

**Board of Directors  
Open Meeting  
Wednesday, April 4, 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			<b>CALL TO ORDER and WELCOME</b>				
2.0			<b>PATIENT STORY – Dr. Rami Rudnick</b>				
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			<b>PRESENTATIONS/EDUCATION</b>				
4.1	15	Paul Fitzpatrick Glenn Craig	Our Hearts at Home" Cardiovascular Campaign*				X
5.0			<b>CONSENT AGENDA</b>				
5.1	-		Board of Directors Open Meeting Minutes – March 7, 2017*	X			X
5.2	-		Quality Committee Minutes March 21, 2018*				X
5.3	-		Research Ethics Board - Alternate member Nomination*				X
5.4	-		2017 Public Sector Salary Disclosure*				X
5.5	-		Patient Safety and Quality of Care Committee TOR*				X
5.6	-		Selection and Recruitment of Board and Community Members Policy - BD-45*				X
5.7	-		2018-19 Quality Improvement Plan revised targets*				X
6.0			<b>REPORTS AND DISCUSSION</b>				
6.1	10	J. Bartkowiak	Report from the President and CEO*	X			X
6.2	5	Dr. Porter	Report from the Chief of Staff*				X
6.3	5	DM. Perry	Report from the Chief Nursing Executive*				X
6.4	5	Dr. Moody-Corbett	Report from the Northern Ontario School of Medicine*				X
6.5	5	Dr. Davenport	Report from the Professional Staff Association*				X
6.6	5	G. Craig	Report from the Foundation*				X
7.0			<b>COMMITTEE MATTERS</b>				
7.1	5	G. Whitney	Quality Committee 7.1.1 Report from the Chair of the Quality Committee				X
7.2	5	G. Walsh	Resource Planning Committee 7.2.1 Report from the Chair of the Resource Planning				X

#	Time (X)	Presenter	Item & Purpose (Y)	Expected Outcome (Z)			
				Recommendation /Decision/Action	Education	Discussion	Information
			Committee				
7.3	5	J. Friday	Audit Committee 7.3.1 Report from the Chair of the Audit Committee				X
7.4	5	D. Mannisto	Governance and Nominating Committee 7.4.1 Report from the Chair of the Governance and Nominating Committee				X
8.0	FOR INFORMATION						
8.1	-		Board and Committee Work Plans*				X
8.2	-		Webcast Statistics*				X
8.3	-		Report from the Health Research Institute*				X
8.4	-		Report from the Volunteer Association				X
8.5	-		Dr. Don Berwick, President Emeritus and Senior Fellow, Institute for Healthcare Improvement Article - Calls for less data, more civility in medicine*				X
8.6	-		André Picard, Globe and Mail Article – Health care spending international comparisons*				X
9.0	BOARD MEMBER COMMENTS					X	
10.0	DATE OF NEXT MEETING – May 2, 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)**  
**April 4, 2018 – DRAFT**

<b>Agenda Item</b>	<b>Committee or Report</b>	<b>Motion or Recommendation</b>	<b>Approved or Accepted by:</b>
3.3	Agenda – April 4, 2018	“That the Agenda be approved as circulated.”	Moved by: Seconded by:
5.0	Consent Agenda	<p>“That the Board of Directors:</p> <p>5.1 Approves the Board of Directors Minutes of March 7, 2018;</p> <p>5.2 Accepts the Minutes of the Quality Committee meeting of March 21, 2018;</p> <p>5.3. Appoints Dr. Mark Thibert, to a three (3) year term effective immediately to March 1, 2021, as an alternate member knowledgeable in relevant research disciplines, fields and methodologies, who is a physician, as recommended by the Research Ethics Board;</p> <p>5.4 Accepts the Public Sector Salary Disclosure for the Year 2017, recommended by the Resource Planning Committee;</p> <p>5.5 Approves the Quality and Patient Safety Committee (formerly Quality Committee) Terms of Reference, as recommended by the Governance and Nominating Committee;</p> <p>5.6 Approves Policy BD-45 ‘Selection and Recruitment of Board and Community Members’, as recommended by the Governance and Nominating Committee;</p> <p>5.7 Approves the 2018-19 Quality Improvement Plan Patient Experience Survey Results Target Updates, as recommended by the Quality Committee,</p> <p>as presented.”</p>	Moved by: Seconded by:
6.0	Reports and Discussion	<p>“That the Board of Directors accepts reports dated April 4, 2018 from the:</p> <p>6.1 President and CEO;</p> <p>6.2 Chief of Staff;</p> <p>6.3 Chief Nursing Executive;</p> <p>6.4 Northern Ontario School of Medicine;</p> <p>6.5 Professional Staff Association;</p> <p>6.6 Foundation,</p> <p>as submitted.”</p>	Moved by: Seconded by:





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Centre

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Board of Directors  
Conseil d'administration

**Report from Nadine Doucette  
Chair, Board of Directors  
April 4, 2018**

The Thunder Bay Regional Health Sciences Centre Board of Directors is comprised of community volunteers who are committed the Mission to deliver a quality patient experience in an academic health care environment that is responsive to the needs of the population of Northwestern Ontario. The Governance and Nominating Committee of the Board began its annual process to recruit interested Northwestern Ontario residents to consider serving as members of the Hospital Board of Directors or its Board Committees. Successful candidates are expected to participate actively in governance activities for a three year term. Applications are now under review, and I look forward to introducing successful candidates following our Annual General Meeting on June 21, 2018.

I am pleased to report that the Quality Committee of the Board of Directors approved the Hospital's Quality Improvement Plan (QIP) for 2018/19. The QIP identifies specific Quality Improvement indicators identified in five themes: Safe; Timely; Effective; Efficient; Equitable, and; Patient Centred. Quality improvement is an ongoing process that helps continually find new and better ways to enhance care for patients, increase satisfaction and achieve even better clinical outcomes. The QIP guides actions and supports performance monitoring. As part of a commitment to transparency, the QIP is sent to Health Quality Ontario, and also posted on the Hospital's website at [www.tbrhsc.net](http://www.tbrhsc.net).

Many people were engaged in the development of the QIP, including Patient Family Advisors, physicians and staff. I am grateful to those who have contributed to ensure our QIP is meaningful and reflects the priorities of the people served by our Hospital.

The QIP is one of the tools applied to enhancing Quality at our Hospital. Over the past year, a great deal of work has been completed to support continued improvement. Because of this, Quality will be the focus of the Annual General Meeting to be held June 21, 2018. Further details are forthcoming.

Finally, I am pleased to share that the Government of Ontario recently announced \$5.7 million in extra funding to our Hospital for stabilization and service enhancements in the 2018-19 fiscal year. The new funding will allow our hospital to continue to reduce wait times, address capacity issues and meet the specific needs of people living in our region. This was welcome news, and, on behalf of the Board of Directors, I thank our MPPs Michael Gravelle and Bill Mauro, and the Minister of Health and Long-Term Care, Dr. Helena Jaczek, for their continued support.



# Saving Lives

Bringing Life-Saving Cardiovascular  
Surgery to Northwestern Ontario

A special presentation for:



Thunder Bay Regional  
**Health Sciences  
Centre**



Thunder Bay Regional  
**Health Sciences  
Foundation**







Thunder Bay Regional  
Health Sciences Centre



Peter Munk Cardiac Centre  
University Health Network

Two Sites,  
One Program

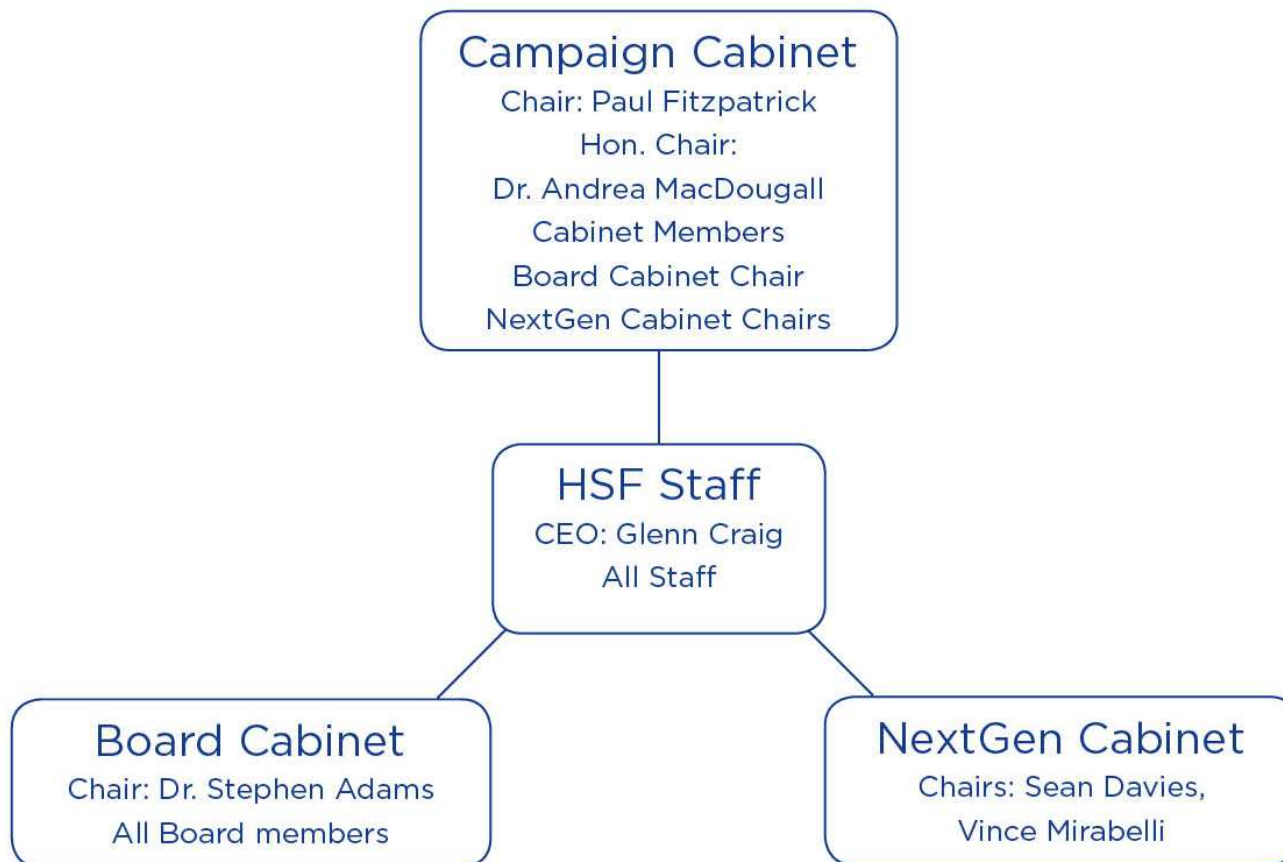


# \$32M Project





# Campaign Organization



# Our Cabinet

Paul Fitzpatrick, Chair

Dr. Andrea MacDougall, Honourary Chair

Dr. Stewart Kennedy, Executive Cabinet

Wayne Maunula, Executive Cabinet

Dr. Gordon Porter, Executive Cabinet

Tullio Provenzano, Executive Cabinet

Dan Topatigh, Executive Cabinet

Murray Walberg, Executive Cabinet

Eric Zakrewski, Executive Cabinet

Dr. Stephen Adams, Chair, Board Cabinet

Sean Davies, Co-Chair, NextGen Cabinet

Vince Mirabelli, Co-Chair, NextGen Cabinet

Pat Bushby

Suzanne Christie

Eva Jones

Wendy Landry

Tere McDonald

Bruno Niederer

Michael Sargent

Doug Vanderwey

Donna Yocom



Dedication to  
Our Community

# Timeline

## Quiet Phase 1 (Apr 17-Mar 18)

- Develop Campaign Plan – 2017- 2021
- Internal readiness - Hospital and Foundation Staff
- Finalize budget and gift table
- Communications plan & marketing material developed
- Executive Cabinet in Place
- Identification & Solicitation of Lead Gifts \$500K+
- Cultivate \$100k+ gifts
- Special Event planning

## Quiet Phase 2 (Apr 18-Mar 19)

- Campaign Cabinet in place
- Major Gift Solicitation (\$25k+) & Prospect Development
- Tours, Presentations, Receptions
- Regional Engagement
- Physician, Employee, Boards, Volunteer Engagement
- NextGen Cabinet in place (Sept 2018)
- Community Engagement Planning
- Communications/marketing prepared for launch

## Public Phase (Apr 19-Apr 20)

- Campaign Launch (approx Apr 20)
- Continue to Solicit Major Gifts (\$10k+)
- Major Gift announcements
- Media/marketing launched
- Direct mail launched
- Special Events/Community-led Events
- Social media/crowdfunding

## Finish (Apr 20)

- Campaign Celebration
- Continued Gift Announcements
- Campaign Team Thank You
- Stewardship Reports
- Funding in Place for Cardiovascular Surgery Program



# Thank You

A special presentation for:



Thunder Bay Regional  
**Health Sciences  
Centre**



Thunder Bay Regional  
**Health Sciences  
Foundation**

Our  
**Hearts**  
at  
**Home**   
Cardiovascular Campaign



## Board of Directors - Open

Wednesday, March 7, 2018

Boardroom – 5:00 p.m.

