Thunder Bay Regional Health Sciences Centre

Board of Directors
Open Meeting
Wednesday, February 7, 2018 – 5:00 pm Boardroom, Level 3, TBRHSC
980 Oliver Road, Thunder Bay
AGENDA

Vision: *Healthy Together*
Mission: *We will deliver a quality patient experience in an academic health care environment that is responsive to the needs of the population of Northwestern Ontario*
Values: *Patients ARE First (Accountability, Respect and Excellence)*

#	Time (X)	Presenter	Item & Purpose (Y)	Expected Outcome (Z)			
				Recommendation /Decision/Action	Education	Discussion	Information
1.0	**CALL TO ORDER and WELCOME**						
2.0	**PATIENT STORY** – *Amanda Björn*						
3.1	1	N. Doucette	Quorum (9 members total required, 7 being voting)				
3.2	1	N. Doucette	Conflict of Interest				
3.3	1	N. Doucette	Approval of the Agenda	X			
3.4	3	N. Doucette	Chair's Remarks*				X
4.0	**PRESENTATIONS/EDUCATION**						
4.1	20	Dr. Rubin	CVS – One Program Two Sites*		X		X
4.2	5	C. Freitag	Quality Improvement Plan Update*		X		X
5.0	**CONSENT AGENDA**						
5.1	-		Board of Directors Open Minutes – December 6, 2017*	X			X
5.2	-		Quality Committee Minutes December 13, 2017*				X
5.3	-		Quality Committee Minutes January 17, 2018*				X
5.4	-		Q3 2017-2018 Wages and Source Deductions*				X
6.0	**REPORTS AND DISCUSSION**						
6.1	5	J. Bartkowiak	Report from the President and CEO*	X			X
6.1.1	2	J. Bartkowiak	NOSM Dean Recruitment				X
6.2	10	Senior Leadership	Report from Senior Leadership*				X
6.2.1	10	Dr. Crocker Ellacott	Surge Capacity*				X
6.3	5	Dr. Porter	Report from the Chief of Staff*				X
6.4	5	Dr. Crocker Ellacott	Report from the Chief Nursing Executive*				X
6.5	5	Dr. Moody-Corbett	Report from the Northern Ontario School of Medicine*				X
6.6	5	Dr. Thibert	Report from the Professional Staff Association				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 • Terms of Reference Modifications				X

#	Time (X)	Presenter	Item & Purpose (Y)	Expected Outcome (Z)			
				Recommendation /Decision/Action	Education	Discussion	Information
			• 2018-19 QIP Engagement Process • Accessibility Plan Amendments and Priorities				
7.2	2	G. Walsh	Resource Planning Committee 7.2.1 Report from the Chair of the Resource Planning Committee • Bill 148 • 2017-18 Budget Update • 2018-19 Budget Planning				X
7.3	2	G. Walsh	Audit Committee 7.3.1 Report from the Chair of the Audit Committee • 2017-18 Audit Process				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
9.0	**BOARD MEMBER COMMENTS**					X	
10.0	**DATE OF NEXT MEETING** – March 7, 2018						X
11.0	**ADJOURNMENT**						

Ethical Framework

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

The following questions should be considered for each decision:

1. Does the course of action put 'Patients First' by responding respectfully to the needs, values, and expectations of our patients, their families, and the communities?
2. Does the course of action demonstrate 'Accountability' by advancing a quality patient experience that is socially and fiscally accountable?
3. Does the course of action demonstrate 'Respect' by honouring the uniqueness of each individual and his/her culture?
4. Does the course of action demonstrate 'Excellence' by fostering an environment of innovation and learning to provide a quality patient experience?

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

BOARD OF DIRECTORS (Open)
February 7, 2018 – DRAFT

Agenda Item	Committee or Report	Motion or Recommendation	Approved or Accepted by:
3.3	Agenda – February 7, 2018	"That the Agenda be approved as circulated."	Moved by: Seconded by:
5.0	Consent Agenda	"That the Board of Directors: 5.1 Approves the Board of Directors Minutes of December 6, 2017; 5.2 Accepts the Minutes of the Quality Committee meeting of December 13, 2017; 5.3. Accepts the Minutes of the Quality Committee meeting of January 17, 2018; 5.4 Accepts the Q3 2017-2018 Wages and Source Deduction Attestation, as presented."	Moved by: Seconded by:
6.0	Reports and Discussion	"That the Board of Directors accepts reports dated February 7, 2018 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."	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
February 7, 2018

Many people whose outstanding dedication and positive attitudes make our Hospital special, and the Walk the Talk Awards recognize their actions. Although I wasn't able to attend the January 22 Walk the Talk Awards celebration, I want to express my appreciation of every nominee and winner, and thank Board Director Gary Whitney for presenting the awards on my behalf.

On that note, the Board of Directors Walk the Talk Award recognizes the outstanding contribution of a team whose members performed their duties in an exemplary manner under extraordinary circumstances or have demonstrated excellence in achievement, innovation or service. This year's recipient of the Award is the Child and Adolescent Mental Health Unit (CAMHU) team. The CAMHU team has recently been faced with a significant increase in youth presenting in mental health crisis. The team is honoured this year for demonstrating immense commitment to their patients and their families. Mental Health care is definitely a challenging clinical environment, especially when children and youth are involved. The care provided by this team can life-changing, sometimes, even life-saving; our CAMHU team members have proven they are up to the task. They are role models for collaborative, patient and family centred practice for our Hospital and community to look up to. Congratulations to the CAMHU team.

On January 25, staff and professional staff members were also recognized for reaching milestone years of service at the Hospital. We are fortunate that many people have contributed between five and 45 years of service. Our Hospital has a long history of providing quality patient and family centred care and plays a very important role for the Northwestern Ontario residents. Long-serving employees are an integral part of that legacy. I am grateful that they have chosen to spend their careers in service of patients and families at our Hospital; I am proud of their tireless dedication to ensuring that patients receive safe quality care, often under extremely difficult circumstances. I want to thank 1st Vice Chair Grant Walsh for representing our Board at the Years of Service celebration.

I would also like to congratulate President & CEO Jean Bartkowiak and the Senior Leadership team for their guidance and actions during the current overcapacity crisis. Their leadership resulted in the safe transfer of ALC patients to a more appropriate care setting at the Transitional Care Unit at Hogarth Riverview Manor; this relieved pressures on staff throughout the Hospital. The Board of Directors is grateful for the constant communication, and, above all, the assurance that all decisions and actions were carried out with the safety and quality of patient care front and centre.

The patient census was high when I had the opportunity to deliver Holiday baskets to staff on many units. It was a true pleasure to meet staff members, and to take a few moments to share with them, on behalf of the members of the Board of Directors, our gratitude for their commitment to patients and their families. Regardless of the additional pressures resulting from the overcapacity, staff, physicians and volunteers appear to relentlessly focus on meeting patient needs.

Finally, I extend my appreciation to our local MPPs, the honourable Michael Gravelle and the honourable Bill Mauro, for their continued support in advocating at the provincial level regarding the Hospital's chronic underfunding to meet patient needs. Our region is unique, as are the health care needs of our population. Our MPPs understand that uniqueness; I am grateful to them for their commitment to ensure the people of Northwestern Ontario have access to state of the art specialized acute care.

Report to the Board of Trustees, Thunder Bay Regional Health Sciences Centre

Barry Rubin MD PhD FRCSC
Medical Director
Joint PMCC – TBRHSC Cardiovascular Surgical Program

February 7, 2018

Agenda

1. One program on two sites model for cardiovascular care at TBRHSC and the PMCC.
2. Joint medical director leadership responsibilities.
3. PMCC world firsts.
4. PMCC core operating principles.
5. Comparison of quality outcomes at TBRHSC and PMCC.

Cardiovascular demographics: NorthWest LHIN

- The major amputation rate in the NW LHIN is > 3 times higher than the provincial average.
- Admission rates for cardiovascular conditions in NW LHIN are above the provincial average.
- The Indigenous population represents about 20% of the NW LHIN population. The prevalence of cardiovascular disease in the Indigenous population is 1.5 – 2 times higher than in the general population.
- Patients and families experience significant stress having to travel to unfamiliar locations to access cardiac and vascular health care services.

One program on two sites model for Cardiac and Vascular care between TBRHSC and PMCC: Objectives

- Save lives and limbs, and reduce the burden of cardiac and vascular diseases in the NW LHIN.
- Improve access to essential cardiac and vascular surgical services in NW Ontario, while ensuring that the quality of care delivered at both sites is identical and of the highest quality.
- Provide 90% of cardiac and vascular surgery at TBRHSC, with complex or redo cases being done at UHN.
- Complex patients managed initially at UHN will return to TBRHSC for recovery, rehabilitation, and long term follow up.

Medical Director, Joint Cardiac and Vascular care Surgical Program: Leadership Responsibilities

- Lead initiatives that support coordination of care and improve patient's experiences within the Program.
- Ensure that the Program participates in national or international quality assessment databases; benchmark patient care outcomes and identify areas that require improvement.
- Identify and disseminate best practices across UHN and TBRHSC.
- Promote system improvements to enhance patient satisfaction and safety and patient care outcomes.

Medical Director, Joint Cardiac and Vascular care Surgical Program: Leadership Responsibilities

- Collaborate with the Program's Steering Committee to identify key milestones for the Program on an annual basis.
- Ensure program vision aligns with UHN and TBRHSC Strategy.
- Advise on the development of an environment that supports research, education and professional practice for all members of the program.

Performance Measurement

- Ensure regular reporting through the Program's Steering Committee and the Quality Committee of the Board at TBRHSC.

Peter Munk Cardiac Centre

Components of the program

Cardiology, Cardiac Surgery, Vascular Surgery, Cardiovascular Anaesthesia, Cardiovascular Imaging (JDMI), Cardiovascular Pathology, Cardiac Rehabilitation, Cardiovascular Research.

1,000 health care professionals, including nurses, occupational, physical and respiratory therapists, physicians and imaging technologists.

163,000 out-patient visits, 7,000 cardiac cath procedures, 2,400 cardiac and vascular cases per year.

Peter Munk Cardiac Centre

Infrastructure

5 Cardiac Surgery, 1 Vascular Surgery and 2 hybrid imaging-enabled operating rooms.

32 ICU beds, 4 vascular Stepdown beds, 11 cardiac interventional beds, 34 cardiology in-patient beds, 31 CV surgery and 13 Vascular surgery beds.

6 Cardiac Cath labs, including state-of-the-art structural heart disease and electrophysiology suites.

Non-invasive vascular and echocardiography labs.

$100 million annual operating budget (does not include research).

Peter Munk Cardiac Centre

25 Basic Science and Clinical Research Chairs

a. 16 endowed, 9 expendable (over 10 years).
b. All between $3 – 5 million.

7 Centres of Excellence

a. Multi-national Clinical Trials.
b. Cardiovascular Molecular Medicine.
c. Aortic Disease Research.
d. Cardiac Rhythm Disorders.
e. Advanced Cardiac Therapeutics.
f. Heart Function.
g. Cardiovascular Rehabilitation.

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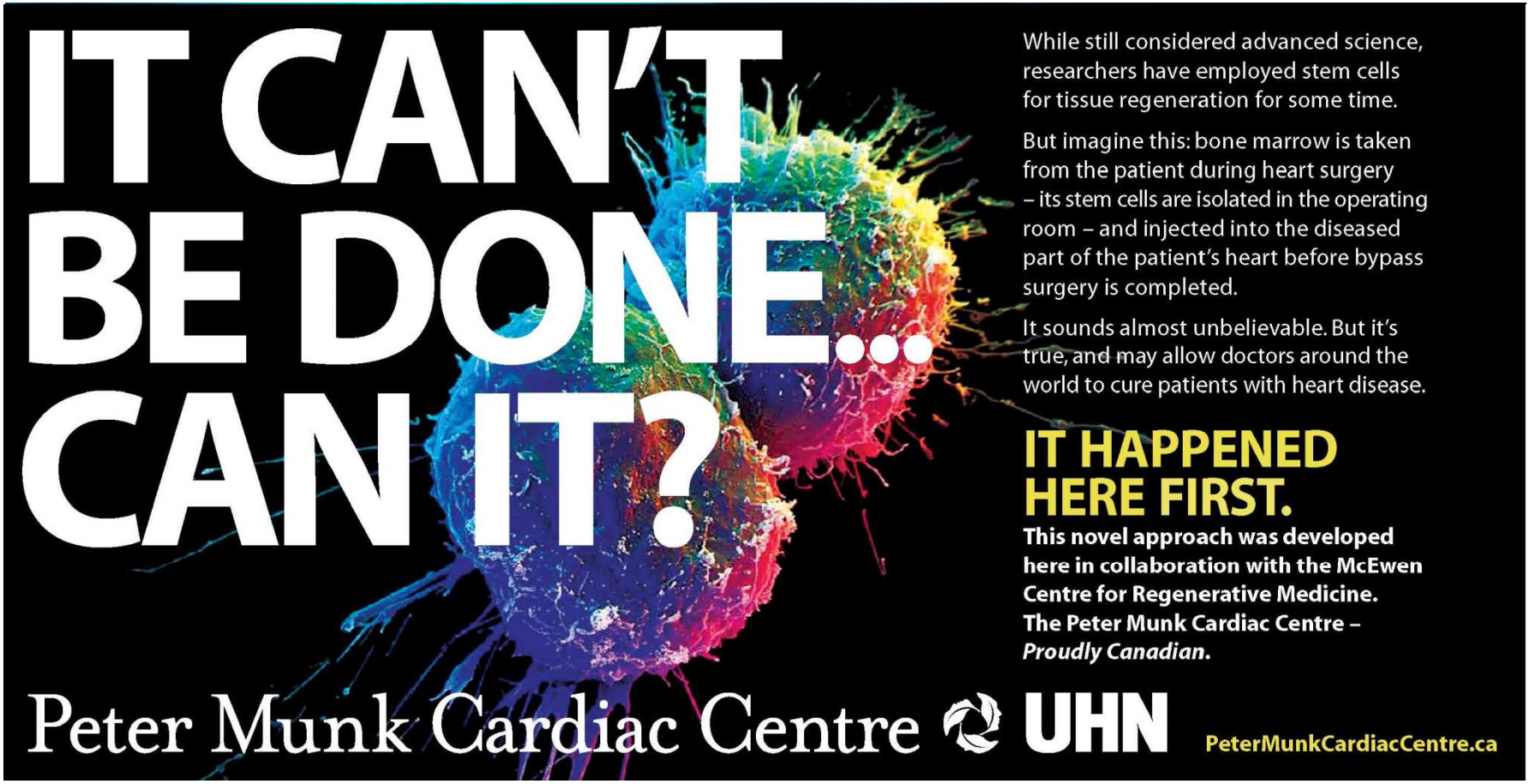
World Firsts



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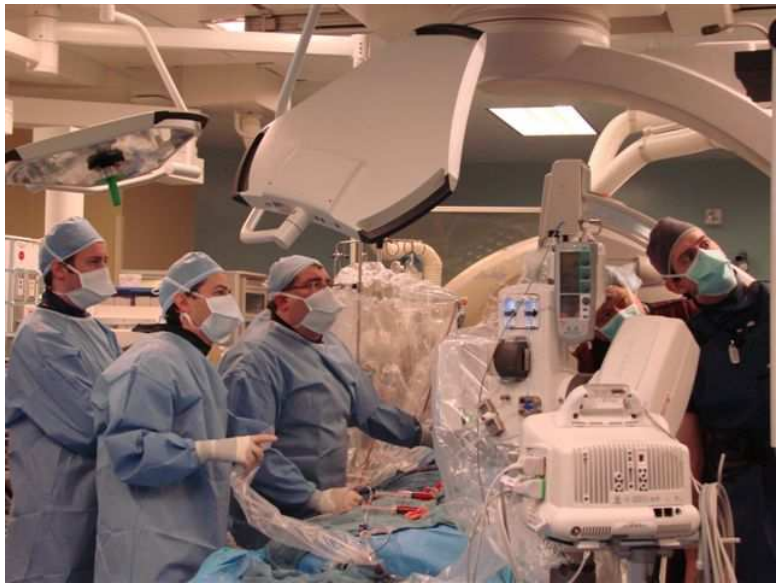
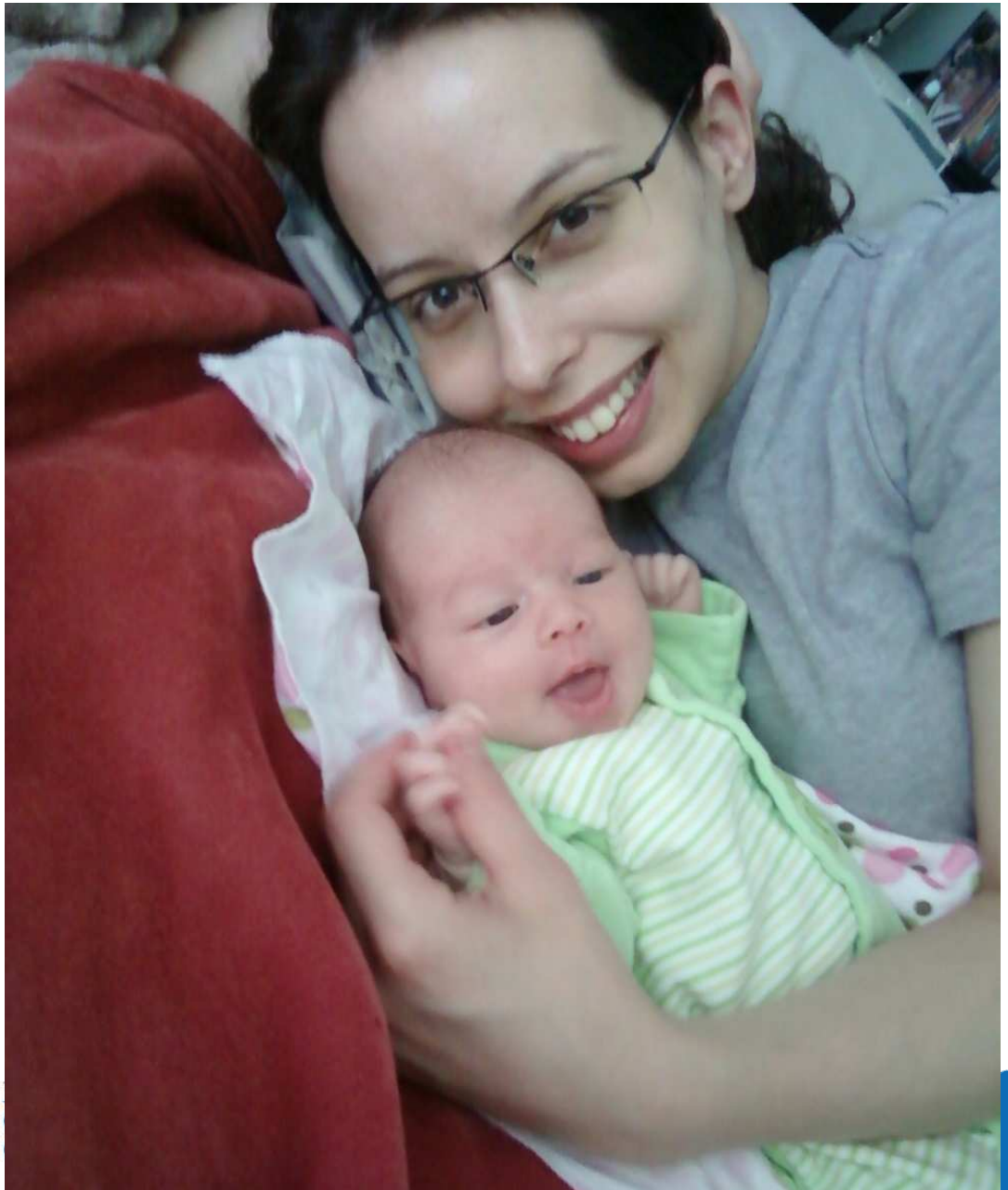
Core operating principles

1. Provide patient care in multidisciplinary teams (e.g. Cardiologists and Cardiac Surgeons working together).

Percutaneous aortic valve repair during pregnancy – multidisciplinary team approach



Angelina, with Amanda.



Multidisciplinary clinics in the PMCC

1. Pregnancy and cardiac disease – Cardiology, Obstetrics, Neonatology.
2. Cardio-Oncology – Medical, Surgical and Radiation Oncology, Medical Imaging, Cardiology.
3. Aortopathy – Vascular and Cardiac Surgery, Medical Imaging.
4. Heart valve disease – Cardiology, Cardiac Surgery, Cardiac Anaesthesia, Medical Imaging.
5. Adult congenital heart disease – Cardiology, Cardiac Surgery, Medical Imaging.
6. Hearts and Minds Clinic (q22 Deletion Syndrome) – Psychiatry, Endocrinology, Cardiology.
7. Inherited arrhythmias – Medical Genetics, Cardiology.
8. Hypertrophic cardiomyopathy – Cardiology, Cardiac Surgery, Cardiac Anaesthesia.
9. Heart Function – Cardiology, Cardiac Surgery.

