

Board of Directors
Open Meeting
Wednesday, March 6, 2019 – 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							
1.1	5	J. Friday	Chair’s Remarks*					X	
1.2	1	J. Friday	Quorum (9 members total required, 7 being voting)						
1.3	1	J. Friday	Conflict of Interest						
1.4	1	J. Friday	Approval of the Agenda	X					
2.0	5	PATIENT STORY – Peter Myllymaa							
3.0	PRESENTATIONS/EDUCATION								
3.1	10	A. Bjorn A. Carr	Employee and Professional Staff Experience Survey-Preliminary Update*		X				
3.2	10	Dr. Kennedy	Physician Recruitment Plan Update*		X				
4.0	CONSENT AGENDA								
4.1	-		Board of Directors Open Meeting Minutes-February 6, 2019*	X				X	
4.2	-		Patient Safety and Quality of Care Committee Minutes-February 20, 2019*					X	
5.0	REPORTS								
5.1	10	Dr. Kennedy	Report from the President and CEO* 5.1.1 Current Challenges: a. Health System Reform-General b. Financial Uncertainty c. Overcapacity d. Ontario Human Rights Commissioner Site Visit	X				X X X X	
5.2	10	Senior Leaders M. Del Nin	2020 Q3 Strategic Plan Progress and Scorecard Report*				X	X	
5.3	5	Dr. Ahmed	Report from the Chief of Staff*					X	
6.0	FIDUCIARY MATTERS								
6.1	10	P. Lang M. Del Nin / J. Madahbee	Report from the Chair of the Patient Safety and Quality of Care Committee: a. 2019-20 Quality Improvement Plan (QIP)* b. Patient Relations Process and Compliance	X				X X	
6.2	5	D. Mannisto	Report from the Governance and Nominating Committee: a. Board Policies: BD-35 Board of Directors Public Policy, BD-80 Stakeholder Relationships-TBRHSC Volunteer Association, and BD-45 Recruitment and Selection of Board and Community Members*	X				X	

#	Time	Presenter	Item & Purpose	Expected Outcome				
				Recommendation /Decision/Action	Education	Discussion	Strategic Progress	Fiduciary Information
			b. Integrated Risk Management-Governance Risks c. Board Director Recruitment d. CEO Evaluation Process					X X X
6.3	5	J. Friday	Report from the Resource Planning Committee: a. Q3 Financial Results b. Nursing Resource Team (NRT) c. Health and Wellness Model activities					X X X
7.0	FOR INFORMATION							
7.1	-		Workplans*					X
7.2	-		Webcast Statistics*					X
7.3	-		Report from the Health Research Institute*					X
7.4	-		Report from the Chief Nursing Executive*					X
7.5	-		Report from the Northern Ontario School of Medicine*					X
7.6	-		Report from the Foundation*					X
7.7	-		Environmental Compliance and Fire Safety Update*					X
7.8	-		Board of Directors Recruitment Ad*					X
8.0	BOARD MEMBER COMMENTS							
9.0	DATE OF NEXT MEETING – April 3, 2019							
10.0	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)
March 6, 2019 – DRAFT

Agenda Item	Committee or Report	Motion or Recommendation	Approved or Accepted by:
1.4	Agenda – March 6, 2019	“That the Agenda be approved as circulated.”	Moved by: Seconded by:
4.0	Consent Agenda	<p>“That the Board of Directors:</p> <p>5.1 Approves the Board of Directors Minutes of February 6, 2019;</p> <p>5.2 Accepts the Minutes of the Patient Safety and Quality of Care Committee meeting of February 20, 2019;</p> <p>as presented.”</p>	Moved by: Seconded by:
5.0	Reports	<p>“That the Board of Directors accepts reports dated March 6, 2019 from the:</p> <p>5.1 President and CEO;</p> <p>5.2 2020 Q3 Strategic Plan Progress and Scorecard Report;</p> <p>5.3 Chief of Staff;</p> <p>as submitted.”</p>	Moved by: Seconded by:
6.1.a	2019-2020 Quality Improvement Plan	<p>“Whereas the Patient Safety and Quality of Care Committee duly reviewed the 2019-2020 Quality Improvement Plan, and,</p> <p>Whereas the Hospital must demonstrate accountability by advancing a quality patient experience that is socially and fiscally accountable, be it resolved,</p> <p>That upon recommendation from the Patient Safety and Quality of Care Committee, the Board of Directors approves the 2019-2020 Quality Improvement Plan,</p> <p>as recommended.</p>	Moved by: Seconded by:

Agenda Item	Committee or Report	Motion or Recommendation	Approved or Accepted by:
6.2.a	Board Policies	<p>“That upon recommendation from the Governance and Nominating Committee, the Board of Directors approves the elimination of the following Board policies:</p> <ul style="list-style-type: none"> • BD-35 Board of Directors Public Policy; • BD-80 Stakeholder Relationships-TBRHSC Volunteer Association; • BD-45 Recruitment and Selection of Board and Community Members, <p>as presented.”</p>	<p>Moved by: Seconded by:</p>



Thunder Bay Regional
Health Sciences
Centre

980 rue Oliver Road
Thunder Bay ON
P7B 6V4 Canada

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

Board of Directors
Conseil d'administration

**Report from Matt Simeoni
Chair, Board of Directors
March 6, 2019**

I consider serving on the Board of Directors of our Hospital a great privilege. Although it requires an intensive commitment of time and energy, it is rewarding to influence the quality care that is provided at our Hospital to the people of Northwestern Ontario.

In addition to attending Board meetings, members of our Board of Directors participate on Committees of the Board: Resource Planning; Audit; Executive; Patient Safety and Quality of Care; Governance and Nominating; and Fiscal Advisory. Some of the committees also include community volunteer members who are not members of the Board.

I encourage community members to consider joining our team by volunteering to participate on committees of the Board. This level of involvement supports interested and committed people to gain experience and knowledge and prepare them for positions on the Board of Directors in the future. In addition to community members we are currently recruiting for individuals to serve as members of our Board of Directors. For further information, or to express interest, please contact Angela Kutok, Board Liaison, at kutoka@tbh.net or (807) 684-6183.

In addition to my volunteer colleagues on the Board of Directors and its committees, there are hundreds of volunteers who contribute time, energy, and expertise to enhance patient care at our Hospital. I take this opportunity to recognize the many volunteers, including the committed members of the organizing committee of the Bearskin Airlines Hope Classic. As a result of their efforts, over \$123,000 was raised this year, and more than \$3.25 million since its inception. The funds raised by this bonspiel have been used for the Breast Cancer Support Group, breast cancer services, and since 2006, to help support the Hospital's Linda Buchan Centre for Breast Screening and Assessment.

Last year, the Medical Staff and the Board recognized that a new Deputy Chief of Staff position was necessary to support the Chief of Staff and promote succession planning. I am pleased to announce that Dr. Kristie Skunta, MD, CCFP, has accepted the position of Deputy Chief of Staff, effective April 1, 2019. In this role, Dr. Skunta will support our Chief of Staff, Dr. S. Zaki Ahmed, to provide administrative and clinical oversight for the Hospital and to act on his behalf if absent.

Finally, I take this opportunity to reinforce Hospital President & CEO Jean Bartkowiak's appreciation to funders of our new regional data centre. The resources provided through FedNor and the Northern Ontario Heritage Fund Corporation made this critical expansion possible. Hospitals across the region depend on our secure and reliable data centre to access and store clinical systems, patient records, and diagnostic images. Our Board is grateful to our government partners for supporting the technology required to deliver quality care to patients in Northwestern Ontario.

BRIEFING NOTE

TOPIC	Employee and Professional Staff Experience Survey (EPSES) Update
PREPARED BY	Amy Carr, Director, Human Resources
APPROVED BY	Amanda Bjorn, EVP People, Culture & Strategy
CO-SPONSER (if required)	
PREPARED FOR:	President & CEO <input checked="" type="checkbox"/> Board of Directors <input checked="" type="checkbox"/> March 6 th , 2019 Other SLC
DATE PREPARED	February 15, 2019

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 an update on the communication and action planning strategy for the 2018 EPSES results.

BACKGROUND

Thunder Bay Regional Health Sciences Centre (Hospital) has been conducting an employee and professional staff experience survey since 2005. This is the 6th cycle of experience surveys which were made mandatory in 2012 by the Excellent Care for All Act. The 2018 response rate for staff was 70.1% and 55.9% for Professional Staff.

ANALYSIS/CURRENT STATUS

Project Timeline and Status:

- September- October 2018: survey (complete)
- November 2018: results received (complete)
- November – December 2018: Presentation of results to SLC (complete), MAC (complete) and Board (complete)
- December 2018: Approval of communication & action planning time frame (complete)
 - Communication to staff (complete)
 - Distribution of results reports to Leaders (complete)
- January 2019 – March 2019: Engage on results and development of department level and corporate action plans (in progress)
- Ongoing -Implementation of action plans
- September 2021: next EPSES survey (Worklife Pulse in 2020)

TOPIC	Employee and Professional Staff Experience Survey (EPSES) Update
PREPARED BY	Amy Carr, Director, Human Resources
APPROVED BY	Amanda Bjorn, EVP People, Culture & Strategy
CO-SPONSER (if required)	
PREPARED FOR: President & CEO <input checked="" type="checkbox"/> Board of Directors <input checked="" type="checkbox"/> March 6 th , 2019 Other SLC	
<p>Reports were distributed to leaders, along with a presentation with corporate level results and instructions for adding department results. Leaders were also provided with key messages, tools to aide in department level action plan development, and a feedback tool for suggested corporate level initiatives. The presentation and tools also draw attention to gather information regarding specific Hospital strategic and operational initiatives such as Respect, Psychological Safety, Attendance, Recognition, and Professional Development.</p> <p>Using the ME to WE to ALL framework, leaders will engage their staff with the following questions:</p> <p>ME – we will actively focus on the development of ourselves. What can you do?</p> <p>WE- we will actively focus on development of our relationships. What can we do as a department to improve our results?</p> <p>ALL- we will actively focus on the development of the Hospital and systems. What can we do to improve on our results Hospital wide?</p> <p>Over 5000 comments were received in the survey. The major themes are as follows:</p> <ol style="list-style-type: none"> 1. Not Enough Staff: 1,191 comments related to staffing levels, patient care ratios, and workload 2. Employee Relations: 900 comments related to communication, recognition, and senior leadership visibility 3. Physical Work Environment: 668 comments related to equipment, supplies, and space 4. Training & Education: 322 comments related to opportunity/support/flexibility for education, training, and orientation. 5. Bullying/Harassment: 233 comments related to internal conflict and lack of support, notably regarding abuse of staff by patients and family members. 	
RECOMMENDATION	
<ul style="list-style-type: none"> • Update only at this time 	
NEXT STEPS	
<ul style="list-style-type: none"> • Under guidance from their representative Director, each Manager is tasked with engaging with staff to create action plans to address deficiencies, and/or capitalize on areas of strength for future growth. • These plans are expected to span the next 3 years, in preparation of our next survey period. Strategies/actions will target short term, mid term and long term goals. • Corporate level suggestions will be gathered and shared with the respective departments for consideration and plan development. 	
STAKEHOLDER REACTION	
<ul style="list-style-type: none"> • Leaders and employees will be familiar with the process as it is similar to that of the previous survey and action planning cycle. They are well aware of and supportive of both processes. • It is expected staff will respond positively through their leaders hosting meaningful engagement with respect to development of action plans. 	
COMMUNICATIONS	
<ul style="list-style-type: none"> • In order to inventory, share and celebrate the strategies, action plans will be shared with SLC and tracked by using SmartSheet to allow Directors and Senior Leaders to view the progress of their respective departments. 	

TOPIC	Employee and Professional Staff Experience Survey (EPSES) Update
PREPARED BY	Amy Carr, Director, Human Resources
APPROVED BY	Amanda Bjorn, EVP People, Culture & Strategy
CO-SPONSER (if required)	

PREPARED FOR: President & CEO ☒ Board of Directors ☒ March 6th, 2019 Other SLC

FINANCIAL IMPACTS

- Any new costs associated with action plans will require separate approval.

APPENDIX SECTION

N/A

Employee and Professional Staff Engagement Survey Results and Action Planning

Board of Directors
March 6, 2019



Thunder Bay Regional
Health Sciences
Centre

healthy
together

Survey Process

Timeframe	Action
September to October 2018	Survey launch
November 2018	Collation of results
November -December 2018	Presentation of results to SLC & MAC
December 2018	Approval of communication plan and action planning process Distribution of reports
January – March 2019	Team engagement and action planning
January -Ongoing	Implementation of action plans Tracking of plans and progress Updates to staff, SLC, Board
September 2021	Next survey launch (Work Pulse will be conducted in 2020)



Response Rate

Employee

Year	Return Rate %
2005	48.6
2007	41.2
2009	38.2
2011	32.8
2015	61.2
2018	70.1 (1799 responses)

Professional Staff

Year	Return Rate %
2005	31.5
2007	45.0
2009	41.0
2011	35.5
2015	35.6
2018	55.9 (148 responses)

WOW!



Thunder Bay Regional
Health Sciences
Centre

healthy
together

Drivers of Engagement

Job Drivers

- Clarity
- Control
- Workload Manageability
- Provide Input
- Work-Life Balance
- Physical Work Environment
- Innovation Encouraged

Team Drivers

- Count on Colleagues
- Other Units Supportive
- Supervisor is Accessible
- Satisfaction with Supervisor
- Performance Feedback
- Performance Management
- Attendance Issues Dealt With
- Improvement Practices in Unit
- Individual Recognition
- Work Distributed Fairly
- Conflicts Resolved
- People Listen
- Communication
- Input for Decision Making
- Respect in Your Unit
- Equipment & Technology
- Enough Staff
- Psychologically Safe
- Support for Diversity

Organizational Drivers

- Understanding of Future Plans
- Senior Management Communication
- Senior Management Trust
- Team Recognition
- Satisfied with Technical Training
- Professional Development
- Invests in Education and Training
- Opportunities for Advancement
- Communication
- Support for Diversity
- Safe Work Environment



Custom Elements

- Quality Care
- Patient Support
- Quality of Care Assessment
- Quality of Support Services
- Service Support
- Patient Safety
- Handwashing
- Control of Infectious Diseases
- Health and Safety
- Bullying / Harassment

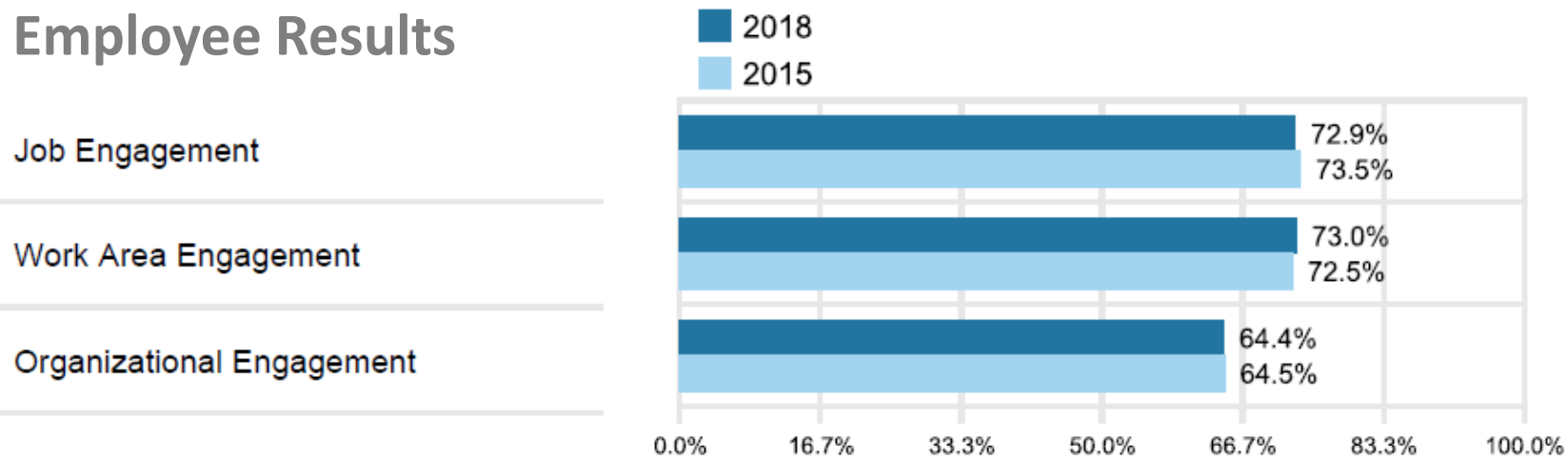


Coming
Soon:
Diversity &
Inclusion
Results



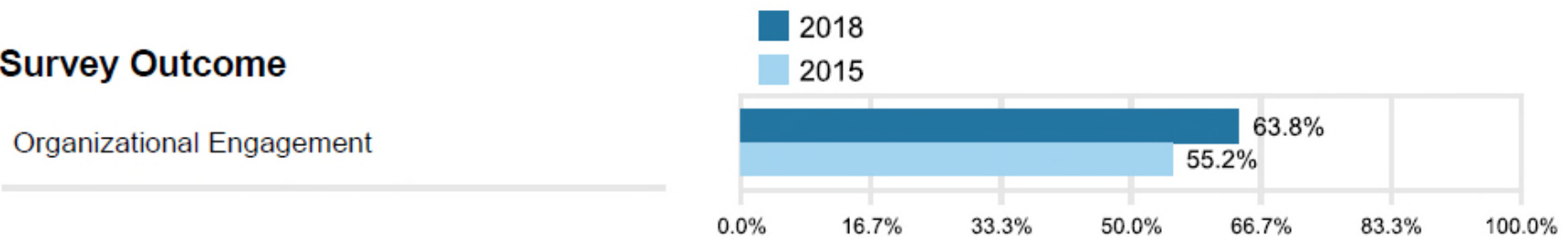
Overall Results: Engagement Scores

Employee Results



Professional Staff Results

Survey Outcome



Thunder Bay Regional
Health Sciences
Centre

healthy
together

Areas of Strength

75% of scores within the “agree” or “strongly agree” range:

Employee:

- Job: Clarity
- Work Area: Count on colleagues
- Work Area: Supervisor is accessible

Professional Staff:

- Work Area: My Chief treats me with respect
- Work Area: Colleagues treat me with respect
- Job: Role gives me sense of accomplishment
- Work Area: Access medical records with ease



Higher Than Database Average

Employee

(105 organizations, 70 000 responses)

- Job: Clarity
- Job : Opportunity to provide input
- Job : Regular performance feedback

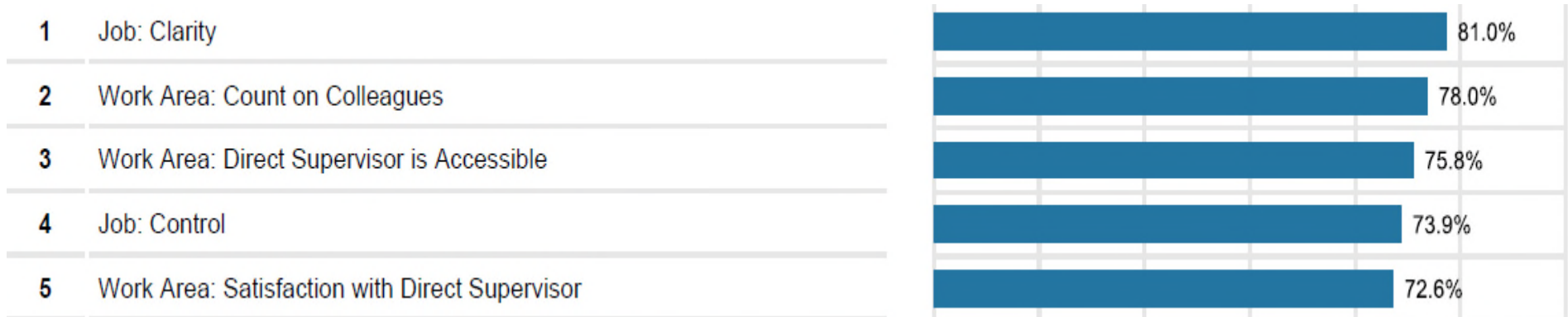
Professional Staff

(16 organizations ,1 800 respondents)

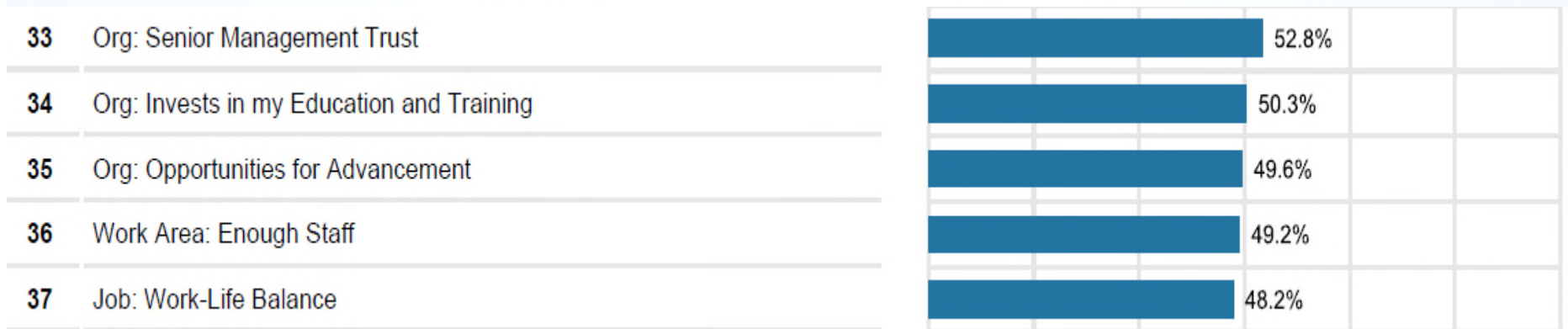
- Work Area: Access medical records with ease
- Org: Satisfaction with involvement in decision making
- Work Area: able to schedule surgeries in a timely manner
- Org: Senior Management responsive to concerns
- Org: I can trust TBRHSC

Top 5 / Bottom 5: Employee

Top 5 Drivers

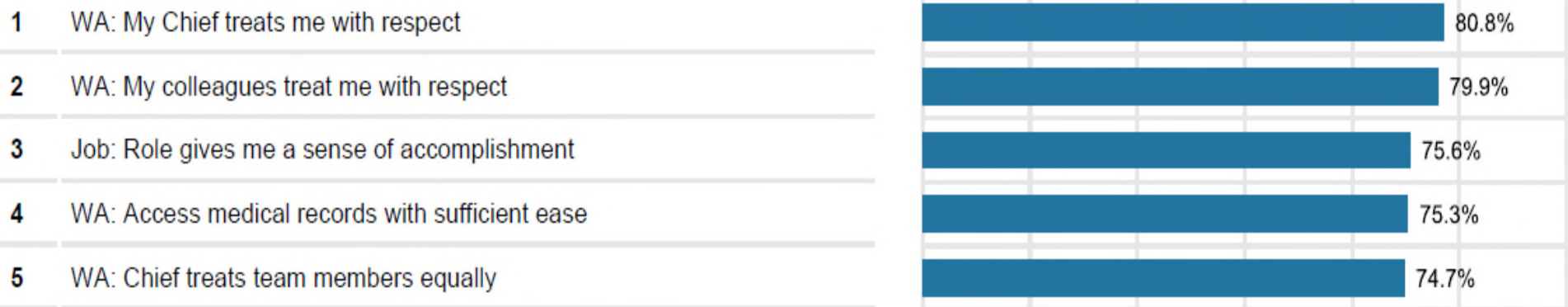


Bottom 5 Drivers

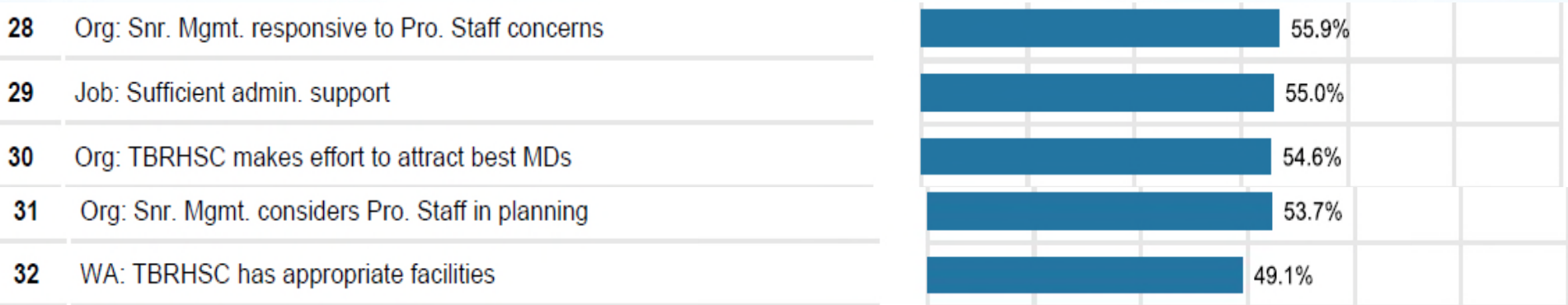


Top 5 / Bottom 5: Professional Staff

Top 5 Drivers

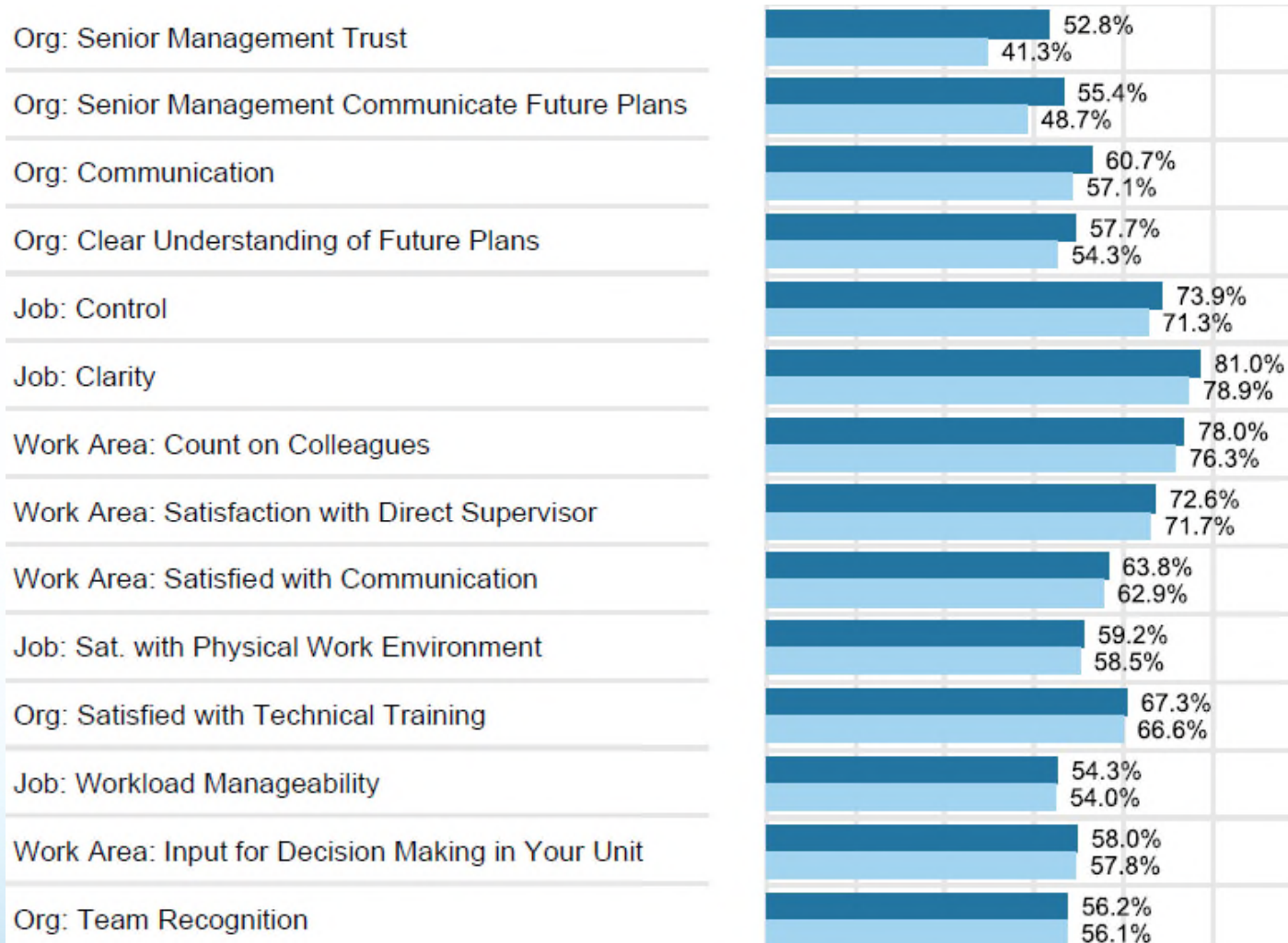


Bottom 5 Drivers



Survey to Survey Analysis : Employee

**14
items
improved**



Thunder Bay Regional
Health Sciences
Centre

healthy
together

Survey to Survey Analysis : Employee

10
items
regressed

Work Area: Individual Recognition

Org: Safe Work Environment

Work Area: Making Suggestions Worthwhile

Org: Opportunities for Professional Development

Work Area: Support for Diversity in your Unit

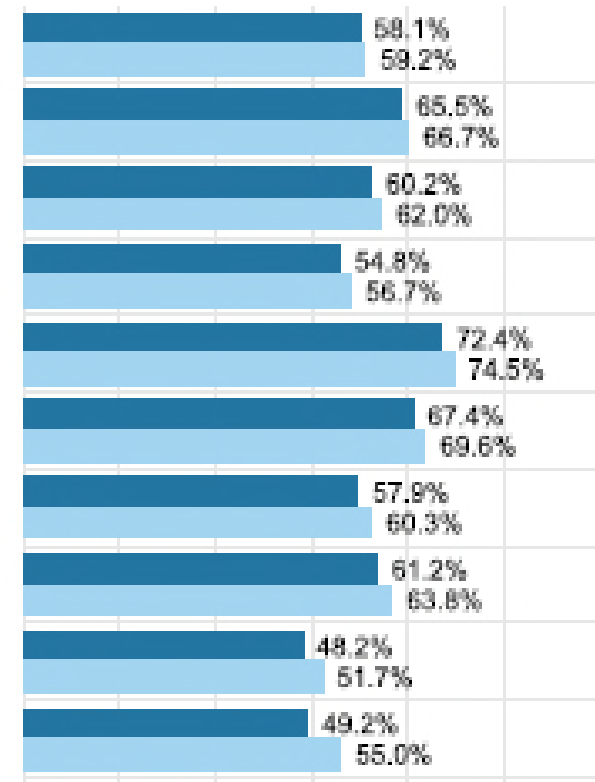
Work Area: Other Units Supportive

Work Area: Performance Management

Work Area: Adequate Equipment & Technology

Job: Work-Life Balance

Work Area: Enough Staff

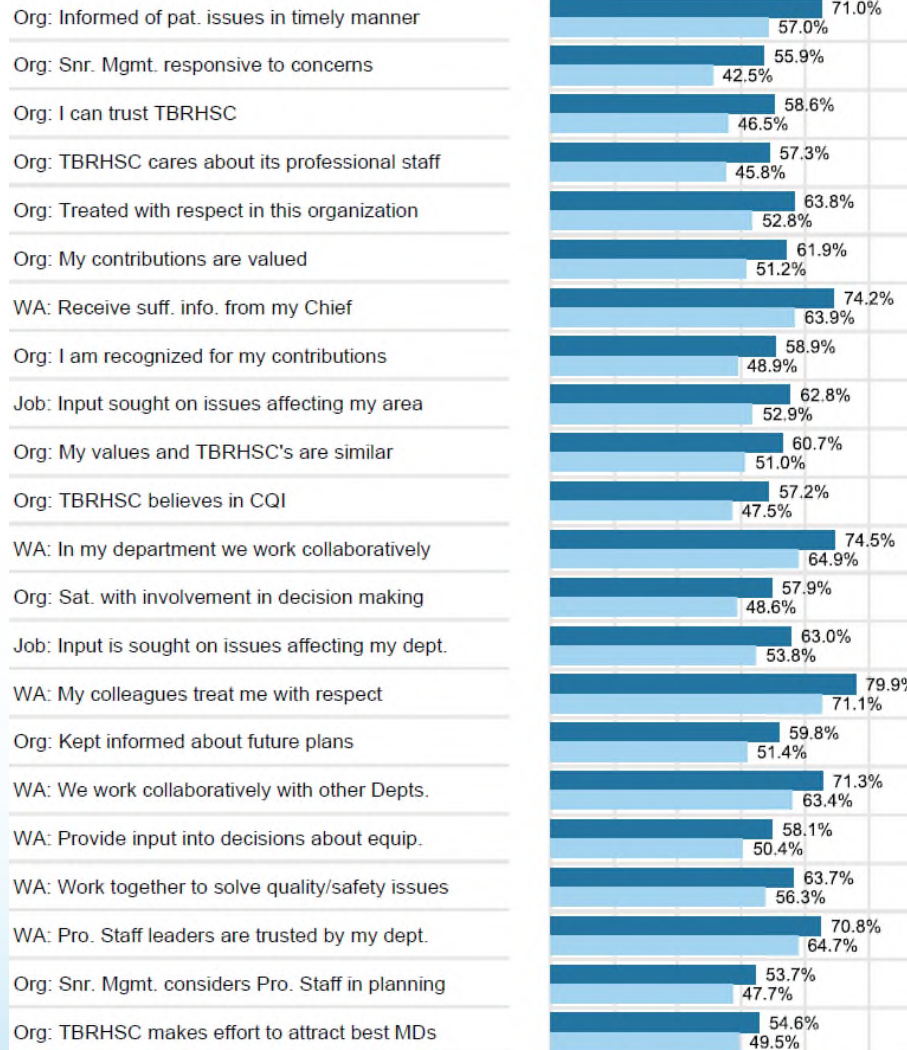


Thunder Bay Regional
Health Sciences
Centre

healthy
together

Survey to Survey Analysis : Professional Staff

**29
items
improved**



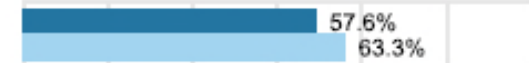
Survey to Survey Analysis : Professional Staff