### Action

#### Present:

Nadine Doucette ( <i>Chair</i> )	Dr. Eric Davenport*	Joy Wakefield
Jean Bartkowiak*	John Friday	Anita Jean
Dr. Gordon Porter*	Eric Zakrewski	Matt Simeoni
Dr. Rhonda Crocker Ellacott*	Patricia Lang (tcon)	Micheal Hardy
Dick Mannisto	Dr. Penny Moody-Corbett (tcon)	

#### By Invitation – Senior Leadership:

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

#### By Invitation:

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

#### Regrets Board of Directors:

Grant Walsh	Gary Whitney	Gordon Wickham
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#### 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. The Chair welcomed Dr. Eric Davenport who was elected as the President of the Professional Staff Association (PSA) at their Annual General Meeting held on March 6, 2018. Dr. Mark Thibert who served as President of the PSA for almost four years, and therefore as an ex-officio member of the Hospital Board was recognized for his contribution. Lastly, as this was Dr. Mark Henderson's last participation at the meeting prior to his retirement, he was thanked for his years of service in both his clinical and administrative roles.

### 2.0 PATIENT STORY

Dr. Rhonda Crocker Ellacott, Executive Vice President, Patient Services, and Chief Executive Officer, shared a story regarding a patient who became a Patient and Family Advisor after receiving cancer care at the Hospital.



3.1 **Quorum** – Quorum was attained.

3.2 **Conflict of Interest** - None.

3.3 **Approval of the Agenda**

*Moved by:* Anita Jean

*Seconded by:* Dick Mannisto

*Motion*

*“That the Agenda be approved, as presented.”*

**CARRIED**

3.4 **Chair’s Remarks** – for information

4.0 **PRESENTATIONS**

4.1 **Physician Recruitment Plan**

Dr. Stewart Kennedy, Executive Vice President, Medical and Academic Affairs, provided a physician recruitment plan update. Dr. Kennedy reported that 87% of the physician positions are currently filled.

Successes in the following specialties were noted that now have a full complement: Urology, Pathology, Gastroenterology, Psychiatry (Adult Mental Health) and Vascular Surgery. It was noted that several of those physicians are scheduled to begin their practice in the coming months.

Ideally, the Hospital would prefer to decrease the number of Hospitalists while increasing the number of General Practitioners (GPs) that would follow their patients when they are hospitalized. It’s anticipated that this would increase the safety and continuity of care and reduce the financial strain on the Hospital budget.

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

4.2 **2020 Strategic Plan Update**

Ms. Carolyn Freitag, Director, Strategy and Performance and Mr. Michael Del Nin, Manager, Decision Support provided a brief overview of the 2017-18 third quarter 2020 Strategic Progress report. A Director questioned how the hand hygiene data is collected; It was explained that previously, a student observed staff and visitors behaviour as a “secret





shopper", however currently, Managers are now observing, tracking and reporting staff performance. A new infection control software will be launched next year.

## 5.0 CONSENT AGENDA

Moved by: Micheal Hardy  
Seconded by: Eric Zakrewski

Motion

*"That the Board of Directors:*

*5.1 Approves the Board of Directors February 7, 2018 session minutes;*

*5.2 Accepts the Minutes of the February 21, 2018 Quality Committee meeting;*

*5.3. Appoints Dr. Olexiy Aseyev, to a three (3) year term to the Research Ethics Board effective immediately until February 1, 2021, as a core member knowledgeable in relevant research disciplines, fields and methodologies-MD,*

*as presented."*

## CARRIED

## 6.0 REPORTS AND DISCUSSION

### 6.1 Report from the President & CEO

As requested by Board members, the President & CEO combined his and the Senior Leadership Team members's reports focusing on progress made to achieve the 2020 Strategic Directions 2017-18 objectives as well as relevant political developments and urgent or challenging tactical developments.

The Hospital is operating a 32 beds Transitional Care Unit (TCU) at Hogarth Riverview Manor that is contractually expected to close on March 31, 2018. The Hospital is engaging system partners to keep the TCU beds open for another 3 to 16 months to allow for St-Joseph's Care Group to recruit the required staff complement to operate the entire unit (64 beds).

Given the overcapacity situation is still critical, strategies are being explored to host alternate level of care (ALC) patients from the Hospital to another facility which would be staffed and operated by the Hospital. Some Board members expressed concern in deviating from the Hospital's mandate in providing acute care, however Staff advised that these discussions are very preliminary in nature and no decisions have been made.

Board members appreciated the new format of the report.



#### 6.1.1 Annual General Meeting Theme

The Senior Leadership Council (SLC) discussed various ideas for suggested themes for the Annual General Meeting on June 21, 2018. Given the recent Board retreat, SLC suggested to focus the AGM on governance oversight and quality of care and to invite a speaker from Health Quality Ontario (HQQ). Board members were supportive of the theme.

6.2 Report from the Chief of Staff – For information.

6.3 Report from the Chief Nursing Executive – For information.

6.4 Report from the Northern Ontario School of Medicine

Dr. Moody-Corbett reported that Dr. Cathy Cervin has been appointed at the Vice Dean, Academics, and that Dr. David Marsh has stepped down from his position from the Association Dean of Community Engagement; recruitment to fill this position has begun.

6.5 Report from the Professional Staff Association (PSA) – None

6.6 Report from the Foundation – For information.

Moved by: Joy Wakefield

Seconded by: Matt Simeoni

Motion

*"That the Board of Directors accepts reports dated March 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."*

**CARRIED**

#### 7.0 COMMITTEE MATTERS

##### 7.1 Quality Committee



### 7.1.1 Report from the Chair of the Quality Committee

Ms. Anita Jean spoke to the updates from the Quality Committee on behalf of the Committee Chair. The Committee recommended that the Board members meet to have a mock interview in preparation for the visit from Accreditation Canada; this will be scheduled prior to May 15, 2018 (NB – this is on the April 4 in-camera Board agenda). One major point of discussion at the last meeting was the complaints process; many initiatives are being undertaken to improve this process and to capture all patient populations.

*Dr. Penny Moody-Corbett was excused from the meeting.*

### 7.1.2 2018-19 Quality Improvement Plan

Under the direction of HQO, the Hospital is required to submit a Quality Improvement Plan annually and make the document available to the public. The Quality Committee has completed its due diligence by thoroughly vetting and discussing the material at length.

*Moved by: Anita Jean*  
*Seconded by: Matt Simeoni*

*Motion*

*“Whereas the Quality Committee duly reviewed the 2018-19 Quality Improvement Plan, and,  
Whereas the Hospital must demonstrate accountability by advancing a quality patient experience that is socially and fiscally accountable,*

*Be it resolved,*

*That upon recommendation from the Quality Committee, the Board of Directors approves the 2018-19 Quality Improvement Plan, as recommended by the Quality Committee.”*

### CARRIED

*Moved by: Anita Jean*  
*Seconded by: Eric Zakrewski*

*Motion*

*“Whereas the Quality Committee duly reviewed the Performance Based Executive Compensation Framework for inclusion in the 2018-19 Quality Improvement Plan, and,  
Whereas the Hospital must demonstrate accountability by advancing a quality patient experience that is socially and fiscally accountable,*





*Be it resolved,*

*That upon recommendation from the Quality Committee, the Board of Directors approves the Performance Based Executive Compensation Framework for inclusion in the 2018-19 Quality Improvement Plan, as recommended by the Quality Committee."*

### **CARRIED**

It was noted that the 2018-19 targets were set using the data that was available at that time, however data from the third quarter has been now received and some of the targets have not been set high enough. The three patient experience indicators will have more challenging targets and will be brought to the upcoming Quality Committee for endorsement.

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

## **7.2 Resource Planning Committee**

### **7.2.1 Report from the Chair of the Resource Planning Committee**

Mr. John Friday spoke on behalf of the Chair of the Resource Planning Committee which met on February 20, 2018, where Executive Compensation, impacts of overcapacity, sicktime and overtime were discussed. The Committee reviewed the Q3 Financial Statements and the Hospital currently has a small surplus at the moment.

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

## **9.0 BOARD MEMBERS COMMENTS**

Two Board members commented that they were recently patients in the Hospital and commended the Staff and Physicians on the care that they received. A special note was



made on the reduction of wait times in the Fracture Clinic.

**10.0 DATE OF NEXT MEETING** – April 4, 2018

**11.0 ADJOURNMENT** - The meeting adjourned at. 6:04 p.m.

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Chair

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Board Secretary

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Recording Secretary

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## Quality Committee

March 21, 2018

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

**Present:**

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

**Regrets:** Dave Van Wagoner

**By Invitation:**

Derek Gascoigne, General Manager, Purchasing/Northern Supply Chain  
Carolyn Freitag, Director, Strategy & Performance Improvement  
Mike Del Nin, Director Decision Support  
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: Eric Zakrewski

Seconded by: John Friday

*"The agenda be approved as circulated."*

*Motion*

**CARRIED**

2.0 **PRESENTATIONS/REPORTS**

*Mr. Derek Gascoigne was welcomed to the meeting.*

2.2 **Northwest Supply Chain**

Mr. Derek Gascoigne, Manager, Purchasing/Northern Supply Chain provided an overview of the Northern Supply Chain (NSC). The NSC supports its members through a consolidate strategic sourcing model that drives cost efficiencies. The NSC is comprised of 13 hospitals within LHIN 14, 24 hospitals within LHIN 13 and 37 associate members. Mr.



Gascoigne highlighted the success below:

- Commitment to convert all newly awarded contracts with Medbuy that maintain or enhance clinical outcomes.
- Implemented Data Management cleansing program to 19 hospitals in the Northeast.
- Steering Committee satisfaction results have an 88.7% rating.
- Customer satisfaction results have a 93.4 rating.
- The warehouse maintains an accuracy level of 99.4%.
- Two PFA's have now joined the Product Evaluation Committee.

A discussion took place regarding sustained periods of shortage of critical supplies. Mr. Gascoigne informed the group that the GHX tool allows us to see usage by Hospital so items are distributed to volumes of their usage. TBRHSC and St. Joes both have their own warehouses and will never be jeopardized, product distribution is prorated.

The NSC is very proactive and maximizes buying power in everything they do.

*Mr. Derek Gascoigne was excused from the meeting.*

*Mr. Mike Del Nin was welcomed to the meeting.*

*Ms. Carolyn Freitag was welcomed to the meeting.*

### **2.3 Patient Safety**

Patient Safety has been deferred to the April 11, 2018 meeting.

### **2.3 Quality Improvement Plan**

Mr. Mike Del Nin, Director, Decision Support and Ms. Carolyn Freitag, Director, Strategy and Performance presented the recommended revised 2018-19 Quality Improvement Plan (QIP) patient experience survey results targets. The Hospital's 2017-18 patient experience survey results are improving but the Ontario Academic Hospital average is improving as well. Because of the variables, setting a realistic 2018-19 target at this point is difficult. It is recommended that the Hospital set 2018-19 QIP patient experience survey targets based on:

- If the Hospital's 2017-18 Q4 YTD are less than 2017-18 Ontario Academic Hospital average: 2017-18 Q4 YTD + 1% improvement.
- If the Hospital's 2017-18 Q4 YTD are equal to or greater than 2017-18 Ontario Academic Hospital average: 2017-18 Q4 YTD + .5% improvement.
- It is also recommended that the Hospital detail its target methodology in its 2018-19 QIP workplan.



Moved by: Eric Zakrewski  
Seconded by: John Friday

Motion

*"Whereas the Quality Committee duly reviewed the 2018-19 Quality Improvement Plan revised targets, and,  
Whereas the Hospital must demonstrate accountability by advancing a quality patient experience that is socially and fiscally accountable,  
Be it resolved,  
That the Board of Directors approves the 2018-19 Quality Improvement Plan Patient Experience Survey Results Target Updates, as recommended by the Quality Committee."*

**CARRIED**

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

**2.4 Chief of Staff Report**

Dr. Gordon Porter, Chief of Staff, gave an update on next wave of QBP order sets which have now been approved. He informed the group that work continues and QBP rounds are going well. We have been asked to participate in the development of standardized order sets for opioid use using Think Research to drive and develop the order sets. We will be one of two test sites in Northwestern Ontario.

**3.0 CONSENT AGENDA**

Moved by: Joy Wakefield  
Seconded by: Nadine Doucette

Motion

*"That the Quality Committee of the Board approves the Quality Committee of the Board minutes of March 21, 2018, and receives the Research Ethics Board minutes of January 22, 2018, 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 Infection Control Resource Team**

Ms. Cathy Covino, Senior Director, Quality and Risk Management provided an update on the Infection Control Resource Team site visit. The Public Health Ontario Infection Control Resource Team (ICRT) will be on site March 28, 2018. The ICRT will provide advice, recommendations and support to manage the recent VRE outbreaks. Further information will be provided to the Quality and Patient Safety Committee at the next meeting.

### **5.2 Quality and Patient Safety – Governance Toolkit**

Ms. Cathy Covino, Senior Director, Quality and Risk Management provided an update on Chapter 5 of the Quality and Patient Safety Governance Toolkit which focuses on aligning priorities, measurement and reporting. It was mentioned that in addition to quantitative performance data, consideration should be given to qualitative data sources as a way to have the Board hear from patients and families regularly. It was recommended to Committee members to read the article regarding Quality guru Don Berwick who calls for less data, more civility in medicine.

### **5.3 Terms of Reference**

The Quality Committee of the Board has now been changed to the Patient Safety and Quality of Care Committee.

### **5.4 Board Retreat Summary**

Ms. Cathy Covino, Senior Director, Quality and Risk Management provided a summary on the Board retreat. Board members were asked to complete a short survey regarding the questions that emerged at the Board Retreat (attached).

