
- Information Systems & Technology staff are actively participating in the province's Hospital Information Systems (HIS) Renewal initiative, a key initiative under the province's broader Digital Health Strategy. The HIS Renewal is looking at transforming Ontario's fragmented HISs into a platform for high-performing , better connected, more integrated, and patient-centered health care system and improved patient care.
- IT & IS are working with Health Canada, SLMHC, and the NWHA to implement and connect digital radiography equipment in 13 First Nations communities to the Northwest shared Picture Archive and Communications Systems (PACS) hosted and managed by TBRHSC/SJCG



Information Systems & Technology departments. The project is expected to be completed by May 2018.

Research

November was a busy month for meetings and conferences. Below is a snapshot of some of the more significant initiatives and events:

External Review:

- The team from St. Boniface Hospital Albrechtsen Research Centre was in Thunder Bay in November to conduct the review of the Institute's operations, science and business;
- the team toured the Institute's research facilities and met with Hospital and Institute staff as well as several external individuals;
- the team will consider the input received during their visit along with material provided for their consideration and will submit a final report in February, 2018;
- initial feedback was provided and used for internal input by TBRHSC/RI managers at a LEAP event.

Other Research Related Activities:

- On November 7th Health Canada inspectors undertook a routine inspection of the 3rd floor wet lab as it is considered a Level 2 Biosafety facility; feedback from the inspectors was very good; some minor deficiencies were noted that have already been addressed; a formal report will be received within a month;
- Mr. Bartkowiak and Dr. Rudnick have had a preliminary meeting with Dr. Moody-Corbett to discuss a potential scientist recruitment strategy between the Institute and the Northern Ontario Medical School; additional discussions are scheduled to take place in December;
- on November 23rd, members of the Senior Leadership Council had an opportunity to meet with Bill Charnetski, Ontario's Chief Health Innovation Strategist; the information meeting provided an opportunity for Mr. Charnetski to learn more about research and innovation at TBRHSC/RI.

Conferences Attended this Month:

- Techna 2017: Policies and Mechanisms for Healthcare Innovation;
- HealthAchieve – both this event and Techna 2017 had a focus on digital health technology and digital health transformation;
- The Ontario Psychiatric Outreach Program 2017 Annual Conference in collaboration with the Northern Psychiatric Outreach Program at CAMH and focused on the applications of the arts and humanities to health within the psychiatric outreach context;
- Hot Talks on Health, Spotlight on Young Carers – hosted by The Change Foundation the event highlighted the unique experiences that young carers have in their caregiving role;
- Holland Bloorview Research Institute's 12th Annual Research Symposium – the theme this year was on Canadian pediatric health research and highlighted current and upcoming research that poses the greatest impact in the lives of kids with disabilities and their families.

Committee Participation: This month Dr. Rudnick became active in the following groups:

- The Change Foundation Board of Directors – Board Director www.changefoundation.ca
- Health Standards Organization as Co-Chair of their Academic Health Centers and Clinical Research Technical Committee <https://healthstandards.org>
- Lakehead University's Strategic Research Planning Committee.



For other news please refer to the November TBRHRI Report to the Hospital Board.

Academic Affairs and Interprofessional Education

Future Healthcare Providers?

In an effort to promote simulation and learning at TBRHSC, Grade 7/8 students were invited to participate in Simulation boot-camp. The students learned basic life support skills, wound care, moulage and how to operate the high-fidelity mannequins. They put their skills into practice during a simulated trauma.



Respect and Racism

To support Respect at TBRHSC, Interprofessional Education participated in on-line training to build their knowledge and expertise in Indigenous Health. The Interprofessional Educators also completed a facilitator training session to build skills in addressing racism and managing challenging conversations. This year fifteen to twenty staff from TBRHSC will be given the opportunity to develop similar knowledge and skills, which they will use to facilitate Respect activities in February 2018.

Medical Affairs

- A total of 3 site visits took place during the month of November for Psychiatry, Emergency Medicine and Vascular Surgery.
- Dr. Caitlin McCallum (Critical Care) has accepted a position, with an anticipated start date of August 2018.
- Dr. Petros Zezos (Gastroenterology) has accepted a position, with a start date to be determined.
- Dr. David Savage joined our Emergency Medicine group in November.
- At the Academic Health Sciences (AHS) Network Symposium it was identified that there is a desire to streamline the process for faculty appointments at the Northern Ontario School of Medicine (NOSM) with the credentialing of physicians at our facility and Health Sciences North (HSN) – discussions have now begun to explore this opportunity.

Pharmacy

- A working group is evaluating vendor submissions (financials and non-financials) for the purchase of Automated Dispensing Cabinets for the Emergency Room and Critical Care areas. We anticipate a successful vendor decision in the next week.
- The “Best Evidence Exchange Roadshow”, an academic detailing program focused on improving medication prescribing by primary care providers in Northwestern Ontario, was launched in September. The two pharmacists involved in this project have provided



Thunder Bay Regional
Health Sciences
Centre

980 rue Oliver Road
Thunder Bay ON
P7B 6V4 Canada

Tel: (807) 684-6007
www.tbrhsc.net

- presentations (topics: Update on Diabetes treatment, Obesity & Vitamin Review) in Thunder Bay, Manitouwadge, Marathon and Atikokan. The feedback from the attendees has been very positive.
- Work towards the Specialty Outpatient Pharmacy (located in the Cancer Centre) is progressing. We have engaged with a local architect and plan to issue tenders shortly for the renovations required.

Medication Reconciliation

- A presentation was provided to Senior Leadership Council (SLC) on November 28, 2017 with the results and recommendations of the 2B Med Rec Pilot. Additional patient safety data and review will be compiled and provided to SLC.
- Work is being done on the Discharge Medication Reconciliation form. We are hoping to launch this new form in the near future. Our hope is that the new format will be user-friendly and assist prescribers in completing and documenting Discharge Medication Reconciliation.



