Thunder Bay Regional Health Sciences Centre

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

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

#	Time	Presenter	Item & Purpose	Expected Outcome				
				Recommendation /Decision/Action	Education	Discussion	Strategic Progress	Fiduciary Information
1.0	2	**CALL TO ORDER and WELCOME**						
2.0	10	**PATIENT STORY** – *Glenn Craig*						
3.1	1	M. Simeoni	Quorum (9 members total required, 7 being voting)					
3.2	1	M. Simeoni	Conflict of Interest					
3.3	1	M. Simeoni	Approval of the Agenda	X				
3.4	5	M. Simeoni	Chair's Remarks*					X
4.0	**PRESENTATIONS/EDUCATION**							
4.1	10	C. Pirie	Indigenous Health Direction*		X			
5.0	**CONSENT AGENDA**							
5.1	-		Board of Directors Open Meeting Minutes – October 3, 2018*	X				X
5.2	-		Patient Safety and Quality of Care Committee Minutes – October 17, 2018*					X
5.3	-		2018-2019 Attestation for Appointment and Re-appointment Processes for Professional Staff and Regulated Licensed Professionals*					X
5.4	-		Q2 2018-2019 Wages and Source Deduction Attestation*					X
5.5	-		TBRHSC Research Ethics Board Appointment*					X
6.0	**REPORTS**							
6.1	10	J. Bartkowiak	Report from the President and CEO* 6.1.1 Current Challenges: a. 2019-2020 Budget b. Infection Control c. Emergency Department follow up d. Other matters or comments	X				 X X X X
6.2	5	Dr. Ahmed	Report from the Chief of Staff*					X
6.3	5	D.M. 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	**FIDUCIARY MATTERS**							
7.1	5	G. Whitney	Report from the Chair of the Patient Safety and Quality of Care Committee:					

#	Time	Presenter	Item & Purpose	Expected Outcome				
				Recommendation /Decision/Action	Education	Discussion	Strategic Progress	Fiduciary Information
			a. Accreditation b. Infection Control c. Credentialing d. 2018-2019 Patient Safety Quality of Care Committee Workplan e. Other matters or comments					X X X X X
7.2	5	G. Walsh	Report from the Chair of the Resource Planning Committee: a. Northern Supply Chain Update b. People, Culture & Strategy Updates & Engagement c. Other matters or comments					 X X X
7.3	5	D. Mannisto	Report from the Governance and Nominating Committee: a. NW LHIN Governance to Governance Session b. Other matters or comments					 X X
8.0	**FOR INFORMATION**							
8.1	-		Workplans*					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	-		Article: Permanent funding sought for crisis response team to help with mental health calls*					X
8.6	-		NOSM: Report to Northern Ontario – Rooted in the North*					X
8.7	-		NOSM: The Northern Health Research Scope*					X
9.0	**BOARD MEMBER COMMENTS**							
10.0	**DATE OF NEXT MEETING** – December 5, 2018							
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)
November 7, 2018 – DRAFT

Agenda Item	Committee or Report	Motion or Recommendation	Approved or Accepted by:
3.3	Agenda – November 7, 2018	"That the Agenda be approved as circulated."	Moved by: Seconded by:
5.0	Consent Agenda	"That the Board of Directors: 5.1 Approves the Board of Directors Minutes of October 3, 2018; 5.2 Accepts the Minutes of the Patient Safety and Quality of Care Committee meeting of October 17, 2018; 5.3 Accepts the Attestation for the Appointment and Re-appointment Process for Professional Staff and Regulated Health Professionals; 5.4 Accepts the Q2 2018-2019 Wages and Source Deduction Attestation; 5.5 Appoints Ms. Shelley Tees to the position of Hospital Research Ethics Board (REB) Chair for two years effective November 1, 2018 until October 31, 2020 with the possibility of renewal, as recommended by the REB, as presented."	Moved by: Seconded by:
6.0	Reports and Discussion	"That the Board of Directors accepts reports dated November 7, 2018 from the: 6.1 President and CEO; 6.2 Chief of Staff; 6.3 Chief Nursing Executive; 6.4 Northern Ontario School of Medicine; 6.5 Professional Staff Association; 6.6 Foundation, as submitted."	Moved by: Seconded by:

Thunder Bay Regional Health Sciences Centre

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Report from Matt Simeoni
Chair, Board of Directors
November 7, 2018

Our Hospital is committed to curtail smoking on the property. I applaud the initiatives of the Government of Ontario to reduce smoking rates, including amendments to the Smoke-Free Ontario Act to include the enforcement of smoke-free grounds for hospitals. It is no secret that our Hospital is challenged to implement and enforce smoke-free grounds. This is a source of frustration that frequently elicits complaints from patients, family members and staff.

Our Hospital is viewed as a leader in smoke-free grounds enforcement; we were named "Smoke-Free Champions" by the Northwest Tobacco Control Area Network in 2016. Extensive efforts have been made to foster and sustain a healthy, smoke-free environment. In 2013, we successfully advocated to have our municipal smoke-free by-law amended to include our Hospital grounds. We have partnered with enforcement officers at the Thunder Bay District Health Unit, deputized Hospital security guards, and collaborated with the Thunder Bay Police Services in an effort to enforce the Act.

In addition, strategies were implemented to educate the community of the Smoke-Free Grounds, and resources were enhanced to support patients and staff to quit smoking. Signage throughout the property advises people not to smoke, and reminders of the Smoke-Free Grounds were added to patient appointment letters and overhead announcements.

Despite these significant efforts, we regularly observe smokers on our property in contravention of our policy as well as municipal and provincial legislations. I have reached out to the Premier of Ontario to respectfully request a review and amendment of the Smoke-Free Ontario Act to make enforcement of the legislation more achievable. Unfortunately, recent legislation changes that include both vaping and the use of cannabis may increase the number of people using these products on hospital grounds, thus compounding the potential for infractions that we will have to contend with. I am grateful to Thunder Bay – Superior North MPP Michael Gravelle for his endorsement of my request.

On September 27, I was honoured to participate in the annual Sharing and Caring Together, an exhibition that highlights and celebrates our Hospital's commitment to Patient and Family Centred Care (PFCC) philosophy. Our Hospital has come a long way since beginning the PFCC journey, and it is still a priority for the entire Hospital community, including the Board of Directors. It is inspiring to see the level of dedication to PFCC held by staff, physicians and volunteers, and the passion applied to enhancing experiences for patients and their families. PFCC is about being Healthy Together, and I congratulate the entire team for demonstrating this every day.

Finally, I was pleased to attend the October 20 Resolute Save a Heart Ball, in support of cardiovascular services development at our Hospital. Fellow Board Directors Gord Wickam and Joy Wakefield were also present and equally impressed by the quality of the event, and the level of engagement of the attendees. Once again, the Health Sciences Foundation hosted an exceptional evening. I extend my appreciation and congratulations to the staff, volunteers, sponsors and guests who made the evening such a success.

BRIEFING NOTE

Thunder Bay Regional Health Sciences Centre

TOPIC	Indigenous Health
PREPARED BY	Crystal Pirie, Senior Director, Indigenous Collaboration
REVIEWED BY DECISION SUPPORT (if required)	<Does this have financial impacts to the hospital's budget? Has a Decision Support Analyst been consulted on this briefing note?> YES ☐ NO× N/A ☐
APPROVED BY	
CO-SPONSER (if required)	<Does this impact another E/VP's portfolio/program? Have they been consulted on this briefing note?> NO
PREPARED FOR:	President &CEO × Board of Directors × Other:
DATE PREPARED	November 2, 2018

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

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

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

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

PURPOSE/ISSUE(S)

To provide education on the Indigenous patient population and how partnerships are critical to improve health outcomes.

BACKGROUND

The Board of Directors recently approved our additional objective of "Pursue formal partnerships with Indigenous organizations by the end of 2019/20 to expand discharge planning for Indigenous patients." to support the two Indigenous Health Goals:

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

ANALYSIS/CURRENT STATUS

Within the NW LHIN area there are 76,000+ registered Indians. According to Statistics Canada, there are almost 10,000 Metis and less than 100 Inuit people living in the area as well. Statistics Canada also indicates that 65.1% of registered Indians live off-reserve. The City of Thunder Bay believes that 22,000 residents are Indigenous.

According to the NW LHIN, the health status of Indigenous people in the Northwest is poorer than non-Indigenous people on most measurable health indicators. Higher rates of medically complex chronic health conditions such as diabetes, hypertension and mental health disorders, early onset of aging, and high rates of suicide and suicide ideation, are all significant regional issues.

As a specific example for the Hospital, we know that approximately 100,000 people access the services of the Emergency Department on an annual basis. We can assume that a significant portion of these visits are by the Indigenous peoples. We believe that approximately 19.5% of the visits to the Emergency Department are by the Indigenous population.

RECOMMENDATION

In order to achieve the Indigenous Health goals and objectives we need to know who our patients are, and subsequently, we need to know what services are available or have staff, or a resource available, that holds and maintains this knowledge, to some degree.

NEXT STEPS

N/A

STAKEHOLDER REACTION

N/A

COMMUNICATIONS

N/A

FINANCIAL IMPACTS

N/A

APPENDIX SECTION

N/A

Open Board of Directors Meeting

Indigenous Health Presentation

November 7, 2018

Thunder Bay Regional Health Sciences Centre

2020 healthy together

Indigenous Health

Enhance culturally appropriate care.

Holistic Services for Indigenous Patients

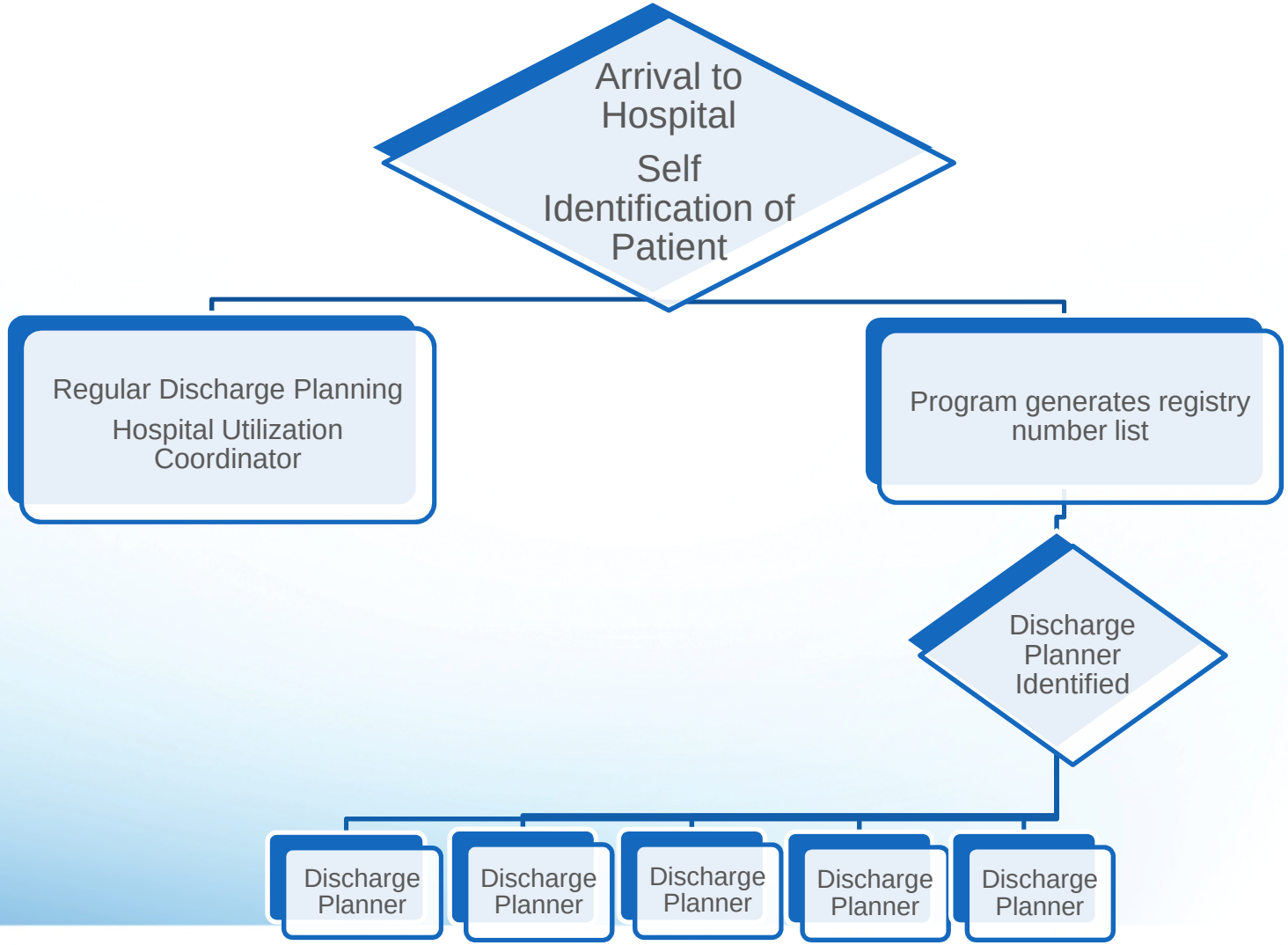
Thunder Bay Regional Health Sciences Centre

2020 healthy together

Indigenous Health

Enhance culturally appropriate care.

Discharge Planning at the Hospital



Thunder Bay Regional Health Sciences Centre

2020 healthy together

Indigenous Health

Enhance culturally appropriate care.

Thunder Bay Regional Health Sciences Centre

Board of Directors - *Open*

Wednesday, October 3, 2018

Boardroom – 5:00 p.m.

Action

***Present*:**

Matt Simeoni *(Chair)*	Dr. Eric Davenport*	Joy Wakefield (tcon)
Nathalie Coppola	Anita Jean	John Friday
Dr. Gordon Porter*	Eric Zakrewski	Micheal Hardy
Dr. Penny Moody-Corbett	Patricia Lang	Dick Mannisto
Dawna Maria Perry*	Gary Whitney	Grant Walsh

By Invitation – Senior Leadership:

Anne-Marie Heron	Peter Myllymaa	Dr. Stewart Kennedy
Glenn Craig	Amanda Björn	Dr. Peter Voros

By Invitation:

Angela Kutok, *Rec. Sec.*	Carolyn Freitag	Michael Del Nin
Samantha Ward	Julie Vinet	

Regrets Board of Directors:

Jean Bartkowiak*	Gordon Wickham

Regrets Senior Leadership:

David Murray

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 following new Board member and Senior Leaders were also welcomed:

- Ms. Nathalie Coppola, Board Director;
- Dr. Peter Voros, Executive Vice- President, In Patient Care Programs;
- Mr. David Murray, Executive Director, NW Health Alliance, CEO, Nipigon District Memorial Hospital and member of the Senior Leadership team;
- Ms. Anne-Marie Heron, Acting Vice President, Research and Development.

The Chair also highlighted the following:

- Dr. Gordon Porter, Chief of Staff, has accepted the position of Chief of Quality at the North West Local Health Integration Network. Dr. Porter was thanked for his exceptional dedication and leadership over the years;
- The Hospital celebrated its commitment to Patient and Family Centred Care at the 9th annual Sharing and Caring Together Exhibition on September 27;
- The Chair thanked the staff, professional staff and volunteers for their commitment

to patient care noting that normally during the summer months, many hospitals "slow down", however this was not the case at the Hospital this year;
- The Hospital has recently launched its Employee and Professional Staff Engagement Survey (EPSES) to identify how staff work-life can improve.

2.0 PATIENT STORY

Ms. Amanda Bjorn, Executive Vice President, People, Culture & Strategy, shared a story of a non-clinical staff and the Hospital's Patient Advocate who together compassionately helped a resident of a community group home who had been missing for several hours. The story illustrated how the Patient and Family Centered Care (PFCC) philosophy guides all interactions and decisions with patients, families, co-workers, and visitors.

3.1 Quorum – Quorum was attained.

3.2 Conflict of Interest - None.

3.3 Approval of the Agenda

Moved by:	***Grant Walsh***	***Motion***
Seconded by:	***Eric Zakrewski***	

"That the Agenda be approved, as presented."

CARRIED

3.4 Chair's Remarks

Recruitment for the new Chief of Staff started with the position being posted for two weeks until September 28, 2018. The Hospital By-Law provides for a selection committee to be struck. Interviews are anticipated to take place in the third week of October with an objective to recommend a candidate for Board approval in early November.

4.0 PRESENTATIONS

4.1 TBRHS Foundation Update

Ms. Jody Nesti, Chair of the Board of Directors of the Thunder Bay Regional Health Sciences Foundation (the Foundation) and Mr. Glenn Craig, CEO of the Foundation, highlighted the achievements of the past year. They noted the overwhelming community support of major events, annual giving program, major gift program, and individual

donations. They described the Foundation's strategic pillars which include growing the Annual Giving Program, building a positive brand, and inspiring a culture and spirit of philanthropy.

Ms. Nesti was excused from the meeting.
Ms. Julie Vinet and Ms. Samantha Ward were welcomed to the meeting.

4.2 Quality Based Procedures

Dr. Gordon Porter, Chief of Staff, Ms. Julie Vinet and Ms. Samantha Ward, Clinical Leads for the implementation of Digital Order Sets, provided an update on the Hospital's transition to digital order sets for Quality Based Procedures (QBP).

The adoption and implementation of the digital QPB order sets was sponsored by the Ministry of Health and Long-Term Care (MOHLTC). Transitioning to digital and customizable order sets will support PFCC, promote a culture of quality and safety, and is part of the Hospital's commitment to adopt standardized processes, tools, templates, and resources that support safe quality care.

The success of the project is greatly impacted by the support of senior leaders, the Medical Advisory Committee (MAC), as well as Directors and Medical Directors. An intensive training and communication strategy has been developed for staff and professional staff to ensure the project's success.

Ms. Vinet and Ms. Ward were excused from the meeting.

5.0 CONSENT AGENDA

Moved by:	***Dick Mannisto***	***Motion***
Seconded by:	***Eric Zakrewski***	

"That the Board of Directors:

5.1 Approves the Board of Directors Open Minutes of June 6, 2018;
5.2.1 Accepts the Minutes of the Patient Safety and Quality of Care Committee meeting of May 16, 2018;
5.2.2 Accepts the Minutes of the Patient Safety and Quality of Care Committee meeting of September 19, 2018, as amended;
5.3 Accepts the Governance and Nominating Committee Terms of Reference as recommended by the Governance and Nominating Committee;
5.4 Accepts the Q1 2018-2019 Wages and Source Deduction Attestation, as recommended

by the Resource Planning Committee;
5.5 Accepts the Board of Directors 2018-2019 Work Plan;

as submitted."

CARRIED

6.0 REPORTS AND DISCUSSION

6.1 Report from the President & CEO

The report for the President and CEO and Senior Leadership Team was pre-circulated for information.