## **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 April 11, 2018.

#### 10.0 ADJOURNMENT - The meeting adjourned at 6:30 p.m.

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DRAFT



Thunder Bay Regional  
Health Sciences  
Centre

980 rue Oliver Road  
Thunder Bay ON  
P7B 6V4 Canada

Tel: (807) 684-6000  
[www.tbrhsc.net](http://www.tbrhsc.net)

March 21st, 2018

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

**Re: Research Ethics Board (REB) Member Appointment**

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Dear Ms. Doucette:

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

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

- Dr. Mark Thibert – alternate member knowledgeable in relevant research methodologies (physician)

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

Sincerely,

Dr. Peter Voros, C. Psych.  
Chair, Research Ethics Board  
Thunder Bay Regional Health Sciences Centre  
[researchethics\\_chair@tbh.net](mailto:researchethics_chair@tbh.net) 807-684-6440

**ATTESTATION TO THE  
RECORD OF EMPLOYEES' 2017 SALARIES AND BENEFITS**

**ATTESTATION RELATIVEMENT AU  
REGISTRE DES TRAITEMENTS ET AVANTAGES VERSÉS AUX  
EMPLOYÉS EN 2017**

Thunder Bay Regional Health Sciences Centre

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(Name of Organization / nom de l'organisation)

To the best of my knowledge and belief, the information provided on the Record of Employees' Calendar Year 2017 Salaries and Benefits is complete, accurate, reliable, is in accordance with the *Public Sector Salary Disclosure Act, 1996*, and meets the filing requirements as provided by the Ministry of Finance.

À ma connaissance, les renseignements figurant dans le Registre des traitements et avantages versés aux employés pour l'année civile 2017 sont complets, exacts, fiables et conformes à la *Loi de 1996 sur la divulgation des traitements dans le secteur public*. De plus, ils respectent les exigences en matière de présentation de documents fixées par le ministère des Finances.

Jean Bartkowiak

President & CEO

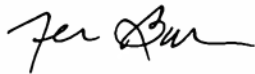
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**Name / Nom**

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

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**Position Title / Poste**



March 7, 2018

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**Signature / Signature**

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**Date / Date**

Prepared under the *Public Sector Salary Disclosure Act, 1996*

Préparée en vertu de la

*Loi de 1996 sur la divulgation des traitements dans le secteur public*

Last Name	First	Title	Gross	Taxable Income
Adduono	Allyson	Nurse Practitioner / Infirmier(ère) praticien(ne)	109,731.93	442.85
Albanese	Sean	Pharmacist / Pharmacien(ne)	103,455.36	381.56
Allain	Michelle	Bioethicist / Bioéthicienne	105,199.91	427.68
Alliett	Ashley	Nurse Practitioner / Infirmier(ère) praticien(ne)	111,042.58	1,041.99
Amadeo	Jessica	Pharmacist / Pharmacien(ne)	104,820.15	381.56
Arjune	Banskumar	Senior Medical Physicist / Physicien(ne) médical(e) principal(e)	192,657.95	471.72
Armenti	Dino	Director Financial Services / Directrice, Services financiers	108,800.68	1,092.96
Baregzay	Boran	Registered Nurse / Infirmier(ière) autorisé(e)	111,200.91	0.00
Barrie	Carina	Nurse Practitioner / Infirmier(ère) praticien(ne)	110,004.80	439.68
Barrie	Laura Lee	Manager Surgical Units / Gestionnaire, Services de chirurgie	105,195.90	427.68
Barro	John	Director Information Technology / Directeur, Services d'information	118,906.19	1,083.28
Bartkowiak	Jean	President & CEO / Président directeur général	375,000.06	7,526.04
Bean	Kathryn	Nurse Practitioner / Infirmier(ère) praticien(ne)	122,269.75	447.15
Beck	Lisa	Director Emergency, Trauma, & Critical Care / Directrice, Urgences, Traumatologie et soins intensifs	133,196.78	541.52
Belanger	Tyler	Pharmacist / Pharmacien(ne)	102,825.85	381.00
Bertoldo	Lawrence	Pharmacy Clinical Lead / Chef clinique, Pharmacie	126,872.14	423.78
Bishop	Debra	Nurse Practitioner / Infirmier(ère) praticien(ne)	111,920.11	451.14
Bjorn	Amanda	Vice President Human Resources / Vice-présidente, Ressources humaines	172,056.23	3,105.00
Blais	Carmen	Aboriginal Engagement Lead / Responsable de l'engagement autochtone	103,998.35	196.38
Bloskie	Vivian	Registered Nurse / Infirmier(ière) autorisé(e)	110,053.34	358.14
Blouin	Donna	Registered Nurse / Infirmier(ière) autorisé(e)	104,171.83	312.98
Boyd	Cindy	Registered Nurse First Assist (OR) / Infirmière autorisée et première assistante (salle d'opération)	100,297.15	415.59
Bubar	Dawn	Senior Director Infomatics / Directrice principale de l'informatique	133,196.88	541.52
Bubnick	Susanne	Registered Nurse / Infirmier(ière) autorisé(e)	109,141.37	364.98
Buob-Corbett	Susan	Registered Nurse / Infirmier(ière) autorisé(e)	141,495.34	0.00
Burdick	Lauranne	Registered Nurse / Infirmier(ière) autorisé(e)	104,969.89	364.98
Butvin	Gail	Registered Nurse / Infirmier(ière) autorisé(e)	102,274.36	0.00
Caccamo	Tina	Registered Nurse / Infirmier(ière) autorisé(e)	115,591.31	0.00
Campbell	Lorraine	Occupational Health and Safety Lead / Responsable de la Santé et sécurité au travail	103,318.99	422.26
Capulak Tinnes	Sherri-Anne	Psychological Associate / Associé(e) en psychologie	106,459.34	399.78
Carr	Amy	Director Human Resources / Directrice, Ressources humaines	124,234.88	1,107.20
Carr	Georgia	Manager Laboratory / Gestionnaire, Laboratoire	105,195.90	1,027.68
Chesterman	Andrew	Registered Nurse / Infirmier(ière) autorisé(e)	100,279.89	323.82
Chicoine	Jocelyn	Registered Nurse / Infirmier(ière) autorisé(e)	100,610.54	358.14
Chony	Robert	Pharmacist / Pharmacien(ne)	107,552.10	381.56
Copetti	Adrianno	Director Information Systems Applications / Directeur des applications en systèmes d'information	118,906.22	483.28
Covino	Cathy	Senior Director Quality & Risk Management / Directrice principale de la gestion de la qualité et des risques	134,196.85	545.68



Last Name	First	Title	Gross	Taxable Income
Crocker-Ellacott	Rhonda	Executive Vice President, Patient Care Services & Chief Nursing Executive / Vice-présidente directrice des Services de soins aux patients et infirmière en chef	234,691.59	3,608.64
Cully	Carrie	Registered Nurse / Infirmier(ière) autorisé(e)	103,063.17	53.24
Danner	Ursula	Nurse Practitioner / Infirmier(ère) praticien(ne)	109,153.62	447.15
Del Nin	Michael	Director Decision Support / Gestionnaire, Soutien décisionnel	112,332.61	455.85
Desramaux	Carina	Pharmacist / Pharmacien(ne)	102,537.46	375.20
Diner	Trina	Manager Regional Stroke Program / Gestionnaire, Proramme régional de traitement des accidents cérébrovasculaires	101,984.57	394.80
Docherty	Andrea	Director Regional Cancer Program / Directrice, Programme régional de cancérologie	131,866.03	1,136.66
Edwards	Crystal	Director Women & Children's Program / Directrice, Programmes pour femmes et enfants	109,967.24	1,047.28
Emery	Deborah	Manager Pharmacy / Gestionnaire, Pharmacie	118,906.20	483.28
Endaya	Katrina	Registered Nurse / Infirmier(ière) autorisé(e)	103,702.16	354.06
Erickson	Christine	Manager Operating Room / Gestionnaire, Salle d'opération	104,144.89	423.60
Fehrling	Debbie	Registered Nurse / Infirmier(ière) autorisé(e)	123,070.94	364.98
Fisher Olibris	Dianne	Charge Nurse / Infirmier(ière) responsable	101,669.86	380.31
Fox	Grace	Nurse Practitioner / Infirmier(ère) praticien(ne)	112,214.25	451.14
Freitag	Carolyn	Director Strategy & Performance Improvement / Directrice, Stratégies et amélioration du rendement	118,906.23	483.28
Gascoigne	Derek	General Manager Northern Supply Chain / Gestionnaire, Chaîne d'approvisionnement du Nord	175,801.75	714.92
Gellert	Beverley	Manager Medical Services / Gestionnaire, Services médicaux	105,195.90	427.68
Giardetti	Michael	Director Northern Supply Chain / Directeur, Chaîne d'approvisionnement du nord	108,988.20	442.96
Gibbons	Stephen	Registered Nurse / Infirmier(ière) autorisé(e)	106,351.82	358.14
Gleeson	Dawne	Charge Nurse / Infirmier(ière) responsable	107,049.17	374.10
Gosgnach	Charlene	Pharmacist / Pharmacien(ne)	103,516.31	381.56
Grenier Buchan	Rita	Manager Nursing Resource Team / Gestionnaire, Équipe de ressources en soins infirmiers	105,195.90	427.68
Gurney	Terri	Manager Cardiac Cath Lab / Gestionnaire, Laboratoire de cathétérisme cardiaque	105,196.16	427.68
Guzzell	Rita	Registered Nurse / Infirmier(ière) autorisé(e)	101,842.72	364.98
Hart	Edith	Registered Nurse / Infirmier(ière) autorisé(e)	113,723.77	358.14
Heintzman	Angela	Pharmacist / Pharmacien(ne)	107,726.92	381.56
Henderson	Mark	Executive Vice President, Patient Care Services & Regional Vice President Cancer Care Ontario / Vice-président directeur des Services de soins aux patients et vice-président régional d'Action Cancer Ontario	319,999.68	3,376.68
Herman	Karen	Registered Nurse / Infirmier(ière) autorisé(e)	106,141.13	0.00
Heron	Anne-Marie	Executive Director Capital Planning & Operations / Directrice générale de la planification des immobilisations et des opérations	168,862.76	687.20
Hill	Sherry Lynn	Registered Nurse / Infirmier(ière) autorisé(e)	112,379.23	0.00
Howk Ventrudo	Sharon	Psychological Associate / Associé(e) en psychologie	108,522.81	399.78
Hughes	Susan	NEODIN Application Administrator / Administratrice d'applications NEODIN	104,953.24	1,405.92
Jaspers	Sharon	Nurse Practitioner / Infirmier(ère) praticien(ne)	109,801.95	447.15
Johnston	Paul	Psychologist / Psychologue	101,681.19	375.90
Kennedy	Karen	Registered Nurse / Infirmier(ière) autorisé(e)	110,504.33	364.98
Kennedy	Stewart	Executive Vice President, Medical & Academic Affairs / Vice-président directeur aux affaires médicales et universitaires	239,999.76	3,376.68

Last Name	First	Title	Gross	Taxable Income
Kepka	Leslie	Registered Nurse / Infirmier(ière) autorisé(e)	101,686.10	0.00
Khabad	Marianna	Pharmacist / Pharmacien(ne)	104,623.90	381.56
Korol	Allan	Manager Biomedical Services, Maintenance and Plant / Gestionnaire, Services biomédicaux, Entretien, et Usine	101,924.23	994.80
Kovac	Kristen	Nurse Practitioner / Infirmier(ère) praticien(ne)	110,421.37	441.99
Kozlowski	Craig	Manager Surgical Units / Gestionnaire, Services de chirurgie	101,030.86	610.71
Kroker	Laurie	Nurse Practitioner / Infirmier(ère) praticien(ne)	110,469.52	1,030.41
Kuzmich	Jill	Registered Nurse / Infirmier(ière) autorisé(e)	108,347.03	342.22
Lachance	Amanda	Registered Nurse / Infirmier(ière) autorisé(e)	115,716.83	0.00
Langlois	Michelle	Manager Medical Affairs / Gestionnaire, Affaires médicales	105,195.91	427.68
Lawrence	Nella	Manager Capital Planning & Facilities / Gestionnaire, Planification des immobilisations et Installations	105,195.91	213.00
Lazinski	Rose	Manager Occupational Health and Safety / Gestionnaire, Santé et sécurité au travail	100,182.36	500.22
Lester	Alison	Pharmacist / Pharmacien(ne)	104,940.89	381.56
Lightbody	Kim	Registered Nurse / Infirmier(ière) autorisé(e)	101,778.13	358.14
Lozier	Lise	Registered Nurse / Infirmier(ière) autorisé(e)	100,117.12	358.14
MacAskill	Liane	Manager Surgical Units / Gestionnaire, Services de chirurgie	105,195.90	427.68
MacCabe	Deborah	Manager Medical Services / Gestionnaire, Services médicaux	105,683.23	427.68
MacDonald	Dawn	Manager Surgical Units / Gestionnaire, Services de chirurgie	119,131.97	427.68
Madelozo-Pelletier	Jeniffer	Registered Nurse / Infirmier(ière) autorisé(e)	108,615.22	358.14
Madrigal	Glysel	Nurse Practitioner / Infirmier(ère) praticien(ne)	111,315.31	441.99
Maki	Shirley	Registered Nurse First Assist (OR) / Infirmière autorisée et première assistante (salle d'opération)	100,349.91	409.13
Maltais	Ryan	Pharmacist / Pharmacien(ne)	105,180.14	381.00
Manary	Paul	Pharmacist / Pharmacien(ne)	106,545.22	381.56
Marasco-MacKenzie	Rosemarie	Charge Nurse / Infirmier(ière) responsable	105,604.43	374.10
Marson	Carly	Registered Nurse / Infirmier(ière) autorisé(e)	100,477.74	299.40
McConnell	David	Manager Cancer Treatment Programs / Gestionnaire, Programme de traitement de cancérologie	100,201.02	408.00
McGhee	Peter	Director Medical Physics Program / Directeur, Programme de physique médicale	211,752.74	759.36
Mclver	Hilary	Manager Infection Control / Gestionnaire, Contrôle des infections	105,195.90	427.68
McKnight	Sam	Director Diagnostic Programs / Directrice, Programmes diagnostiques	133,196.91	541.52
McLaughlin	Phyllis	Registered Nurse / Infirmier(ière) autorisé(e)	104,001.71	358.14
McMahan	Amanda H.	Psychologist / Psychologue	127,656.87	470.22
McMaster	Adele	Registered Nurse / Infirmier(ière) autorisé(e)	112,428.66	0.00
McNaughton	Chris	Manager Clinical Oncology / Gestionnaire, Oncologie clinique	105,195.90	427.68
Melita	Mary Jane	Nurse Practitioner / Infirmier(ère) praticien(ne)	111,883.29	443.71
Mellis	Brian	Registered Nurse / Infirmier(ière) autorisé(e)	100,626.25	358.14
Meservia-Collins	Kelly	Director Academics & Interprofessional Education / Directrice, Études et formation interprofessionnelle	118,906.18	1,083.28
Metcalfe	Ryan	Registered Nurse / Infirmier(ière) autorisé(e)	103,116.72	358.14
Miller	Michele	Manager Cardio Respiratory / Gestionnaire, Services cardiorespiratoires	105,195.90	427.68
Moorhouse	Erica	Manager Maternal Newborn and Labour and Delivery / Gestionnaire, Services aux mères et aux nouveau-nés, et Travail et accouchements	104,144.89	1,023.60