Chief of Staff Report

to the
Board of Directors
Thunder Bay Regional Health Sciences Centre

December 2017

Policies and Procedures

- Consultation continues with both the Medical Advisory Committee and Professional Staff regarding several policies and procedures to increase standardization and ensure that expectations are clear and consistent

Morbidity and Mortality (M&M) Rounds

- Quality and Risk Management presented a tool to track potential M&M cases identified in patient safety reports to members of the Medical Advisory Committee with the intent that this will assist Department Chiefs in selecting cases
- Further discussions will take place on addressing barriers to moving towards an interprofessional model of M&Ms and to standardize this across all departments

Professional Staff Leadership Development

- The Physician Leadership Institute (PLI) session, *Crucial Conversations*, held in November in Thunder Bay for our current and emerging leaders was a true interprofessional session and was very well received
- The session was lead by Dr. Gillian Kernaghan, President and CEO from St. Joseph's Health Care London, who is a national leader in this area

Quality-Based Procedures (QBPs) and Think Research

- Progress continues on the provincial project to improve adoption of QBP order sets
- We were recognized by the project vendor to have the best uptake of digital order sets compared to other hospitals they have worked with and since then our utilization rates have improved even more! As of mid-November, our utilization rates were 100% for the Orthopedic Order Sets (Hip and Knee Replacement and Hip Fracture) and 56% for Medical Order Sets (Community Acquired Pneumonia, Chronic Obstructive Pulmonary Disease and Heart Failure)
- Modifications to current order sets are underway based on feedback from users
- Planning for the development of the next digital order sets is underway (Prophylactic Mastectomy, Ischemic Stroke, Knee Scope and expanding current order sets past admission to discharge)
- Engagement continues to be paramount to the success of the project with walkabouts occurring regularly, updates in Informed, information booths in the cafeteria and updates at the Medical Advisory Committee, Senior Leadership Committee, and medical department meetings



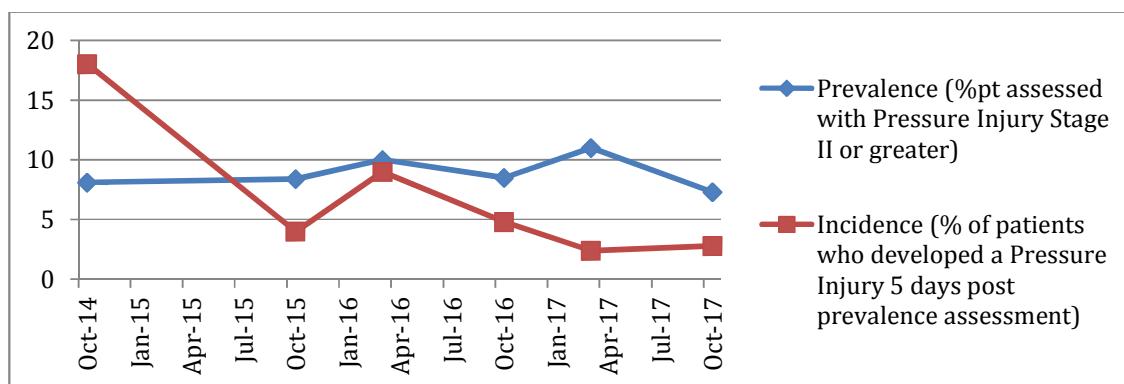
Chief Nursing Executive Open Report to the Board of Directors

December 2017

RNAO Best Practice Spotlight Organization Update (BPSO)

Best Practice Guideline (BPG) - Risk Assessment and Prevention of Pressure Ulcers

- As part of our on-going process to implement the RNAO BPGs related to pressure injury prevention and management, as well as meet Accreditation standards, Nursing Practice conducted a hospital wide prevalence and incidence study on September 21 and 26, 2017
- Results - prevalence 7.3% down from 11% in February, incidence was 2.8% up from 2.4% in February



- Nursing Practice will be meeting with Hill-Rom representative on November 16, 2017 to discuss results and assist in the identification of strategies to continue to improve our pressure injury rates.

Best Practice Guideline - Promoting Continence Using Prompted Voiding

- The Promoting Continence Using Prompted Voiding BPG ties together our BPG deliverable, the strategic plan objective “to deliver care designed from evidence and best practices for seniors (processes of care)” and the Choosing Wisely campaign
- The first step in promoting continence is ensuring that unnecessary urinary continence aides (Foleys, condom caths) are not in use. In order to facilitate this, we have partnered



with our primary care physician group who were also interested in implementing “lose the tube” concepts as an initiative for their choosing wisely project.

- A Medical Directive (MD) that supports the practice of early removal of foley catheters has been developed. During the development process, the Surgical physicians and Hospitalist Program identified that they would support expanding the MD to include their patient populations as well.
- The MD is currently out for consultation, with a plan to have an endorsed document by February 2018

Best Practice Guideline - Integrating Tobacco Interventions into Daily Practice

(previously known as Integrating Smoking Cessation into Daily Nursing Practice)

- TBRHSC has discontinued use of the Moving on to Being Free™ model of smoking cessation support
- Our application to the University of Ottawa Heart Institute has been accepted and we will be implementing the Ottawa Model for Smoking Cessation Program once the contract has been finalized

Thunder Bay Alzheimer's Society Dementia Concepts Tour

- On November 27th, TBRHSC partnered with the Thunder Bay Alzheimer's Society to host the “Dementia Concepts Tour”. The event was comprised of short interactive sessions where participants were outfitted with props to simulate certain aspects of dementia symptoms.
- The activities were aimed at helping staff, volunteers and the general public appreciate some of the challenges that older adults experience during their daily lives, and while in the acute care environment

Regulation of Diagnostic Medical Sonographers (Ultrasound & Echo Technologists)

- Effective January 2018, Diagnostic Medical Sonographers will become regulated under the College of Medical Radiation Technologists of Ontario (CMRTO)
- Diagnostic Medical Sonographers will have one year to become regulated with the CMRTO
- It is anticipated that the process will transition smoothly at TBRHSC as we have long been hiring certified Diagnostic Medical Sonographers



Thunder Bay Regional
Health Sciences
Foundation

980 Oliver Road
Thunder Bay ON
P7B 6V4 Canada

TEL: 807 345 4673
www.healthsciencesfoundation.ca
info@healthsciencesfoundation.ca



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

Family CARE Grants:
Christmas comes early to the Health Sciences Centre

The Volunteer Association and Health Sciences Foundation are looking forward to a choosing and announcing the successful recipients of the Family CARE Grants. Thanks to generous donors, \$60,000 is available. Please look for a media announcement in early January! This was no easy decision as a committee of community, clinical, previous recipients, Foundation and Volunteer Association members had to consider 86 applications for \$150,000. In the past, this program has supported many areas of care including Adolescent Mental Health, Rehab, Pediatric Outpatient and Endoscopy. We look forward to sharing stories with you about these grants throughout 2018.