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Core principles

1. Provide patient care in multidisciplinary teams (e.g. Cardiologists and Cardiac Surgeons working together).

2. Use the best equipment.

Use the best equipment

Multi-purpose operating room –
Toshiba platform

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Use the best equipment

Guided Therapeutics operating room – Siemens platform

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Use the best equipment

Combined MR / PET scan unit – Siemens platform

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Core principles

1. Provide patient care in multidisciplinary teams (e.g. Cardiologists and Cardiac Surgeons working together).

2. Use the best equipment.

3. Create a culture and establish a clearly defined process that enables innovation.

Establish a process that enables innovation: the PMCC Innovation Committee

Innovation (device, process)

Philanthropy

PMCC Innovation Committee

Fund **device** or **process** used to manage patients

PMCC Evaluates outcomes

Ontario Health Technology Assessment Committee (OHTAC)

Recommend funding

Sustained funding for LVAD, EVAR and TAVI.

Ministry of Health
(single payer system)

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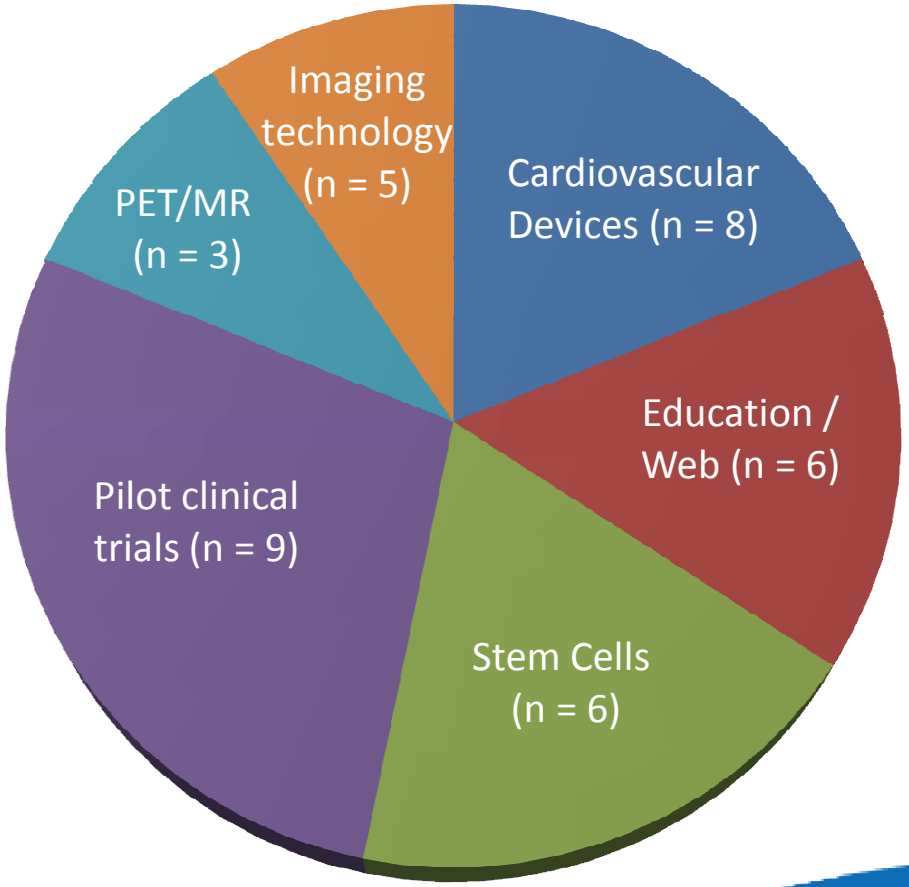
The PMCC Innovation Committee

Encouraged to take risks, assess new ideas and not be afraid to fail.

43 projects funded to date:



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One program on two sites model for Cardiac and Vascular care between TBRHSC and PMCC.

Quality Assessment.

Mandate: Every element of the PMCC participates in national or international quality assessment databases, to ensure that we are at the forefront of patient care.

Objectives:

1. Ensure that quality outcomes at TBRHSC and at the PMCC are identical, and at the highest level.
2. Evaluate quality outcomes in real time, and implement multidisciplinary teams to address sub-optimal outcomes.
3. Through continuous interaction and quality data evaluation, TBRHSC and PMCC learn from each other.

Quality improvement registries in the PMCC

SVS | VQI
VASCULAR QUALITY INITIATIVE

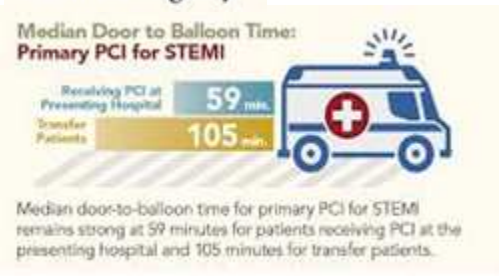
STS National Database
Using data to drive quality

ISHLT TRANSPLANT REGISTRY

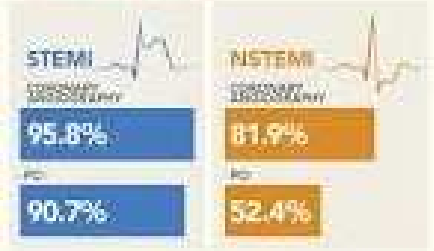
NCDR®
NATIONAL CARDIOVASCULAR DATA REGISTRY
Data Powering Performance

IRAD Aortic Dissection

CathPCI Registry®



ACTION Registry®–GWTG™



ICD Registry®

PINNACLE Registry®

LAAO Registry™

STS/ACC TVT Registry™
An initiative of the STS National Database and the ACC's NCDR

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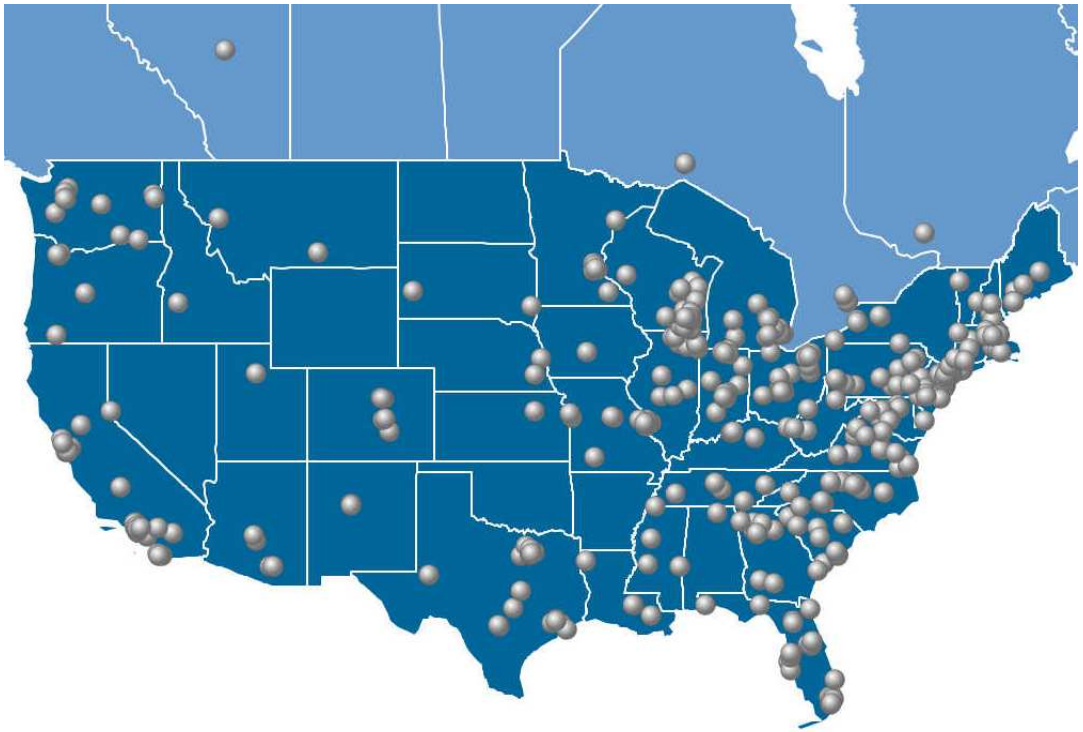
Vascular Quality Initiative (VQI): > 400 Participating Sites

SVS | VQI
VASCULAR QUALITY INITIATIVE



Canadian VQI est. Summer 2017: 5 sites

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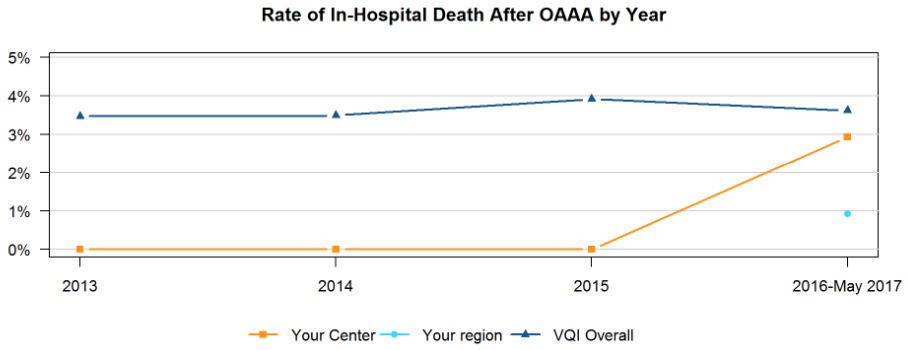
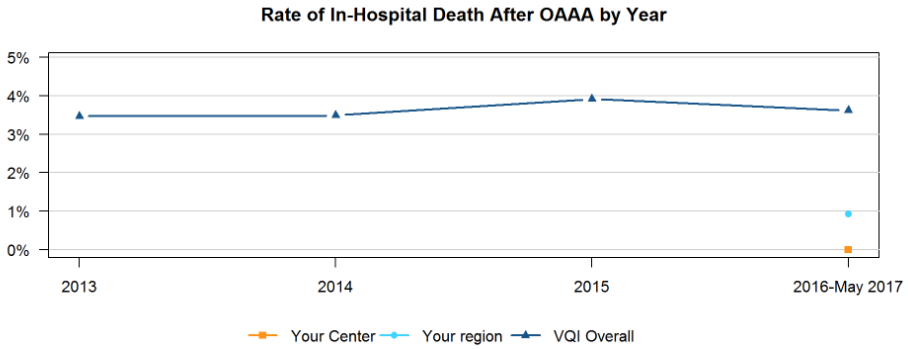
Mortality after elective open Abdominal Aortic Aneurysm (OAAA) Repair

UHN (N = 33)*



TBRHSC (N = 7)



* 2016 –17, one death, large post operative MI

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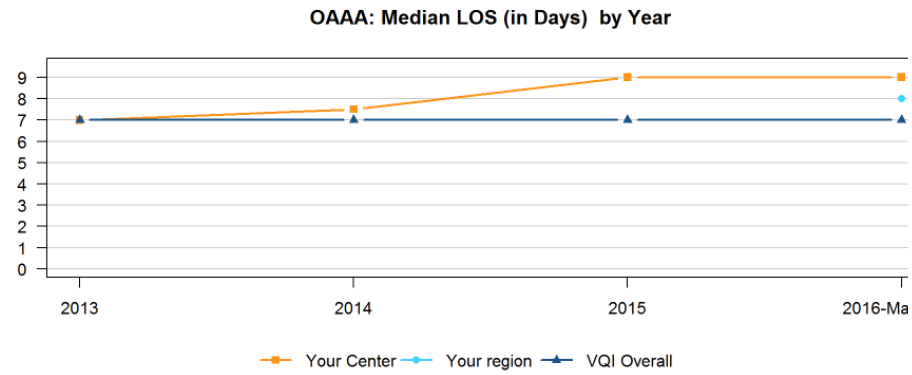
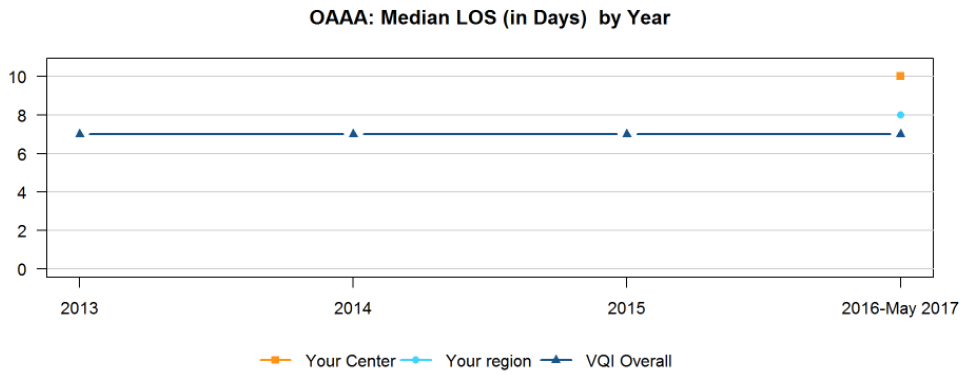
Length of stay in hospital after elective open Abdominal Aortic Aneurysm (OAAA) Repair

UHN (N = 33)*



TBRHSC (N = 7)



Research study, based on analysis of VQI data: “Acute and Chronic Renal Dysfunction Post Open and Endovascular Abdominal Aortic Aneurysm Repair.”

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Endovascular Aortic Aneurysm Repair (EVAR): July 1, 2016 to December 31, 2017

UHN (N = 66)*

Procedure Variable Name	My Center Results (N=66)
Surgical Site Infection	
No	100.0% (66)
Superficial	0.0% (0)
Deep	0.0% (0)
Organ/space	0.0% (0)
Return to OR (retired since 09/30/2014)	0.0% (0)
Missing Value or N/A	0.0% (0)
Death During Hospitalization	
No	100.0% (66)
Yes	0.0% (0)
Missing Value or N/A	0.0% (0)
Post-op Length of Stay *	2.3 ± 3.3; 1.0
Post-op Length of Stay > 2	
No	80.3% (53)
Yes	19.7% (13)
Missing Value or N/A	0.0% (0)

TBRHSC (N = 5)*

Procedure Variable Name	My Center Results (N=5)
Surgical Site Infection	
No	100.0% (5)
Superficial	0.0% (0)
Deep	0.0% (0)
Organ/space	0.0% (0)
Return to OR (retired since 09/30/2014)	0.0% (0)
Missing Value or N/A	0.0% (0)
Death During Hospitalization	
No	100.0% (5)
Yes	0.0% (0)
Missing Value or N/A	0.0% (0)
Post-op Length of Stay *	3.2 ± 3.3; 2.0
Post-op Length of Stay > 2	
No	80.0% (4)
Yes	20.0% (1)
Missing Value or N/A	0.0% (0)

* Mean ± Standard Deviation; Median

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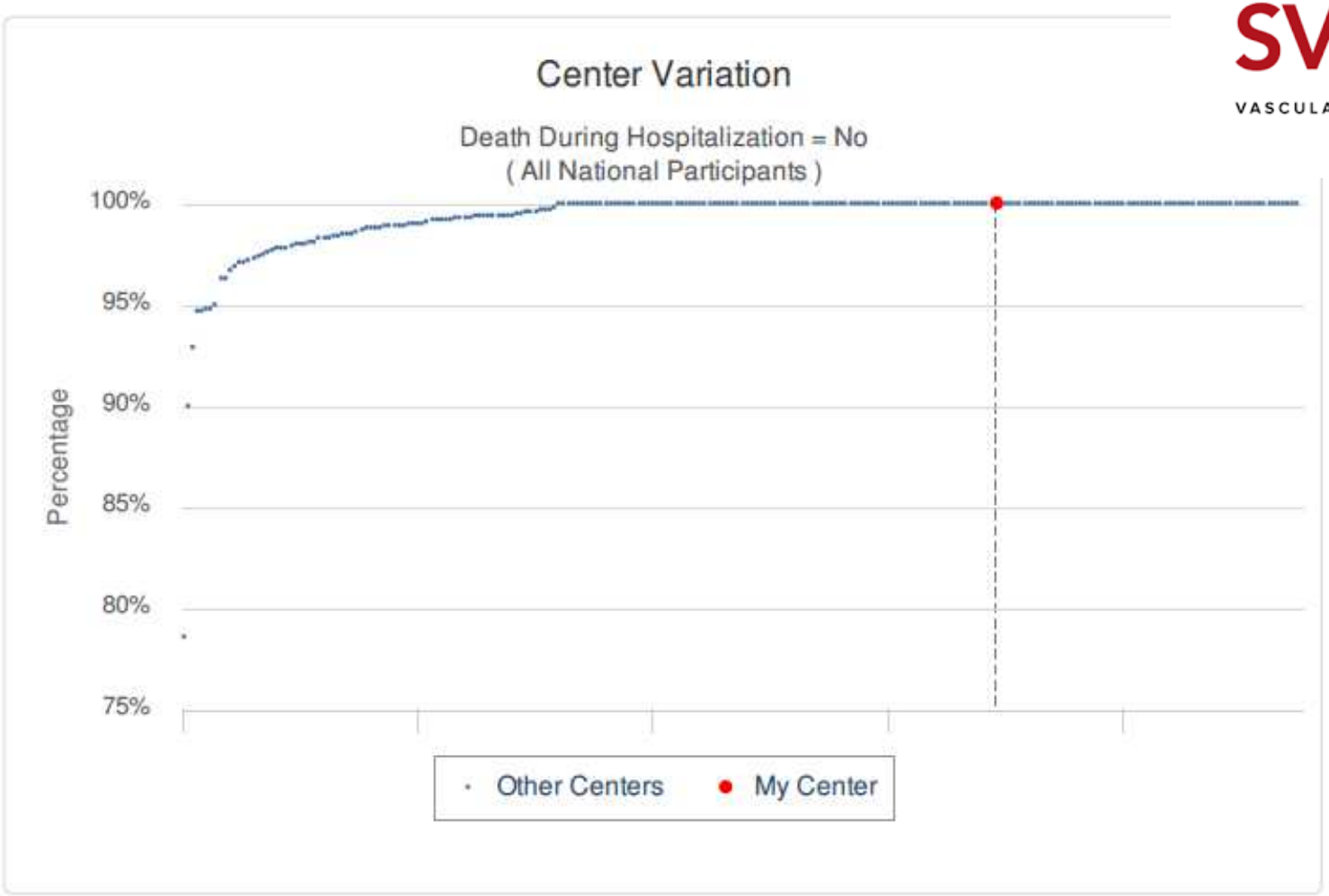
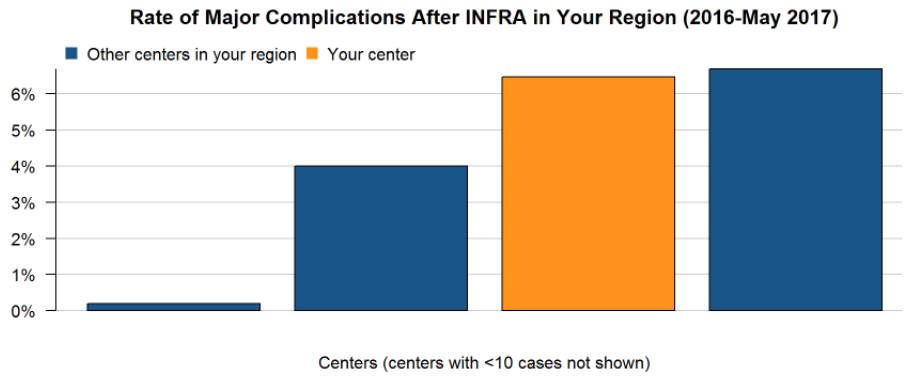
UHN In-hospital mortality after elective EVAR, 2010 - 2017*



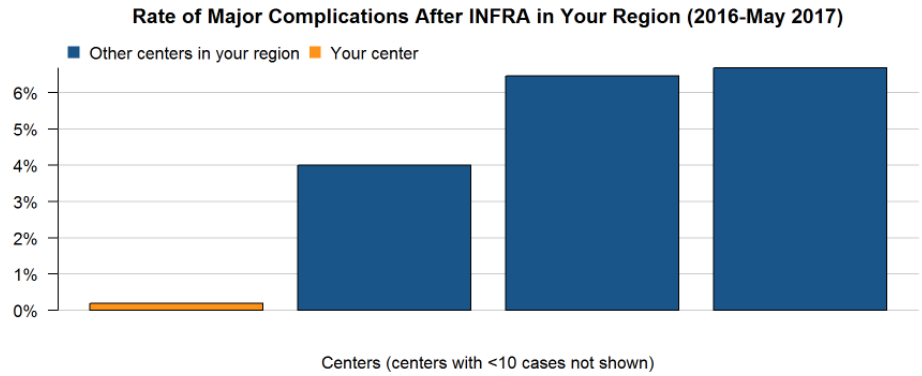
*Centers participating = 403. UHN patients = 388. All patients = 23,884.