3
items
regressed

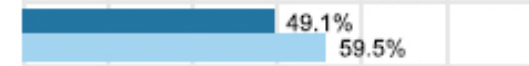
Job: Role gives me a sense of accomplishment



Job: Role allows me to have work-life balance



WA: TBRHSC has appropriate facilities



Importance of Item Analysis

Rank 36: Work Area: Enough Staff

Driver Average: 49.2%

Fig. 36.1 Item Statement

2u Normally there is enough staff in my unit/department to accomplish the necessary work (N=1769)

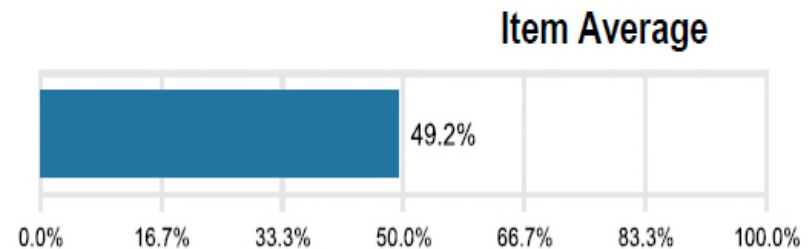
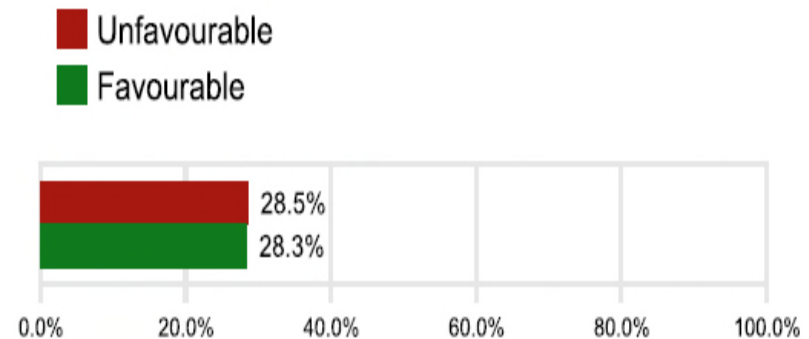


Fig. 36.2 Item Percentage Distribution

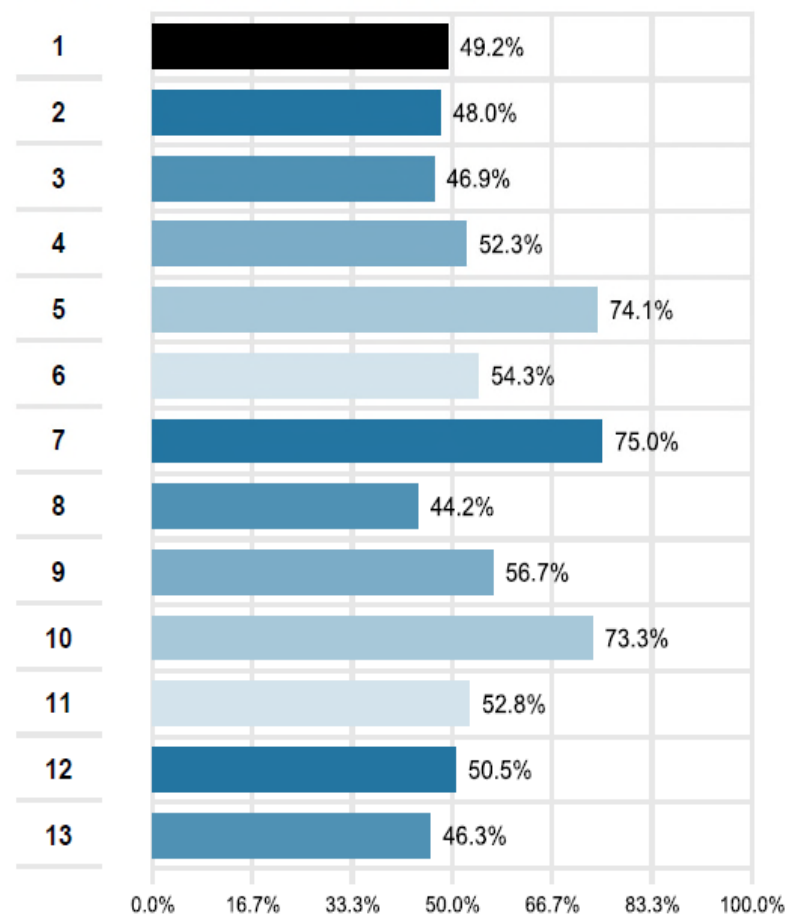
	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
2u	12.8%	15.7%	17.1%	6.2%	20.0%	23.2%	5.1%

Fig. 36.3 Item Comparison Zones



Item Analysis by Portfolio

Rank 36: Work Area: Enough Staff



- 1 ■ Thunder Bay Regional Health Sciences Centre: Staff
- 2 ■ EVP: Corporate Services & Operations
- 3 ■ EVP: Patient Care and Patient Programs
- 4 ■ EVP: Medical, Academics and Regional Programs
- 5 ■ President's Office
- 6 ■ EVP: People, Culture & Strategy
- 7 ■ Communications and Engagement
- 8 ■ Patient Care Services & Professional Practice
- 9 ■ Quality and Risk Management
- 10 ■ Medical Affairs
- 11 ■ Foundation
- 12 ■ Other
- 13 ■ No Department Selected



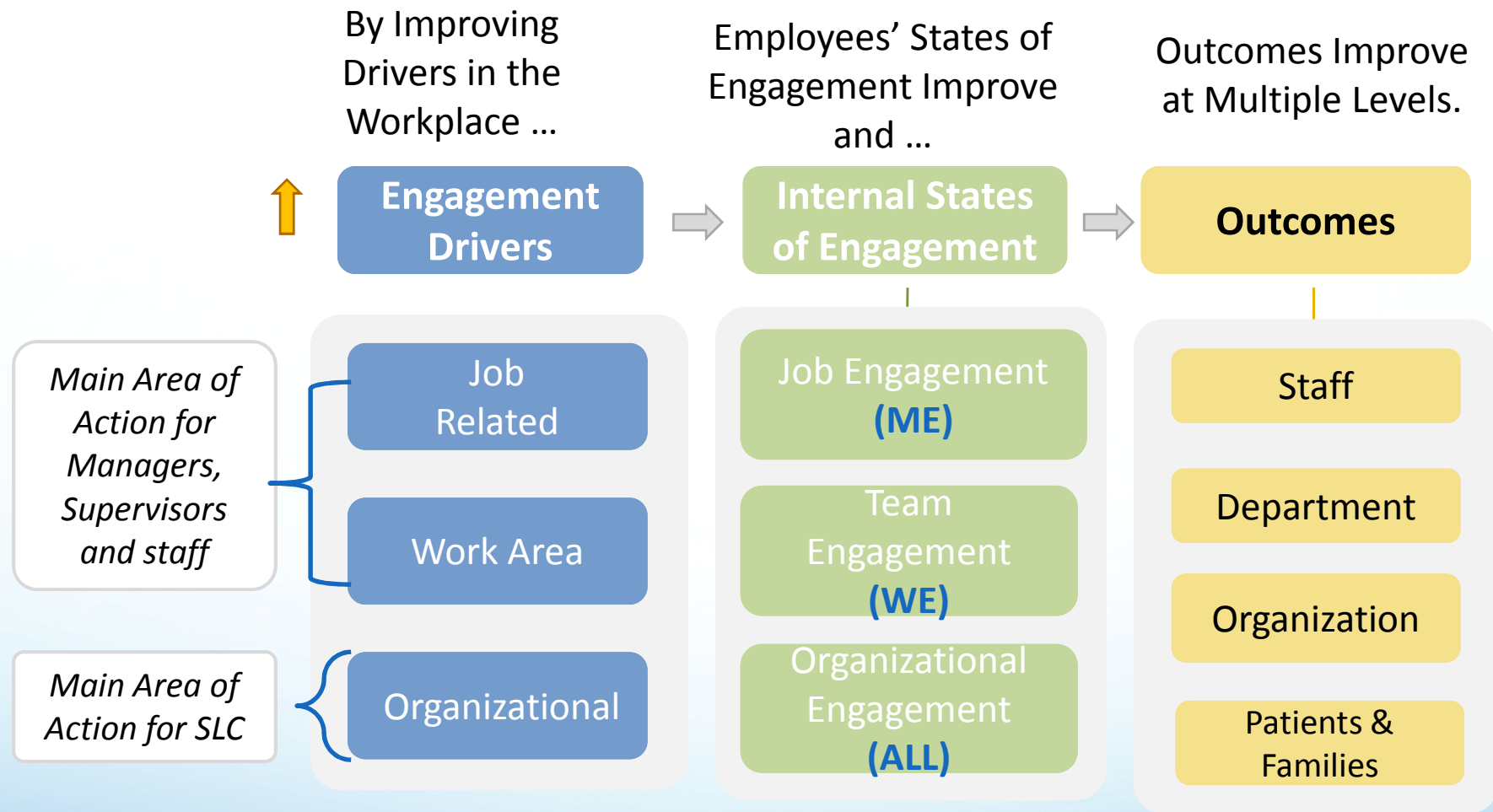
Thunder Bay Regional
Health Sciences
Centre

healthy
together

5,000 Comments

- Not Enough Staff: 1,191 comments about staffing levels, patient care ratios, workload .
- Employee Relations: 900 comments about communication, recognition, senior leadership visibility.
- Physical Work Environment: 668 comments about equipment, supplies, space.
- Training & Education: 322 comments about opportunity and support for education, training, and orientation.
- Bullying/Harassment: 233 comments about internal conflict and lack of support, notably regarding abuse of staff by patients and family members.

Department & Corporate Action Planning



Next Steps: Action Planning

It's not the data that matters, it's what we do with it.

- Engage staff in developing action plans based on results
- Implementation over the next 2 years
- Enter and track via Smart Sheet, post for staff
- Discuss progress at team and portfolio level
- Share ideas, continuous improvement, celebrate successes

Alignment, Action, Accountability

BRIEFING NOTE

TOPIC	Recruitment Update – Professional Staff
PREPARED BY	Elizabeth Mayo, Physician Recruitment, and Michelle Langlois, Director, Medical Affairs
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
APPROVED BY	Dr. Stewart Kennedy, EVP, Medicine, Academics and Regional Programs
CO-SPONSER (if required)	<Does this impact another E/VP's portfolio/program? Have they been consulted on this briefing note?>
PREPARED FOR:	President & CEO <input type="checkbox"/> Board of Directors <input checked="" type="checkbox"/> Other:
DATE PREPARED	January 14, 2019

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 an update to the Board of Directors on our recruitment challenges and successes over the past year as well as our recruitment plans for the 2019 year.

BACKGROUND

Our Professional Staff Human Resource Plan is based on an understanding of the current external environment, internal programs and services, current professional staff workforce and future clinical needs. A robust health human resource plan ensures continuity of care in hospital settings. Having an updated Professional Staff Human Resource Plan is a requirement of our hospital By-laws and is presented to the Board of Directors to inform appointment and reappointment decisions, support operational planning and serves as a guide for recruitment efforts.

ANALYSIS/CURRENT STATUS

Each Department Chief is responsible for keeping an up to date plan developed in collaboration with Medical and Administrative Directors, with input from the members of the Professional Staff in the Department and any appropriate regional partners.

In the fall of 2018, all Chiefs provided an update on their human resource plan. In developing and revising the plan, Chiefs considered clinical trends, retirements, organizational requirements and the hospital's strategic initiatives. Chiefs also reviewed and considered on-call requirements of the members and the distribution of resources as well as the Department's scholarly requirements (teaching and research).

Based on the individual department human resource plans, the hospital plans recruitment activities for the 2019 year.

The presentation also includes our challenges and successes over the past year to inform the Board.

RECOMMENDATION

This information is presented to the Board for information.

NEXT STEPS

Recruitment plans are constantly adjusting based on needs.

STAKEHOLDER REACTION

No negative reactions expected

COMMUNICATIONS

N/A

FINANCIAL IMPACTS

N/A

APPENDIX SECTION

Recruitment Update

Presentation for the Board of Directors
March 6, 2019

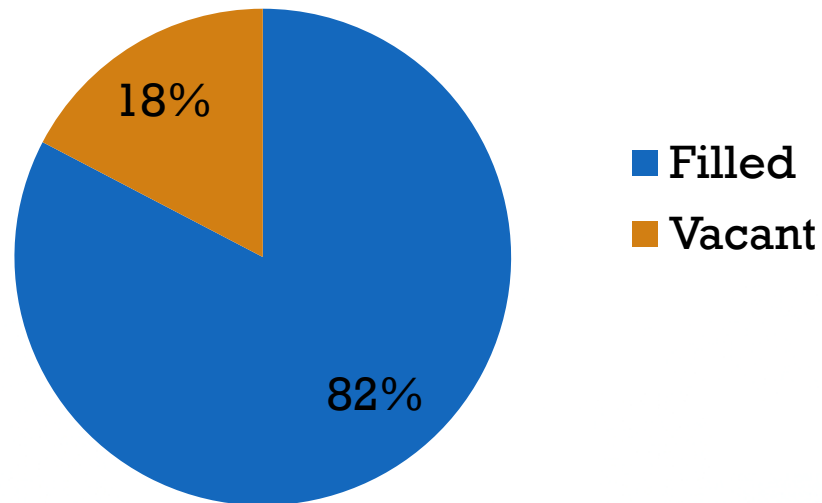
Dr. Stewart Kennedy, EVP Medicine, Academics & Regional Programs



Thunder Bay Regional
Health Sciences
Centre

healthy
together

Physician Positions



Physician Retention

■ Arrivals ■ Departures



Current Physician Resources

Specialties:

- **235** Active & Associate Staff
- **9** Supportive/Courtesy Staff
- **228** Term Staff (98 Hospitalist locums)

General & Family Practice:

- **94** Supportive/Courtesy & Term Staff
- **40** GPs with Active/Associate Staff Status



Locum Dependence

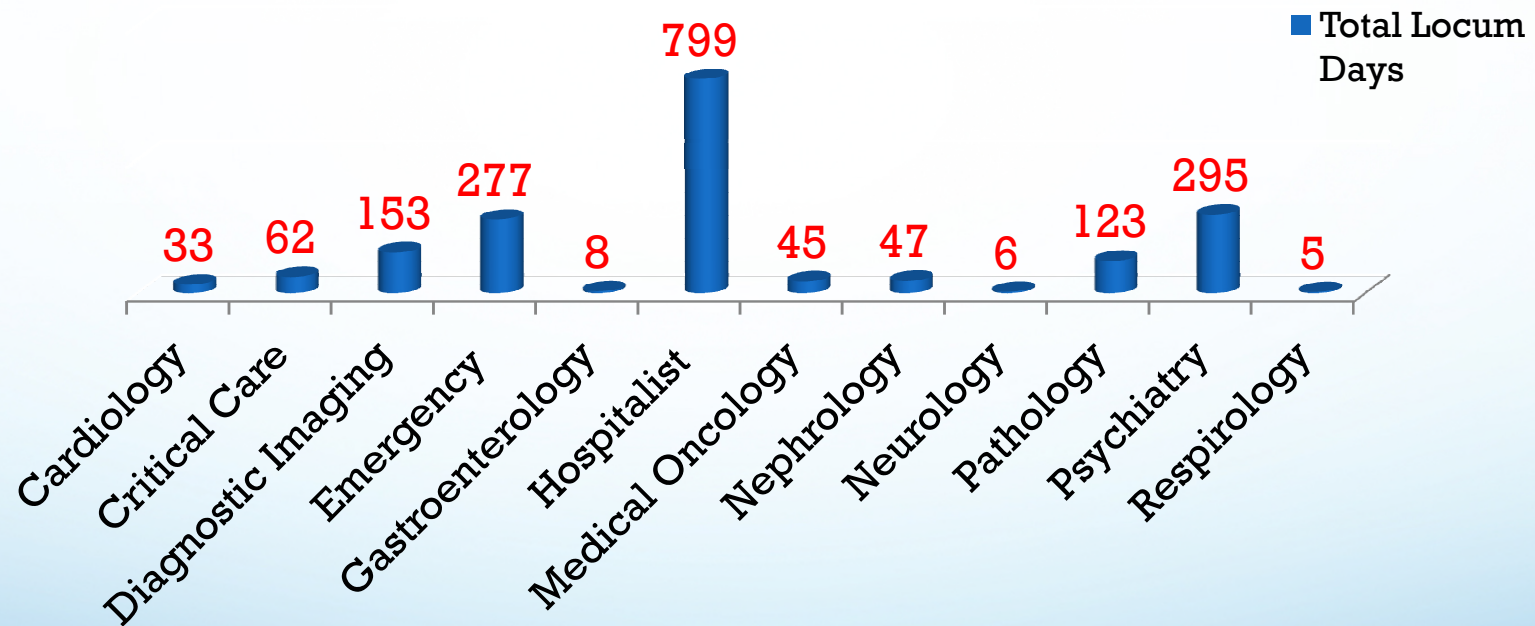
- **ER** locum use reduced by 57% from 2016 to 2018
- Needs in 3 specialties with no or limited locum availability (**Respirology, Cardiology, Rheumatology**)
- Locum use to cover only on-call is disproportionately high across select specialties



Locum Dependence

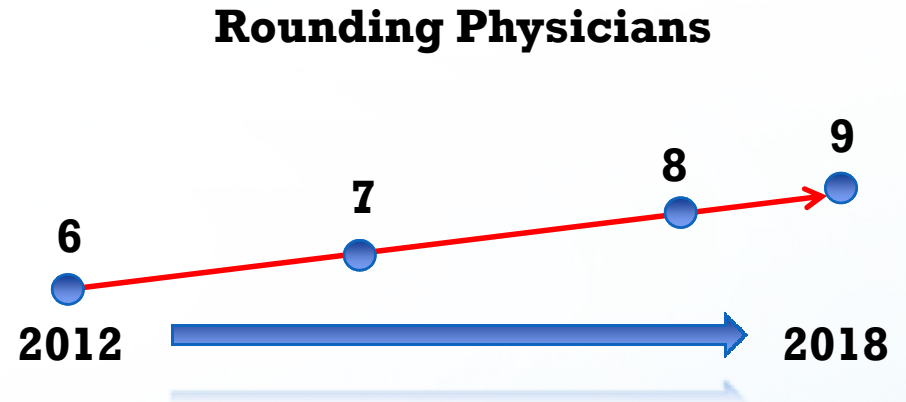
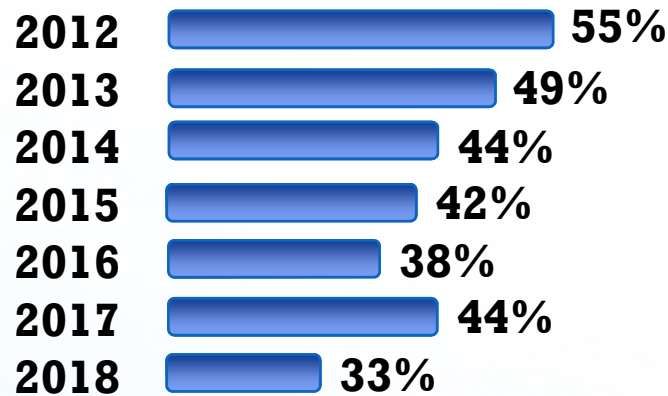
- 12 additional specialties regularly using locums due to vacancies, leaves of absence & vacation coverage

2018-2019 Fiscal Year, To Date:



Locum Dependence

Hospitalist



- Locum use remains high due to ongoing increases in patient load (numbers and acuity) and the increasing amount of physicians required for appropriate coverage per day.

Recruitment News

- Attendance at the Outside Quebec Career Day in Montreal in February of 2018, and planned upcoming attendance again for February 2019. Residents in all specialties from all 4 Quebec Medical Schools (McGill, Laval, Sherbrook, Montreal) are shuttled in for the event.
- Joint attendance with SJCG and Kenora at the Canadian Psychiatric Association Annual Conference + NOSM Social Event - Sept 2018
- In the past 5 years, Thunder Bay has retained 27 NOSM trained (Undergraduate Medical School and/or Residency) General & Family Practice Physicians.

Recruitment News

- Professional Staff Health Human Resource Plan policy updated. All Departments completed HR plans in Sept 2018

Active Recruitment			Under Review
Allergy & Immunology (1)	General Surgery (2)	Pathology (2)	Nephrology (1)
Anesthesia (1)	Gerontology (1)	Physiatry (1)	Plastic Surgery (1)
Cardiac Surgery (3)	Hospitalist (3)	Psychiatry (6)	ENT (1)
Cardiology (Interventional) (1)	Infectious Diseases (1)	Radiology (3)	Hematologist (1)
Child & Adolescent Psych (3)	Neurology (1)	Respirology (2)	
Critical Care (2)	Obstetrics & Gynecology (1)	Rheumatology (1)	
Dermatology (1)	Oncology (GP) (1)	Thoracic Surgery (1)	
Emergency Medicine (3)	Ophthalmology (1)	Physiatry (1)	
Endocrinology (1)	Orthopaedics (1)		

Recruitment News

“Physician Peer-to-Peer Conference Recruitment Fund”

- New pilot program with the City of Thunder Bay (CEDC)
- Aimed at providing financial support for Thunder Bay physicians to attend a conference related to their specialty in exchange for support in the recruitment of new physicians while in attendance at chosen conference
- Available to actively recruiting specialties as of 2019

Our Challenges – Hospitalist Service

(Department full complement = approximately 12-14 FTE)

Current:

- 11 FTE (1 nocturnist & 3 rounding physicians added in 2018)
- Additional scheduling gaps currently filled by extensive locum pool

Requirement Remaining:

- 3 FTEs to radically reduce locum dependence and re-evaluate needs
- 1 additional Nocturnist to secure local night shift coverage
- Will need to be re-calculated/reassessed due to increases in patient load, acuity of patients, new physician scheduling structure, etc.

Our Challenges - Psychiatry

2018 Updated Department Breakdown (full complement = 16 FTE) :

- 3 Emergency / Brief Intervention Treatment Team (BITT)
- 1 Consult Liaison (CL)
- 5 Adult Mental Health (AMH)
- 2 Forensic
- 4 Child & Adolescent Mental Health Unit (CAHMU)
- 1 Assertive Community Treatment (ACT)

Current:

- 8.8 FTE Physicians

Requirement Remaining:

- 2 ER/BITT, 1 CL, 1.5 AMH, 2.8 CAMHU
- Upcoming retirements and vacancies



Our Challenges – Internal Medicine

Respirology:

- Recruitment for 3rd physician continues with some locums & site visits, but no permanent commitment

Rheumatology:

- Continue to recruit for 2nd physician. Some recent new interest from Hospitalist Locums completing their sub-specialty training

Dermatology:

- Site visit with promising candidate completed, but offer dependent upon NOSM's support for an Academic License and approved CPSO supervision



Recent Recruitment Success

Urology [Full Complement= 4 FTE]

- 4th and final physician began practice August 24, 2018

Pathology [Full Complement= 8 FTE]

- 7th physician began practice August 7, 2018

Gastroenterology [Full Complement= 5 FTE]

- 3rd & 4th physician began practice in 2018
- 5th physician planning to begin practice early 2019
- Gastro Consult Service now in full operation (24/7 coverage)

Psychiatry – AMH [Full AMH Complement= 5 FTE]

- 2nd, 3rd and 4th physicians began practice April, May and June, 2018
- Large stable locum pool to assist on AMH and CAMHU



Recent Recruitment Success

Oncology [Full Complement = 11 FTE]

- Now at full complement!
- In process of request to MOH-LTC to increase Hematology complement

Hospitalist [Full Complement = 12-14 FTE]

- Hospitalist Program cost has decreased since 2012, while physician use and patient load has continued to increase:

Year	Net Loss	% Margin
2012-13	1,299,814	-36%
2013-14	1,490,391	-41%
2014-15	1,531,002	-40%
2015-16	1,869,912	-45%
2016-17	1,799,576	-43%
2017-18	1,737,044	-39%
2018-19 Forecast	1,642,363	-34%





Thunder Bay Regional
Health Sciences
Centre

healthy
together



Board of Directors - Open

Wednesday, February 6, 2019

Boardroom – 5:00 p.m.

Action

Present:

Matt Simeoni (*Chair*)

Anita Jean

Dr. S. Zaki Ahmed*

Dr. Penny Moody-Corbett

Grant Walsh

Joy Wakefield

John Friday

Gordon Wickham

Dawna Maria Perry*

Jean Bartkowiak*

Dr. Eric Davenport*

Patricia Lang

Gary Whitney

By Invitation – Senior Leadership:

Anne-Marie Heron

Glenn Craig

Peter Myllymaa

Amy Carr

Dr. Peter Voros

Kelly Meservia Collin

By Invitation:

Angela Kutok, *Rec. Sec.*

Regrets Board of Directors:

Nathalie Coppola

Micheal Hardy

Dick Mannisto

Eric Zakrewski

Regrets Senior Leadership:

Amanda Björn

Dr. Stewart Kennedy

David Murray

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

1.1 Chair's Remarks

Board members, staff, and webcast audience were welcomed to the meeting. Dr. Chris Mushquash was welcomed as the new Associate Vice President of Research and Chief Scientist. Dr. Mushquash will be a member of the Hospital's Senior Leadership Council as well as the Research Institute's Executive Management Council. In this role he will be promoting partnerships and enhancing a collaborative research environment within our Hospital and with our stakeholders.

1.2 Quorum – Quorum was attained.

1.3 Conflict of Interest - None.

1.4 Approval of the Agenda



Moved by: Anita Jean
Seconded by: Grant Walsh

Motion

"That the Agenda be approved, as presented."

CARRIED

2.0 PATIENT STORY

Dawna Maria Perry, Chief Nursing Executive, shared an experience involving the care of an elderly patient who suffered from dementia. The story was told through the lens of the patient's family member, and the frustrations that were experienced in navigating a complex healthcare system and spanning multiple hospital admissions, discharges, and re-admissions over a period of ten years.

3.0 PRESENTATIONS – None.

4.0 CONSENT AGENDA

Moved by: Gordon Wickham
Seconded by: Gary Whitney

Motion

"That the Board of Directors:

- 4.1 Approves the Board of Directors Open Minutes of December 5, 2018;*
- 4.2 Accepts the Minutes of the Patient Safety and Quality of Care Committee meeting of December 19, 2018;*
- 4.3 Accepts the Minutes of the Patient Safety and Quality of Care Committee meeting and Quarterly Scorecard of January 16, 2019;*
- 4.4 Accepts the Q3 2018-2019 Wages and Source Deduction Attestation, as recommended by the Resource Planning Committee,*

as submitted."

CARRIED

5.0 REPORTS AND DISCUSSION

5.1 Report from the President & CEO

The report from the President and CEO and Senior Leadership Team was pre-circulated



for information.

5.1.1 Current Challenges

The President and CEO reported on current challenges as follows:

a. EVP, Research, Quality, and Academics Recruitment:

The announcement of the successful candidate for the position of EVP Research, Quality, and Academics is forthcoming. The successful candidate has held positions as a clinician, senior manager, faculty and academic administrator, management consultant, and senior government official. The start date is anticipated on April 1, 2019.

b. Overcapacity:

Improvements to patient flow have been realized over the past few months through efforts and collaboration of staff, management, community partners, and the Northwest Local Health Integration Network (NW LHIN).

5.2 Report from the Chief of Staff

The Chief of Staff report was pre-circulated for information and highlighted the following:

- Work is in progress to arrange in-house coverage at all times for cardiac arrest codes with residents from Internal Medicine, Surgery, Anesthesia and the Emergency providing first response with Intensivists providing back-up;
- Healthcare provider burnout continues to be a frequent topic of discussion in the media and an issue that the Hospital is not immune to.

5.3 Foundation Highlights

Glenn Craig, Chief Executive Officer, TBRHS Foundation highlighted the following:

- The 23rd anniversary of the Bearskin Airlines Hope Classic will take place from February 8-10, 2019 at the Fort William Curling Club. This event has raised over \$3M in support of breast cancer research, education, and treatment in Thunder Bay and throughout Northwestern Ontario. This event has been pivotal in making the success of the Linda Buchan Centre for Breast Screening and Assessment possible.

Moved by: Penny Moody Corbett

Seconded by: Gary Whitney

Motion

"That the Board of Directors accepts reports dated February from the:



5.1 *President and CEO;*

5.2 *Chief of Staff;*

as submitted."

CARRIED

6.0 FIDUCIARY MATTERS

6.1 Report from the Chair of the Patient Safety and Quality of Care Committee (PSQCC)

Gary Whitney highlighted the following:

a. Indigenous Collaboration Report:

The PSQCC received a presentation from Crystal Pirie, Senior Director of Indigenous Collaboration, highlighting Indigenous Health activities and observations to date, sharing successes, and discussing opportunities for change.

b. ED Return Visit Quality Program:

The PSQCC received a presentation from Ms. Lisa Beck, Director, Trauma Program and Emergency and Critical Care Services, Tyler Van Ramshorst, Manager, Emergency Care Services, Shelly Sanderson, Emergency Department Operations Coordinator, and Peter Hayes, Clinical Nurse Specialist. An overview of the Emergency Department (ED) Return Visit Quality program as well as highlights of additional quality initiatives and performance metrics in the ED was provided.

c. 2019-20 Quality Improvement Plan:

An update on the status of the 2019-20 Quality Improvement Plan (QIP) was provided to the PSQCC by Michael Del Nin, Director of Decision Support. The final QIP will be presented to the Board for approval at the March 6, 2019 meeting.

d. Annual Research Compliance Report:

The PSQCC received an update from Anne Marie Heron, Executive Director, Capital Planning and Operations, highlighting the scope of all research projects at the Hospital.

6.3 Report from the Chair Governance and Nominating Committee (GNC)

Patricia Lang highlighted the following:



a. Board Policies

Several policies were brought forward for review at the November 21, 2018 GNC meeting. At that time, a policies working group consisting of Dick Mannisto, Grant Walsh, Patricia Lang, Angela Kutok, and Jean Bartkowiak was struck to review and recommend changes to the policies. The GNC has completed the review of policy BD-20 Review and Revision of Board Policies and Hospital By-Law and policy BD-93 Disclosure Requirements for Board of Directors and is recommending these for Board approval.

Moved by: Anita Jean
Seconded by: Penny Moody Corbett

Motion

"That upon recommendation from the Governance and Nominating Committee, the Board of Directors approves the following Board policies:

- ***BD-20 Review and Revision of Board Policies and Hospital By-Law;***
- ***BD-93 Disclosure Requirements for Board of Directors,***

as presented."

CARRIED

b. CEO and COS Performance Evaluation Process

The Chair of the GNC in collaboration with the, Executive VP, People, Culture, and Strategy is reviewing the process for CEO and COS Evaluation with the aim to build on the current evaluation process to ensure that it is as robust as possible.

7.0 FOR INFORMATION

7.1 Board and Committee Work Plans - For information.

7.2 Webcast Statistics - For information.

7.3 Report from the Health Research Institute - For information.

7.4 Report from the Volunteer Association – For information.

7.5 Report from the Chief Nursing Executive – For information.

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

7.7 Report from the Foundation – For information.



8.0 BOARD MEMBERS COMMENTS

Anita Jean, who is also a Hospital Patient and Family Advisory (PFA), commented on the healthy food movement within the organization and noted the PFA Council unanimously supports the healthy food policy.

John Friday noted his appreciation of the patient story and acknowledged that it is important to hear negative experiences as well as positive experiences in order to reflect and make positive changes toward enhancing patient and family centered care.