6.1.1 Current Challenges

The President and CEO report on current challenges was provided by Dr. Stewart Kennedy, Executive Vice President of Medical, Academics and Regional Programs and highlighted the following:

a. Patient Flow and Overcapacity: The Hospital continues to operate in overcapacity, caring for 101 patients discharged from acute care. Dr. Kennedy specified that no patient surgeries have been cancelled notwithstanding overcapacity. Patient flow will be monitored closely as influenza season approaches. Several mitigating tactics are being implemented including:

- Collaboration with the North West Local Health Integration Network (NW LHIN) and community partners to increase wait at home capacity;
- Hogarth Riverview Manor (HRM) – Transitional Care Unit (TCU) remains open;
- A Director of Medicine, Patient Flow and Partnerships has been recruited who will be tasked with identifying barriers to patient flow including admission avoidance alternatives;
- A new Manager of Infection Control has been appointed who will aggressively address infection control challenges;
- Discharge by noon implementation;
- Length of Stay working group is developing best practices;
- Planning to develop an Internal Medicine Clinic in the Emergency Department to care for patients on an ambulatory basis to avoid hospital admission.

b. Regional Programs Development: Regional Programs include Orthopedics, Pharmacy, Cancer Care, and Credentialing, to name a few. A regional Gastroenterology program will

also begin operations in Marathon. The President and CEO toured the region last summer to develop partnerships with community hospitals in the region.

c. Other matters or comments: The Ontario Government announced a plan to end hallway medicine by taking urgent action to expand access to long-term care, reduce the strain on the health care system in advance of the upcoming flu season, and engage front line health care professionals and other experts to transform the province's health care system. It is anticipated that this government direction will impact the Hospital directly and indirectly to hopefully ease surge and overcapacity challenges.

The Hospital scored 98.4% compliant following the 2018 Accreditation Canada survey and was accredited with commendation.

The Employee and Professional Staff Engagement Survey is currently underway. The latest response rate stood at 63%. The Hospital target is to exceed 66%, a 5% increase from the last survey.

Ms. Carolyn Freitag was welcomed to the meeting.

6.1.2 2020 Q1 Strategic Plan Progress and Scorecard Report

Ms. Carolyn Freitag, Director, Strategy and Performance Improvement reported on the Q1 progress of the 2020 Strategic Plan and Scorecard. Amendments to the 2020 Strategic work plan were made in the following Strategic Directions: Mental Health, Patient Experience, and Indigenous Health reflecting feedback from the June 2018 5 Partners Engagement session. Health Quality Ontario also directed that Violence in the Workplace become a mandatory Quality Improvement Plan indicator.

Ms. Freitag was excused from the meeting.

6.2 Report from the Chief of Staff

The Chief of Staff (COS) highlighted overcapacity challenges, locum dependency, mental health and addictions, and access to primary care. It was noted that an overwhelming number of applications were received for the COS position, indicating that professional staff engagement is improving.

6.3 Report from the Chief Nursing Executive – For information

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

6.5 Report from the Professional Staff Association (PSA)

The President of the PSA reported that the Association is reviewing how Professional Staff dues are collected.

6.6 Report from the Foundation – For information.

Motion

Moved by: *Anita Jean*
Seconded by: *Micheal Hardy*

"That the Board of Directors accepts reports dated October 3, 2018 from the:

6.1 President and CEO;
6.1.2 2020 Q1 Strategic Plan Progress and Scorecard Report;
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 FIDUCIARY MATTERS

7.1 Report from the Chair of the Patient Safety and Quality of Care Committee (PSQOC)

Mr. Gary Whitney highlighted the following:

a. Patient Flow: Mr. John Ross, Director, Medicine, Patient Flow and Partnerships reported on several initiatives aimed at addressing the number of admitted patients.

b. Other Committee matters or comments: A sub-committee met this summer to review the responsibilities of the PSQOC and will be making recommendations to the Board accordingly.

7.2 Report from the Chair of the Resource Planning Committee (RPC)

Mr. Grant Walsh highlighted the following:

a. People, Culture, and Strategy updates: The Resource Planning Committee has transitioned from being solely focused on finances, to now include a stronger Human Resources component. The terms of reference will be updated accordingly. In addition, relevant PSQOC work-plan responsibilities will be reassigned to RPC.

The Ontario government has suspended implementation of executive compensation plans for public-sector senior executives until a review of the current model is completed by June, 2019.

b. Financial updates: The timeline for preparing the 2019-2020 budget has already started.

c. Other Committee matters or comments: In order to apprise the Board of the implementation status of the 98 recommendations from the 2016 Operational Review, the Executive Vice President, Corporate Services and Operations and the Chair of Resource Planning Committee will develop a process to share this information at future In Camera Board meetings. ***Action***

7.3 <u>Report from the Chair Governance and Nominating Committee (GNC)</u>

Mr. Dick Mannisto highlighted the following:

a. Process for selection of Officers including Board Chair: The GNC will draft a policy to formalize the process of Board Chair and Officer Appointment in order to comply with Accreditation Canada standards related to Board governance.

b. Disclosure requirements for Board Directors: In addition to the current requirement for new Board members to undergo a criminal records check, the GNC is drafting a disclosure process should Board Directors face situations that might impact the Hospital's image.

c. Streamlining of Board and Committee evaluation tools: The Board currently uses several tools to assess its performance and effectiveness. The GNC is conducting an evaluation of the assessment tools to streamline the current processes.

d. Board of Directors education: The GNC is reviewing education needs for Board Directors as well as potential education topics for the monthly Board meetings to ensure Directors have the knowledge and tools to competently discharge their governance duties and responsibilities, and to maximize their contributions in the best interest of the Corporation.

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 **Critical Incidents Update** – For information.

8.6 **Nursing Week Schedule** – For information.

9.0 BOARD MEMBERS COMMENTS - None.

10.0 DATE OF NEXT MEETING – November 7, 2018

11.0 ADJOURNMENT - The meeting adjourned at 6:43 p.m.

_____ _____

Chair Board Secretary

_____

Recording Secretary

Thunder Bay Regional Health Sciences Centre

Patient Safety and Quality of Care Committee

October 17, 2018

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

Present:

Patricia Lang (Acting Chair), Jean Bartkowiak, Cathy Covino, Dawna Perry, Filomena Gregorash, Sheri Maltais, Michael Hardy, Anita Jean, Anne Marie Heron (Acting)

Teleconference: Joy Wakefield, Gary Whitney

***Regrets*:** Matt Simeoni, Dave Van Wagoner, Dr. Gordon Porter

By Invitation:

John Ross, Director, Medicine, Patient Flow and Partnerships
Katherine Bell, Manager, Infection Control
Dr. Greg Gamble, Medical Director, Infection Prevention and Control
Randy Mehagan, Manager, Housekeeping
Ron Turner, Senior Director, Patient Services
Georgia Carr, Manager, Clinical Lab
Laurel Knowles, Patient Safety Improvement Specialist
Gary Ferguson, Consultant, Strategy and Performance Improvement
Dr. Michelle Langlois, Manager, Medical Affairs
Michelle Addison, Director, Health Professions & Collaborative Practice
Carolyn Freitag, Director, Strategy and Performance Improvement
Michael Del Nin, Manager, Decision Support
Maureen Dawson, Rec. Sec.

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

Ms. Joy Wakefield and Mr. Gary Whitney joined the meeting by teleconference at 4:30 pm

1.1 Quorum – Attained.

1.2 Introduction – Ms. Patricia Lang (Acting Chair) welcomed Ms. Anne Marie Heron, Acting EVP Research and Development to the meeting as she will be filling in until a replacement for Dr. Rudnick is announced.

1.3 Conflict of Interest – None.

1.4 Approval of the Agenda — ***Motion***

Moved by: Cathy Covino

* Denotes Non-Voting Member

Seconded by: Michael Hardy

"The agenda be approved as circulated"

CARRIED

2.0 GENERATIVE

Mr. John Ross, Ms. Katherine Bell, Dr. Greg Gamble, Mr. Randy Mehagan, Mr. Ron Turner, Ms. Georgia Carr were welcomed to the meeting.

2.1 Infection Control Update

Ms. Katherine Bell, Manager, Infection Control provided an update on Thunder Bay Regional Health Science Centre's (the Hospital) progress with recommendations received from the Infection Control Resource Team (Public Health Ontario [PHO]).

On December 11, 2017 a VRE outbreak was declared on 1A (oncology) and is currently ongoing. There have been eight additional outbreak incidents on six other clinical units (2A, 3B, 3A, 3C, 2B, and ICU), of which two are ongoing: 2B since February 20, 2018 and 3 B since April 10, 2018. As of August 30, 2018 a total of 364 cases had been associated with the outbreak.

Prior to March 2018, Jean Bartkowiak submitted a request to Public Health Ontario to provide an Infection Control Resource Team (ICRT) visit to TBRHSC for the purpose of reviewing and providing recommendations on the management of the ongoing, facility wide VRE outbreak. The ICRT visited TBRHSC in March and based on the information gathered prior to and during the on-site visit, the consensus was that, although there are other contributing factors, the primary contributing factor is contamination of the environment.

The ICRT issued 50 recommendations related to environmental control strategies and various elements comprising the Hospital's Infection Prevention and Control program. There were a number of recommendations related to human resources (staffing, retention, competency, availability), training, education and policies and procedures (patients and staff), cleaning practices (supplies and equipment, rooms) and our IPAC practices (antimicrobial stewardship, outbreak management, surveillance, auditing, communication, accountability and decision making). By following these recommendations the Hospital will be better positioned to get out of outbreak and to prevent and control the spread of infection in the future. Of the 50 recommendations, the hospital determined that 1 was already in place, 37 required action and 2 were identified as recommendations the Hospital was unable to move forward with at the time. The other 10 are currently under review.

To capture the status of each recommendation and the actions defined to meet the

recommendations, a spreadsheet was developed in late September. It will be used by members of the implementation team to communicate updates and barriers and report on metrics.

Ms. Bell advised that the Hospital will continue to support the implementation of the PHO recommendations and expect that will help resolve the ongoing outbreaks and to strengthen how well we prevent and control the spread of infections. This will drive improvements in patient safety and patient flow. If implemented, we expect to see a reduction in the number of isolation days, blocked beds, VRE positive and VRE contact cases. Alleviating the burden of being in outbreak may also lead to improvements in staff satisfaction.

Ms. Bell also advised that they are working closely with other departments such as housekeeping and implementing changes such as developing a sign off sheet for cleaning the washrooms, removing bed pan holders from units, education for patients, ensuring staff have access to personal protective equipment, changing cleaning products and looking at changing signage from words to pictures to make communication simpler. One of the current outbreaks has been ongoing since December 11, 2017 and that the outbreaks are regarding specific, identified, hospital-acquired organisms. Mr. John Ross noted that the population that is served at our hospital is susceptible to these types of infections.

They have not been able to implement the new IPAC software yet as there is a contract issue that needs to be resolved. Mr. Randy Mehegan, Manager, Housekeeping, after consulting with other hospitals, noted that we have changed cleaning products and that the cleaning processes that we have in place follow IPAC guidelines and that they are focusing on training, staffing and responsibilities for staff.

Dr Gamble, Medical Director, Infection Prevention and Control, noted that we are using an evidence-based approach. Once a patient acquires a VRE they are flagged in the system in case they ever get re-admitted. Ms. Katherine Bell noted that the patient is not tested again upon re-admittance. The Hospital has an agreement with Academy Clinic for the patient to get the testing done as an outpatient if they do not have a family physician. Ms. Georgia Carr stated that the Hospital has new lab equipment and starting off the process was difficult but it should move quicker now.

Mr. Michael Hardy thanked the group for the presentation as it helped to understand how patients move through the system and explain any bottle-necks that may happen.

The group was invited back to provide an update at the December meeting. Ms. Patricia Lang requested that the next report include measures of where we have been, where we are now and how we compare to other Ontario hospitals and if not how we compare to ourselves. Ms. Lang requested the report include the number of isolation days, number of blocked beds, number of VRE cases and number of VRE contacts.

Mr. John Ross, Ms. Katherine Bell, Dr. Greg Gamble, Mr. Randy Mehagen, Mr. Ron Turner, Ms. Georgia Carr were excused from the meeting.

Anita Jean joined the meeting at 5:00 pm

3.0 STRATEGIC AND EXCELLENT CARE FOR ALL

3.1 Patient Safety Presentation

Ms. Laurel Knowles was welcomed to the meeting.

Ms. Laurel Knowles, Patient Safety Improvement Specialist provided an overview of the Patient Safety Incident Learning Report for the first quarter 2018/2019 (April, May, June). Incident Learning Event characteristics continue to change for the better with a larger proportion of incidents having caused less severe harm overall. When compared to Q1 of 2017, statistics reveal that there has been a decrease in the proportion of critical incidents in Q1 2018. The safety culture at TBRHSC is becoming more prevalent across the board with 1511 safety huddles held across the organization in Q1 2018 with 27 departments/units reported participation.

Changes to the Patient Safety Incident Learning Report include that the structure goals are placed under their quality dimension and that the updated report aligns the QIP, the new quality framework and the safety plan. Ms. Knowles went through the accomplishments and noted that Patient Safety Week is coming up at the end of the month.

In September 2018, initiatives to enhance the utilization of the incident learning system will be examined and Infection Prevention and Control expressed interest in further utilizing the Incident Learning system to report hospital associated infections.

Ms. Dawna Perry noted that we expect to see reporting increase on falls which is a positive as we are encouraging staff to report and fostering a culture of no blame. The number of falls that result in serious or critical harm are a good measure for us to know whether the strategies we put in place to manage falls results in an improvement. Although we have strategies in place to prevent falls (three risk levels, lower beds, lighting), some patients will try to ambulate when the staff are not present. Fall rates have been staying stable and fluctuate with admission rates.

Ms. Knowles clarified that in this report the reference to serious or severe harm refer to the same level of harm but will make sure the next report uses consistent language. Ms Knowles will also include a breakdown of incidents of moderate to serious and ensure standardized reporting. It was suggested to add the other two dimensions to the report to

mirror the QIP and quality framework ie: efficient and equitable.

Ms. Laurel Knowles was excused from the meeting.

3.2 Accreditation Update

Mr. Gary Ferguson was welcomed to the meeting.

Mr. Gary Ferguson provided an update to the Accreditation On-site survey visit on the week of May 14, 2018. Upon completion of the On-site survey TBRHSC was given the award of Accreditation with Commendation under the Qmentum Accreditation program with a total overall score of 98.4%. This is a milestone to be celebrated, and Accreditation Canada has congratulated TBRHSC for our commitment to providing safe, high quality health services.

There are, however, required follow-ups that must be met within the specified timelines to maintain our status. As part of the Accreditation process, for Standards identified as non-compliant evidence must be submitted by the Hospital that demonstrates that compliance is in place. The areas that require evidence were outlined in the briefing note. The Hospital is required to submit 2 follow up submissions, the first is by November 17, 2018 and the second by May 18, 2019.

Mr. Gary Ferguson was excused from the meeting.
Jean Bartkowiak excused himself from the meeting at 5:35 pm

3.3 Credentialing/Appointment and Reappointment Process for Professional Staff and Regulated Licensed Professionals

Dr. Michelle Langlois and Ms. Michelle Addison were welcomed to the meeting.

Dr. Michelle Langlois provided a summary of the credentialing process for Professional Staff at the Hospital. In the annual report provided, it was noted that a total of 1047 professional staff were credentialed in 2017. Dr. Langlois spoke to the results of an audit and any improvements made as a result of the findings. The audit pulled 5 appointments and 5 reappointments. It was noted that professionals can decline to be fit tested if they have facial hair; however, we would not withhold privileges based on lack of fit testing. Fit testing for the physicians is currently not provided by Occupational Health and Safety. Dr. Langlois provided an overview of other recent changes in credentialing online orientation, and disclaimer uploaded to their professional file. There is now a checklist that is completed to improve the process. They are currently working on developing a better process for leaves of absences. It was noted that the same credentialing process is used for

locums and that we are able to grant temporary privileges quickly. Dr. Langlois noted that the increase in term physicians is a trend that needs to be watched. It was noted that if professional staff have a CPSO certificate, the criminal record check and vulnerable check have already been completed. Ms. Patricia Lang requested that the number of records pulled for the next audit are increased to reflect a higher percentage. The Hospital does have a joint credentialing committee and we follow the same process as all the Northern Ontario hospitals.

Motion

Ms. Michelle Addison provided an update on the education (for all healthcare providers) and regulatory license (for regulated healthcare providers). They are checked upon hire (by hiring manager and Human Resources). Vulnerable Sector Check or Criminal Record Check is provided upon hire and regulatory license is checked annually. Ms. Addison noted that they also review job descriptions regularly, check to see if they are on the website as registered and they check that they are in good standing with their college. We currently have agreements in place with outside providers to provide services that the Hospital does not provide such as foot care services. This allows the patient to receive these services in a timely manner.

"That the Patient Safety and Quality of Care Committee approves that the credentialing/appointment and reappointment process for professional staff and regulated licensed professionals as presented, and approves forwarding said process to the full board for approval."

Moved by: Cathy Covino
Seconded by: Filomena Gregorash

CARRIED

Dr. Michelle Langlois and Ms. Michelle Addison were excused from the meeting.

4.0 STANDING ITEMS

4.1 Report from the Chair of the Quality Committee

Patricia Lang noted that a report from the Quality of Care will become a standing agenda item.

4.2 Report from the Chair of the Quality Improvement Committee

Patricia Lang noted that a report from the Quality Improvement will become a standing agenda item once they are up and running.

5.0 FIDUCIARY

5.1 QIP Update

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

Mr. Michael Del Nin provided an overview on results for 2018-19 Q1 indicators, some which are falling short of target and the reasons for same and outlined remedial actions being undertaken to improve performance. Length of stay has crept back up in Q1, however, there are many initiatives going on to reduce. Patient satisfaction scores were highlighted and we are above target and at this point we are better than the Ontario average. A discrepancy was noted in the reporting of critical incidents. The Patient Learning report indicated 1 and the QIP update indicted 0.

Balanced scorecards (BSCs) and related indicators are prepared, updated and published monthly by Decision Support. BSC results are reviewed monthly at various councils. A more thorough quarterly review is completed by Senior Leadership Council (SLC) during a regularly scheduled meeting. For 2018-19 Q1 results, these reviews occurred in September 2018.

Following review by SLC, results are reported to the Board and various committees on a quarterly basis. To avoid duplication of reporting to the Board and its committees, indicators are now separated and presented in 3 distinct views:

1. Board Strategic (indicators used to assess progress regarding TBRHSC's strategy)
2. Patient Safety & Quality of Care Committee (indicators that emphasize quality, safety and customer experience, and include QIP indicators)
3. Resource Planning Committee indicators (indicators that measure use of resources, as well as the experience for staff and like)

Motion

Ms. Carolyn Freitag noted that Health Quality Ontario (HQO) will not be issuing a "sneak peak" this year and we have been advised to move forward with engagements and QIP. the guidance document is scheduled to be released in December however we are still expected to complete the plan by March 2019.

The teleconference line disconnected at 6:10 pm. At 6:15 pm Mr. Gary Whitney and Ms. Joy Wakefield were back on the line.
Ms. Carolyn Freitag and Mr. Michael Del Nin were excused from the meeting.

6.0 CONSENT AGENDA

The Patient Safety and Quality of Care Committee minutes of September 18, 2018 were accepted as presented.

7.0 WORK PLAN

The following changes to the 2018-2019 Work Plan were recommended:
The title to be changed to Patient Safety and Quality of Care Committee. Under "Source" column the text should be wrapped. Column 22 5.3 Reviewing the committees own performance to improve patient safety and quality of care and risk management should be every month. April was missing and should be added and the highlighting removed in the report line.