Leg bypass: major complications (in-hospital death, ipsilateral amputation or graft occlusion)

UHN (N = 31)*



TBRHSC (N = 14)



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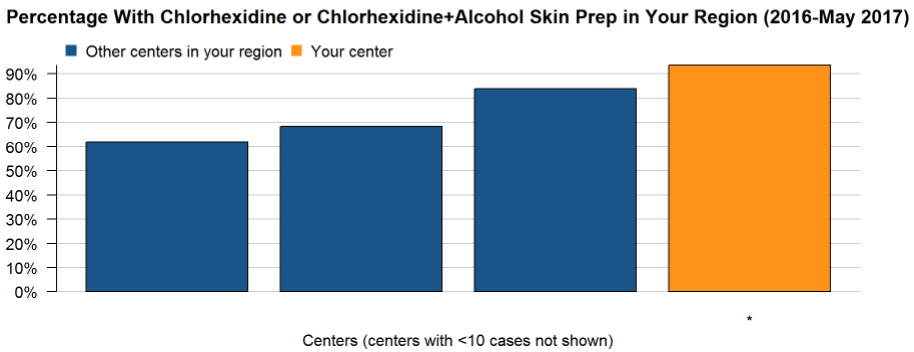
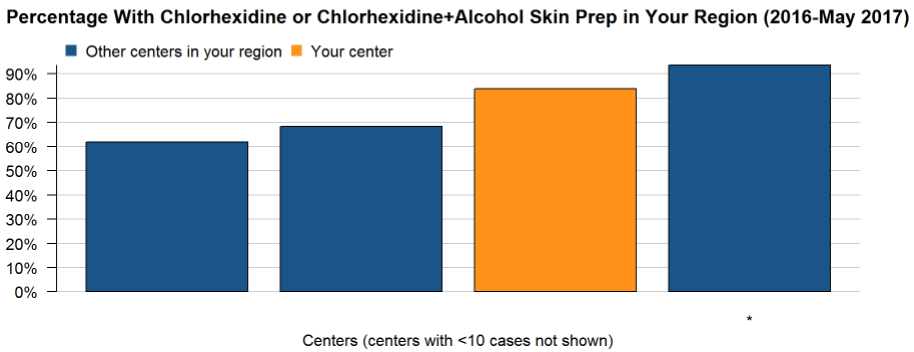
Leg bypass: Use of Chlorhexidine or Chlorhexidine + Alcohol Prep

UHN (N = 46)*



TBRHSC (N = 31)



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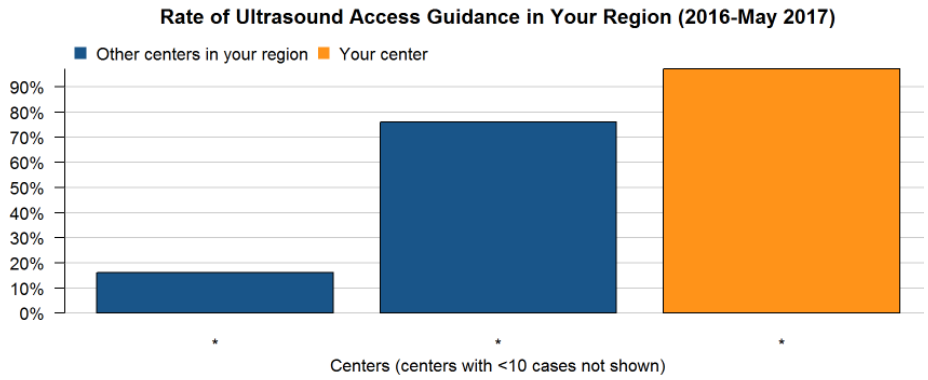
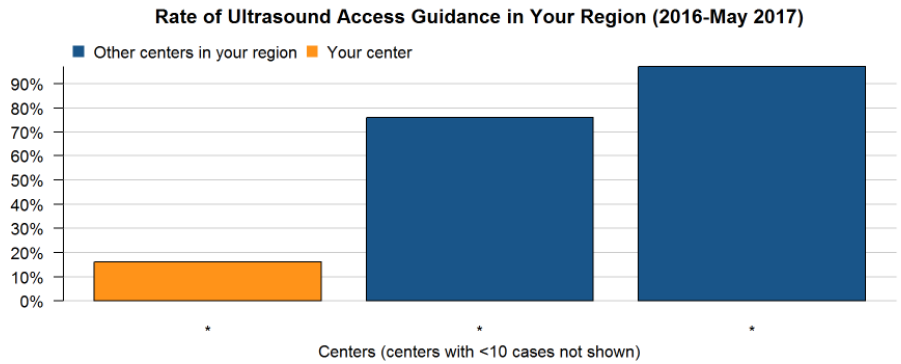
Peripheral Vascular Intervention: Rate of Ultrasound Access, all Cases

UHN (N = 400)



TBRHSC (N = 31)



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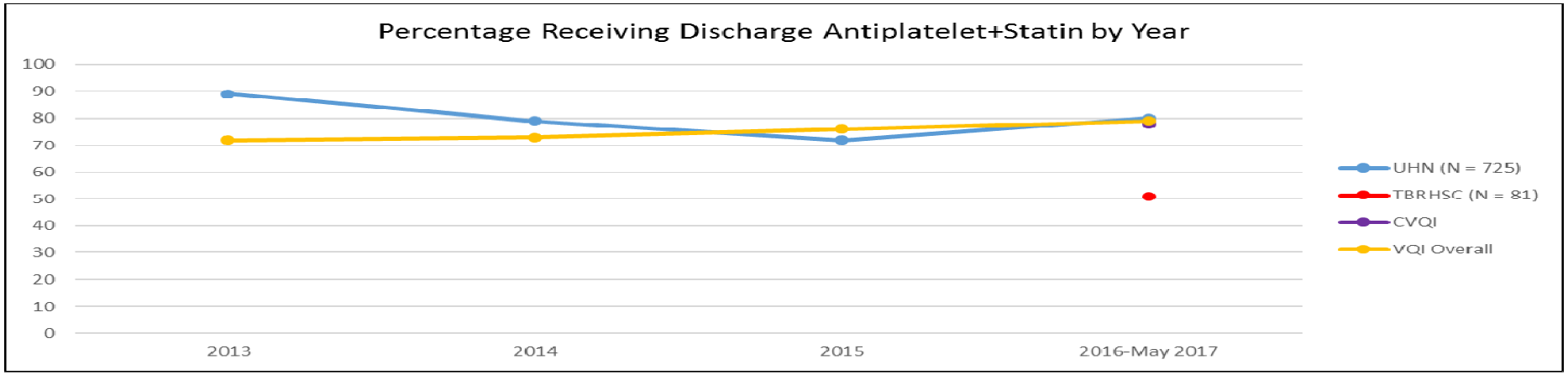
Hemodialysis Access at TBRHSC: Percentage of Primary Arteriovenous Fistula vs. Graft, January 1, 2016 to May 31, 2017*

	Your center	Your Region	VQI Overall
Number of access procedures meeting inclusion criteria	5	NA (<3 centers)	7169
Percentage with primary AVF	100%		84%

*Excludes patients with previous access procedure in the same arm.

Discharge medications – patients on an anti-platelet agent and a statin*



* Procedures performed between January 1, 201, and May 31, 2017 that had been entered into the VQI as of June 30, 2017.

Excludes patients who died in hospital, and patients who were not treated for medical reasons.

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Thunder Bay Dashboard (Jan 1, 2016 – May 31, 2017)

Registry	Outcome	Your Center, % (n/N)
All	Total Procedure Volume	N=88
Multiple	Discharge Medications	**50.6% (41/81)**
AV ACCESS	Primary AVF vs. Graft	**100% (5/5)**
EVAR	LOS>2 Days	**66.7% (2/3)**
INFRA	Chlorhexidine Skin Prep	**83.9% (26/31)**
INFRA	Major Complications	**0% (0/14)**
IVC Filter	Filter Retrieval	No cases
Open AAA	In-Hospital Mortality	**0% (0/7)**
Open AAA	Median LOS (Days)	**10**
PVI	Ultrasound Guidance	**16.1% (5/31)**
PVI	ABI/TBI Reported	**27.8% (10/36)**

Legend: = Top 25% = Middle 50% = Bottom 25%

UHN Peter Munk Cardiac Centre

Thunder Bay Regional Health Sciences Centre

Thunder Bay Dashboard (Jan 1, 2016 – May 31, 2017)

Registry	Outcome	Your Center, % (n/N)	Region [25p|50p|75p]
All	Total Procedure Volume	N=88	[88 | 144 | 339]
Multiple	Discharge Medications	**50.6% (41/81)**	[51% | 76% | 80%]
AV ACCESS	Primary AVF vs. Graft	**100% (5/5)**	NA (<3 centers)
EVAR	LOS>2 Days	**66.7% (2/3)**	[19% | 24% | 36%]
INFRA	Chlorhexidine Skin Prep	**83.9% (26/31)**	[67% | 76% | 86%]
INFRA	Major Complications	**0% (0/14)**	[3% | 5% | 7%]
IVC Filter (2016)	Filter Retrieval	No cases	NA (<3 centers)
Open AAA	In-Hospital Mortality	**0% (0/7)**	[0% | 0% | 1%]
Open AAA	Median LOS (Days)	**10**	[7.4 | 8.2 | 9.2]
PVI	Ultrasound Guidance	**16.1% (5/31)**	[46% | 76% | 86%]
PVI	ABI/TBI Reported	**27.8% (10/36)**	[46% | 65% | 74%]

Legend: = Top 25% = Middle 50% = Bottom 25%

UHN Peter Munk Cardiac Centre

Thunder Bay Regional Health Sciences Centre

Thunder Bay Dashboard (Jan 1, 2016 – May 31, 2017)

Registry	Outcome	Your Center, % (n/N)	Region [25p|50p|75p]	All of VQI [25p|50p|75p]
All	Total Procedure Volume	N=88	[88 | 144 | 339]	[55 | 196 | 434]
Multiple	Discharge Medications	**50.6% (41/81)**	[51% | 76% | 80%]	[71% | 80% | 87%]
AV ACCESS	Primary AVF vs. Graft	**100% (5/5)**	NA (<3 centers)	[78% | 85% | 94%]
EVAR	LOS>2 Days	**66.7% (2/3)**	[19% | 24% | 36%]	[7% | 13% | 21%]
INFRA	Chlorhexidine Skin Prep	**83.9% (26/31)**	[67% | 76% | 86%]	[89% | 98% | 100%]
INFRA	Major Complications	**0% (0/14)**	[3% | 5% | 7%]	[0% | 0% | 6%]
IVC Filter (2016)	Filter Retrieval	No cases	NA (<3 centers)	[6% | 17% | 53%]
Open AAA	In-Hospital Mortality	**0% (0/7)**	[0% | 0% | 1%]	[0% | 0% | 0%]
Open AAA	Median LOS (Days)	**10**	[7.4 | 8.2 | 9.2]	[6 | 7 | 8]
PVI	Ultrasound Guidance	**16.1% (5/31)**	[46% | 76% | 86%]	[55% | 86% | 97%]
PVI	ABI/TBI Reported	**27.8% (10/36)**	[46% | 65% | 74%]	[60% | 75% | 89%]

Legend: = Top 25% = Middle 50% = Bottom 25%

UHN Peter Munk Cardiac Centre

Thunder Bay Regional Health Sciences Centre

One program on two sites model for cardiac and vascular care between TBRHSC and PMCC

1. A 6 year journey, now at the end of the beginning.
2. Viable Vascular Surgery Program on site at TBRHSC – majority of care being delivered locally.
3. Comparison of quality outcomes between TBRHSC, PMCC and all of VQI in progress.
4. Patients operated on at UHN return to TBRHSC for ongoing care and rehabilitation.
5. MOHLTC, NW LHIN and CorHealth all fully engaged as partners.
6. Cardiac Surgery program at TBRHSC being planned.
7. Joint research, educational and fund-raising opportunities being explored.

UHN Peter Munk Cardiac Centre

Thunder Bay Regional Health Sciences Centre

One program on two sites model for cardiovascular care between TBRHSC and PMCC

Connecting services and delivering better, coordinated and integrated care in the community, closer to home.

Consistent with Ontario's Excellent Care for All Act.

UHN Peter Munk Cardiac Centre

Thunder Bay Regional Health Sciences Centre

BRIEFING NOTE

TOPIC:	2018-19 QIP Development & Engagement
PREPARED BY:	Carolyn Freitag, Director, Strategy & Performance & Michael Del Nin, Director, Decision Support
REVIEWED BY DECISION SUPPORT:	Does this have financial impacts to the Hospital's budget? Has a Decision Support Analyst been consulted? NO
APPROVED BY:	Jean Bartkowiak
CO-SPONSOR:	Does this impact another E/VP's portfolio/program? Have they been consulted on this briefing note? N/A
PREPARED FOR:	President & CEO
DATE PREPARED:	2018 02 07

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

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

1. We put '**Patients First'** by responding respectfully to needs, values, & expectations of our patients, families, and communities?
2. We demonstrate '**Accountability**' by advancing a quality patient experience that is socially and fiscally responsible?
3. We demonstrate '**Respect**' by honouring the uniqueness of each individual and his or her culture?
4. Does the course of action demonstrate '**Excellence**' by fostering an environment of innovation and learning to advance a quality patient experience?

For more detailed questions to use on difficult decisions, please refer to the Hospital's Framework for Ethical Decision Making on the iNtranet under Quality and Risk Management>Ethics.

PURPOSE

Review the 18/19 Quality Improvement Plan (QIP) engagement results and plan development.

BACKGROUND

As required by HQO, the QIP planning and development process involved engagement of Board members, leaders, physicians, staff and Patient Family Advisors in committee meetings, focus groups and by survey. This was the first year we reached beyond MAC consultation to engage at the specialty section level and to hold a staff focus group. We asked our stakeholders what are the most important and relevant quality indicators to monitor in the QIP vs. at the corporate or program level.

As well, key stakeholders were engaged in target setting including the PFCC Lead for guidance on Patient Satisfaction indicators and the Patient Flow Steering committee on the Average Length of Stay reduction. The Directors were engaged on all of the indicator targets.

The Board Retreat delay to February 28th did not align with this year's QIP planning process and as a result, consultation more broadly on Quality Indicators from this session will not be integrated into the 2018-19 QIP development. However, the Board Retreat engagement will provide direction for the 2019-20 QIP plan.

Therefore, the Board's involvement in the 2018-19 QIP development is focused on the QIP indicators, the same as last year. The Quality Committee of the Board (QCOB) was engaged in January, similar to Leadership, PFA Council and staff. The preliminary engagement results from these sessions were shared at that time.

ANALYSIS/CURRENT STATUS

72 stakeholders were engaged representing all stakeholder groups. This is a similar size and diversity as a 5 Partners strategic engagement session (see results attached). Main themes observed from the engagement sessions, include:

- Staff feel 3x stronger than Leaders and PFAs that **30 Day Readmissions for CHF and COPD** should be promoted to the QIP;
- Staff feel most strongly, followed by PFAs and Leaders that **Mental Health Readmissions & Addiction** should be promoted to the QIP
- PFAs and Board members feel more strongly than Leaders and Staff that **Identifying Health Links Patients** should be promoted to the QIP;
- Leaders and PFAs feel more strongly than Staff that **Patient Satisfaction in ED** should be promoted to the QIP;
- Board members feel 2x stronger than Senior Leaders, PFAs and Staff that **Time to Acknowledge Complaints** should be promoted to the QIP;
- The NEW indicators, Workplace Violence Prevention, Mental Health Readmissions and Identifying Health Links Patients weigh higher in priority than the current year indicators, Readmission for CHF and COPD and Pressure Ulcers.

SLC has reviewed the complete engagement results for the QIP indicators, performance results and proposed targets to determine the 2018-19 priority indicators and related targets. SLC has selected the indicators and will finalize the indicator targets based on the indicator work plans and determine the indicators linked to executive compensation, Feb 6th. The narrative and 2017-18 progress report will be reviewed at that time.

RECOMMENDATION

None

NEXT STEPS

The complete 2018-19 QIP, indicators and related targets, 2017-18 QIP progress report, work plan, narrative and related executive compensation will be submitted to the QCOB in February and subsequently submitted for approval at the March Board meeting.

STAKEHOLDER REACTION

The quality indicators selected for the 2018-19 QIP represent what is important to our Board members, leaders, physicians, staff and patient and family advisors.

COMMUNICATIONS
None

FINANCIAL IMPACTS
N/A

APPENDIX SECTION
Engagement Results

2018/19 TBRHSC Quality Improvement Plan

Results of Engagement Sessions

What indicators do you feel should be promoted to the QIP?

A - Additional, P - Priority, M - Mandatory, C - Custom

		Percent - Positive for Elevation to the QIP						
		26	23	9	5	6	3	
Dimension	Indicators	Leadership (26)	Patient & Family Advisors (23)	Staff (9)	Senior Leadership (5)	QCOB (6)	Physicians (3)	**Average**
2017/18 TBRHSC QIP Indicators								
Safe	Medication reconciliation admission **(A)**	95.8%	90.5%	88.9%	100.0%	100.0%	100.0%	**94.1%**
Safe	Medication reconciliation discharge **(P)**	96.3%	91.3%	100.0%	60.0%	100.0%	100.0%	**93.1%**
Patient- Centred	Improve Patient Satisfaction-All Dimensions - In-patient *(subsituted for HQO Indicator)* **(C)**	100.0%	92.6%	50.0%	-	100.0%	66.0%	**89.2%**
Effective	Patients receiving enough information on discharge **(P)**	77.8%	93.5%	55.6%	20.0%	100.0%	33.0%	**76.0%**
Timely	Decrease 90th % ER wait for admitted patients only *(subsituted for HQO Indicator)* **(C)**	56.0%	91.3%	100.0%	60.0%	100.0%	33.0%	**75.8%**
Effective	Discharge summaries sent within 48hrs of discharge **(A)**	63.0%	78.3%	77.8%	20.0%	83.3%	66.0%	**68.5%**
Efficient	Alternative level of care rate **(P)**	57.7%	88.5%	55.6%	40.0%	100.0%	0.0%	**67.1%**
Effective	Decrease Average Length of Stay **(C)**	55.6%	52.2%	90.0%	80.0%	83.3%	100.0%	**64.6%**
Patient- Centred	Improve Patient Satisfaction-All Dimensions – ED *(subsituted for HQO Indicator)* **(C)**	59.3%	56.5%	11.1%	80.0%	100.0%	66.0%	**57.5%**
Effective	30 Day Readmission for COPD **(P)**	7.4%	18.2%	88.9%	20.0%	16.6%	0.0%	**22.4%**
Effective	30 Day Readmission for CHF **(P)**	3.8%	15.8%	66.7%	20.0%	33.3%	0.0%	**18.9%**
Effective	Pressure Ulcers **(A)**	15.4%	21.1%	33.3%	0.0%	0.0%	0.0%	**16.4%**
2018/19 Additional HQO Indicators								
Safe	*NEW* Overall Incidents of workplace violence **(M)**	88.5%	70.0%	77.8%	60.0%	100.0%	66.0%	**79.3%**
Effective	*NEW* Readmission for mental health & addiction **(P)**	48.1%	61.3%	100.0%	20.0%	50.0%	33.0%	**56.4%**
Patient- Centred	Home support for discharge palliative patients **(P)**	30.8%	67.9%	33.3%	0.0%	50.0%	0.0%	**41.1%**
Effective	*NEW* Identify patients with complex health needs (Health Links) **(A)**	23.1%	54.5%	33.3%	20.0%	83.3%	0.0%	**38.3%**
Patient- Centred	*NEW* Time to acknowledge complaints **(A)**	3.7%	33.3%	33.3%	40.0%	100.0%	33.0%	**28.6%**
Safe	Use of physical restraints in mental health patients **(A)**	0.0%	11.1%	100.0%	20.0%	66.6%	33.0%	**24.4%**
Effective	30 Day Readmission for Stroke **(P)**	0.0%	37.5%	33.3%	0.0%	16.6%	0.0%	**17.5%**
Equitable	Population health/ equity considerations (Narrative)	20.0%	16.7%	22.2%	0.0%	-	0.0%	**16.7%**
Safe	*NEW* Antibiotic-free days (ICU) **(A)**	0.0%	45.0%	0.0%	0.0%	16.6%	0.0%	**15.8%**
2017/18 Additional TBRHSC Quality Indicators								
Effective	Occupancy - Overall (patient days / bed days)	2						
Effective	Wait time for surgical cases - decision to treat to treatment interval (days)	1						
Effective	% surgical cases within target - decision to treat to treatment interval	1						
Effective	90th percentile wait time for access to cardiac rehab services (days)	1						
Effective	Repeat unscheduled emergency visits within 30 days as percentage of total mental health visits	1						
Custom	Total number of subjects enrolled in clinical trials	2						
Effective	% ICU inpatients discharged between 22:00 and 06:59	1						

(M)- Mandatory Indicator

(P)- Priority Indicator

(A) - Additional Indicator
(C) - Custom Indicator

Thunder Bay Regional Health Sciences Centre

Board of Directors - *Open*

Wednesday, December 6, 2017

Boardroom – 5:00 p.m.

Action

***Present*:**

Nadine Doucette, (*Chair*)	Gary Whitney	Anita Jean
Jean Bartkowiak*	John Friday	Grant Walsh
Dr. Penny Moody-Corbett	Dr. Gordon Porter	Eric Zakrewski
Dr. Rhonda Crocker Ellacott*	Patricia Lang	Michael Hardy
Joy Wakefield	Gordon Wickham	

By Invitation – Senior Leadership:

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

By Invitation:

Jessica Nehrebecky, *Rec. Sec*.	Carolyn Freitag	Michael Del Nin

Regrets Board of Directors:

Matt Simeoni	Dick Mannisto	Dr. Mark Thibert*

Regrets – Senior Leadership:

Glenn Craig

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

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

2.0 PATIENT STORY

Dr. Mark Henderson, Executive Vice President, Patient Services and Regional Vice President, Cancer Care Ontario, shared a story regarding a patient repatriation.