9.0 DATE OF NEXT MEETING – March 6, 2019

10.0 ADJOURNMENT - The meeting adjourned at 5:47 p.m.

Chair

Board Secretary

Recording Secretary



Patient Safety and Quality of Care Committee

February 20, 2019

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

Present:

Patricia Lang (Acting Chair), Dr. S. Zaki Ahmed, Filomena Gregorash, Sheri Maltais, Bonnie Nicholas (Acting), Matt Simeoni, Dave Van Wagoner, Joy Wakefield

Regrets: Gary Whitney (Chair), Jean Bartkowiak, Michael Hardy, Anne-Marie Heron (Acting), Anita Jean, Dawna Perry

By Invitation:

Amanda Bjorn, Executive Vice-President, People, Culture and Strategy
Michael Del Nin, Director, Decision Support
Jennifer Madahbee, Consultant, Performance Improvement
Katrina Hotson, Rec. Sec.

1.0 **CALL TO ORDER** – The Chair called the meeting to order at 4:31 p.m.

1.1 **Quorum** – Attained.

1.2 **Conflict of Interest** – None.

1.3 **Approval of the Agenda**

Moved by: Dave Van Wagoner
Seconded by: Filomena Gregorash

“That the Patient Safety and Quality of Care Committee approve the agenda as circulated.”

CARRIED

2.0 **FIDUCIARY**

Ms. Amanda Bjorn, Mr. Michael Del Nin and Ms. Jennifer Madahbee were welcomed to the meeting.

2.1 **QIP Update**

Ms. Amanda Bjorn, Executive Vice-President, People, Culture and Strategy, Mr. Michael Del Nin, Director, Decision Support, and Ms. Jennifer Madahbee, Consultant, Performance

Motion



Improvement, presented the 2019-20 Quality Improvement Plan (QIP), comprised of the 2019-20 QIP Narrative, the 2019-20 QIP Work Plan, and the 2018-19 QIP Progress Report.

The Patient Safety and Quality of Care Committee (the Committee) recommended the following amendments to the 2019-20 QIP Narrative:

- Consult with Crystal Pirie on whether “Indigenous” should always be capitalized and whether “the” should be used instead of “our” when using the word “Indigenous” (e.g., the Indigenous patient population vs. our Indigenous patient population).
- On page 2, consult with Crystal Pirie and rephrase the sentence “traditional knowledge and practices are the sum total of knowledge, skills and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, and improved treatment of physical and mental illness”. The Committee suggested removing “whether explicable or not”.
- On page 2, Table 1 should be updated to expand the HELP acronym and the “Number of post discharge from emergency follow up to home calls” should be changed to the “Number of follow up home calls post discharge from emergency” for greater clarity.
- On page 8, it should read “the Patient Safety and Quality of Care Committee” instead of “the Board Patient Safety and Quality Committee”. The sentence should be further amended to reflect that Patient/Family Advisors are members of “the majority of all decision making committees”.

In reviewing the 2019-20 QIP Work Plan, it was noted that the number of peer comparators/academic hospitals varies by indicator as not all hospitals have results for every indicator. It was further noted that workplace violence is under the category patient experience as it aligns with the Hospital’s 2020 Strategic Plan and it is recommended as such by Health Quality Ontario (HQO). Dr. S. Zaki Ahmed noted that the majority of safety reports regarding workplace violence stem from violence against staff by patients. Ms. Bonnie Nicholas noted that staff experience and patient experience are linked and provide a more positive outcome for all. Mr. Michael Del Nin and Dr. Ahmed also provided clarity on the “90th percentile wait from disposition to inpatient bed for admitted patients” indicator. It was explained to the Committee that the length of the wait measured is from the time a physician decides to admit a patient to an inpatient bed, not when a patient presents at the Emergency Department. This indicator is significant for the Hospital as it faces many challenges, such as length of stay, isolation, acuity and alternative level of care pressures and exceeds the provincial target.

In reviewing the 2018-19 QIP Progress Report, Mr. Michael Del Nin advised that it only contains 6 months worth of data, and that there is still time and expectation for improvement on the 2018-19 indicators listed.

ACTION
Michael
Del Nin,
Jennifer
Madahbee



Ms. Amanda Bjorn presented the executive compensation piece for the 2019-20 QIP, where four indicators will be tied to executive compensation for Senior Leadership Council positions. The Senior Leadership Council is using the same formula as used in the past 2 years, where a target of 75% improvement per indicator must be achieved in order to receive .5% compensation. The Committee discussed whether 2% compensation is enough of an incentive or motivator for change. Ms. Bjorn advised that at this time it cannot be changed due to constraints from the provincial government.

Moved by: Dave Van Wagoner

Seconded by: Matt Simeoni

Motion

"That the Patient Safety and Quality of Care Committee recommends for approval by the Board of Directors the 2019-20 Quality Improvement Plan (QIP) as amended."

CARRIED

Ms. Amanda Bjorn, Mr. Michael Del Nin and Ms. Jennifer Madahbee were excused from the meeting.

3.0 STRATEGIC AND EXCELLENT CARE FOR ALL

3.1 Patient Relations Process

Ms. Bonnie Nicholas provided an overview of the patient relations process at the Hospital, including the compliance requirements as per the Excellent Care for All Act (ECFAA), the role of the Patient & Family Centred Care (PFCC) Advocate, and the top 3 categories for improvement as identified by the number of complaints received: 1) management of patient care, 2) communication style, and 3) staff courtesies.

The total number of compliments and complaints received for the past 4 years are as follows:

- 2015 – 90 compliments, 364 complaints
- 2016 – 87 compliments, 384 complaints
- 2017 – 55 compliments, 312 complaints
- 2018 – 62 compliments, 354 complaints
- 2019 to date – 14 compliments, 57 complaints

Ms. Nicholas identified that both Quality & Risk Management (QRM) and PFCC are looking at having a centralized receiving area for compliments and concerns and on improving the data received on compliments and concerns. By virtue of being the PFCC Lead and the Acting QRM Senior Director, Ms. Nicholas noted that she has more insight



on all data and results received between both departments and can link themes and trends, whereas this never occurred in the past. Currently, both departments have separate tools for gathering patient feedback; QRM utilizes an online tool and database where patients voluntarily provide feedback, whereas PFCC utilizes the National Research Centre (NRC) Picker tool to solicit feedback by sending out patient surveys by mail, phone and email. Ms. Nicholas noted that NRC will be rolling out real-time surveys, allowing for more focused and timely data.

Ms. Nicholas identified that none of the tools currently used to gather patient feedback include any kind of specific patient population (i.e. race) identification or a specific category on discrimination. Ms. Nicholas noted that the NRC Picker tool can be used to drill down by patient population if desired. The Committee requested that Ms. Nicholas present the NRC Picker patient experience survey results specific to feedback received from Indigenous patients. The Committee also identified that they would like to see a specific category for race and/or discrimination added to the QRM online tool. The specific category would require patients to self-identify.

ACTION
Bonnie
Nicholas

The Committee requested that further information be presented to the Committee in March on the tools, surveys and databases used by both QRM and PFCC to obtain feedback, compliments and concerns from patients and families. The Committee also identified that knowing how many patients received care in certain areas of the Hospital vs. the number of complaints received for those areas would help to provide context on the overall number of complaints received.

ACTION
Bonnie
Nicholas

4.0 STANDING ITEMS

4.1 Report from the Chair of the Quality of Care Committee

Ms. Bonnie Nicholas provided highlights from the January 28, 2019 Quality of Care Committee minutes for information. It was noted that upcoming process reviews and/or critical incidents are now included in the Senior Leadership Council meeting packages for information. Dr. S. Zaki Ahmed also noted that the Quality of Care Committee is reviewing to see if most critical incidents involve patients from vulnerable patient populations and what can be done operationally to address this. Dr. Ahmed noted that it is challenging in critical incidents to identify a patient's race or sexual identity; the Quality of Care Committee does not review the patient's medical record nor make assumptions. Asking a patient to self-identify is not appropriate either. It was suggested to have further discussion on this at a future Committee meeting in order to identify how best to capture data and promote equity.

ACTION
Bonnie
Nicholas

4.2 Report from the Chair of the Quality Improvement Committee – No Report



5.0 CONSENT AGENDA

Moved by: Filomena Gregorash
Seconded by: Matt Simeoni

"That the Patient Safety and Quality of Care Committee approve the Patient Safety and Quality of Care Committee minutes of January 16, 2019."

6.0 WORK PLAN

6.1 Patient Safety and Quality of Care Committee: 2018 – 2019 Work Plan

The Patient Safety and Quality of Care Committee 2018-2019 work plan was reviewed for information.

6.2 Work Plan – Annual Research Compliance Report

Deferred.

7.0 BUSINESS ARISING/COMMITTEE MATTERS

7.1 Request for Presentation on Issues for Future Meetings

The Committee requested that further information be presented in March on the tools, surveys and databases used by both QRM and PFCC to obtain feedback, compliments and concerns from patients and families.

Ms. Joy Wakefield requested that a presentation be provided to the Committee from the Emergency Department regarding the status of Hospital resources available for sexual assault victims who present to the Emergency Department. It was commented to Ms. Wakefield from a Hospital staff member that there are only a handful of staff that are properly trained to help sexual assault victims and that at times patients have been sent home and asked to return once one of these staff members are on shift. Ms. Wakefield would like information presented on training and funding efforts by the Emergency Department for sexual assault victims.

It was noted that presentations previously requested by the Committee for presentation in March include Ms. Sheri Maltais presenting the research she's completed on quality improvement and patient safety, as well as an update provided by Infection Control.

Motion

ACTION
Bonnie
Nicholas

ACTION
Lisa Beck,
Dr.
Woods

ACTION
Sheri
Maltais,
Katherine



7.2 Request for Recommendations for Annual Report for the Board of Directors

It was recommended that the approval by the Committee of the 2019-20 Quality Improvement Plan (QIP) as amended, as well as the summary of information presented to the Committee on the Hospital's patient relations process and compliance, be included in the Committee's annual report for the Board of Directors.

8.0 FOR INFORMATION

8.1 January 16, 2019 Committee Meeting Evaluation Summary

The summary of evaluations received from the January 16, 2019 meeting were reviewed for information.

9.0 BOARD MATTERS

9.1 Chair's Report to the Board

The Patient Safety and Quality of Care Committee agreed to the 2019-20 Quality Improvement Plan (QIP) as amended. The Committee also received information on the Hospital's patient relations process and compliance, and has requested that further information be presented to the Committee in March on the tools, surveys and databases used by both Quality & Risk Management and Patient & Family Centred Care to obtain feedback, compliments and concerns from patients and families.

9.2 Recommendations to the Board

It was recommended that the Board of Directors approve the 2019-20 Quality Improvement Plan (QIP) as amended.

10.0 DATE OF NEXT MEETING

The next meeting is scheduled for March 20, 2019.

11.0 ADJOURNMENT

The meeting adjourned at 5:55 p.m.

Report from the President and CEO and Senior Leadership Council March 6, 2019

The following highlights priority operational activities since the February 2019 meeting of the Board of Directors.

Operational Update

It was recently announced that Dr. Valerie Grdisa will join our team on April 1 as the new Executive Vice President of Research, Quality and Academics and Chief Nursing Executive. Dr. Grdisa will be a member of the Senior Leadership Council and provide leadership, oversight and strategic direction to a diverse portfolio of health professionals and scientists in the areas of research and development, quality improvement, professional practice, patient and family centred care and academics. Dr. Grdisa has held positions as a clinician (Registered Nurse, Clinical Nurse Specialist and Nurse Practitioner), senior manager, faculty and academic administrator, management consultant, and senior government official. The experience and enthusiasm that Dr. Grdisa brings to her role will be of tremendous value to the overall scientific, quality improvement, and academic mission of the Hospital and Research Institute.

In February, we welcomed Dr. Zubair Fadlullah as the newest scientist to join the Thunder Bay Regional Health Research Institute as a Lakehead University-Health Research Institute Research Chair. Dr. Fadlullah will be responsible for conducting a research program related to Smart Health Technology and will be affiliated with Lakehead University's Department of Computer Science. Smart health technology consists of software and mobile technology as well as integrated hardware such as smart phones and sensors that advance health. It is expected that research outcomes in this area will result in more and faster access to health services, such as early detection, real time monitoring, standardized treatment, interactive self-help, and more, in rural and remote communities in Northwestern Ontario.

In partnership with St. Joseph's Care Group (SJCG) and the Northwest Health Alliance (NWH), our Hospital recently unveiled a new, state-of-the-art regional data centre. The design, engineering, construction and equipment of the new shared facility were made possible thanks to Government investments. Gratitude is extended to the Honourable Patty Hajdu, Minister of Employment, Workforce Development and Labour and Member of Parliament for Thunder Bay—Superior North, and Don Rusnak, Member of Parliament for Thunder Bay—Rainy River, and the Honourable Navdeep Bains, Minister of Innovation, Science and Economic Development, and Minister responsible for FedNor. A \$1 million FedNor investment, as well as \$1 million provided through the Northern Ontario Heritage Fund Corporation (NOHFC) were critical to building the new data centre, which will assist to further implement regional electronic health records and applications, research systems and business applications, Regional Picture Archiving Communications Systems, as well as business intelligence and administrative systems. Furthermore, the new equipment and expanded capacity are expected to foster collaborative research opportunities in data mining and analytics, strengthen data management and usage, as well as facilitate disaster recovery.

980 rue Oliver Road
Thunder Bay ON
P7B 6V4 Canada

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

The Northern Supply Chain (NSC) at our Hospital was recently announced as the Canadian Supply Chain Organization of the Year by Healthcare Supply Chain Network. The NSC collaboration was established in 2011 as a joint venture sponsored by our Hospital and SJCG; it now serves 36 Northern Ontario Hospitals as well as Children's Aid Society centres across Ontario. Its mandate is to provide a central supply chain to member organizations that benefit from a consolidated, strategic approach to sourcing in order to achieve value driven outcomes, standardization and quality. This prestigious national award recognizes the NSC's demonstrated excellence in relevant traits of teamwork, innovation, customer service, patient care and strategic planning in their daily operations.

Our Hospital, in partnership with the neurosurgeons and orthopaedic surgeons providing care to patients across the North West LHIN, will launch in March a Comprehensive Spine Program with a Centralized Intake for all requests for neurosurgical consultation and orthopaedic spine consultation. This is an expansion of the services provided by the Rapid Access Clinic (RAC). The overarching goals of the program are to provide our patients with faster, equitable access to specialist care by reducing wait times for consultation and possible surgery. Referrals will be triaged to the next available surgeon. The centralized intake will provide the necessary data to the Spine Program with the assessment component. The Spine program will also provide a shared surgical team on-call system.

For three and a half days in February, we experienced an unexpected gap in psychiatry services at the Lake of the Woods District Hospital in Kenora. During that period, our Hospital accepted admissions of patients to our Adult Mental Health Unit from that District. Although this resulted in Surge Capacity in the unit, our team effectively managed access to acute mental health care for referred patients in the Kenora-Rainy River District. I want to take this opportunity to recognize the staff on the unit and the leadership of Dr. Ramprasad Bismil, Chief of Psychiatry.

Leaders throughout our Hospital contributed to an Integrated Risk Management Registry. This registry provides a framework for understanding and prioritizing very different types of organizational risks. Identification of risks improves our ability to mitigate those risks, comply with relevant legal & regulatory requirements, establish a reliable basis for decision making & planning, improve operational effectiveness and efficiency, and increase the likelihood of achieving objectives. I want to extend my thanks to our leaders, to identify over 130 risks for mitigation action and tracking.

Our Hospital still experienced Surge Capacity in the last couple of months. However, the Transitional Care Unit at SJCG's Hogarth Riverview Manor continues to support improved patient flow, ensuring patients get the right care at the right time by the right provider. This past December and January, our Hospital operated at 91.9% and 95% capacity, respectively. That is an improvement over the previous year, when during the same months, capacity was at 102.8% (December 2017) and 103.9% (January 2018). Operating in Surge capacity is challenging, and staff, physicians and volunteers are to be commended for the extraordinary efforts put forth to deliver safe, quality patient care.

BRIEFING NOTE

TOPIC	Q3 Strategic Progress Report
PREPARED BY	Michael DelNin, Acting Director, Strategy & Performance & Director, Decision Support
APPROVED BY	Amanda Bjorn, EVP, People, Culture, and Strategy
CO-SPONSER (if required)	<Does this impact another E/VP's portfolio/program? Have they been consulted on this briefing note?>
PREPARED FOR: President &CEO Board of Directors X Other:	
DATE PREPARED	February 20th, 2019

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)

Highlight the 2018-19 Strategic Plan Q3 overall progress, tactics to achieve targets, strategic performance indicator results and associated improvement action plans.

BACKGROUND

The Strategic Quarterly report is formatted to provide a more comprehensive description of strategic tactics in each strategic direction, to address the **achievement of the targets, the related strategic indicators, and any new tactics planned where targets fall short**. The Balanced Score Card (BSC) attached provides a summary of the strategic indicators and trending.

ANALYSIS/CURRENT STATUS

Refer to the attached 2018-19 Q3 Strategic Progress Report and Balanced Scorecard.

RECOMMENDATION

None required for Quarterly Report.

NEXT STEPS

None required.

STAKEHOLDER REACTION

There are plans and tactics developed for strategic initiatives falling short of targets or specific projects falling behind slightly.

COMMUNICATIONS

The same report is provided to leadership at Leadership Enhancement and Performance (LEAP) session quarterly, and the Medical Advisory Committee bi-annually.

Success stories and profiles are communicated to staff, physicians, volunteers, patient and family advisors on unit posters, intranet and public bulletin board in the Hospital and to the community in Chronicle Journal articles.

All strategic project teams develop communication plans to ensure the progress, challenges and remedial actions are communicated in a timely manner to the appropriate audience/stakeholders.

FINANCIAL IMPACTS

Strategic initiatives that require investment develop business cases and submit to the annual operational budget process.

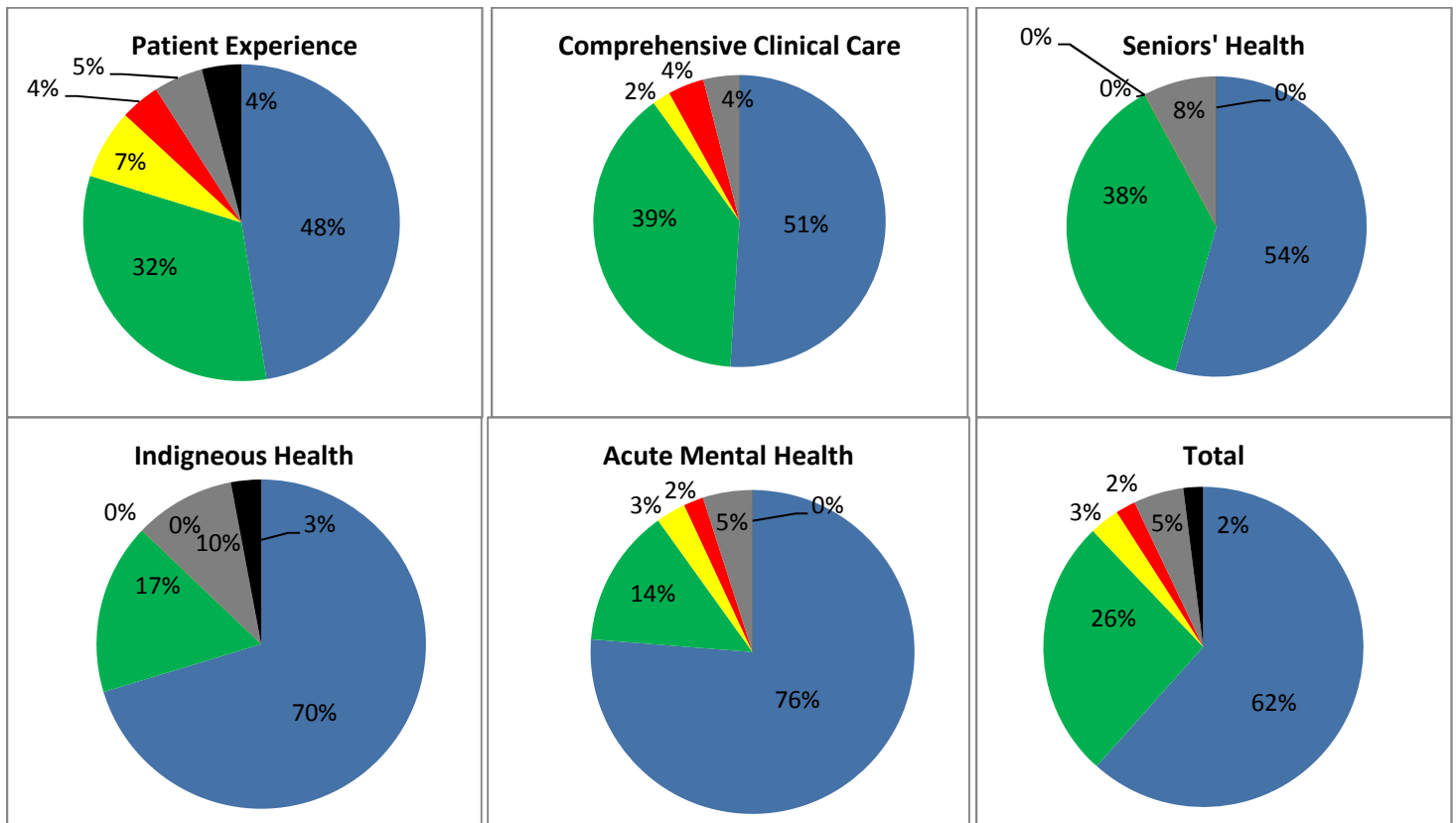
APPENDIX SECTION

2018-2019 Q3 Strategic Progress Report

2018-19 Q3 Balanced Scorecard - Strategic Indicators

2018/19 Q3 Board Strategic Progress Report

Strategic Progress Summary



Complete On Time Moderately Behind Significantly Behind Prior to Start Deleted/Closed

*Closed items are those that will not be completed due to factors beyond our control.

Strategic Direction 1: Patient Experience

Performance Measure	17-18 YTD Actual	Annual Target	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
Rate of hand hygiene compliance before initial patient/environment contact	87.39%	93%	95.62%	93.66%	89.37%	
30-day in-hospital deaths following major surgery (risk-adjusted)	2.30	1.67	2.20	1.90	2.40	
Number of critical events	2	0	1	2	2	
Patient Satisfaction: All Dimensions - Inpatient	66.1%	61.3%	70.4%	69.3%	69.0%	
Learner Satisfaction	88.0%	87.0%	85.0%	85.1%	-	

Total Researchers	364	301	369	378	373	
Paid sick hours as a percentage of worked hours	4.08%	2.91%	4.01%	3.46%	3.97%	

Goal 1 - Develop a framework to deliver high quality care.

Given higher-than-expected results for 30-day in-hospital deaths following major surgery, have engaged Surgical & Ambulatory Care leadership and Chief of Surgery to undertake an extensive review of relevant data in order to determine root causes for results and to plan for any required remediation.

Goal 2 - Enhance understanding and continue to grow and embed our PFCC philosophy.

Increased focus on the Patient Oriented Discharge Summaries (PODS) within the medicine units has led to an increase on the NRC Survey in regards to the question “received enough information about leaving the hospital”. Scores have increased from 58.9% to 63% (just over 4%) on the medical units, putting the Hospital above the Ontario Academic Average. There has also been a significant increase in PODS distribution across the hospital and in Q3, and many areas have committed to developing and distributing PODS, including:

- Medicine: Implemented 13 condition-specific PODS on the unit as well as 1 generic PODS
- Surgery: Developed 15 PODS to cover all of their patient conditions: Abdominal Surgery, Appendectomy, Chest Surgery, Laparoscopic Cholecystectomy, Hysterectomy, Inguinal Hernia Repair, Joint Surgery for Fractures, Mastectomy, Plastic Surgery, Prostatectomy, Small Bowel Obstruction, Total Hip Replacement, Thyroid Surgery, Primary Total Knee Replacement, Transurethral Resection of the Prostate. The PODS are currently in the final approval stages with the Surgical Council with a planned implementation by March 31st, 2019.
- Adult Mental Health: Developed a POD within the Brief Intervention Treatment Team (BITT) as well as in the ED and the inpatient units. They are in the final stages of being approved.
- Emergency Department: The ED Geriatric Coordinators currently perform a POD in the ED and focus on discussing follow up care before leaving the ED.
- Women and Children’s Program: Currently developing PODS for discharge of newborns, discharge for vaginal delivery, and discharge of a caesarian section.
- Child and Adolescent Mental Health Unit: Discharge summary currently being transferred to a PODS.
- Paediatrics and NICU: 3 PODS for Asthma, Respiratory Illness, and seizures are currently in development with a goal to implement by March 31, 2019.
- Renal, Retail Pharmacy, Interventional Radiology (post procedure), Radiation Oncology, and the Regional Stroke Network are currently developing PODS in their areas.

Staff have noted that the PODS encourages more involved conversation with patients and allows patients to ask questions before discharge, providing information in a way that is easier for them to understand. Giving patients instructions earlier in their stay has helped in understanding and ensuring the best transition to home for patients. In some areas, it was noted that patients didn’t have enough time to review the discharge information; therefore, units now provide the forms ahead of time so that

patients can review, better understand them, and ask specific questions, all of which have led to less anxiety.

3.4 Integrate Research.

A new action, “3.4.6 Bring Radioisotopes to Market” has been added under this objective. As the Cyclotron now falls within the Hospital Portfolio, this initiative is carried over from the Thunder Bay Regional Health Research Institute Strategic Plan. This initiative will be led by Jesse Walker, the Cyclotron Director.

Objective 4.5: Develop and implement supports and structures to keep staff safe at work.

The personal safety alarm initiative was successfully completed on 2B and in the Executive Administration area. A policy has been put into place to ensure proper usage of the personal safety alarms. In the future, personal safety alarms will be rolled out to the entire Hospital through a wireless system. The development of the Acting Out Behaviours policy has been completed with a role out of education follow in the coming months.

Strategic Direction 2: Comprehensive Clinical Care

Performance Measure	17-18 YTD Actual	Annual Target	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
Emergency Department length of stay (90th percentile in hours)	42.8	31.0	50.0	40.1	45.2	

Goal 2 - Deliver comprehensive cardiovascular care in accordance with the Ministry of Health.

The submission of the Capital Project Stage 1 to the Ministry of Health has been delayed as additional activities with the Hospital’s capital project consultants was required to ensure due diligence. Strategic consultations with selected, key stakeholders regarding the potential variance of the projected CVS Capital Project costs have been completed. The submission will take place in Q4.

Goal 3 - Enhance access to clinical services supported by patient flow efficiencies.

Q3 efforts in the Patient Flow Strategy focused on avoidable admissions, improving team collaboration on the inpatient units, and providing better real time information on both Length of Stay and Expected Length of Stay. As well, in an effort to ease occupancy pressure through influenza season the Northwest LHIN approved an additional 32 beds at Hogarth Riverview Manor to provide a total of 64 total beds for Alternative Level of Care patients. As a result of these efforts the 90th Percentile Admitted Length of Stay for emergency patients in Q3 was 45.2 hours, which is an improvement from 50.0 hours for Q1.

Avoidable Admissions

The ED Geriatric Coordinator position was expanded to 1.8FTE in Q3. From October to December, the coordinators screened 806 high risk geriatric patients in the Emergency Department. As a result of these assessments, 101 of these patients were discharged home or to an outpatient Geriatrician consult at St. Joseph’s Care Group.

Length of Stay Reduction

The Admitting Clerks are now manually entering Estimated Length of Stay for all admissions based on the admitting diagnosis. Information Services is working on including this information on Physician rounding reports and Patient Flow Software reports used daily by the Utilization Coordinators. Staff will now be able to see an estimated discharge date for all patients from the first day they are admitted, which will help them plan their care pathway to work towards a timely discharge.

A pilot project introduced a dedicated Hospitalist to participate in Unit 1A Bullet Rounds for the medical patients. The goal was to enhance team collaboration, improve continuity of patient care, identify barriers to care and support discharge planning. Initial qualitative results showed that the physician, nursing staff, allied health team are having more timely direct conversations about the patients care plan. As well, diagnostic testing is ordered quicker and focused discharge planning is taking place earlier in the patient's stay. A report back on any actual improvements to Length of Stay will be completed in Q4.

Strategic Direction 3: Seniors' Health

Performance Measure	17-18 YTD Actual	Annual Target	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
Pressure Ulcer Incidence	3.10%	7.00%	-	3.00%	-	

Goal 1 - Deliver an optimal experience for seniors.

Objective 1.1 - Demonstrate organizational commitment to Senior Friendly Care (organizational support).

The Seniors' Friendly Care Hospital Self-Assessment was completed in November and the results were provided to the Seniors' Steering Committee. The assessment shows that the Hospital is doing well in the following dimensions:

- Making strategic commitments
- Establishing guiding documents
- Providing patients with information to promote participation in care
- Evaluating the experience and outcomes of older adults.

The report also highlighted areas to focus continual improvement on:

- Training staff in seniors care
- Collaborating across sectors to create seamless transitions of care
- Delivering inter-professional assessment and care
- Creating collaborative care plans aligned with older adult preferences
- Supporting care providers and older adults in challenging ethical situations
- Designing a physical environment that is conducive to the needs of older adults

Action plans to address these dimensions are in place to make improvements in the final year of the Strategic Plan.

Goal 2 - Adopt the Ontario Senior Friendly Hospital Framework.

Objective 2.3 - Deliver ethical care that protects the autonomy, choice, and diversity of senior patients (ethics in clinical care and research).

The project charter and implementation plan are developed for engagement of seniors in advanced care planning, care planning and the consent process. Phase One will focus on improving staff skill and confidence in obtaining informed consent, assessing capacity and identifying the correct substitute decision maker. In Q4, a pilot project will be completed on Unit 2A and the results will be spread to all other units. The goal of the project is to provide a multifaceted approach that ensures better health outcomes for seniors that respects their wishes and values.

Strategic Direction 4: Indigenous Health

Performance Measure	17-18 YTD Actual	Annual Target	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
Acute hospital admissions per 1,000 population for patients from Indigenous communities	206	-	212	176	-	

Objective 1.4: Improve partnerships that increase research opportunities related to the development of Indigenous health screening tools.

The Hospital will be working with researchers at Laurentian University, Lakehead University and Northern Ontario School of Medicine to determine readiness, priority areas of interest and capacity within relevant communities to create an Indigenous health research network centered in communities and supported by researchers. Additional research opportunities are also being explored to integrate health services to improve First Nation's diabetes care.

Strategic Direction 5: Acute Mental Health

Performance Measure	17-18 YTD Actual	Annual Target	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
Psychiatrist full-time equivalent staffing as percentage of required full-time equivalent complement	45.8%	83.3%	83.3%	83.3%	56.0%	

Objective 2.1: Incorporate mental illness screening within the admission history for all patients.




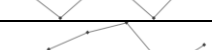
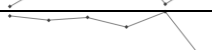



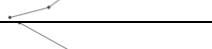
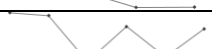

The new nursing assessment was launched in December, 2018. This assessment incorporates the Patient Health Questionnaire for Depression and Anxiety (PHQ-4), an admission screening tool to help identify patients experiencing signs of mental illness. If the patient score is above 4, a pop-up notification stating, "Notify MRP" appears. The most responsible physician (MRP) can then submit a psychiatry referral.

Objective 2.2: Increase access to specialized and appropriate mental health services on all in-patient units.

The Hospital has had preliminary meetings with St. Joseph's Care Group to explore substance use and addictions management, and transitions to community service to support our previous commitment to enhance the Consultation Liaison Service to include substance use and addictions. Additional meetings and expectations will be set over the next quarter.

Objective 4.1 Increase the recruitment of psychiatrists working at TBRHSC.

One psychiatrist has left the Hospital, and therefore we are now at 56.0% complement, translating to 3.4FTE. Recruitment efforts are ongoing.