Last Name	First	Title	Gross	Taxable Income
Murphy	Geoffrey	Charge Technologist Ultrasound / Technologue responsable, Échographie	103,215.20	342.03
Murray	Carole A.	Nurse Practitioner / Infirmier(ère) praticien(ne)	104,457.61	435.31
Myllymaa	Peter	Executive Vice President, Corporate Services & Operations / Vice-président directeur, Services généraux et opérations	179,998.71	3,132.48
Oberg	Anna	Charge Nurse / Infirmier(ière) responsable	112,846.90	374.10
O'Keefe	Holly	Nurse Practitioner / Infirmier(ère) praticien(ne)	109,585.29	441.99
Oldale	Joanne	Registered Nurse / Infirmier(ière) autorisé(e)	113,068.82	364.98
O'Malley	Siobhan	Registered Nurse / Infirmier(ière) autorisé(e)	100,396.81	358.14
Omeljaniuk	Catherine	Pharmacist / Pharmacien(ne)	108,253.58	381.56
O'Neill	Erminia	Registered Nurse / Infirmier(ière) autorisé(e)	114,936.91	364.98
Paroschy-Harris	Cathy	Director Prevention and Screening Clinical Services / Directrice, Services de la prévention et du dépistage	118,906.20	483.28
Pearson	Brett	Registered Nurse / Infirmier(ière) autorisé(e)	114,069.23	364.89
Pellegrino	Janey	Registered Nurse / Infirmier(ière) autorisé(e)	101,310.49	358.14
Penk	Courtney	Pharmacist / Pharmacien(ne)	106,039.53	381.56
Perry	Dawna Maria	Director Nursing / Directrice, Soins infirmiers	118,906.19	1,083.28
Persichino	Alexandra	Pharmacist / Pharmacien(ne)	104,785.00	381.00
Popa	Christian	Nurse Practitioner / Infirmier(ère) praticien(ne)	106,260.48	432.93
Porter	Gordon	Chief of Staff / Médecin chef	191,423.17	3,132.48
Prescott	Ann	Registered Nurse / Infirmier(ière) autorisé(e)	113,412.13	358.14
Prete	Debra	Charge Nurse / Infirmier(ière) responsable	124,399.88	367.05
Price	Darcy	Manager Mental Health & Mental Health Assessment Team / Gestionnaire, Santé mentale et équipe d'évaluation en santé mentale	105,195.90	427.68
Prunka	Jody	Registered Nurse / Infirmier(ière) autorisé(e)	144,369.32	358.14
Purdon	Christina	Manager Paediatrics & Neonatal Intensive Care / Gestionnaire, Pédiatrie et soins intensifs néonataux	105,195.90	427.68
Quarrell	Susan	Registered Nurse / Infirmier(ière) autorisé(e)	101,470.75	364.98
Ranta	Karen	Nurse Practitioner / Infirmier(ère) praticien(ne)	106,523.08	429.57
Rapino	Seija	Pharmacist / Pharmacien(ne)	104,649.01	381.56
Rapley	Patrick	Senior Medical Physicist / Physicien(ne) médical(e) principal(e)	192,657.97	471.72
Roberts	Karen A.	Manager Systemic Oncology and Outpatient Clinics / Gestionnaire, Oncologie systémique et cliniques pour patients en consultation externe	115,261.36	413.77
Robertshaw	Terry	Nurse Practitioner / Infirmier(ère) praticien(ne)	108,885.98	442.85
Robillard	Lorraine	Registered Nurse / Infirmier(ière) autorisé(e)	101,336.49	364.98
Ross	John	Manager Emergency / Gestionnaire, Services des urgences	105,195.90	427.68
Roukema	Cynthia	Registered Nurse / Infirmier(ière) autorisé(e)	105,250.64	364.98
Rudnick	Abraham	Vice President Research and Chief Scientist / Vice-président, Recherche, et Expert scientifique en chef	234,000.00	3,051.12
Rybak	Lisa	Registered Nurse / Infirmier(ière) autorisé(e)	111,711.34	358.14
Sabotig	Paul	Registered Nurse / Infirmier(ière) autorisé(e)	102,610.30	0.00
Sharp	Meaghan	Director Cardiology Programs / Directrice du programme de cardiologie	100,235.02	807.48
Shewfelt	Kathryn	Director Environmental Services / Directrice, Services de l'environnement	118,906.23	483.28
Shewfelt	Paul	Charge Nurse / Infirmier(ière) responsable	101,292.45	388.47

Last Name	First	Title	Gross	Taxable Income
Shoppoff	Lea	Registered Nurse / Infirmier(ière) autorisé(e)	100,368.24	364.98
Skillen	Aaron	Director Chronic Disease & Medical Services / Directeur, Maladies chroniques et Services médicaux	133,196.89	541.52
Smith	Tracie	Senior Director Communications, Indigenous Affairs & Engagement / Directrice principale des communications, des affaires autochtones et de l'engagement	133,196.90	541.52
Smith	Tracy	Registered Nurse / Infirmier(ière) autorisé(e)	106,105.12	364.98
Stroomer	Kyle	Physician Assistant / Médecin adjoint	103,216.34	391.23
Taylor	Wayne	Manager Cardiology & General Medicine / Gestionnaire, Cardiologie et médecine générale	105,195.90	427.68
Thomson	Arlene	Senior Director Cardio Program Development / Directrice principale du développement du programme cardiovasculaire	133,196.91	541.52
Turner	Ron	Senior Director Patient Services / Directeur principal, Services aux patients	138,191.92	561.96
Vinet	Adam	Director Surgical Services / Directeur, Services de chirurgie	121,877.70	1,096.17
Voros	Peter	Director Adult & Forensic Mental Health / Directeur, Santé mentale pour adultes et services psychiatriques médicolégaux	133,196.90	541.52
Walker	Cindy	Administrative Coordinator / Coordinatrice administrative	110,860.29	394.80
Westerback	Dave	Psychological Associate / Associé(e) en psychologie	108,522.79	399.78
Wildbore	Pat	Charge Nurse / Infirmier(ière) responsable	107,372.88	396.57
Willmore	Eric	Pharmacist / Pharmacien(ne)	103,404.13	381.56
Willson	Craig	Manager General and Interventional Radiology, Mammography and CT / Gestionnaire, Service de radiologie générale et interventionnelle, mammographie et tomodensitométrie	104,144.89	1,023.60
Willson	Sandra	Manager Molecular Imaging / Gestionnaire, Imagerie moléculaire	105,823.50	1,023.60
Winslow	Wendy	Manager Critical Care Services / Gestionnaire, Services de soins critiques	105,195.90	427.68
Wrigley	Mary	Manager Renal & Peritoneal Dialysis / Gestionnaire, Dialyse rénale et péritonéale	105,195.90	427.68
Yahn	Jeff	Nurse Practitioner / Infirmier(ère) praticien(ne)	107,264.90	1,036.67
Zubatuk	Paula	Registered Nurse / Infirmier(ière) autorisé(e)	100,656.39	314.34

## Patient Safety and Quality of Care Committee Terms of Reference

### **Policy Statement**

It is a Thunder Bay Regional Health Sciences Centre (TBRHSC) policy to establish a Quality and Patient Safety Committee (PSQCC) to oversee and advocate for excellence in patient care and safety consistent with its mandate as an academic health sciences centre and the *Excellent Care for All Act, 2010* (ECFAA).

Under the *Excellent Care for All Act, 2010* (ECFAA), a quality committee has the following responsibilities:

- To monitor and report to the Board on quality issues and on the overall quality of services provided in the hospital, with reference to appropriate data.
- To consider and make recommendations to the Board regarding quality improvement initiatives and policies.
- To ensure that best practices information supported by available scientific evidence is translated into materials that are distributed to employees and persons providing services within the hospital, and to subsequently monitor the use of these materials by these people.
- To oversee the preparation of annual quality improvement plans.
- To carry out any other responsibilities provided for in the regulations.

### **Responsibilities**

**To assist the Board in fulfilling its responsibilities the PSQCC focuses on three main areas:**

- Patient safety and quality of care.
- Organizational performance in a manner consistent with the multiple accountability agreements and the TBRHSC strategic plan.
- Monitoring risk related to patient safety and quality of care.

### **Patient Safety and Quality**

The PSQCC's responsibilities include:

- Reviewing, monitoring and recommending approval of management's plan for patient safety and quality of care.
- Receiving regular and ad hoc reports on performance related to patient safety and quality of care compared to provincial benchmarks and progress towards management's goals.
- Reviewing reports regarding the frequency and severity of adverse patient safety events such as critical incidents, hospital acquired infection rates, pressure ulcers, falls, medication errors and preventable deaths.



- Fostering and monitoring a just, quality, patient and family centred care culture.

## **Organizational Performance**

The PSQCC's responsibilities include:

- Receiving, monitoring and recommending the approval of the annual Quality Improvement Plan.
- Ensuring that management has a system of performance measurement and quality improvement in place and that it is publically available.
- Ensuring that management has a plan to address variances from standard performance indicators, and oversee the implementation of remediation plans.
- Receiving annual reports with respect to patient surveys including an analysis of high/low performing units, performance compared to leading benchmarks and progress towards management's goals.
- Reviewing, monitoring and making public the patient relations process. .
- Reviewing the appointment and reappointment processes for the Professional Staff and Regulated Licensed Professionals.
- Monitoring compliance with the ECFAA and all other legal requirements and applicable policies of regulatory authorities with respect to safety and quality of patient care.
- Approving and monitoring management's prioritization of key performance indicators.
- Overseeing TBRHSC's accreditation plan.
- Reviewing accreditation reports and overseeing the implementation of remediation plans.

## **Risk Management**

The PSQCC's responsibilities include:

- Ensuring an appropriate risk analysis is performed regarding patient safety and quality of care.
- Reviewing and approving management's plan for risk management related to patient safety and quality of care.

In addition to the above, the PSQCC has responsibility for education of the Committee members, patients, staff and health professional learners.

- Providing appropriate orientation and ongoing education for members of the PSQCC including roles/responsibilities, patient safety and quality of care, risk management, and basic elements of patient safety and quality of care measurement.
- Monitoring organizational programs designed to educate patients regarding safety.
- Monitoring organizational programs designed to educate the staff in patient safety and quality of care policies and practices.
- Monitoring organizational programs and procedures to educate health professional learners about patient safety and quality of care policies and practices.

**Evaluation**

- Preparing an annual report for the Board summarizing relevant matters of patient safety, quality of care, and risk management.
- Reviewing the Committee's own performance to improve patient safety and quality of care and risk management.
- Reviewing the PSQCC terms of reference annually.

**Membership**

- a) Board Chair
- b) Three (3) other Elected Board Members
- c) President and Chief Executive Officer
- d) Chief of Staff (or a member of the Medical Advisory Committee selected by the Medical Advisory Committee)
- e) Executive Vice President, Patient Services and Chief Nursing Executive
- f) Vice President, Research
- g) A Hospital employee who is not a member of the College of Physicians and Surgeons or the College of Nurses
- h) A Patient and Family Advisor
- i) Community Member
- j) The Senior Director, Quality and Risk Management is assigned to the PSQCC as a Patient Relations resource and is a voting member.

**Membership Guidelines**

Each PSQCC member will have a vote, as per the ECFAA. At least one third of the voting members of the PSQCC of the Board shall be voting members of the Board. Membership criteria attached in Appendix A. Members who cannot attend a meeting can assign a delegate at their discretion. At least 3 elected Board members will serve a 2 year consecutive term. Board Members may audit at the Chair's discretion.