3.1 Quorum – Quorum was attained.

3.2 Conflict of Interest - None.

3.3 Approval of the Agenda

Motion

Moved by: ***Gary Whitney***
Seconded by: ***Dr. Penny Moody Corbett***

* Denotes Non-Voting Member

healthy together En santé ensemble

"That the Agenda be approved, as presented."

CARRIED

3.4 Chair's Remarks

4.0 PRESENTATIONS

Ms. Cathy Covino and Ms. Jennifer Wintermans were welcomed to the meeting.

4.1 Enterprise Risk Management

Ms. Cathy Covino, Senior Director, Quality and Risk Management and Ms. Jennifer Wintemans, Manager, Quality and Risk Management provided an overview of the Enterprise Risk Management (ERM) process at the Hospital. How the Hospital manages risks, their assessment, evaluation and prioritization were also described.

Once Director suggested to add "Quality of Care" under "Business Risk" category on the "Risk Universe" section of the presentation.

Ms. Covino and Ms. Wintermans were excused from the meeting.

4.2 Effective Governance for Quality and Patient Safety

Ms. Patricia Lang and Mr. Jean Bartkowiak attended the Ontario Hospital Association's (OHA) Effective Governance for Quality and Patient Safety conference in Toronto on November 5, 2017. One of the key learnings from the session is that Hospitals must ensure that there are not too many items being measured and that those being measured are linked to the Strategic Plan. It was noted that Dr. Ross Baker, which will be the keynote speaker at the Hospital's Board retreat in February, 2018, was referred to on multiple occasions as the guru for quality of care.

4.3 OHA Health Achieve

Ms. Patricia Lang and Mr. Jean Bartkowiak also attended OHA's Health Achieve conference in Toronto on November 6-7, 2017. Among the many sessions were offered, those of special interest focused on Medical Assistance in Dying, Accreditation Canada's future surveying model (where attestations will be used) and Ministry of Health and Long-Term Care (MOHLTC) hospital funding reform.

5.0 CONSENT AGENDA *Motion*

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

"That the Board of Directors:

5.1 Approves the Board of Directors Minutes of November 1, 2017;
5.2 Accepts the Minutes of the Quality Committee meeting of November 15, 2017;
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;
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;
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;
5.6 Approves Policy BD-36 Board Meeting, upon recommendation from the Governance and Nominating Committee,

as presented."

CARRIED

6.0 REPORTS AND DISCUSSION

6.1 Report from the President and CEO

The President and CEO highlighted the following:

- A funding notification was received in support of the development of the regional orthopaedic program and three regional hospital partners. Ms. Caroline Fanti, Director, Regional Orthpaedic Program and Dr. David Puskas, Medical Director, Musculoskeletal Health were thanked for their efforts and commitment in bringing this program to fruition. The program, which will be regionalized, will provide services for patients closer to home;
- A member asked clarification about non-insured Indigenous patients. It was explained that they are not insured provincially, but through Health Canada. The issue is that these patients do not always provide their status number. The Hospital is investigating how to correct the process to allow for billings the Federal government accordingly.

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

6.1.1 2017-18 Strategic Progress Report Q2

Ms. Carolyn Freitag, Director, Strategy and Performance and Mr. Michael, Del Nin, Director, Decision Support, provided highlights of the 2017-18 Strategic Progress report for the second quarter. The following was noted:

- The Leadership Team is developing a coordinated strategy and alternate approach to improve hand hygiene compliance;
- The latest occupancy rate of 96.5% reported is accurate, but points to the need to reduce it given that this level was recorded during a period when many staff are on vacation and the number of surgical cases are lower than normal;
- There is no funding correlation associated with the Quality Improvement Plan (QIP); the major funding contributors are Health Based Allocation Model (HBAM) (percentage of provincial funding on expected patients), Quality Based Procedures (QBP) (price x volume) and base funding;
- A new medication reconciliation (Med Rec) process will be implemented in the near future that is expected to increase the Med Rec rates significantly; the new method will be brought to the Board in a subsequent meeting for information.

Ms. Freitag and Mr. Del Nin were excused.

6.2 Report from Senior Leadership

The following information was highlighted:

- The retail pharmacy is expected to open in the spring of 2018; it is expected to generate a revenue for the Hospital, as well as improve access to specialty medication for the cancer patients;
- The Hospital was presented with an achievement award for its dedication to organ and tissue donation from Trillium Gift of Life; our contribution saved 26 lives in Ontario;
- The Regional Critical Care Response (RCCR) team provided outreach critical care support to ten hospitals in the region and several nursing stations;
- A process improvement redesign event was recently held to improve patient flow. The Staff from the Emergency Department, Admitting and 1A-Oncology implemented 15 new process changes and decreased the number of communication steps from 39 down to 11;
- Ms. Amanda Björn was asked to clarify whether equal pay applies to part-time and temporary workers or between part-time and full-time workers according to Bill 148 provisions. Ms. Björn will review and provide a response at the next Board meeting; ***Action***
- The deficit as at October 31, 2017 reached $3.7M compared to a budgeted deficit of

$3.4M;
- ED patient days increased since last year;
- The surgical cases data represent the raw cases; the information will be changed to state the weighted cases in the next Board report to provide more accurate data;
- The IT Data Centre will be operational in its new location, by April 1, 2018. It serves all regional hospitals.
- Dr. Naana Jumah was granted $2M in collaboration with the Northern Ontario School of Medicine, Lakehead University and Confederation College in support of a regional perinatal maternal health project;
- Advertisements to hire three new scientists have been posted in collaboration with Lakehead University.

Dr. Stewart Kennedy was excused from the meeting.

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

The Physician Leadership Institute (PLI) session focusing on Crucial Conversations, was held in November with 36 participants in attendance.

Dr. Porter was commended on his presentation to the Quality Committee regarding his medical leadership model.

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

The Nursing Practice staff conducted a Hospital wide pressure ulcers study where prevalence was down from 11% to 7.3% and incidence was 2.8% up from 2.4%. A meeting identifying tactics to continue improving pressure injury rates will be held shortly.

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

Dr. Roger Strasser, CEO and Dean will be retiring in 2019; recruitment is underway. On another subject, Dr. Moody-Corbett shared the Pathways to Well-Being conference summary report.

6.6 **Report from the Professional Staff Association (PSA)** – None

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

Moved by:	***Eric Zakrewski***	***Motion***
Seconded by:	***Gordon Wickham***	

"That the Board of Directors accepts reports dated December 6, 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 Quality Committee

The Chair of the Quality Committee provided highlights of the meeting held on November 15, 2017. The following topics were discussed: hand hygiene and infection control, patient relations and changes to the compliments and concerns process, critical incidents, physician leadership model, and what it takes to be a patient family advisor. In addition, the Committee's Terms of Reference are undergoing significant review that will be forwarded to the Governance and Nominating Committee for review prior to Board approval.

7.2 Resource Planning Committee

7.2.1 Report from the Resource Planning Committee

The Chair of the Resource Planning Committee noted that the financial situation of the Hospital continues to worsen. Board members challenged Administration to develop strategies to tackle this situation. At the November 14 meeting, the Committee reviewed the preliminary draft of the 2018-19 budget, which anticipates a $5.9M deficit. As mandated by Health Quality Ontario (HQO), violence in the workplace will be added to the Quality Improvement Plan. The Cafeteria services have been contracted out to Sodexo; although a difficult situation, Mr. Peter Myllymaa and Ms. Amanda Björn were applauded for their efforts on this front.

7.3 Governance and Nominating Committee

7.3.1 Report from the Governance and Nominating Committee

Mr. Gary Whitney reported on behalf of the Chair of the Governance and Nominating Committee. At the November 15, 2017 meeting, policies, forms and Committee and Board evaluation summaries were reviewed. It was decided to add Ms. Joy Wakefield as a standing member to the Committee given her legal expertise.

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 Congratulatory Letter to Pat Lang – For information.

8.6 Critical Incidents Presentation – For information.

9.0 BOARD MEMBERS COMMENTS

10.0 DATE OF NEXT MEETING – February 7, 2018

11.0 ADJOURNMENT - The meeting adjourned at 6:33 p.m.

_____ _____

Chair Board Secretary

_____

Recording Secretary

Thunder Bay Regional Health Sciences Centre

Quality Committee

December 13, 2017

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

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

***Regrets*:** John Friday

By Invitation:
Bonnie Nicholas, Patient and Family Centred Care Lead
Stephanie Craig, Lead, Patient Safety and Evidence Based Process
Mike Del Nin, Manager, Decision Support
Carolyn Freitag, Director, Strategy and Performance Improvement
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*** ***Motion***
Seconded by: ***Eric Zakrewski***
"The agenda be approved as circulated."

CARRIED

2.0 PRESENTATIONS/REPORTS

Ms. Bonnie Nicholas was welcomed to the meeting.

2.1 Patient Family Centred Care

Ms. Bonnie Nicholas, Patient and Family Centred Care Lead, provided an overview of the difference between patient satisfaction and patient experience.

Patient satisfaction is all about the moment, the bigger picture is patient experience which is what happens from the minute you enter to when you leave. The patient satisfaction survey in measured in all dimensions which is the Global measure and includes all results for all questions/domains and provides the ability to drill down to specific responses within the dimension. Three corporate strategies are in place to move our metrics: engagement, NOD, Name, Occupation, Do and Listen. A discussion took place regarding taking patient family advisor engagement into the patient engagement at the point of care (patients in bed engagement).

Ms. Nicolas informed the group that the Hospital is participating in a pilot called LQ2F – linking quality to funding which is based and measured on patient experience. The amount of funding is based on the improvement of patient experience from 2017 to 2018.

PFCC continues to engage staff and physicians to understand and identify root causes and opportunities to improve patient experience.

Ms. Bonnie Nicolas was excused from the meeting.

2.2 Emergency Preparedness

Ms. Cathy Covino, Senior Director, Quality and Risk Management, provided an update on Emergency Preparedness.

Work continues on the three goals identified from the Accreditation Canada Leadership Standards:

1. Develop a sustainable and integrated emergency preparedness program.
2. Strengthen staff competency through drills and training.
3. Build community partnerships to effectively prepare for emergencies.

2.3 Research Ethics

Ms. Cathy Covino, Senior Director, Quality and Risk Management, provided an overview of the goals and accomplishments of the research ethics. Dr. Abraham Rudnick reported that we are reaching the point of near standard in comparison to other Hospitals in the volume of activity. Currently, we primarily take on patient contact studies.

Ms. Stephanie Craig was welcomed to the meeting.

2.4 Patient Safety

Patient Safety

Ms. Stephanie Craig provided an update on Q2 Patient Safety. She reported that there have been no incidents leading to critical harm of a patient nor have we met the criteria for a "Never Event". There continues to be a larger proportion of incidents that involve issues with patient identification which includes wrong patient registration, scanning wrong print labels, wrong patient specimen collections and wrong patient medication administration. As a result, the Lead for Patient Safety and the Accreditation Lead have been working with the Interprofessional Education department to develop a promotional campaign to highlight the importance of proper patient identification and duel identifiers.

Incidents involving "Incomplete/inadequate", "Incorrect" or "Not performed when indicated" isolation procedures continue to occur throughout the organization placing patients, staff, and the organization at risk.

Mr. Craig reported that since Q1 2017 there has been a reduction in the number of incidents involving Hydromorphone since increasing education related to the addition of Hydromorphone to the "Mediation-Double Checking" policy. Patient Safety is working on the development of patient identification and duel identifiers posters and developing a campaign to target staff members.

Ms. Stephanie Craig was excused from the meeting.
Mr. Mike Del Nin was welcomed to the meeting.
Ms. Carolyn Freitag was welcomed to the meeting.

2.5 Q2 Update

Mr. Mike Del Nin, Director, Decision Support, provided an update on the Quality Improvement Process and a summary of the Q2 Balanced Scorecard for 2017-18. Focus is being placed on results that are not achieving target which include hand hygiene compliance, medication reconciliation on admission, Emergency Department length of stay and patient satisfaction – inpatients.

Mr. Mike Del Nin was welcomed to the meeting.
Ms. Carolyn Freitag was welcomed to the meeting.

2.6 Annual Quality Research Report

Dr. Abraham Rudnick, VP Research, provided an update on the Annual Research Compliance Report. 12 research policies have been finalized and posted on the TBRHSC & RI intranet sites. Progress continues with "Building the Academic Environment" in the 2020 Strategic Plan, Terms of Reference for the Hospital's Academic Council are being redesigned to integrate research activities.

The Research Ethics Board REB Reciprocity Agreement between TBRHSC and Lakehead University was signed in April 2017 and will streamline how health research applications are reviewed and approved by REBs across the two organizations.

Dr. Rudnick provided an update on the Research Risk Registry which includes who is conducting research and all open research projects. There are currently 45 regulated clinical trials being conducted at TBRHSC.

Mr. Rudnick informed the group that TBRHSC is ranked 38th in the top 40 list of Research Hospitals.

CAHO Metrics for 2016/17 highlights include:
90 Researcher – faculty level
316 people involved in research
40 new research projects
13 new clinical trials
37 revenue generating clinical trials total
206 participants enrolled in clinical trials this year

2.7 Report – Chief of Staff

Dr. Gordon Porter, Chief of Staff, provided an overview of engagement strategies around quality. He is currently working with the LHIN on how we could do better initiatives to standardize our management of addicted patients in the hospital and community. The Provincial initiative looks at a Provincial standardization process to develop an order set and implement it. THBRHSC has been selected as a data testing site. Dr. Porter will provide an update and results of the Working Group at the next meeting.

3.0 CONSENT AGENDA

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

"That the Quality Committee of the Board approves the Quality Committee of the Board minutes of November 15, 2017, and receives the Research Ethics Board minutes of October 23, 2017, as presented." | ***Motion***

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. Accessibility will be added.

5.0 BUSINESS ARISING/COMMITTEE MATTERS

5.1 Governance Board Accreditation Action Plan

The Accreditation Action Plan was reviewed. Board members were asked to forward their questions to Ms. Cathy Covino if further information was needed.

The Governance Board Accreditation Action Plan was deferred to the January meeting.

5.2 Quality Terms of Reference

The Terms of Reference (TOR) were deferred to the January meeting for discussion and approval.

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 January 17, 2018.

10.0 ADJOURNMENT - The meeting adjourned at 6:45 p.m.

Thunder Bay Regional Health Sciences Centre

Quality Committee

January 17, 2018

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

Present:
Gary Whitney (Chair), Jean Bartkowiak, Cathy Covino, Dr. Rhonda Crocker Ellacott, John Friday, Filomena Gregorash, Dr. Abraham Rudnick, Joy Wakefield, Dr. Peter Voros, Eric Zakrewski

***Regrets*:** Nadine Doucette, Michael Hardy, Anita Jean, Patricia Lang, Dr. Gordon Porter, Dave Van Wagoner

By Invitation:
Tracie Smith, Senior Director of Communications
Deb Emery, Pharmacy Manager/Pharmacist (Pharmacy Practice Head)
Mike Del Nin, Director Decision Support
Carolyn Freitag, Director, Strategy and Performance Improvement
Mark Maranzan, PI Consultant, Strategy and Performance Improvement
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

Motion

Moved by: ***John Friday***
Seconded by: ***Eric Zakrewski***
"The agenda be approved as circulated."

CARRIED

2.0 PRESENTATIONS/REPORTS

Ms. Tracie Smith was welcomed to the meeting.

2.1 Accessibility

Ms. Tracie Smith, Senior Director of Communications provided an overview of the Accessibility Plan. TBRHSC is compliant with the Accessibility for Ontarians with a

Disability Act (AODA). The Community was engaged to help determine the priorities in our accessibility plan which was imbedded and aligned in the TBRHSC Strategic Plan.

The integrated accessibility standards are comprised of customer service, employment, information and communication, design of public spaces and transportation. Goals associated with each of the standards are as follows:

Customer Service
Goal 1 – Enhance the capacity for staff, professional staff and volunteers to provide quality, accessible customer service.
Goal 2 – Explore options to enhance accessible services and supports for patients.
Goal 3 – Develop processes for ongoing community engagement and reporting.

Employment
Goal 1 – Apply and improve accessible recruitment and hiring processes.
Goal 2 – Review and enhance accommodations and processes to support employees and volunteers with disabilities.

Information and Communication
Goal 1 – Provide access to accessible information.

Design of Public Spaces
Goal 1 – Review and enhance interior and exterior spaces from an Accessibility perspective.
Goal 2 – Review and enhance access to accessible parking spaces.
Goal 3 – Review and enhance existing signage and way finding from an Accessibility perspective.

The next steps include finalizing the supporting TBRHSC Accessibility policies, complete and maintain Accessibility for Ontarians with Disabilities compliance document for public report and to track legislation compliance. The Accessibility Plan updates will be presented to the City of Thunder Bay's Accessibility Committee.

Ms. Tracie Smith was excused from the meeting.
Ms. Deb Emery was welcomed to the meeting.

2.2 Pharmacy Services

Ms. Deb Emery, Pharmacy Manager, provided an overview of the goals and challenges of the Pharmacy Services Department. Comprehensive clinical care goals include developing business cases to renovate Sterile Rooms and to expand Automated Dispensing Cabinets to

Nursing Units and Operating Rooms. Medication Reconciliation goals include an admission process proposal and the revision of the medication reconciliation discharge form and prescription.

Ms. Emery spoke on the challenges of implementing the NAPRA standards. Approximately 1.5 million in renovation costs and increased operation supplies including closed system device implementation, quality controls, new processes and supplies.

A discussion took place regarding the recent drug shortages due to the weather in Costa Rica. Ms. Covino informed the group that there are weekly meetings with the Baxter group and we have been able to manage through the current Baxter shortages.

Ms. Deb Emery was excused from the meeting.
Ms. Carolyn Freitag was welcomed to the meeting.
Mr. Mike Del Nin was welcomed to the meeting.

2.3 Quality Improvement Plan

Ms. Carolyn Freitag, Director, Strategy and Performance Improvement and Mr. Mike Del Nin, Director Decision Support provided an update on the Quality Improvement Plan. The indicators are unchanged from the preliminary release in September. These indicators are the same as the indicators Leadership and Patient and Family Advisors Council and staff provided feedback on at the engagement sessions.

Committee members were engaged to provide feedback on the quality improvement measures that have been proposed for the 18/19 QIP.

Mr. Mike Del Nin was excused from the meeting.
Ms. Carolyn Freitag was excused from the meeting.

2.4 Quality Terms of Reference

The Terms of Reference (TOR) were approved as amended. ***Motion***

Moved by: ***Pat Lang***
Seconded by: ***John Friday***
"The Quality Committee of the Board recommends that the Governance Committee approves the Quality Committee of the Board's Terms of Reference as presented."

2.5 Quality and Patient Safety – Governance Toolkit

Ms. Cathy Covino, Senior Director, Quality and Risk Management reviewed Chapter 5 of the OHA Governance Toolkit which focuses on the Governance functions for Quality, Patient Safety and Patient and Family Centered Care.

2.6 Annual Quality Research Report

2.7 Report – Chief of Staff/Patient Family Advisor

Deferred to next meeting.

3.0 CONSENT AGENDA

Moved by: *Eric Zakrewski*
Seconded by: *Filomena Gregorash*

"That the Quality Committee of the Board approves the Quality Committee of the Board minutes of December 13, 2017, and receives the Research Ethics Board minutes of November 27, 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 Governance Board Accreditation Action Plan

Questions/Answers from the Governance Board Accreditation Action Plan were reviewed.

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 February 21, 2018.

10.0 ADJOURNMENT - The meeting adjourned at 6:35 p.m.

Thunder Bay Regional Health Sciences Centre

BRIEFING NOTE

TOPIC	Accreditation Board Governance Action Plan Review
PREPARED BY	Gary Ferguson
APPROVED BY	Cathy Covino
CO-SPONSER (if required)	
PREPARED FOR: President &CEO Board of Directors Other:	
DATE PREPARED	January 24, 2018

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

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

- We put '**Patients First'** by responding respectfully to needs, values, & expectations of our patients, families, and communities?
- We demonstrate '**Accountability**' by advancing a quality patient experience that is socially and fiscally responsible?
- We demonstrate '**Respect**' by honouring the uniqueness of each individual and his or her culture?
- Does the course of action demonstrate '**Excellence**' by fostering an environment of innovation and learning to advance a quality patient experience?

For more detailed questions to use on difficult decisions, please refer to the Hospital's Framework for Ethical Decision Making on the iNtranet under Quality and Risk Management>Ethics.

PURPOSE/ISSUE(S)

To describe the process used by the Board to review the Governance Action Plan and determine actions for identified deficiencies.

BACKGROUND

As part of the Accreditation process, all teams were required to complete relevant self assessment tools. Accreditation Canada reviews organizational governance, as it is a key component of determining the direction of the organization. Through the self assessment tools, the Board assessed their performance against the Governance standards. Compliance was rated by a Red, Yellow or Green flags. Red identified that compliance to the standard is believed to not be met by the respondents. Yellow identified that compliance may be partially met with risk of compliance issues in the near future. A flag of Green demonstrates that the respondents believe that compliance is fully in place.

To address the identified areas of non compliance from the survey the Board was presented with the following options.

1.) The Board create a subcommittee to work on the Accreditation Action Plan and feed results up to the full Board.

2.) The Board as a whole work on action plan development.