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

The Foundation is proud to host the Intercity Shopping Centre 50/50 raffle again this year. Please consider signing up for a volunteer shift selling tickets during the busy holiday season. The winning ticket will be drawn on December 22, 2017! Proceeds support the Northern Cardiac Fund and the WE-Can Program (Wellness & Exercise for Individuals Living with Cancer)

Please contact Devon Sokoloski for more information at 684-7278.

Media Coverage – Contact Heather ext. 7111

Past

- Nov 1 – Holiday Cash Up for Grabs; Intercity 50/50 Launches
- Nov 28 – GivingTuesday (social media and radio)
- #GivingTuesday Thank you media announcement/release that also announces our Christmas Wish List (Nov 30)
- Nov 30- Christmas Wish List Campaign

What will your legacy be?

Did you take the time in November to think about your Will? If not, please consider it on your 'to do' list for 2018. Over half of Ontarians don't have an up to date Will. Your Will is a powerful tool to impact care in our region. A gift could have significant positive implications for the administration of your estate and Will help put tools in the hands of the gift professionals at the Health Sciences Centre – offering better care to your children and grandchildren for the future.

Every gift makes a difference and we hope that you've taken the time to think about what your legacy could be. Haven't had a chance? Want to know where your gift could make a difference? Please contact Lindsey Wychopen, Development Assistant at 684-7106 for more information.

From the Foundation Board and Staff – we would like to wish you a very, Merry Christmas and all the best for a safe and prosperous 2018. Together, we are healthier!

RESOURCE PLANNING COMMITTEE WORK PLAN

2017-2018

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

#	Accountability	Activity	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
19	Financial Oversight	Funding HBAM and Quality Based Procedures Update				x								
20	Financial Oversight	HAPS 2018-19 Approval					x							Deferred to January
21	Financial Oversight	TBRHRI and Sustainability Updates				x					x			
22	Financial Oversight	Capital Equipment and Capital Projects Update 2017-18						x			x			
23	Financial Oversight	Insurance Review						x						
24	Risk Identification and Oversight	Data Centre Disaster Recovery Plan Update								x				
25	Performance Measurement and Monitoring	Labour Relations, Grievances and Arbitrations Update								x				
26	Legal Compliance	Occupational Health and Safety Program Update								x				
27	Financial Oversight	Operating Plan Update 2018-19	x	x	x									
28	Financial Oversight	Operating Plan Approval 2018-19					x							
29	Legal Compliance	Public Sector Salary Disclosure								x				
30	Financial Oversight	Capital Budget Update 2018-19		x										
31	Financial Oversight	Capital Budget Approval 2018-19					x							
32	Legal Compliance	Broader Public Sector Accountability Attestation Certificate									x			
33	Legal Compliance	Broader Public Sector Use of Consultants Attestation									x			
34	Oversight of Management	H-SAA Declaration of Compliance Attestation									x			
35	Oversight of Management	M-SAA Declaration of Compliance Attestation									x			
36	Risk Identification and Oversight	Non Patient Legal Matters Annual Review									x			
37	Financial Oversight	Numbered Companies Unaudited Financial Statements 2017-18									x			
38	Risk Identification and Oversight	TBRHRI 2018-19 Operating and Capital Budget Report									x			
39	Risk Identification and Oversight	TBRHRI 2017-18 Unaudited Financial Statements Review									x			
40	Financial Oversight	Unaudited Preliminary YE Financial Statements to 2018-03-31									x			

FISCAL ADVISORY COMMITTEE

2017-2018

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

APPENDIX B - Quality Committee of the Board - 2017-18

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

#	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	
		Comments / Compliments / Complaints			X				X				C. Covino	
2	Quality Oversight	Credentialing and Licensing Processes for Professional Staff and Health Professionals			X								M. Addison / Dr. M. Langlois	
3	Quality Oversight	Critical Incidents / MAC Recommendations				X					X		C. Covino	
4	Quality Oversight	Emergency Preparedness					X					X	C. Covino / K. Bell/F. Pennie	
5	Quality Oversight	Financial Pressures Relating to Risk	X					X				X	P. Myllymaa	
6	Quality Oversight	Patient Safety		X			X			X			S. Craig	
7	Quality Oversight	Infection Prevention & Control Mandatory Patient Safety Indicators									X		H. McIver / K. Bell R. Thompson	
8	Quality Oversight	Accreditation			X				X				G. Ferguson	
9	Quality Oversight	Quality and Risk Management Policies					X						C. Covino	
10	Quality Oversight	Quality Improvement Plan Excerpt from Balanced Scorecard			X		X			X			C. Freitag / M. Del Nin	
11	Quality Oversight	Quality Improvement Plan Updates / Approval							X	X			All	
12	Quality Oversight	Risk Management / Enterprise Risk Management			X								C. Covino / K. Bell/F. Pennie	
13	Quality Oversight	Terms of Reference Review		X									G. Whitney / C. Covino	Currently being revised, will be reviewed at the Dec. mtg.
14	Quality Oversight	Terms of Reference Approval			X								G. Whitney / C. Covino	Deferred to January