2020 alignment	Indicators	Ind Type	2017-18 Fiscal						2018-19 Fiscal						Trending (last 6 or available quarters)
			Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	Annual Target	Annual Actual	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	YTD Target	YTD Actual	
Patient Experience	Rate of hand hygiene compliance before initial patient/environment contact	Strat	92.15%	82.40%	92.85%	83.96%	93.00%	87.39%	95.62%	93.66%	89.37%		93.00%	94.60%	
Patient Experience	30-day in-hospital deaths following major surgery (risk-adjusted)	Strat	1.40	2.00	3.10	2.70	1.67	2.30	2.20	1.90	2.40		1.67	2.10	
Patient Experience	Number of critical events	Strat	0	0	1	1	0	2	1	2	2		0	5	
Seniors' Health	Pressure ulcer incidence	Strat		2.80%		3.40%	6.00%	3.10%		3.00%			6.00%	3.00%	
Comprehensive Clinical Care	90th Percentile ER length of stay (hours) for admitted patients	Strat	39.4	39.5	44.2	47.9	31.0	42.8	50.0	40.1	45.2		31.0	45.9	
Indigenous Health	Acute hospital admissions per 1,000 population for patients from Indigenous communities	Strat	209	206	208	201		206	212	176				194	
Acute Mental Health	Psychiatrist full-time equivalent staffing as percentage of required full-time equivalent complement	Strat	58.3%	45.0%	41.7%	50.0%	83.3%	45.8%	83.3%	83.3%	56.0%		83.3%	74.2%	
Patient Experience	Patient satisfaction: Overall rating of care - Inpatients	Strat					85.0%								
Patient Experience	Patient satisfaction: All dimensions - Inpatients	Strat	60.5%	67.3%	69.5%	67.1%	61.8%	66.1%	70.4%	69.3%	69.0%		66.6%	69.4%	
Patient Experience	Total researcher staff (CAHO definition)	Strat	276	311	325	364	301	364	369	378	373		301	373	
Patient Experience	Learner satisfaction	Strat	88.1%	84.6%	91.2%	87.2%	87.00%	88.0%	85.0%	85.1%			87.00%	85.0%	
Patient Experience	Paid sick hours as a percentage of worked hours	Strat	4.39%	4.27%	4.21%	3.37%	3.48%	4.08%	4.01%	3.46%	3.97%		2.91%	3.81%	

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



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

March 2019

Chief of Emergency Services and Chief of Internal Medicine

- Interviews are complete for the positions of Department Chief, Emergency Services and Department Chief, Internal Medicine and are awaiting approval by the Board

Deputy Chief of Staff

- Dr. Kristie Skunta has been appointed Deputy Chief of Staff, effective April 1, 2019
- She began her career as a Registered Nurse and later as a Geriatric Nurse Practitioner acquiring a Master's degree before training as a physician and completing a Rural Family Medicine residency
- Dr. Skunta works with our Hospitalist Service and is currently the attending physician for the 64 patients at the Transitional Care Unit located off-site
- She is also the Medical Director of Hogarth Riverview Manor, providing leadership, overseeing and coordinating the medical services for the 544 bed long-term care residence since 2015
- Dr. Skunta has an interest in our aging population and the complex needs of our acute care patients of all ages; she has ideas for implementing creative strategies to improve efficiency, quality care and ensuring the best possible outcomes for our patients

Professional Staff Wellness

- The MAC is investigating different strategies to help ensure our Professional Staff take care of themselves and do not burn out
- Possible strategies include striking a sub-committee of the MAC to tackle this issue and arranging speakers at the hospital to offer guidance to Professional Staff

Choosing Wisely Designation

- The MAC reviewed the requirements to become designated as a Level I, II or III Choosing Wisely hospital and were in support of this campaign

Professional Staff Leadership Bursaries

- A committee will be meeting shortly to review applications for the Professional Staff Leadership Bursaries and determine awards
- Bursaries are for long-term education endeavors such as pursuing a degree, diploma or certificate or courses related to leadership development
- These bursaries support our Professional Staff with interest in further developing their leadership potential and allow for medical leadership succession planning



Canadian Medical Protective Association (CMPA)

- Dr. Ellen Tsai, Physician Risk Manager with the CMPA, was on site on February 12 to present at Regional Grand Rounds and her session was entitled “What do Patients Need When they Experience Harm?”
- Arrangements are underway to have Dr. Tsai meet with our MAC members to discuss the *Quality of Care Information Protection Act* (QCIPA) as it relates to Morbidity and Mortality Rounds and other topics of concern such as handover of care

Current Challenges

Response to Cardiac Arrest Codes

- Any physician available is expected to respond to cardiac arrest codes and it is understood that occasions may occur where a physician in-house may not be able to respond in a timely manner, particularly in the evening and early morning hours
- Work is in progress to arrange in-house coverage at all times for cardiac arrest codes, with residents from Internal Medicine, Surgery, Anesthesia and the Emergency providing first response with Intensivists providing back-up

Physician Consult Times

- Delays in physician consult times both in the Emergency and on in-patient units effects patient flow as well as patient care
- Work is being completed to capture that data accurately so we can improve times

Healthcare Provider Burnout

- A frequent topic of discussion in the media and an issue that our hospital is not immune to

BRIEFING NOTE

TOPIC	Review of 2019-20 Quality Improvement Plan (QIP)
PREPARED BY	Michael Del Nin, Director, Strategy & Performance (acting); Jennifer Madahbee, Performance Improvement Consultant
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 <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
APPROVED BY	Amanda Bjorn, EVP, People Culture and Strategy
CO-SPONSER (if required)	<Does this impact another E/VP's portfolio/program? Have they been consulted on this briefing note?>
PREPARED FOR:	President & CEO <input type="checkbox"/> Board of Directors <input checked="" type="checkbox"/> Other:
DATE PREPARED	February 26, 2019

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 present the 2019-20 QIP documents (19-20 Narrative; 19-20 Workplan; 18-19 Update) to the Board of Directors, and outline additional requirements.

BACKGROUND

The assessment and planning phase of the QIP development collects data from multiple sources including the strategic plan, safety and risk plans, complaints and patient relations data in addition to current performance data from Health Quality Ontario and CIHI. In keeping with Health Quality Ontario's engagement framework, the QIP planning and development process involved engagement of Board members, leaders, physicians, staff and Patient Family Advisors in committee meetings, focus groups and by survey. We asked our stakeholders what are the most important and relevant quality indicators to monitor in the QIP. The stakeholder group responses were compiled, prioritized and themed. The themes helped inform the selection of priority indicators.

The Narrative allows the organization to provide context and set the stage for the commitments being made in the QIP for the upcoming year. This section also provides an opportunity to discuss work on key quality issues that may not be associated with indicators. The Narrative is like an executive summary. The pay at risk framework and indicators linked to executive compensation are also presented within the Narrative.

The Workplan is the portion of the QIP that identifies the priority indicators, targets and activities the organization is committing to achieve its performance targets.

The QIP Update includes information about our previous year's QIP; efforts to improve the quality of care and services the organization delivers, successes and challenges experienced, and progress made toward targets.

ANALYSIS/CURRENT STATUS

The 2019-20 QIP development process to date has included the following leadership/governance touchpoints:

- Dec 11, 2018: Reviewed summary of engagement feedback with Executive Leadership Group (ELG).
- Dec 19, 2018: Reviewed summary of engagement feedback with Patient Safety & Quality of Care Committee (PSQCC). Received additional feedback to be shared with ELG.
- Jan 8, 2019: ELG reviewed summary of PSQCC feedback. Instructed to proceed with recommended changes.
- Jan 16, 2019: Updated PSQCC on changes, as well as targets and peer results (minimum, maximum, average, rank), where available.
- Jan 29, 2019 – Review final draft of QIP documents by Senior Leadership Council.
- Feb 5, 2019 – Approval of final QIP documents by Senior Leadership Council.
- Feb 20, 2019 – Approval of final QIP documents by Patient Safety & Quality of Care Committee.

RECOMMENDATION

Board of Directors approve the 19-20 QIP documents and highlight any concerns or required adjustments.

NEXT STEPS

Mar 6, 2019 – Review and approval of QIP documents by Board.

Apr 1, 2019 – Submit QIP documents to HQO and post on Hospital Internet.

STAKEHOLDER REACTION

Based on engagement, stakeholder reaction expected to positive.

COMMUNICATIONS

Assistance from Communications is required to:

- a) Format 2019-20 QIP documents and post to the Intranet.
- b) Communicate the 2019-20 QIP to staff, physicians, and other stakeholders.

FINANCIAL IMPACTS

None.

APPENDIX SECTION

Appendix A: 19-20 QIP Narrative

Appendix B: 19-20 QIP Workplan

Appendix C: 2019-20 QIP Indicators & Targets Planning Template

Appendix D: 18-19 QIP Update

Overview

Thunder Bay Regional Health Sciences Centre (The Hospital) has a mission to deliver a quality patient experience in an academic acute care environment that is responsive to the needs of the population of Northwestern Ontario. Our hospital, with 375 beds, serves the people of Northwestern Ontario. Our region has a population of over 250,000 residents scattered over a geographical area the size of France. We offer a broad range of specialized acute care services. As a teaching Hospital, we are proudly affiliated with Lakehead University and Confederation College and are a host training facility for medical students and residents from the Northern Ontario School of Medicine, as well as other Medical Schools. Our Hospital operates one of only four Ontario Cyclotrons and Radiopharmacy, capable of producing medical isotopes for clinical use. The research being done by our Scientists and Clinicians at our research arm, the Thunder Bay Regional Health Research Institute has also made us one of the Top 40 Research Hospitals in Canada. Advancing medical research means patients benefit from the chance to take part in clinical trials. Our facility has gained a worldwide reputation for its award-winning, innovative architectural design. It is not your typical hospital. Situated on a landscaped site of nearly 70 acres, our Hospital was designed to provide a more inviting and less stressful atmosphere for patients, their caregivers, visitors, as well as staff. Thanks to support from our Health Sciences Foundation, leading-edge technology and equipment enhances patient care. We are the largest employer in Northwestern Ontario with nearly 2,800 staff, 500 volunteers and 100 Patient Family Advisors. The annual operating budget is more than \$350 million.

Underserved Populations

The Hospital's Seniors' Health strategic direction guides activities to enhance the care provided to an aging population. In addition to frequently requiring health care, seniors' needs differ from the general population. Our new geriatric program ensures senior patients receive the right care, at the right time, and by the right provider. Beginning in the Emergency Department, the program streamlines at-risk seniors assessment through collaboration with internal and external partners, consultation with geriatricians, physicians, St. Joseph's Care Group, and the North West LHIN's Home and Community Care. When at-risk or frail senior patients aged 65 years and older arrive at our Hospital, they are assessed using standardized tools. During the assessment, the Geriatric Care Coordinator looks for signs of geriatric syndromes, including mobility issues, weakness, frailty, functional decline, pain, cognitive impairment, dementia, delirium, and other risk factors often associated with seniors. The Geriatric Care Coordinator also supports discharges for patients who no longer require acute care and coordinates with community partners to provide a smooth transition to home or other programs and services that best address their needs. Table 1 summarizes some of the patient numbers and dispositions of this program. By providing senior friendly care early, we can achieve improved continuity of care, enhanced patient experiences and better outcomes including delayed loss of autonomy.

Table 1: Geriatric Care Coordinator Program Statistics from April to December 2018

Number of patients screened	1871
Number of patients assessed	358
Number of prevented admissions	174
Number of patients directed to geriatric out-patient clinic at SJCG	29
Number of patients discharged to geriatric in-patient or other units at SJCG or convalescent care	39
Number of patients discharged with home care services	138
Number of patients directed to other community services	37
Number of Hospital Elderly Life Program (HELP) referrals and/or palliative care referrals processed for admitted patients	227
Number of post discharge from emergency follow up to home calls	226
Average length of stay for those admitted patients to ALC designation	4.0 days
Average length of stay in the emergency department from presentation to discharge (or admission)	7.2 hours

The second strategic direction of our Strategic Plan 2020 focuses on Indigenous Health by enhancing culturally appropriate care. The Indigenous community, the largest Indigenous population in Ontario, is the fastest growing population. That population experiences unique health challenges and barriers with significantly poorer health status than the rest of the population we serve. The Hospital is making progress in addressing some of the behavioural, cultural, geographical, and societal challenges affecting the Indigenous population. We're committed to ongoing learning and improving the care experience of the Indigenous patients and their families. Specifically, our Hospital has implemented a new Traditional Knowledge and Practices policy, which ensures patients and their families are appropriately supported. Traditional knowledge and Practices are the sum total of knowledge, skills, and practices based on the theories, beliefs, and experiences Indigenous to different cultures used in the maintenance of health as well as in the prevention, diagnosis, and improved treatment of physical and mental illness. Through this policy, the Hospital supports patient access to Traditional Knowledge and Practices in a manner that values collaboration and supports consultation between patients, families and the health care team, while adhering to relevant legislation. Furthermore, we have four onsite Indigenous navigators in the Emergency and Renal departments, the Cancer Centre, and the Centre for Complex Diabetes Care (currently vacant). The navigators provide language translation services, assist patients in navigating the internal hospital system, external community programs, assist with accommodations, medical support services and communicate with nursing stations for discharge instructions on behalf of the patient. We are also partnered with Dilico Anishinabek Family Care to provide onsite discharge planners for patients from nine communities that have primary care services through Dilico. The discharge planners connect patients to community services, ensuring that all arrangements that are part of the discharge plan are organized. This partnership has allowed patients to return home sooner, with the support they need. Finally, our focus on Indigenous Health has demonstrated the need for additional resources to address disparities in health status between Indigenous and non-Indigenous people in our region. In August,

2018, we recruited a Senior Director, Indigenous Collaboration for advocacy and engagement efforts with the Indigenous communities as well as federal and provincial authorities to improve health delivery and equity outcomes. The Senior Director ensures the Hospital's Indigenous Health priorities are authentic to the needs of the region's Indigenous communities, and that the Health Research Institute advances the health research priorities of Indigenous communities.



Indigenous Navigators: Jeannie Simon, Leona Masakeyash, Susan Anderson, and Kanita Johnson.

A third strategic direction focuses on Acute Mental Health. Our commitment is to enhance acute mental health service throughout the Hospital. We see high volumes of patients experiencing a mental health crisis, which is likely due to a combination of socio-economic challenges across our region. The Emergency Department (ED) at the Hospital is one of the busiest in the province, with 6,320 visits related to mental health and addictions reported in 2017-18. The transfer of the adult and forensic mental health program management from St. Joseph's Care Group to the Hospital has led to the successful recruitment of three psychiatrists this year. Due to this recruitment, our Hospital has developed an Interprofessional Consultation Liaison Team, comprised of mental health nurses, psychiatrists, and resident physicians. The team assesses the mental health needs of referred patients and collaborates with the treating team to plan the provision of the most appropriate care. Recommendations frequently include transferring the patient to the mental health inpatient unit, ongoing visits from the Interprofessional Consultation Liaison team, or providing medication and treatment options. This may also include recommendations for community follow up on discharge. The Interprofessional Consultation Liaison Team was initially piloted from April to June 2018 on two inpatient units. With the success of the pilot and positive feedback from staff and patients, the team's services have now expanded to support all Hospital inpatient units. During the three month pilot, the Consultation Liaison Team received 66 referrals, of which 14 patients were transferred to the Adult Mental Health Unit for more appropriate care. In the first two months of the hospital-wide service, 88 referrals were received, with 12 patients being transferred to the Adult Mental Health Unit. In addition, the psychiatrists provide coverage in the emergency department and also provide tele-psychiatry consults via Ontario Telemedicine Network with patients in the catchment area for the hospital, when

able. During the consults, the psychiatrists provide recommendations, including determining if the patient meets the grounds for Form 1 and requires transfer to the adult mental health unit. This additional consultation promotes continuity of care and improved patient flow.



Consultation Liaison Team: Dr. S Khalil, Psychiatrist, Dr. R Bismil, Psychiatrist, Erin Harasym, RN, Dr. D Wadhwa, Psychiatrist and Nadia Bottoset, RN.

Our Hospital's efforts to provide French Language Services (FLS) resulted in the North West LHIN rewarding the Hospital its Leadership Award for our Exceptional Practice in diversity and inclusion as an organization. We are unique in that we are a designated FLS provider, located in a region with few French-speaking people (less than 3 percent). Although this poses challenges in terms of filling designated bilingual positions, notable progress has been made to enhance FLS for patients and their families. They include the implementation of a designated French Language Officer position; the implementation of linguistic variable questions at all points of admission and registration at the Hospital; the development of FLS resources for staff; ensuring all signage in the Hospital and on Hospital grounds is bilingual; and the implementation of a new process to ensure all patient education materials are bilingual. These changes now mean that programs and services are easily accessible in French, improving the care experience for French-speaking patients and families.



Dr. Rhonda Crocker Ellacott, CEO, North West LHIN, Anita Jean, Patient and Family Advisor, Francophone Advisory Committee Member and Board Member, Thunder Bay Regional Health Sciences Centre, Tracie Smith, Senior Director, Communications and Engagement, Thunder Bay Regional Health Sciences Centre, Gil Labine, Chair, North West LHIN Board of Directors.

2019-20 Quality Improvement Plan

The Hospital's 2019-20 Quality Improvement plan (QIP) consists of 13 indicators. The indicators were selected based on mandatory indicators from Health Quality Ontario (HQO), indicators integrated with our Strategic Plan 2020, indicators that are a continuation of improvements from the previous year's QIP and operational indicators that need attention. This year, HQO introduced three priority themes for QIP indicators: Timely and Efficient Transitions, Service Excellence, and Safe and Effective Care.

Five indicators fall under the timely and efficient transitions theme. Time to Inpatient Bed, a mandatory indicator from HQO, is a new indicator for our Hospital, and will replace our previous year's 90th Percentile ER Wait for Admitted Patients Only indicator. In addition, HQO challenged organizations to develop a collaborative indicator with a system partner. The Hospital collaborated with St. Joseph's Care Group to improve the wait time of Alternative Level of Care to rehabilitation services indicator for patients in Thunder Bay. Average Length of Stay, leveraged under Comprehensive Clinical Care Strategic Direction, is one of the main priorities for our Hospital. Discharge Summaries sent within 48hrs of Discharge and Patients with Complex Health Needs (Health Links) are continuations of last year's QIP in order to monitor whether our improvement efforts are making a difference.

Two indicators, Patients Receiving Enough Information on Discharge and Staff Satisfaction fall within the service excellence theme and are leveraged as part of our Patient Experience strategic direction.

Six indicators belong to the safe and effective care theme. Overall Incidents of Workplace Violence is a mandatory HQO indicator that is both a continuation from last year's QIP and a strategic objective under the Patient Experience Strategic Direction. Medication Reconciliation on Admission drove several improvement initiatives implemented during 2018-19; their appropriateness will be measured in 2019-

20. 30-Day in-Hospital Deaths Following Major Surgery, Fall Rate per 1,000 Patient Days, and Infection Management are operational indicators that are falling behind and require further investigation. Finally, Respect Training is woven throughout the Indigenous Health, Seniors' Health and Acute Mental Health Strategic Directions; it was selected to assess the equity domain.

Describe your organization's greatest quality improvement achievement from the past year

Opioid Digital Order Sets

Ontario is experiencing increasing numbers of opioid-related deaths and a growing prevalence of opioid addiction. The causes of the opioid epidemic are many, but the data demonstrates that higher prescribing rates for opioids are closely associated with higher opioid-related overdoses. More people in Ontario are being prescribed stronger opioids. For example, the number of people who filled a prescription for hydromorphone, which is approximately five times stronger than morphine, increased by nearly 30% over three years. Thunder Bay has the highest rate of opioid-related deaths in the province, with as many as 29 fatalities in 2017. The Hospital recently observed a 67 per cent increase in the number the Emergency Department patients with opioid overdoses compared with last year. An Opioid digital order set was launched in October, 2018 at the Hospital. The opioid order set was developed as part of the Provincial Digital Quality-Based Procedures (QBP) Program, an initiative funded by the Ministry of Health and Long-Term Care focused on accelerating the adoption of Ontario's QBP Clinical Handbooks and Health Quality Ontario's (HQO) Quality Standards. The groundbreaking pilot project aims to improve outcomes for patients who require post-operative pain management. Most importantly, the digital order set can reduce the use of opioids because it provides very specific evidence-based recommendations and considerations for various post-op scenarios. This guides decisions for pain management so that there is either a reduced need to prescribe medication, pain medication can be prescribed in lower doses, and medications may be required for shorter periods of time. In the first month of implementation, 174 order sets were submitted, along with 170 order sets in November and 115 in December. Controlling and decreasing pain leads to better post-surgery outcomes, improved patient experiences, and reduced opioid prescribing rates.



Acute Pain Service Team: Julie Vinet, Terry Robertshaw, Dr. Melanie Toman, Dr. Mathew Silvaggio, Samantha Ward

Rapid Access Clinics

A new central intake and assessment model at the Hospital is improving patient experiences and 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 (LHIN), the adoption of Rapid Access Clinics (RAC) combines the Regional Joint Assessment Centre (hip and knee) and Interprofessional 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. Previously, patients were often waiting months for an assessment or referral to a specialist, which delayed recovery and increased the risk of treatment complications. Now, all referrals go to one location, the RAC, an assessment occurs in 2 to 4 weeks to determine if surgery is necessary. Patients who don't require surgery receive education, resources, a self-management plan, and follow-up visits to monitor their progress. This is the first step in an ongoing process to improve wait times for hip, knee and spine treatments. The long-term goal is to have all orthopaedic conditions streamlined through the RAC, allowing patients to receive optimal equitable treatments.



RAC Team Members: Shana Magee, Shayda McCurdy, Caroline Fanti, Dr. Travis Marion and Karen Murphy, Sari Kirchman and Kathy Jarvinen

Patient/client/resident partnering and relations

Patient and Family Centred Care (PFCC) is the provision of care that is respectful of, and responsive to, individual patient and family preferences, needs and values, and ensures that the patient is at the centre of all clinical decisions. In 2011, PFCC initiatives earned our Hospital a Leading Practice designation for Patient & Family Centred Care from Accreditation Canada and that designation has been dutifully maintained ever since. The Hospital demonstrates its commitment to PFCC and patient engagement through its Vision, Mission, and Values. Our Values state that “Patients ARE First”:

- We are respectful of and responsive to the needs, values, and expectations of our patients, families and communities. Patient values guide all decisions;
- We are responsible to advance a quality patient experience. We commit to social and fiscal accountability to internal and external stakeholders and for the delivery of services to our patients;
- We honour the uniqueness of each individual and his/her culture; and
- We foster an environment of innovation and learning to advance a quality patient experience.

Through our PFCC philosophy, the Hospital is committed to engaging patients and families in our decision-making. The Patient Family Advisory Council, consisting of nearly 100 diverse and dedicated volunteers, is key to helping our Hospital achieve its Directions. Furthermore, Patient Family Advisors (PFAs) are members of all programs and services councils, Senior Leadership Council, Medical Advisory Committee, Board Patient Safety & Quality of Care Committee and the majority of decision making committees. As key stakeholders, PFAs on these councils or committees contribute equally and are responsible to advance the patient experience. PFAs provide the patients perspective to guide and inform decisions related to the design, delivery and evaluation of patient care services. Our PFCC

philosophy, patients and their family engagement are key in the ongoing improvement in the safety and quality of care we provide. There is an intentional integration of the patient voice in everything we do, including the development of the Quality Improvement Plan (QIP). The PFA Council was engaged during the selection of the 2019/20 QIP indicators and will participate in the committees to move the quality initiatives forward. Partnering with PFAs allows the Hospital to develop and implement meaningful strategies that improve the patient experience.



Jean Bartkowiak, President and CEO, Bonnie Nicholas, Patient and Family Centred Care Lead, Keith Taylor, Co-Chair of the Patient Family Advisory Council and Matt Simeoni, Chair of the Hospital's Board of Directors.

Workplace Violence Prevention

Workplace violence is a strategic priority for our Hospital. The 2018-19 QIP committed to reduce violence in the workplace as a strategic priority which was translated by the addition of the word 'safety' to the following goal: *"Invest in staff development, engagement, safety, and wellness"*. A corresponding new objective, specifically: *"Develop and implement supports and structures to keep staff safe at work"* was added. The action plan to 'keep staff safe' includes four areas of focus: review the current security model to control and limit access in the facility; review the violent incidents to assess trends and determine root causes of such trends; identify needs and facilitate the development of policies, procedures and processes to mitigate risk related to workplace violence; and develop training and educational requirements based on level of risk identified through workplace violence risk assessments.

Staff and patient incident reports are completed when harassment, violence, and aggression incidents are reported. Incidents are investigated, and controls or corrective actions and safety plans are initiated where applicable. Process reviews and required changes are completed by interprofessional teams. The Hospital is supported by a Thunder Bay Police Liaison Officer who is contacted or consulted when suspected criminal situations are reported. Incidents are reviewed by Unit Managers, the Occupational

Health and Safety (OHS) department, and the Joint Occupation Health and Safety Committee (JOHSC). Incidents of harassment between staff are also reviewed by the Human Resources department. Acts of aggression or violence are reported, tracked, and reviewed by the OHS department and JOHSC. Table 2 shows the number of workplace violence incidents investigated and their severity over the last six quarters. Our goal is to increase the number of reported incidents by 8-10%, but decrease their severity.

Table 2: Workplace Violence Incidents Investigated in 2017-18 and First Half of 2018-19

Fiscal Year	Total # of Workplace Violence Incidents	Incidents Requiring First Aid or Medical
2017-18 Q1	85	32%
2017-18 Q2	35	34%
2017-18 Q3	56	25%
2017-18 Q4	57	33%
2018-19 Q1	50	38%
2018-19 Q2	52	19%

Compensation

The Pay at Risk Compensation of our Executives applies to the following positions:

- President and CEO;
- Executive Vice President, Corporate Services and Operations;
- Executive Vice President, Medical and Academics and Regional Programs and Regional Vice President Cancer Care Ontario;
- Executive Vice President, In-Patient Care Programs;
- Executive Vice President, People, Culture and Strategy;
- Executive Vice President, Research and Development;
- Chief Nurse Executive; and
- Chief of Staff.

The following indicators will be linked to compensation in 2019-20:

1. Medication reconciliation compliance on admission;
2. Percentage alternate level of care days;
3. Length of stay (excluding alternate level of care days); and
4. Time to Inpatient Bed.



Two percent of the executive salary will be linked to achieving the quality improvement indicators. Each improvement target will be calculated equally at .50% per indicator ($0.50\% \times 4 = 2.0\%$). Following April 1, 2019 team achievements will be assessed against the above quality indicators. The executive will have the opportunity to earn back the reduced salary for each target that is achieved.

Each indicator will have the following sub-measures:

- No improvement over the prior year's actual = 0%;
- Improvement above prior year's actual by 75% of target will receive 75% of the maximum for that target; and
- Improvement above prior years actual by 76 to 100% of target will receive a directly proportionate 76-100% of the maximum for that target.

The resulting amount will be paid retroactively to April 1, 2019.

2019-20 Quality Improvement Plan Work Plan									
Primary	2020 Strategic Plan Alignment	Quality Dimension	Objective	Measure/Indicator	Planned Improvement Initiatives (Change Ideas)	Methods	Process Measures	Targets for Process Measures	Most Responsible
1	Patient Experience	Safe	Medication reconciliation at admission	The total number of patients with medications reconciled as a proportion of the total number of patients admitted to the hospital	1) Improve participation and completion of medication reconciliation by physicians at admission. 2) Allocate resources and develop work flow process for medication reconciliation audits.	1) Engage physicians in medication reconciliation process. 2) Monitor daily reports and follow up with care team and physicians. 3) Report and monitor compliance to Med Rec Working Group, Chief of Staff and Medical Advisory Committee. 4) Pharmacy develop workflow process to complete medication reconciliation audits in the Emergency Room 5) Commit dedicated resource (Nurse/Pharmacy Tech) in Emergency to ensure completion and quality of Best Possible Medication History (BPMH) assessments. 6) Train dedicated resource(s) on BPMH assessments and work flow process in the Emergency Department. 7) Targeted communication and education.	1)% BPMH complete with quality standard met 2)% physicians engaged 3)% Medication reconciliation audits complete	1)100% 2)90% 3)100%	Deborah Emery
2	Patient Experience	Safe	Overall Incidents of workplace violence	Number of overall workplace violence incidents (verbal, physical contact, no physical contact, those requiring medical aid).	1) Enhance current workplace violence prevention program	1) Create a culture that supports reporting, including an understanding that reporting of incidents and hazards are done without reprisal; supervisors act on those reports and support the staff involved and assist in mitigating risk of future incidents. 2) Develop processes for the identification and evaluation of patient specific workplace factors. 3) Provide education and training to staff in order to ensure they have the knowledge and tools required to protect themselves and others in the workplace. 4) Coordinate the prioritization of security and facility enhancements to improve facility security for all.	1) Process for identification and evaluation developed 2) % of identified staff educated on how to protect themselves 3) % of identified security and facility enhancements implemented	1) Process developed 2) 100% 3) 100%	Rose Lazinski
3	Comprehensive Clinical Care	Safe	30-day in-hospital deaths following major surgery	30-day in-hospital deaths following major surgery	1) Determine root cause of in-hospital deaths following major surgery	1) Chart review and analysis on in-hospital deaths occurring within 30 days following major surgery 2) Review with Chief of Surgery 3) Determine if there are trends that need to be addressed	1) % of chart reviews complete 2) Review process developed	1) 100% 2) Process developed	Laura Lee Barrie
4	Seniors Health	Safe	Fall rate per 1,000 patient days	Fall rate per 1,000 patient days	1) Identify and implement fall prevention initiatives. 2) Ensure fall risk assessments are completed on patients and that identified patients have appropriate arm bands.	1) Reconvene the Falls Committee 2) Create focused education for front line staff and audit compliance. 3) Review falls data and develop action plans based on top identified priorities.	1) Number of fall prevention initiatives implemented.	1) 100% of identified initiatives implemented.	Dawna Maria Perry
5	Comprehensive Clinical Care	Timely	Time to Inpatient Bed	90th %tile wait from disposition to inpatient bed for admitted patients.	1) Ensure the new policy and procedures are facilitating timely transfer of patients from the Emergency Department to inpatient units. 2) Optimize the use of the Meditech Bed Board System.	1) Monitor and Evaluate the new Interdepartmental Transfer Process from Emergency Department Policy. 2) Automate bed requests from the Emergency Department. 3) Utilize P4R initiatives.	1) % of identified improvement strategies implemented	1) 100%	Lisa Beck
6	Comprehensive Clinical Care	Efficient	Average Length of Stay	ALOS (excluding ALC)	1) Improve Data Quality for tracking Consult Delays in Patient Flow Software. 2) Optimize the use of the Meditech Bed Board System. 3) Provide real time ELOS tracking for Physicians and engage on improvement strategies.	1) Complete a process improvement 'Design Event' to ensure all members of the care time are aware of physician consults. 2) Automate bed requests from the Emergency Department. 3) Develop Reports for Physician Groups and provide reports to physician chiefs/ section meetings.	1) % of identified improvement strategies implemented	1) 100%	John Ross
7	Comprehensive Clinical Care	Efficient	Alternative Level of Care	ALC days to Rehabilitation Services or Complex Continuing Care	1) Develop a clear pathway for geriatric patients to Assessment Beds/ Rehab Services.	1) Develop patient pathway between the hospital & SJCG. 2) Ensure the quality of data reported on the patient populations.	1) 90th percentile Days Wait for Assessment Beds from date of referral to date of admission.	1) 3 Days	John Ross
8	Patient Experience	Equitable	Respect training	Experience and treatment scores under custom questions on CPES	1) Create a culture that supports Respect	1) Develop continuous improvement processes to ensure adoption of the Respect Campaign 2) Provide education and training to staff in order to ensure they have the required knowledge and understanding.	1) % of Staff that have received Respect training in all in all clinical and non clinical areas	1) 60%	Kelly Meservia-Collins

Primary	2020 Strategic Plan Alignment	Quality Dimension	Objective	Measure/Indicator	Planned Improvement Initiatives (Change Ideas)	Methods	Process Measures	Targets for Process Measures	Most Responsible
9	Patient Experience	Effective	Discharge summaries sent within 48hrs of discharge	Process Indicator	1) Develop strategies to improve discharge summary completion 2) Ensure collection of reliable data	1) Investigate current use of Discharge Report Form and implement required improvements 2) Implement education on discharge summary best practices 3) Develop reliable and sustainable data collection methods	1) % of identified improvement strategies implemented	1) 100%	Zaki Ahmed
10	Comprehensive Clinical Care	Effective	Patients with complex health needs (Health Links)	Process Indicator	1) Ensure TBRHSC patients meeting Healthlinks criteria are identified and communicated to the NWLHIN 2) Seek support from NWLHIN in ensuring required services for Healthlinks patients are readily available and that patients are referred to appropriate providers for care	1) On a quarterly basis, source TBRHSC patients who meet Healthlinks criteria (including recent hospital inpatient and ED encounters; primary & secondary diagnoses; demographic info), and forward listing to NWLHIN for referral to appropriate care providers. 2) For patients referred on to appropriate providers, source post referral data and evaluate success of support services. 3) Measure percentage of patients referred to appropriate support services.	1) Compliance with Healthlinks patient reporting 2) % of Healthlinks patients referred to supportive services	1) 100% 2) % of Healthlinks patients referred to supportive services is dependent on capacity of Community Care Division of the NWLHIN and supportive services, so target cannot yet be set	Michael Del Nin
11	Patient Experience	Effective	Staff satisfaction	Engagement Score (TBRHSC Employee and Professional Staff Experience Survey (EPSES) 2021)	1) Develop Department and Corporate EPSES action plans	1) Engagement with staff on action plan development and creation of SMART goals 2) Collection and analysis of feedback for Corporate initiatives, action plan development and creation of SMART goals 3) Developed actions embedded into Operational Plans 4) Quarterly updates from HR/Communications to SLC and to staff	1) % of Departments with developed action plans by April 1, 2019. 2) % of Corporate action plans by April 1, 2019. 3) % of Action Plans completed within deadlines.	1) 100% 2) 100% 3) 75-100%	Amy Carr
12	Patient Experience	Patient-Centred	Patients receiving enough information on discharge	% of respondents who responded "completely" to the question: Did you receive enough information from the hospital staff about what to do if you were worried about your condition after you left the hospital?	1) Increase patient understanding on discharge through PODS and include specific condition PODS where applicable.	1) Evaluate process and modify PODS tool as appropriate (based on results). 2) Evaluate appropriate time when giving education on PODS tool.	1) % of discharged patients to home receiving PODS. 2) % of patients who say the PODS was explained in a way they understood.	1) 100% for medicine and surgery 2) Improve 5% per quarter	Bonnie Nicholas
13	Comprehensive Clinical Care	Safe	Infection Control	Process Indicator	1) Identify an effective surveillance system of processes and outcomes that drive quality improvement in how we prevent and control infection. 2) Define key indicators to measure the clinical and cost effectiveness of the IPAC program	1) Assess and identify most appropriate process measures to allow us to better control and prevent infection (Process Surveillance) https://www.publichealthontario.ca/en/eRepository/BP_IPAC_Ontario_HCSettings_2012.pdf 2) Assess and identify chosen options for infection measurement (Outcome Surveillance), which is consistent with PIDAC. https://www.publichealthontario.ca/en/eRepository/Surveillance_3-3_ENGLISH_2011-10-28%20FINAL.pdf	1) % of identified Process and outcome surveillance strategies committed to	1) 100%	Katherine Bell