**Chair**

The PSQCC Chair shall be a voting member of the Board and will be elected at the annual inaugural Board Meeting.

**Frequency of Meetings and Manner of Call**

The PSQCC shall meet a minimum of nine meetings per year at the call of the Chair of the PSQCC of the Board, or as requested by the Board.

**Quorum**

Quorum is 51% of the Committee members.

**Reporting Relationship**

The PSQCC Chair reports to the Board at each meeting of the Board.

**Privilege and Confidentiality**

Quality of care information prepared for and reviewed by the PSQCC is protected under the *Quality of Care Information Protection Act, 2004*. Information provided to, or records prepared by, the PSQCC of the Board for the purpose of assessing or evaluating the quality of health care and directly related programs and services provided by TBRHSC are not subject to access under the *Freedom of Information and Protection of Privacy Act*.

**Other**

Perform such other duties as may be assigned by the Board from time to time.

**Date of Last Review**

January 17, 2018

**Minutes to be received**

Patient and Family Centred Care Leadership  
Patient and Family Centred Care Advisory  
Research Ethics Board  
Medical Advisory Board

## **APPENDIX A**

### **REGULATED LICENCED PROFESSIONALS \***

#### **PATIENT FAMILY ADVISORS \*\***

- Effective communication skills
- Ability to work independently and as a part of a team
- Endorse Mission, Vision, and Values as part of Strategic Plan
- Keen interest in quality improvement and safety
- Proven patient and family centred care advocate
- Ability to view organization from an operational and strategic perspective
- Demonstrates knowledge of quality improvement
- Proven critical thinking skills
- Signed confidentiality agreement
- Ability to attend monthly meetings
- Ability to contribute constructively to process improvement
- Proven patient and family centred care advocate
- Member of a program or service \*
- Nominated by a manager and support from immediate supervisor \*
- Two-year term with the option for renewal on recommendation of the Quality Committee of the Board with individual acceptance and manager approval \*
- Two-year term with the option for renewal on recommendation of the Quality Committee of the Board with individual acceptance and Patient and Family Centred Care Lead & Patient Advocate's approval \*\*

## Policies, Procedures, Standard Operating Practices

No. BD-45

<b>Title:</b> Selection and recruitment of Board and Community members	<input checked="" type="checkbox"/> <b>Policy</b>	<input checked="" type="checkbox"/> <b>Procedure</b>	<input type="checkbox"/> <b>SOP</b>
<b>Category:</b> Board of Directors <b>Dept/Prog/Service:</b> Board of Directors	<b>Distribution:</b> n/a		
<b>Approved:</b> Board of Directors <b>Signature:</b>	<b>Approval Date:</b>	Apr 4, 2018	
	<b>Reviewed/Revised Date:</b>	Mar 21, 2018	
	<b>Next Review Date:</b>	Mar, 2019	

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

To outline the selection criteria and recruitment process of Board Directors and for Community members to serve on Board Committees.

**POLICY**

The Hospital ensures that individuals having the appropriate combination of qualifications and experience are appointed to the Board and its Committees, to effectively discharge its governance responsibilities.

**PROCEDURE**

## 1. Selection Criteria

The following selection criteria apply to prospective Directors:

- Willingness to serve on the Board or Board Committees and Community members;
- Ability to commit the time required (including preparation, attendance at Board and Committee meetings, retreats, and keeping up to date with information provided by the Hospital; this represents approximately 20 hours per month for Board members, and less for Community members serving on Committees);
- Willingness to function as a member of a deliberative team (to participate in group decision making using pre-established principles of the group and the ability to support Board or Committee decisions even when the individual votes against the majority);
- Commitment to participate in Board orientation and continuing education (including presentations, tours, relevant education sessions, strategic planning exercises, topical readings as may be provided by the Hospital);
- Objectivity;
- Communication and media relations skills;
- Integrity;
- Values consistent with those of the Hospital;
- Demonstrated governance skills;

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- Demonstrated systems thinking capacity;
- Demonstrated record of community involvement;
- A minimum age of 18 years.

## 2. Board of Directors Skills Matrix:

As a “skills-based” Board of Directors, the Hospital defined knowledge, skills, experience, qualifications and a competencies criteria matrix to determine an appropriate balance of prospective Board Director and Board Community members:

1. Past experience on other Boards (such as experience as a health care organization Board member or on the Board of a large private sector corporation or nonprofit organization);
2. Community leadership;
3. Financial and business acumen;
4. Strategic planning and visioning;
5. Communication or media relations skills;
6. Political involvement or connections;
7. Professional and business experience;
8. Membership balance based on specific occupations and skills, such as in business, medicine, law, nursing, or others;
9. Competencies aligned with the strategy and needs of the organization (such as experience in mergers, downsizing, reengineering in other organizations, integrating new business ventures into existing ones, or industries that have undergone major systemic change);
10. Professional experience in clinical health care;
11. Professional experience in health care administration;
12. Experience as a Patient Family Advisor;
13. Member who can provide a perspective of the Indigenous community;
14. Member who can provide a perspective of the Francophone speaking community;
15. Member from Northwestern Ontario who resides at least 80 km outside of Thunder Bay.

## 3. Selection Process for Board members

The Governance and Nominating Committee shall:

- Identify vacancies for the upcoming year;
- Develop a matrix of current Board members’ skills and experience;
- Determine preferred qualifications required for vacant positions based on the criteria set out above;

- Place advertisements for the number of vacancies in local media and on the website;
- Actively recruit from current Board Committee members;
- Review all applications received and prepare a shortlist for interview;
- Conduct interviews of those shortlisted and prepare a slate of nominees for recommendation to the Board for ratification at the Annual General Meeting.

#### Selection Process for Community Members

Candidates for appointment as Community members of a Board Committee must undergo the same application and review process as set out for Board members.

With specific reference to Committee members:

- Strong candidates who are not placed on the slate of nominees may be offered to sit as a Community member on a Board Committee based on their skill set, expertise and the required number of Community members on each Committee;
- Community members are appointed by the Board of Directors upon recommendation from the Governance and Nominating Committee and do not require ratification by the Corporate membership at the Annual General Meeting;
- The number of Community members on each Committee is determined by the Chair of the respective Committees on an annual basis in consultation with the Board Chair and the President and CEO;
- Community members serve a three year term on a Committee for a maximum of one (1) term. Community members sit as voting members of the Committee to which they are appointed, but are not eligible to serve as the Chair;
- Community members may only sit on one Committee for the duration of their term;
- Community members are expected to attend at least 70% of all regularly scheduled meetings of the Committee to which they are appointed;
- Community members shall comply with the policies and guidelines established by the Board with respect to such matters as conflict of interest, code of conduct, confidentiality and ethics, and have a fiduciary duty to act honestly and in good faith with a view to the best interests of the Hospital;
- Community members may be given preference when filling Board vacancies.

## Appendix A

### 2018-19 QIP Patient Experience Indicators & Targets

#### Supplemental Schedule for 2018-19 QIP

A	B	C	D	E	F = Avg B & C	G = Avg B, C & D	H	I = F + H for #1; I = G + H for #2	J	K
	2017-18 Q1 Actual	2017-18 Q2 Actual	2017-18 Q3 Actual	2017-18 Target	2017-18 Q2 YTD Actual	2017-18 Q3 YTD Actual (prelim)	2018-19 QIP Targeted Incremental Improvement	2018-19 QIP Initial Target	2017-18 ON Academic Avg	2017-18 ON Large Community Avg
<b>1. QIP Workplan Presented to Quality Committee of the Board (based on mail/e-mail surveys only)</b>										
All dimensions - Inpatients	60.5%	63.2%		61.8%	61.5%		1.0%	62.5%	64.1%	
Leaving hospital, did you receive enough information - Inpatients & Maternal Newborn	57.8%	60.8%		57.1%	58.8%		1.0%	59.8%	62.0%	
All dimensions - ED	63.8%	68.3%		61.4%	66.8%		1.0%	67.8%	68.2%	
<b>2. Restated Results for Mail, E-mail &amp; Phone Surveys</b>								<b>20-19 QIP Revised Target</b>		
All dimensions - Inpatients	60.5%	67.3%	69.5%	61.8%	63.9%	66.0%	0.5%	66.5%	65.4%	62.0%
Leaving hospital, did you receive enough information - Inpatients & Maternal Newborn	57.8%	72.9%	71.0%	57.1%	65.7%	67.7%	0.5%	68.2%	62.2%	53.7%
All dimensions - ED	63.8%	69.7%	71.4%	61.4%	68.4%	69.4%	0.5%	69.9%	69.3%	66.6%

#### Notes:

- Figures in #1 above show 2017-18 patient experience survey results and 2018-19 targets included in 2018-19 QIP workplan reviewed by Board Quality Committee. At the time, assumption was continued reliance on mail and e-mail surveys, with little use of phone surveys.
- During 2017-18, Hospital increased use of phone surveys which improves response rates at considerably lower costs, but also yields considerably higher scores.
- Figures in #2 above are restated to show impact of phone surveys. Also included are updated 2017-18 ON Academic hospital average results, which improved during 2017-18.
- Because Hospital's current results exceed the 2017-18 ON Academic hospital average, the 2018-19 targeted incremental improvement has been reduced from 1.0% to .5%. These changes are highlighted in column H.
- Original and revised 2018-19 QIP working targets are included and highlighted in column I. The 2018-19 targets are identified as "working" because they will be calibrated and re-set once TBRHSC's final 2017-18

**Report from the President & CEO  
and Senior Leadership Team  
April 4, 2018**

The following provides an account of 2020 Strategic Plan progress and highlights priority operational activity for the period of March 7 to April 4, 2018.

**Patient Experience:**

**Goal 2: Enhance understanding, grow and embed our PFCC philosophy.**

*Objective 2.1 Creating Sustainable system structures and processes*

Programs and Services are currently developing 2018-19 Patient Experience Action plans which will take into consideration patient experience survey results, 2018-19 Quality Improvement Plan (QIP) targets and Linking Quality to Funding (LQ2F) measures. The physician engagement strategy to increase awareness regarding patient experience survey results is complete.

**Goal 3: Advance the academic environment.**

*Objective 3.2 Further our partnership with academic institutes*

A Memorandum of Understanding with a digital health lab at Mohawk College is being explored; this initiative will support our Institute Strategic Direction to expand Indigenous health research, especially in the field of digital applications.

*Objective 3.4 Integrate Research*

We have started to plan to use the Network of Networks' (N2) Permission to contact for research approach outside of cancer research; doing this will allow us to compare recruitment practices and enrolment results using the opt in (cancer research) or opt out (other research initiatives). N2 launched a toolkit related to permissions to contact patients for research purposes.

**Goal 4: Invest in staff development, engagement, and wellness.**

*Objective 4.1 Develop and implement supports and structures for staff to participate in education that will allow them to excel*

The Respect Training 'soft launch' occurred and included facilitator training and some team activities, while the technical issues with the e-learning module training are resolved. We expect full implementation of the program in April.

**Goal 5: Use information technology to advance the patient experience.**

*Objective 5.1 Develop an Informatics action plan that defines the transformational technologies to advance the strategic objectives*

The Hospital is collaborating with the eleven regional hospitals and the North West Health Alliance (NWhA) to determine a governance structure and funding model to implement a Computer Physician Order Entry (CPOE) module in our Meditech system.

The Health Information System (HIS) Meditech Collaborative Committee met on March 22 to monitor Meditech Hospital users upgrade projects align with MoHLTC direction.

*Objective 5.1.9 Implement a staged approach for an integrated 'secure' communication system*

The Integrated Communications Systems Working Group is currently drafting an RFP for consulting services to develop a strategy for implementing an enterprise service communication system integration plan for the Hospital; our current communications system are aging so we are looking at current market opportunities to improve and integrate our communications.

## **Comprehensive Clinical Care:**

### ***Goal 2: Deliver comprehensive cardiovascular care in accordance with the Ministry of Health.***

#### ***Objective 2.3 Complete the implementation of the cardiac surgery program***

Stage 1 submission for the Cardiovascular Surgery (CVS) Capital project scope was updated with Senior Leaders to guide our facility planners, Agnew Peckham. The Hospital's first "home-grown" perfusionists graduated in March. They will both be assigned to other CVS programs in Ontario so they maintain their skills while awaiting the start-up of cardiac surgery in Thunder Bay. We expanded our vascular services by providing a RAVE clinic (rapid access vascular exam) weekly. This service is expected to contribute to decreasing amputation rates in the future.

### ***Goal 3: Enhance access to clinical services supported by patient flow efficiencies.***

#### ***Objective 3.1 Improve internal patient flow efficiencies***

Average Length of Stay (excluding Alternate Level of Care) is on target for 2017-18 at 5.30 days. In order to continue improving, several initiatives have been identified during 2017-18 Q3 Leadership review meetings. They include a focus on avoidable admissions, identification and management of isolation patients, Medicine and Surgery bed complement alignment. These initiatives have been aligned with the 2018-19 QIP to drive the patient flow strategy.

##### ***Objective 3.1.1 Standardizing and optimizing admission processes***

An updated Interdepartmental Transfer Policy was submitted to the MAC for approval. Once approved, we anticipate rolling it out in May. Emergency Department Pay for Results (P4R) proposed initiatives focused on patient flow were submitted to the North West Local Health Integration Network (NW LHIN) for an anticipated \$1.9 million funding allocation.