The decision was made by the Board that a subcommittee would be created; membership of this committee would include the following Board members Nadine Doucette, Anita Jean, Patricia Lang and Gary Whitney. A meeting with the Board subcommittee was held on November 15, 2018

Standards Identified as non compliant were discussed. Evidence of compliance was provided by the Accreditation Coordinator and others as appropriate.

The action plan was then updated. The revised document was brought to the Quality Committee of the Board. Subsequent questions were responded to and the answers provided to the QCOB. The final step is to ensure a shared understanding with the full Board.

ANALYSIS/CURRENT STATUS

As part of the preparation for the upcoming 2018 Accreditation on-site survey visit, the Board was required to complete the Governance self assessment tool. The information collected from the Governance self Assessment tool was used to create an action plan to address any areas where it was felt that compliance to the standards are not currently being achieved.

The Governance Action Plan has been revised with evidence demonstrating compliance to the standards. The Action Plan has been distributed to the entire Board for review and preparation prior to the on-site Accreditation visit in May of 2018.

RECOMMENDATION

The Board continues to review Governance Action Plan prior to the May 2018 Accreditation on-site visit.

NEXT STEPS

The following actions have been suggested:

7.9 The governing body oversees the development of the organization's talent management plan. To ensure compliance it is recommended that Amanda Bjorn present the HR Plan which includes talent management and succession planning to the Board.

13.7 The governing body regularly reviews the contribution of individual members and provides feedback to them. To ensure compliance it is recommended that the Board verify a consistent annual process exists

Additional preparation with the Board will be done by the Accreditation Coordinator. This preparation will include and is not limited the review of Action Plan, standards and preparation for meeting with the Accreditation Canada surveyors.

STAKEHOLDER REACTION

The Board has gained information and knowledge from participation in this process. The process has allowed the Board the opportunity to identify the Board's current compliance in relation to the Governance Standards.
COMMUNICATIONS
Communication to Board, CEO and Chief of Staff.
FINANCIAL IMPACTS
No additional financial impacts.
APPENDIX SECTION

Thunder Bay Regional Health Sciences Centre

980 rue Oliver Road
Thunder Bay ON
P7B 6V4 Canada

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

ATTESTATION

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

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

DATE: January 16, 2018

RE: **Q3 2017-18** Wages and Source Deductions for Fiscal Year Beginning April 1, 2017 and ending March 31, 2018 (the "Applicable Period")

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

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

during the Applicable Period.

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

Dated at Thunder Bay, Ontario this _____ day of February, 2018.

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

Thunder Bay Regional Health Sciences Centre

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Thunder Bay ON
P7B 6V4 Canada

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www.tbrhsc.net

President and CEO
Président directeur général

Report from Jean Bartkowiak
President and CEO
February 7, 2018

I begin my first report of 2018, by acknowledging the recipients of the 2017 Walk the Talk Awards, which were presented on January 22. These awards recognize staff and volunteers in the Hospital whose engagement, attitudes, tremendous work ethic, and accomplishments make positive contributions to enhance hospitalization experiences for our patients and their families.

I congratulate all nominees and recipients. I take this opportunity to highlight the winner of the President's Award of Excellence. This person must demonstrate a commitment to patient care, the team and the Hospital, act as a mentor for new employees, support and advance our Strategic Directions, demonstrate excellence in contributing to our Vision, Mission, and Values, and act as an ambassador of our Hospital.

This year's President's Award of Excellence winner is Shonath Kajorinne, an outstanding and dedicated member of our Hospital staff. Shonath has embraced the responsibility of raising awareness of the risks associated with alcohol and substance abuse by enhancing the Prevent Alcohol & Risk-Related Trauma in Youth (P.A.R.T.Y.) program for Indigenous youth in Thunder Bay and the surrounding areas. Her dedication has truly elevated our P.A.R.T.Y. Program to new heights. She has captured the needs of our region's Indigenous youth and has made an incredible impact. Congratulations Shonath.

I also extend congratulations to a member of the Senior Leadership Council: Dr. Mark Henderson is stepping down as Executive Vice President, Patient Services and Regional Vice President, Cancer Services effective March 31, 2018. He previously stepped down from his duties in the Hospital's Cardiac Catheterization laboratory in September 2017. He intends resume his practice as a cardiologist. I am extremely grateful to Dr. Henderson for his exemplary leadership, and dedication that have led to significant transformations of health care provision on many clinical and administrative levels. While I am saddened to see him leave, I wish him success. I will share transition plans for his positions in the near future.

On January 1, changes to the Smoke-Free Ontario Act were implemented: the amended legislation directs that all hospitals in Ontario become 100% smoke-free. I applaud this decision by the Ontario government to support healthy environments for everyone, and urge visitors to our Hospital property to obey the legislation. We will support patients, families and staff to quit smoking while they are at our Hospital. Our smoke-free grounds policy focuses on helping those who want to reduce or quit smoking or need support for nicotine addiction while on Hospital property.

We have made progress to achieve our Strategic Directions as highlighted by the following recent activities:

Patient Experience
In January, our Hospital reached the highest number of admitted patients ever experienced. Extraordinary measures were taken to provide relief from unusually high overcapacity at the Hospital, including the transfer of 32 ALC patients to a Transitional Care Unit (TCU) at Hogarth Riverview Manor. Given the impact of the uncharacteristic flu season we are experiencing this year, coupled to higher than usual ALC patients census, we anticipate requiring the TCU until the

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end of March. To set up and swiftly occupy the TCU required significant effort by many staff and partners; patient safety, experience and quality of care were paramount in this situation. I thank our system partners, the Ministry of Health & Long Term Care, the North West LHIN and St. Joseph's Care Group, for cooperating so closely with the Hospital in implementing this transition initiative. The many dedicated staff and leaders at the Hospital must also be commanded for their performance over and above the call of duty to manage the crisis and the transition. Dr. Crocker-Ellacott skillfully led the command centre for this crisis. The whole episode is being documented for post crisis review and analysis in order to learn and improve should the Hospital experience another such crisis in future.

I attended on January 24 the North West LHIN French Language Services Sub-Region Planning Session for the City of Thunder Bay. The meeting focused on the development of a French Language Services sub-regional plan. Tracie Smith presented on our Hospital's implementation of Linguistic Variable Questions and progress toward Active Offer of French Language Services.

Comprehensive Clinical Care

Our Hospital's Strategic Plan includes a commitment to enhance access to clinical services supported by patient flow improvements. During the last CAHO meeting, the CEOs in attendance had an opportunity on January 26 to meet with Ontario Premier Kathleen Wynn and her Senior Policy Advisor Allison Rowe. We impressed upon them the significant financial constraints faced by academic health sciences centres like ours, and the pressing need for a base funding increase of 4.5%, plus 1% for infrastructure to address the current severe infrastructure demands we are facing. The overcapacity crisis we are undergoing, and our ongoing capacity challenges, due in large part to the high number of Alternate Level of Care (ALC) patients in acute care hospital beds were also highlighted. I shared with Ms. Wynn and Ms. Rowe suggestions to reduce acute ALC occupancy and promote patient flow. This included an increased focus on the continuing care sector, and particularly developing lower level of care alternatives to long-term care to shorten Average Length of Stays, which are currently high when compared to other provinces. I also promoted increased attention to Wait at Home strategies. Furthermore, I highlighted the severe shortage of Personal Support Workers in Ontario that compounds the transfer of ALC patients in LTC Homes. We discussed the possibility of deregulating the LTC sector to allow hiring of other types of support workers (such as developmental support workers) to alleviate this shortage. I impressed successful system approaches applied in other provinces could be considered. I am pleased that Ms. Rowe followed up with a request for further discussion.

The Northwest Health Alliance, among other roles, oversees our Regional Electronic Health Records system. At the January 11 meeting, Alliance CEO Dave Murray and the CEOs of hospitals across Northwestern Ontario agreed to create a regional chief information officer position, given the complexity and system challenges the regions faces in upgrading current application. This shared position will reside at our Hospital.

I am a member of a new provincial Meditech CEO advisory committee, a collaboration between all Hospitals in the province using Meditech as their platform for Electronic Health Records system; the mandate of the committee is to oversee the migration to the latest version of the system in the most efficient and cost effective manner. The committee met on December 18 and January 25.

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I have been asked by HealthCare CAN to be their representative on the Rural Roadmap Implementation Committee sponsored by the College of Family Physicians of Canada and the Society of Rural Physicians of Canada. The goal of the committee is to improve equitable access to safe quality primary healthcare closer to home for rural Canadians. We met on February 1 to identify and implement concrete actions to launch from now until 2020.

Indigenous Health
I met on December 14 with representatives of the Union of Ontario Indians, Grand Council Treaty #3, and the Métis Nation of Ontario to seek their input on several Indigenous Health initiatives, including Terms of Reference for a new Indigenous Health & Reconciliation Steering Committee, a draft position description for an Indigenous Health Consultant, and participation in Indigenous Health research projects. Individual follow up meetings have been scheduled with Dr. Rudnick, VP Research and Chief Scientist to obtain further guidance on Indigenous Health research activity.

Indigenous health research was presented as a priority during a pre-budget consultation meeting on January 15 with Patty Hajdu, MP Thunder Bay Superior North and Minister of Employment, Workforce Development and Labour, and Don Rusnak, MP for Thunder Bay-Rainy River. Peter Myllymaa and I impressed on them the need for funding to support the scientists of our Health Research Institute to advance Indigenous health outcomes through research. I also identified research infrastructure and indirect research support costs as funding priorities.

City Manager Norm Gale took the initiative to call on many local community and public service providers to meet on January 23, to establish a Racism Coalition; the discussions revolved around engagement of attendees' organizations in identifying strategies to tackle racism in Thunder Bay. I was accompanied by Amanda Bjorn, VP Human Resources, Tracie Smith, Senior Director, Communications, Indigenous Affairs & Engagement, and Donna JeanPierre, Manager, Volunteer Services.

Mental health
On January 18, Dr. Rudnick, Chief of Psychiatry, Dr. Henderson, EVP, Patient Care, Dr. Kennedy, EVP, Academics and I went at St. Joseph's Care Group to finalize terms of agreements regarding funding and compensation of Forensic and Adult Mental Health Psychiatrists. Next step include submitting these agreements to the NW LHIN to obtain their sign off. Future discussions will deal with community on-call scheduling, participation and coordination as well as new hire return of service parameters.

Teaching & Research
I have been appointed as a member of the search committee for the next Dean of the Northern Ontario School of Medicine (NOSM); the inaugural meeting of the committee was held on January 17. NOSM Dean, Roger Strasser, HSN President & CEO, Dominic Giroux and I had our inaugural collaborative meeting on January 30; these meetings will allow the 2 AHSCs and NOSM to coordinate our respective teaching and research priorities. Among topics discussed, we agreed to expand the Hospital's upcoming March 12 mission to HSN to include a visit to NOSM's campus.

In addition, I engaged with colleagues at FedNor who encouraged application for funding for priority projects. Submissions have been made for research-related funding opportunities,

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including the replacement of our PET/CT scan, the research 3T MRI as well as for the cyclotron radiopharmacy equipment.

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

Communications, Indigenous Affairs & Engagement

- The French Language Services Active Offer research project move forward with bilingual voice mail recordings in Ambulatory Care and Fracture Clinic. Staff in all participating units have received pre-implementation surveys;
- In collaboration with Thunder Bay Police Service, the first Northern Lights event was held on January 31. The initiative is intended to show support for our patients on a monthly basis;
- A pilot project to be held in the Emergency Department to test Accessible Forms and Communications Support will proceed in Diagnostic Imaging instead due to high ED patient volumes;
- The Hospital's Accessibility Plan was endorsed by the Quality Committee of the Board;
- Quarterly Hospital and Institute Strategic Plans updates will be combined in future;
- The sixth round of Ojibwe language and culture lessons is underway for staff, physicians, students and volunteers. A new cultural teachings initiative will be held during the March break;
- Presentations regarding Indigenous Health supports and services were made to the Volunteers and PFA Council to increase and support cultural awareness;
- In collaboration with Dilico Anishnawbek Family Care, presentations were offered to unit staff to increase awareness of the two on-site Dilico Discharge Planners;
- Negotiations continue for resources to support enhanced discharge planning for patients returning to First Nation communities.

Media releases *(x 3)*:

- December 5, 2017: Trillium Gift of Life
- January 2, 2018: Over-capacity crisis
- January 12, 2018: Relief for over-capacity crisis

Media requests *(x 15)*:

- December 12, 2017: Energy savings Co-Gen project
- December 20, 2017: Cardiovascular Surgery update
- January 2, 2018: Over-capacity crisis
- January 2, 4 and 8, 2018: Tamarack House rate increase
- January 5, 2018: Update on over-capacity crisis
- January 16, 2018: Update on patient transfers to TCU
- January 19, 2018: Update on hiring of vascular surgeon
- January 19, 2018: Smoke-free Hospital property legislation
- January 25, 2018: Regional Critical Care Response program expansion
- January 29, 2018: Changes in Heart & Stroke ischemic stroke guidelines

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Quality and Risk Management

Emergency Preparedness

- Developed and revised hazard specific response plans, including:
  - Boil Water Advisory;
  - Code Silver: active shooter or armed intruder;
  - Regional Renal Program Emergency Response Plan;
  - Code Black: bomb threat or suspicious package, revised based on lessons learned from a bomb threat at the Hospital in January 2017;
  - Code Orange: mass casualty, departmental sub-plans.

- Conducted emergency exercises, including:
  - Code Orange (mass casualty) drill in partnership with the Thunder Bay Airport;
  - Overnight evacuation drill on 1A Oncology to test procedures at times of minimal staffing, as per Fire Code requirements;
  - Neonatal resuscitation drills based on new standards of practice;
  - Heliport table top exercise with Police, Fire, EMS & ORNGE;
  - Monthly Code Red (fire) drills, as per Fire Code requirements;
- Provided Code White (violent person) education;
- Participated in a pandemic exercise at Thunder Bay's Emergency Operations Centre;
- Delivered Incident Management System training to Senior Leaders on call and Directors;
- Implemented a revised emergency fan-out process for staff during an emergency;
- Signed a Memorandum of Understanding with the Thunder Bay Fire Rescue to address resource gaps impacting the Hospital's mass decontamination program.

Enterprise Risk Management (ERM)

- ERM Framework categories updated to reflect feedback received from recent engagement sessions (e.g. Business risk category was changed to Operations);
- *Marsh Risk Gap Module* updated to include 23 units to assess identified risks and develop risk mitigation action plans based on sector standards. New units include Finance, Employee Mental Health, and Environmental;
- ERM Framework sub-categories updated to reflect categories of the Incident Learning System to ensure the Hospital's risk mitigation plans flow to the Patient Safety Plan, which will strengthen the focus on preventable safety risks;
- ERM process aligns with Accreditation Canada's standards and will provide evidence of a proactive risk management of our complex organization.

Strategy & Performance

Quality Improvement Plan (QIP)

- 2018-19 QIP development completed thanks to consultation of 72 leaders, PFAs, staff and physicians. Senior Leaders selected priority quality indicators. Improvement plans subsequently developed by the most responsible Leaders;

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- 2017-18 QIP improvement plans progressed well with change ideas implemented for each of the 12 QIP indicators. 7 of 9 performance indicators reached or surpassed set targets, including: increase information patients receive prior to leaving the hospital, decrease in 30-day readmission for COPD, decrease ALOS, improve patient satisfaction: all dimensions –ED, decrease pressure injuries;
- A new Medication Reconciliation on Admission model was successfully trialed. The Hospital prioritized funds to gradually implement the new model beginning April 2018.;
- Medication Reconciliation on Discharge was redesigned but implementation hinges on expected improvements in Medication Reconciliation on Admission;
- 2017-18 QIP progress report and 2018-19 QIP to be presented at March Board session.

Patient Flow Design Events:

- Consultants are supporting 1A Unit, Admitting and ED Process Improvement Teams to improve Bed Turnaround Time. At the 60-day mark, initial improvements are observed in time to occupy a 1A bed with ED admitted patient from ED;
- Use of Meditech to notify Admitting of a patient discharge so effective that the practice will be adopted shortly by all in-patient units.

Strategic & Operational Project Support

- Research Institute Strategic Plan progress report communication process developed and integrated into the Hospital's to ensure awareness and understanding by leaders, staff, physicians and patient and families.

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Senior Leadership Report

to the
Board of Directors
Thunder Bay Regional Health Sciences Centre
February 7, 2018

Patient Services and Chief Nursing Executive

Surge Overcapacity Measures: Transitional Care Unit

- Over the last month, TBRHSC has experienced extreme overcapacity pressures, compounded by an uncharacteristic flu season and high ALC patient census
- Beginning on January 12th, after taking every measure possible to accommodate patients within the Hospital, TBRHSC temporarily opened a 32 bed Transitional Care Unit (TCU) at Hogarth Riverview Manor (HRM) for patients no longer requiring acute care
- The TCU operates as a unit of TBRHSC and patients continue to be cared for by TBRHSC staff. A dedicated Physician, supported by the Nurse Lead Outreach Team, provides medical coverage and continuity of care for patients during their stay in the temporary unit.
- Patients have access to a Registered Dietitian, Social Worker and Rehab practitioners, along with the trained volunteers of the Hospital Elder Life Program (HELP)
- Laboratory, Diagnostic investigation and Pharmacy services are being provided or coordinated through TBRHSC
- It is anticipated that patients will need to be accommodated at the TCU for approximately ten weeks, at which point patient volumes at TBRHSC are predicted to return to more normal levels
- The TCU relief strategy was made possible through the support of the Ministry of Health and the coordinated efforts of the NWLHIN, St. Joseph's Care Group, TBRHSC and other system partners
- The initial feedback from staff, transferred patients and their families has been extremely positive

Emergency (ED) Patient Flow

- In December, ED was able to achieve 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 peaked in December at 49 hours up from from 47 hours in November and 36.6 hours in October (target 27 or less). On average, each morning, there were 25 patients waiting in ED for an in-patient bed.

Quality Based Procedures: Hip Fractures, Hip Replacements and Knee Replacements

- Digital Quality Based Procedure (QBP) order sets have been provincially introduced across 75 Ontario Hospitals in three waves starting in May 2016 to March 2018. The digital QBP order sets are designed to align practice with evidence and legislation.

- Digital QBPs aim to improve quality care, while reducing clinical variation, time required for clinicians to complete orders, and reduce risk of hand written transcription and medication errors
- On September 26, 2017, TBRHSC implemented digital QBPs for hip fractures, hip replacements and knee replacements with tremendous success. To date, these digital QBP order sets have been used over 300 times. TBRHSC has received provincial recognition for its high level of implementation and adoption.
- Going forward, the Surgical and Ambulatory Services will evaluate real time digital QBP data to identify trends, clinical variation, and opportunities for continuous quality improvement initiatives

CAMHU Healthy Lifestyles Program

- In partnership with the Rehabilitation and Healthy Lifestyles Program and Adult Mental Health, CAMHU youth now have the opportunity to attend the Healthy Lifestyles Program twice a week, while admitted to hospital for supervised cardiovascular exercise
- The program supports participation in structured physical activities in the Rehabilitation and Healthy Lifestyles gym and also provides instruction on maintaining Healthy Lifestyles from a Registered Kinesiologist
- This opportunity is an excellent way to support youth admitted to CAMHU to leave the unit and become both physically and mentally active
- Participants engaging in the program will learn how to use exercise equipment in a safe manner and gain tools needed to continue exercising in the community
- Exercise is proven to have positive changes in the psychological profile, which includes, but is not limited to: improved mood, improved self-concept, improved behaviour, decreased depression and anxiety and improved social networks

Funding for Child & Adolescent Mental Health Unit Expansion

- One-time funding from MOHLTC through to the end of 2018/2019 fiscal has been received to temporarily expand the CAMHU and add resources to respond to the needs of First Nations communities experiencing mental health/suicide crises
- This funding is in addition to the previous funding received for April 1st to September 31st, 2017
- The total amount received for 2017/2018 was $765,800
- Approved funding for 2018/2019 is $938,100
- The funding supports hiring a Transition Specialist, an additional Social Worker, an additional Indigenous Liaison Worker and increased Nursing and Child & Youth Workers, as well as covers the cost of keeping CAMHU open over the summer and through the Christmas holiday
- This service expansion allows TBRHSC to better meet the needs of children and youth experiencing mental health crises

Diagnostic Imaging – Wait Times

- Over the last year, significant schedule and staffing changes have been implemented in Ultrasound and Mammography to improve the patient experience

- In December 2017, out-patients waited 15 days for a routine ultrasound appoinment, compared to 109 days in March 2017
- 90th percentile breast biopsy wait times significanly improved from 24% (May 2017) to 93% (December 2017)

Laboratory – Isolation Days Saved

- The introduction of PCR (Polymerase Chain Reaction) testing has resulted in a total savings of 3,424 isolation days from April 2016 to December 2017
- PCR testing allows confirmation of VRE/MRSA infection within 1 hour
- Further opportunities to export PCR testing in the Emergency Department is being reviewed to improve length of stay and overall care decisions

Human Resources

Human Resources

Employee Recognition Week

The third week of January 2018 marked our 4th annual Employee Recognition Week. This week was designed to provide comprehensive recognition for great work our staff, volunteers, and professional staff contribute every day. Some of the activities provided include: daily roaming carts, daily trivia and prize draws, promotional signage and booths, cruise draw, Java with Jean, evening and weekend roaming carts, complementary massages, Walk the Talk Awards ceremony, and the Long Service Recognition reception.