Appendix C: 2019-20 QIP Indicators & Targets Planning Template
Updated 2019-01-07

		2017-18 Fiscal						2018-19 Fiscal					19-20 Targets & Comments						
QIP Domain	Indicators/Measure	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	Annual Target	Annual Actual	Q1 Actual	Q2 Actual	YTD Target	YTD Actual	Trending (last 6 or available quarters)	ON average results	ON low performer	ON high performer	TBRHSC rank	19-20 Target	19-20 target rationale	Comments
Safe	Medication reconciliation compliance on admission	61.68%	55.96%	58.15%	53.58%	62.00%	57.36%	50.90%	50.35%	62.00%	50.63%		N/A	N/A	N/A	N/A	65.00%	ON peer results not available. 19-20 target is considerable stretch on 18-19 YTD results, supported by incremental Pharmacy Tech staff.	Ongoing below target performance merits inclusion in 19-20 QIP.
Safe	30-day in-hospital deaths following major surgery (risk-adjusted)	1.40	2.00	3.10	2.70	1.67	2.30	2.10		1.67	2.10		1.60	2.30	0.80	13th of 13 ON academic	1.60	19-20 target set at 17-18 ON academic hospital average.	Below target performance over four consecutive quarters merits inclusion in 19-20 QIP.
Safe	Fall rate per 1,000 patient days	4.77	4.55	4.49	6.13	5.30	5.00	6.62	7.01	5.30	6.84		N/A	N/A	N/A	N/A	5.30	ON peer results not available. 19-20 target unchanged from 18-19 target.	Below target performance over three consecutive quarters merits inclusion in 19-20 QIP.
Safe	Incidence of workplace violence	85	35	56	57	N/A	233	50	52	0	102		N/A	N/A	N/A	N/A	200	ON peer results not available. Target intended to encourage ongoing reporting, so higher target is more desirable.	Currently, 18-19 mandatory indicator. Continue to monitor progress in 19-20.
Safe	Infection control improvement (process measure)												N/A	N/A	N/A	N/A	100.0%	Target will be completion of 100% of initiatives outlined in 19-20 QIP workplan.	
Efficient	Percentage alternate level of care days	17.4%	15.3%	16.1%	24.6%	12.7%	15.7%	15.4%	14.7%	12.7%	15.1%		15.6%	19.7%	0.0%	13th of 18 ON academic	15.6%	Target based on 18-19 ON peer results. At current levels, 19-20 ALC would be 20% so target is considerate stretch.	Using as 19-20 collaborative indicator. Will work with community partners to identify improvements to include in 19-20 workplan.
Effective	Length of stay (excluding alternate level of care days)	5.29	5.33	5.27	5.42	5.30	5.33	5.65	5.34	5.10	5.50		4.60	.99 (ratio of LOS vs ELOS)	1.4 (ratio of LOS vs ELOS)	15th of 18 ON academic	4.90	Expected length of stay (ELOS) depends on each hospital's case mix and peer results, so peer low and high performers cannot be determined based on length of stay (LOS) alone. Instead, the ratio of LOS vs ELOS is used for ON low and high performer and to determine TBRHSC ranking. Target is additional .2 day reduction, consistent with 5-year improvement plan.	Below target performance over three consecutive quarters merits inclusion in 19-20 QIP.
Timely	90th Percentile ER length of stay (hours) for admitted patients (proxy for Time to Inpatient Bed)	39.4	39.5	44.2	47.9	31.0	42.8	50.0	40.1	31.0	50.0		28.8	50.0	19.0	17th of 17 ON academic	28.8	Adjusted target to reflect 18-19 ON academic average	Ongoing below target performance merits inclusion in 19-20 QIP.
Timely	Discharge summaries sent within 48 hrs of discharge (process measure)			21.7%	21.7%		21.7%	27.7%	8.5%		18.1%		N/A	N/A	N/A	N/A	100.0%	Target will be completion of 100% of initiatives outlined in 19-20 QIP workplan.	Currently, this is 18-19 process indicator. Data is being measured but some concerns remain regarding accuracy and reliability of the data, and there is considerable work remaining to engage physicians on how the data will be used. As a result, this will remain a process measure for 2019-20.
Patient-centred	Patient satisfaction: Leaving hospital, did you receive enough information - Inpatients & Maternal Newborn	57.8%	72.9%	70.9%	67.1%	57.1%	67.5%	69.9%	68.9%	68.0%	68.8%		62.2%	N/A	N/A	N/A	69.3%	18-19 YTD results better than 18-19 ON academic average, so 19-20 target set at .5% increase over 18-19 YTD actual. Note that NRC does not publish peer hospital range data.	

- At or better than target
- Slightly (less than 5%) worse than target
- Significantly (5% or more) worse than target
- Data not expected for reporting period or too few results to be meaningful
- Indicator has been discontinued and replaced
- Blue text

Incomplete period or result not yet finalized

Quality Improvement Plans (QIP): Progress Report for 2018/19 QIP

ID	Measure/Indicator from 2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
1	Patients receiving enough information on discharge	68.00%	68.90%	Medicine has 13 condition-specific Patient Oriented Discharge Summaries (PODS) on the unit as well as 1 generic PODS. Surgery has developed the following 15 PODS to cover all of their patient conditions: Abdominal Surgery, Appendectomy, Chest Surgery, Laparoscopic Cholesystectomy, Hysterectomy, Inguinal Hernia Repair, Joint Surgery for Fractures, Mastectomy, Plastic Surgery, Prostatectomy, Small Bowel Obstruction, Total Hip Replacement, Thyroid Surgery, Primary Total Knee Replacement, Transurethral Resection of the Prostate. The PODS are currently in the final approval stages with the Surgical Council with a planed implementation by March 31st.

Change Ideas from Last Years QIP (QIP 2018/19)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
1) Increase patient understanding on discharge.	The PODS tool gives a more involved conversation with patients, allowing them to ask questions before discharge and provides information in a way that is easier for them to understand.
2) Develop standardized process for patient discharge instructions.	Patients no longer receive the "old" discharge sheets/summary but instead receive a POD based on their diagnosis. Giving patients instructions earlier in their stay has helped in understanding and ensuring the best transition to home for patients. A key component to this is ensuring staff are giving out the appropriate PODS form and ensuring forms are explained to the patient upon discharge.

ID	Measure/Indicator from 2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
2	Decrease 30 day Readmission for CHF	21.80%	19.30%	<p>A process improvement Kaizen Event took place late Spring 2018 related to CHF pathway optimization. From this a working group was developed that is focused on rapid assessment and discharge algorithms for CHF patients. The group has completed work on the rapid assessment algorithm and a job description for the nurse practitioner roll is developed. The pilot project is expected to start in early Q4.</p> <p>The Coaching patients On Achieving Cardiovascular Health project was launched on September 22, 2018. This program will pilot a rapid assessment clinic for CHF patients. A nurse navigator will identify patients in the Emergency Department with CHF and look to place them with the appropriate service (either inpatient or outpatient). The goals are to avoid admissions, decrease length of stay both in the emergency department and inpatient units, and avoid readmissions. Patients are being referred to the clinic from the ER and inpatient units. The clinic is located within the Cath Lab.</p>

Quality Improvement Plans (QIP): Progress Report for 2018/19 QIP

Change Ideas from Last Years QIP (QIP 2018/19)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
1) Optimize CHF patient pathway.	The current discharge pathway is unclear and patients are not always being aligned with the proper available resources to manage their CHF in the community. This is resulting in higher readmission rates. The new pathway will ensure that patients are followed during their inpatient stay and appropriate follow up care is arranged before discharge.
2) Support adoption of Digital Order Sets for Quality Based Procedures	By properly identifying a patient upon admission and placing them on the appropriate order set, we ensure the best care plan is followed for the patient and the patient does not spend any additional time in hospital than is required to treat their acute care needs.

ID	Measure/Indicator from 2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
3	Discharge summaries sent within 48hrs of discharge	-	-	A root cause analysis was conducted with physician representatives and health records in October 2018 to determine the gaps to complete a timely discharge summary. Various improvement ideas were identified from this analysis and will be explored for implementation in Q4. The Record Completion Timelines Policy was approved by MAC outlining expectations of physicians, however, delays due to Health Records implementing the new dictation system has put the roll out of the policy on hold. New anticipated implementation will be in Q4.

Change Ideas from Last Years QIP (QIP 2018/19)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
1) Develop strategies to increase discharge summary completion within 48 hours.	The root cause analysis was conducted with all key stakeholders at the table. We began with a current state mapping so that each discipline understood what the other does, allowing an appreciation for the work everyone puts in. It also allowed for questions and answers to some processes that were not well understood. We then asked the stakeholders to develop solutions so we can meet our goal. Having the people who do the work develop the solutions is key for buy-in and allows participants feel valued and respected.
2) Ensure collection of reliable data.	We conducted various manual chart reviews to ensure data accuracy and consistency. When data appeared to be misaligned, we worked with our IS department to redesign the report.

ID	Measure/Indicator from 2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
4	Decrease Average Length of Stay	5.10	5.27	A rehabilitation services workflow review was completed and the following improvements were trialed; a model of collaboration whereby the rehabilitation team identifies and assesses the highest priority patients across the inpatient units, daily; education materials for clinical staff on how to access physical therapy/occupational therapy (PT/OT) assessments, and; a short-form summary for PT/OT notes containing the key clinical information related to readiness for discharge.

Quality Improvement Plans (QIP): Progress Report for 2018/19 QIP

Further, the business plan for expanded Polymerase chain reaction (PCR) testing was completed and additional testing for admitted patients approved. An infection control design event was held in September 2018 and has resulted in the following change initiatives: 1) An updated medical directive to ensure PCR testing is completed on all appropriate patients admitted through the ED; 2) ED nursing staff will complete PCR swabs before the patient is transferred; and 3) updated fields on the SBAR transfer form will inform the inpatient unit of the status of swabs.

In addition, a complete review of the patient flow software was completed in Q2 and changes were made to the system. New criteria for collection of delay reasons was developed and updated within the system. Go-Live on the changes happened in September 2018. A new real time occupancy report was developed and will be implemented in Q4. The report is automatically generated three times daily and used during bed rounds to facilitate discussions on patient flow.

Also, a new method for real time reporting on Expected Length of Stay for the working diagnosis have been developed. The admitting department is entering this information in the EMR on admission. The next steps is to provide this information to the physicians on their rounding reports in order to ensure they have a working target for care plans.

Finally, a pilot project is underway to test the effectiveness of a geographically model for the Hospitalist service. A dedicated Hospitalist is now caring for the medical patients on a single unit.

Change Ideas from Last Years QIP (QIP 2018/19)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
1) Leverage Patient Flow Software to identify Length of Stay (LOS) Improvement opportunities.	By leveraging patient flow software, the hospital has been able to better identify barriers to patient discharges and seek out removing these barriers in real time. Even in cases where there is concern over data quality, there is valuable insight that can be gained through the data. Often one of the overlooked barriers to advancing a patient care plan is all members of the care team not communicating the plan effectively. Monitoring of the coded data has drawn attention to these areas so that the team can improve their team collaboration.
2) Reduce gap between ALOS and ELOS.	Real time monitoring of ELOS is key to improving the gap between actual and expected length of stay. While many other strategies have been implemented in order to improve patient experience, care plan progression and overall patient flow, the savings on ALOS are only marginal. By providing the care team with real time access to ELOS for their patients, we provide them with a true goal for the care plan.
3) Leverage technology to improve infection control clearance protocols	Improved infection control clearance protocols provide us with better understanding of isolation requirements, ensure appropriate cohorting of patients and reduce hospital acquired infections. All of this leads to fewer blocked beds, which in turn means we maintain appropriate occupancy capacity.

Quality Improvement Plans (QIP): Progress Report for 2018/19 QIP

ID	Measure/Indicator from 2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
5	Readmission for mental health & addictions	-	-	Our Brief Intervention Treatment Team provides short-term psychiatry follow-up in hospital. In addition, we are participating on the Thunder Bay Mental Health and Addictions Network Committee. This committee is doing engagement with mental health organizations across Thunder Bay to determine what mental health and addiction services are needed. However, the development of a Day Hospital is not a current priority for community organizations and will not be pursued.
Change Ideas from Last Years QIP (QIP 2018/19)			Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?	
1) Improve access to mental health and addiction services upon discharge from the hospital			Ensuring all stakeholders are at the table is key to success in a collaborative initiative such as this.	
2) Ensure collection of reliable data.			Manual data collection is difficult to ensure reliability. We continue to pursue electronic options with key stakeholders.	

ID	Measure/Indicator from 2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
6	Improve Patient Satisfaction-All Dimensions - In-patient	66.60%	68.70%	<p>Patient Oriented Discharge Summary (PODS) is the corporate approach for the 2018/2019 Patient Experience Action Plans. All areas have incorporated a version of PODS. Surgery has developed 15 while Medicine has developed 13. Other areas that are developing PODS include: Mental Health within the Brief Intervention Treatment Team (BITT); Women and Children's Program within the Paediatric, maternal/newborn, and CAMHU areas; Renal, Retail Pharmacy, Diagnostic Imaging, and the Regional Stroke Network.</p> <p>Patient satisfaction results have improved since PODS was implemented. In some areas, it was noted that patients didn't have enough time to review the discharge information, therefore, there units are now giving the forms out ahead of time so that the patient can review and have a better understanding at time of discharge. This has allowed the patient to ask specific questions and has led to less anxiety for the patient.</p>

Quality Improvement Plans (QIP): Progress Report for 2018/19 QIP

Change Ideas from Last Years QIP (QIP 2018/19)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
1) All clinical areas will develop patient experience improvement action plans that will address communication to patients on discharge	Developing a modified version of PODS in each area has been instrumental in improving communication with patients upon hospital discharge and ultimately leading to a better patient experience and improved patient satisfaction results. Staff and patient communication has increased and patients' anxiety is decreased as they are more informed and aware of what is happening after they leave the hospital.
2) All non-clinical areas will develop action plans	All action plans are passed through the Patient and Family Centred Care Council. This allows for all areas to hear the focus of each action plan. This has allowed for great collaboration on all initiatives. All non-clinical plans support the clinical areas and where possible, the implementation of PODS.
3) Engage physicians on the development of the action plans	Having physician and staff feedback to inform action plans and engaging them on a regular basis has led to increased interest and collaboration to improve results, ultimately leading to better patient care. Physicians and staff are engaged on a regular basis through council meetings, email, and dyad meetings regarding patient experience results.
4) Implement action plans	Ensuring action plans are being implemented is the key to success. Once the plans are written it's crucial for the "most responsible" to report progress and make sure communication is taking place to all involved.

ID	Measure/Indicator from 2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
7	Improve Patient Satisfaction-All Dimensions – ED	68.90%	73.20%	<p>The ED has developed both departmental and corporate action plans. The departmental action plan focuses on the comfort of patients waiting in the ED as well as improving communication with patients and families/care partners about the admission process. The corporate action plan focuses on the Patient Oriented Discharge Summary (PODS) of understanding discharge information on high risk geriatric patients prior to leaving the ED. The focus on both the departmental and corporate plans has led to significant improvements in patient satisfaction results.</p> <p>The ED staff, Patient & Family Advisors & Volunteers collaborated and identified areas for improvement to increase the comfort of patients waiting in the ED. These areas include charging stations, food carts and sleep kits. The ED also changed the hours that volunteers are available to patients to provide more support and comfort.</p> <p>The interdepartmental transfer policy was updated and staff were educated to indicate 'family notified prior to transfer' on the SBAR form to improve communication with families/care partners on the admission process. The eSBAR trial has been completed, introduced hospital wide, and the new process has been</p>

Quality Improvement Plans (QIP): Progress Report for 2018/19 QIP

incorporated into practice.

The ED Geriatric Coordinators currently perform the PODS in the ED and focus on discussing follow up care before leaving the ED. 15 PODS per week are given out. Results on the NRC survey in relation to "Someone discussed follow up care before leaving" now exceed the provincial target.

Change Ideas from Last Years QIP (QIP 2018/19)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
"1)The Emergency Department (ED) will develop patient experience improvement action plans that address lowest category results	Narrowing in on key areas of improvements led to increased focus and more productivity in these areas. Working with stakeholders to identify gaps in patient understanding of discharge information and the coordination of transitional care needs led to a more positive patient experience.
2)Engage physicians and staff to increase awareness and understanding of patient experience results	Having physician and staff feedback to inform action plans and engaging them on a regular basis has led to increased interest and collaboration to improve results, ultimately leading to better patient care. Physicians and staff are engaged on a regular basis through council meetings, email, and dyad meetings regarding patient experience results.
3)Implement action plans	Ensuring action plans are being implemented is the key to success. Once the plans are written it's crucial for the "most responsible" to report progress and make sure communication is taking place to all involved.

ID	Measure/Indicator from 2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
8	Decrease Violence in the Workplace Incidents	200	52	The action plan was developed to 'keep staff safe'. This plan included four areas of focus; review of the current security model to control and limit access in the facility; review the violent incidents to assess for trends and determine root causes of such trends; identify needs and facilitate the development of policies, procedures and processes to mitigate risk related to workplace violence; and, develop training and educational requirements based on level of risk identified through workplace violence risk assessments.

Change Ideas from Last Years QIP (QIP 2018/19)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
1)Strengthen leadership and Worker commitment to Work place Violence Prevention	Senior Leader champions were identified. A review corporate strategy was completed and revisions made, as required. An integrated committee structure was created with processes and reporting matrix to senior leadership, Board and across organization. A review of current annual policies and processes was completed to reflect compliance with legislation and safety in the workplace.

Quality Improvement Plans (QIP): Progress Report for 2018/19 QIP

ID	Measure/Indicator from 2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
9	Medication reconciliation admission	62.00%	50%	A pilot was conducted with a dedicated resource in the ED to perform Best Possible Medication History (BPMH) assessments. This pilot was successful and a business plan was developed to support a dedicated staff model. The business plan recommended an investment of dedicated trained clinicians, Pharmacy Technicians or Registered Practical Nurses, to perform BPMH on admission. In January 2018, the business plan for a dedicated staff model (i.e. 3 positions in 2018-19) was approved for a phased in approach over 3 years. The model requires pharmacy to perform audits to monitor improvements in quality and compliance, and a method to quantify potential cost savings related to improved medication reconciliation. Staff were recruited in November, however, challenges in back-filling vacancies have caused a delay in the first phase of implementation.

Change Ideas from Last Years QIP (QIP 2018/19)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
1) Commit dedicated resource (Nurse/Pharmacy Tech) in Emergency to ensure completion and quality of Best Possible Medication History (BPMH) assessments.	A dedicated resource will improve the quality of BPMH that will lead physician compliance with medication reconciliation. Ensuring the people with the correct skills are doing the job leads to better quality services.
2) Engage physicians in medication reconciliation process.	Fully engaging the physicians cannot be completed until the dedicated resource for completing BPMH assessments is in place.
3) Improve participation and completion of medication reconciliation by physicians at admission.	Not implemented.
4) Allocate resource and develop work flow process for medication reconciliation audits.	Not implemented.

ID	Measure/Indicator from 2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
10	Decrease 90th % ER wait for admitted patients only	31.00	40.1	Two Kaizen Events took place late Spring 2018, related to COPD and CHF pathway optimization. From this two working Groups were developed that are focused on rapid assessment and discharge algorithms, for CHF and COPD patients. Metrics have been developed and a meeting is booked with Decision Support to analyze data related to increase in cardiology admissions.

Quality Improvement Plans (QIP): Progress Report for 2018/19 QIP

The 1.8 FTE ED Geriatric Coordinators are in place. From October to December 2018, the coordinators screened 806 high risk geriatric patients in ED and provided in-depth targeted assessments to 185 of these patients. As a result of these assessments, 101 of these patients were discharged and in particular 17 patients had rapid access Geriatrician consult as an outpatient at St Joseph Care Group. The coordinators also provided 115 follow-up phone calls to patients that were discharged and sent 96 referrals to community agencies for ongoing support (Community Para-medicine, Home Care, Alzheimer Society). For the 85 geriatric patients that were assessed and required admission, 73 referrals were made to the Hospital Elder Life Program (HELP) to assist in reducing their length of stay.

The Nurse Led Outreach Team Nurse Practitioners work assignments have changed as of June 2018 to improve consistency and to target facilities with greatest need in an effort to reduce ED visits from LTC, Supportive Housing & select retirement homes. Weekend on-call Nurse Practitioner coverage to support Long Term Care Homes continues and an analysis is underway to review impacts.

Change Ideas from Last Years QIP (QIP 2018/19)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
--	--

1) Implement strategies to avoid admissions for patients.	Avoidable admission strategies such as the Frail Seniors Pathway and CHF/COPD pathways continue to show a benefit by ensuring the patients are identified and diverted from the Emergency Department to proper outpatient services where they are better managed. These patients avoid a length of stay at the hospital and free up valuable resources that can then be used for patients who require the services of an acute care hospital.
---	---

ID	Measure/Indicator from 2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
11	Identify patients with complex health needs (Health Links)	-	-	2018-19 Q2 data has been extracted and is ready to go to the NWLHIN, however the required data sharing agreement remains outstanding. The issue has been escalated to higher leadership at NWLHIN and a meeting is planned with NWLHIN in Q4 to review the data sharing agreement and move it forward.

Change Ideas from Last Years QIP (QIP 2018/19)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
--	--

1) Ensure TBRHSC patients meeting Healthlinks criteria are identified and communicated to the NWLHIN	Anonymized data will be forwarded to ensure a clear understanding of the situation and requirements.
2) Seek support from NWLHIN in ensuring required services for Healthlinks patients are readily available and that patients are referred to appropriate providers for care	Undertake escalation efforts when they first present themselves to avoid delays.

BRIEFING NOTE

TOPIC	Review of Board Policies
PREPARED BY	Angela Kutok, Board Liaison
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 <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
APPROVED BY	Jean Bartkowiak, President and CEO
CO-SPONSER (if required)	n/a
PREPARED FOR:	President & CEO <input type="checkbox"/> Board of Directors <input checked="" type="checkbox"/> Other:
DATE PREPARED	February 11, 2019

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 √:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 1. We put ' Patients First ' by responding respectfully to needs, values, & expectations of our patients, families, and communities? |
| <input type="checkbox"/> | 2. We demonstrate ' Accountability ' by advancing a quality patient experience that is socially and fiscally responsible? |
| <input type="checkbox"/> | 3. We demonstrate ' Respect ' by honouring the uniqueness of each individual and his or her culture? |
| <input type="checkbox"/> | 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 review Board policies as a function of the Governance and Nominating Committee (GNC) annual work-plan and make recommendations to the Board of Directors, as required.

BACKGROUND

Several policies were brought forward for review at the November 21, 2018 GNC meeting. At that time, a policies working group consisting of Dick Mannisto, Grant Walsh, Patricia Lang, Angela Kutok and Jean Bartkowiak, if available, was struck to review and recommend changes to the policies. The working group subsequently met on January 15, 2019.

ANALYSIS/CURRENT STATUS

The status of the policies reviewed by the working group is as follows:

- BD-25 Review and Revision of Board Documents:
 - reviewed and updated;
 - received Board approval on Feb 6/19.
- BD-30 Conflict of Interest and Conduct of Directors:
 - Policy under review by the CEO and Board Liaison.
- BD-40 Information Request Process:
 - historically the policy outlined the process for Board Directors to request reports and information from staff. This policy was not intended for public as the Hospital has a robust policy and process to address public requests (FIPPA);
 - CEO and Board Liaison are redrafting the policy to revert to the original intent of the policy.
- BD-45 Selection Criteria for Board and Community Members:
 - some draft changes were made by the working group;
 - further policy changes placed on hold until a Board generative discussion can be held in near future.
- BD-65 Stakeholder Relationships – TBRHS Foundation/TBRI:
 - policy changes on hold until after the joint Ad Hoc Governance committee has submitted its recommendations.
- BD-93 Criminal Record Checks (CRC) – Board of Directors:
 - reviewed and updated;

- title has changed to BD-93 Disclosure Requirements for Board of Directors;
 - received Board approval on Feb 6/19.
- BD-DRAFT Selection of Officers of the Board – proposed new:
 - some changes were made by the working group;
 - further discussion required about the expression of interest portion;
 - further policy changes placed on hold until Board generative discussion can be held in the future.

In addition to the actions noted above, the working group suggested that the following policies be eliminated:

- BD-35 Board of Directors Public Policy rationale to eliminate:
 - Hospital policy COMM-01 Media Communications and Authorization outlines protocol to ensure the accurate and timely information via the media to the public, including the identification of a spokesperson on behalf of the Board;
 - BD-30 Conflict of Interest and Conduct of Directors already outlines expected conduct for Directors, thus reference to Board conduct in this policy is a duplication;
 - current intent of the policy is not clear.
- BD-80 Stakeholder Relationships – TBRHSC Volunteer Association:
 - policy is not relevant.

RECOMMENDATION

- 1) Reconvene policies working group to review remaining policies.
- 2) Recommendation to the Board of Directors that the following policies be eliminated (MOTION):
 - BD-35 Board of Directors Public Policy;
 - BD-80 Stakeholder Relationships – TBRHSC Volunteer Association.

NEXT STEPS

- 1) Coordinate the next Working Group meeting date.
- 2) Add recommendation for elimination of policies to the March 6, 2019 Board agenda.

STAKEHOLDER REACTION

n/a

COMMUNICATIONS

n/a

FINANCIAL IMPACTS

n/a

APPENDIX SECTION

- BD-35 Board of Directors Public Policy;
- BD-80 Stakeholder Relationships – TBRHSC Volunteer Association.

Policies, Procedures, Standard Operating Practices

No. BD-35

Title: Board of Directors Public Relations Policy	<input checked="" type="checkbox"/> Policy	<input checked="" type="checkbox"/> X Procedure	<input type="checkbox"/> SOP
Category: Board of Directors Dept/Prog/Service: Board of Directors	Distribution: n/a		
Approved: Board of Directors Signature:	Approval Date:	Feb. 3, 2016	
	Reviewed/Revised Date:	Nov. 16, 2016	
	Next Review Date:	Nov. 2017	

CROSS REFERENCES: *BD-15, BD-30***PURPOSE**

To enhance the awareness of the NW Ontario residents for the mission of Thunder Bay Regional Health Sciences Centre (the Hospital) and the recognition of the Board of Directors in the region.

POLICY

Heightened awareness and increased profile of the Hospital, staff and Board of Directors elevate the status and importance of the organization in its role as a key contributor to:

- quality healthcare
- medical services advancement
- Economic development.

As a result, the region view the hospital as contributing to their individual quality of living and as an organization that excels in its role as a community partner.

PROCEDURE

The Chair of the Board and the President and CEO identify regional events that may be used as platforms to heighten the public profile and provide greater exposure to the Hospital.

The Office of the President and CEO recruits Directors and develops a yearly calendar, which identifies members of the Board of Directors who are interested in attending specific events.

Directors' Conduct

Members of the Board of Directors are expected to conduct themselves in accordance with the Conflict of Interest and Conduct of Directors policy (BD-30).

Reporting

Directors who attend public events on behalf of the Hospital are expected to provide a verbal or written report if unable to attend, to the Board at its next regularly scheduled meeting.

The President and CEO, with the assistance of the Board as required, may provide a written report or make a presentation to NW LHIN Board of Directors, federal, provincial, or municipal elected officials on the Hospital's Strategic Directions outlining the priorities, challenges, and progress, as required or at the initiative of the Board of Directors.

Media Relations

Media relations are managed and coordinated through the President's Office or Chair of the Board of Directors or designate.

Staff

Events are assessed on a case by case basis and where appropriate staff members of the Hospital are asked to attend the event.

Events

It is imperative that proper protocol be considered when determining who attends community events. Members of the Board of Directors may attend an event as a substitute to the Chair when event protocol calls for the attendance of the Chair.

Costs

When applicable, cost to attend such events is covered by the Hospital in accordance with policy FIN-ap-05 Allowable Expenses for Reimbursement, along with form FIN-10 Employee Reimbursable Courses/Conference/Travel/Hospitality Expense.

REFERENCES

Policy FIN-ap-05 Allowable Expenses for Reimbursement
Form FIN10 Employee Reimbursable Courses/Conference/Travel/Hospitality Expense Report
Policy BD-30 – Conflict of Interest and Conduct of Directors

Policies, Procedures, Standard Operating Practices

No. BD-80

Title: Stakeholder Relationships – Thunder Bay Regional Health Sciences Centre Volunteer Association	X Policy <input type="checkbox"/> Procedure <input type="checkbox"/> SOP
Category: Board of Directors Dept/Prog/Service: Board of Directors	Distribution: TBRHSC Volunteer Association
Approved: Board of Directors Signature:	Approval Date: Feb. 3, 2016 Reviewed/Revised Date: Nov. 18, 2015 Next Review Date: Nov. 2016

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

To outline the expectation and mechanisms of support of the Board of Directors to the Thunder Bay Regional Health Sciences Centre's Volunteer Association.

POLICY

A strong and positive relationship between the Thunder Bay Regional Health Sciences Centre (TBRHSC) and the Thunder Bay Regional Health Sciences Centre's Volunteer Association is essential at several levels.

PROCEDURE

The Board of Directors will support the TBRHSC Volunteer Association in its endeavours.

The Board will be represented at TBRHSC Volunteer Association activities when requested.

Regular communications are essential and are achieved through a number of mechanisms:

1. The CEO will continue to liaise with the TBRHSC Volunteer Association by attending meetings of the Volunteer Association on a quarterly basis or more often if required.
2. The TBRHSC will advise the Volunteer Association of any changes in operations that would directly affect volunteer services.
3. The Volunteer Board will meet regularly with the TBRHSC President/CEO and the Board Chair.

Policies, Procedures, Standard Operating Practices

No. BD-45

Title: Recruitment and Selection of Board and Community Members	X Policy X Procedure <input type="checkbox"/> SOP
Category: Board of Directors Dept/Prog/Service: Board of Directors	Distribution: n/a
Approved: Board of Directors Signature:	Approval Date: Apr 4, 2018 Reviewed/Revised Date: Nov 2018 Next Review Date: Nov 2021

CROSS REFERENCES: *if applicable*

1.0 PURPOSE

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

2.0 POLICY

The Board ensures that its members are reflective of the community the Hospital serves. The Board ensures that its members have the appropriate combination of qualifications, skills, knowledge, and experience to effectively discharge its governance responsibilities.

3.0 PROCEDURE/PROCESS

3.1. Selection Criteria

The following selection criteria apply to prospective Directors and/or Community Members:

- a) Minimum age of 18 years of age;
- b) Values consistent with the Hospital values; Patients First, Accountability, Respect, Excellence;
- c) Willingness to serve on the Board or Board Committees and as Directors or Community members;
- d) Objectivity and integrity;
- e) Ability to commit to the time requirements of approximately 20 hours per month. This includes preparation for and attendance at Board and Committee meetings, retreats, and keeping up to date with relevant information provided by the Hospital;
- f) Willingness to function as a member of a deliberative team (to participate in group decision making using pre-established principles of the group and the ability to support Board or Committee decisions even when the individual votes against the majority);
- g) Commitment to participate in Board orientation and continuing education including presentations, tours, relevant education sessions, strategic planning exercises, topical readings as may be provided by the Hospital;
- h) Demonstrated governance skills;
- i) Demonstrated systems thinking capacity;

- j) Experience as a Patient Family Advisor;
- k) Member who can provide a perspective of the Indigenous community;
- l) Member who can provide a perspective of the Francophone speaking community;
- m) Member from Northwestern Ontario who resides at least 80 km outside of Thunder Bay;
- n) Member who has a record of community involvement or advocacy.