16	Quality Oversight	Work Plan 2017-18 Review		X								G. Whitney / C. Covino	
17	Quality Oversight	Work Plan 2017-18 Approval			X	X						G. Whitney / 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 (J. Wintermans)	
21	Quality Oversight	Research Ethics Board Annual Report									X	K. Bell (J. Wintermans)	
22	Quality Oversight	Annual Quality Research Report				X						Dr. A. Rudnick	
23	Quality Oversight	Quality-Based Procedures								X		S. Craig	
24	Quality Oversight	Employee Physician Satisfaction Survey							X			Amanda Bjorn	

Regional Health Sciences Centre Board of Directors Work Plan

Revised: December 1, 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						

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

AUDIT COMMITTEE 2017-2018 WORK PLAN

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

#	Accountability	Activity	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
1	Oversight of Management	2017-2018 Work Plan for information only						x	x		x			
2	Financial Oversight	2017-2018 Audit Plan Overview - Grant Thornton						x						
3	Governance	Terms of Reference Annual Approval 2018-2019						x						
4	Performance Measurement and Monitoring	Review Results of May 2017 Evaluation of Auditors						x						
5	Financial Oversight	Independence Questionnaire 2017-2018						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 2017-2018							x					
9	Performance Measurement and Monitoring	Discussion of Year End Reporting Issues 2017-2018							x					
10	Financial Oversight	Audit Statement Review 2017-2018						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 2017-2018						x						
14	Financial Oversight	2017-2018 Year End Financial statements for Board Approval									x			
15	Financial Oversight	2017-2018 Audit Results - Grant Thornton									x			
16	Oversight of Management	2017-2018 Management Letter									x			
17	Risk Identification and Oversight	2017-2018 Claims Summary									x			
18	Risk Identification and Oversight	Analysis of Legal Fees as at March 31, 2018									x			
19	Performance Measurement and Monitoring	Evaluation of Auditors for 2017-2018									x			
20	Performance Measurement and Monitoring	Recommend Appointment of Auditors for 2018-2019									x			
21	Oversight of Management	2018-2019 Work Plan Approval						x						

Page Views: Open Board Meeting Webcast

September 2017 – June 2018

Month	# of Page Views
Sept 2017	--
Oct 2017	18
Nov 2017	26
Dec 2017	
Jan 2018	
Feb 2018	
March 2018	
April 2018	
May 2018	
June 2018	
Yearly Total # of Page Views	



Thunder Bay Regional
Health Sciences
Centre

healthy
together En santé
ensemble



Thunder Bay Regional
Health Research
Institute

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

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

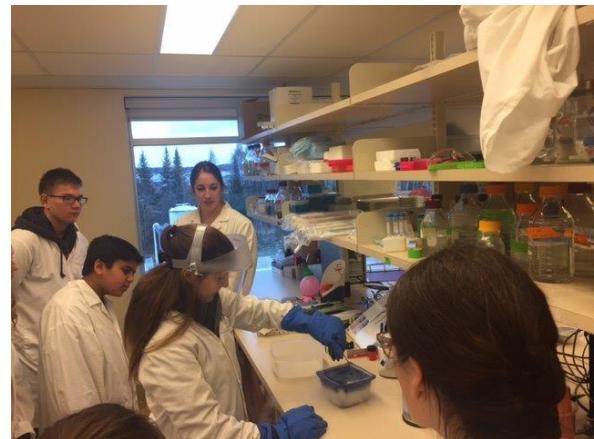
Tel: (807) 684-7223
Fax: (807) 684-5892
www.tbrri.ca

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

Submitted by: Jean Bartkowiak, CEO & Abraham Rudnick, VP Research & Chief Scientist
November 29th, 2017

Bringing Research to Life for the Next Generation of Scientists

November 1st was Take Your Kids to Work day and along with the Hospital, the Institute hosted approximately 65 Grade 9 students from across the city. Participants toured the Hospital, took part in hands on activities, met with medical professionals and learned about a wide variety of careers including research. In the research wet lab, students heard about some of the work being undertaken by Institute Scientists and were able to conduct two experiments to learn about the effects of liquid nitrogen using a balloon and a flower.



Business Development Update



Council of Academic Hospitals of Ontario

As an Innovation Broker for the Office of the Chief Health Innovation Strategist, the Council of Academic Hospitals of Ontario (CAHO) is brokering connections between innovators seeking validation test sites and member hospitals. CAHO, after feedback from member hospitals, has published a list of critical problems requiring health technology solutions. A health technology includes a broad range of medical devices and information technologies (including the clinical/process and business model changes required through a health technology solution) but does not include drugs or clinical practice changes (as the latter are facilitated through CAHO's Adopting Research to Improve Care Program).

CAHO Innovation Broker (CAHO IB) submits approximately one innovative solution a week to TBRHSC/TBRHRI's CAHO IB Task Force representative, Dr. Amarjit Chahal (Manager, Business Development). The submission package includes information about the vendor and its innovative health technology solution; validation test site requirements (including regulatory) and notes the availability of funds to conduct such validation on site.

The proposal for validation of a given innovative health technology is reviewed by the Institute's Manager of Business Development and the Hospital's VP Research and other staff as required and will be accepted by TBRHRI for further dialogue with the vendor or rejected based on a set of criteria including but not limited to: relevance to the research Strategic Plan of TBRHRI/TBRHSC; alignment with current infrastructure; availability of funds from the vendor or grants for the validation studies; and the availability of expertise and resources at TBRHRI/TBRHSC. Updates will be provided to the Board if an agreement is secured with a particular vendor for any validation study opportunities.

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'Ecole 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**

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

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

Tel: (807) 684-7223
Fax: (807) 684-5892
www.tbrhri.ca

Health Sciences Centre Ranks Among Top Research Hospitals

On November 9th Re\$earch Infosource released the findings of their annual survey and announced Canada's Top 40 Research Hospitals. For the seventh year in a row, TBRHSC made the list ranked at 38th for 2016. In the 2016 fiscal year, Canadian research hospitals, hospital networks and health authorities spent nearly \$2.53 billion on research and the total number of researchers rose to 8,511 across the country. At TBRHSC, there were 316 people involved in research last year. The Hospital and the Institute continue to promote and help facilitate patient-centred research that will improve the health of people of our region.