"That the Patient Safety and Quality of Care Committee approves the Patient Safety and Quality of Care Committee 2018-2019 Work Plan."

Moved by: Cathy Covino
Seconded by: Michael Hardy

CARRIED

8.0 BUSINESS ARISING/COMMITTEE MATTERS

Recommendations for Future Generative Presentations
November: Update on Patient Flow/ALC
December: Cancer Clinic and update on Infection Control
January : Update from Crystal Pirie, Senior Director, Indigenous Collaboration

Recommendations for Annual Report for the Board of Directors
Accreditation, update on outbreak situation

9.0 FOR INFORMATION

Received one evaluation form back from the September 18, 2018 meeting.
Reminder to everyone to please complete the evaluation forms.

10.0 BOARD MATTERS

10.1 Chair's report to the Board

Accreditation update, infection control, credentialing and the 2018-2019 Patient Safety Quality of Care Workplan

10.2 Recommendations to the Board

Accreditation updated, credentialing/appointment and reappointment process approval and update on outbreak infection control and workplan (flag for year end to see if this makes sense.)

11.0 DATE OF NEXT MEETING

The next meeting is scheduled for November 21, 2018.

12.0 ADJOURNMENT

The meeting adjourned at 6:30 p.m.

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ATTESTATION

TO: The Board of Thunder Bay Regional Health Sciences Centre

FROM: Gary Whitney, Chair, Patient Safety and Quality of Care Committee

DATE: October 18, 2018

RE: **2018-2019 Attestation for Appointment and Re-appointment Processes for Professional Staff and Regulated Licensed Professionals**

Attestation made on behalf of the Patient Safety and Quality of Care (PSQOC) Committee:

Whereas the credentialing processes for Professional Staff and Regulated Licensed Professionals was reviewed by the Patient Safety and Quality of Care Committee (PSQOC) at the October 18, 2018 meeting;

the PSQOC Committee attests that according to the Excellent Care for All Act obligations, the credentialing process for the appointment and reappointment of the Professional Staff and Regulated Licensed Professionals meets or surpasses the legal requirements set in their respective regulated professionals governing acts.

Dated at Thunder Bay, Ontario this 18th day of October, 2018.

Gary Whitney
Chair
Patient Safety and Quality of Care Committee
Thunder Bay Regional Health Sciences Centre

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ATTESTATION

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

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

DATE: October 16, 2018

RE: **Q2 2018-19** Wages and Source Deductions for Fiscal Year Beginning April 1, 2018 and ending March 31, 2019 (the "Applicable Period")

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

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

during the Applicable Period.

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

Dated at Thunder Bay, Ontario this 16th day of October, 2018.

_____

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

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October 30, 2018

Mr. Matt Simeoni, Chair, Board of Directors
Thunder Bay Regional Health Sciences Centre
980 Oliver Road
Thunder Bay, ON P7B 6V4

Re: Nomination for Chair, Thunder Bay Regional Health Sciences Centre ('the Hospital') Research Ethics Board ('REB')

Dear Mr. Simeoni,

As you are aware the REB Chair position is currently vacant. I write to you on behalf of the REB to recommend that the Board of Directors approve Ms. Shelley Tees to the position of REB Chair for 2 years with the possibility of renewal. Ms. Tees is currently in her second term as a REB member.

At the REB meeting held on October 22, 2018 members made nominations for the Chair position. Once the REB members made their nominations, REB members voted to identify a Chair from those who accepted the nomination. Ms. Tees won that vote and willingly accepted the nomination. A motion was passed to recommend that the Board of Directors approve her as the REB Chair for a 2 year period, which is renewable.

Ms. Michelle Allain will return to the role of Vice Chair upon appointment until such time as a new Vice Chair can be recruited.

If you have any questions or concerns, please do not hesitate to contact me at horned@tbh.net

Sincerely,

Daniel Horne
Acting Manager, Research Ethics Office
Thunder Bay Regional Health Sciences Centre

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Report from the President and CEO
and Senior Leadership Council
November, 2018

The following provides an account of 2020 Strategic Plan progress and highlights priority operational activity from the Sept 4th to Oct 27th, 2018 period. Only strategic initiatives that have notable monthly progress are report.

Strategic Update

Patient Experience:

Goal 4: Invest in staff development, engagement, and wellness.
Objective 4.1 Develop and implement supports and structures for staff to participate in education

One of the success criteria of our Strategic Plan is that our Hospital will be a "Learning Organization". Electronic Learning (eLearning), used properly, can be a powerful tool for staff learning and development. A new Learning Management System (LMS) was implemented that will support our learning. One way we are strategically using the LMS is to increase knowledge regarding sensitive and competent care; this will impact our strategic directions within Patient Experience, Acute Mental Health, Indigenous Health and Seniors Health. In addition, a Diversity and Inclusion survey was conducted to provide data to support recruitment and sensitivity of care strategies for staff. Results of the survey will be available at the end of November.

Objective 4.4 Engage staff throughout the organization in a meaningful way

The Employee and Professional Staff Survey (EPSES) closed in October. The 70.1% staff response rate exceeded the target (66.4%) and though it didn't reach the target for Professional Staff, it did improve from the previous survey with a response rate of 55.9% (vs 35.6%). Survey reports are expected late November and the next steps will be to communicate the results, and develop corporate and departmental action plans.

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.

Architects drafted several options for the cardiovascular capital expansion. The selection of a preferred layout will follow the cost consultant's report, anticipated in late October.

The Cardiovascular Surgery Campaign team has been very successful in securing the support of many wonderful volunteers from across the business community. For instance, the October 20 Resolute Save a Heart Ball raised $109,206.56 for cardiovascular care at our Hospital, through the Northern Cardiac Fund.

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Goal 3 Enhance access to clinical services supported by patient flow efficiencies.
Objective 3.1 Improve internal patient flow efficiencies.

The Interdepartmental Transfer Policy PAT-1-41 has been updated to improve efficiency, communication, collaboration and patient experience during the transfer process using a 7 day a week model. Newly defined processes and targets have been identified throughout the policy increasing accountability between departments. Transfer of Care Forms have transitioned from a paper form to an eForm within the EMR that has improved communication and efficiency. All transfer delays are documented in the Incident Management System to facilitate process reviews and follow-up.

Emergency Department (ED) Pay for Results funding focused on improving patient flow was allocated $1.9 M in funding: this allocation will serve to assign an ED Process Improvement Coordinator, expanded use of quick result testing for select isolated potentially infected patients, thus speeding up their diagnosis, and geriatric enhancements. Furthermore, an analysis of patients admitted with Congestive Heart Failure, Chronic Obstructive Pulmonary Disease and Frailty is investigating the potential to safely avoid admissions in those patient populations.

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

Seven additional beds were opened at the Transitional Care Unit at St. Joseph's Care Group's Hogarth Riverview Manor (HRM) on October 1, bringing the total to 39 beds at the HRM. These beds were designed to relieve some of the ALC pressure at St-Joseph's Hospital so that we can more speedily transfer patients discharged from acute care in their assess and restore rehabilitation unit. Anecdotally, this already appears to have allowed us to direct patients into retirement rather than LTC accommodation.

Goal 4: Develop formal partnerships to deliver comprehensive clinical services that support care in the appropriate location.
Objective 4.2 Improve patient access for services in the region which require external partnerships within our community and within the NW LHIN.

The Program and Service administrative Dyads, and respective Clinical EVPs are validating and updating the environmental assessment of informal and formal partnerships across the organization. The assessment is intended to identify value add partnerships to advance the clinical service quality and access.

Indigenous Health:

Goal 1: Provide care that improves self-management, access, experience, and transition to home for Indigenous patients.
Objective 1.4 Improve partnerships that increase research opportunities related to the development of Indigenous health screening tools.

An engagement and relationship action plan to build awareness and promote interest in research has been drafted. Crystal Pirie, Senior Director, Indigenous Collaboration, will use it to engage with Indigenous leaders to learn more about the communities that we serve and their health needs, and identify research opportunities.

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Acute Mental Health:

Goal 2: Enhance the delivery of mental health care to all patients at TBRHSC, outside of mental health services.
Objective 2.2 Increase access to specialized and appropriate mental health services on all in-patient units.

A direly needed Consultation Liaison Service has been implemented across all inpatient units: the service provides referrals to psychiatric or behaviourally challenged patients, liaison with the referring treatment team, ongoing monitoring of mental status and facilitation of transfer to other mental health services if deemed necessary. A communication strategy is underway to increase awareness of the service.

Objective 2.3 Develop clear care plans for off-unit mental health patients.

The Consultation Liaison Service was implemented ensuring clear care plans are documented in the Electronic Medical Record to help staff provide psychiatric care for patients receiving acute care in other areas.

Goal 4: Enhance the delivery of acute mental health care within mental health.
Objective 4.2 Implement comprehensive mental health emergency service (MHES).

The Mental Health Emergency Service Capital Development Business Case was endorsed by the Senior Leadership Council and NW LHIN. A pre-capital submission to the Ministry of Health and Long-Term Care is expected to be forwarded by earthly November. The project envelope amounts to approximately $5.6 M.

Operational Update

In addition to advancing our Strategic Plan, the following activities were over the past month.

Advocacy:
On Tuesday, October 16, I was invited to attend a Health Quality Ontario sponsored panel focusing on Leadership for Compassionate Quality Care in a Digital and Technological World. Facilitating the session was Australian Institute of Health Innovation Professor Dr. Jeffrey Braithwaite. He impressed on the 18 Health Care Senior Leader participants the following 6 principles to change management:

1. We must pay much more attention to how care is delivered at the coalface;
2. All meaningful improvement is local, centred on natural networks of clinicians and patients;
3. We must acknowledge that clinicians doing complex everyday work get things right far more than they get them wrong;
4. Begin with small scale initiatives and build up, convert data into intelligence, give this openly to decision makers, collaboration underpins all productive change and always start with the patient at the centre of any reform;
5. Be more humble in your aspirations;
6. Adopt a new mental model that appreciates the complexity of care systems and understands that change is always unpredictable, hard won and takes time.

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HealthCareCAN, our national health association, invited CEOs to partake in its annual H on the Hill one day event to engage individual Members of Parliament and their staff to advocate on behalf of healthcare organizations across Canada; this year's event held on October 30, focused on the following priorities:

- Address the true costs of health research;
- Renew commitment to healthcare infrastructure; and
- Unlock the power of digital health.

Attached is a two pages summary of outlining the key elements of each asks. Generally, the MPs receptivity and engagement was very good.

On the same day, Health Sciences North and Thunder Bay Regional Health Sciences were co-sponsors of a Research Canada event focusing on Northern and Rural Health Research in Canada. Both CEOs, Dominic Giroux and I were given 5 minutes of air time to impress on the MPs, Senators and their support staff the importance of increasing federal support to health research institutes in the North.

Digital Order Set:
In October, our Hospital launched a groundbreaking opioid digital order set pilot project aimed at improving outcomes for patients who require post-operative pain management. Our Health care providers will be able to use this digital checklist to guide decisions for their patient's pain management. The opioid digital order set provides standardized guidance for acute pain management for various post-op scenarios. Controlling and decreasing pain leads to better post-surgery outcomes, improved patient experiences, and reduced opioid prescribing rates. Over the next three months, the Hospital's Acute Pain Service Team will pilot the order set before rolling it out across the Hospital. Their experience will also inform the provincial strategy.

Musculoskeletal Care Central Intake:
A new central intake and assessment model at our Hospital making wait times more equitable for musculoskeletal patients across Northwestern Ontario. Mandated by the Ontario Ministry of Health and Long-Term Care, in partnership with the North West Local Health Integration Network, the adoption of a "Rapid Access Clinic" (RAC) concept that combine the Regional Joint Assessment Centre (hip and knee) and Inter-Professional Spine Assessment and Education (lower back pain) clinics. The central intake, assessment and management model of the RAC has proven benefits to both patients and providers: indeed, previously, patients were often waiting months for an assessment or referral to a specialist, which delayed treatment and negatively impacted recovery potential as well as increasing risks of treatment complications. Now, all referrals go to one location, the RAC. An assessment is scheduled in 2 to 4 weeks to determine if surgical treatment is indicated. Patients who don't require surgery receive education, resources, a self-management plan and follow-up visits to monitor their progress.

Chief of Staff:
Dr. S. Zaki Ahmed, MD, FRCPC, FCCP, CCPE, MHSc (Health Admin.) will join the Senior Leadership Council and the Board of Directors as the new Chief of Staff. He will begin in his new role on November 1. Dr. Ahmed is a highly engaged leader at our Hospital. In order to be able to see to his new responsibilities, he has agreed to resign as Chief of the Department of Internal Medicine. He will stay on as the Medical Director of the Chronic Diseases Program and Director of the Medical Emergency Team. He is also an Associate Professor at the Northern Ontario School of Medicine. The Chief of Staff is a .6 FTE position.

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October 21 was Dr. Gordon Porter's final day as Chief of Staff at our Hospital. Dr. Porter provided exemplary service to our Hospital. His passion, expertise and energy will be missed. However, we look forward to cooperate with him in his new role at the NW LHIN.

Research & Development:
Anne-Marie Heron assumed the role of Acting EVP, Research & Development, effective October 1. She will continue to serve in her current position of Executive Director, Capital Planning & Operations. Anne-Marie provided interim executive leadership of the Research portfolio in the past; her experience will support the research and development activities at our Hospital and Health Research Institute. A new expanded position, EVP, Research, Quality, Academics and Practice is expected to be posted by the first week of November.

Dr. Jinqiang Hou joined our Health Research Institute on Monday, October 1 as a Lakehead University-Thunder Bay Regional Health Research Institute Research Chair. The role of this Research Chair is to promote research, teaching, training and knowledge transfer in the area of novel molecular imaging-based diagnostic technologies for disease prevention, early detection and image-guided treatment. Specifically, Dr. Hou is responsible for conducting a research program related to radiochemistry.

Regional Critical Care Expansion:
The celebrated Regional Critical Care Response (RCCR) Program a virtual critical care service is steadily expanding; leveraging the Ontario Telemedicine Network's video conferencing equipment, a specialized team of doctors, critical care nurses, respiratory therapists can assess patients in real time within the Northwest region and collaboratively manage care. Hundreds of patients have been assessed by an Intensivist hours before they would have previously, allowing for treatments to start earlier and improve overall patient outcomes. In addition, hundreds of patients were able to remain in their home communities with the support of the RCCR. The program connects with ORNGE to 12 small and rural hospitals in Sioux Lookout, Kenora, Fort Frances, Dryden, Manitouwadge, Nipigon, Geraldton, Terrace Bay, Marathon, Nipigon, Rainy River and Red Lake, as well as Nursing Stations in eight First Nation communities; Poplar Hill, North Caribou Lake, Cat Lake, Wunamin Lake, Pikangikum, Mishkeegogamang, Sandy Lake and Deer Lake. Four additional First Nation communities will be connected by March 31, 2018, and in the new year we will partner with sites not connected to tele-stroke to provide urgent and emergent neurology assessments.

Regional Programs:
Following in the successful footsteps of the Regional Orthopaedic Program introduced in 2016, we are exploring expansion to bring more specialty services to regional communities; an initial meeting was held on October 17 with one regional hospital CEO and members of the Urology service to discuss how to make this a reality.

HealthCare*CAN*
Leading. Innovation. Together.

AN INNOVATIVE FEDERAL APPROACH TO HEALTH CARE

A ADDRESS THE TRUE COSTS OF HEALTH RESEARCH

To help drive Canada's competitiveness in the global economy, health researchers need to be supported for the full costs of research. Canada's Research Support Fund helps researchers cover indirect research costs, such as for maintaining modern labs and equipment, hiring administrative support, and paying other administrative expenses.

Over time the support provided by this fund has eroded. Canadian researchers are at a severe competitive disadvantage relative to our peers.

How can you help?

Support Canadian researchers by establishing a minimum floor of 25% funding from the Research Support Fund to cover the indirect costs of research.

Falling behind

80%
OF OPERATING COSTS ARE REIMBURSED

40-60%
OF OPERATING COSTS ARE REIMBURSED

18-22%
OF OPERATING COSTS ARE REIMBURSED

LEARN MORE

For more details on HealthCareCAN's recommendations for transforming Canada's healthcare system, see our 2019 Pre-Budget submission at www.healthcarecan.ca or contact us at 713-241-8005 x 205

B RENEW COMMITMENT TO HEALTHCARE INFRASTRUCTURE

The federal government used to play a key role in building and maintaining healthcare infrastructure. But for the last decade, Canadian hospitals and healthcare institutions have been excluded from federal infrastructure funding, even as they have been transforming to meet the evolving needs of patients.

If Canada is to continue providing safe, innovative, high-quality healthcare for its citizens, we must update and upgrade our aging hospital infrastructure.

How can you help?

Allow healthcare organizations to apply directly for federal infrastructure, innovation, and research funding support, per FINA's recommendation in 2017.

Hazards of aging health infrastructure

Weakened Disaster Responsiveness

DECREASED ABILITY TO RESPOND TO DISASTERS (E.G. EXTREME WEATHER)

Risks to Patient Safety

INCREASED PROBABILITY OF ACCIDENTS OR HAZARDS (E.G. HOSPITAL-ACQUIRED INFECTIONS)

Costs to the Environment

INABILITY TO DEPLOY CLEAN ENERGY SOLUTIONS

C UNLOCK THE POWER OF DIGITAL HEALTH

The future of Canada's healthcare system depends on our ability as a nation to seize the possibilities presented by digital health. The healthcare community needs stimulus funding to drive growth in the development and adoption of digital technologies in health.

How can you help?

Invest $100 million over five years through Canada's hospitals to help clinicians and patients develop, evaluate, and deploy innovative digital health platforms.

Benefits of investing in digital health

Cost savings

BETTER USE OF DATA AND ANALYTICS COULD SAVE THE HEALTH SYSTEM **$10 BILLION A YEAR**

Increased productivity

DIGITAL HEALTH SYSTEMS COULD ACT AS A CATALYST, BOOSTING PRODUCTIVITY BY UP TO **$408 MILLION**

Improved health

TREATEMENTS HAVE BEEN **RADICALLY IMPROVED** AS A RESULT OF ADOPTING DIGITAL TECHNOLOGIES

WHO WE ARE

HealthCare*CAN* is the national voice of Canada's healthcare organizations, community and research hospitals across Canada. We represent over 600,000 employees, 8,000 scientists, 60,000 research staff and students, and 45,000 volunteers in the healthcare setting.