##### ***Objective 3.1.8 Implement Improvements for Diagnostic Services turnaround times from order to completion of procedure***

Diagnostic Imaging began offering a new service in Outpatient Radiology where patients can book an appointment for their x-ray exam. Early results have demonstrated improvement in 90<sup>th</sup> percentile wait times from check in to start of exam, from 82 minutes to 28 minutes. Patient comments indicate they are pleased with their experience.

The Clinical Lab is calibrating the new Polymer Chain Reaction (PCR) equipment. The PCR will allow us to identify respiratory pathogens within a few hours rather than days, as with current technology; this will improve turnaround times for isolation identification from five days to one to four hours, therefore ensuring more rapidly providing the appropriate patient treatment regimen.

##### ***Objective 3.1.10 Increase patient access to health professions as required***

The centralization of Social Workers professionals in February seems to be working well to date; this allows better distribution of access to these professionals in all Hospital programs.

A process mapping session was held with Occupational and Physical Therapy staff. The staff identified the following improvement opportunities:

1. Collaboration with colleagues to provide coverage;
2. Streamline the multiple ways to enter referrals;
3. Communication/information sharing between professions, and;
4. Equipment rental delays prior to discharge.

The group will develop solutions and report back to the Patient Flow Steering Committee in May.

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*Objective 3.3 Advocate and demonstrate the need for additional health systems capacity*

The Hospital is collaborating with St. Joseph's Care Group and the NW LHIN to address the overcapacity situation in the City of Thunder Bay.

**Seniors' Health:**

***Goal 1: Delivering an optimal experience for seniors***

*Objective 1.4 Ensure human resources with geriatric expertise are available to support the care of seniors (organizational support)*

The 2018-19 Emergency Department P4R initiatives will maintain funding of the Geriatric Care Coordinator and Clinical Nurse Specialist – Hospital Elder Life Program positions.

Seniors are often considered vulnerable, hence special research protection is sometimes requested for them as a population. A recent ethics inquiry has contested such a generalization and required more fine grained protection based on clear risks rather than on age in itself. This inquiry has led to exploration of such clear risks, which is work in progress.

**Indigenous Health:**

***Goal 1: Provide care that improves self-management, access, experience, and transition to home for Indigenous patients.***

*Objective 1.3 Coordinate follow-up care prior to discharge for patient from Indigenous communities*  
The Renal Program staff supported a patient to receive home hemodialysis treatments in the remote Wunnumin Lake Indigenous community.

Indigenous Health & Reconciliation Steering Committee members endorsed a draft proposal that seeks to provide culturally appropriate navigation and community-specific discharge planning for patients at the March 16 session. If successful, the proposal will support a two-year pilot project with funding to partner organizations to delegate navigation staff at our Hospital.

***Goal 2: Provide health care that respects traditional knowledge and practices, and builds TBRHSC as a leader in the provision of health care for Indigenous patients.***

*2.3 Provide cultural sensitivity training to staff, physicians and volunteers*

The Indigenous Advisory Committee, at the February 23 meeting, endorsed the Indigenous Health e-module, which will be included in the Hospital-wide Respect education initiative. Ojibwe Culture Lunch & Learn sessions with elder Esther Diabo were held on March 12 and 13 in the Multi Faith Centre. The sessions were attended by ten staff and provided opportunity to learn and ask about various aspects of Ojibwe culture, such as ceremonies and eagle feather teachings.

**Acute Mental Health:**

***Goal 4: Enhance the delivery of acute mental health care within mental health.***

*Objective 4.2 Implement the comprehensive mental health-emergency service (MHES)*

The Mental Health Emergency Service (MHES) proposal was presented to the Senior Leadership Council (SLC) at their March 13 session. A meeting with the NW LHIN is being scheduled to discuss next steps regarding operational and capital funding.



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## **Operational Activities:**

The following were high priority activities over the past month:

The retirement of Dr. Mark Henderson from the position of Executive Vice President, Patient Services and Regional Vice President, Cancer Care Ontario, provided an opportunity to review our current organizational structure. Rather than simply replace a position, the Senior Leadership Council felt responsible for considering potential improvements and adjustments. The Senior Leadership Council developed a revised structure based on reorganization principles as well as feedback from the Leadership Team on Program management experience in the last six years. This includes changes to Senior Leadership accountabilities, which will be followed by portfolio adjustments effective Monday, April 2. The changes are meant to improve subsidiarity, collaboration, effectiveness and efficiency. The new structure will be evaluated for effectiveness in approximately six months.

Seven units in our Hospital are still experiencing VRE outbreaks. The outbreaks are concurrent with the recent wave of influenza and overcapacity challenges; this results in unprecedented strain on our organization. Efforts to manage increased numbers of patients, including the use of unconventional spaces within and outside of the Hospital have not resolved the outbreaks. The Infection Prevention and Control team has consulted the Public Health Ontario Infection Control Resources Team (ICRT); the ICRT provides advice, recommendations, and support to manage outbreaks, at no cost to our Hospital. This includes a site visit by the ICRT on March 28. A preliminary report of findings was provided, and a more detailed official report will be forwarded within one month of the visit.

The operation of a Transitional Care Unit (TCU) at Hogarth Riverview Manor has allowed us to provide the appropriate level of care to patients awaiting discharge to alternate levels of care, and relieve pressures at the Hospital. As stated above, our Hospital is working with system partners to identify a long-term solution. In the interim, the hospital continues to utilize the TCU after March 31. Despite the operation of the 32-bed TCU, we remain in Surge Capacity. In March, there were some days more than 90 Alternate Level of Care (ALC) patients in our Hospital, the highest amount ever experienced.

On March 27 & 28, a delegation from our Hospital attended an education session hosted by the Ontario Hospital Association. During "The Urgency of Capacity Management: Patient Flow Optimization" session, Deputy Minister of Health and Long-Term Care Dr. Bob Bell outlined our provincial overcapacity challenges and strategies to address them. He emphasized that we must think differently to find solutions and is optimistic that the ALC challenge can be addressed to relieve the unprecedented pressures on hospitals. The President & CEO, who was in attendance, took this opportunity to mention to the Deputy Minister the current request to maintain the TCU at HRM. The Ottawa Hospital and several New York City Hospitals medical leaders shared three key Patient Flow strategies and one for dealing with overcapacity supported by evidence, experience and excellent results. They include: Smoothing of Elective Admissions, Building Capacity via Early Discharge, Enhancing Weekend Discharges. Our Hospital participants gained valuable insights on how to apply these tactics at home and will engage immediately to do things differently.

On March 12, a delegation from our Hospital visited Health Sciences North (HSN) in Sudbury. Meetings with their Senior Leaders and President & CEO focused on HSN joining the Northern Supply Chain and HSN, the potential to supply HSN with radio isotopes from our Cyclotron, and enhancing collaboration between our two Research Institutes.

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Chief of Staff  
Médecin chef

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

April 2018

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

- The clinical leaders from the NW LHIN continue to meet regularly to develop provincial digital order sets based on the Opioid Quality Standards by Health Quality Ontario
- The project remains on track, with order set development to be completed by the end of March with a pilot at TBRHSC and Lake of the Woods starting in the spring

**Length of Stay (LOS)**

- The Physician Length of Stay working group has collaborated with Health Records to help make the provider LOS performance data reports more meaningful and useful
- It is anticipated that the new reports will be ready for dissemination in June
- The new reports will provide un-blinded individual provider performance data (rather than by dictation numbers) to allow for comparison which will hopefully spark physician conversation among peers and medical staff leaders, incite physician competition and sharing for improved quality outcomes

**Completion of Health Records**

- The Medical Advisory Committee supported significant changes to the policy and procedure regarding expectations for completion of health records and resulting disciplinary action for failure to meet expectations
- One of the changes include the expectation that discharge summaries will be completed within 48 hours of discharge; as per the Quality Improvement Plan for 2018/19 further work will be completed including education on the importance of ensuring discharge summaries are completely within 48 hours
- Following final approval through the various committees, the next steps will be to promote closing of all current incomplete records so that all providers are starting with zero incomplete records

**Department Chiefs**

- A call for internal applicants has been posted for the positions of Chiefs of General & Family Practice, Dentistry and Oncology
- This is in following with the direction of the Medical Advisory Committee to consider both leadership renewal as well as engage interest in leadership roles by posting positions at the end of each term

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**Chief Nursing Executive**  
**Open Report**  
**to the**  
**Board of Directors**  
**April, 2018**

Chief Nursing Executive  
Chef des soins infirmiers

**Nursing Week**

- This year, National Nurse's Week will take place May 7 -11. The following events are scheduled to take place:
  - Monday, May 7<sup>th</sup> - an informal kick-off Continental Breakfast sponsored by the Lakehead Chapter of the RNAO (Registered Nurses' Association of Ontario) will be held for all TBRHSC Nurses to attend, featuring coffee, muffins and fruit
  - Best Practice Champions Open House funding received from the RNAO will be utilized to host a series of "Lunch and Learns" focused on our Best Practice Guideline: Preventing Falls and Fall Injury in the Older Adult, Assessment and Management of Pressure Injuries for the Interprofessional Team and Delirium, Dementia and Depression in Older Adults: Assessment and Care
  - Friday, May 11<sup>th</sup> at 1330 hr. - Annual Nurses Week Celebration Tea, at which time, the Nursing Awards of Excellence will be presented
  - Throughout the week, "Expo" style booths that showcase work that our Nurses have been doing to advance patient care will be set up at the bottom of the grand staircase

**RNAO Best Practice Spotlight Organization Update (BPSO)**

**BPG - Risk Assessment and Prevention of Pressure Ulcers**

- As part of our ongoing process to implement the RNAO BPGs related to pressure injury prevention and management, as well as meet accreditation standards, Nursing Practice conducted a hospital wide prevalence and incidence study on February 22 and 27, 2018
- The results demonstrate a 9.6% prevalence rate, with an incidence of 3.4%. Our most recent results indicate a small increase in incidence (percentage of patients developing a pressure injury in hospital); however, these results continue to be much better than the average for Canadian acute care hospitals (prevalence 10.9 % / incidence 6.0% - as reported by Hill-Rom International Pressure Ulcer Prevalence (IPUP). Moving forward, we will be working with Hill-Rom to better understand our results and identify strategies to assist in improving results.

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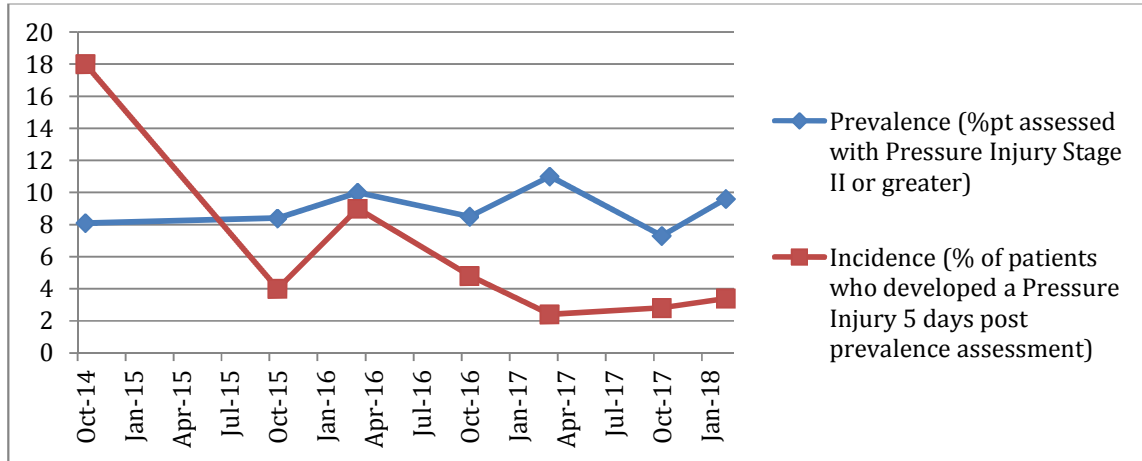


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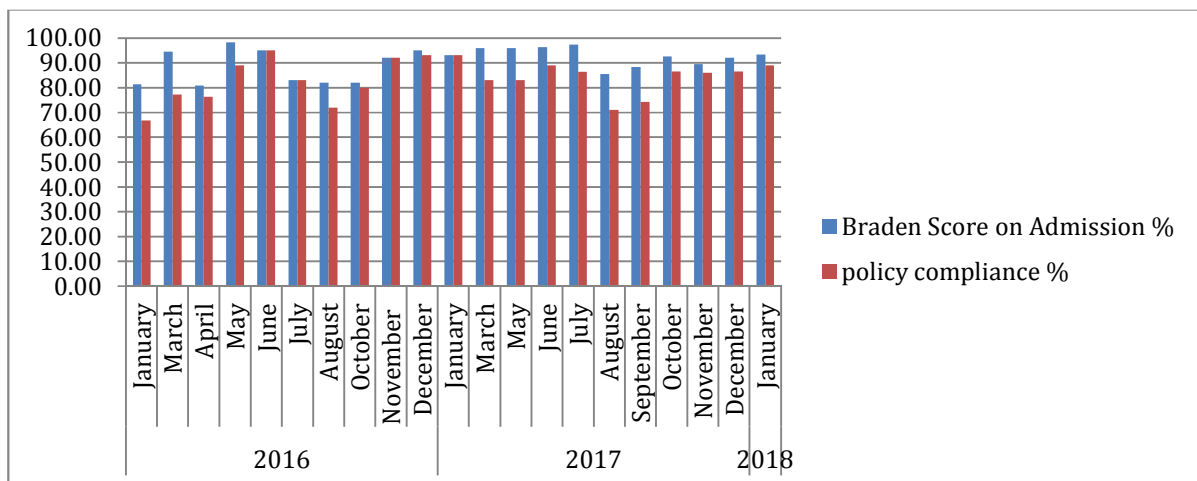
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- Through the continued utilization and auditing of the Braden Risk Assessment Tool, we will identify patients who are at risk, as well as determine the degree of risk the patient has for developing a pressure ulcer.
- Overall compliance with Braden Assessment has improved; however, work will continue with all care areas to identify and develop plans to improve performance.