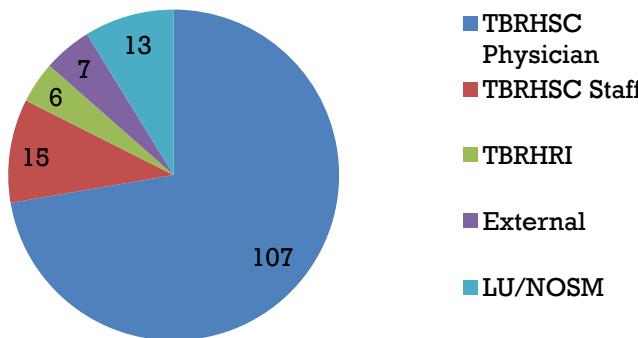


Grant Awards Received for Research

Drs. Naana Jumah and Chris Mushquash have received notification from the Ministry of Health and Long-Term Care, Health Services Research Fund Program that they have been awarded almost \$2M in one-time funding over the next four years to support their project entitled *Opioid Dependence in Rural, Remote and Northern Communities: A Focus on Aboriginal Maternal, Child and Family Health*. Dr. Jumah is a Clinician Scientist at TBRHSC/HRI and an Assistant Professor at NOSM and Dr. Mushquash is a Canada Research Chair in Indigenous Mental Health and Addiction and an Associate Professor at Lakehead University and NOSM. This project will support the implementation of the Maternal Infant Support Worker Program as well as reproductive health and wellness programs at Dennis Franklin Cromarty High School.

Dr. Michael Campbell, Joint LU-TBRHRI Research Chair, has been awarded a Collaborative Research and Development (CRD) grant from the Natural Sciences and Engineering Research Council of Canada (NSERC) for his project entitled *Development and optimization of resin based radionuclides generators*. The grant is valued at \$188,250 over a 2 year period for research to develop technology used in the production of medical isotopes and is being undertaken in collaboration with a commercial partner that is also providing partial funding for the project.

Clinical Trials Update The chart below identifies the number of open studies and who is conducting research at TBRHSC/HRI. As of November 9th, there were 148 clinical research projects open at our facilities.



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'Ecole 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.





Thunder Bay Regional
Health Sciences
Centre

980 rue Oliver Road
Thunder Bay ON
P7B 6V4 Canada

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

November 22, 2017

Ms. Patricia A. Lang C.M.
253 Pioneer Drive #503
Thunder Bay, ON P7G 1C1

Dear Pat,

On behalf of the Thunder Bay Regional Health Sciences Centre Board of Directors,
congratulations on your recent appointment to the Order of Canada.

We are extremely proud to have a fellow Board member receive one of Canada's highest civilian honours. Your commitment to the growth and development of Ontario's colleges as a long-time academic administrator is a true reflection of the dedication and passion you bring to everything you do.

We are proud to have you serve as a member on the Hospital Board, and particularly value the expertise you offer as our organization continues to grow as an Academic Health Sciences Centre. Your involvement is helping us achieve our Vision of "Healthy Together".