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Chief of Staff
Médecin chef

Chief of Staff Report

to the
Board of Directors
Thunder Bay Regional Health Sciences Centre

November 2018

Chief of Staff and Deputy Chief of Staff

- Interviews have been temporarily put on hold for the newly created position of Deputy Chief of Staff while recruitment is underway for a new Chief of Staff

Department Chiefs

- Chief of Pathology and Chief of Psychiatry interviews have been completed and a recommendation has been brought forward from the selection committee to the Medical Advisory Committee
- This is following 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

Quality Based Procedures (QBP) Digital Orders Sets

- On October 2, four more digital order sets went live (Abdominal Aortic Aneurysm Repair, Colorectal Cancer Surgery, Tonsillectomy and Adenoidectomy, and the Opioid Acute Pain Order set)
- This brings our total up to 25 live digital order sets
- The steering committee approved the next group of order sets to be developed which will be Non-Emergent/Emergent Spine Care, Degenerative Disorders of the Shoulder, Acute Coronary Syndrome, Intensive Care Unit Admission, Thyroid Cancer Surgery, Vascular Admission, Acute Pain Service Nerve/Regional Block and Nephrectomy

Incomplete Health Records

- Strategy and Performance Management held an informal design event in October with a small group of physicians as well as representatives from Health Records and Medical Affairs
- The goal of the event was to define what currently happens (reality) when completing discharge summaries and identifying barriers to completing at the time of discharge or within 48 hours of discharge
- Feedback from the design event will be used to inform our quality improvement plan initiative to move towards discharge summaries completed within 48 hours

Physician Leadership Institute (PLI) Session

- Planning is underway for the annual PLI session to be hosted in Thunder Bay at the end of November; this year's session is on 'Crucial Accountability' and will be led by Dr. Gillian Kernaghan, the President and CEO of St. Joseph's Health Care, London

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Chief Nursing Executive
Chef des soins infirmiers

Chief Nursing Executive Open Report to the Board of Directors

November 2018

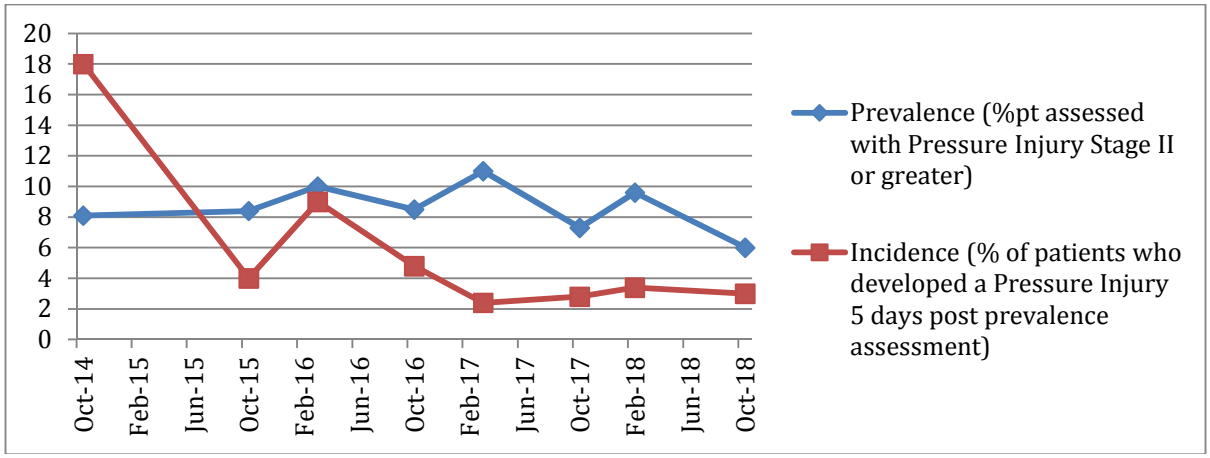
RNAO Best Practice Spotlight Organization (BPSO)

Designation

- October 24, 2018 received notification from the Registered Nurses' Association of Ontario that our final report for April 2016 to March 2018 demonstrates that we have met the deliverables as outlined in our contract.
- A contract to continue our designation from April 2018 to March 2020 is in the process of being reviewed.

Guideline implementation

- Semi-annual pressure injury prevalence and incidence study completed in October. Prevalence decreased from 6% to 3% of admitted adult patient and our incidence is stable at 3.0%.



Nursing workforce

- Continue to have a number of permanent full-time and part-time positions vacant.
- A number of strategies have been established over the last months to assist with recruitment both locally and provincially.
- Additional recruitment and retentions strategies continue to be developed with the assistance of Human Resources.

Thunder Bay Regional
Health Sciences
Foundation

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www.healthsciencesfoundation.ca
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Northern Cancer Fund

Northern Cardiac Fund

Health Sciences Discovery Fund

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

Past Events Highlight:

Tbaytel Luncheon of Hope
On September 28, over 400 guests celebrated 26 years of HOPE for breast cancer patients and their families in Northwestern Ontario. The room was enlightened by local guest speakers and together the event raised $30,440.53, bringing the 26-year total to $425,128.98.

Greek Supper Club
On October 2, 2018 the Greek Supper Club was held at Bight Restaurant. It was a fabulous night featuring a five course meal with wine pairing prepared by renowned Chef Peter Minaki. The event raised over $40,000 for the Renal Unit and Northern Cardiac Fund! Thank you to Lisa Sandham Interior Designs for organizing an amazing night!

Resolute Save a Heart Ball
Congratulations to the Resolute Save a Heart Ball Committee! This gala event was held on October 20, 2018 at the Victoria Inn. A champagne reception, followed by a gourmet meal, enticing silent auctions and fantastic entertainment was enjoyed by all! This great event supports excellence in cardiac care here at the Health Sciences Centre. The event raised over $120,000 this year for the Northern Cardiac Fund! What a great way to generate excitement for the CVS Campaign.

Upcoming Raffles – Purchase tickets at healthsciencesfoundation.ca or 345-4673
Intercity 50/50 Raffle
The Foundation is proud to host the Intercity Shopping Centre 50/50 raffle again this year. Please consider signing up for a volunteer shift selling tickets during the busy holiday season. The winning ticket will be drawn on December 21, 2018! Proceeds support the Northern Cardiac Fund and the WE-Can Program (Wellness & Exercise for Individuals Living with Cancer) Please contact our Special Events Department for more information at 684-7278.

Thunder Bay Regional Health Sciences Centre Board of Directors Work Plan
Revised: September 21, 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
1	Governance	Monthly education topics for the Board	BD		x	x	x	x	x	x	x	x	
2	Governance	Approval of By-Laws	BD								x		
3	Governance	Approve Slate of Nominees to fill Board vacancies	BD								x		
4	Governance	Approval of all Committee terms of reference	BD				x						
5	Governance	TBRHRI update	BD			x							Deffered until after November joint retreat
6	Governance	TBRHS Foundation update	BD		x								
7	Governance	Board Members to complete self assessment questionnaire	BD				x						Reviewed by Chair in Feb
8	Governance	Board Members to complete Team Effectiveness Scale	BD				x			x			Reviewed by Gov/Nom in Feb and May
9	Governance	Board Members to complete Board Annual Evaluation	BD							x			Reviewed by Gov/Nom in May
10	Legal Compliance	Environmental compliance and fire safety update	BD		x		x		x			x	
11	Legal Compliance	Accessibility update	BD	x									
12	Quality Oversight	Critical Incidents Update	BD				x				x		

#	Accountability	Activity	Responsible Body	As Needed	October	November	December	February	March	April	May	June	Comments
13	Quality Oversight	Research Ethics Board appointments	BD	x									
14	Quality Oversight	Research Ethics Board report	BD									x	
15	Performance Measurement and Monitoring	Strategic Plan and Scorecard quarterly update	BD		x		x		x			x	
16	Oversight of Management	Physician recruitment plan update	BD					x					
17	Oversight of Management	Participate in CEO evaluation via website	BD							x			
18	Oversight of Management	Participate in COS evaluation via website	BD							x			Process under review
19	Oversight of Management	CEO evaluation	EC								x		
20	Oversight of Management	COS evaluation	EC								x		
21	Oversight of Management	Approve CEO evaluation	BD									x	
22	Oversight of Management	Approve COS evaluation	BD									x	

APPENDIX B - Patient Safety and Quality of Care Committee - 2018-19

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

#	Source	Activity	As Needed	September	October	November	December	January	February	March	April	May	Presenter
Patient Safety and Quality													
1	QIP	1.1 Reviewing, monitoring and recommending approval of management's plan for patient safety and quality of care.			X		X			X		X	C. Freitag/ M. Del Nin
2	Patient safety report	1.2 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.	X	X			X			X		X	L. Knowles/C.Covino
3	Aggregate critical incident report	1.3 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.				X					X		C. Covino
	Patient safety report			X			X			X		X	L. Knowles
	Infection prevention and control presentation											X	J. Ross/K. Bell
4	Patient Satisfaction QIP	1.4 Fostering and monitoring a just, quality, patient and family centred care culture.			X		X			X		X	C. Freitag/ M. Del Nin
	PFCC and discussion						X						B. Nicholas
	Just culture				X		X		X		X		Laurel Knowles
Organizational Performance													
5	Annual QIP engagement and planning	2.1 Receiving, monitoring and recommending the approval of the annual Quality Improvement Plan.				X	X	X	X				C. Freitag/ M. Del Nin

#	Source	Activity	As Needed	September	October	November	December	January	February	March	April	May	Presenter
6	QIP with action plans	2.2 Ensuring that management has a system of performance measurement and quality improvement in place and that it is publically available.			X		X			X		X	C. Freitag/ M. Del Nin
7	Balanced score card and QIP	2.3 Ensuring that management has a plan to address variances from standard performance indicators, and oversee the implementation of remediation plans.	X		X		X			X		X	C. Freitag/ M. Del Nin
8	PFCC Lead	2.4 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.					X						Bonnie Nicholas
9	Report from senior leader responsible	2.5 Reviewing, monitoring and making public the patient relations process.			X				X				C. Covino
10	Report from senior leader responsible	2.6 Reviewing the appointment and reappointment processes for the Professional Staff and Regulated Licensed Professionals.			X								M.Langlois/M. Addison
11	Assume compliant; Only report anomalies and remediation plans	2.7 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.	X										C. Covino
12	Annual QIP Approval	2.8 Approving and monitoring management's prioritization of key performance indicators.							X				C. Freitag/ M. Del Nin
13	Accreditation	2.9 Overseeing TBRHSC's accreditation plan.			X								G. Ferguson/C. Covino
14	Assume compliant; Only report anomalies and remediation plans	2.10 Reviewing accreditation reports and overseeing the implementation of remediation plans.	X										G. Ferguson/C. Covino
Risk Management													

#	Source	Activity	As Needed	September	October	November	December	January	February	March	April	May	Presenter
15	ERM reports	3.1 Ensuring an appropriate risk analysis is performed regarding patient safety and quality of care.										X	F. Pennie/C. Covino
16	ERM draft report	3.2 Reviewing and approving management's plan for risk management related to patient safety and quality of care.										X	F. Pennie/C. Covino
Education													
17	Status report including remediation plans for non-compliance	4.1 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.		X				X			X		C.Covino
18	Status report including remediation plans for non-compliance	4.2 Monitoring organizational programs designed to educate patients regarding safety.										X	L.Knowles
19	Status report including remediation plans for non-compliance	4.3 Monitoring organizational programs designed to educate the staff in patient safety and quality of care policies and practices.										X	L.Knowles
20	Status report including remediation plans for non-compliance	4.4 Monitoring organizational programs and procedures to educate health professional learners about patient safety and quality of care policies and practices.										X	L.Knowles/C. Covino
Evaluation													
21		5.1 Preparing an annual report for the Board summarizing relevant matters of patient safety, quality of care, and risk management.										X	C.Covino
22	Survey evaluation completed at the end of each meeting	5.2 Reviewing the Committee's own performance to improve patient safety and quality of care and risk management.		X	X	X	X	X	X	X	X	X	PSQCC
23		5.3 Reviewing the PSQCC terms of reference annually.										X	G. Whitney

#	Source	Activity	As Needed	September	October	November	December	January	February	March	April	May	Presenter
Reports													
24		Reports: Chair of the Quality of Care Committee (meets Quarterly)	X			X			X			X	C. Covino
25		Monthly Reports: Chair of the Quality Improvement Committee		X	X	X	X	X	X	X	X	X	
Work Plan													
26		2018-2019 PSQCC work plan review for recommendation to the Board		X									

Governance and Nominating Committee 2018-19

Updated: September 19, 2018

Colour Legend
Completed by target
In progress
Delayed

Committee legend:
G - Governance
N - Nominating business

Meetings Held:
Governance-September. November, February, May
Nominating-March, April (interviews)

#	Accountability	Activity	Committee	As Needed	September	October	November	December	January	February	March	April	May	July	Comments
1	Governance	Review Committee work plan for upcoming year	G		x										
2	Governance	Review Gov/Nom Committee terms of reference	G		x										Needs further revisions
3	Governance	Identify education needs, monthly Board education topics, and department tours for coming year	G		x										
4	Governance	Review Evaluation Tools			x										Evaluation Tools include: 1)Board Monthly Evaluation, 2)Board Committee Evaluation, 3)Board Self Assessment(Dec), 4)Team Effectiveness(Apr) 5)Annual Board Evaluation(Apr)
5	Governance	Review Board vacancies	G							x					
6	Governance	Review Board policies	G				x								Only a portion of the policies to be reviewed annually on a three year rotation.
7	Governance	Plan annual Board retreat	G										x		Retreat to be held in September of each year
8	Governance	Review Board committees terms of reference	G				x								
9	Governance	Review meeting evaluations for the quarter	G				x						x		

#	Accountability	Activity	Committee	As Needed	September	October	November	December	January	February	March	April	May	July	Comments
10	Governance	Review Board and Board Committee attendance	G										x		
11	Governance	Review team effectiveness scale summary	G							x			x		Distributed to Board members at December/April Board meetings.
12	Governance	Appoint community member on Board member interview panel	N							x					
13	Governance	Review Board member Selection and skills criteria (Policy BD-45)	N							x					
14	Governance	Review Board member skills matrix inventory	N							x					
15	Governance	Approve Application for Membership form	N							x					
16	Governance	Review Board of Directors recruitment ad, interview questions and schedule	N							x					
17	Governance	Deliberate outreach for potential future Board Directors								x					*Added Sept 19, 2018* -Maintain a list of potential candidates as names arise
18	Governance	Expressions of Interest for slate of Officers including Chair, if applicable								x					*Added Sept 19, 2018* -Process for Expressions of Interest (to be developed)
19	Governance	Proposed slate of Officers for recommendation to the Board										x			*Added Sept 19, 2018*
20	Governance	Review applications (Board and Community)									x				
21	Governance	Interview Board member candidates	N									x			
22	Governance	Propose slate of nominees for Board	N									x			
23	Governance	Review By-Laws	G										x		

#	Accountability	Activity	Committee	As Needed	September	October	November	December	January	February	March	April	May	July	Comments
24	Governance	Review new Board member orientation program	G										x		
25	Governance	Review Board annual evaluation summary	G										x		Distributed at April Board meeting
26	Governance	Review annual education session summary	G										x		
27	Governance	AGM education theme	G									x			
28	Governance	Determine Board Committees membership	G											x	

RESOURCE PLANNING COMMITTEE WORK PLAN

2018-2019

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	2018-19 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	Marketed Services & Medical Remuneration Reports for information only		x	x	x	x	x	x	x	x	x		
4	Financial Oversight	Attestation: Wages and Source Deductions		x	x			x			x			
5	Financial Oversight	Financial Statements and Variance Report		x		x			x			x		
6	Financial Oversight	Financial Statements for information only		x	x		x	x		x	x			
7	Financial Oversight	Investment Policy Annual Review		x										
8	Financial Oversight	Investment Portfolio Reviews		x							x			
9	Financial Oversight	Northern Supply Chain Performance and Medbuy Update			x						x			
10	Oversight of Management	Work Plan Review 2018-19		x										
11	Oversight of Management	Work Plan Approval 2019-20							x					
12	Governance	Terms of Reference Review 2018-19		x										
13	Governance	Terms of Reference Annual Approval 2019-20							x					
14	Performance Measurement and Monitoring	Corporate Balanced Scorecard			x			x		x				
15	Financial Oversight	H-SAA 2018-19 Operating Plan Agreement			x									
16	Financial Oversight	CAPS 2019-20 Approval					x							
17	Performance Measurement and Monitoring	Human Resources and Organizational Development Update		x	x	x	x	x	x	x	x	x		
18	Financial Oversight	Broader Public Sector Travel & Expense Report				x						x		

#	Accountability	Activity	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
19	Financial Oversight	Budget Planning Targets & Directives Report and Process Update				x								
20	Financial Oversight	Funding HBAM and Quality Based Procedures Update				x								
21	Financial Oversight	HAPS 2019-20 Approval					x							
22	Financial Oversight	TBRHRI and Sustainability Updates				x					x			
23	Financial Oversight	Capital Equipment and Capital Projects Update 2018-19						x			x			
24	Financial Oversight	Insurance Review						x						
25	Risk Identification and Oversight	Informatics Update								x				
26	Performance Measurement and Monitoring	Labour Relations, Grievances and Arbitrations Update								x				
27	Legal Compliance	Occupational Health and Safety Program Update								x				
28	Financial Oversight	Operating Plan Update 2019-20		x	x	x								
29	Financial Oversight	Operating Plan Approval 2019-20					x							
30	Legal Compliance	Public Sector Salary Disclosure								x				
31	Financial Oversight	Capital Budget Update 2019-20			x									
32	Financial Oversight	Capital Budget Approval 2019-20					x							
33	Legal Compliance	Broader Public Sector Accountability Attestation Certificate										x		
34	Legal Compliance	Broader Public Sector Use of Consultants Attestation										x		
35	Oversight of Management	H-SAA Declaration of Compliance Attestation										x		
36	Oversight of Management	M-SAA Declaration of Compliance Attestation										x		
37	Risk Identification and Oversight	Non Patient Legal Matters Annual Review										x		
38	Financial Oversight	Numbered Companies Unaudited Financial Statements 2018-19										x		
39	Risk Identification and Oversight	TBRHRI 2019-20 Operating and Capital Budget Report										x		
40	Risk Identification and Oversight	TBRHRI 2018-19 Unaudited Financial Statements Review										x		
40	Financial Oversight	Unaudited Preliminary YE Financial Statements to 2019-03-31										x		

Page Views: Open Board Meeting Webcast

September 2017 – October 2018

Month	# of Page Views	Month	# of Page Views
September 2017	*No meeting scheduled*	September 2018	*No meeting scheduled*
October 2017	18	**October 2018**	***No views due to technical difficulties***
November 2017	26	November 2018	
December 2017	17	December 2018	
January 2018	--	January 2019	
February 2018	15	February 2019	
March 2018	33	March 2019	
April 2018	13	April 2019	
May 2018	10	May 2019	
June 2018	17	June 2019	
Yearly Total # of Page Views	**149**	**Yearly Total # of Page Views**	

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

Submitted by: Jean Bartkowiak, CEO and Anne-Marie Heron, Acting EVP Research & Development October 19th, 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

Research Seed Funding Awards Announced: In April, the Hospital and Institute announced the second research seed funding competition to support promising health research that addresses the research strategic plan of our organizations. Four applications were received and reviewed by peer reviewers prior to consideration by the Research Seed Fund Review Committee. This year we were fortunate to receive a $10,000 grant from the Prostate Canada Network Thunder Bay specifically for a research project focused on prostate cancer research. We are pleased to announce that the following two proposals were approved to receive $10,000 each pending REB and TBRHRI Research Program approval:

1) **Ms. Cathy Paroschy Harris** and colleagues for their study entitled "Impact of Nutrition Education on Knowledge among Staff and Visitors at a Northern Canadian Acute Care Hospital"; and
2) **Dr. Walid Shahrour** and colleagues for their study entitled "Effect of Nearness to Cancer Centre on Prostate Cancer Outcomes and Patients Choice for the Type of Intervention".

We look forward to receiving a report on the outcome of these studies by December, 2019 and plan to hold another competition next June.