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# NOSM Activity Report

Dr. Roger Strasser, Dean-CEO

March - April 2018

## NOSM Board Holds First Meeting of 2018

Using a combination of video- and tele-conference connectivity across Northern Ontario, the Northern Ontario School of Medicine (NOSM) held a regular meeting of the Board of Directors on Wednesday, March 21, 2018.

At the meeting Dr. Adam Moir, NOSM's Medical Director of Faculty Development, presented an update on the School's [Continuing Education and Professional Development](#) (CEPD) activities. Moir completed his medical degree and family medicine residency education at NOSM. While practising family medicine in Dryden, Moir is an Assistant Professor in the Clinical Sciences Division along with being the Local Education Group (LEG) Lead for the Dryden Medical Educational Group and a board member of the [Physician Clinical Teachers' Association](#) (PCTA).

Dr. Penny Moody-Corbett, NOSM's Senior Associate Dean and Interim Associate Dean, Community Engagement, provided an update on community engagement at the School, including the upcoming [Francophone Symposium](#) being held from April 5-7, 2018 at Laurentian University in Sudbury. The symposium, a collaborative effort between NOSM, [ACFAS-Sudbury](#) (anciennement l'Association canadienne française pour l'avancement des sciences), and the [Consortium national de formation en santé](#) (CNFS) Laurentian University chapter, will focus on research in the Francophone minority context, with an overarching theme being *Research in the Minority Francophone Context: Widening Our Horizons*.

Board members were reminded of important upcoming events being hosted by NOSM. [Northern Constellations](#)—a conference that brings together NOSM faculty from across Northern Ontario to share experiences, network, and participate in workshops related to educating future health professionals—will take place April 20-21 in Thunder Bay. NOSM's 13<sup>th</sup> annual [Northern Health Research Conference](#) is being held in Kenora, Ontario on September 21-22, 2018.

The Board approved the Financial Report for the period ending January 31, 2018.

The next meeting of the Board of Directors is the annual Board face-to-face meeting, this year scheduled for May 10-11, 2018 in Parry Sound, Ontario.

For a complete list of Board members, please visit our website at [nosm.ca/board](http://nosm.ca/board).

## Première réunion de l'année du conseil d'administration de l'EMNO

Grâce à l'utilisation combinée de la visioconférence et de la téléconférence dans tout le Nord de l'Ontario, l'École de médecine du Nord de l'Ontario (EMNO) a tenu la première assemblée ordinaire de son conseil d'administration le mercredi 21 mars 2018.

Lors de cette assemblée, Dr Adam Moir, directeur du volet médical du perfectionnement du corps professoral de l'EMNO, a communiqué des informations actualisées sur les activités du [Bureau de l'Éducation permanente et perfectionnement professionnel](#) (EPPP) de l'EMNO. Le Dr Moir a obtenu son diplôme de médecine et suivi sa formation médicale spécialisée en médecine familiale à l'EMNO. Tout en exerçant la médecine familiale à Dryden, le Dr Moir est aussi professeur adjoint au sein de la Division des sciences cliniques, en plus d'être responsable du Groupe local d'éducation pour le Dryden Medical Educational Group et membre du conseil d'administration de la [Physician Clinical Teachers' Association](#) (PCTA).

Penny Moody-Corbett, Ph. D., doyenne associée principale et doyenne associée par intérim responsable de l'engagement communautaire à l'EMNO, a fait le point sur l'engagement communautaire de l'EMNO,



notamment sur le prochain [Symposium francophone](#) qui aura lieu du 5 au 7 avril 2018 à l'Université Laurentienne à Sudbury. Ce symposium, une collaboration entre l'EMNO, l'[ACFAS-Sudbury](#) (anciennement l'Association canadienne française pour l'avancement des sciences), et un partenariat avec le [Consortium national de formation en santé](#) (CNFS), volet Université Laurentienne, et l'Université de Sudbury portera sur la recherche dans le contexte minoritaire francophone. Le thème général sera *La recherche dans le contexte francophone minoritaire : Élargissons nos horizons*.

Il a été rappelé aux membres du conseil d'administration la tenue prochaine d'importants événements organisés par l'EMNO. [Constellations du Nord](#) — une conférence regroupant des professeurs de l'EMNO de tout le Nord de l'Ontario et au cours de laquelle le corps professoral partage ses expériences, fait du réseautage et participe à des ateliers sur la formation des futurs professionnels de la santé — se tiendra du 20 au 21 avril à Thunder Bay. La 13<sup>e</sup> conférence annuelle de l'EMNO, la [Conférence de recherche sur la santé dans le Nord](#), aura lieu à Kenora, en Ontario, les 21 et 22 septembre 2018.

Le conseil d'administration a approuvé le rapport financier pour la période qui s'est terminée le 31 janvier 2018.

La prochaine réunion du conseil d'administration sera l'assemblée générale annuelle du conseil d'administration qui se déroulera, cette année, les 10 et 11 mai à Parry Sound, en Ontario.

Pour voir la liste complète des membres du conseil d'administration, veuillez visiter notre site Web à [nosm.ca/board](http://nosm.ca/board).

### **NOSM Congratulates CRaNHR on 25 Years!**



Congratulations to the Centre for Rural and Northern Health Research (CRaNHR) on 25 years of success as Canada's leading applied Northern and rural health resource centre. CRaNHR conducts interdisciplinary research on rural health with a focus on improving health services, access to health care, particularly in rural and northern communities, and enhancing our understanding of the health-care system. CRaNHR has collaborated with NOSM on tracking and impact research, including a multi-year tracking study of the students and graduates of NOSM and an economic impact

assessment of the School. Drs. Roger Strasser, Alain Gauthier, and Jim Rourke attended a celebratory event earlier this month, with Dr. Rourke serving as keynote speaker.

### **New X-Ray Machine from Bruce Power Will Advance Cancer Research at NOSM**



NOSM recently received a state-of-the-art x-ray irradiator. The x-ray irradiator machine, generously donated by Bruce Power, has been installed in NOSM's medical school building in Sudbury. The x-ray irradiator is able to expose cells to x-ray radiation, the same type and dose of which a patient would receive if undergoing diagnostic x-ray testing at the hospital. The new instrument will allow researchers and students to study factors that lead to cancer, as well as how the disease progresses. The x-ray irradiator will be used in a number of research projects, led by Dr. Doug

Boreham, Bruce Power Chair in Radiation and Health at NOSM and taking place in Sudbury, many in collaboration with the SNOLAB. Among these projects will be the investigation of the health of miners and the effects of radon gas on the body.

►► [Learn more.](#)

Stay Connected



## Francophone Symposium, 6-7 April in Sudbury

With our social accountability mandate, NOSM has three populations of special interest in Northern Ontario: rural and remote; Indigenous; and Francophone. The over 20% of Northern Ontarians who are Francophone have particular health issues and challenges with access to healthcare. Every few years, NOSM brings together health professionals and community members interested in Francophone health from across the North for a Francophone Symposium to inform and promote networking within the Francophone population, as well as to explore questions of importance and relevance to Francophone health. The [6th NOSM Francophone Symposium is 5-6 April at Laurentian University](#), presented in collaboration with ACFAS-Sudbury (anciennement l'Association canadienne française pour l'avancement des sciences), and the Consortium national de formation en santé (CNFS). The overarching theme will be *Research in the Minority Francophone Context: Widening Our Horizons*.

Through networking, small-group work, and discussions, the delegates will be updated on the Francophone dimensions of the School, and learn about Francophone health issues and priorities as well as research initiatives and projects relating to the health of Francophones in Northern Ontario and beyond. Program highlights include, among other presenters: Dr. Denis Prud'homme, Vice President, Research and Scientific Director, Institut du savoir Montfort-Research; Jean Bartkowiak, CEO, Thunder Bay Regional Health Sciences Centre; Dominic Giroux, CEO, Health Sciences North; Diane Quintas, Executive Director, Réseau du mieux-être francophone du Nord de l'Ontario; Centre for Rural and Northern Health Research – Francophone Health Research Team; as well as, an opportunity to learn about the active offer, with the official launch of a series of online learning modules for health professionals. People like me who are not fluent in French are encouraged to participate making use of the simultaneous translation. Register now by emailing [affaires.francophones@nosm.ca](mailto:affaires.francophones@nosm.ca) or phoning [705-662-7260](tel:705-662-7260).

### IN THE NEWS: Inspiring stories!

- [Northern Ontario Medical Journal](#) Featuring NOSM Alumni Dr. Elaine Innes and Dr. Rebekah (Becky) Neckoway as well as Elder Perry McLeod-Shabogesic and many other great articles about the North.
- [NOSM students leaving Sioux Lookout with fond memories](#)



### Northern Constellations 2018

On April 20 and 21 The Northern Ontario School of Medicine will host Northern Constellations 2018, our 7th annual Faculty Development Conference.

The diverse program will feature three plenary sessions exploring key concepts relevant to health professional education and a wide variety of interactive workshops with multiple learning opportunities in the areas of teaching and precepting, scholarly and research activities, leadership, and health care professional wellness and resiliency. [Register Now](#)

Respectfully submitted,

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

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## **Report to the Thunder Bay Regional Health Sciences Centre Board of Directors April 4, 2018**

The President of the Staff Association position was recently assumed by me and transition is proceeding. I have canvassed members and will continue to do so to identify areas of concern and opportunities for general improvement.

Three issues have so far been brought up.

First, attendance at Medical rounds and quarterly meetings could be improved and facilitated. Some members have expressed an interest in having Telehealth hosting of quarterly meetings. I will look into the logistics of setting this up.

Second, senior administration would like to see increased attendance at monthly educational rounds. I will discuss this with physician membership and identify barriers to attendance. I will meet with senior administration to discuss strategies to increase attendance. There has been talk of creating a "scorecard" for physicians at TBRHSC. Perhaps in a point-based system attendance at meetings would count toward any potential scoring system.

Lastly, the physicians have brought an important safety issue. When called from any hospital location a generic number (684-6000) is displayed. Members have explained that when they are responsible for multiple patients the display of specific origin of calls would be safer for patients. Also, the use of a generic call-back number is burdensome to switchboard operators. I have had informal discussions with switchboard about this. I have met with Cathy Cavino who has expressed her interest in having this change made. Efforts will be made to have meetings with relevant parties to forward this agenda.

Respectfully Submitted

Dr. Eric Davenport  
President, Professional Staff Association



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

### **Bachelors for Hope Charity Auction 20<sup>th</sup> Anniversary**

Get your tickets now! Join us on Friday April 13 at the Valhalla Inn for a gourmet dinner and entertainment followed by the auction of 10 of Thunder Bay's finest and most eligible bachelors. Each bachelor comes with a fabulous date package including a main event, dinner at one of Thunder Bay's finest restaurants, and a pamper package for the successful bidder. Women have the option of taking the bachelor on the date or taking their significant other! 100% of money raised at this event is dedicated to breast cancer research, education, diagnoses, and treatment, and supports the needs of breast cancer patients in Northwestern Ontario. **Tickets are \$95.00 and can be bought by calling Devon Sokoloski at 684-7113 or at [healthsciencesfoundation.ca](http://healthsciencesfoundation.ca)**

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

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

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

32nd Annual Rotary House Lottery Draw Date is July 1, 2018! This date will be here before we know it. Get your tickets for your chance to win the grand prize! 1, 620 square foot home 3 bedroom house built by Lormar Construction Ltd. located at 301 Pioneer Drive valued at \$546,143 (includes HST). This house features three bedrooms (main floor) plus two (basement), four-piece bathroom in main bathroom, ensuite and basement, engineered hardwood floors main floor, granite counter tops in kitchen, high-efficiency furnace, air conditioning and air exchange system, upgraded trim package, walk-out to concrete patio, finished basement (utility room not finished), gas fireplace and comes with a set of 4 Energy Star kitchen appliances. Other prizes include \$50,000 is available in early bird cash draws starting April 20. Tickets are \$100.00 or 3 for \$250.00 (the hospital is one of the select locations the 3 for \$250.00 can be purchased) and only 12,000 will be sold! Visit our tickets sells outside of the Donation Office to purchase your ticket now!