Sincerely,

Nadine Doucette,
Board Chair

Compliance with Excellent Care for All Act – Critical Incident Process

Cathy Covino,

Sr. Director, Quality & Risk Management

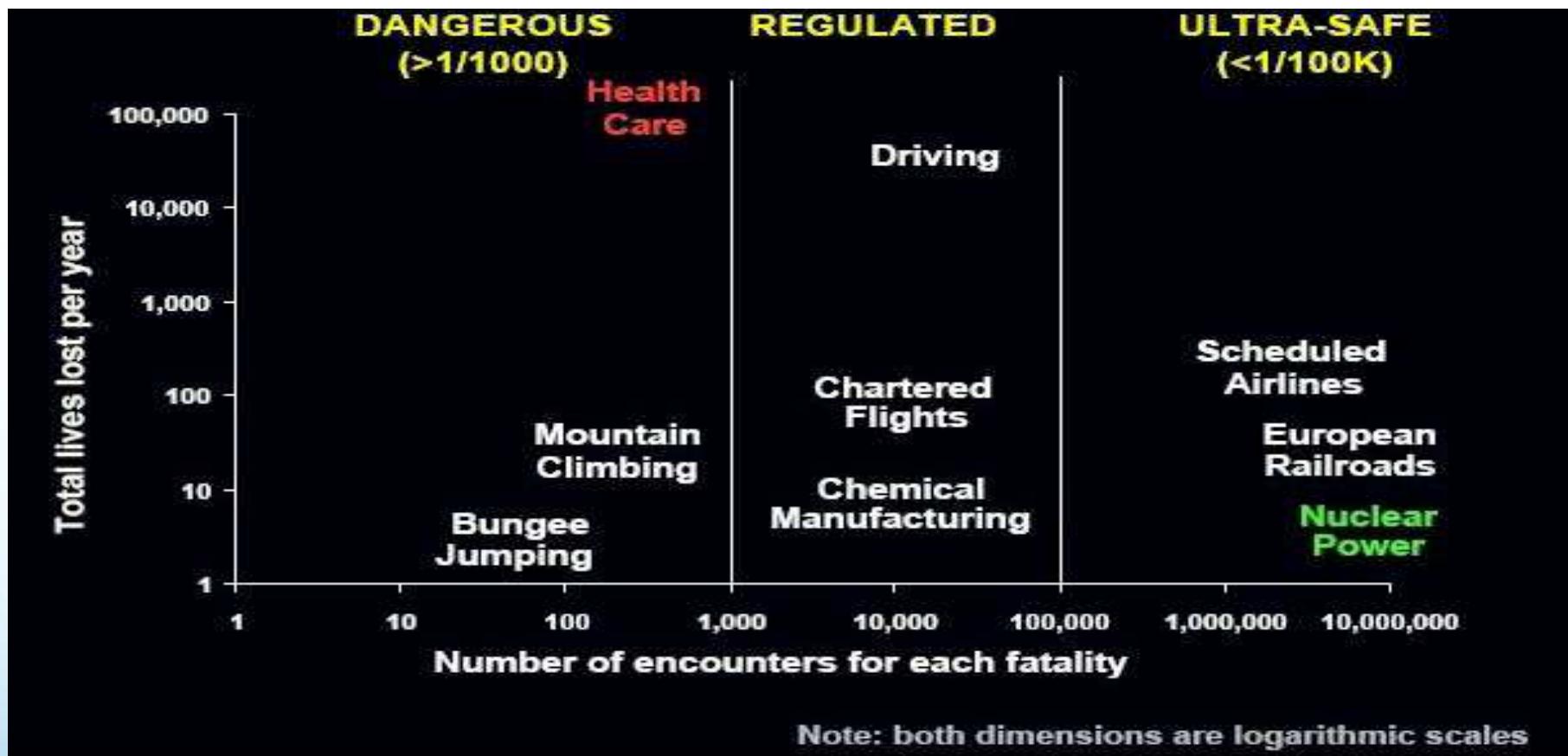
November 15, 2017



Thunder Bay Regional
Health Sciences
Centre

healthy
together

Healthcare is safe, right?



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 date 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



Harm Reporting Framework

Level	Definition	
Near Miss	An incident which did not reach the patient	
No Harm Incident	An incident in which an event reached a patient but no discernable harm resulted	
Mild Harm	Patient outcome is symptomatic, symptoms are mild, loss of function or harm is minimal or intermediate but short term, and no or minimal intervention is required	
Potential Critical Incident	Moderate Harm	Patient outcome is symptomatic, requiring intervention, an increased length of stay or causing permanent or long-term harm or loss of function
Critical Incident Threshold	Severe Harm	Patient outcome is symptomatic, requiring life-saving intervention or major surgical/medical intervention, shortening life expectancy or causing major permanent or long-term harm or loss of function
	Death	On balance of probabilities, death was caused or brought forward in the short-term by the incident



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? ***

*This should include consideration of whether expected or usual standards of practice were met and whether risks identified were addressed with reasonable preventative measures.



Aggregate Reporting to the Board and Quality Committee of the Board (April 2017- November 2017)

Critical Incidents Summary

0 critical incidents Q1 & Q2 2017



Classification



Recommendations



Thunder Bay Regional
Health Sciences
Centre

healthy
together

Incident Classification and Recommendations Aggregate (Q3,4 2016/17)

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

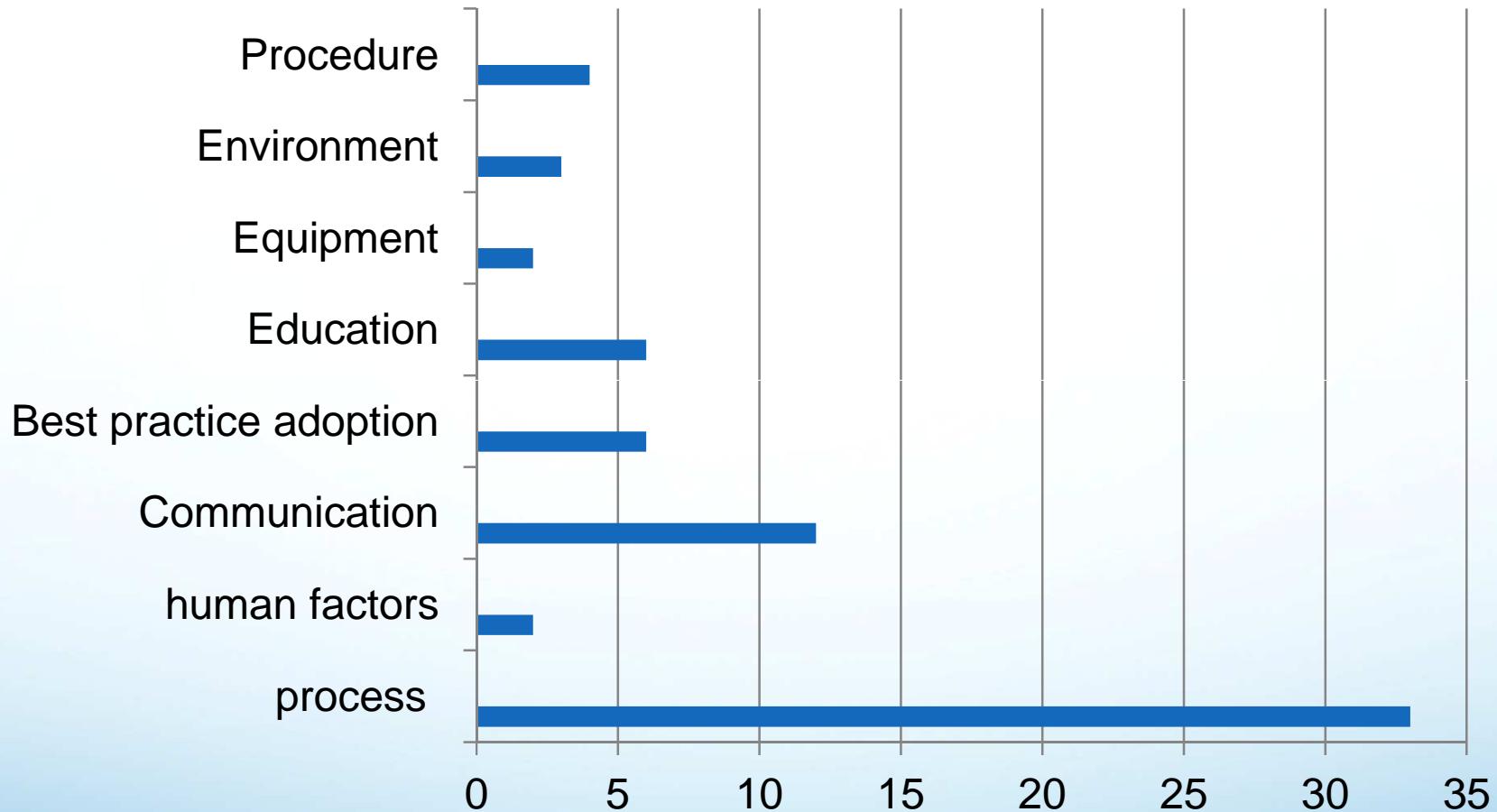
- Ability to manage form 1 patients in the ER
- Response to mental Health surge review to ensure appropriately trained staff are available in ER