3.2. Board of Directors Skills Matrix:

As a primarily “skills-based” Board of Directors, the Board has defined required knowledge, skills, experience, qualifications and competencies. A skills matrix to determine an appropriate balance of prospective Board Director and Board Community members is included as Appendix A.

3.3 Selection Process for Board members

The Governance and Nominating Committee shall:

- a) Identify vacancies for the upcoming year;
- b) Develop a matrix of current Board members’ skills and experience;
- c) Determine preferred qualifications required for vacant positions based on the criteria set out above;
- d) Place advertisements for the number of vacancies in local media and on the website;
- e) Actively recruit from Community members who are current Board committee members;
- f) Review all applications received and prepare a shortlist for interview;
- g) Conduct interviews of those shortlisted and prepare a slate of nominees for recommendation to the Board for ratification at the Annual General Meeting.

3.4 Selection Process for Community Members

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

With specific reference to Committee members:

- a) Strong candidates may be offered to sit as a Community member on a Board Committee based on their skill set, expertise and the required number of Community members on each Committee;
- b) Community members are appointed to Board committees by the Board of Directors upon recommendation from the Governance and Nominating Committee;
- c) Community members serve a three year term on a Committee for a maximum of one (1) term. Community members sit as voting members of the Committee to which they are appointed, but are not eligible to serve as the Chair;

- d) Community members may only sit on one Committee for the duration of their term;
- e) Community members are expected to attend at least 70% of all regularly scheduled meetings of the Committee to which they are appointed;
- f) Community members shall comply with the policies and guidelines established by the Board with respect to such matters as conflict of interest, code of conduct, confidentiality and ethics, and have a fiduciary duty to act honestly and in good faith with a view to the best interests of the Hospital;
- g) Community members may be given preference when filling Board vacancies.

Policy #BD-45
Appendix A – Skills Matrix

Please rate your areas of knowledge, skills and experience by selecting the most relevant boxes in the table below. It is not expected that you possess knowledge, skills and experience in all the areas set out in the table. Please indicate **only** those areas that apply to you by clicking the box in the appropriate section.

	ADVANCED (10+ YEARS) <input type="checkbox"/>	INTERMEDIATE (5-9 YEARS) <input type="checkbox"/>	BASIC (<5 YEARS) <input type="checkbox"/>
FINANCIAL PLANNING AND BUSINESS ACUMEN	<ul style="list-style-type: none"> • CA/CPA designation and / or • Expert financial knowledge and experience dealing with financial risks, operational risks, and/or investments 	<ul style="list-style-type: none"> • Ability to read, interpret, analyze financial statements • Ability to assess implications of financial information, operational and business decisions 	<ul style="list-style-type: none"> • Understanding of budgets, financial statements, financial reporting,
BOARD GOVERNANCE	ADVANCED (10+ YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • ICD / Chartered Director • Experience in an Officer capacity on a board • Received formal training on board governance 	INTERMEDIATE (5-9 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Has served on a Board of Directors 	BASIC (<5 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • No Board experience but senior leadership experience
GOVERNMENT & GOVERNMENT RELATIONS (POLITICAL ACUMEN)	ADVANCED (10+ YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Previous experience at a ministerial level or • Executive level experience within a government agency or government • Fundamental understanding of government processes 	INTERMEDIATE (5-9 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Elected official or senior management within government or government agency • Rudimentary understanding of government process 	BASIC (<5 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Some understanding of government processes

HEALTHCARE ADMINISTRATION & POLICY	ADVANCED (10+ YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Master's in Healthcare Administration • Senior executive within the healthcare section • Medical/Healthcare professional 	INTERMEDIATE (5-9 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Worked within the healthcare sector 	BASIC (<5 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Limited healthcare sector exposure
HUMAN RESOURCES MANAGEMENT	ADVANCED (10+ YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Professional HR designation and/or experience as an HR executive (CHRP, CHRL, CHRE) • Experience in labour relations or as a bargaining agent 	INTERMEDIATE (5-9 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Senior executive responsibility including a broad range of HR functions 	BASIC (<5 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Leadership role accountable for people management
INFORMATION TECHNOLOGY	ADVANCED (10+ YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Experience as an IT executive (CIO) accountable for developing and implementing a cross organizational IT plan and strategy 	INTERMEDIATE (5-9 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Executive accountable for a broad range of IT functions • Senior leader in IT service delivery 	BASIC (<5 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Understanding, planning and execution of IT projects
LAW & LEGAL	ADVANCED (10+ YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Legal designation/education • Judicial experience 	INTERMEDIATE (5-9 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Executive accountable for legal functions • Experience with legal frameworks legislation, regulations 	BASIC (<5 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Exposure to legal framework, legislation, regulation
PERFORMANCE MANAGEMENT	ADVANCED (10+ YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Executive accountable for measurable outcomes and results • Experience linking corporate results with employee performance and compensation 	INTERMEDIATE (5-9 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Experience with defining and implementing measurable outcomes and results 	BASIC (<5 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Appreciation for the necessity of measurable outcomes and results

QUALITY & PATIENT SAFETY	ADVANCED (10+ YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Extensive experience with oversight of the administration of patient care and advocacy • Medical/Healthcare professional • Senior leader engaged in quality assurance in healthcare 	INTERMEDIATE (5-9 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Direct management of patient care and advocacy • Leader of healthcare quality system 	BASIC (<5 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Awareness of healthcare quality systems, patient advocacy
ENTERPRISE RISK MANAGEMENT	ADVANCED (10+ YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Senior audit role • Senior executive accountable for operations (i.e., financial, operational, HR) 	INTERMEDIATE (5-9 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Experience with managing a broad range of operations (i.e., financial, operational, HR) 	BASIC (<5 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Awareness of risk profiles within financial, operational and HR areas
STRATEGIC PLANNING AND VISIONING	ADVANCED (10+ YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Senior executive experience developing and executing strategic plans, including: vision, mission and objectives 	INTERMEDIATE (5-9 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Leadership experience and participation in strategic plan development 	BASIC (<5 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Ability to think strategically and to contribute to the development of strategic and operational plans • Ability to critically assess business decisions
CROSS CULTURAL EXPERIENCE	ADVANCED (10+ YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Senior Leader experience within a cross-cultural group or organization 	INTERMEDIATE (5-9 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Leadership experience within a cross-cultural group or organization 	BASIC (<5 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Education or experience within a cross-cultural group or organization
SECOND OR ADDITIONAL LANGUAGES	ADVANCED <input type="checkbox"/> <ul style="list-style-type: none"> • Complete fluency (reading, writing, speaking) Language(s):_____	INTERMEDIATE <input type="checkbox"/> <ul style="list-style-type: none"> • Able to speak the language with sufficient structural accuracy and comprehension Language(s):_____	BASIC <input type="checkbox"/> <ul style="list-style-type: none"> • Limited working proficiency (conversational) Language(s):_____

	ADVANCED (10+ YEARS) <input type="checkbox"/>	INTERMEDIATE (5-9 YEARS) <input type="checkbox"/>	BASIC (<5 YEARS) <input type="checkbox"/>
COMMUNICATIONS AND MEDIA RELATIONS	<ul style="list-style-type: none"> Executive or senior leader experience in communications or media relations 	<ul style="list-style-type: none"> Responsible for communications or media relations departments 	<ul style="list-style-type: none"> Education or experience in communications or media relations
	ADVANCED (10+ YEARS) <input type="checkbox"/>	INTERMEDIATE (5-9 YEARS) <input type="checkbox"/>	BASIC (<5 YEARS) <input type="checkbox"/>
PROJECT MANAGEMENT	<ul style="list-style-type: none"> Executive or senior leader responsible for multi-million dollar capital projects 	<ul style="list-style-type: none"> Leadership/management experience with large scale capital projects 	<ul style="list-style-type: none"> Education or experience with capital project management

Policies, Procedures, Standard Operating Practices

No. BD-45

Title: Selection and recruitment of Board and Community members Recruitment and Selection of Board and Community Members

☒ Policy ☒ Procedure ☐ SOP

Category: Board of Directors
Dept/Prog/Service: Board of Directors

Distribution: n/a

Approved: Board of Directors
Signature:

Approval Date: Apr 4, 2018
Reviewed/Revised Date: ~~Mar 21, 2018~~ Nov 2018 **Next Review Date:** ~~Mar, 2019~~ Nov 2021

CROSS REFERENCES: *if applicable*

1.0 PURPOSE

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

2.0 POLICY

The ~~Hospital Board~~ ensures that its members are reflective of the community the Hospital serves. The Board ensures that its members have the appropriate combination of qualifications, skills, knowledge, and experience to effectively discharge its governance responsibilities. ~~ensures that individuals having the appropriate combination of qualifications and experience are appointed to the Board and its Committees, to effectively discharge its governance responsibilities.~~

3.0 PROCEDURE/PROCESS

3.1. Selection Criteria

The following selection criteria apply to prospective Directors and/or Community Members:

a) A minimum age of 18 years of age;

a)

b) Values consistent with the Hospital values; Patients First, Accountability, Respect, Excellence;

Willingness to serve on the Board or Board Committees and as Directors or Community members;

•c) Objectivity and integrity;

•d) Ability to commit to the time ~~required requirements of approximately 20 hours per month.~~ (including This includes preparation for and, attendance at Board and Committee meetings, retreats, and keeping up to date with relevant information provided by the Hospital; ~~this represents approximately 20 hours per month for Board members, and less for Community members serving on Committees);;~~

•e) Willingness to function as a member of a deliberative team (to participate in group decision making using pre-established principles of the group and the ability to support Board or Committee decisions even when the individual votes against the majority);

- f) Commitment to participate in Board orientation and continuing education (including presentations, tours, relevant education sessions, strategic planning exercises, topical readings as may be provided by the Hospital);

• ~~Objectivity;~~

• ~~Communication and media relations skills;~~

• ~~Integrity; combined above with Objectivity~~

• ~~Values consistent with those of the Hospital; moved up top~~

• g) Demonstrated above Demonstrated governance skills;

• h) Demonstrated systems thinking capacity;

• ~~Demonstrated record of community involvement;~~

~~A minimum age of 18 years.~~

i) Experience as a Patient Family Advisor;

j) Member who can provide a perspective of the Indigenous community;

k) Member who can provide a perspective of the Francophone speaking community;

l) Member from Northwestern Ontario who resides at least 80 km outside of Thunder Bay;

m) Has a record of community involvement or advocacy.

•

3.2. Board of Directors Skills Matrix:

As a primarily a “skills-based” Board of Directors, the Hospital Board has defined required knowledge, skills, experience, qualifications and a competencies. criteria A skills matrix to determine an appropriate balance of prospective Board Director and Board Community members is included as :- Appendix A.

~~a) Past experience on other Boards (such as experience as a health care organization Board member or on the Board of a large private sector corporation or nonprofit organization);~~

~~b) Community leadership;~~

~~c) Financial and business acumen;~~

~~d) Strategic planning and visioning;~~

~~e) Communication or media relations skills;~~

~~f) Political involvement or connections;~~

~~g) Professional and business experience;~~

~~h) Membership balance based on specific occupations and skills, such as in business, medicine, law, nursing, or others;~~

- ~~i) Competencies aligned with the strategy and needs of the organization (such as experience in mergers, downsizing, reengineering in other organizations, integrating new business ventures into existing ones, or industries that have undergone major systemic change);~~
- ~~j) Professional experience in clinical health care;~~
- ~~k) Professional experience in health care administration;~~
- ~~l) Experience as a Patient Family Advisor; the next 4 bullets are moved to section 3.1~~
- ~~m) Member who can provide a perspective of the Indigenous community;~~
- ~~n) Member who can provide a perspective of the Francophone speaking community;~~
- ~~o) Member from Northwestern Ontario who resides at least 80 km outside of Thunder Bay.~~

3.3 Selection Process for Board members

The Governance and Nominating Committee shall:

- a) Identify vacancies for the upcoming year;
- b) Develop a matrix of current Board members' skills and experience;
- c) Determine preferred qualifications required for vacant positions based on the criteria set out above;
- d) Place advertisements for the number of vacancies in local media and on the website;
- e) Actively recruit from ~~current Board Committee members;~~ Community members who are current Board committee members;
- f) Review all applications received and prepare a shortlist for interview;
- g) Conduct interviews of those shortlisted and prepare a slate of nominees for recommendation to the Board for ratification at the Annual General Meeting.

3.4 Selection Process for Community Members

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

With specific reference to Committee members:

- ~~h)a) Strong candidates who are not placed on the slate of nominees may be offered to sit as a Community member on a Board Committee based on their skill set, expertise and the required number of Community members on each Committee;~~
- ~~i)b) Community members are appointed to Board committees by the Board of Directors upon recommendation from the Governance and Nominating Committee; and do not require ratification by the Corporate membership at the Annual General Meeting;~~
- ~~j) The number of Community members on each Committee is determined by the Chair of the respective Committees on an annual basis in consultation with the Board Chair and the President and CEO;~~

- ~~k)c)~~ c) Community members serve a three year term on a Committee for a maximum of one (1) term. Community members sit as voting members of the Committee to which they are appointed, but are not eligible to serve as the Chair;
- ~~h)d)~~ d) Community members may only sit on one Committee for the duration of their term;
- ~~m)e)~~ e) Community members are expected to attend at least 70% of all regularly scheduled meetings of the Committee to which they are appointed;
- ~~n)f)~~ f) Community members shall comply with the policies and guidelines established by the Board with respect to such matters as conflict of interest, code of conduct, confidentiality and ethics, and have a fiduciary duty to act honestly and in good faith with a view to the best interests of the Hospital;
- ~~o)g)~~ g) Community members may be given preference when filling Board vacancies.

Policy #BD-45
Appendix A – Skills Matrix

Please rate your areas of knowledge, skills and experience by selecting the most relevant boxes in the table below. It is not expected that you possess knowledge, skills and experience in all the areas set out in the table. Please indicate **only** those areas that apply to you by clicking the box in the appropriate section.

	ADVANCED (10+ YEARS) <input type="checkbox"/>	INTERMEDIATE (5-9 YEARS) <input type="checkbox"/>	BASIC (<5 YEARS) <input type="checkbox"/>
FINANCIAL PLANNING AND BUSINESS ACUMEN	<ul style="list-style-type: none"> • CA/CPA designation and / or • Expert financial knowledge and experience dealing with financial risks, operational risks, and/or investments 	<ul style="list-style-type: none"> • Ability to read, interpret, analyze financial statements • Ability to assess implications of financial information, operational and business decisions 	<ul style="list-style-type: none"> • Understanding of budgets, financial statements, financial reporting,
BOARD GOVERNANCE	ADVANCED (10+ YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • ICD / Chartered Director • Experience in an Officer capacity on a board • Received formal training on board governance 	INTERMEDIATE (5-9 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Has served on a Board of Directors 	BASIC (<5 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • No Board experience but senior leadership experience
GOVERNMENT & GOVERNMENT RELATIONS (POLITICAL ACUMEN)	ADVANCED (10+ YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Previous experience at a ministerial level or • Executive level experience within a government agency or government • Fundamental understanding of government processes 	INTERMEDIATE (5-9 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Elected official or senior management within government or government agency • Rudimentary understanding of government process 	BASIC (<5 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Some understanding of government processes

HEALTHCARE ADMINISTRATION & POLICY	ADVANCED (10+ YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Master's in Healthcare Administration • Senior executive within the healthcare section • Medical/Healthcare professional 	INTERMEDIATE (5-9 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Worked within the healthcare sector 	BASIC (<5 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Limited healthcare sector exposure
HUMAN RESOURCES MANAGEMENT	ADVANCED (10+ YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Professional HR designation and/or experience as an HR executive (CHRP, CHRL, CHRE) • Experience in labour relations or as a bargaining agent 	INTERMEDIATE (5-9 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Senior executive responsibility including a broad range of HR functions 	BASIC (<5 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Leadership role accountable for people management
INFORMATION TECHNOLOGY	ADVANCED (10+ YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Experience as an IT executive (CIO) accountable for developing and implementing a cross organizational IT plan and strategy 	INTERMEDIATE (5-9 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Executive accountable for a broad range of IT functions • Senior leader in IT service delivery 	BASIC (<5 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Understanding, planning and execution of IT projects
LAW & LEGAL	ADVANCED (10+ YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Legal designation/education • Judicial experience 	INTERMEDIATE (5-9 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Executive accountable for legal functions • Experience with legal frameworks legislation, regulations 	BASIC (<5 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Exposure to legal framework, legislation, regulation
PERFORMANCE MANAGEMENT	ADVANCED (10+ YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Executive accountable for measurable outcomes and results • Experience linking corporate results with employee performance and compensation 	INTERMEDIATE (5-9 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Experience with defining and implementing measurable outcomes and results 	BASIC (<5 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Appreciation for the necessity of measurable outcomes and results

QUALITY & PATIENT SAFETY	ADVANCED (10+ YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Extensive experience with oversight of the administration of patient care and advocacy • Medical/Healthcare professional • Senior leader engaged in quality assurance in healthcare 	INTERMEDIATE (5-9 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Direct management of patient care and advocacy • Leader of healthcare quality system 	BASIC (<5 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Awareness of healthcare quality systems, patient advocacy
ENTERPRISE RISK MANAGEMENT	ADVANCED (10+ YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Senior audit role • Senior executive accountable for operations (i.e., financial, operational, HR) 	INTERMEDIATE (5-9 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Experience with managing a broad range of operations (i.e., financial, operational, HR) 	BASIC (<5 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Awareness of risk profiles within financial, operational and HR areas
STRATEGIC PLANNING AND VISIONING	ADVANCED (10+ YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Senior executive experience developing and executing strategic plans, including: vision, mission and objectives 	INTERMEDIATE (5-9 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Leadership experience and participation in strategic plan development 	BASIC (<5 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Ability to think strategically and to contribute to the development of strategic and operational plans • Ability to critically assess business decisions
CROSS CULTURAL EXPERIENCE	ADVANCED (10+ YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Senior Leader experience within a cross-cultural group or organization 	INTERMEDIATE (5-9 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Leadership experience within a cross-cultural group or organization 	BASIC (<5 YEARS) <input type="checkbox"/> <ul style="list-style-type: none"> • Education or experience within a cross-cultural group or organization
SECOND OR ADDITIONAL LANGUAGES	ADVANCED <input type="checkbox"/> <ul style="list-style-type: none"> • Complete fluency (reading, writing, speaking) Language(s):_____	INTERMEDIATE <input type="checkbox"/> <ul style="list-style-type: none"> • Able to speak the language with sufficient structural accuracy and comprehension Language(s):_____	BASIC <input type="checkbox"/> <ul style="list-style-type: none"> • Limited working proficiency (conversational) Language(s):_____

	ADVANCED (10+ YEARS) <input type="checkbox"/>	INTERMEDIATE (5-9 YEARS) <input type="checkbox"/>	BASIC (<5 YEARS) <input type="checkbox"/>
COMMUNICATIONS AND MEDIA RELATIONS	<ul style="list-style-type: none">Executive or senior leader experience in communications or media relations	<ul style="list-style-type: none">Responsible for communications or media relations departments	<ul style="list-style-type: none">Education or experience in communications or media relations
	ADVANCED (10+ YEARS) <input type="checkbox"/>	INTERMEDIATE (5-9 YEARS) <input type="checkbox"/>	BASIC (<5 YEARS) <input type="checkbox"/>
PROJECT MANAGEMENT	<ul style="list-style-type: none">Executive or senior leader responsible for multi-million dollar capital projects	<ul style="list-style-type: none">Leadership/management experience with large scale capital projects	<ul style="list-style-type: none">Education or experience with capital project management

Thunder Bay Regional Health Sciences Centre Board of Directors Work Plan
 Revised: February 27, 2019

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

Column	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										Deffered until after Governance Ad Hoc Committee work is complete
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			Dec 2018- Team effectiveness scale usually scheduled in December and April on hold pending trial of OHA online tool.
9	Governance	Board Members to complete Board Annual Evaluation	BD							x			

Column	Accountability	Activity	Responsible Body	As Needed	October	November	December	February	March	April	May	June	Comments
10	Legal Compliance	Environmental compliance and fire safety update	BD		x		x		x			x	
11	Legal Compliance	Accessibility update	BD	x									
12	Quality Oversight	Critical Incidents Update	BD				x				x		
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					Deferred to March
17	Oversight of Management	Participate in CEO evaluation via website	BD							x			Process under review.
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	
23	Performance Measurement and Monitoring	Committee Scorecard and BN to be appended to committee minutes	BD			x		x		x			Nov 2018 - added

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/ Comments
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	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.											
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		Director, Quality
	Patient safety report												
	Infection prevention and control presentation												
4	Patient Satisfaction QIP	1.4 Fostering and monitoring a just, quality, patient and family centred care culture.			X		X			X		X	M. Del Nin
	PFCC and discussion						X						Director, Quality
	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				M. Del Nin
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	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	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						Director, Quality
9	Report from senior leader responsible	2.5 Reviewing, monitoring and making public the patient relations process.			X				X				Director, Quality
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.											Director, Quality
12	Annual QIP Approval	2.8 Approving and monitoring management's prioritization of key performance indicators.							X				M. Del Nin
13	Accreditation	2.9 Overseeing TBRHSC's accreditation plan.			X								G. Ferguson/Director, Quality

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	

[illegible]

Governance and Nominating Committee 2018-19

Updated: February 15, 2019

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										
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(Dec&Apr) 5)Annual Board Evaluation(Apr) - under review
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		Nov 21/18 - moved from November to May
9	Governance	Review Committee evaluations for the semester	G				x						x		Nov-review May, June, Sept, Oct May-review Nov, Dec, Jan, Feb, Mar, April
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. - on hold pending trial of OHA on line tool.
12	Governance	Appoint community member on Board member interview panel	N							x					

[illegible]

Page Views: Open Board Meeting Webcast

September 2017 – February 2019

Month	# of Page Views	Month	# of Page Views
September 2017	--	September 2018	--
October 2017	18	October 2018	<i>No views due to technical difficulties</i>
November 2017	26	November 2018	13
December 2017	17	December 2018	18
January 2018	--	January 2019	--
February 2018	15	February 2019	12
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	





Thunder Bay Regional
Health Research
Institute

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

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

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

Thunder Bay Regional Health Research Institute Report for TBRHSC Board – February 2019

Submitted by: Jean Bartkowiak, CEO and Anne-Marie Heron, Acting EVP Research & Development February 22nd, 2019. 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

Welcome to Dr. Valerie Grdisa:

The Institute would like to welcome **Dr. Valerie Grdisa** as the Hospital's new Executive Vice President of Research, Quality & Academics (EVP) and Chief Nursing Executive (CNE).

Dr. Grdisa will provide leadership, oversight and strategic direction to a diverse portfolio of health professionals and scientists in the areas of research and development, quality improvement, professional practice, patient and family centred care and academics.

Dr. Grdisa has held positions as a clinician, senior manager, faculty and academic administrator, management consultant, and senior government official. She has also had the privilege of working with Indigenous communities throughout her career and helped co-create strategies to improve health system performance and population health outcomes. The Institute looks forward to working with Dr. Grdisa when she joins the Hospital on April 1, 2019.



WEALTHIER: Generating Revenue through Science & Partnerships



Thunder Bay Regional
Health Sciences
Centre



Health Sciences North
Horizon Santé-Nord



Health Sciences North
Research Institute
Institut de recherches
d'Horizon Santé-Nord



Laurentian University
Université Laurentienne

Northern Ontario Health Innovation Cluster: the Institute's Business Development Manager is assisting senior leadership towards the development of a potential innovation cluster involving the hospitals, research institutes and universities in Sudbury and Thunder Bay. The consortium identified at left is putting forward a unified voice in support of health research innovation in an effort to gain financial support from the governments.

The concept itself is already creating partnerships due to enhanced communication among these stakeholders. TBRHRI recently provided a letter of support for a grant application submitted by Health Sciences North Research Institute for the Centre for Research on Healthy Aging. The application was submitted to the Ontario Strategy for Patient-Oriented Research (SPOR) SUPPORT Unit. Also, as a member of the Northern Ontario Innovation Cluster, the Institute will collaborate with the Northern Ontario School of Medicine who is leading the development of an application for funding for a Northern Ontario Network Environment for Indigenous Health Research (NEIHR) grant. The application is due September 4th.

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

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

Bringing
Discovery
to Life

Donner
vie à la
découverte



**Thunder Bay Regional
Health Research
Institute**

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

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

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

SMARTER: Enhancing the Academic Environment

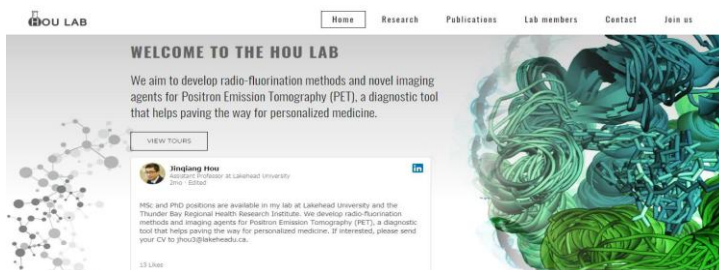
We are pleased to announce that **Dr. Zubair Fadlullah** has joined the Institute as our newest Scientist and as a joint LU/TBRHRI Research Chair. Dr. Fadlullah will be responsible for conducting a research program related to Smart Health Technology and will be affiliated with Lakehead University's Department of Computer Science. As the Lakehead University/TBRHRI Research Chair in Smart Health Technology, he will develop, evaluate, and translate knowledge related to smart health technology research.



Smart health technology consists of software and mobile technology as well as integrated hardware such as smart phones and sensors that advance health. It is expected that research outcomes in this area will result in more and faster access to health services, such as early detection, real time monitoring, standardized treatment, interactive self-help, and more, in rural and remote communities in Northern Ontario. Dr. Fadlullah joins us from Tohoku University, Japan, where he has been serving as an Associate Professor at the Graduate School of Information Sciences (GSIS). He completed his Ph.D. in Applied Information Sciences from GSIS in March, 2011.

Update re Dr. Hou's Lab: Dr. Hou has been with the Institute for four short months and here are some of his achievements to date:

- Grant submitted: NSERC-Discovery;
- Lab setup: most of the equipment in place by January 18th;
- Launched Lab website, <https://hougroup.weebly.com>



- Collaborated on development of PET imaging tracer targeting LPA1 receptor for prostate cancer imaging with Dr. Rithwik Ramachandran at Western University;
- Submitted a manuscript with Dr. Wong at Hong Kong Baptist University to *Sensors and Actuators B: Chemical* (IF= 5.667): 'Red fluorescent organic nucleic acid binders: The study of structural discrimination of G-quadruplexes between c-MYC promoter and human telomere DNA';
- Involved in the training of two undergraduate students:

Emily Hodgson



Jonas Olsen



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

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

Bringing
**Discovery
to Life**

Donner
**vie à la
découverte**



Chief Nursing Executive **Open Report** **to the** **Board of Directors** **March 2019**

Chief Nursing Executive
Chef des soins infirmiers

RNAO Best Practice Spotlight Organization (BPSO)

- As a BPSO, The Hospital is required to maintain the deliverable of having 15% of our nursing staff trained as Best Practice Champions. To sustain this achievement, we have partnered with St. Joseph's Care Group and will be applying to host a Level 2 Best Practice Champions Workshop in the fall of 2019 with a focus on "Addressing Substance Use".
- Level 2 workshop provides participants with a deeper understanding of advanced concepts in addiction, such as harm reduction and concurrent disorders and explores a more in-depth look at sustaining best practices thorough the use of the RNAO Toolkit: Implementation of Best Practice Guidelines (2nd Edition).

Nursing workforce

- Approximately 50 permanent and temporary full-time and part-time positions remain vacant. No change since last month.
- Spring hire interviews for Registered Nurses have begun with 80 candidates being interviewed and 70 offers of employment are being offered.
- Interviews for Registered Practical Nurses (RPN) scheduled for April with 21 applicants being interviewed.

Nursing Practice

- TBRHSC in partnership with St. Joseph's Care Group (SJCG) has reviewed and updated the current intra and inter facility nursing transfer of responsibility document.
- TBRHSC and SJCG will be moving forward with a standardized form for internal and external transfers.
- Regional hospitals have been engaged, via the NW Regional CNE meeting, and will also move forward with the redesigned inter facility transfer form.
- The use of one form will provide LHIN wide standardization.

NORTHERN PASSAGES

VOLUME 18 | ISSUE 2

REHABILITATION SCIENCES

CREATES NEW PLACEMENT OPPORTUNITY

NEW RESIDENCY STREAM

TRAINS DOCTORS IN
EABAMETOONG FIRST NATION

OUT OF THE CLASSROOM

AND INTO THE KITCHEN



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

NORTHERN PASSAGES

Newsletter of the Northern
Ontario School of Medicine



Northern Ontario School of Medicine
Lakehead University

935 Ramsey Lake Rd.
Sudbury, ON
P3E 2C6
Tel: +1-705-675-4883
Fax: +1-705-675-4858



Northern Ontario School of Medicine
Lakehead University

955 Oliver Rd.
Thunder Bay, ON
P7B 5E1
Tel: +1-807-766-7300
Fax: +1-807-766-7370

Northern Passages
is published bi-annually.

© Copyright 2018
Northern Ontario School of Medicine.

FEEDBACK

To update your mailing preferences for *Northern Passages*, or to suggest stories that you would like to read about your medical school, kindly email communications@nosm.ca.



facebook.com/thenosm



[@thenosm](https://twitter.com/thenosm)



nosm.ca



[@thenosm](https://www.instagram.com/thenosm)

Cover photo:-David Peterson at the Anishnawbe-Mushkiki Aboriginal Health Center in Thunder Bay

Jennifer Turcotte-Russak with David Peterson, Manager of Health Services at Anishnawbe Mushkiki Aboriginal Health Access Centre and Peter Jordan, Physiotherapist and Clinic Owner at the Lakehead University Sports Medicine Clinic at the Anishnawbe-Mushkiki Aboriginal Health Access Centre in Thunder Bay.

ANISHNAWBE MUSHKIKI

DEFINING THEIR OWN ROLE: REHABILITATION SCIENCES CREATES NEW PLACEMENT OPPORTUNITY

The Rehabilitation Sciences Unit at the Northern Ontario School of Medicine has created a new placement opportunity for occupational therapy and physiotherapy students from the Northern Studies Stream at the Anishnawbe-Mushkiki Aboriginal Health Access Centre (AMAHAC) in Thunder Bay.

The new initiative is a collaboration between AMAHAC, NOSM, the Lakehead University Sports Medicine Clinic and the School of Rehabilitation Science at McMaster University.

Occupational therapy and physiotherapy students from McMaster will be placed at AMAHAC in Thunder Bay in a role-emerging format, meaning students will have the opportunity to develop their respective roles within the organization, says Jennifer Turcotte-Russak, Manager of Community Engagement and Integrated Clinical Learning at NOSM.

The placement, which welcomed its first students in June 2018, will focus on needs assessment with AMAHAC stakeholders. The role will focus on Indigenous health, and students will need to consider the social determinants of health affecting First Nation peoples in the North when considering how they can best address the needs of their clients. Learners will also identify relevant resources and evidence to support the proposed roles and approaches to meet these stated needs.

"Occupational therapy and physiotherapy are both very broad areas of practice," says Turcotte-Russak. "This placement will offer students a unique, exciting and challenging opportunity to—with assistance from on and off-site preceptors—determine how their role can best reflect the current needs and priorities of clients and the health team that serves them."



The placement opportunity will also promote collaboration between the existing AMAHAC team and the learners in order to build working relationships and capacity, according to Turcotte-Russak. “A key part of this placement is promoting interprofessional approaches to care, and improving knowledge about the role occupational therapists and physiotherapists can play in a team setting like that of the Anishnawbe-Mushkiki Aboriginal Health Access Centre,” she says.

The Northern Studies Stream is a tripartite agreement between NOSM, McMaster University and the Ministry of Health and Long-Term Care. The agreement has been in existence since 1989, predating the founding of NOSM by 16 years.

Through the Northern Studies Stream, hundreds of physiotherapy and

occupational therapy students from McMaster have participated in academic and clinical education in Northern Ontario. These opportunities focus specifically on advancing clinical understanding and skill development related to Indigenous health and northern practice, including remote and rural environments.

“This strategy aligns with many of the shared key priorities of both the Northern Ontario School of Medicine and McMaster including social accountability, interprofessionalism and Indigenous health,” says Turcotte-Russak. “The new placement at AMAHAC is another step forward in working towards those priorities.”

Stakeholders at AMAHAC, the Northern Studies Stream and in the Rehabilitation Sciences at NOSM will use the knowledge

and evidence obtained from the pilot placement to inform the next stages of the initiative, which will focus on broadening the number of partnerships across Northern Ontario.