Spring Hire

Our annual large-scale nursing spring hire kicked-off in mid January this year with the aim of recruiting close to 100 nursing professionals to join our dedicated team. Interviews and on-boarding will continue through February and March.

Bill 148 – Fair Workplaces, Better Jobs Act

Education has taken place with our Managers and Directors on the details of Bill 148 – Fair Workplaces, Better Jobs Act. In addition, a report was provided to our Board Resource Planning Committee regarding the implications for our hospital.

Bill 148 includes employment enhancements such as: raising minimum wage, 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 cancellations, an expansion of maternity leave entitlements, and equal pay for part-time and temporary workers.

With regard to equal pay for equal work, employers are required to pay employees of different employment status (e.g. full time, part time, temporary, casual, etc.) the same rate of pay when the work performed meets the identified criteria. There is an exception where differences in rate of pay are due to factors other than the employees' employment status. An example of a permissible factor includes a "seniority system". TBRHSC will continue to follow collective agreements as they pertain to wages.

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Design Events – A Systematic Approach to Quality Improvement and People Development

'Design Events' provide tools and methods for engaging people in designing or redesigning anything that could benefit from improvement. It is a structured methodology centred around patient value. The ultimate goal is to define a target condition, remove waste (non-value added activities) and implement breakthrough design thinking to fundamentally create novel ideas that allow us to achieve a new level of performance. Over the past several months Design Events have been held in the following areas:

- Pediatrics - To develop a process for Interprofessional rounds that provides a formal, organized, and collaborative approach to patient care, ensuring that the health care team, patients and families participate in the plan of care, increasing the effectiveness, efficiency and safety of patient care.
- Patient Flow – To improve the efficiency of the admission process from the ED to the In-Patient unit (1A), and ensure that all staff feel valued and respected as a part of a cross-functional team and all patients feel satisfied with the experience of their transfer.
- Manager Workload – To provide inpatient managers an opportunity to explore, decide, and schedule how things may improve their overwhelming workload. Also to evaluate the implementation and evaluation process of Meeting Free Mornings, Rounding for Outcomes, and to explore roles and responsibilities, workload, and accountabilities.
- Adult Mental Health –To explore current structures, approaches and processes in order to provide enough meaningful, holistic, and thorough information about patients in order to provide the best patient care, and to ensure better communication, information flow, and collaboration.

Volunteer Services – Strategic Plan 2020 Initiatives Updates

Seniors Health - We are currently recruiting among our HELP and other Hospital volunteers for those who would like to visit patients who have been transferred to Transitional Care Unit at HRM.

Indigenous Health - Volunteer Services continues to liaise with Indigenous organizations in order to recruit Indigenous volunteers.

Acute Mental Health - We are currently researching best practice among peers and meeting with Adult Mental Health (AMH) Managers to discuss a potential new volunteer role in AMH.

Patient Experience - Through the many volunteer programs and initiatives, our volunteers have made a valuable impact on the experience of patients in our Hospital. Eleven new volunteers were recently welcomed to our team.

Labour Relations Update

Our collaborative approach with the unions has seen the resolution of outstanding grievances, as well as the cancellation of several upcoming arbitrations.

SEIU Local Negotiations has continued with additional dates scheduled in January 2018. The ONA Local Negotiation team is currently developing proposals, with negotiation dates

scheduled for March 2018. COPE and OPSEU Mtc. negotiations will be occurring in the spring of 2018.

Occupational Health and Safety Update- Influenza Vaccinations
Nursing student placements have assisted in the continued promotion of the flu vaccine, and compliance rates continue to trend higher than last year at the same time.

Workplace Violence and Harassment
The Hospital supports a safe work environment evidenced by existing structures, policies, and initiatives. The Occupational Health and Safety (OHS) policy states the Hospital's commitment to providing a safe and healthy work environment that is free of violence and harassment and making every reasonable effort to ensure that no employee or person under the Hospital's direction is subjected to violent acts, threats, or harassment.

Staff and patient incident reports are completed when harassment, violence, and aggression incidents occur, incidents are investigated, and controls or corrective actions and safety plans are initiated as appropriate. Other mitigating strategies include physical enhancements to improve safety as well as staff education such as Non-Violent Crisis Intervention (NVCI) training for staff working in higher risk areas.

Provincially, workplace violence is a mandatory indicator for hospitals' in their Quality Improvement Plans.

Patient Services and Cancer Care Ontario

Patient Services and Cancer Care Ontario

Adult and Forensic Mental Health Program

- The continued efforts of our Emergency and In-Patients Psychiatrists (both on staff and locum) and our Brief Intervention Treatment Team to provide appropriate services has led to a continued reduction in admissions to the Adult Mental Health Unit. Although this unit historically functioned at 115% capacity, these efforts have assisted in seeing admissions drop over the last few years, with the last two months seeing a further decrease to 101% and 97%, a much more manageable volume of patients.
- With the recent sale of the Amethyst House, the Assertive Community Treatment team is preparing to move to its new home, across the road. Renovations are underway. Staff and patients are excited about the move.

Cardiovascular and Stroke Program

- CODE STEMI was re-launched December 11, 2017. Code STEMI supports patients experiencing a heart attack, to be assessed in a timely manner by the EMS team, which in turns supports timely transfer to the Cardiac Cathlab for treatment. CODE STEMI is announced/paged overhead, to activate necessary teams. Thank you to the Cardiology, ER, Switchboard, Diagnostics, and EMS teams for their support and collaboration.

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Cardiovascular Surgical Program Implementation

- Tbaytel generously donated $500k to the TBR Foundation in support of the CVS project.
  Glenn Craig's team is doing an amazing job to ensure CVS becomes a reality.
- Dr. Elrasheed Osman, vascular surgeon, joined the TBRHSC team in January. With his
  support we will continue to expand our services in Northwestern Ontario.
- Functional planning activities for the CV surgical project kicked off this month with a presentation by Agnew Peckham to the CVS Steering Committee.
- The RFP for architectural services closed on January 17, 2018. A contract award is anticipated shortly.

Chronic Disease Prevention & Management and Medicine Services

- The Regional Renal Program, along with Dryden Regional Health Centre will submit a Small Scale Expansion Proposal to the Ontario Renal Network requesting a four-station expansion. If approved, this four-station expansion will operate out of the Dryden facility, allowing the two partner facilities to create care closer to home.
- Deb MacCabe is the new Manager for the Diabetes Care and Bariatric Medicine Program. Deb will start her new role in March 2018. Congratulations Deb!

Prevention and Screening Services

- This March, Prevention & Screening Services and Occupational Health & Safety are partnering to host a quit smoking contest for our staff, called 'I Quit'. The contest was first run at our Hospital in 2015, and saw 12 staff members quit smoking. This year, recruitment for the March 1st start will happen during National Non-Smoking Week (January 21 - 27).
- A pilot project for trialling exercise classes for staff is being coordinated with a launch date of early February. Through engagement, on-site exercise classes were requested by staff. The project will be approximately 3-6 months and will be cost neutral to the organization, as staff will pay for classes and instructor time. Evaluation will follow.

Regional Cancer Program

- A special meeting on the Future of Chemotherapy in the Northwest was held on January 31st to review the impacts of meeting the National Association of Pharmacy Regulatory Authorities (NAPRA) pharmacy standards.
- A quality improvement project is underway looking at the orientation and education needs of new patients.

Telemedicine, Spiritual Care, Tbaytel Tamarack House

- Spiritual Care had a very successful Christmas celebration that was well attended and well received by staff and patients. The event was volunteer organized by fellow staff members Michelle Shonosky and Norm Prenger.
- We are looking for donations of instruments for an in-house repository for a music program, which is under development.

- The Journey to Wellness program will be running on Fridays in February.

Corporate Services & Operations

Corporate Services & Operations

Financial Services

- As at December 31, 2017, there is a surplus of $655K, compared to a deficit budget of $3.7 million. One time funding from the NW LHIN to address service and financial pressures has been approved.
    - Patient Days 5.2% more than prior year and 8.5% more than budget;
    - Surgical Cases 1% less than prior year and 8.9% less than budget;
    - ER Visits 5% less than prior period and 2% less than budget, and;
    - ER Patient Days are 31.7% more than prior year.
- Overall Paid Hours are 2.7% more than budget and 1.8% more than prior year.
- Employee Self Service was fully implemented by Payroll in January and provides employees with web-based access to their payroll information, electronic paystubs and annual T4 slips. Employee Self Service is 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 pharmacy, renal, regional orthopedics and ICR tenants.*
- *The data centre construction at 1040 Oliver Road reached substantial completion with planning ongoing now for equipment staging by the IT Department. The commissioning of the data centre is expected to be completed by mid-February with a potential move-in date of March 1, 2018.*
- *Planning for Stage 1 for Cardio-vascular Surgery is progressing. Procurement is ongoing for the professional services i.e. project manager, architect and functional plannerwith final review, awarding and contracting ongoing.*
- The next phase of energy conservation projects continue under engineering with Johnson Controls with an implementation timeline to start in spring 2018.
- $500k was awarded from the MOHLTC as part of the Hospital Energy Efficiency Program (a program aligned with the Province's Climate Change Action Plan and the proceeds of the carbon market); projects are in planning.

Northern Supply Chain (NSC)

- The NSC was the successful proponent for the nine year $1.28 billion contract with the Ontario Association of Children's Aid Society for management of the Decentralized Procurement network that exists throughout the 37 agencies in the province.

Decision Support

- During December and January, Decision Support and Case Costing staff worked on a number of business cases to support quality improvement and efficiency. These included Lab automation & infection testing, and medication reconciliation. Staff also supported development of the 2018-19 Quality Improvement Plan and selection of related indicators and targets. Considerable analysis was done to assess emerging patient flow trends and impacts on occupancy and related indicators. As well, a review of 2016-17 efficiency benchmarking results was completed.

Research

Research 2020 Strategic Plan:

- presented an overview of the Institute's enhanced plan to the Foundation Board on January 30th;
- Institute staff have been working with the Hospital's Communications Department and Performance & Planning staff to integrate TBRHRI Strategic Plan updates into the Hospital's existing quarterly Strategic Plan updates;
- the new format was presented to the Hospital's Directors and Managers at their January meetings and the new integrated TBRHSC/RI Strategic Plan 2020 quarterly updates will commence with the Q3 report.

Other Research Related Activities:

- Institute staff continue to work on the new TBRHRI website to update content on the public site and make improvements to the layout and information contained on the staff intranet; and to enhance the Board members site;
- on January 23rd, the Hospital's Senior Leadership Council supported proceeding with the Opt In approach for permission to contact patients for participation in research studies; staff are in the process of planning a robust pilot of Opt In Permission to Contact for Research; the Cancer Centre will continue as is until further notice;
- recent discussions with a local group have resulted in $10K being made available for a new prostate cancer research seed funding competition; the next round of seed funding (general and prostate) will be posted in April;
- planning is also underway for the first Annual Research Day at TBRHSC/RI; the event will take place on September 6th and will include speakers, displays and other activities;
- talks continue with external organizations and members of Indigenous communities regarding the undertaking of a mapping exercise to identify Indigenous health research needs; Dr. Rudnick hopes to start visiting some Northern Indigenous communities in the spring.

Research Outreach and Networking:

- on December 1st, the NOSM Board of Directors was provided with a guided tour of TBRHRI research spaces at the Hospital including a tour of the wet lab, the 3T MRI lab and the Cyclotron & Radiopharmacy facility;
- on January 24th Dr. Rudnick attended the Summit North conference hosted by NOSM, HealthForce Ontario and the NW LHIN;

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- over the past two months Dr. Rudnick has continued to participate on:
  - NOSM's Academic Council;
  - The Change Foundation Board and its Working Group on Evaluation & Strategy;
  - Health Quality Ontario;
  - LU Strategic Research Planning Committee;
  - Mental Health Commission of Canada S & R Advisory Committee;
  - HSO Academic Health Centers and Clinical Research Technical Committee.

For other news please refer to the December, 2017 – January, 2018 TBRHRI Report to the Hospital Board.

Academic Affairs and Interprofessional Education

The Respect Project is ready to be formally launched!

Our first group of Respect Project Facilitators began their training on January 30th and 31st. We were privileged to have members from the Ontario Indigenous Cultural Safety Program on-site to provide this training, which focused on Anti-Indigenous Racism and how to facilitate difficult conversations. The following staff and community members have graciously volunteered their expertise and skills to be facilitators for our project: Donna Niemi, Sara Chow, Sarah Schoales, Donna Jeanpierre, Angela Kutok, Meghan Beach, Sharen Howarth, Michael Robinson, Tracey Hill, Kendra Walt, Bruno Tassone, Kelly Meservia-Collins, Leona Masakeyash, Jeannie Simon, Susan Anderson, Ashley MacRae, Kara-Anne Morriseau, Karen Ranta, Mandy Tait-Martens, and Callie Berswick.

We will be delivering our first formal team activity, in collaboration with the Ontario Indigenous Cultural Safety Program, on February 1, 2018 with a few members from our Senior and Director Leadership team.

Medical Affairs

- A total of 5 site visits took place during the month of December and January for Ophthalmology, Urology, Pathology, and the Hospitalist Program
- Dr. Joseph Del Paggio (Medical Oncology) and Dr. Jordan Green (Gastroenterology) have accepted positions with a start date to be determined
- Dr. Ramprasad Bismil (Psychiatry) has accepted a position and will join us in April
- Welcome to our new physicians that have joined us recently:
  - Dr. Haitham Nasser (Pathology) on December 18
  - Dr. Rey Acedillo (Nephrology) on January 15
  - Dr. Elrasheed Osman (Vascular Surgery) on January 17
- Discussions continue with the Northern Ontario School of Medicine (NOSM) to determine if it is possible to streamline the process for faculty appointments with the credentialing of physicians at our facility

Pharmacy

- Omnicell® was the successful vendor for the purchase of new automated dispensing cabinets. A kick-off meeting was held to start the work for the installation of the new cabinets in Emergency and Critical Care areas.
- Construction work towards the Specialty Outpatient Pharmacy (located in the Cancer Centre) is to begin in February.

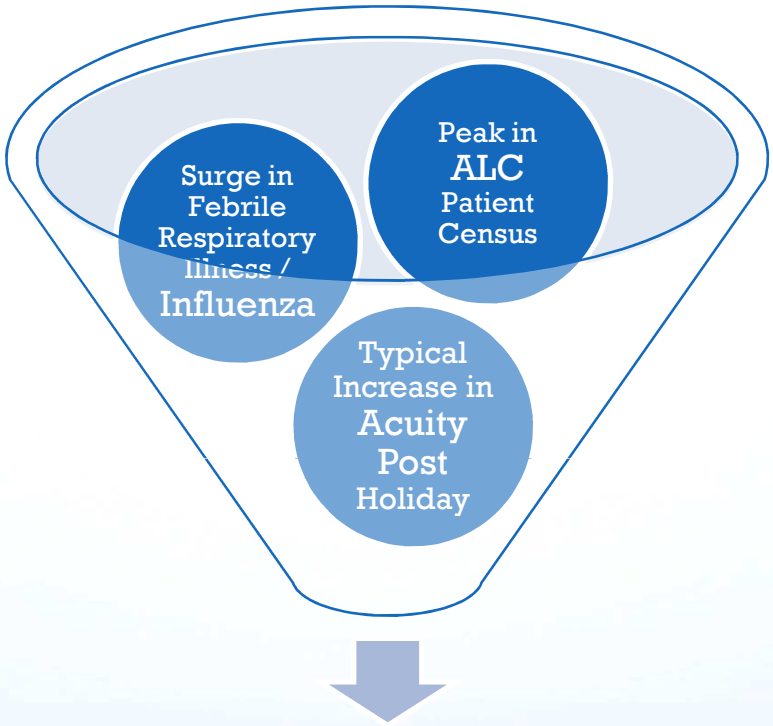
Medication Reconciliation

- A follow up presentation was provided to Senior Leadership Council (SLC) on the proposal for a team of dedicated staff (pharmacy technicians) to obtain the Best Possible Medication History for Med Rec. SLC approved the plan to hire three technicians to provide this service.