Policy

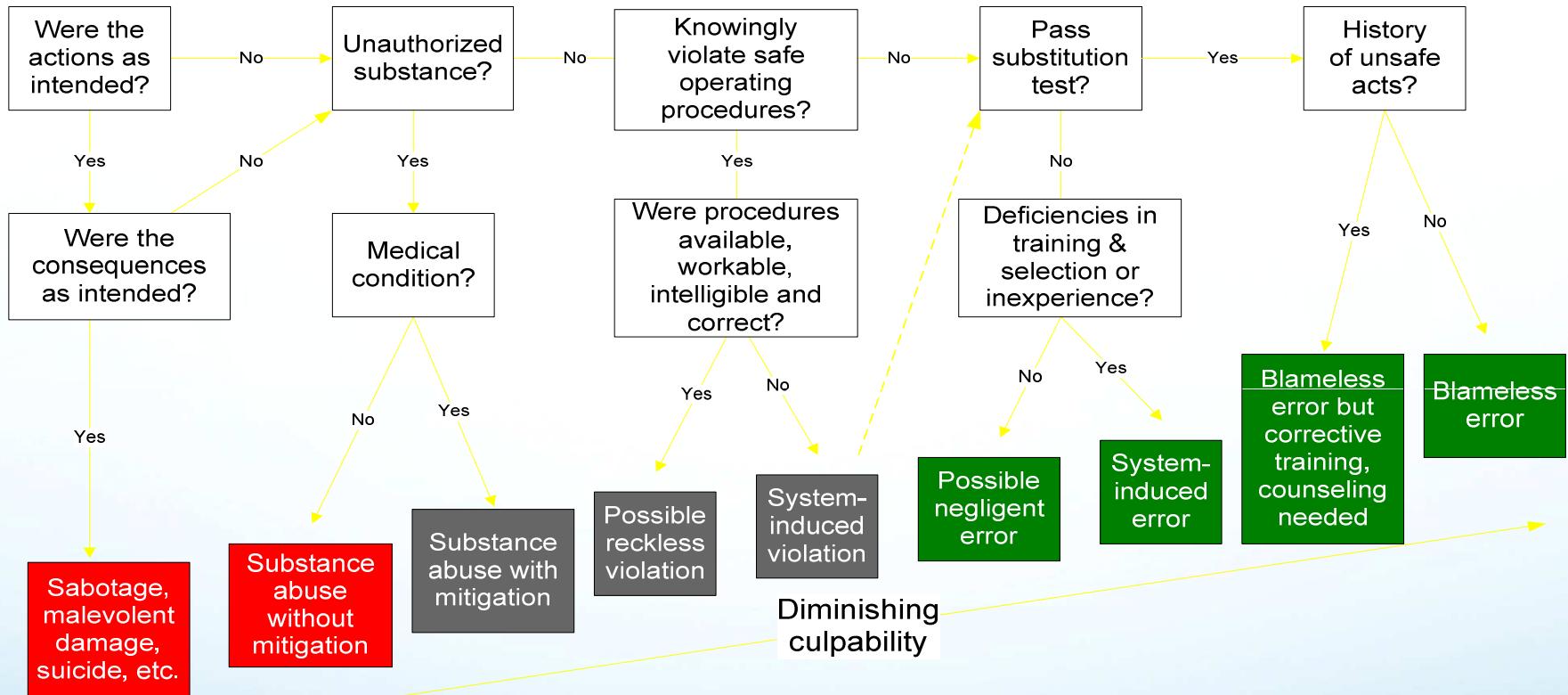
- Response to attempted suicides are not managed through a code being called
- Efforts are being place on a proactive approach to suicide attempts in early detection and management



Incident Root Cause Classification 2010-2017



James Reason's Decision Tree – Performance vs. Process



Decision Tree for Determining Culpability of Unsafe Acts



Never Events for hospital care in Canada

• In January 2014, the Canadian Patient Safety Institute brought together health sector partners to form a National Patient Safety Consortium. Working together, the consortium identified a list of 15 *never events* for hospital care in Canada.

- In September 2015 Canada released its first *Never Event* report, a joint effort between Health Quality Ontario and the Canadian Patient Safety Institute.

- Never events are defined as:

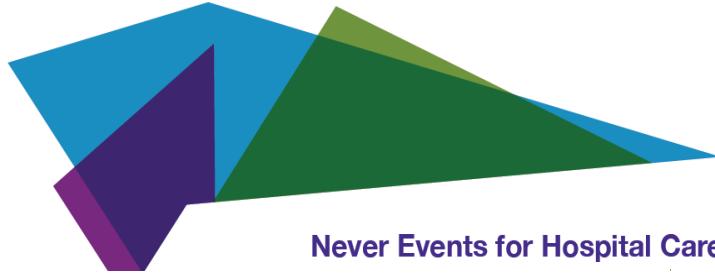
“Patient safety incidents that result in serious patient harm or death, and that can be prevented by using organizational checks and balances”

- Never events are not intended to reflect judgment, blame or provide a guarantee; rather, they represent a call-to-action to prevent their occurrence.

- Never Events at TBRHSC are considered a Critical Incident

¹Never Events for Hospital Care in Canada: Safer Care for Patients. Toronto, ON: Health Quality Ontario and the Canadian Patient Safety Institute; September 2015.