Dr. Reznik Receives Grant for Breast Cancer Research: Dr. Alla Reznik, TBRHRI Scientist and Canada Research Chair from the Department of Physics at Lakehead University was awarded a two-year Idea to Innovation (I2I) grant of $320,000 to continue exploring Positron Emission Mammorgraphy Technology, which will help identify cancer earlier. Radialis Medical, a joint venture between the University and the Research Institute will commercialize this innovative technology and assemble the first Canadian molecular breast imaging system in Thunder Bay.

Dr. Albert Receives Funding to Continue Clinical Research: Dr. Albert and his team recently received notice that they will be granted $2,415,470 over 3 years from the Ontario Research Fund (ORF) to continue his leading-edge research with Hyperpolarized gas applications in clinical settings. Dr. Albert has established new and innovative partnerships with institutions in Germany, Poland and China where research techology and strategies will be shared. HP exon MR imaging technology will be utilized to explore an innovative research project on lung diseases. His work with fluorine gas lung MR imaging has the potential to improve the prognosis of millions of people suffering from lung diseases. The opportunity to work with the research team at Guangzhou Medical University and disseminate the research he has further developed and optimized at TBRHRI will put Thunder Bay, the Hospital and the Univeristy at the forefront of medical imaging on a global scale.

Thunder Bay Regional Health Research Institute

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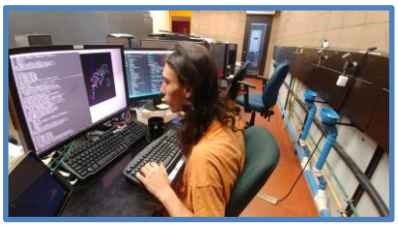
WEALTHIER: Generating Revenue through Science & Partnerships

Research Canada Health Research Caucus on Northern and Rural Health Research in Canada: On October 30th Mr. Bartkowiak will be one of six health care leaders from across the province to speak at this Federal Parliamentary Health Research Caucus. He will provide a brief overview about the northern and rural health research being conducted at the Hospital and the Institute. One of his messages will be the importance of infrastructure support for health research and the need for changes to the matching fund requirement of grants from the Canada Foundation for Innovation which is disadvantaging Northern health research as matching funding in these regions is often difficult to obtain.

SMARTER: Enhancing the Academic Environment

Over the past several months, TBRHRI Scientists and their colleagues have been busy sharing their knowledge with other researchers and students at a variety of workshops including the following:



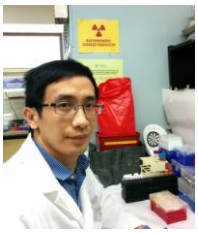
Summer School in Medical Imaging: was held over the summer and Co-Chaired by Dr. Albert. It provided participating students with opportunities to interact with faculty at Lakehead University and TBRHRI Scientists and to attend talks and presentations related to health research and technologies.

1ST Health & Information Technology (HIT) Research Group Workshop: sponsored by the HIT Steering Committee at Lakehead University, this workshop was held on October 12th. This is a growing research group that includes scholars and professionals in health care and information technology from throughout Northern Ontario. Robert Jackson (Dr. Zehbe's lab) presented on *Characterization of human papillomaviral genome variants* during the student research presentations.

Sciences and Environmental Studies Biotechnology and Allied Sciences Symposium: The Institute was one of the sponsors of this event which was coordinated by Lakehead University and held October 17th – 19th. The aim of this international event was to bring together researchers and industry partners to foster interdisciplinary discussion and collaboration. The theme was "Technologies for a Changing World". TBRHRI Scientists and researchers presenting at the event included: Dr. Michael Campbell, Dr. Alla Reznik, Dr. Mitch Albert, Dr. Guillem Dayer and Robert Jackson.

Staffing and Program Updates:

Acting EVP Research and Development: at the end of September we said goodbye to Dr. Rudnick and welcomed Anne-Marie Heron as Acting EVP Research and Development. Anne-Marie has agreed to assist the Hospital and the Institute until Dr. Rudnick's permanent replacement is recruited.



New TBRHRI/LU Research Chair – Dr. Jingiang Hou: joined us on October 1st. Dr. Hou will be responsible for conducting a research program related to radiochemistry. Along with his appointment as a Scientist at the Research Institute, he will be teaching at the University in the Department of Chemistry. Dr. Hou plans to develop his research further by focusing on radio-tracer/drug discovery for targeted cancer diagnostics using PET.

Research Ethics Office and Clinical Research Services Department: Review of the research structure and current vacancies is ongoing and a plan to recruit will commence in the near term. In the interim, Daniel Horne will assume the role of Acting Manager of the Research Ethics Office and Research Program; Shalyn Littlefield will be the Acting Manager, Clinical Trials and Research Support Services; and Andrea Hantjis has assumed the role of Clinical Trials Coordinator.

Volunteer Association to TBRHSC Report - September 2018

September as always has been a busy time for the Volunteer Association Board and there are a couple of changes to the Board itself. We have lots of exciting news to report.

Jeff Dika, a volunteer at the Information Desk, has joined our Board effective September 19. It has been several years since a man has been on the Board so we are really looking forward to working with him. Our current treasurer, Leshya Hunka, will be leaving the Board effective January 1, 2019. Leshya and her spouse are expecting their first child in February; and although she will be on maternity leave from her job and coping with a new baby, she will complete the last two courses she needs to graduate with her B. Comm. In May 2019!

Fortunately for the Board, we have found a replacement Treasurer. I will not announce the name of the new Treasurer until a later date, after all the requirements to become a volunteer at TBRHSC are met. This is very exciting for us, as the new Treasurer is an accountant and has been heavily involved in not-for-profit boards in the Thunder Bay and the surrounding area.

Mary Anne Fossum (Secretary), Margaret Power (Past President and our representative to the Foundation) and I will serve on the Family Care Grant committee. This is always a gratifying job, and the Board is very proud to partner with the Foundation in this wonderful initiative. Plus, we have the added bonus, of going with the Foundation representatives when the successful applicants get the good news right around Christmas, and we participate in the public announcement in January.

The three heated chemo chairs we purchased for the Cancer Clinic have arrived. One was given to Unit 1A (Oncology) and the other two are in the Cancer Clinic. Thanks to Marcello Bernardo of Communications, this donation will be recognized in the Chronicle Journal and I expect on the TBRHSC Facebook page as well.

At our October meeting, the Board approved the purchase of a bladder scanner. We are not certain which Unit/Department will receive it as there are three requests for Bladder Scanners on the 2018-2019 Capital Equipment List. Thank you to Peter Myllymaa and Donna Jeanpierre for getting the Capital Equipment "Wish List" to us, so that we could make our decision of what to purchase.

Two special guests attended our October meeting – Amanda Bjorn, EVP People, Culture & Strategy spoke thanking all volunteers and the Volunteer Association for everything they do for the hospital and for the many donations in 2018. In addition, she talked about the Strategic Plan 2020 and beyond. Carole McCollum, a Master Gardener and Service Leader for the Gardening Volunteers talked to us about the work they did in the courtyard garden (between Units 1B and 1C) and her plans to rehabilitate the garden.

We continue working with Amanda Bjorn and Donna Jeanpierre to clarify the Volunteer Services/Volunteer Association relationship. Shirley Wragg, Donna Jeanpierre and I are attending a five-session workshop on Governance Training offered by the Thunder Bay Counselling Centre. This should give all of us better insight into how a Governance Board should operate.

Respectfully submitted.

Cathy Britt, President
Volunteer Association to Thunder Bay Regional Health Sciences Centre.

Permanent funding sought for crisis response team to help with mental health calls

The Thunder Bay Police Service and the Canadian Mental Health Association say results of a pilot project for the Joint Mobile Crisis Response Team shows reduced pressure on officers and hospital staff

TBTNewswatch **Oct 19, 2018 8:47 AM by: Doug Diaczuk**

Insp. Sharon Komar of the community services branch with the Thunder Bay Police Service gave a presentation about the JMCRT to the Thunder Bay Police Services Board on Tuesday.

THUNDER BAY - In 2017, the Thunder Bay Police Service responded to 1,548 calls for service involving mental health issues. That number has steadily been climbing for the last five years and places increased pressures on the police service and hospital, which is why Thunder Bay Police is pushing for long-term funding for a crisis response initiative.

The Joint Mobile Crisis Response Team pilot project began in June 2018 and was created after several community organizations identified a growing need to change how people in mental health crisis are treated.

According to Insp. Sharon Komar of the community services branch with the Thunder Bay Police Service, the growing number of mental health calls resulted in more people being transported to the emergency department at the hospital, long wait times for officers in the ER, officer frustration, and stress on hospital staff because there is no other options for patients needing mental health intervention.

The idea behind the JMCRT was to have uniform patrol officers respond to mental health calls with trained crisis response workers. A policy for the Crisis Response Team was developed by the police, the Thunder Bay Regional Health Sciences Centre, and the Canadian Mental Health Association to guide officers and health care workers through the transition of an individual in custody under the Mental Health Act from police to the hospital.

“There is two tiers to this,” Komar said. “The first tier is the officers and the crisis workers respond together in the community to a specific location or residence. A large portion of the time, the JMCRT can clear the officers from the location and therefore they don’t even need to go to the hospital.”

“The last thing you want to do is be handcuffed in the back of a cruiser to be taken to the ER and then wait in front many people with police there, who usually know it is a mental health call,” said Thunder Bay Police Service acting chief, Sylvie Hauth. “That is not the proper way of dealing with people and bringing forward the best course of action for them.”

The JMCRT received funding for a pilot project from the North West Local Health Integration Network and has been collecting data since June, operating seven days a week between the hours of 2 p.m. and 2 a.m.

“We’ve already surpassed our goals that we were asked of by the LHIN of numbers that people in crisis that the Joint Mobile Crisis Unit was utilized,” Komar said.

During the four month period, police responded to 538 Mental Health Act calls and the JMCRT was used in 272 of those incidents. Of those calls, police were diverted from the hospital by the JMCRT 107 times and 125 by other means.

Of the 307 emergency department visits by police, only 78 involved officers spending more than 100 minutes at the hospital.

“It’s extremely valuable,” Komar said. “The numbers speak volumes. The transfer of care is quicker and smoother and that person in crisis is getting that service they need quicker and the proper care they need as well.”

Going forward, Komar and Hauth would like to see the JMCRT receive permanent funding and the Canadian Mental Health Association is leading a consultative process involving crisis services and the concept of a Thunder Bay and District Crisis Centre.

“We are in the very early stages,” Komar said. “They are just in the consultation process and that is something that CMHA will most likely be taking the lead on. But if you can get all the services you require in one spot and it’s not the emergency department, the better for the person in crisis.”

Rooted in the North.

Enracinée dans le nord.

The Northern Ontario School of Medicine (NOSM) is more than a medical school; it is a strategy to address the health needs of Northern Ontarians, improve access to quality care, and contribute to the economic development of Northern Ontario. People, communities and organizations across the North had a dream that everyone in the region—no matter where they live—deserves access to quality health care. When NOSM was opened officially in 2005, our first staff, faculty, community partners and students tended to the seeds of that dream, based on the vision of what NOSM could become.

The Northern Ontario School of Medicine is rooted in the North. We owe our progress in making Northern Ontario a healthier place to the many people and communities who have embraced our students, supported NOSM and advocated for improved health services in our region.

L'École de médecine du Nord de l'Ontario (EMNO) est plus qu'une école de médecine; c'est une stratégie pour répondre aux besoins de la population du Nord de l'Ontario en matière de santé, pour améliorer l'accès à des soins de qualité et pour contribuer au développement économique du Nord de l'Ontario. Des gens, des communautés et des organismes du Nord rêvaient que chaque personne peu importe où elle vit dans la région, ait accès à des soins de qualité. Lorsque l'EMNO a été fondée en 2005, ses premiers employés, professeurs, partenaires communautaires et étudiants ont entrepris de réaliser ce rêve en entrevoyant seulement ce que l'EMNO pouvait devenir.

L'EMNO est enracinée dans le Nord. Nous devons nos progrès dans l'amélioration de la santé dans le Nord de l'Ontario aux nombreuses personnes et communautés qui ont accueilli nos étudiants, nous ont aidés et plaidé pour l'amélioration des services de santé dans notre région.

94%

of NOSM graduates who have completed both their MD and residency programs at NOSM are now practising in Northern Ontario.

des diplômés en médecine de l'EMNO qui ont fait leurs études de médecine et leur résidence à l'EMNO exercent maintenant dans le Nord de l'Ontario.

LAKEHEAD · LAURENTIAN · MEDICINE

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

Medical students learning in your community

Throughout NOSM's four-year MD program, medical students have the unique opportunity to live and learn in communities across Northern Ontario. Of course, time is spent completing patient-centred, case-based, and small-group learning in the classrooms and labs in Thunder Bay and Sudbury. But NOSM's MD students also learn the art of medicine and patient care in family practice clinics, academic health sciences centres, hospitals, and health-care centres across the North.

NOSM's Indigenous and Francophone Affairs Units support our medical students as they live and learn in a variety of Northern Ontario communities. Because such a large number of NOSM medical students are from the North, they are open to understanding the challenges that Indigenous and Francophone communities face when accessing health-care services. They want to have the tools to improve the service they will be able to provide in their future practice, and welcome the opportunity to learn from community members.

Students learn about Francophone culture and language to better serve these communities. If they don't already speak French, medical terminology sessions and French as a Second Language classes are available. The active offer—ensuring that services in French are obvious, easily available, and accessible—is also encouraged in future practice.

First Nations and Métis Elders and Traditional Knowledge Keepers—who each possess gifts and knowledge of traditional, cultural, and spiritual customs and practices—spend time with medical students. Each of these gifts is part of maintaining the holistic health of a community. The Elders provide support and cultural teachings, blessings, and ceremonies for NOSM learners.

Indigenous Communities

In their first year, medical students complete one four-week placement in a First Nations or Métis community in Northern Ontario, where they learn about Indigenous culture and history, to ensure they understand the health-care needs of Indigenous Peoples.

Rural and Remote Communities

A substantial proportion of the total population of Northern Ontario is made up of those who live in rural and remote communities, where health challenges are very different than in larger centres in the North. During their second year, NOSM medical students complete two four-week placements in small, rural or remote Northern Ontario communities. This helps NOSM graduates have the skills and knowledge they need to care for patients living in such communities.

Comprehensive Community Clerkships (CCC)

In the third year of their program, NOSM medical students spend eight months living and learning in one of 15 mid-sized communities in Northern Ontario. NOSM was the first medical school in the world where all medical students complete this type of long-term community placement. Spending most of their time in family practice, NOSM students learn their core clinical medicine by helping to treat and care for real patients.

Rotations at Academic Health Sciences Centres

During the fourth year of their MD program, NOSM medical students spend 12 months at either Thunder Bay Regional Health Sciences Centre or Health Sciences North in Sudbury to learn how to care for patients with more complex health conditions. These experiences also help students explore different medical specialties that they may choose to pursue as a career.

92%
of NOSM MD students are from Northern Ontario.

The remaining 8% are from other rural and remote areas of Canada.

92%
des étudiants de l'EMNO viennent du Nord de l'Ontario.

les 8% restants viennent d'autres régions rurales et éloignées du Canada.

NOSM recruits medical students who reflect the **demographics of Northern Ontario.**

22% are Francophone

12% are Indigenous *(up from an average of 7% prior to 2016)*

37% are from rural areas

L'EMNO recrute des étudiants en médecine qui reflètent la démographie du **Nord de l'Ontario :**

22% sont francophones

12% sont autochtones

37% viennent de régions rurales

Depuis 2009, l'EMNO a produit

595

diplômés en médecine.

MD graduates

since 2009

Semer les graines

Des étudiants en médecine s'instruisent dans votre communauté

Tout au long du programme de médecine de quatre ans de l'EMNO, les étudiants ont la possibilité sans pareil de vivre et de s'instruire dans des communautés du Nord de l'Ontario. Bien entendu, ils reçoivent dans les salles de classe et les laboratoires à Thunder Bay et à Sudbury un enseignement axé sur les patients, fondé sur des cas et en petits groupes, mais ils apprennent aussi l'art de la médecine et les soins dans des cliniques de médecine familiale, des centres universitaires des sciences de la santé, des hôpitaux et des centres de soins dans tout le Nord.

Les unités des affaires autochtones et francophones de l'EMNO épaulent nos étudiants en médecine dans diverses communautés du Nord. Étant donné qu'un grand nombre sont originaires de cette région, ils comprennent les défis que connaissent les communautés autochtones et francophones en ce qui concerne les services de santé. Ils veulent posséder les outils pour bien les servir dans leur future carrière et apprécient l'occasion de s'instruire auprès des membres des communautés.

Les étudiants se renseignent sur la culture francophone et la langue française. S'ils ne parlent pas déjà français, ils peuvent suivre des cours de terminologie médicale en français et des cours de français langue seconde. L'offre active (qui est de veiller à ce que les services en français soient évidents, disponibles et facilement accessibles) est aussi encouragée.

Des aînés des Premières Nations et métis et des gardiens du savoir traditionnels, qui possèdent des dons et connaissent les coutumes et pratiques traditionnelles, culturelles et spirituelles, passent du temps avec les étudiants en médecine. Chacun de ces dons entre en jeu dans le maintien de la santé holistique d'une communauté. Les aînés apportent du soutien, des enseignements culturels et des bénédictions en plus d'organiser des cérémonies pour les étudiants de l'EMNO.

Collectivités autochtones

En première année, les étudiants en médecine font un stage de quatre semaines dans une communauté des Premières Nations ou métisse dans le Nord de l'Ontario où ils s'instruisent sur la culture et l'histoire autochtones afin de bien comprendre les besoins des populations autochtones.

Communautés rurales et éloignéess

Une proportion substantielle de la population du Nord de l'Ontario réside dans des communautés rurales et éloignées où les défis en matière de santé diffèrent grandement de ceux qui se posent dans les grands centres du Nord. Pendant leur deuxième année d'études, les étudiants en médecine de l'EMNO effectuent deux stages de quatre semaines dans de petites collectivités rurales et éloignées dans le Nord de l'Ontario, ce qui les aide à acquérir les compétences et les connaissances nécessaires pour soigner les patients dans ce type de communautés.

Stages d'externat communautaire polyvalent (SECP)

Pendant la troisième année de leur programme, les étudiants en médecine vivent et s'instruisent pendant huit mois dans une de 15 communautés de taille moyenne du Nord de l'Ontario. L'EMNO a été la première école de médecine du monde dont tous les étudiants en médecine effectuent ce type de stage prolongé dans une communauté. En consacrant la majeure partie de leur temps à la médecine familiale, les étudiants de l'EMNO apprennent l'essentiel de la médecine clinique car ils participent au traitement et aux soins de vrais patients.

Stages dans des centres universitaires des sciences de la santé

Au cours de la quatrième année du programme de médecine, les étudiants passent douze mois dans au Centre des sciences de la santé de Thunder Bay ou à Horizon Santé-Nord à Sudbury pour apprendre comment soigner des patients qui ont des troubles de santé complexes. Ces expériences les aident aussi à explorer différentes spécialités médicales dans lesquelles ils pourraient choisir de faire carrière.