Other clinical stakeholders will also be invited to join the pilot placement planning committee in order to facilitate expansion of these opportunities.

“We’re excited not just about this pilot project, but also about the opportunity to further develop this initiative, which ultimately will help to provide increased access to rehabilitation services here in the North, specifically for Indigenous people,” says Turcotte-Russak.



Dr. Claudette Chase, Site Director for the Remote First Nation Family Medicine Residency stream, and Dr. Deepak Murthy, the first resident accepted to the program stream.

NEW RESIDENCY STREAM TRAINS DOCTORS IN EABAMETOONG FIRST NATION

The Northern Ontario School of Medicine, Matawa First Nations Management and Eabametoong First Nation signed an agreement in 2016 to create a new Remote First Nations Family Medicine Residency stream.

The new stream allows medical school graduates to complete their Family Medicine residency in a remote First Nation community in Northern Ontario. It also includes a return of service commitment to serve in Eabametoong or another Matawa community for four years following the completion of the residency.

The residency stream began as a pilot in December 2016 with the selection of the first resident, Dr. Deepak Murthy who began in July 2017. Two more residents are starting this July.

The application process for prospective residents is one hallmark of community direction to this new stream. Candidates participate in two rounds of interviews: the first with a selection panel that includes family medicine faculty and a resident representative from NOSM, as well as members of the First Nation community, to ensure the candidates meet the benchmark requirements for a family medicine resident in Canada; and a second with a selection panel that is made up almost entirely of Eabametoong community members.

Dr. Claudette Chase, Site Director for the Remote First Nation Family Medicine Residency stream, is present during the second interview, but does not have a say in the final decision about which resident will be accepted into the stream.

"Our goal for this residency stream is to produce culturally competent residents who can deliver culturally safe care in a First Nations community," says Dr. Chase. "The partnership is not in name only. Power is actually being shared, and that is different from most other things I've ever been involved in."

Molly Boyce, Family Medicine Community Residency Liaison Coordinator in Eabametoong First Nation, says she is excited about the community's involvement in both the selection process and the curriculum design. "With this new program, we make that choice on who we're going to allow to come into the community and who's allowed to assist us in our health care," she says. "Our traditional medicines and way of life were put down for so many years, and it's so exciting that there is recognition that there is a need for our traditional medicine, and the choice that this presents for us now as Native people."

Murthy came to Canada approximately five years ago. He says he has worked in rural and remote areas in India, and was drawn to the idea of working in a similar environment



Molly Boyce (centre) participates in a sharing circle with representatives from NOSM, Matawa First Nations Management and community members from Eabametoong.



Matawa First Nation Management CEO David Paul Achneepineskum, NOSM Dean and CEO Dr. Roger Strasser and Eabametoong First Nation Chief Elizabeth Atlookan sign the agreement establishing the Remote First Nations Family Medicine Residency Stream.

Eabametoong First Nation, with a population of 1,500, is one of the larger communities in the Matawa First Nations Management Tribal Council and was selected as the initial site for the new residency stream because it has the resources to host a full-time physician.

in Canada. “It’s a totally different culture, and I’ve enjoyed my time in Eabametoong so far,” he says. “I believe with acceptance from the community earned through my training program and offering culturally safe care, I will quite like living and practising there.”

Medical graduates accepted into the Remote First Nations Family Medicine Residency stream undergo additional training in order to meet the needs of the communities, says Dr. Chase. Dr. Murthy has done obstetrics training, as well as a plastic surgery repairs rotation, and will spend extra time on urgent care skills in order to be prepared to practice independently in geographic isolation. Additional curriculum on cultural safety and trauma informed care is also provided.

During their week-long visits, the residents will also have a half day devoted to community engagement and cultural teachings. As the Community Residency Liaison Coordinator, Boyce is responsible for organizing this part of the program, including arranging meetings with Elders and taking the residents out on the land.

“The program provides a unique opportunity to train physicians in a non-institutional setting where collaborative medicine is a

necessity with a limited team of allied health professionals and where mental health, addiction, culture, community and history all intersect,” says Paul Capon, a Policy Analyst with Matawa First Nations Management. “We look forward to its development and expansion.”

Boyce says she hopes the residents who enter the program can manage the challenges of living and working in the community. “Some people in the community are excited about the program, but some are really not sure yet,” she says. “We open our hearts and we open our minds, and we allow people to come here, so we hope that the residents feel that, and embrace their training and life here.”

“The partnership is not in name only. Power is actually being shared, and that is different from most other things I’ve ever been involved in.”



A DECADE OF MAKING A DIFFERENCE: CITY OF LAKES FAMILY HEALTH TEAM CELEBRATES 10TH ANNIVERSARY

In 2008, the new City of Lakes Family Health Team (CoLFHT) clinic in Val Caron had its first patient walk through the doors. Ten years later, that patient is one of 20,000 who are served by the CoLFHT in one of four clinics in Sudbury, Val Caron, Walden and Chelmsford.

"Many of the patients we've rostered over the past ten years didn't have a family physician, so we've been able to help close the gaps in access to primary care in the Greater Sudbury community," says David Courtemanche, the Executive Director of the CoLFHT.

As the clinic celebrates its tenth anniversary this year, Courtemanche and the team at CoLFHT are reflecting on the milestone, and the impact the clinics have had on the community.

According to Courtemanche, of the approximately 125 family physicians in Sudbury, about 100 are located in the core of the city. Only 25 are located in surrounding areas, despite the fact that half the population of Sudbury lives there.

"Of those 25 physicians, 12 are part of our team," he says. "People living in the outlying areas of Greater Sudbury now have better access to primary care because our clinics are where they live. We think that's important."

In Sudbury, as in many communities in Northern Ontario, recruiting and retaining physicians and other health-care professionals was a challenge for decades. From the beginning, there was a desire among CoLFHT leadership to make the clinics teaching sites for NOSM as a solution to the shortage, says Courtemanche.

"Having students and residents come in from the Northern Ontario School of Medicine has really helped us increase our health workforce," he says. In fact, the past seven new physicians hired by the CoLFHT have all been graduates of NOSM, according to Courtemanche.

"Many residents and students from the Northern Ontario School of Medicine find clinical placements with us," he says. "The CoLFHT provides an attractive place for family physicians to establish a practice, particularly for new physicians who are drawn to team-based care."

The CoLFHT was approved by the Ontario Ministry of Health and Long-Term Care in 2005 as part of the first wave of new family health teams in Ontario.

At that time, most family physicians in Ontario worked alone or in small practices. Family health teams were a new model of primary care organizations that would include an interdisciplinary

team of family physicians, nurse practitioners, registered nurses, social workers, dietitians, and other professionals who would work together to provide primary health care for their community.

The CoLFHT is also a NOSM-designated clinical teaching site for health disciplines, with nurse practitioners, registered nurses and dietitians serving as preceptors for clinical learners.

And the interdisciplinary team is only one piece of the family health team puzzle. The CoLFHT offers after-hours clinics for patients with urgent concerns, as well as a variety of programs addressing priority health issues including geriatrics, diabetes, smoking cessation, mental health and addictions in which the patients have the opportunity to enroll.

"The establishment of multiple clinics delivering team-based care has redefined primary care in our community, and has helped to build a more sustainable local health-care infrastructure," says Courtemanche. "The Northern Ontario School of Medicine has played a major role in that, and I believe it will continue to for the next ten years to come."



Medical students from the Northern Ontario School of Medicine learn about nutrition and improve their cooking skills during one of the School's new Culinary Medicine Labs.

OUT OF THE CLASSROOM AND INTO THE KITCHEN

A new initiative at the Northern Ontario School of Medicine is taking medical students from the classroom to the kitchen.

During the 2017-18 academic year, optional Culinary Medicine Labs were offered to undergraduate medical students with an interest in learning more about nutrition.

"Research shows that the greatest predictor of patient nutrition counselling by physicians is the physician's own perceptions of nutrition and eating habits," says Lee Rysdale, Registered Dietitian (RD), Associate Professor in the Clinical Sciences Division and Practice Education Research and Evaluation Lead in the Health Sciences and Interprofessional Education Unit at NOSM.

"By supporting medical students and teaching these skills early on, we can foster healthy lifestyle habits which can be translated into physician practice and ultimately increase patient awareness of nutrition and healthy eating," she says.

Some Canadian medical schools have implemented voluntary or brief amounts of nutrition education into the undergraduate curriculum but there are currently no nutrition-related curriculum guidelines or pertinent objectives in the Medical Council of Canada licensing exam, according to Rysdale.

"Diet is the number one risk factor for chronic diseases, and plays a huge role in the prevention and management of these diseases," she says. "The Culinary Medicine Labs are a way to educate our future health-care providers about food and nutrition so they're able to competently and confidently approach and address these health issues," she says.

Rysdale organized the Culinary Medicine Labs with the help of fellow RD faculty and current interns with the Northern Ontario Dietetic Internship Program (NODIP) at NOSM.

The four labs were held in teaching kitchens at local high schools in Sudbury and Thunder Bay. Each lab focused on a specific theme: fad diets, weight stigma, and nutrition and the art of eating.

Registered dietitians and the dietetic interns presented a holistic approach to culinary medicine, and in each session the medical students were taught a combination of nutrition education, food skills and preparation, as well as counselling skills.

Students learned to appraise dietary patterns to determine whether they promote the "diet" mentality or flexible, individualized eating; to compare and contrast weight-focused versus weight-neutral approaches to care; and to understand how food can help with the

prevention and management of chronic conditions.

"Food and nutrition and diet are all part of lifestyle, and if physicians don't understand these lifestyle factors that influence chronic diseases, they can only help their patients to a certain extent," says Nicole Selman, one of NOSM's dietetic interns who assisted with the labs.

Another purpose of the labs was to educate medical students about the roles of registered dietitians.

"Not only do we want to improve their nutrition competence, we also want them to better understand the roles of registered dietitians in health care, as well as who to refer a patient to when it comes to nutrition and health," says Rysdale.

By bringing together medical students and dietetic interns, the labs also present an opportunity for interprofessional learning between two groups here at NOSM.

"It can be somewhat intimidating at first, because they're medical students, but it was a great opportunity for us to show that while we both have our own unique skill set, we do a better job for patients if we work together as a team," says Selman.



BUILDING A COMMUNITY OF PRACTICE: NOSM HOSTS FIRST PAN-NORTHERN PHYSICIAN LEADERSHIP FORUM

In February 2018, the Northern Ontario School of Medicine hosted Northern Lights, Northern Ontario's first Pan-Northern Physician Leadership Forum.

Northern Lights was the result of collaborations involving NOSM, the Ontario Medical Association (OMA), and the Associated Medical Services (AMS) Phoenix Fellowship Program, all of which share a commitment to physician leadership development.

"Developing leaders focuses on individuals, but leadership development is when we develop models of leadership within organizations," says Dr. James Goertzen, Assistant Dean of Continuing Education and Professional Development at NOSM and AMS Phoenix Fellow. "With Northern Lights, we are shifting towards leadership development in Northern Ontario."

The transition from leader development to leadership development requires a shift in the culture of collaboration and engagement within and between organizations, according to Dr. Goertzen. The goal of Northern Lights was to create a model of leadership development that specifically addressed the unique needs of physicians and health-care organizations in Northern Ontario.

"A lot of what we do in Ontario in terms of health care is pretty Toronto-centric, including leadership development, so we were looking at how we can take the existing models and make them work for Northern Ontario," he says. "One of our

biggest considerations in the North is geography, so bringing people together via a pan-northern physician leadership forum was a way in which we could address the isolation many physician leaders face due to the geographical challenges of living and practicing in Northern Ontario."

When organizing the forum, Dr. Goertzen says there was also a specific focus on ensuring those attending represented a cross section of communities, genders, career levels, as well as various hospitals and health-care organizations in Northern Ontario.

Northern Lights included 37 residents, new graduates, physicians in their early careers and experienced physician leaders from communities across the North, including Kenora, Dryden, Thunder Bay, Marathon, Sault Ste. Marie, Sudbury, Timmins, North Bay, Parry Sound and Manitoulin Island. It also included representatives from a range of health-care organizations including NOSM, the Northern Ontario Academic Medicine Association, the Physician Clinical Teachers' Association, OMA, Local Education Groups and Northern Ontario academic health sciences centres and teaching hospitals.

The rare opportunity to network and make face-to-face connections with other Northern Ontario physician leaders was the highlight of the event for many in attendance, according to Dr. Goertzen.

"Building collaborations is crucial to leadership development, and part

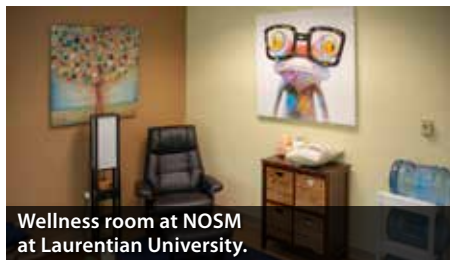
of that is bringing people together and giving them the opportunity to develop relationships," he says. "At Northern Lights, physicians at different phases of their leadership journeys were able to share perspectives, learn from each other, and start a dialogue for the development of a supportive community of Northern Ontario Physician leaders."

During the two-and-a-half-day event, participants completed the Physician Leadership Institute Course titled Engaging Others. The forum also featured guided discussions exploring strategies to support mutual engagement with guests from OMA, the Ontario Hospital Association and Health Quality Ontario, as well as the relationships between physician engagement, resilience, and burnout along with strategies to promote physician wellness.

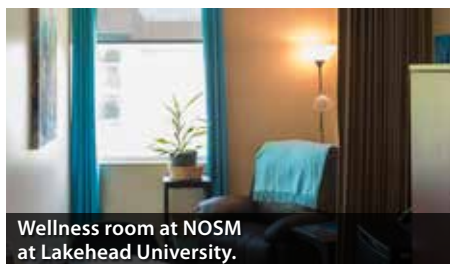
Planning for Northern Lights 2019 is already underway, says Dr. Goertzen, with the continued focus on creating a system-wide, collaborative network of physician leaders in health-care settings and organizations across the North.

"The ultimate goal is to develop a community of practice of Northern Ontario physician leaders," he says. "As we have a mandate to improve the health of people living in the North, we need to be using leadership development to assist us, and that means looking at a model of leadership development that's more collaborative and more responsive to the needs of people in our care."

ROOM TO BREATHE: PROMOTING MEDICAL STUDENT WELLNESS AT THE NORTHERN ONTARIO SCHOOL OF MEDICINE



Wellness room at NOSM at Laurentian University.



Wellness room at NOSM at Lakehead University.

Two new wellness rooms at the Northern Ontario School of Medicine are offering students and learners a space to help them cope with the day-to-day stresses of academics as well as home and family life.

"When you go into medicine, there are rewards, but there are also occupational hazards," says Cathy Schroeder, Senior Learner Affairs Officer at NOSM. "Students may have dealt with or seen things that have affected them, or they could be feeling burned out from a combination of academics, clinical and volunteer work."

This includes burnout, depression, and anxiety. She says the rooms are part of the NOSM Learner Affairs Unit's ongoing strategy to promote overall health and wellness among medical students.

"It is really important to have space for students that puts wellness at the

forefront," she says. "When your job is caring for others, it can be emotionally draining and very tough mentally. The whole field of medicine is dealing with this issue, and we want to show students it's okay to be having conversations about personal wellness and mental health; they need to take care of themselves and their colleagues."

There is one wellness room in each of the two NOSM medical school buildings. Existing office space was converted to student wellness space with the help of a generous donation to the School.

Both rooms have a reclining chair, which can be sectioned off by a curtain for privacy, a small table and chairs, a phone, a fridge and a small open space where students can practice yoga or mindful meditation. They also offer a private, comfortable space for learners who are breastfeeding.

"We've had a number of learners who are nursing mothers, and we're happy that the wellness rooms offer a comfortable space to pump, or to breastfeed if they have their child on campus with them," says Schroeder. "Wellness is broad, and we wanted to take a holistic approach so that these rooms cater to a wide range of needs."

Clare Shields, the donor who funded the two rooms, says she wanted to focus on student wellness because it's an underserved area for medical students, as well as those studying other health professions.

"In medicine, we tend to look at the patient, and focus on making them well and offering them the support they need, but we don't typically offer that same support to our colleagues," says Shields.

Shields, a former nurse whose late husband was a doctor and practiced in the Sudbury area, says she saw firsthand throughout her career and her marriage how little support there was for health-care professionals who were struggling with the stresses of their jobs.

"My hope is that these rooms give students the space they need to take a step back when they are feeling overwhelmed, as well as provide the necessary tools to cope in a healthy way with the stress of being a health-care provider and student," she says.

She says that supporting mental health and overall wellness among health-care professionals also serves as a contribution to the community.

"At the end of the day, if doctors and other health-care providers are healthy, they can provide better care for their patients," says Shields.

Research shows that medical students experience higher rates of psychological distress relative to age-matched peers. If you would like to support learner wellness, please contact NOSM's Advancement Office at advancement@nosm.ca or 1-800-461-8777.

Even before the Northern Ontario School of Medicine's (NOSM's) Charter MD class walked through the doors in 2005, the School engaged First Nations and Métis peoples from communities across Northern Ontario as part of its mandate to be accountable to the cultural diversity of the region.

Indigenous organizations were at the forefront of the widespread community movement advocating for the establishment of NOSM. Indigenous Partnership Gatherings were established 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 Gatherings regularly bring together stakeholders from treaty organizations, Elders, physicians, nurses and other health-care professionals with experience in Indigenous health settings to learn from their invaluable experience, and hear their feedback and ideas to move the School forward.

THE HISTORY OF THE SCHOOL'S INDIGENOUS PARTNERSHIP GATHERINGS, FROM THE FIRST GATHERING IN 2003 TO THE PRESENT.

2003

In June of 2003, NOSM hosted its first Indigenous Partnership Gathering in the Anishnaabeg community of Wauzhushk Onigum First Nation, near Kenora. The three-day gathering brought together over 130 delegates from Indigenous communities across the North. The report from this first "Follow Your Dreams" Gathering served as a blueprint for the establishment of the Indigenous Affairs Unit and the Indigenous Reference Group, as well as the development of partnerships with Indigenous communities so that all NOSM medical students have a mandatory four-week cultural immersion experience in their first year.

2006

NOSM and our Indigenous partners came together for the second time at Fort William First Nation in August 2006, after the School's Charter Class had just completed their four-week immersive Indigenous community placement. Nearly all of the Indigenous Local Community Coordinators were on hand to share their experiences of having medical students in their communities.

2008

In 2008, NOSM hosted its first Indigenous Research Gathering in Thunder Bay. This Gathering provided an opportunity for Indigenous peoples and health researchers—including researchers who themselves are Indigenous—to come together to acknowledge past experiences, conduct ceremonies for healing, generate future opportunities for positive and respectful relationships between Indigenous communities and researchers, and plan a new and positive path forward.

2011

NOSM and the Métis Nation of Ontario (MNO) co-hosted the School's third Indigenous Partnership Gathering in May 2011 in Sudbury. The MNO and NOSM have a range of common goals, and following the opening of the workshop, the two organizations officially announced and signed a historic collaboration agreement.

2014

In August 2014, Chapleau Cree First Nation hosted NOSM's fourth Indigenous Community Partnership Gathering. NOSM senior leaders, faculty and staff gathered to report on the tangible progress NOSM had made in implementing recommendations from previous partnership gatherings, and sought recommendations about how the School could refine its practices, activities and outcomes to ensure that NOSM continues to meet the needs of Indigenous peoples across Northern Ontario.

2016

NOSM welcomed delegates from Indigenous communities of Northern Ontario to the second Indigenous Research Gathering in 2016 in Sault Ste. Marie on the traditional lands of the Anishinabek Peoples of Baawaating. The two-day Gathering was organized to review past and present research practices, what researchers have learned about the important aspects of conducting Indigenous community research, and also reflect on the findings of the Truth and Reconciliation Commission as they relate to research.

2018

The fifth Indigenous Partnership Gathering will be hosted near Kenora on September 20, 2018.

2015

NOSM's Indigenous Affairs Unit held a historic Elder's Gathering on the traditional lands of Fort William First Nation in 2015, bringing together Elders from First Nations and Métis communities across Northern Ontario. The Elders discussed the purpose, function and responsibility of NOSM Elders and those on the Council of Elders. Through sharing and discussion, it was decided that the newly formed Ogichidaang Gagiigatiziwin—NOSM's Circle of Elders and Traditional Knowledge Keepers—will be guided in their work by the Seven Grandfather teachings: Nibwaakaawin (wisdom); Zaagi'idiwin (love); Minaadendamowin (respect); Aakode'ewin (bravery); Gwayakwaadiziwin (honesty); Dabaadendiziwin (humility); and, Debwewin (truth).

2017

On June 28, 2017, NOSM's Indigenous Affairs and Research Units co-hosted a one-day workshop on the traditional territory of the Fort William First Nation. Bringing together youth, Elders, community leaders, and government representatives the Pathways to Well-Being Workshop focused on strategies to promote life and life skills, and identify strengths of communities to address the crisis of youth suicide.



BEHIND THE SCENES: ELECTIVES

In each issue of *Northern Passages*, individuals share a “behind-the-scenes” look at the Northern Ontario School of Medicine. This edition features two members of the School’s Scheduling Unit, who share with us how they facilitate clinical rotations for NOSM learners, and engage with community stakeholders involved in clinical rotations.

Can you describe your role at NOSM, and how long you’ve been with the School?



Elise Rheume (ER): I’ve been at NOSM for 10 years and coordinating student placement for approximately seven of those years. My role as a Community Engagement Scheduling Coordinator is to facilitate clinical rotations

for Canadian visiting postgraduate residents and third-year undergraduate medical students’ core rotations in the North. I engage with community stakeholders, preceptors and others involved in the organization of clinical rotations, and I’m also involved in the recruitment of clinical placement learners to participate in the Northern Ontario Electives Program.



Tammy Blouin (TB): I’ve been with NOSM for almost 12 years, but I’ve been in this role since October 2014. As the Community Engagement Scheduling Coordinator for NOSM Learner Electives, I facilitate and coordinate the

scheduling of NOSM Undergraduate and Postgraduate medical clinical placements within Northern Ontario.

What is the most rewarding part of your role?

TB: The most rewarding part of my role is contributing in a positive way to the area of student support and NOSM Clinical Scheduling Team. My position is the link between learners and the various health-care professionals and groups that provide student support; this is essential in light of the changing settings of a clinical learning environment.

ER: One of the most rewarding aspects of my position is hearing from the learners after their rotation, and having them tell us that they had a great experience in one of our communities and would recommend NOSM to their peers.

In what ways does your work with Electives support the School’s mission and vision?

ER: The work in the Scheduling Unit supports NOSM’s vision and mission by providing hands-on clinical experience with knowledgeable faculty in rural, small urban and under-served communities. We also facilitate learner exposure to both Indigenous and Francophone patients.

TB: The School has a focus on social accountability, and I believe that as part of our mission we need to be accountable for the learners that embark on NOSM’s elective opportunities. Electives help learners to identify their areas of interest or potential specialty during their undergraduate years. They also can encourage a transition to practice in Northern, rural and under-served communities following residency.

What has been the most interesting part about your work with students?

ER: Seeing a visiting learner complete some of their undergraduate and postgraduate electives with us, and then seeing them become a NOSM faculty appointed physician who is actively teaching in one of our NOSM community has been a great experience for me.

From your perspective, what impact are NOSM students and learners having in Northern Ontario communities?

TB: As learners navigate through the wide variety of elective opportunities that are available to them, they are able to grow as a physician by building positive relationships with hospital staff and NOSM faculty within the communities; these connections also increase the likelihood that they will stay in the North following their residency, which will help increase capacity and build the health-care workforce in Northern Ontario. Through their electives, students and learners are also able to better understand rural settings, as well as recognize the medical needs within our Northern communities, which ultimately allows them to provide better care for their patients.

Gididaa Bimaadiziwin Wenji-Maamoobiiding



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



Through a vision imparted upon Elder Langford Ogemah, he gave to the School as he was directed, **Gaa-taa-gwii** (meaning “to join, to help”). The two eagle feathers symbolize the separate and unique physical locations of NOSM’s two host university locations - Lakehead University and Laurentian University. The red cedar base represents Mother Earth, who eloquently joins everything and everybody together. The black, red, yellow, and white ribbon signifies many races of human kind, who are part of NOSM as learners, staff, faculty, and the various advisory groups. Lastly, the four colours represent the four directions and overall, the symbolism of all of the parts represents interconnectedness regardless of physical location.

Contents

A Message from the NOSM Dean and CEO	4
EXECUTIVE SUMMARY	5
BACKGROUND	7
INTRODUCTION	9
Purpose and Objectives	10
GATHERING TOGETHER FOR LIFE AND WELLBEING	11
Presentations on NOSM Updates	12
Expert Panel Report Presentation and Recommendations by Dr. Lisa Richardson, University of Toronto	12
Admissions, Dr. Owen Prowse	14
Communications, Ms. Joanne Musico	16
Undergraduate Medical Education, Mr. Jeff Bachiu	17
Research, Dr. Penny Moody-Corbett	18
Postgraduate Education, Ms. Jennifer Fawcett	19
GATHERING TOGETHER FOR LIFE AND WELLBEING	21
Faculty Affairs and Continuing Education and Professional Development, Ms. Anita Arella	21
Indigenous Affairs, Dr. Darrel Manitowabi	23
PRESENTATION FEEDBACK	24
GROUP SESSIONS	27
Expert Panel Report Focus Questions	27
Theme One – Indigenous Health	29
Addressing the priorities:	29
Theme Two – Culture	31
Medical doctors working with Traditional Medicine	31
Theme Three – Communication	31
Effective communication with communities	31
Theme Four – Recruitment	32
Recruitment requirements	32
Challenges	32

Theme Five – Community Engagement	33
Communicate between gatherings	33
Models/Protocols to engage traditional medicine practitioners	33
Theme Six – Curriculum/Postgrad	33
Engage other health spaces (hospitals, clinics, etc.)	33
Indigenous Health Curriculum	34
Other Comments	34
CONVERSATIONS	35
INTEGRATED RECOMMENDATIONS ARISING FROM THE GATHERING	36
Expert Panel	36
Indigenous Structures/Processes within NOSM	36
Community Input	37
Theme One – Indigenous Health	37
Theme Two - Culture	37
Theme Three - Communication	37
Theme four – Recruitment	38
Theme Five – Community Engagement	38
Theme Six – Curriculum/Postgraduate	38
SUMMARY	40
APPENDIX	41
Chart of Responses	41
Indigenous Structures Processes	43
Community Input	44

A Message from the NOSM Dean and CEO

Dear Friends of NOSM,

The Northern Ontario School of Medicine (NOSM) has a social accountability mandate to be responsive to the health needs of the people and communities of Northern Ontario. From the very beginning, NOSM engaged the Indigenous peoples, communities and organizations in the region. In 2003, NOSM held a workshop titled *Follow Your Dreams*, hosted by Wauzhushk Onigum Nation near Kenora. This three-day Indigenous Community Partnership Gathering brought together over 130 delegates from First Nations and Métis communities across the North and served as a blueprint for the development of the Indigenous dimensions of the School.

From September 19-20, 2018, Wauzhushk Onigum Nation welcomed us again for NOSM's fifth Indigenous Community Partnership Gathering, *Gathering Together for Life and Well-Being*. Unfolding over two days, through ceremony, shared meals and conversation, the Gathering brought together more than one hundred Indigenous Elders, leaders and community members, creating a space for people to speak openly, and for difficult questions and issues to be heard and discussed.

In February 2018, NOSM engaged an Expert Panel on Indigenous Relations to review the relationships, structures and policies that exist between the School and Indigenous Peoples. Gathering participants had the opportunity to provide feedback on the Expert Panel's final report and recommendations, as well as direction on the plan for implementation. NOSM leaders, staff and faculty also reported back to communities on the actions taken in response to the recommendations made at the fourth Indigenous Community Partnership Gathering, *Walking the Vision*, in 2014.

It is with a deep sense of gratitude that we say *chi-miigwetch* to NOSM's Indigenous Reference Group and Indigenous Affairs Unit for their guidance in organizing this event. *Chi-miigwetch* to Wauzhushk Onigum Nation for hosting this valuable Gathering in their traditional territory. *Chi-miigwetch* to Tim Pile, Métis Nation of Ontario, for acting as Master of Ceremonies and to Sue Chiblow for facilitating the Gathering. *Chi-miigwetch* to Dr. Lisa Richardson for presenting the Expert Panel's final report and recommendations. And *chi-miigwetch* to everyone who travelled from across the North to share their knowledge and wisdom. We still have work to do, but with the guidance of Indigenous communities, NOSM will become a world-class example of how to produce physicians and other health workforce that provide culturally competent care to Indigenous peoples.

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



EXECUTIVE SUMMARY

The Northern School of Medicine (NOSM) hosted the 5th Indigenous Community Partnership Gathering titled *“Gathering Together for Life and Well-Being, Gididaa Bimaadiziwin Wenji-Maamoobiiding”* to assess progress on recommendations from previous Gatherings. The Gathering was held in Wauzhushk Onigum Nation on September 19-20, 2018 guided by their protocols. Participants were provided a forum to dialogue on presentations, evaluate NOSM’s progress and to discuss recommendations from the Expert Panel Report. Participants at the Gathering included Indigenous Leaders and organizations, the Métis Nation of Ontario, NOSM faculty and staff, Indigenous Elders and community members, and the Indigenous Reference Group (IRG).

The first day consisted of welcoming addresses by Wauzhushk Onigum Nation representatives, the Métis Nation of Ontario, and NOSM followed by presentations from NOSM’s faculty and staff. Each presentation generating discussion and recommendations by the participants. A key presentation was the summary and 44 recommendations from the 2018 Expert Panel on Indigenous Relations Report. This report collected and analyzed information through document analysis, interviews and a survey with ten key themes emerging as the focus for the development of recommendations that could assist NOSM with continuing to build trusting relationships with Indigenous peoples and communities.

Key recommendations generated from the presentations focusing on undergraduate medical education; faculty affairs and continuing education and professional development; and Indigenous affairs. General comments and recommendations included the need for a traditional healing program; the need for land-based learning; need for Indigenous medicines, a focus on the little ones; and to be part of the solution.



The second day consisted of wrapping up the presentations and small working groups sessions focusing on questions based on two categories with six themes to generate discussion and recommendations. The themes were based on previous reports for consistency purposes with one exception being focus questions for the Expert Panel Report. The other themes were categorized into community input on Indigenous health, culture, communication, recruitment, community engagement, and curriculum/ Postgraduate. Not all groups responded to all the questions but focused their expertise on different themes which produced answers to each question. Recommendations from the focus questions are categorized into the themes in chart format for easy access.

Since one component of NOSM's mandate is to increase the supply of physicians and other health professionals in Northern Ontario, recommendations on enhancing this from participants will assist NOSM in strengthening relationships with Indigenous peoples. The other component of NOSM's mandate is enhancing access to care and improving the health and well-being of the people in Northern Ontario including the health of Indigenous peoples. This mandate may prove to be more of a challenge as a significant recommendation is the need for land-based learning, cultural revitalization, and decolonization. NOSM is striving to meet the needs of Indigenous communities and has begun a successful program with CampMed that may provide an opportunity to address land-based learning and cultural revitalization.



BACKGROUND

The Northern Ontario School of Medicine (NOSM) is located in Northern Ontario and serves as the Faculty of Medicine of Laurentian University in Sudbury and Lakehead University in Thunder Bay. NOSM has a Social Accountability mandate and strives to be socially accountable to the needs and the diversity of the populations of Northern Ontario, including Indigenous communities. As part of this social accountability mandate, NOSM periodically hosts Indigenous community partnership gatherings attracting approximately 100 Indigenous community members, leaders, health professionals, and NOSM staff and faculty to each Gathering.

Historically, Indigenous peoples had processes for collaboration. These processes allowed for everyone to learn and experience from one another. This was the true form of democracy providing voices to communities to share and learn so that communities, and nations would remain strong – always improving relationships with future generations at the forefront of decision making. Many organizations and communities are revitalizing these processes in the form of gatherings to learn from one another in order to continue to have healthy, strong relationships. NOSM continues to work on improving its approaches to utilize community knowledge and skills to keep their relationship strong and progressive.

NOSM's mandate is to increase the supply of physicians and other health professionals in Northern Ontario, while enhancing access to care and improving the health and well-being of the people in Northern Ontario including the health of Indigenous peoples. Several gatherings have been held by NOSM for Indigenous peoples to provide recommendations on a path forward. These gatherings have generated the following reports:

- 2003 – Follow Your Dreams
- 2006 – Keeping the Vision
- 2011 – Living the Vision
- 2014 – Walking the Vision

These reports provided recommendations to NOSM to assist in fulfilling their social accountability mandate.

More recently, NOSM has engaged an Expert Panel to examine the relations, structures and policies that exist between NOSM and Indigenous peoples with the goal of building on NOSM's strengths as a medical school founded on principles of social accountability and community engagement ensuring strategies, processes, and structures are developed to deepen the relationships between NOSM and Indigenous peoples. The final report of the Panel was released September 2018.