Never Events for Hospital Care in Canada

- 1. Surgery on the wrong body part or the wrong patient, or conducting the wrong procedure.**
- 2. Wrong tissue, biological implant or blood product given to a patient.**
- 3. Unintended foreign object left in a patient following a procedure.**
- 4. Patient death or serious harm arising from the use of improperly sterilized instruments or equipment provided by the hospital.**
- 5. Patient death or serious harm due to a failure to inquire whether a patient has a known allergy to medication, or due to the administration of a medication where a patient's allergy had been identified.**



Thunder Bay Regional
Health Sciences
Centre

healthy
together

- 6. Patient death or serious harm due to the administration of the wrong inhalation or insufflation gas.**
- 7. Patient death or serious harm as a result of a pharmaceutical event including:**
 - wrong-route administration of chemotherapy agents;
 - intravenous administration of a concentrated potassium solution;
 - inadvertent injection of epinephrine intended for topical use;
 - overdose of hydromorphone by administration of a higher-concentration solution than intended;
 - neuromuscular blockage without sedation, airway control and ventilation capability.
- 8. Patient death or serious harm as a result of failure to identify and treat metabolic disturbances (eg. hypoglycaemia in an admitted patient, hyperbilirubinemia in neonates).**
- 9. Any stage III or stage IV pressure ulcer acquired after admission to hospital.**
- 10. Patient death or serious harm due to uncontrolled movement of a ferromagnetic object in an MRI area**



- 11. Patient death or serious harm due to an accidental burn (eg. oxygen fires, heat or cold burns from assisted bathing, the use of hot or cold packs during wound care).**
- 12. Patient under the highest level of observation leaves a secured facility or ward without the knowledge of staff (eg. patient with dementia, psychosis, or at risk of suicide).**
- 13. Patient suicide or attempted suicide that resulted in serious harm, in instances where suicide-prevention protocols were to be applied to patients under the highest level of observation.**
- 14. Infant abducted or discharged to the wrong person.**
- 15. Patient death or serious harm as a result of transport of a frail patient, or patient with dementia, where protocols were not followed to ensure the patient was left in a safe environment.**



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*



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

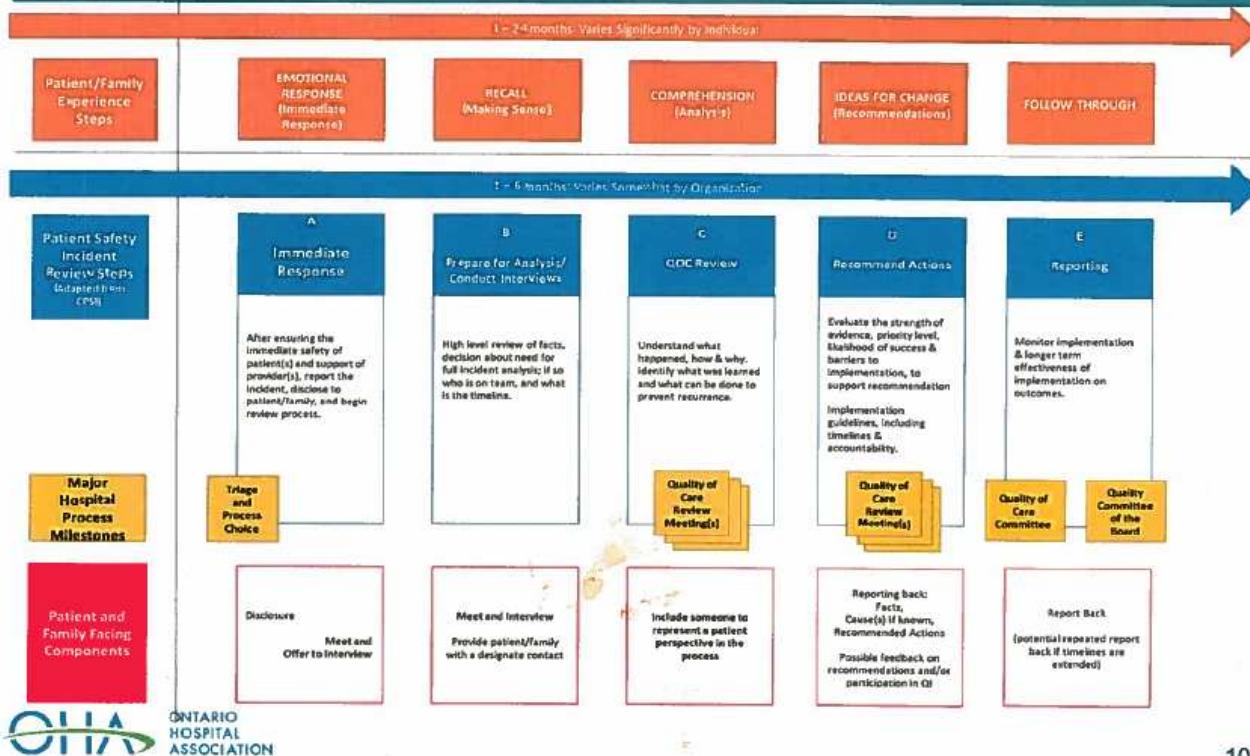
17. Finalize Recommendations and Assign Timelines and Accountability
18. Presentation to Quality of Care Committee

E. REPORTING AND IMPLEMENTATION

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



PATIENT/FAMILY EXPERIENCE AND HOSPITAL RESPONSE TO PATIENT SAFETY/CRITICAL INCIDENTS



106



Quality Care Information Protection Act Review Committee

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



Thunder Bay Regional
Health Sciences
Centre

healthy
together

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



Updates to Critical Incident Review Process at TBRHSC

- Patient relations to participate in every critical incident review
 - Lead, Patient Safety and Evidence Based Processes facilitates Critical Incident Review
 - Senior Director, Quality & Risk Management present at Critical Incident review to represent the patient and family and take part in discussion on their behalf.



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
- OHA toolkit



Questions or Comments?



Presentmedia



Thunder Bay Regional
Health Sciences
Centre

healthy
together