Tending to the seeds

Residents training to become fully-licensed physicians

Upon completion of their MD, medical students have earned the title of doctor and transition to the role of resident. Residents are enrolled in a postgraduate program at a medical school, where they learn a medical specialty. Residency education at NOSM occurs in hospitals, and clinics, as well as rural, remote, Francophone, and Indigenous communities across Northern Ontario.

In these settings, residents train in family medicine or one of eight other general specialties: internal medicine, pediatrics, anesthesiology, general surgery, obstetrics/gynecology, orthopedic surgery, psychiatry, and public health and preventive medicine. These programs can take two to five years to complete before residents are licensed to work independently in their chosen field. We also offer family medicine enhanced skills one-year programs in family practice anesthesia, emergency medicine, maternity care, geriatric care and more in order to further prepare our graduates for rural and remote practice.

Residencies are one way in which NOSM learners establish or strengthen their roots in the North: research shows that learners who do their residency training in a community are more likely to stay there. The School's residency programs therefore play a key role in improving access to care for Northern Ontarians. In recent years, we have focused on bringing more residents to communities who are still underserved, specifically Indigenous, remote and rural communities.

In 2017, we launched our Remote First Nations family medicine residency stream, which will have residents completing their training in the Eabametoong First Nation community. And this year, we established a partnership with the University of Manitoba to bring more residents to Northwestern Ontario communities which continue to face health human resource shortages.

Dr. Josée Lalanne
NOSM Pediatric Resident | *Résidente de l'EMNO*
MD Alumna | *Diplômée du programme de médecine*

"As medical students and residents at NOSM, we are given opportunities to immerse ourselves within the unique culture of Northern Ontario. These integrated placements not only provide us with knowledge and experience to better service Francophone and Indigenous communities, but inspire many learners to continue their training and eventually practice in the North. Ultimately, having pursued my medical education and now residency at NOSM, I strongly believe that NOSM's curriculum truly inspires learners to be accountable and devoted to the needs of Northern Ontario."

Cultiver les graines

Les résidents suivent une formation pour devenir des médecins pleinement agréés

À la fin de leur programme de médecine, les étudiants obtiennent le titre de « docteur » et font la transition vers la résidence. Ils s'inscrivent à un programme postdoctoral dans une école de médecine pour apprendre une spécialité médicale. À l'EMNO, la résidence a lieu dans des hôpitaux, des cliniques et des dans communautés rurales, éloignées, francophones et autochtones du Nord de l'Ontario.

Dans ces milieux, les résidents suivent une formation en médecine familiale ou dans une des huit autres spécialités : médecine interne, pédiatrie, anesthésie, chirurgie générale, obstétrique/gynécologie, chirurgie orthopédique, psychiatrie, santé publique et médecine préventive. Ces programmes exigent de deux à cinq ans de formation avant pour obtenir le permis de travailler indépendamment dans le domaine qu'ils ont choisi. L'EMNO offre également des programmes d'un an en anesthésie en médecine familiale, médecine d'urgence, soins de maternité, soins gériatriques et d'autres afin de bien préparer ses diplômés à exercer dans les régions rurales et éloignées.

La résidence permet aux étudiants de l'EMNO d'établir et de renforcer leurs racines dans le Nord. Il est en effet prouvé que les ceux qui effectuent leur résidence dans une communauté sont fort susceptibles d'y rester. Les programmes de résidence de l'École jouent par conséquent un rôle clé dans l'amélioration de l'accès aux soins pour la population nord-ontarienne. Ces dernières années, l'École s'est évertuée à envoyer davantage de résidents dans des communautés encore insuffisamment desservies, surtout des communautés autochtones, éloignées et rurales.

En 2017, l'EMNO a lancé son volet de résidence dans des Premières Nations éloignées où les résidents effectuent leur formation dans la Première Nation d'Eabametoong. Cette année, l'École a établi un partenariat avec l'University of Manitoba pour amener davantage de résidents dans des communautés du Nord-Ouest de l'Ontario qui continuent de connaître des pénuries de ressources humaines en santé.

« Les étudiants en médecine et les résidents de l'EMNO ont des occasions de se plonger dans la culture unique du Nord de l'Ontario. Ces stages nous apportent non seulement les connaissances et l'expérience pour bien servir les communautés francophones et autochtones, mais en inspirent beaucoup à continuer leur formation et à exercer dans le Nord. En fin de compte, ayant fait mes études de médecine et maintenant ma résidence à l'EMNO, je suis convaincue que le programme d'études de l'EMNO inspire vraiment les étudiants à prendre leurs responsabilités et à se consacrer aux besoins du Nord de l'Ontario. »

Intertwining roots

Health sciences learners working together to create a strong collaborative workforce

NOSM is the first Canadian medical school established with an explicit social accountability mandate. Included in this mandate is the provision of training to increase the number of—and access to—doctors as well as registered dietitians, physician assistants, audiologists, occupational therapists, pharmacists, physiotherapists, speech-language pathologists and medical physicists.

Dietetic Interns

Registered Dietitians are educated in the science of food and nutrition, human development, and the health of populations. Since 2007, NOSM has offered the Northern Ontario Dietetic Internship Program (NODIP), a 46-week internship that provides hands-on education for dietitians in rural, remote, Indigenous, and Francophone communities across the North.

Physician Assistants Learners

NOSM, the University of Toronto, and the Michener Institute of Education at UHN (University Health Network) joined forces to create the Consortium of Physician Assistant (PA) Education to collaboratively contribute to the development, administration, and delivery of the PA program. PAs act as physician extenders in a variety of health-care settings, and mirror the scope of practice of the physician with whom they work. PA learners complete 40 weeks of supervised clinical rotations in rural and urban settings across Ontario, including 20 weeks in the North.

Health Sciences Learners

When patients are unwell, they often require a variety of health-care professionals to help them feel better. NOSM partners with other institutions to offer placements to a variety of health professional learners to provide them with exposure to Northern Ontario. Audiology, occupational therapy, pharmacy, physiotherapy, and speech-language pathology learners experience clinical placements in a diverse range of practice and community settings ranging from four to 12 weeks in duration.

Medical Physicist Residents

Primarily working in hospital cancer care centres, medical physicists have special education in the application of physics to health care. NOSM works in collaboration with Health Sciences North and Thunder Bay Regional Health Sciences Centre to provide the Medical Physics Residency Education Program (MPREP), which offers education in the clinical application of medical physics with a particular focus on radiation oncology. Learners in this program, who must have either a Master's degree or PhD in medical physics, physics, engineering, or computer science, learn how to apply physics to develop individualized patient treatment plans, calculate radiation doses, and verify the accuracy of the radiation treatment itself.

Visiting Medical Learners

It's not only those who are from Northern Ontario who may want to practise here. NOSM offers hands on, highly engaging clinical placements to medical students and residents from other medical schools across Ontario, Canada, and around the world. During their clinical placements, learners are exposed to medical practice and lifestyle opportunities in a wide range of Northern Ontario urban and rural communities.

› **135 Registered Dietitians have graduated from NOSM's Northern Ontario Dietetic Internship Program since the internship began in 2007.**

Des racines entremêlées

Les étudiants en sciences de la santé travaillent ensemble pour créer une main-d'œuvre plus forte et collaborative

L'EMNO est la première école de médecine canadienne dotée d'une responsabilité sociale explicite qui consiste notamment à fournir une formation pour augmenter le nombre de médecins, de diététistes, d'adjoints aux médecins, d'audiologistes, d'ergothérapeutes, de pharmaciens, de physiothérapeutes, d'orthophonistes et de physiciens médicaux, et l'accès à ces professionnels.

Stagiaires en diététique

Les diététistes suivent une formation en science de l'alimentation et de la nutrition, en développement humain et en santé des populations. Depuis 2007, l'EMNO offre le Programme de stages en diététique dans le Nord de l'Ontario, un stage de 46 semaines dans des communautés rurales, éloignées, autochtones et francophones du Nord qui apporte une formation pratique.

Formation des adjoints aux médecins

L'EMNO, l'University of Toronto et le Michener Institute of Education du University Health Network se sont alliés pour créer le Consortium of Physicians Assistants Education afin de collaborer à l'élaboration, à l'administration et à la fourniture du programme de formation des adjoints aux médecins (AM). Les AM sont les bras droits des médecins dans divers cadres de soins, et leurs fonctions reflètent la portée de l'exercice du médecin avec lequel ils travaillent. Les futurs AM effectuent des stages cliniques supervisés de 40 semaines dans des cadres ruraux et urbains de l'Ontario, y compris 20 semaines dans le Nord.

Étudiants en sciences de la santé

Lorsque les patients sont malades, ils ont souvent besoin de recourir à divers professionnels de la santé. L'EMNO s'allie à d'autres établissements pour offrir des stages et de la formation qui exposent divers professionnels de la santé aux réalités du Nord de l'Ontario. Les étudiants en audiologie, ergothérapie, pharmacie, physiothérapie et orthophonie effectuent des stages cliniques de 4 à 12 semaines dans un éventail de cadres d'exercice et communautaires.

Résidents en physique médicale

Les physiciens médicaux, qui travaillent principalement dans des centres de cancérologie, ont suivi une formation spéciale dans l'application de la physique aux soins de santé. L'EMNO collabore avec Horizon Santé-Nord et le Centre régional des sciences de la santé de Thunder Bay pour offrir le programme de formation en résidence en physique médicale qui porte sur l'application de la physique médicale principalement en radio-oncologie. Les étudiants de ce programme, qui doivent déjà posséder une maîtrise ou un doctorat en physique médicale, en physique, en génie ou en informatique, apprennent comment appliquer la physique pour dresser des plans de traitement individualisés, calculer les doses de radiations et vérifier l'exactitude de la radiothérapie elle-même.

Étudiants en médecine venus d'ailleurs

Les étudiants du Nord de l'Ontario ne sont pas les seuls à vouloir exercer ici. L'EMNO offre des stages cliniques très stimulants aux étudiants en médecine et aux résidents d'autres écoles de médecine de tout le pays et du monde. Au cours de leurs stages cliniques, les étudiants font l'expérience de l'exercice de la médecine et des modes de vie dans un vaste éventail de communautés rurales et urbaines du Nord de l'Ontario.

› **135 diététistes** ont suivi le Programme de stages en diététique dans le Nord de l'Ontario depuis sa création en 2007.

Turning over a new leaf

Research focused on a healthier Northern Ontario

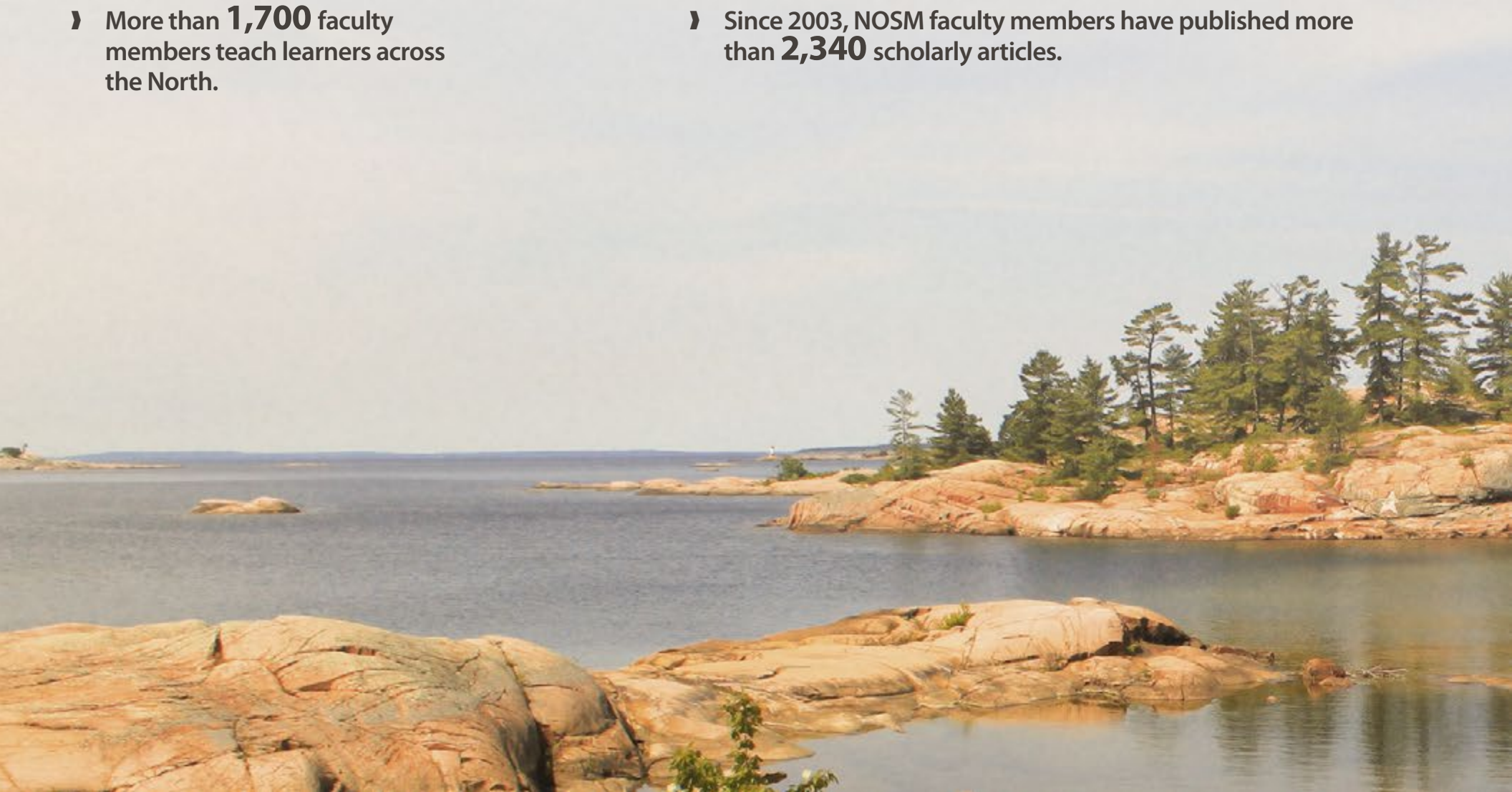
Researchers and scholars have published thousands of studies focused specifically on the issues that affect people in the North. The work of NOSM researchers plays a key role in fulfilling the School's social accountability mandate.

For years, Canadian health research took place primarily in large cities. This meant that there were many health questions that were going unanswered in Northern Ontario, including questions about the incidence of chronic disease, outcomes for patients with mental illness and how work in industries such as mining or forestry affect one's health. Also left unanswered were specific questions about the health of Francophone and Indigenous communities in the North, two groups that have historically not been well-represented in health research.

Today, there are many NOSM faculty members—medical anthropologists, sociologists, biologists, immunologists, physicians and more—who conduct leading-edge health research not just in the lab, but in communities, hospitals, health clinics and administrative offices across the region.

NOSM researchers have developed collaborative, participative and meaningful approaches to community-based research, and are working to answer questions that will have a positive impact on Indigenous communities in a respectful way. Similarly, a growing number of researchers are conducting linguistic and cultural research to assess the success of care for Francophone communities, as well as working to improve representation of Francophone people in health research as a whole.

- Since 2010, the Northern Ontario Academic Medical Association has awarded more than **$11.1 million** to NOSM clinical faculty to conduct health research in Northern Ontario.
- More than **1,700** faculty members teach learners across the North.
- In the last academic year, NOSM's faculty members across the North taught in the order of : **260** MD students, **193** residents, **12** dietetic interns, **30** physician assistant learners, **359** visiting learners, and **146** health sciences learners in audiology, speech-language pathology, physiotherapy, and occupational therapy.
- Since 2003, NOSM faculty members have published more than **2,340** scholarly articles.



Une nouvelle feuille

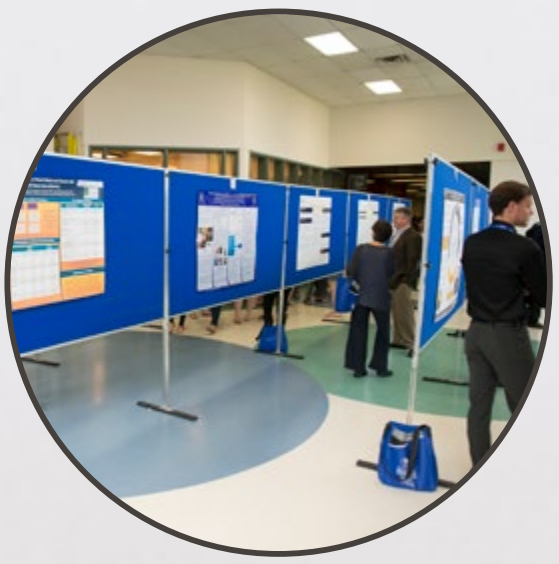
Recherches axées sur l'amélioration de la santé dans le Nord de l'Ontario

Des chercheurs et des érudits ont publié des milliers d'études axées sur les problèmes de santé des gens du Nord. Le travail des chercheurs de l'EMNO joue un rôle clé dans l'exécution de son mandat social.

Pendant des années, les recherches en santé au Canada se sont déroulées principalement dans de grandes villes. Cela signifiait que beaucoup de questions sur la santé dans le Nord de l'Ontario demeuraient sans réponse, y compris celles concernant l'incidence des maladies chroniques, la santé mentale et l'effet du travail dans des industries comme les mines ou la foresterie sur la santé d'une personne. Des questions particulières touchant la santé des communautés francophones et autochtones du Nord, deux groupes qui n'étaient pas bien représentés dans les recherches sur la santé, demeuraient aussi sans réponse.

Aujourd'hui, beaucoup de membres du corps professoral de l'EMNO (anthropologues médicaux, sociologues, biologistes, immunologues, médecins et d'autres) mènent des recherches de pointe non seulement dans des laboratoires mais aussi dans des communautés, des hôpitaux, des cliniques et des bureaux administratifs dans toute la région.

Plusieurs chercheurs de l'EMNO ont conçu des approches collaboratives, participatives et utiles de la recherche en milieu communautaire et cherchent des réponses qui, en respectant leur culture, auront un effet positif dans les communautés autochtones. De même, un nombre grandissant de chercheurs mènent des recherches linguistiques et culturelles pour évaluer le succès des soins dans les communautés francophones et travaillent pour améliorer la représentation francophone dans la recherche en santé en général.



- Depuis 2010, la Northern Ontario Academic Medical Association a alloué plus de **11,1 millions de dollars** au corps professoral de clinique de l'EMNO pour effectuer des recherches dans le Nord de l'Ontario.
- Plus de **1 700** membres du corps professoral enseignent dans tout le Nord.
- Au cours de la dernière année universitaire, le corps professoral de l'EMNO a enseigné à environ **260** étudiants en médecine, **193** résidents, **12** stagiaires en diététique, **30** futurs adjoints aux médecins, **359** étudiants venus d'ailleurs, et **146** étudiants en audiologie, orthophonie, physiothérapie et ergothérapie.
- Depuis 2003, les membres du corps professoral de l'EMNO ont publié environ **2 340** articles érudits.