**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	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	
15	Quality Oversight	Terms of Reference Approval			X			X					G. Whitney / C. Covino	
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	

## Governance and Nominating Committee 2017-18

Updated: March 29, 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)

[illegible]

#	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. February meeting canceled as there wasn't quorum.
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					Special meeting scheduled to review further
16	Governance	Review Board of Directors recruitment ad, interview questions and schedule	N							x					Special meeting scheduled to review further
17	Governance	Review applications (Board and Community)									x				
18	Governance	Interview Board member candidates	N									x			
19	Governance	Propose slate of nominees	N									x			
20	Governance	Review By-Laws	G										X		
21	Governance	Review new Board member orientation program	G										x		
22	Governance	Review Board annual evaluation tool	G										x		Distributed at April Board meeting
23	Governance	Review annual education session summary	G										x		
24	Governance	AGM education theme	G									x			

[illegible]

gional Health Sciences Centre Board of Directors Work Plan  
 Revised: March 29, 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





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								



**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

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

[illegible]

# Page Views: Open Board Meeting Webcast

September 2017 – June 2018

Month	# of Page Views
September 2017	--
October 2017	18
November 2017	26
December 2017	17
January 2018	--
February 2018	15
March 2018	33
April 2018	
May 2018	
June 2018	
Yearly Total # of Page Views	



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## Thunder Bay Regional Health Research Institute Report for TBRHSC Board – March, 2018

Submitted by: Jean Bartkowiak, CEO & Abraham Rudnick, VP Research & Chief Scientist  
March 28th, 2018. In alignment with the main directions of the Institute's *2020 Strategic Plan* we are pleased to share the following:

### **HEALTHIER: Improving the Health of People of NWO and Beyond**

**Better imaging for better treatment:** TBRHRI Scientist, Dr. Alla Reznik and her team at Radialis Medical are developing medical imaging technology focused on women's health. They have created a prototype of a molecular imaging system for use as a screening tool for women at high risk of developing breast cancer. This technology will dramatically reduce the radiotracer dose used and through Positron Emission Mammography (PEM) will provide a superior image and allow for detection of abnormalities at an earlier stage. PEM has further clinical applications in primary screening as well as treatment planning and monitoring treatment response. A clinical system is currently being assembled. Radialis Medical hopes to undertake clinical testing shortly and market the system later this year.



**Clinical Research Update:** there are currently 14 studies run through Clinical Trials (CT) and open to accrual (8 oncology and 6 non-oncology). They are also managing 36 studies in follow-up (27 oncology and 9 non-oncology) and have 5 studies in the pipeline including 3 that are investigator initiated. The CT team is striving to increase the number of investigator initiated and industry sponsored active trials.

Below is a snapshot of the number of patients screened and enrolled in trials over the past 5 months at the Hospital:

Clinical Trials Patient Visits 2017-18

Non-Oncology	October	November	December	January	February
Patients Screened	30	30	23	25	12
Patients Enrolled	15	6	1	3	1

Oncology	October	November	December	January	February
Patients Screened	78	103	88	79	81
Patients Enrolled	0	5	3	0	6

Physician-Initiated	October	November	December	January	February
Patients Screened	10	13	11	61	64
Patients Enrolled	1	5	2	53	53
<b>Total Enrolled:</b>	<b>16</b>	<b>16</b>	<b>6</b>	<b>56</b>	<b>60</b>

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

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





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## **WEALTHIER: Generating Revenue through Science & Partnerships**



The **Canadian Institutes of Health Research** recently approved the Institute's application for authorization to administer grants and funds awarded to individuals affiliated with our organization. The Institute will now be able to administer grants awarded to its Scientists and other affiliated researchers that are received from the Canadian Institutes of Health Research rather than having the funding go through Lakehead University.

## **SMARTER: Enhancing the Academic Environment**

In early March, the Institute was an active participant in many of the events which took place during Lakehead University's **Research & Innovation Week**.



This year, Dr. Ingeborg Zehbe's PhD Candidate, **Robert Jackson** was the first place winner at the 3 Minute Thesis Competition where he spoke about pathogen-host analyses and biotechnologies for Human Papillomavirus. As well, one of Dr. Zehbe's students, **Kathleen Alexander**, won the undergraduate poster prize.

## **Mitacs Award will help Lakehead University and Health Research Institute Scientists**

**Improve Outcomes for Patients:** During Research & Innovation Week, it was announced that Dr. Alla Reznik will receive a Mitacs Accelerate grant of \$400,000 for a two year project that will provide internships at the Research Institute for seven Lakehead University PhD students in Chemistry & Materials Science, and Biotechnology, and one intern from Ryerson University's Biomedical Physics PhD program. This grant helps our Scientists to provide opportunities for our Scientists' students to grow while strengthening our commitment to nurture the next generation of health care providers and advancing Patient and Family Centred health research in Northwestern Ontario.







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

## **“SUPPORTING PATIENT FAMILY CARE”**

### **BOARD REPORT – March 2018**

The year 2018 has brought challenges to the Board. A number of objectives have been identified and timelines established.

An analysis of the status of our financial donations and scholarships for 2017 was presented to the Board at the March meeting. 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, it was recommended that the Board increase its Scholarships and bursaries to a total of \$9000.

The Board is in the process of determining the amount it will participate to “Our Hearts at Home Cardiovascular Campaign”. At the March meeting, the Board voted in favour of participating. It will donate its first gift in April and identify its participation over a five-year period.

A major goal for 2018 is to complete all policies that pertain to the Governance model adopted by this Board. As well, an overhaul of the Committee that oversees Seasons and its employees is complete. It was decided that the President and Vice President of the Board will meet monthly with the Manager and Assistant Manager of Seasons. Along with this, the Manager is to present a monthly business report on the store’s successes and needs. Also, the Board appointed one of its Directors to assist the Managerial Seasons staff to design and complete a Seasons Manual by June 2018.

The AGM will be held in May 2018. Grant Thornton will present a financial picture of the Volunteer Association. Following this, in June 2018, the transition of a new President and Vice President for the Volunteer Association will take place. To prepare for this, the President has had the present Vice President shadowing her for the past six months to ease that transition.

Respectfully submitted,

Margaret Power (President)

# Quality guru Don Berwick calls for less data, more civility in medicine

BY JERRY ZEIDENBERG

Speaking in Toronto in October, Dr. Donald Berwick, co-founder of the US Institute for Health Improvement, had a surprising message: **there's too much measurement and analysis going on in medicine.**

The guru of evidence-based medicine and the application of scientific methods to healthcare had this advice. **Bring more compassion to medicine.** "Cool the measurement," said Berwick. **"Measurement needs to be a servant, not a master."**

Dr. Berwick was the keynote speaker at Health Quality Ontario's annual confab, where one speaker after another repeated the mantra of quality control. Namely, the belief that you can't manage what you haven't measured.

Nevertheless, Berwick argued convincingly that the United States – and suggested the case was similar in Canada, too – has lost its way in recent years. That a spirit of greed and indifference has taken over.

"Today in my country, we've lost the torch of compassion and embrace," he said. The problem is dire, he asserted. Berwick cited studies showing 50 percent of physicians today don't recommend becoming a doctor. "The workforce is demoralized," he said.

To be sure, there are onerous demands on physicians in terms of reporting, paperwork, and electronic forms. The result has been burnout for many. And the relentless pressure on performance has, ironically, put quality into jeopardy, Berwick said. He spent a good deal of time recounting the story of a patient he treated as a pediatrician. The boy of 11 was part of a family with an abusive father. As a result, the youngster became anxious and suicidal. In response, Dr. Berwick worked with the boy's mother to establish a network of caregivers and supports for him. They included doctors, psychiatrists, social workers and other therapists. Over a course of years, with ups and downs, they restored the boy's health; he became a high-ranking officer in the United States military, and served with honour in Afghanistan.

Unfortunately, he died just a few years ago of a brain tumour. But before passing away, he personally thanked Dr. Berwick for his work – saying it saved his life as a teenager, and that it gave him the opportunity to go onward.

Dr. Berwick asserted it was really the 'village' of caregivers who took an active interest in the young man's welfare, led by his mother, who was tireless in advocating for her son. In short, **it was compassion and teamwork that made a difference.** Measurement and statistics had little to do with it. **"You can't measure your way to excellence,"** said Berwick.

He followed the story with an anecdote about his own medical training, under the auspices of a wise teacher. Dr. Berwick started an exam with an elderly woman, Mrs. Goldberg, standing over her and asking for history. He suddenly felt a hand on his shoulder. The teacher counseled him to sit with the

patient, at eye level. Berwick sat and began again, asking his litany of medical questions. All of a sudden, the teacher again interrupted: “Did you know that Mrs. Goldberg has a brand new grandson?” He had injected a human dimension into the encounter. Dr. Berwick said he immediately got the message. “We need a new mission in medicine,” he said. “Not measurement and money, but joy and relationships.”

He lauded a nurse in Florida he recently encountered, who found joy in her work in the maternity ward. Each time a baby was born, she held the child and wondered, “Could this be a future president?”

Berwick said more of this humanistic approach is needed in medicine today, where the value of patients as people is recognized. Patients, he emphasized, are also parents, musicians, teachers and workers – all with families and loved ones. It’s important not to lose sight of that.

When healthcare professionals do lose track of this, it’s often because they are part of a system that values reams of statistics and information – and profits. Studies have shown, he said, that more than 30 percent of the costs in the U.S. healthcare system can be attributed to waste, greed and fraud. Berwick showed how the emergency room visit of a friend resulted in a \$7,000 bill – with many of the charges being unnecessary or verging on the fraudulent. It’s not that the young doctor conducting the ER exam was corrupt, he said. Rather, he said, she was stuck in a system that imposed excessive testing and charges on the encounters with patients. “It’s all about the money,” he said. “And it doesn’t feel good.” Berwick averred that medicine has lost its ‘noble intent’. He outlined a number of ways for the profession to get back on the right track. First, he said, “Stop focusing on the money. The best route to financial success is to focus on what people need.” He also advised reducing the amount of measurement that goes on. While some measurement is required in a modern medical system, it shouldn’t be taken to extremes. Dr. Don Berwick spoke at a recent HQO conference.

# How does Canada's health spending hold up to international scrutiny?

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INCLUDES CORRECTION

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*"Quand on se regarde, on se désole; quand on se compare, on se console."*

That French proverb has no pithy English equivalent but essentially says: "When we look at ourselves, we despair; when we compare ourselves to others, we take comfort."

If there is a guiding dictum in Canadian health care, that has to be it.

We bellyache relentlessly about the failings of Canada's health system – the waits, the shortages, the costs. But we can always look to the train wreck of a non-system in the United States – with millions of uninsured, perverse prices and partisan political machinations, and think "it could be worse."

A new study, published in the Journal of the American Medical Association, sets out to answer the question: "Why is health-care spending in the U.S. so much greater than other high-income countries?"

The JAMA paper also provides a rare opportunity to compare health performance among 11 peer countries, including the United States and Canada.

U.S. health spending is almost double that of other countries because they pay more for everything: drugs, equipment, salaries and so on. As the late, great health economist Uwe Reinhardt said: "It's the prices, stupid."

The new research, however, challenges several other assumptions, showing that health-care utilization is not much higher in the United States (with one exception – diagnostic imaging), that the country does not grossly under-spend on social programs, and that the preponderance of specialist physicians is what is driving up cost.

There is much to give pause to politicians and policy-makers here in Canada, too.

The United States spends US\$9,403 per capita on health, or 17.8 per cent of GDP. Median per-capita spending in other countries is far less, US\$5,419, or 11.5 per cent of GDP.

Canada spends US\$4,641 per capita on health, or 10.3 per cent of gross domestic product. That ranks 7 among 11 countries. If you look at public spending alone, it's 7.4 per cent of GDP; even the United States spends more on health from public coffers, 8.3 per cent of GDP.

The notion that health spending is out of control and gobbling up too much of our tax dollars simply does not hold up to international scrutiny.

What is more shocking, though, is how comparatively little Canada spends on social programs – 13 per cent of GDP, dead last. Denmark, by contrast, spends 27 per cent on social programs; even the hard-hearted U.S spends more, 16.7 per cent.

This underscores the findings of a recent paper in the Canadian Medical Association Journal that showed Canada has systematically under-invested in social programs over the past three decades.

The new JAMA paper also provides illuminating data on a number of topical issues.

Canada spends only 14 per cent of its health dollars on long-term care for the aging population, compared to 26 per cent by Sweden. Canada spends the least on in-patient hospital care, at 17 per cent, compared to 32 per cent for the Netherlands. Canada also has among the lowest number of hospital beds, 2.7 per 1,000 population, compared to 13.2 per 1,000 in Japan. It follows that this country has among the shortest length of hospital stays.

On the politically charged issues of staffing and remuneration, the data tell a mixed tale. With 2.6 physicians per 1,000 population, Canada has one of the lowest ratios of doctors, ranking 9 among 11 countries. But the data show that, more than anything, there is a maldistribution problem: Canada ranks third in physicians in urban areas, but dead last in rural and remote areas.

Canadian physicians, on an international scale, are well-paid, with average income of US\$146,286 for general practitioners (3 of 11) and US\$188,260 for specialists (4 of 11). By comparison, U.S. GPs earn on average US\$218,173, and those in Sweden US\$86,607; U.S. specialists make US\$316,000 on average, compared to \$US98,452 for those in Sweden. (These figures are U.S. dollars adapted for purchasing parity, so they are directly comparable.)

Finally, as the **pharmacare** debate rages, it's worth looking at prescription-drug spending. Canadians spend US\$613 per capita on drugs, **eighth among 11 countries**. But only 36 per cent of drug costs are covered publicly; in France, it's 80 per cent; only the United States spends fewer public dollars on prescription drugs. Canada also has the second-highest rate of private insurance for drugs, 30 per cent, compared to 0 per cent in Sweden.

In these comparisons, we can find reasons for both despair and relief, but mostly food for thought to inform more sound and nuanced public policies.

**Editor's Note:** An earlier version of this story said Canada's public spending on health was 8.3 per cent of GDP. The correct figure is 7.4 per cent.