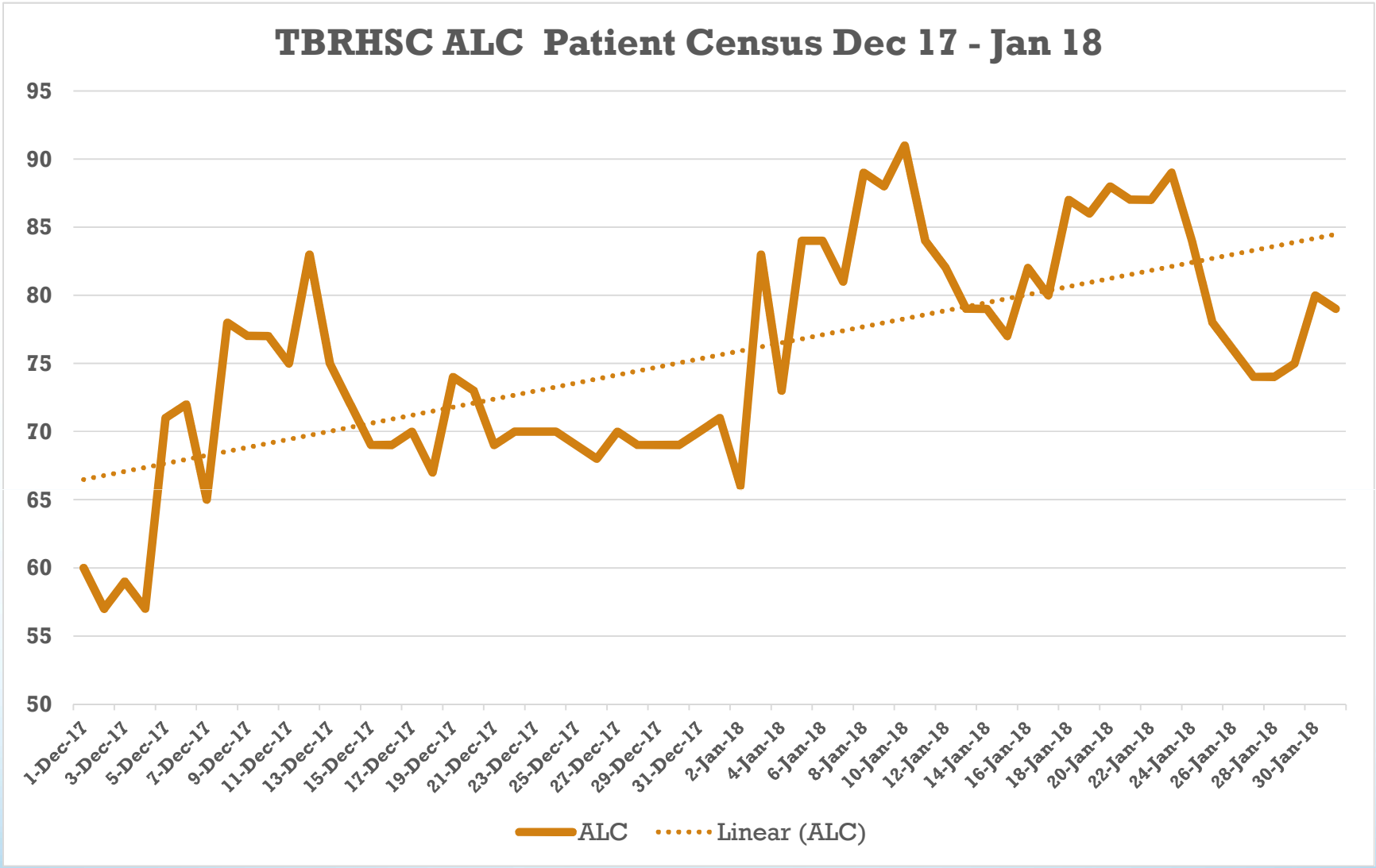
TBRHSC Surge Capacity

Presentation to Board of Directors

February 7, 2018



Emergency Overcapacity


TBRHSC ALC Patient Census Dec 17 - Jan 18
95
90
85
80
75
70
65
60
55
50
1-Dec-17
3-Dec-17
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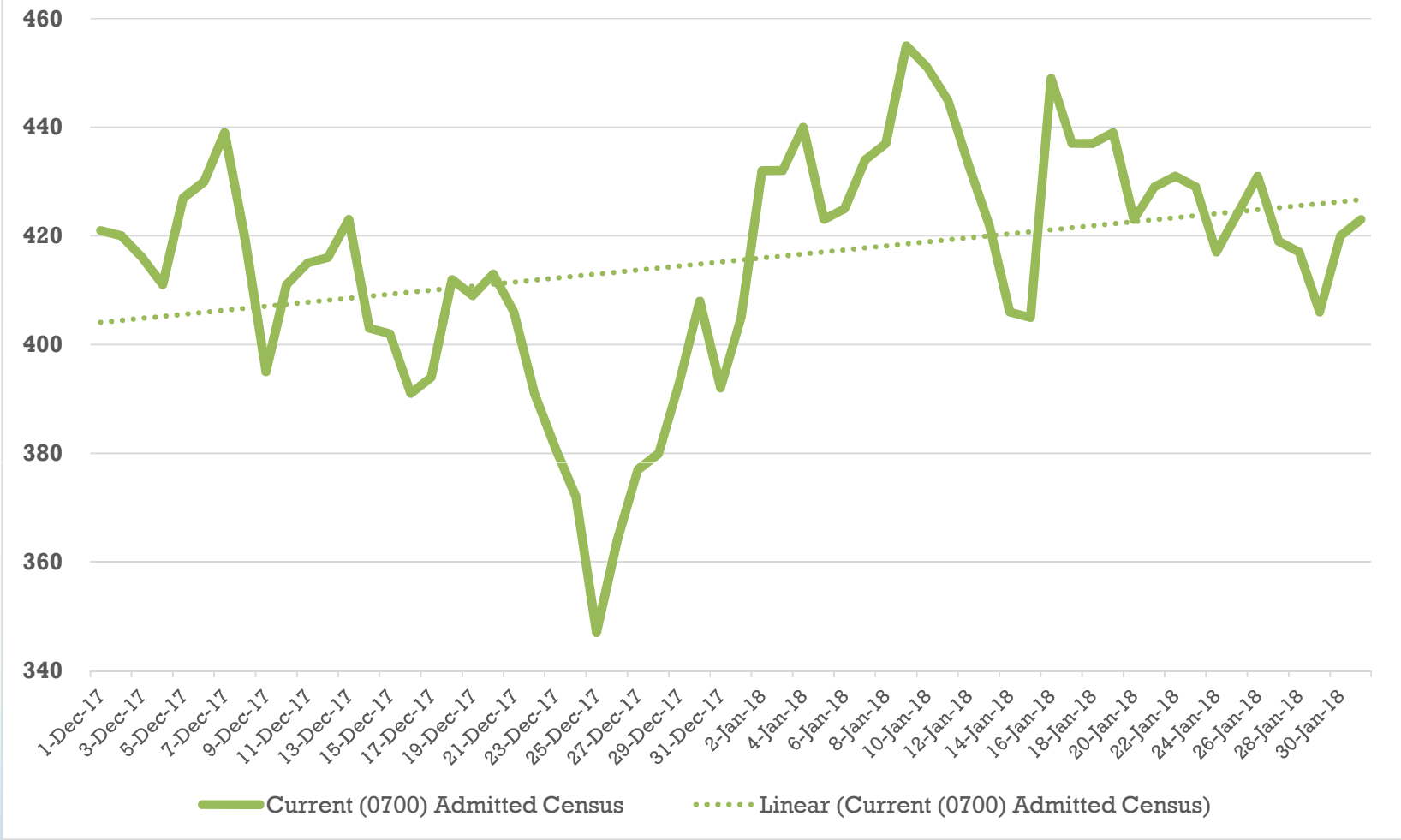
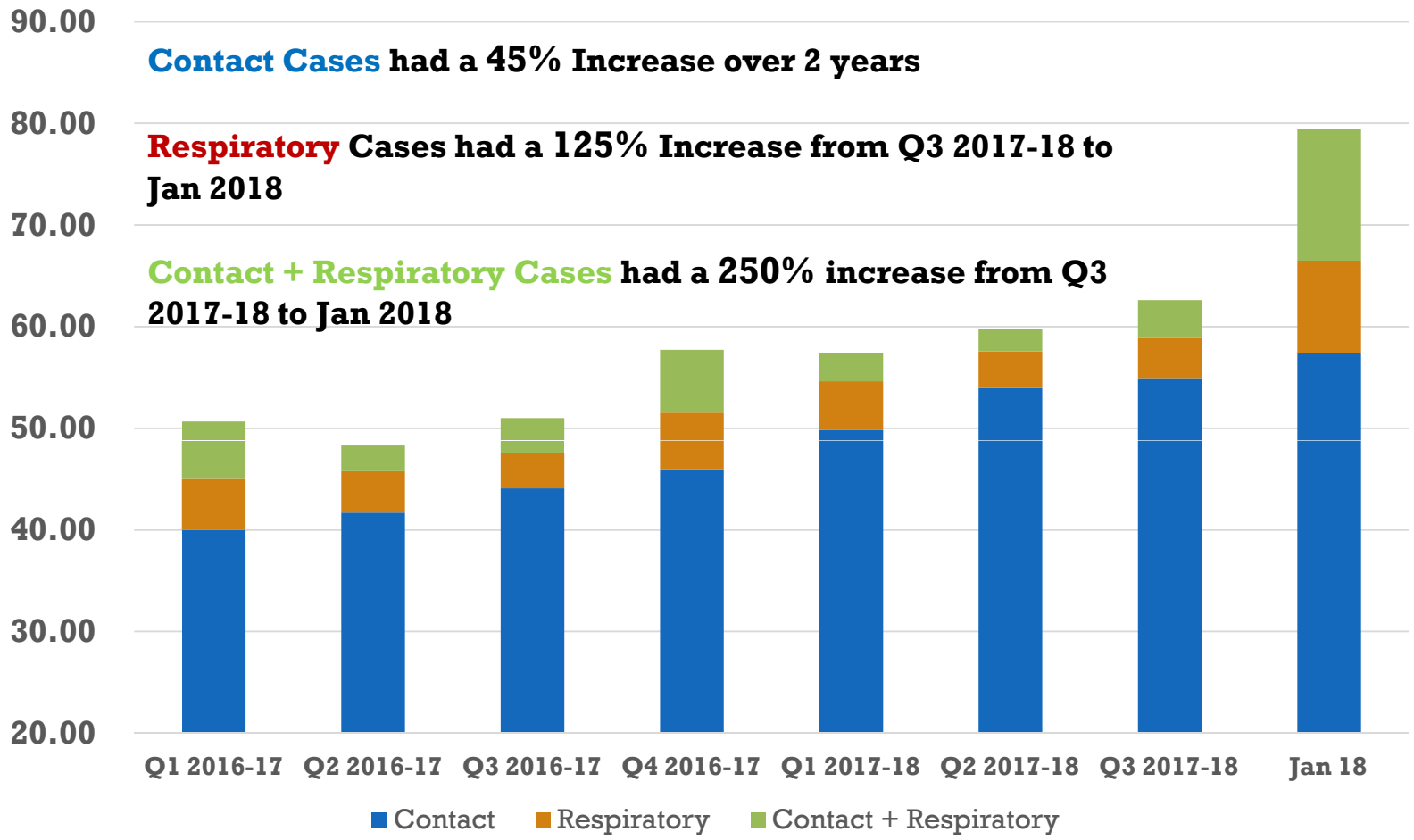
ALC
Linear (ALC)

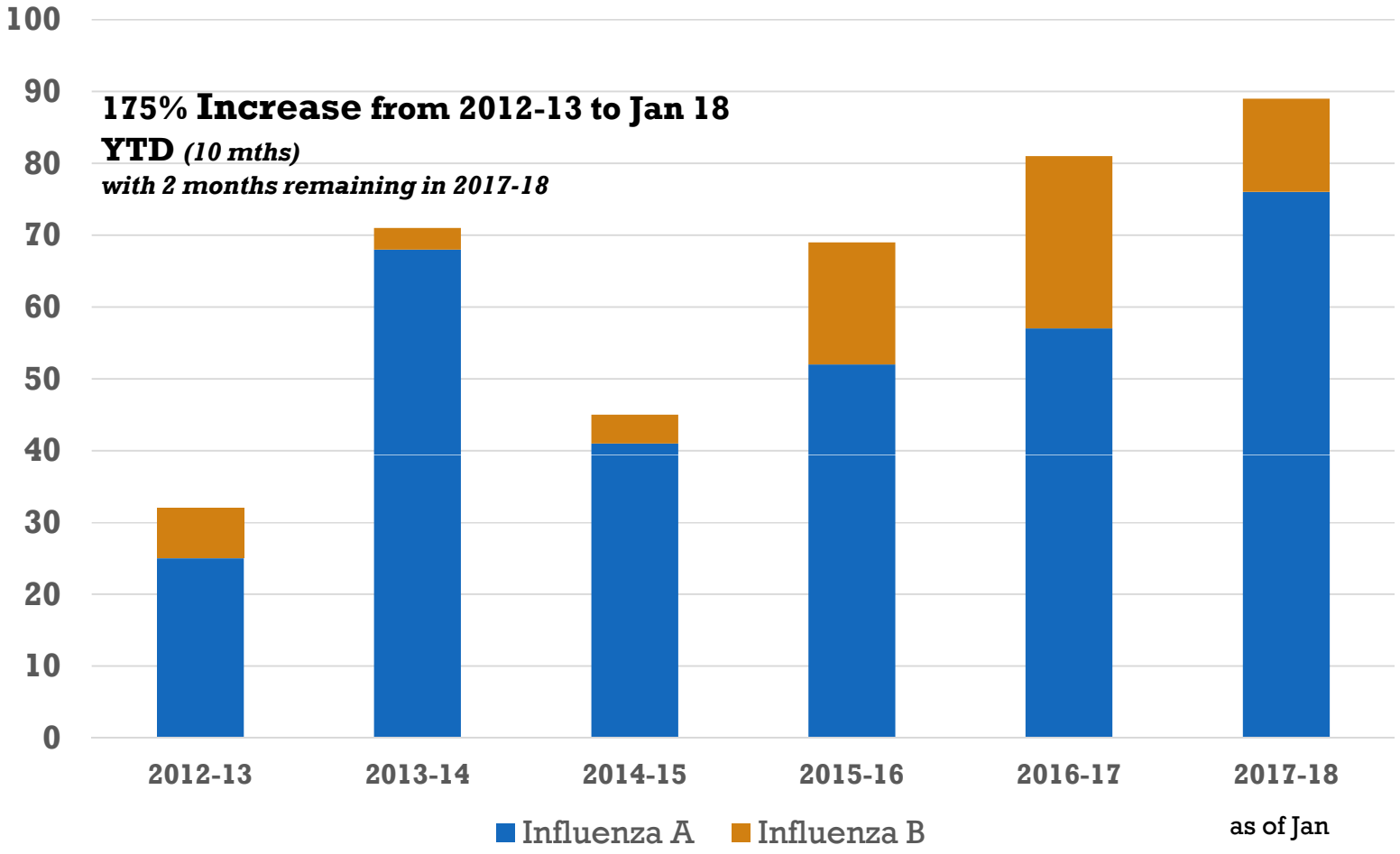
TBRHSC Admitted Patient Census Dec 17 - Jan 18



Daily Average Number of Isolation Cases



Lab Confirmed Influenza Cases at TBRHSC



Situation

- In: Dec. 1-25, Dec. 27 - January 31 = 61 Days (98%)
- Out: Dec. 26 = 1 day (2%)
- YTD surge: 195 of last 199 days = 98%
- Peak admitted Patient Census – Jan. 10, 2018 = 469* patients
- ALC peak patient census – Jan. 20, 2018 = 91*
- Emergency Surge

Surge

84 TOTAL SURGE BEDS IN OPERATION

Opening of Transitional Care Unit (TCU)

- Approval to operate 32 beds at SJCG/HRM site
- Began moving patients January 12, 2018
- Unit 100% occupied January 17, 2018
- Progressively reduced surge capacity spaces outside of TCU

Next Steps

- TBRHSC/SJCG/NWLHIN collaborating on the development of options post March 31, 2018
- TBRHSC remains in Surge

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980 rue Oliver Road
Thunder Bay ON
P7B 6V4 Canada

Tel: (807) 684-6564
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Chief of Staff
Médecin chef

Chief of Staff Report

to the
Board of Directors
Thunder Bay Regional Health Sciences Centre

February 2017

Small Hospital Transformation: Clinical Leadership Project (Opioid Digital Order Sets)

- The NW LHIN has partnered with the Provincial Digital Quality-Based Procedures (QBP) Order Sets Program and has formed a working group of clinical leaders from the LHIN
- This is a collaboration to develop and rollout provincial digital order sets based on the Opioid Quality Standards being undertaken by Health Quality Ontario
- Project goals include effectively translating three opioid quality standards into digital order sets; this includes opioid prescribing for acute pain, opioid prescribing for chronic pain and opioid use disorder (addiction)
- The project has an ambitious timeline with order set development complete by the end of March with a pilot at TBRHSC and Lake of the Woods starting in April

Quality-Based Procedures (QBPs) and Think Research

- Progress continues on the provincial project to improve adoption of QBP order sets
- Development of the next set of 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

Medical Assistance in Dying (MAiD)

- Our two MAID physician champions, Dr. Margaret Woods and Dr. Andrew Turner recently provided an update to our Medical Advisory Committee, sharing the current legal landscape of MAiD in Canada, the process to be followed, lessons learned and personal experiences and reflections
- Dr. Woods and Dr. Turner have graciously offered to mentor anyone interested at the hospital, in the community or the region, in an effort to build more capacity

Utilization Coordinators (UCs) and Physicians

- Several UCs attended a Medical Advisory Committee to discuss how physicians and UCs may work together better to facilitate discharges and reduce length of stay

Chief of Diagnostic Imaging

- The Medical Advisory Committee (MAC) has made a recommendation for the position of Chief of Diagnostic Imaging

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Regional Chiefs of Staff Meeting (January 23, 2018)

- Excellent meeting with regional chiefs
- Attended by Drs. Rami Rudnick, Peter Voros and Jack Haggarty
- Robust discussion of provision of regional psychiatric services across the continuum was had including models of care, telepsychiatry services, etc.
- Great discussion of regional strategies

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Chief Nursing Executive
Open Report
to the
Board of Directors

February, 2018

Controlled Act of Psychotherapy Proclaimed

- The Ontario Government proclaimed the controlled act of Psychotherapy on December 31, 2017
- Effective December 31, 2019, the only healthcare providers allowed to perform psychotherapy will be those registered with one of six regulatory colleges (College of Registered Psychotherapists of Ontario, College of Psychologists of Ontario, Ontario College of Social Workers and Social Service Workers, College of Nurses of Ontario, College of Occupational Therapists of Ontario, and College of Physicians and Surgeons of Ontario)
- The impact of this change for TBRHSC is currently being explored, but is expected to be minimal and limited to CAMHU

Adult Mental Health Collaborative Practice Design Event

- At the end of January, members from the Adult Mental Health interprofessional team participated in a three-day Design Event to explore opportunities to improve team collaboration, strengthen care planning structures and enhance communication between health care professionals and their patients
- Current state mapping and gap analysis were completed by stakeholders, process improvement activities engaged patients and families, and prototypes were developed and trialed in real time
- Proposed changes to the current practice model are being integrated. New processes will be refined on an ongoing basis, and a more formal evaluation will occur 30, 60 and 90 days post implementation.

Northern Ontario School of Medicine
École de médecine du Nord de l'Ontario

NOSM Activity Report

Dr. Roger Strasser, Dean-CEO
January – February 2018

2018 and Beyond

Welcome to 2018! I trust that you enjoyed a relaxing and enjoyable Holiday break with family and friends. I certainly have enjoyed my time away and look forward now to the year ahead. You might say that NOSM's 2018 began January 2nd, with the first two episodes of season 4 of Hard Rock Medical, the TVO program loosely inspired by NOSM. If you missed it or previous seasons, you can catch up at http://tvo.org/programs/hard-rock-medical.

2018 promises to be another big year for NOSM. Highlights will include: Summit North on January 24 in Thunder Bay, focussed on building a flourishing physician workforce in Northern Ontario; Northern Constellations faculty development conference on April 20-21 in Thunder Bay; the Northern Health Research Conference on September 20-21 in Kenora; and The Muster 2018 on October 13-18 in Mount Gambier, South Australia. In addition, 2018 will be a transition year positioning NOSM for the future. Dr Catherine Cervin, Vice Dean Academic and Ray Hunt, Chief Operating Officer are responsible with the Executive Group for the day-to-day NOSM programs and activities, as well as proceeding with reconfiguration actively involving the Management Group in the process. As the Dean-CEO, I am concentrating now on external relations, advocacy and advancement. These changes help prepare the way for recruitment of my successor, the new Dean-CEO who will begin in July 2019. These are exciting times for NOSM, as we continue in 2018 towards fulfilling our vision of *Innovative Education and Research for a Healthier North*.

Dr. Tom Crichton Awarded 2018 CAME/ACÉM Certificate of Merit

The Canadian Association for Medical Education (CAME) has announced Dr. Tom Crichton, an Associate Professor in Family Medicine at NOSM, as a recipient of the 2018 CAME/ACÉM Certificate of Merit Award. The CAME Certificate of Merit, which promotes, recognizes, and rewards faculty committed to medical education in Canadian medical schools has been awarded to Dr. Crichton for his for his contributions to Postgraduate Medical Education, particularly in Assessment and Competency-Based Medical Education. Dr. Crichton, a father of three, is a community-based family physician in Sudbury, ON, doing comprehensive Family Medicine practice and has been involved in medical education in Northern Ontario since 1994. In response to receiving this accolade, Dr. Crichton said, "I am pleased and honoured to have been selected for this award. I have truly enjoyed my work in medical education at NOSM and am gratified to receive this recognition from my peers." The award will be presented at the CAME Annual General Meeting which will be held in conjunction with the Canadian Conference on Medical Education (CCME) in Halifax, Nova Scotia on April 28 - May 1, 2018.

CaRMS Interviews

Medical education in Canada is a two-stage process. Undergraduate medical education, the MD program, comes first followed by postgraduate medical education through residency programs leading to an independent licence to practice as a physician in a specific specialty (family medicine, paediatrics, general surgery, etc). During their final year, MD students submit applications to undertake their residency education. They may choose any specialty program offered by any medical school anywhere in Canada. Residency program directors review the applications received and call selected applicants for interview between mid-January and early February. Subsequently, the student applicants and the

residency program directors submit their preferences in order of priority to the Canadian Residents Matching Service (CaRMS) which runs a computer match in early March.

For NOSM, CaRMS interviews have double significance. Our final year medical students take a break from classes to attend interviews and our residency programs conduct interviews of selected applicants. These applicants come from across Canada as well as from NOSM. This year, NOSM has received many applications for each residency program. While this is very encouraging, it is important to remember that the interview process is not just about selecting the most suitable candidates for our programs, it is also about encouraging applicants to see NOSM as the best residency program for them. Thank you in advance to all staff, current residents, faculty members particularly clinical faculty and community partners for your good work in promoting NOSM as the residency program of choice.

NOSM's Health Sciences Summer Camp Renamed – Announcing CampMed!

This year will mark the thirteenth time that NOSM has hosted week-long summer camps for high school students interested in a career in health care. Formerly known as NOSM's Health Sciences Summer Camp, CampMed features new branding and a renewed focus on four core learning areas.

CampMed is founded on four pillars of learning. From top left and going clock wise, the icons in the new branding represent interprofessionalism, leadership, culture, and clinical skills—the knowledge and skills that students gain from attending CampMed.

· Interprofessional: Participants attending CampMed learn the importance of interprofessionalism in health-care settings by learning about various health careers and how those professionals work together to ensure the well-being and health of patients. The majority of the interprofessional learning at CampMed is provided by the health-care professionals who participate in the career fair as well as their mentors who are the NOSM's students and undergraduate student volunteers from Northern Ontario.

· Leadership: Throughout the week, the CampMed participants are provided with opportunities to observe the leadership skills of their mentors to build on their own leadership skills set as they are placed in situations that give them a safe setting to step out of their comfort zone and challenge themselves to lead.

· Cultural: At CampMed, participants will learn about Francophone and Indigenous health and culture in ways that will broaden their understanding of health needs of Northern Ontario. In simple terms they learn what it means to be a socially accountable health professional. These cultural competencies are woven throughout the week-long curriculum.

· Clinical skills: CampMed offers participants an unique opportunity to get hands-on experience by learning medical and health sciences clinical skills, such as casting, inserting an NG tube, suturing, etc.

For each of the four themes, there is a checklist of activities that campers must complete in order to receive their badge for the particular pillar of learning. The aim is that at the end of the week, CampMed participants will receive a certificate will all four badges to illustrate the knowledge and skills gained during their week at CampMed.

More information about CampMed is available at nosm.ca/campmed.

Upcoming CEPD Events!

Please use the following link:
https://cepdnewsletter.createsend.com/t/ViewEmail/t/5EC3BA0408A8E49D/C67FD2F38AC4859C/?tx=0&previewAll=1&print=1

Faculty Development **(FD)** sessions are geared towards faculty and preceptors teaching in the clinical setting who are working systematically to improve their skills in the following areas:

- Educational teaching
- Leadership skills
- Scholarly activities

Continuing Medical Education (CME) describes activities designed to help those in the medical field maintain competence and learn about new and developing areas of their field.

Continuing Education (CE) refers to recognized learning sessions that are not geared specifically for those in the medical field but rather a broader audience.

External Events are sessions planned by groups in partnerships with NOSM but who consist of members outside of the structured CEPD Program Planning Committees.

Reports and Publications for information

- The Scope
- Pathways to Well-Being

Respectfully submitted,

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

THE GLOBE MAIL

HTTPS://WWW.THEGLOBEANDMAIL.COM/NEWS/NATIONAL/RURAL-MEDICINE-HOW-A-GAMBLE-TO-BRING-IN-DOCTORS-IS-PAYINGOFF/ARTICLE37583884/
HEALTH

Rural medicine: How a gamble to bring in doctors is paying off

Twelve years after the first class began at The Northern Ontario School of Medicine, many remote communities have 'gone from crisis mode to planning mode' thanks to graduates, the majority of which opt to practise in rural areas

ANDRÉ PICARD
SUDBURY
PUBLISHED JANUARY 14, 2018UPDATED JANUARY 15, 2018

When the Northern Ontario School of Medicine was created, it was based on a simple – but untested – premise: If you educate and train physicians in rural and remote northern communities, they will be more likely to practise there.