Branching out

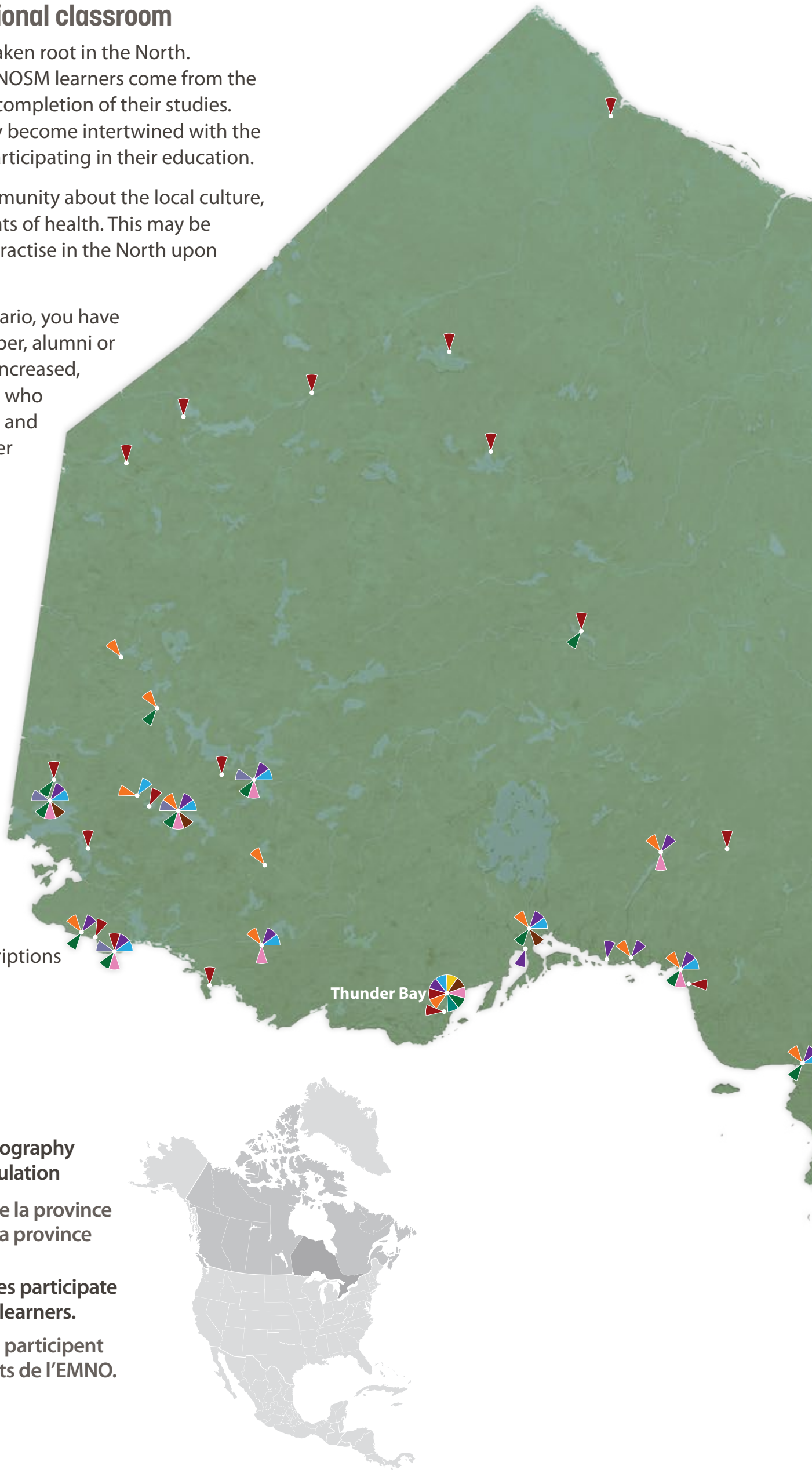
Taking learners out of the traditional classroom

Over the past thirteen years, NOSM has taken root in the North. Research has shown that the majority of NOSM learners come from the North, and many stay in the North upon completion of their studies. Throughout their time at the School, they become intertwined with the ever-growing number of communities participating in their education.

NOSM learners are educated in your community about the local culture, economic realities, and social determinants of health. This may be just what encourages them to return to practise in the North upon completion of their education.

If you have received care in Northern Ontario, you have likely been seen by a NOSM faculty member, alumni or learner. As the number of graduates has increased, so has the number of Northern Ontarians who have better access to care—from doctors and physician assistants to dieticians and other health professionals.

- ▲ **Indigenous Communities**
- ▲ **Rural and Remote Communities**
- ▲ **Comprehensive Community Clerkships (CCC)**
- ▲ **Rotations at Academic Health Sciences Centres**
- ▲ **Residents**
- ▲ **Dietetic Interns**
- ▲ **Physician Assistants Learners**
- ▲ **Health Sciences Learners**
- ▲ **Medical Physicist Residents**
- ▲ **Visiting Medical Learners**



For a complete description of each of the NOSM programs, please see the full descriptions on pages two to seven of this report.

- **87% of the province's geography**
  6% of the province's population

  87 % de la géographie de la province
  6 % de la population de la province

- **More than 90 communities participate in the education of NOSM learners.**

  Plus de 90 communautés participent à la formation des étudiants de l'EMNO.

The Northern Ontario School of Medicine acknowledges that the entirety of the School's wider campus of Northern Ontario is the Ancestral Traditional Lands of the First Nations Peoples and Métis Peoples who resided alongside. The School also respectfully acknowledges that the medical school building at Laurentian University is located in the Robinson-Huron Treaty territory and at Lakehead University in the Robinson-Superior Treaty territory.

Le vaste campus de l'École de médecine du Nord de l'Ontario, c. à d. le Nord de l'Ontario, est le territoire traditionnel ancestral des peuples autochtones et métis. L'édifice de l'École à l'Université Laurentienne se trouve sur le territoire régi par le Traité Robinson-Huron et à la Lakehead University sur le territoire régi par le Traité Robinson-Supérieur.

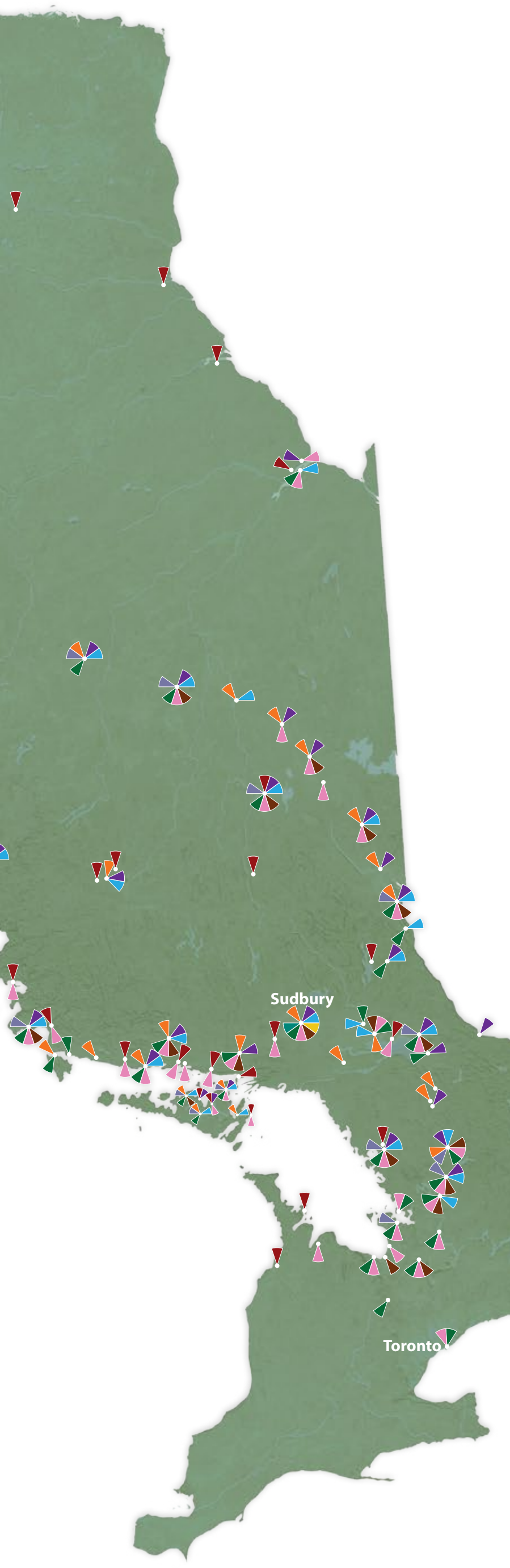
Ramifier

Sortir les étudiants de la salle de classe traditionnelle

Au cours des 13 dernières années, l'EMNO s'est enracinée dans le Nord. Des études montrent que la majorité de ses étudiants sont originaires du Nord et que beaucoup y restent à la fin de leurs études. Pendant leur séjour à l'École, ils se mêlent au nombre sans cesse grandissant de communautés qui participent à leur formation.

Nos étudiants apprennent dans votre communauté la culture locale, les réalités économiques et les déterminants sociaux de la santé. C'est peut-être bien ce qui les encourage à retourner exercer dans le Nord à la fin de leurs études.

Si vous avez reçu des soins dans le Nord de l'Ontario, vous avez probablement consulté un membre du corps professoral, un diplômé ou un étudiant de l'EMNO. À mesure que le nombre de diplômés augmente, le nombre de citoyens du Nord de l'Ontario qui ont un meilleur accès aux soins (de médecins, d'adjoints aux médecins, de diététistes et d'autres professionnels de la santé) augmente aussi.



- Communautés autochtones
- Communautés rurales et éloignées
- Externat communautaire polyvalent
- Stages dans des centres universitaires des sciences de la santé
- Résidents
- Stagiaires en diététique
- Adjoints aux médecins en formation
- Étudiants en sciences de la santé
- Résidents en physique médicale
- Étudiants en médecine venus d'ailleurs

Pour avoir une description complète de chaque programme de l'EMNO, consultez les pages 2 à 7 de ce rapport.

- In 2017, NOSM had an estimated economic impact of $**122 - $134 million** in Northern Ontario.

  En 2017, l'EMNO a eu un impact économique dans le Nord de l'Ontario estimé à entre **122 et 134 millions de dollars**.

- Overall spending was estimated to support **729 – 802** full-time equivalent jobs in the region.

  L'ensemble des dépenses a appuyé de **729 à 802** emplois équivalents temps plein dans la région.

Growing toward a **healthier North**

Much work still to be done

The effort of those tending to the seeds of NOSM and the dream of accessing quality health care for all Northern Ontarians is paying off. Our roots are strong, but we still have a long way to go before that dream comes fully to fruition. To continue gaining ground, we need to address the challenges we still face, including keeping up with the growing demand for culturally safe health care services in our region. Your continued efforts will allow us to flourish.

In order to thrive, we will focus on the following priorities over the next couple of years, in line with our strategic plan:

- **Enriching Education Programs** to continue to produce skilled graduates who meet the needs of patients in Northern Ontario.
- **Strengthening Research Capacity** to better understand complex health issues affecting patients in the North.
- **Creating a Whole School Culture** to allow NOSM to continue to be successful and efficient as an organization.
- **Empowering Faculty Members** by providing solutions to the challenges they face as both teachers and clinicians.
- **Engaging Communities and Partners** to continue to work together to improve the health of the peoples and communities of the North.

Northern Ontario is a healthier place because of the many people, communities, and organizations that support NOSM and advocate for improved health services in our region.

Get involved

As a volunteer, you have the opportunity to make a lasting impact on the health of the peoples and communities of Northern Ontario. Visit nosm.ca/volunteer to learn how you can get involved and be a part of our ever-growing success!

A healthier Northern Ontario is a dream we all share. To learn how you can lend your support to this cause, contact advancement@nosm.ca call 807-766-7424 or 705-662-7154.

En route vers une meilleure **santé dans le Nord**

Encore beaucoup de travail à faire

Les efforts de ceux et celles qui cultivent les graines de l'EMNO et le rêve de soins de santé de qualité dans le Nord de l'Ontario portent fruit. Nos racines sont solides mais nous avons encore beaucoup de chemin à faire avant que ce rêve ne devienne réalité. Pour gagner du terrain, nous devons relever les défis qui demeurent, y compris la demande grandissante de services de santé respectueux de la culture dans notre région. Vos efforts inlassables nous permettent de prospérer.

Pour progresser, nous nous concentrerons au cours des prochaines années sur les priorités suivantes indiquées dans notre plan stratégique :

- **Enrichir les programmes d'études** pour continuer de produire des diplômés qui répondent aux besoins des patients dans le Nord de l'Ontario.
- **Renforcer la capacité de recherche** pour mieux comprendre les problèmes complexes de santé qui touchent les patients dans le Nord.
- **Créer une culture dans toute l'école** afin qu'elle demeure un organisme productif et efficace.
- **Responsabiliser les membres du corps professoral** en apportant des solutions aux défis qu'ils rencontrent en tant qu'enseignants et cliniciens.
- **Engager les communautés et les partenaires** pour continuer de travailler ensemble afin d'améliorer la santé des gens et des communautés du Nord.

La santé dans le Nord de l'Ontario s'est améliorée grâce aux nombreuses personnes et communautés qui appuient l'EMNO et plaident pour l'amélioration des services de santé dans notre région.

Engagez-vous

En tant que bénévole, vous pouvez influencer durablement la santé des gens et des communautés du Nord de l'Ontario. Visitez nosm.ca/volunteer pour savoir comment apporter une contribution et faire votre part dans notre succès grandissant!

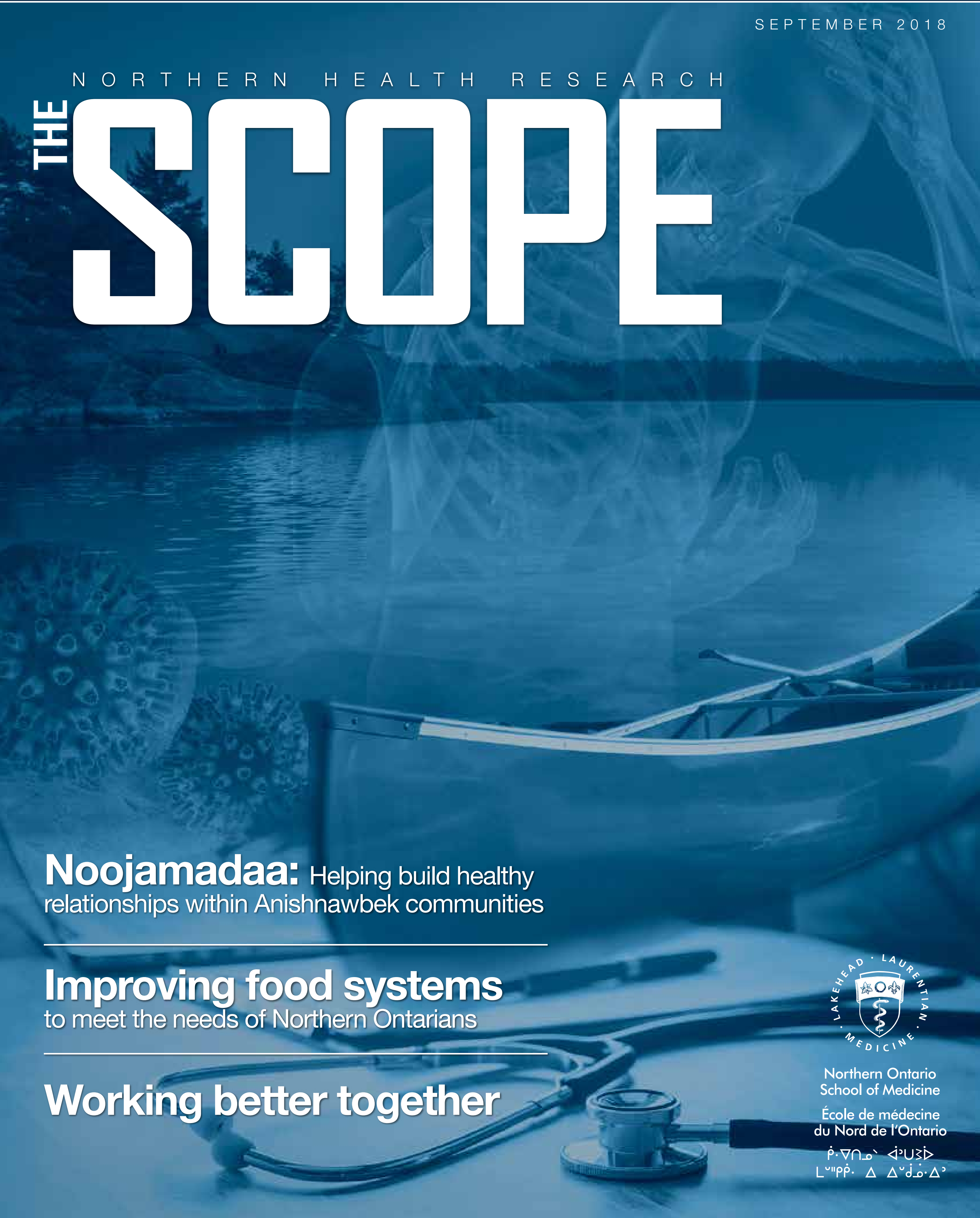
Nous rêvons tous d'une meilleure santé dans le Nord de l'Ontario. Pour savoir comment contribuer à cette cause, écrivez à advancement@nosm.ca, ou appelez au 807-766-7424 ou au 705-662-7154.

NORTHERN ONTARIO SCHOOL OF MEDICINE

SEPTEMBER 2018

NORTHERN HEALTH RESEARCH

THE SCOPE



Noojamadaa: Helping build healthy relationships within Anishnawbek communities

Improving food systems to meet the needs of Northern Ontarians

Working better together

LAKEHEAD · LAURENTIAN · MEDICINE

Northern Ontario School of Medicine

École de médecine du Nord de l'Ontario

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WELCOME TO *THE SCOPE*

Scope can be defined as: the range of one's perceptions, thoughts, or actions; the geographical or perceived area covered by a given activity; or, a viewing instrument such as a microscope or telescope. In most modern usages of the word scope, there is a unifying theme of examination or investigation. In this case, Scope includes all of these ideas. Research at the Northern Ontario School of Medicine (NOSM) is reflective of the School's mandate to be socially accountable to the diversity of Northern Ontario.

For years, Canadian health research took place primarily in large cities. This meant that there were many health questions that were going unanswered in Northern Ontario, including questions about the incidence of chronic disease, outcomes for patients with mental illness and how work in industries such as mining or forestry affect one's health. Also left unanswered were specific questions about the health of Francophone and Indigenous communities in the North, two groups that have historically not been well-represented in health research.

The subjects being studied are as varied as the geographic area of NOSM's wider campus of Northern Ontario and as diverse as the researchers themselves: faculty members in the School's Human, Medical, and Clinical Sciences Divisions, residents, medical students, a broad range of health-professional learners and collaborators who conduct leading-edge health research not just in the lab, but in communities, hospitals, health clinics and administrative offices across the region. Since 2003, NOSM faculty members have published more than 2,340 scholarly articles which aim to answer questions that will have a positive impact on the health of Northern Ontarians.

Although this publication cannot provide the full scope of exciting research happening across Northern Ontario, we hope it provides a glimpse into some of the work being done with a view of improving the health of people in Northern Ontario and beyond.

The Scope Research Newsletter of the Northern Ontario School of Medicine

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Feedback

We welcome feedback and suggestions about *The Scope*. NOSM is your medical school. What stories would you like to read about? Send ideas to **communications@nosm.ca**.

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WELCOME TO *THE SCOPE*

A Message from Dr. Penny Moody-Corbett Associate Dean of Research


Dr. Penny Moody-Corbett

The Northern Ontario School of Medicine (NOSM)'s Northern Health Research Conference (NHRC) has been held annually in communities across Northern Ontario since 2006. This year, the NHRC coincides with the School's fifth Indigenous Partnership Gathering.

Indigenous organizations were at the forefront of the widespread community movement advocating for the establishment of NOSM, and the gatherings were created as a way to ensure that Indigenous peoples of Northern Ontario have regular opportunities to provide formative input into the School's administration, education and research.

The School has also held two gatherings specifically focused on research – the Partnership Opportunities in Research Gathering, 2008, and the Indigenous Research Gathering, 2016. These gatherings have brought together Indigenous and non-Indigenous researchers to provide formative input on research. Research is a key part of the School's mandate to be socially accountable to the diverse cultures of Northern Ontario. In order to be socially accountable, and deliver culturally safe care, we have to ask the right questions. The research gatherings have provided an opportunity for this conversation.

Following the Indigenous Research Gathering in 2016, the School developed guidelines for researchers who wish to connect with Indigenous communities to conduct health research. In this issue of The Scope, you will see stories of NOSM students, faculty and graduates who have built trusting, respectful and long-term relationships with community members, and have worked together with those communities to conduct research that addresses the questions that are most important to them.

Since the first NHRC in 2006, we have heard directly from treaty organizations, Elders, physicians, nurses and other health-care professionals with experience in Indigenous health settings about the research by and with Indigenous communities. We will continue to listen, and strive to conduct and assist with research that has a positive impact on the health of all Northern Ontarians.

Randy Trudeau and Marion Maar

NOOJAMADAA:
HELPING BUILD HEALTHY RELATIONSHIPS WITHIN ANISHNAWBEK COMMUNITIES

Marion Maar, Associate Professor of Medical Anthropology at the Northern Ontario School of Medicine (NOSM), together with First Nations communities of Manitoulin Island and Laurentian University Master of Indigenous Relations graduate, Beaudin Bennett, has created Noojamadaa, an educational photo exhibit exploring healthy relationships in First Nations families and communities.

Before coming to NOSM, Maar was a researcher with an Aboriginal Health Access Centre on Manitoulin Island for eight years. Because of her longstanding relationship with the communities, she was approached about working on a community-based research project to address intimate partner violence.

Research has shown Indigenous women experience intimate partner violence at a higher rate than non-Indigenous women, with significant health and social consequences, says Maar, but many primary-care practitioners need to learn more about what their role should be in addressing it.

Maar says some of the goals of the research project are to understand the context of intimate partner violence and the role of primary care practitioners in addressing violence their patients experience at home, and what kind of training and resources they need to better fulfill that role.

She says the communities chose to begin the research through a photo exhibit exploring healthy relationships among the Anishnawbek. Participating women explained that in order to reduce intimate partner violence, relationships needed to be healed not only between spouses, but also with their families, communities, the Nation and the environment.

“It’s a difficult topic, and the communities decided that creating awareness was the first step,” says Maar. “The communities didn’t want to take a negative approach to it, or have Indigenous people reduced to a statistic. Communities asked: ‘What’s good about our relationships, and how can we create more of that?”

Marion Maar with participants Alison Recollet (left) and Sheila Trudeau at the Noojamada exhibit at MacDonald House in Vaughan.

As part of the project, hunter, fisherman, trapper and artist Randy Trudeau allowed a photographer to shadow him, taking photos to demonstrate how he has built a relationship with his environment.

COMMUNITIES ASKED: 'WHAT'S GOOD ABOUT OUR RELATIONSHIPS, AND HOW CAN WE CREATE MORE OF THAT?"

Randy Trudeau is one of the facilitators of Noojamadaa. A hunter, fisherman, trapper and artist, Trudeau says he wanted to share the healing power of building a relationship with the land.

After being approached by the research team to participate in the project, Trudeau agreed to allow a photographer to shadow him throughout his day to day life, taking photos to demonstrate how he has built a relationship with his environment.

"I find that throughout all I've gone through in my life, all the traumas, my healer has always been nature," he says. "So I've dedicated my life to living off the land, living peacefully and learning ways to heal myself, and teaching other men to do the same."

The exhibit has expanded to include art that displays healthy relationships, and Trudeau has also contributed paintings to the exhibit.

To date, Noojamadaa has been displayed in diverse venues, including at the Laurentian University School of Architecture, the Debajehmujig Creation Centre in Manitowaning, the Sudbury District Health Unit, McMaster University and Queen's Park. The exhibit is also accredited for continuing education.

The project was initially funded by the Women's Xchange $15K Challenge, but additional funding from the Canadian Institutes of Health Research (CIHR) was provided to explore a holistic approach to address violence, trauma and opioid addictions.

"The CIHR grant will help us to increase collaboration and relationship building with all relevant service sectors, including mental health, social services, child protection, justice and police so we can better develop and coordinate roles of each sector in addressing intimate partner violence, and underlying issues including addictions, in a culturally safe way," says Maar.

DR. MARINA ULANOVA REFLECTS ON 13 YEARS OF DISCOVERY

Dr. Marina Ulanova has been studying Haemophilus influenzae infection in Northwestern Ontario for the entirety of her 13 years as a faculty member at the Northern Ontario School of Medicine.

Despite its name, Haemophilus influenzae has nothing to do with the flu, says Ulanova. While the flu is caused by the influenza virus, Haemophilus influenzae is a bacterial infection. There are several types of Haemophilus influenzae, which can cause invasive infections, leading to serious illnesses including pneumonia, meningitis, septicemia and epiglottitis, all of which can result in permanent disability or death.

Prior to 1990, Haemophilus influenzae type B (HiB) was the most common cause of pediatric meningitis in Canada, according to data from the Public Health Agency of Canada. In the early nineties, a vaccine targeting this specific type of the bacteria became widely available, after which HiB infections became incredibly rare.

However, as the rate of HiB infections in Canada began to decline, infections caused by other types of the Haemophilus influenzae bacteria began to increase, specifically type A (HiA).

Throughout her tenure at NOSM, Ulanova and her research team have made numerous significant discoveries about HiA, including its prevalence in Northwestern Ontario and in Indigenous versus non-Indigenous populations in the region, as well as about natural immune defenses against this infection.

A study led by Ulanova found that 50 per cent of invasive Haemophilus influenzae disease in Northwestern Ontario since 2002 have been caused by HiA, compared with 5 per cent in the rest of the province. Moreover, it appears that Northwestern Ontario has one of the highest incidence rates of invasive HiA disease in any region in the country, second only to Nunavut.

Dr. Marina Ulanova leads a team of NOSM researchers studying Haemophilus influenzae type A in Northern Ontario.

THROUGHOUT HER 13-YEAR TENURE AT NOSM, DR. ULANOVA HAS SUPERVISED MORE THAN TEN NOSM STUDENT RESEARCH PROJECTS, A NUMBER OF WHOM SHE CONTINUES TO WORK WITH.

Her research team also discovered that the rate of HiA invasive disease was much higher in Indigenous populations in the region when compared to non-Indigenous populations.

Data from her team's research has contributed significantly to the development of a new HiA vaccine currently being tested by the National Research Council.

Ulanova says she is proud that her research has been able to both identify a problem and contribute to the solution.

"When I first started this research, Canada's Immunization Monitoring Program ACTive (IMPACT) was only reporting cases of invasive HiA disease from 12 Canadian pediatric hospitals, and the closest ones were in Winnipeg and Ottawa," she says. "Our region was just not represented in their data. So we really were out in front of this, and we were able to identify how significant a problem was for the people of Northwestern Ontario as we found serious cases of this infection affecting young children in First Nations communities."

The opportunities to collaborate with physicians, students and Indigenous communities, including the Nishnawbe Aski Nation, in the province have allowed her to research clinical questions relevant to the population that NOSM serves, and helped her to contribute to improving the quality of care that population receives.

"Before I came to NOSM, I did basic science research, which allowed me to address a lot of interesting questions, but it never really went beyond the lab," says Ulanova. "Now, to see the real impact my research has had, that's an incredible feeling, and it's NOSM that made it possible."

IMPROVING FOOD SYSTEMS TO MEET THE NEEDS OF NORTHERN ONTARIANS

How can we improve our food and agricultural systems to better meet the needs of all people?

Michaela Bohunicky, a graduate of the Northern Ontario Dietetic Internship Program (NODIP) at NOSM, will be exploring this question when she starts a Master of Health Sciences at Lakehead University this fall. Bohunicky will be working with Dr. Charles Levkoe, a Canada Research Chair in Sustainable Food Systems.

Before coming to NOSM, Bohunicky attended the University of Manitoba, where she was part of a team of researchers exploring food sovereignty—the idea that all people have the right to healthy and culturally appropriate food produced using ecologically sound and sustainable methods, and the right to define their own food and agricultural systems.

"Studying food sovereignty and becoming involved in research really opened my eyes to the ways in which social, political and environmental determinants affect nutrition and health, and answered so many of my questions about why people are food insecure and why health inequities exist," she says.

After completing NODIP in 2017, she took a job as a Food System Planner with Nishnawbe Aski Nation (NAN), supporting existing projects that work towards achieving food self-determination. This experience, combined with her NODIP placements with the First Nations and Inuit Health Branch in Ottawa and Roots to Harvest in Thunder Bay, played a key role in her motivation to continue learning about Indigenous food system issues through her Masters research.

Bohunicky says she wants to specifically explore how improving Indigenous and settler relationships can produce better food policy at a local, regional, national or even international level.

Michaela Bohunicky, a graduate of the Northern Ontario Dietetic Internship Program (NODIP), will begin a Master of Health Sciences at Lakehead University in the Social-Ecological Systems, Sustainability and Health stream.

"MY EXPERIENCES OVER THE LAST FEW YEARS HAVE MADE ME REALIZE HOW IMPORTANT IT IS FOR CANADIAN REGISTERED DIETITIANS TO UNDERSTAND THE COLONIAL CONTEXT OF THE FOOD SYSTEMS WE'RE WORKING IN, AND THAT WE'RE WORKING TO CHANGE."

"I've been really, really lucky to get to see little bits and pieces of how food can be used as a tool for reclamation and resurgence," she says. "I'd really like to explore through my research how I and other settlers can best make space for, and support that."

She also recently became involved in Critical Dietetics, a movement of registered dietitians exploring issues of gender, race, class, ability, size, and creative expression, all in relation to food and dietetics.

"I see Critical Dietetics as a way to broaden our practice by exploring areas that we may have missed in our training, yet are so relevant to our work," she says. "Dietitians have a unique area of expertise, and bring an important piece of the puzzle, but we can learn so much and really stretch our boundaries by engaging in interdisciplinary, community-based research."

Her broadening understanding of the social, political and environmental context she practices in has been and will continue to be at the forefront of her research, she says.

"My experiences over the last few years have made me realize how important it is for Canadian registered dietitians to understand the colonial context of the food systems we're working in, and that we're working to change."

WORKING BETTER TOGETHER

A group of researchers at the Northern Ontario School of Medicine is studying the dynamics of concussion management in interprofessional team settings.

The team is lead by co-investigators Dr. Tara Baldisera, a family physician and associate professor of clinical sciences at NOSM; Dr. Jairus Quesnele, a clinical chiropractic specialist and associate professor at NOSM; and, Shannon Kenrick-Rochon, a nurse practitioner, professor of nursing at Cambrian College and Laurentian University and a lecturer at NOSM. It also includes Dr. Sylvain Grenier, Professor of Human Kinetics and Michelle Laurence, Laboratory Technologist and Registered Kinesiologist, both faculty in the School of Human Kinetics at Laurentian University, and Matthew Baker, a research assistant and student at Laurentian University.

Concussions affect many systems of the body. For that reason, an interprofessional approach is widely considered best practice, and is the recommended standard of care of the Ontario Neurotrauma Foundation and Concussion Ontario.

The team is exploring how factors like communication and collective competencies of an interprofessional health-care team can affect a patient's recovery.

Over the past two years, the team has been following both male and female athletes from multiple varsity teams at Laurentian University, tracking and treating their concussions. They are looking specifically at the effectiveness of interprofessional concussion management teams in diagnosing and treating injuries from both return-to-play and return-to-learn perspectives by measuring recovery rates and progression to post-concussion syndrome, according to Baldisera.

Though their research is still ongoing, they have already seen some promising preliminary results, says Quesnele.

"We're seeing the athletes return-to-play sooner overall, and seeing fewer protracted or long-lasting cases in our second year of follow-up versus our first-year of follow up," he says. "We're currently trying to figure out why that is, but our initial thoughts are that as we become more proficient and more collaborative in our approach, it's translating into better recovery rates for some of our athletes."

The research team is exploring how factors like communication and collective competencies of an interprofessional health-care team can affect a concussion patient's recovery.

Quesnele also credits expanding the team in the second year of tracking, as well as more formalized communication with the university's accessibility office and the athletes themselves for the positive results.

"We were able to add key members to the team, which allowed us to develop tailored treatment strategies, giving us a better approach for targeting these concussion deficits more effectively," he says.

The cohesiveness of the team itself and the rapport they have developed may also have an effect on the progress the athletes make, according to the researchers.

They have added patient satisfaction as an evaluation tool in their research to better understand the effect of an interprofessional concussion management team in this context, says Baldisera.

"We're looking at both the internal team dynamics and how we operate within our community setting," she says. "What both makes us a better team and helps enhance patient-centred care?"

CONCUSSIONS AFFECT MANY SYSTEMS OF THE BODY. FOR THAT REASON, AN INTERPROFESSIONAL APPROACH IS WIDELY CONSIDERED BEST PRACTICE, AND IS THE RECOMMENDED STANDARD OF CARE OF THE ONTARIO NEUROTRAUMA FOUNDATION AND CONCUSSION ONTARIO.

With the help of two Dean's Summer Medical Student award recipients, Eve Boissoneault and Emily Aleska, the team has also been able to explore how sex differences can factor into recovery rates, as well as other elements of the recovery process.

Whichever elements of the team dynamic are found to affect the results of an interprofessional concussion management strategy, the ultimate goal is to be able to provide patients with the best care possible, says Baldisera.

"Not every patient needs every health-care provider that can treat concussion to be involved in their care," she says. "We want our team to operate in a way that allows patients to get the specific care they need."

CRANHR CELEBRATES 25 YEARS OF NORTHERN HEALTH RESEARCH

The Centre for Rural and Northern Health Research (CRaNHR) at Laurentian University celebrated its 25th anniversary earlier this year.

Originally known as the Northern Health Human Resources Research Unit (NHHRRU), CRaNHR is an academic and applied research centre that conducts interdisciplinary research on rural health, with a focus on improving health services, access to health care in rural and Northern communities, as well as enhancing stakeholders' knowledge of the health-care system.

Though it predates the founding of the Northern Ontario School of Medicine, CRaNHR and NOSM have developed a strong partnership because of their shared mission, says Dr. Alain Gauthier, Director of CRaNHR.

"The research questions that we seek to answer are directly derived from the needs of the communities that we work with, and not necessarily our general curiosity, so our objectives and NOSM's social accountability mandate align very well," he says.

CRaNHR was originally established to study questions related to health human resources in Northern Ontario. However, as the needs of the population have evolved, so has CRaNHR's scope.

"Over the past 25 years, we've evolved from a health human resources research centre to a rural and northern health equity research centre," says Gauthier. "The Centre was primarily focused on resource issues, such as shortages of physicians, whereas we're now focusing on much more diverse topics including Indigenous health issues, French language health services, access to services for marginalized individuals, and similar topics."

CRaNHR has five "pillars" of research: Health Human Resources, Francophone Health, Indigenous Health, Virtual Care Research and NOSM Integrated Impact Investigations.

As part of their research on the impact of NOSM in the North, researchers at CRaNHR are conducting a multi-year tracking study of the students and graduates, evaluating the experiences of NOSM graduates practising in Northern Ontario, as well as the contribution of the School to physician recruitment and retention practising in Northern Ontario and its economic impact in the region.

Dr. Alain Gaulthier, current Director of the Centre for Rural and Northern Health Research (CRaNHR), with Dr. Ray Pong, inaugural Director of CRaNHR.

In its early stages, CRaNHR also conducted a number of studies that, while not directly linked to the establishment of NOSM, demonstrated the need for a long-term solution to health inequity in the North, and provided evidence that a medical school could be a viable option. Studies included an evaluation of existing rural medical education programs, and an exploration of the link between rural medical education and rural practice location.

The reciprocal relationship between the two institutions extends to faculty and students too, says Gauthier. CRaNHR has been a partner for NOSM's faculty investigators, providing them with a place to conduct their research, and has housed many researchers who have become NOSM students.

"It's great to see our researchers become learners, because that background provides them with the necessary skills and tools to be physician researchers, as well as a better understanding of rural and Northern Ontario as they prepare for medical training," he says.

Overall, Gauthier says the 25th anniversary signifies that the founding vision of CRaNHR has stood the test of time.

"In research, you're often forced to reinvent yourself based on the opportunities that exist, and that we are still here 25 years later, with a vision for improving health care in the North, is quite something," he says. "We've created a sustainable venue for knowledge production in the North, and my hope is that will continue to do so for the next 25 years and beyond."

DID YOU KNOW? CRANHR WAS ESTABLISHED IN 1993, PREDATING THE ESTABLISHMENT OF NOSM BY 12 YEARS.

TURNING OVER A NEW LEAF

Research at the Northern Ontario School of Medicine plays an integral role in the School's mandate to be socially accountable to the population we serve. In 2013, the School created the role of Assistant Dean, Research, with the goal of supporting Dr. Penny Moody Corbett, Associate Dean of Research, and the School's senior leadership in their efforts to address strategic plan priorities, as well as promote research in the North.

This summer, Dr. TC Tai took over the role of Assistant Dean, Research from Dr. David MacLean. We'd like to thank Dr. MacLean for his contributions to research at NOSM, and welcome Dr. Tai to his new leadership role.

Dr. David MacLean

Dr. David MacLean, a Professor of Physiology at NOSM, was the School's inaugural Assistant Dean, Research. Throughout his five-year tenure he implemented a number of initiatives to raise the profile of research at NOSM, including the Physicians' Services Incorporated (PSI) Visiting Clinical Scholar program, which brings experienced clinician researchers to NOSM to offer educational opportunities to physicians interested in research, and help them develop their research skills or projects.

He also oversaw the creation and each edition of The Scope, helping to provide our communities with a better understanding of research being done at NOSM. In addition, he spearheaded the development of NOSM's first graduate program, a Master of Medical Studies.

"It was a pleasure to be able to support the faculty and students in their research efforts, and to see the contributions they have made to improving the health of people in Northern Ontario," he says.

Dr. TC Tai

Dr. TC Tai, a Professor of Physiology and Pharmacology at NOSM, took over as Assistant Dean, Research in July of this year.

He says he hopes he can continue to promote NOSM as a world-class research institute with a unique and valuable perspective.

"I want people in communities across Northern Ontario, as well as people across the country and around the world, to realize what researchers at NOSM are doing, what they have the potential to do, and what that means for the health of people in our region and beyond," he says.

By focusing on the unique health challenges in Northern Ontario, NOSM's research is changing health research in our region.

To support health research in the North, contact advancement@nosm.ca | call 807-766-7424 or 705-662-7154.