Twelve years later, the gamble is paying off better than anyone expected: 94 per cent of NOSM graduates who do a family medicine residency in the North stay there to practise, and 69 per cent of all graduates, specialists and GPs alike, have opted to work in remote and rural areas, particularly Northern Ontario.

"Has it worked?" Dr. Roger Strasser, the dean of NOSM asks. "Yes it has. Many northern communities have gone from crisis mode to planning mode thanks to our graduates. But we're still a long way from having the medical care we need in Northern Ontario." One of the success stories is Chapleau, located 850 kilometres north of Toronto. The blue-collar town went years without a physician before three NOSM graduates decided to set up shop for the 3,000 people in a catchment area that includes the township and the nearby reserves.

The trio established a family health team that operates a family medicine clinic, and they staff the ER in the small local hospital, oversee home care and long-term care, and run clinics in the two nearby First Nations communities, Brunswick House and Chapleau Cree First Nation.

"The area went seven years without a family doctor so there was no continuity of care and a lot of people's health was neglected. So, yes, they appreciate us," says Dr. Doris Mitchell, who graduated from NOSM in 2010.

A member of the Brunswick House First Nation, she worked as a nurse for 15 years before applying to medical school.

"I had aspirations to be a physician but I didn't want to leave the North, so NOSM was a perfect fit for me," she says.

Dr. Mitchell says that, after several years of practice, she really appreciates the school's hands-on approach to learning and its emphasis on rural medicine.

"They prepared us not only for the work environment, but for the emotional environment," she said.

Small-town medicine is rewarding because physicians dabble in a bit of everything, from minor surgery (sometimes even on patients' pets) through to trauma care and palliative care.

"The sense of community is wonderful but the reality is that working in your hometown can also be horrible," Dr. Mitchell says. There are unwanted pregnancies, suicides, heart attacks and deaths, and none of the patients are anonymous strangers; sometimes they are even family members and that can be awkward and ethically challenging.

The resources and technology can also be limited. Dr. Mitchell recounts the case of a car-crash victim with five fractures, as well as a perforated bowel and kidney, all of which had to be diagnosed without a CT scan or MRI, and whose care was complicated by the fact a snowstorm delayed the arrival of the air ambulance.

The right fit

The dream of a northern medical school dated back decades. When McMaster University was granted a medical school in 1972, there was hope that a school would also be established at Lakehead University in Thunder Bay. Instead, McMaster created a program to send its students to Northern Ontario for training and residency.

In 1999, the Ontario government established a commission to examine the province's physician supply and distribution problems. That report featured a single line saying the idea of a rural/northern medical school should be investigated.

An expert panel was appointed and they recommended against a school, saying they had reservations about the ability to attract qualified staff and quality training opportunities.

But access problems in the North were dire and the mayors of northern cities lobbied for a home-grown solution.

The Northern Ontario School of Medicine was approved in 2001, and the first class began in 2005, with two campuses, one at Laurentian University in Sudbury and the other at Lakehead University.

Today, NOSM has 64 places, split between the two cities. It gets more than 2,000 applicants annually. Tuition fees are $20,000 a year, middle-of-the-pack among Canada's 17 medical schools.

The selection process favours students from Northern Ontario, those from other parts of rural/remote Canada, francophones and Indigenous students, but there is no affirmative action program. "We consulted with the community and they don't want a quota because they feel it creates stigma," Dr. Strasser says.

NOSM does not use the Medical College Admission Test, because it has never been validated for francophone or Indigenous students. Instead, applicants undergo multiple mini-interviews, many of them involving community members such as patients, activists and First Nations elders.

Kimberley Edwards, a third-year medical student, says NOSM is the only medical school she applied to.

"Because of who I am, it felt like the right fit."

Ms. Edwards is Cree, but was brought up in Carleton Place, a small town outside Ottawa.

Like many NOSM students, she is older – she is 36 – and took a circuitous route to medicine.

After high school, she studied human kinetics at the University of Guelph. "But, to be honest, it didn't go so well. I was one of the only Indigenous students and I didn't feel like I fit in," Ms. Edwards says.

She left school and took a job in a sleep clinic, then went to Mohawk College to learn diagnostic heart sonography. That led to a job at the Ottawa Heart Institute, which sparked an interest in both medicine and the North. (Cardiac patients from Nunavut travel to Ottawa for care and the institute does regular clinics in Iqaluit, something Ms. Edwards loved.)

"Because my grades weren't great, I decided to return to school, and see if I could qualify for med school," she says of her decision to study in the physician assistant program at the University of Toronto. From there, she applied successfully to NOSM.

"I want to practise family medicine, to work with Indigenous people in the North, so the program has been great," Ms. Edwards says.

That decision on her future career was sealed when she spent a month in Moose Factory, not far (in northern terms) from Attawapiskat, where her father was raised.

George Payne, a first-year student, was brought up in Sault Ste. Marie but went south for school, at the University of Guelph, then Waterloo.

He was accepted to three medical schools, but chose NOSM because he wanted to be back in Northern Ontario. "I really missed the winters," he says.

Mr. Payne also loves the intimacy of NOSM. At the Thunder Bay campus, his class is only 28 students, and they mostly do problem-based learning in small groups and lots of field work.

"They really prepare you for the real world here," he says, excitedly recounting how he just returned from a placement with paramedics.

In first year, NOSM students must do a four-week placement in a remote Indigenous community. In second year, there are two two-week stints in rural areas, again often Indigenous communities. (There are more than 200 reserves in Ontario, most in the North.) In third year, there is an eight-month clerkship in one of 15 communities and, in the final year, students spend time in a tertiary hospital in places such as Sudbury or North Bay.

Almost two-thirds of NOSM graduates choose family medicine for their residency, double the national average; one-third chose general specialties and; only 5 per cent chose a subspecialty.

Andrew Ferrier is one who took the subspecialist route. He just began a five-year dermatology program at the University of Alberta in Edmonton.

He has studied both at Lake Forest College near Chicago (on a hockey scholarship) and University of Ottawa – where he earned a PhD in neuroscience – but, as a Métis from Cape Breton, he says rural life "has a big pull on my heart."

Dr. Ferrier had a placement in a dermatology clinic in second year and found his passion. He plans to return to Northern Ontario to practise. That's good news for patients – the wait list to see a dermatologist in Sudbury is more than 18 months. And patients in the North often have to travel to Toronto or Ottawa to see specialists.

Paul Heinrich, CEO of the North Bay Regional Health Centre, says NOSM has played an important role in attracting physicians to the region and retaining them. One in three new doctors at the hospital are NOSM grads.

But other measures have also helped.

A physician who chooses North Bay can qualify for a $25,000 relocation bonus from the regional health centre, and the city matches that amount; the provincial Northern Health Programs also provides an additional $80,000 over four years. In return, the doctor must commit to staying in the city for five years and taking on 1,200 patients.

"But the biggest draw isn't the money; it's the lifestyle," Mr. Heinrich says.

Dr. Renée Gauthier agrees.

She and three partners – all NOSM grads – opened the Northern Shores Medical Clinic after graduation.

"We all wanted to come back home because this is a nice place to live and raise a family," she says.

The clinic has room to take on a dozen physicians in total, and the need is there. North Bay, a city of 50,000, has an estimated 15,000 orphan patients.

François Doiron was a nurse with a family health team in Marathon, Ont., when he discovered his passion for rural medicine.

He applied and was accepted to three medical schools but chose NOSM. Dr. Doiron just graduated and is doing his family medicine residency with the Harbourview Family Health Team in Thunder Bay.

"I plan to practise in the North, so I wanted to be trained in this environment," he says.

While Dr. Doiron is almost two years away from completing his residency, he is already being wooed by several communities to set up a family medicine practice.

"The need is there, that's for sure," he says. "But I want to be careful not to be wooed by the money or the perks. I want to practise where I plan to spend my life."

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

Northern Cancer Fund
Northern Cardiac Fund
Health Sciences Discovery Fund

Report to the Thunder Bay Regional Health Sciences Centre Board of Directors
February 2018

Where do you get your HOPE?
The 21st anniversary of the Bearskin Airlines Hope Classic is fast approaching! This incredible ladies bonspiel weekend is set for February 9-11, 2018 at the Fort William Curling Club. These exceptional ladies have raised **over $2.6M** in support of breast cancer research, education and treatment here in Thunder Bay and throughout Northwestern Ontario. This outstanding event has been pivotal in making the success of the Linda Buchan Centre for Breast Screening and Assessment possible. Curlers will be collecting pledges. To support your fellow friends participating in the event or interested in more details please visit www.bearskinairlineshopeclassic.com.

February is for Hearts!!
Our new Special Event Hops for Hearts takes place Thursday Feb 22, 2018 at Sleeping Giant Breweries. Enjoy delicious tastings of local culinary goodies, each paired with hand-crafted brews. All pallets will be very pleased with both salty and sweet snacks on the menu. Not into beer? No worries! Wine will also be available for purchase all night long. Bring some cash for the games and raffles, because you can win some amazing prizes. Like 2 return tickets anywhere WestJet flies (yes, including Europe and the Caribbean) or a wine fridge filled with an International selection of whites and reds!
Every dollar raised at Hops for Hearts will support local cardiac care right here in Thunder Bay, through the Northern Cardiac Fund. This event Tickets are $75/person and available on line or call **Elaine Graydon, Manager Special Events at 684-7278**

Media Coverage – Contact Heather ext. 7111
Past
- Family CARE Grants (January 23)

What will your legacy be?
February means time for tax planning – thinking ahead to what 2018 will have in store for you and your family. It's important to be sure your plan extends beyond 2018 to the bigger picture of what you want to impact – the things that touch your family and friends closest. It's likely that you or someone you love has been a patient at the Health Sciences Centre in some way – whether as an inpatient, a visit to the Emergency Department or a visitor – you know the impact health can have on all of our lives.
Take some time this month to think about how you could impact healthcare offered in our region. A gift to the Health Sciences Foundation in your will 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.

Want to know where your gift could make a difference? Please contact **Terri Hrkac, Director, Legacy and Major Gifts at 684-7109** for more information.

RESOURCE PLANNING COMMITTEE WORK PLAN

2017-2018

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

#	Accountability	Activity	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
1	Oversight of Management	2017-18 Work Plan for information only		x	x	x	x	x	x	x	x	x		
2	Financial Oversight	ALC, LOS and Emergency Admissions Monthly Report for information only		x	x	x	x	x	x	x	x	x		
3	Financial Oversight	Attestation: Wages and Source Deductions		x	x			x			x			
4	Financial Oversight	Financial Statements and Variance Report		x		x			x			x		
5	Financial Oversight	Financial Statements for information only		x	x		x	x		x	x			
6	Financial Oversight	Investment Policy Annual Review		x										
7	Financial Oversight	Investment Portfolio Reviews		x							x			
8	Financial Oversight	Northern Supply Chain Performance and Medbuy Update		x	x						x			Completed in October
9	Oversight of Management	Work Plan Review 2017-18		x										
10	Oversight of Management	Work Plan Approval 2018-19							x					
11	Governance	Terms of Reference Review 2017-18		x										
12	Governance	Terms of Reference Annual Approval 2018-19							x					
13	Performance Measurement and Monitoring	Corporate Balanced Scorecard			x			x		x				
14	Financial Oversight	H-SAA 2017-18 Operating Plan Agreement			x									
15	Financial Oversight	CAPS Approval					x	x						Completed in January
16	Performance Measurement and Monitoring	Human Resources and Organizational Development Update		x	x	x	x	x	x	x	x	x		
17	Financial Oversight	Broader Public Sector Travel & Expense Report				x						x		
18	Financial Oversight	Budget Planning Targets & Directives Report and Process Update				x								

#	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	x						Completed in 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	x						Re-Approved in January
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		

AUDIT COMMITTEE

2017-2018 WORK PLAN

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

#	Accountability	Activity	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
1	Oversight of Management	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						

FISCAL ADVISORY COMMITTEE

2017-2018

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

#	Accountability	Activity	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
1	Stakeholder Communication and Accountability	Financial Statements and Variance Report				x								
2	Stakeholder Communication and Accountability	Operating Plan 2017-18				x								
3	Stakeholder Communication and Accountability	Q2 2017-18 Financial Review				x								
4	Stakeholder Communication and Accountability	Work Plan 2017-18 Review				x								
5	Stakeholder Communication and Accountability	Financial Statements as at 2017-08-31				x								
6	Stakeholder Communication and Accountability	Financial Statements and Variance Report									x			
7	Stakeholder Communication and Accountability	Operating Budget 2018-19									x			
8	Stakeholder Communication and Accountability	Q3 2017-18 Financial Review									x			
9	Stakeholder Communication and Accountability	Financial Statements as at 2018-02-28									x			
10	Stakeholder Communication and Accountability	Terms of Reference Annual Approval									x			
11	Stakeholder Communication and Accountability	Work Plan 2018-19 Approval									x			
12	Stakeholder Communication and Accountability	ALC, LOS and Emergency Admissions Monthly Report for information only				x					x			
13	Stakeholder Communication and Accountability	Vacancy, Overtime & Sick Time Report				x					x			

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

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

#	Accountability	Activity	As Needed	September	October	November	December	January	February	March	April	May	Presenter	Comments
1	Quality Oversight	Programs & Services Presentations		X	X	X	X	X	X	X	X	X	Dyad Leads	
2	Quality Oversight	Comments / Compliments / Complaints			X				X				C. Covino	
3	Quality Oversight	Credentialing and Licensing Processes for Professional Staff and Health Professionals			X								M. Addison / Dr. M. Langlois	
4	Quality Oversight	Critical Incidents / MAC Recommendations				X					X		C. Covino	
5	Quality Oversight	Emergency Preparedness					X					X	C. Covino /K. Bell/F. Pennie	
6	Quality Oversight	Financial Pressures Relating to Risk	X										P. Myllymaa	
7	Quality Oversight	Patient Safety		X			X			X			S. Craig	
8	Quality Oversight	Infection Prevention & Control Mandatory Patient Safety Indicators									X		H. McIver / K. Bell R. Thompson	
9	Quality Oversight	Accreditation			X				X				G. Ferguson	
10	Quality Oversight	Quality and Risk Management Policies							X				C. Covino	
11	Quality Oversight	Quality Improvement Plan Excerpt from Balanced Scorecard			X		X			X			C. Freitag / M. Del Nin	
12	Quality Oversight	Quality Improvement Plan Updates / Approval						X	X				All	
13	Quality Oversight	Risk Management / Enterprise Risk Management			X								C. Covino /K. Bell/F. Pennie	
14	Quality Oversight	Terms of Reference Review		X				X					G. Whitney / C. Covino	Currently being revised, will be reviewed at the Jan. mtg.
15	Quality Oversight	Terms of Reference Approval			X			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	
25	Quality Oversight	Accessibility						X					Ron Turner	

ǧional Health Sciences Centre Board of Directors Work Plan

Revised: February 1, 2018

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						Governnce reviewing in the new year

#	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	Report was provided in November.
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					Will be presented in March
14	Performance Measurement and Monitoring	Strategic plan update	BD						x				
15	Quality Oversight	Research Ethics Board appointments	BD	x									
16	Quality Oversight	Research Ethics Board report	BD									x	
17	Performance Measurement and Monitoring	Scorecard update	BD									x	
18	Governance	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		

Governance and Nominating Committee 2017-18

Updated: February 1, 2018

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 Selction 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	

Page Views: Open Board Meeting Webcast

September 2018 – June 2018

Month	# of Page Views
September, 2017	-
October, 2017	18
November, 2017	26
December, 2017	17
January, 2018	
February, 2018	
March, 2018	
April, 2018	
May, 2018	
June, 2018	
Yearly Total # of Page Views	

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

Thunder Bay Regional Health Research Institute Report for TBRHSC Board – December, 2017 & January, 2018

Submitted by: Jean Bartkowiak, CEO & Abraham Rudnick, VP Research & Chief Scientist
January 30th, 2018

Recruitment is Underway for Three New Joint LU/TBRHRI Research Chairs

Lakehead University, in partnership with the Institute, are recruiting three new joint Research Chairs to replace three vacant scientists positions. Applications are now being accepted for the following positions:

1) Research Chair in Smart Health Technology: to develop, evaluate, and translate knowledge related to smart health technology research, especially in relation to Indigenous people and their communities in Northwestern Ontario;
2) Research Chair in Radiochemistry: to develop, evaluate, and translate knowledge about radiochemistry health research in collaboration with internal and external partners including the use of the local Cyclotron facility; and
3) Research Chair in Biophysics: to collaborate with internal and external partners to develop, evaluate, and translate knowledge in biophysics – particularly medical imaging – health research.

Applications will be reviewed starting on February 28th. To learn more about these career opportunities please visit: http://www.tbrhri.ca/about/careers/general-career-opportunities/ .

Staff & Scientist Announcements

The Institute is pleased to announce that **Dr. Jesse Walker** has been appointed **Director of Cyclotron Operations** effective January 22nd. Jesse is a graduate of the Chemistry and Materials Science PhD program at Lakehead University and has been part of the cyclotron team since August, 2015. We would also like to take this opportunity to thank **Steve Exley** for his assistance and guidance over the past year as interim Director of the facility.

Jesse Walker Terry Fodë Steve Exley

The Institute was proud to have four staff and Scientists nominated for the Walk the Talk Awards this year. On January 23rd, Jean Bartkowiak announced that **Dr. Michael Campbell won the award in the Academic and Research category**. Between 2013 and 2016 Mike and a small team devoted their efforts to plan and oversee the construction and commissioning of the cyclotron and radiopharmacy facility. In January, 2017, Mike was appointed as a Joint LU/TBRHRI Research Chair in Radiochemistry for Molecular Imaging and Advanced Diagnostics, Assistant Professor in the University's Chemistry Department and a Scientist with the Institute.

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

Update on Opportunities for Validation Studies at TBRHRI/TBRHSC

As a participating organization in the CAHO Innovation Broker initiative, the Institute has received approximately four applications per month to review. From July 7th, 2017 to January 19th, 2018 a total of 25 requests have been reviewed. The Institute and the Hospital have decided not to commit to any of the proposals to date as none have met the decision criteria which were highlighted in our November report. The proposals have all related specifically to digital health technology. Although this CAHO initiative will soon be coming to a close, the Institute and the Hospital will continue to use the decision criteria developed to evaluate future proposals.

Grant Awards Received for Research

Dr. Alla Reznik was recently advised that she will receive a NSERC Idea to Innovation Grant award for her project entitled *Advanced Technology for Positron Emission Mammography – market-ready prototype.* The grant is valued at $460,000 over 2 years and will be used by Dr. Reznik and her team to cooperate with Radialis Medical to transfer the advanced technology she has developed into a viable market ready product that will be used for the early detection of breast cancer.

Open Research Projects As of December, 2017, there were 148 open research studies being conducted at TBRHSC/RI. The chart below indicates the program or area in which these studies are taking place.

Program or Service Area	Total Number of Open Studies
Cardiovascular and stroke program	**17**
Chronic disease prevention and management program & medicine services	**25**
Diagnostic services	**7**
Emergency and critical care services and trauma	**11**
Mental health program	**2**
Non-clinical program	**2**
Prevention and screening services	**5**
Regional cancer care	**46**
Supportive, palliative care and telemedicine services	**3**
Surgical and ambulatory services	**21**
TBRHRI	**4**
Women and children's	**5**
Total	**148**

Volunteer Association
to Thunder Bay Regional
Health Sciences Centre

"SUPPORTING PATIENT FAMILY CARE"

BOARD REPORT – December/January 2018

December/January has proven to be very busy ones for the Board. A number of items were completed while others are in the planning stage.

An analysis of donations and scholarships for 2017 was presented to the Board. A comparison to past years showed that these were on par. For example, donations for the purchase of equipment for the hospital, the Family Care Grant, Scholarships to Lakehead University, Confederation College, NOSM, and Student Volunteer Program and Nurses who propose to advance their studies compared favourably with past years. However, since educational costs are rising, the Board increased its Scholarships and bursaries to $2000.

The Board completed its storage move in March. As well, changes were made in the stock room of Seasons, to make that area more efficient and accessible. For example, new cabinets for more storage were completed for the store. The Board thanks Nella Lawrence for her efficiency in organizing this move. Plans are in the works to modernize the Till section in Seasons.

The Craft Group had a Christmas Craft and Bake Sale. They raised over $2000.00 in December. In 2017, their group has raised about $10000. The Board appreciates their generosity of time and talent. As well, our Jewelry Gallery has raised over $15,000 through their promotions held outside Seasons. As well, we continue to encourage our past and present members to donate to the VA as it all goes back to the hospital.

The goal for 2018 is to complete all policies that pertain to the Governance model adopted by this Board. As well, the Board plans to participate in "Our Hearts at Home Cardiovascular Campaign". Lastly, the Board hopes to work on enhancing its image and logo along with Seasons Gift Shop through Social Media.

June 2018 marks the transition of a new President and Vice President for the Volunteer Association. The present Vice President has been shadowing the President to ease that transition.

Margaret Power
President

Respectfully submitted,

Margaret Power (President)