NOSM continues to thrive at engaging Indigenous peoples providing opportunities to gather and discuss how NOSM can continue to move forward which is contingent upon strengthening relationships with Indigenous peoples.



INTRODUCTION

NOSM is a unique medical school in Canada. It serves as the Faculty of Medicine for two universities (Lakehead and Laurentian) and provides the academic affiliation for two Academic Health Science Centres: Health Sciences North (Sudbury) and Thunder Bay Regional Health Science Centre. In addition, NOSM has a very broad reach in communities in Northern Ontario with approximately 1700 faculty members and more than 1000 learners distributed in more than 90 communities, including over 45 Indigenous communities. Together with our partner organizations, and NOSM's mandate of social accountability, it is in a particularly key position to impact change in the communities it serves.

The inaugural *Follow Your Dreams* workshop was held in Wauzhushk Onigum Nation in 2003. Three subsequent NOSM Indigenous Community Partnership Gatherings were held, *Keeping the Vision* at the Fort William First Nation in 2006, *Living the Vision* in Sudbury in 2011 (in partnership with the Métis Nation of Ontario), and *Walking the Vision* in Chapleau Cree First Nation in 2014. In addition, NOSM held Indigenous Health Research Gatherings in 2008 in Thunder Bay and the 2016 in Sault Ste. Marie.

The fifth Gathering was held in Wauzhushk Onigum Nation on September 19-20, 2018 to assess the progress to date and make recommendations going forward in addressing specific issues with respect to educating future health-care professionals. The Gathering consisted of specific themes designed to engage participants in small group discussions.



Purpose and Objectives

The primary objectives included:

- Providing a forum for Indigenous peoples to communicate the desired role within NOSM;
- Provide an update on activities since the previous Gathering;
- Evaluate NOSM's progress in relation to its Indigenous community partnerships;
- Continue to elicit input from Indigenous peoples on the development of an Indigenous Community Health Postgraduate (residency) program at NOSM; and
- Discuss and reflect on the recommendations from the Expert Panel Report.

These objectives were consistent with the first four Gatherings, with the exception of the fifth objective.

The Gathering was designed to provide presentations followed by small group sessions. The small group sessions focused on specific themes with questions to generate discussion and provide opportunities to generate recommendations to NOSM.

The Gathering brought together representation from Indigenous leaders and organizations, the Métis Nation of Ontario, faculty and staff from NOSM, Indigenous Elders and community members, and the IRG (Indigenous Reference Group).

In keeping with Wauzhushk Onigum Nation's traditions, the gathering began with ceremony.

DAY ONE

GATHERING TOGETHER FOR LIFE AND WELLBEING

In keeping with Wauzhushk Onigum Nation's traditions, the gathering began with opening ceremonies following a welcoming address. The Wauzhushk Onigum Roundhouse was filled with the smell of smudge and the sounds of drums.

The Wauzhushk Onigum Elder, Ida Skead opened in Anishinaabemowin sharing the history of the long house.

Chief Chris Skead welcomed participants referencing the importance of water to all life.

Karen Kejick on behalf of Ogichidaa Francis Kavanaugh of Treaty #3 spoke of the natural laws and racism in the health field and the need to continue to learn and teach about racism.

Dr. Roger Strasser, NOSM Dean and CEO, acknowledged Wauzhushk Onigum's territory, sharing information that NOSM's mandate is based on social accountability which stems from community engagement. He reiterated the importance of relationships and partnerships with Indigenous Peoples and welcomed the participants.

Theresa Stenlund, Métis Nation of Ontario provided greetings to all participants and acknowledged the territory of Wauzhushk Onigum.

Rory McMillan, from the Council of Kenora also acknowledged the territory and brought greetings from the City of Kenora Mayor and Council. He spoke of relationships and partnerships being extremely important and was honoured to be in the lodge.

Drs. Shannon Wesley and Chuck Branch, Indigenous Reference Group Co-Chairs, provided acknowledgements and indicated that we must acknowledge the past and move forward together.

Dr. Catherine Cervin, NOSM Vice-Dean Academic, provided a background of her position, explaining these types of gatherings are why she was drawn to NOSM. She stressed the importance of hearing from the participants and also provided acknowledgements.

Elder Phyllis Shaugabay, NOSM Elder reminded the participants of the importance of this gathering. She explained the importance of ceremony, language, and protocols. Elder Phyllis reminded participants of the importance of working together and helping each other.



Presentations on NOSM Updates

Expert Panel Report Presentation and Recommendations by Dr. Lisa Richardson, University of Toronto

Dr. Lisa Richardson provided an overview on the Expert Panel Report 2018 prepared by herself, Dr. Marcia Anderson, Dr. Sheila Cote-Meek, and Dr. Jerry Maniate. The Executive Summary and Recommendations from the Expert Panel Review were provided to participants in their packages.

The overarching goal of the review was to build on NOSM's strengths as a medical school founded on principles of social accountability and community engagement, and to ensure that strategies, processes and structures are developed to deepen the relationships between NOSM and Indigenous peoples upon a strong foundation of trust and respect. This includes addressing experiences of systemic racism, such that the roles, responsibilities and actions undertaken by all aim to strengthen the relations while supporting improvements to Indigenous health across Northern Ontario.

The Expert Panel collected and analyzed information through document analysis, interviews and a survey from which ten key themes emerged as an area of focus for the development of recommendations that could assist NOSM.

Under these themes, 44 recommendations were produced. Dr. Richardson highlighted key recommendations as follows:

- Indigenous learners need support on campus, by their communities and need to be connected to other Indigenous learners;
- There needs to be a mandated cultural safety education program for everyone in NOSM;
- There needs to be role clarity around who supports Indigenous learners;
- Pieces are missing in the current curriculum. “Power & privilege” needs to be understood. There needs to be anti-colonial processes and anti-racist processes;
- More communication and clarity related to students’ placements in Indigenous communities;
- Create an academic unit focused on Indigenous health;
- An Indigenous Health Workforce Development Plan should be developed and implemented;
- Formalize a process for faculty appointments of Elders;
- The current IRG should be dissolved and embedded in the Board of Directors;
- Elders need to be integrated into the Board to include the diverse First Nations and Métis populations;
- There is a need for a recruitment process for the Board as positions are not always filled;
- Bilateral negotiations need to take place among key leaders and organizations (ex. Treaty #3);
- A formal Code of Conduct should be developed to help in dealing with performance management.

STUDENTS ARE ASSISTING WITH MENTORSHIP AND RECRUTIMENT



Admissions, Dr. Owen Prowse

Dr. Owen Prowse provided an update on admissions focusing on the recommendations from the *Walking the Vision* Gathering in 2014. The admissions mandate is to have class profiles which reflect the demographics of Northern Ontario who are likely to succeed in the northern and rural learning environments, including all applicants from Northern Ontario, rural and remote areas in the rest of Canada.

Roughly 2100 applicants for 64 seats apply each year to NOSM and 320 applicants are selected for an interview assessed by community assessors basing the review on GPA, context and community scores.

At the *Walking the Vision Gathering* in 2014, several recommendations were provided and NOSM admissions has done the following to meet those recommendations for:

Admissions

- Information Sessions are held in person and online;
- Support for “non-admitted” students is available;
- Grades 1-6 event is a priority for camps, mentorships, and information exchange;
- Session offered to Community Coordinators;
- Tool kit is ready and available to NOSM students;
- Indigenous Affairs Unit;
 - Mentorship program;
 - MMI Workshop;

- Work with Indigenous Liaison and Recruitment Offices and regularly interact with teachers and Guidance Counsellors;
- Increased Use of Social Media;
- All information sessions are available online and through video-conferencing;
- New calendar of events will appear on our new website shortly.

Recruitment

- Significant Presence on Facebook, Twitter, Instagram and LinkedIn;
- #SAYYESTONOSM campaign;
- CampMED Insta- takeover;
- Social Media Plan in place;
- Made three recruitment videos this year;
- CampMed focused;
- Inspiration focused;
- Why NOSM focused.

Youth Programming

- Discovery Days;
- IAU hosted Community Camps;
- Recruitment Plan includes at least one grade 1-6 event each year;
- CampMed rebranded and updated curriculum;
- KEY: NOSM students in community.

One important message from this presentation was that current students are assisting with mentorship and recruitment.



Communications, Ms. Joanne Musico

Ms. Joanne Musico provided information on communications and how they have used the recommendations from the *Walking the Vision* Gathering in 2014 to guide the work being done by NOSM's communication department. The goals and objectives are based on the 2014 report feedback.

Increase targeted communications between NOSM and Indigenous media and audiences by:

- enhancing content and delivery of content for, and about, Indigenous peoples;
- actively sharing more stories regarding Indigenous peoples on NOSM's social media channels (Facebook, Twitter, Instagram); and
- improving communications to youth audiences through the use of web-based communication tools and social media interfaces.

Increase targeted communications between NOSM's Indigenous Reference Group and Indigenous audiences by:

- collaborating with IAU to provide general communications support at quarterly IRG meetings; and
- facilitate ability of members to share NOSM publications with their representative organizations and other Indigenous audiences.

Enhance communication between the Indigenous communities and NOSM using multi-media channels:

- increase appropriateness of content, delivery, and presentation;
- enhance use of internet technologies - innovative, interactive, and up-to-date; and
- increase use of multi-media channels.

Ms. Musico also indicated they will continue to work with IAU and IRG on communicating effectively.



Undergraduate Medical Education, Mr. Jeff Bachiu

Mr. Jeff Bachiu presented on the NOSM Doctor of Medicine (MD) Program (also known as Undergraduate Medical Education, UME). His presentation included details on the following:

Philosophy of Education	Curriculum	Governance	Indigenous Faculty
Self-directed learning	Module 106	ICEPIC (Indigenous Community Experience Preparation & Implementation Committee)	Newly hired full-time Indigenous faculty member
Content & context	Notern & Rural Health		Approx. 40+ stripeniary faculty self-declared Indigenous



Research, Dr. Penny Moody-Corbett

Dr. Penny Moody-Corbett presented on the research recommendations from the *Walking the Vision* 2014 Report, the Research Office, relationships and connections, and activities.

The recommendations included communication, sharing, development, involvement, encouragement, and engagement.

Dr. Moody-Corbett provided information on who is in the Research office and discussed the relationships and connections among the IRG and IAU, the NOSM Elders and the many other Indigenous people who have helped. She highlighted the *Indigenous Research Gathering* in 2016; the *Pathways to Well-Being* in 2017; and the *Bonds Across Borders: A platform focused on Indigenous health* in 2018.

Also, in the presentation was the Advisory Committees to the Associated Medical Services (AMS) – NOSM Research Chair in History of Medicine in Indigenous Health and Traditional Healing and the Heart and Stroke Foundation – NOSM Research Chair in Indigenous and Rural Health.

Dr. Moody-Corbett shared the updated NOSM website for Indigenous health research.



Postgraduate Education, Ms. Jennifer Fawcett

Ms. Fawcett presented on Postgraduate Education and Indigenous Health beginning with a brief introduction of who she is. She explained how Postgraduate Education fits into the NOSM program after the students have become MDs. She explained the residency programs of family medicine including the rural stream and that the 3rd year of family medicine enhanced skills in emergency medicine, anesthesia, maternity care, care of the elderly, etc. She also described the Royal College specialties, specifically general internal medicine, general surgery, pediatrics, orthopedic surgery, public health and preventive medicine, psychiatry, anesthesiology, and obstetrics and gynecology.

NOSM Postgraduate Approach

Work together for shared outcomes.

Significant acceleration needed.

Indigenous people at table and in all parts of the process.

Respect the right to lead with culture.

Transformational whole-scale change driven by community.

Collectively acting in our shared interests.

Spaces occupied are interdependent.

Ms. Fawcett reviewed the recommendations specific to the postgraduate education from the *Living the Vision* 2011 and *Walking the Vision* 2014 reports. She expressed that they have listened to those recommendations and are now implementing the following:

- Engaged more Indigenous MD Leadership with Postgraduate Programs;
- Indigenous Resident Self Declaration Process Began;
- Initiated a Remote First Nations Residency Stream;
- Tri-party (NOSM, Matawa First Nations Management and Eabametoong First Nation) shared decisions and oversight with guiding principles including:
 - Joint Selection Process;
 - Curriculum Planning Circle.

She described the other progress that has been made from the *Walking the Vision* 2014 report highlighting that all postgraduate residents must attend an Indigenous Health Academic Half Day led by Dr. Doris Mitchell, Brunswick House First Nation and NOSM graduate. She also outlined other developments such as the collaborations with the University of Toronto (Psychiatry and Ob/Gyn) and Ottawa/Nunavut (Pediatrics) and the partnership with the University of Manitoba.

Ms. Fawcett conveyed future endeavors are:

- Being responsive to the Expert Panel Recommendations;
- More communities/Indigenous organizations involved; expansion of remote First Nation residency stream and other program clinical options;
- More intentional curricular outcomes led by Indigenous people;
- More supports for Indigenous residents; and
- Better health outcomes for Indigenous People, graduating culturally safe practitioners.

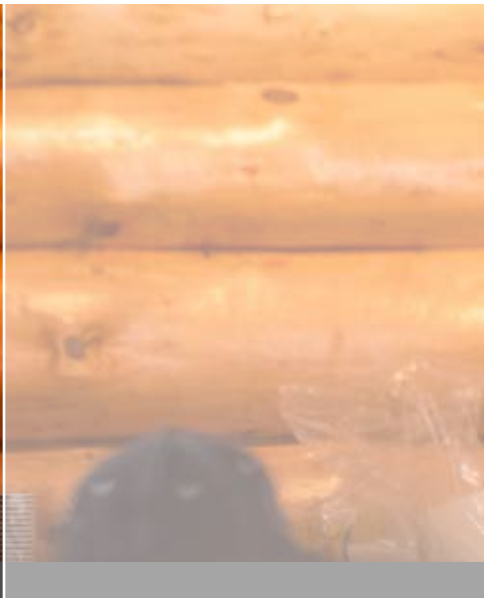
Day one ended with a Welcoming Feast
at the Powwow Island Youth and Elder Building.

DAY TWO

GATHERING TOGETHER FOR LIFE AND WELLBEING

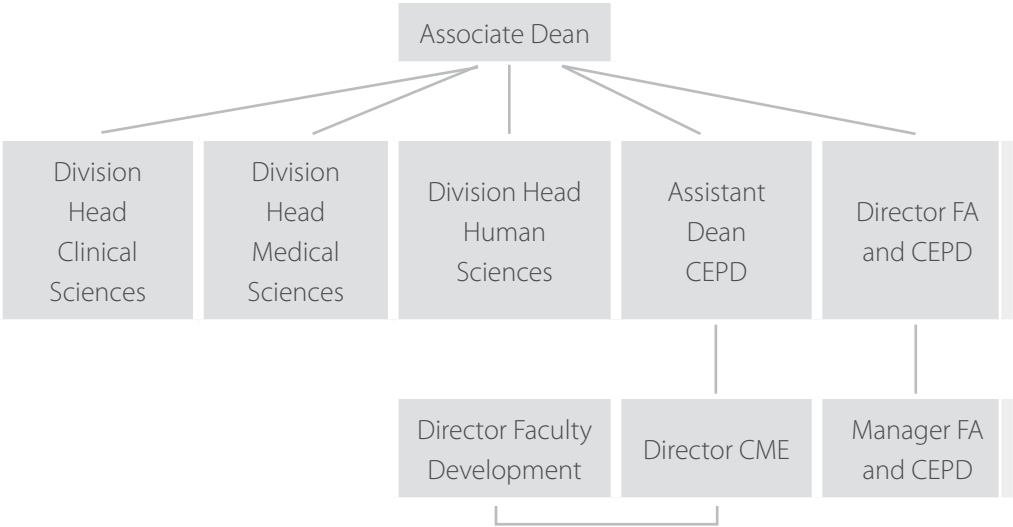
Day two followed protocols of Wauzhushk Onigum Nation with a Sunrise Ceremony and a Drum Ceremony.

Presentations on NOSM Updates Continued



Faculty Affairs and Continuing Education and Professional Development, Ms. Anita Arella

The organization chart was presented.



Ms. Arella provided information on Indigenous faculty focusing on:

- the strong relationship between CEPD and Indigenous Affairs;
- recruitment of Indigenous faculty is a priority;
- there are over 35 self-identified Indigenous faculty though identification isn't consistently disclosed by faculty members;
- they have developed a process whereby the names of new Indigenous faculty are shared with Indigenous Affairs for the purpose of welcoming new recruits; and
- engagement/involvement is ongoing; and CEPD aims to offer sessions that meet the needs of Indigenous communities.

She gave details on the strategies to ensure social accountability such as including new Clinical faculty members with peer mentors (requests for Indigenous mentors will be honoured to the best of NOSM's ability) and weekly communiqués and newsletters are issued to staff to keep them informed.

Ms. Arella explained the priorities from the last Indigenous Gathering are relationship building, funding and culture. She described how the FA CEPD has partnered with the Research portfolio to take an inventory of current research activity and the information will be used to streamline Northern Ontario Academic Medicine Association reporting and for strategic planning purposes and identifying ongoing research needs within our communities.



Indigenous Affairs, Dr. Darrel Manitowabi

Dr. Manitowabi provided details on NOSM's commitment to work in partnership with Indigenous peoples and communities through a vision imparted upon Elder Langford Ogemah. NOSM has six positions in the Indigenous Affairs Unit (IAU). He highlighted all the reports that have been done in the past with numerous recommendations.

Dr. Manitowabi explained the Indigenous Reference Group's (IRG) accountability mechanisms to provide leadership to NOSM in the areas of Research and Administration issues in order to promote excellence in higher learning and ensure appropriate reflection and inclusion of the Indigenous world view(s). The IRG serves as the primary resource for the School of Medicine in fulfilment of its social accountability mandate concerning inclusion of both Indigenous learners and the Indigenous world view(s) in the education it provides.

He shared the purpose, function, and evolution of NOSM's Indigenous Elders.

Dr. Manitowabi provided details on the following:

- Walking in Two Worlds Community Based Health Science Camps Program;
- Indigenous Multi Mini Interview Workshop;
- Tutorial Program; and the
- Indigenous Faculty Mentoring Program.

He wrapped up the presentation by providing responses to the Expert Panel's recommendations as follows:

- Increase student support;
- Enhance IAU (integrate an academic unit);
- Clarity of role with other units and in NOSM;
- Support network with Indigenous faculty;
- IAU leadership at both campuses;
- Improved communication within via meetings;
- Support Elders through IAU;
- Cultural safety.

PRESENTATION FEEDBACK

During the presentations, participants provided comments and recommendations, which are listed in the following table.

Presentation	Comments	Recommendations
Undergraduate Medical Education	<ul style="list-style-type: none"> Curriculum needs to be designed and taught by Indigenous peoples. We have our own medicines that are not addictive. 	<ul style="list-style-type: none"> Integrate community coordinators into the modules. Need specific numbers on Indigenous physicians, staff etc. and provide this regularly – twice yearly and at future gatherings.
Faculty Affairs and Continuing Education and Professional Development	<ul style="list-style-type: none"> 10 years is too long. Lack of Indigenous faculty. Can't say we don't have the money for more Indigenous faculty. Where is the process to have students work with us? Why is it hard for doctors to work in our communities? 	<ul style="list-style-type: none"> Need a short-term plan and remedy. IRG needs full time faculty that speaks Anishinaabemowin. Need to support Indigenous faculty. We do not support on-line Indigenous learning or cultural safety training – i.e. face-to-face teaching is required to be effective The IRG Elders are here to assist, utilize them.
Indigenous Affairs	How are we creating our own health care models?	<ul style="list-style-type: none"> After students graduate, have them work in the (106) communities they attended as students. Track where the Indigenous students go after graduation – communicate back to communities. Track how many NOSM graduates are serving First Nation communities – communicate back to communities. Develop our own health care system, we need our own medicines, we have our bundles, we have our own knowledge.



Some participants spoke in Anishinaabemowin and without a translator important information was not captured but with the basic understanding of Anishinaabemowin, the participant did speak of our own health care systems, medicines, and the need to revitalize these.

Elder Phyllis Shaugabay, NOSM Elder provided details from the participant who spoke Anishinaabemowin reiterating information about the Papal Bulls and treaty making. She explained that we had our own ways and we need the bundles and lodges as part of our ways. She spoke of the pharmaceuticals that are in our communities destroying our people and how the current health system does not work for us as it is not designed for us and keeps us number one in all the statistics like diabetics, suicide, etc.

We need a traditional healing program
We need land-based learning
We have our own medicines
We need to focus on the little ones
We need to be part of the solution



Other participants comments included:

- We need land-based learning – we have the power to do this, we have to pick this up, our communities can do this;
- We need a traditional healing program.
- We have our own medicines to deal with everything.
- The colonial structures and systems have to change.
- Medications make people forget not allowing them to deal with trauma and issues.
- We need to focus on the little ones (under 12) because they are sponge.
- Are we part of the problem or are we going to be part of the solution?
- We have to heal ourselves first, then we can heal others.
- How can we put a square box into a circle – the circle is the circle of life, we all have responsibilities in the circle.
- A rattle (shaker) story was shared when this is used for babies.
- How the government breaks down funding leaving the communities with the smallest piece was shared.
- Student placement is important.
- Students should learn about smudge as now scientists have proven that smudge kills bacteria.
- Many participants shared stories about morality, teachings and carrying our own knowledge.

GROUP SESSIONS

Immediately following the open forum on the presentations, participants broke into 12 small working groups to discuss a series of questions designed to generate discussion and recommendations in two categories: Expert Panel Report and Community Input. Six themes were under the section Community Input following the themes of all previous reports.

A listing of the sections and themes follows, together with a selection of related feedback. Not all groups answered each section or each question due to time constraints and the groups choosing where to focus their expertise.

Expert Panel Report Focus Questions

- Need to look at existing structures so they work for everyone and include community voices.
- It's one thing to have a voice and another to be heard. Actions are needed to demonstrate how our voices are being heard.
- Need more representation on the Board and more Indigenous faculty.
- There is a need to have people come into the communities and experience the health care.
- Cultural competency must incorporate respect, truth, spirituality, and our roots – the Grandfather Teachings. This should be mandatory and taught by an Indigenous person who has lived it.
- Physicians need more education about traditional medicines.
- Students should research the communities.
- Has NOSM increased the numbers of doctors in the North?
- Indigenous Knowledge is identity, our Elders, our Ancestors, how/what our Elders teach. It is a system to transfer knowledge, it's about spirituality, and ceremonies are integral.
- Anti-colonial process & anti-racist process.
- Power and privilege.
- Organization and community leaders need to commit to renewing negotiations with communities (bi-lateral negotiations).
- Indigenous peoples need their traditional foods when healing.
- Role clarity around who supports Indigenous learning.



- Communication is important.
- Oppression is a determinant of health.
- Indigenous Structure/Processes within NOSM.
- Indigenous peoples need to be at the table.
- Connect to Indigenous peoples have a real voice at the table.
- Traditional way of life is paramount.
- How does FNIHB override doctors – for example – a clerical person can refuse a medivac that a doctor has ordered.
- Need to deal with racism – how do we breakdown privilege.
- Deconstruct colonial mindset.
- Cultural safety means sitting with Elders, smudging.
- Students need to live the oath.
- Community Input



Theme One – Indigenous Health

- Health priorities mentioned (are not in order)
- Suicide – depression, mental health
- Cancer
- Cardiovascular (heart disease)
- Additions (especially youth) – drugs & alcohol, prescription drugs
- Diabetics (limb loss) – child obesity
- Methadone clinic
- Skin problems
- Loss of belonging
- Mold in homes, shortage of homes
- Water treatment plants – boil water advisories
- STDs, HIV, Herpes
- Loss of culture
- Disconnect from family
- Elder Care – Senior safety
- Legalization of cannabis
- Mercury poisoning
- Misdiagnosis due to doctors not listening and demonstrating prejudice



- Early diagnosis
- Prevention education
- Fee for service vs salary for physicians
- Supportive housing and long-term care
- Thunderbird group addressing holistic needs of person
- Food is medicine
- Land based activities, cultural revitalization, re-introduce traditional laws, community driven
- NOSM research needs to be driven by the community
- Solutions need to belong to the community

Theme Two – Culture

Medical doctors working with Traditional Medicine

- Needed in all spaces, hospital, class room, health care, etc.
- The Elders are the bridge for these two
- Understand how to engage traditional healers
- Need to teach culture and spirituality – role of ceremony in health care
- Need language revitalization
- TK & medicine are sacred – should only be for Indigenous learners
- Need to shake up their worldviews
- Decolonization of health practice needs to be in curriculum
- Focus on values of traditional practices
- Need to link spirituality to scientific principles

Theme Three – Communication

Effective communication with communities

- Build relationships with political organizations
- Newsletter to communities
- Universities to look at social determinants

Theme Four – Recruitment

Recruitment requirements

- Children need early exposure to doctors
- Face-to-face engagement
- Science-based camps for grade schools
- Role-model programs - mentorship
- Summer jobs interfere with CampMed

Challenges

- Doctors coming in one week at a time
- Clinics staking claim and not taking new people
- Lack of training in rural communities
- Lack of willingness to train or take professional development
- Entitlement is a problem
- Self-esteem
- Sponsorship and funding
- Struggles with staying in high school
- Limited resources – human resources – environmentalists

Theme Five – Community Engagement

Communicate between gatherings

- More reciprocal communication
- If no action is taken on a recommendation, community needs to know why
- NOSM needs to seek advice from communities
- People need to know what NOSM is really doing
- Lack of visibility

Models/Protocols to engage traditional medicine practitioners

- There needs to be acceptance and understanding of traditional ways
- Alaska/ New Mexico – traditional healers work with MDs
- Indigenous peoples need to see themselves in institutions
- Communities need to do a scan of what is happening in the communities to share with NOSM so they can set up booths

Theme Six – Curriculum/Postgrad

Engage other health spaces (hospitals, clinics, etc.)

- Make room for traditional ways
- Acknowledge the existence of Anishinaabe society prior to contact
- Institutions need to understand change is needed
- One-time learning is not enough
- Understanding depends on the ability to be compassionate
- There needs to be a system in place to address infractions (cultural violations)
- Decolonize the health system
- Important to have dialogue on which health system people want: western or traditional
- Need to legitimize and give value and credibility to our Indigenous ways
- Too many health professionals do not value traditional ways
- Indigenous navigators

Indigenous Health Curriculum

- Indigenous people must be involved including Elders
- Students have raised concerns about the way the curriculum is delivered by non-Indigenous faculty
- Indigenous content should not be taught online
- The admissions process needs to be revised

Other Comments

- Budgets and funding need to be addressed
- The far north is being left out

A statement was created by one group:

"NOSM commits to having Indigenous led curriculum written, developed, approved, and delivered by Indigenous faculty who are connected to the community."



CONVERSATIONS

During the event, there were many one-on-one conversations about NOSM, the IRG, the Elders, curriculum, recruitment, Indigenous health, Indigenous medicines, and communications with participants.

Feedback received from these conversations were:

- The IRG and Elders appear to be tokens
- Lack of communication between faculty, Dean, IRG/Elders
- Need a circle with graduates
- NOSM does not give them recognition for processes developed
- Is the public aware of IRG/Elders?
- We have provided advise, how do they report back to us on this advice?
- Need an Elder on the board and an Elder should be at every meeting and event
- Do not dismantle the IRG/Elders
- We need our own health system
- There is historical knowledge of treatments for all health issues
- Pharmaceuticals drive western medicine – how does this help us?
- Don't know who you can trust when sharing knowledge on medicines – pharmacies overharvest
- We need land-based learning
- I still have connections to the lands, I know medicines, I know our ceremonies
- We need to teach our young to take care of the medicines
- We have protocols for sharing knowledge
- Curriculum has to be driven by us in all aspects
- We need to be involved in recruitment
- We need land-based healing
- We need to keep talking and learning together

INTEGRATED RECOMMENDATIONS ARISING FROM THE GATHERING

Expert Panel

- Connect Indigenous learners to other Indigenous learners for support.
- Mandated cultural safety education learning for everyone in NOSM.
- Create an Indigenous academic unit to be embedded into curriculum.
- Develop an Indigenous health workforce plan.
- Faculty appointments of Elders.
- IRG -subcommittee to board of NOSM.
- Need a recruitment process for Elder positions on the board.
- Integrate Elders to the board.
- Formalize a code of conduct (performance management).
- Provide copies of 106 students presentations to the communities.
- Develop awareness of First Nation communities for 106 students with the communities so students are prepared to enter the community.
- Have community members present at the orientation sessions before students enter the communities.
- Develop an understanding of the long term impacts of the 106 Module.
- Develop better partnerships with hospitals to provide traditional foods to patients.
- Develop a template for Indigenous communities to complete regarding the progress made in their communities as a monitoring tool.
- NOSM should use local media outlets and videos for communicating their progress.
- Do exit interviews for doctors that leave.

Indigenous Structures/Processes within NOSM

- Develop a subcommittee on Indigenous health.
- Have an Indigenous Associate Dean.
- Have an Indigenous scholar for CEPD for Indigenous faculty.
- Contact Richard Mathews for bioethics.
- Develop conflict resolution for faculty.
- Have a council of Elders as a panel for final exam on the 106 module.
- Develop a decolonization package with booklets, for all the Nations for all in NOSM.
- Develop a program that produces doctors with two world views.

Community Input

- Develop land-based learning, cultural revitalization, drug abuse strategy driven by community, re-introduce our laws, opioid replacements, basic life skills, clarifying proper use of cannabis, harm reduction strategies, supervised injection sites.

Theme One – Indigenous Health

- Develop holistic approaches to healing.
- Develop educational materials on prevention for all diseases and about traditional foods geared for all audiences.
- Have interpreters for patients and doctors.
- Need more Elder teachers.
- Expand view of family in hospitals and health care for extended family.
- Don't leave Elders alone.
- Take pop vendors out of schools.
- Assist with having staff in health clinics from the community.
- Have team of professionals visit people in the hospital when they are sick.
- NOSM should be involved in training navigators.
- Research
- Have a process for conducting and asking permission to do research.
- Research has to be community driven.
- NOSM needs to be supportive, encouraging, enforcing community driven research.
- Develop team-based approaches to research.

Theme Two - Culture

- Land-based learning is needed.
- Have Indigenous medical clinics.
- Have students in 106 learn about traditional medicine collections.
- Develop anti-racism training for all NOSM staff including janitors.
- Have First Nations and Métis teach their cultures and teach more culture.

Theme Three - Communication

- Build relationships with Indigenous Organizations, UOI, AIAI, Grand Council of Treaty #3, NAN.
- Go to these organizations meetings and make a presentation.
- Draft a newsletter to the communities.
- Produce flyers, bulletins for information.
- Utilize Indigenous radio stations ex. Wawatay Radio.

- Have more Indigenous physician mentors.
- Review current mentorship program to extend to 4-year mentorships.
- Participate in the Chiefs of Ontario Health Forum.
- Do presentations to communities.
- Site visits by SFL members.
- Utilize community individuals to teach NOSM students until the faculty gap is filled.
- Classroom learning by community teachers using telemedicine networks.

Theme four – Recruitment

- Public campaign to raise awareness.
- Go to the communities.
- Reach out to new health clinic in Big Trout.
- Leave a gift in the community to remind them ex. Flag.
- Start recruitment programs at grade school.
- Formalize a role-model program and include Elders.
- Continue with Discover Day and CampMed but need special sessions for high-school students.
- NOSM can use the native nursing entry model to help Indigenous students with prerequisites for medical school.
- Use guidance counselors in school to assist with communication.
- Don't need French on recruitment for Indigenous communities.
- Raise monies for high-school students to receive bursaries – have sponsorships to high-achieving high school students.
- Let communities know where the 106 students are practicing.
- Attend conferences, powwows, health fairs, career days.

Theme Five – Community Engagement

- Report back at least two times per year.
- Provide a NOSM report card to the community – include statistics on Indigenous students.
- Be part of the Road Warriors as other colleges and universities do (Other Colleges and Universities go on the road to promote their institutions as a means of recruitment).
- Have students create a video blog related to 106 – post on NOSM website.
- Develop posters of students and Indigenous faculty for different events.

Theme Six – Curriculum/Postgraduate

- Ensure Anishinaabe Institutions are visible (sacred teachings, ceremony)
- Cultural safety learning needs to be on-going and agreements with other organizations can be

made to assist with this.

- Indigenous faculty must be involved.
- Admissions needs to understand cultural sensitivity.
- Do not teach cultural safety on line.
- At admission, students should be required to sign a contract with NOSM making them accountable to NOSM mandate and the Indigenous communities.
- NOSM should tap into the Indigenous faculty at Laurentian and Lakehead Universities.
- Develop Social Accountability Mandate awareness training for communities.
- Ensure culturally awareness at interview processes.
- Create a safe space for students and faculty that experience racism.
- Develop an Indigenous Health Clinic.
- Engage other health spaces to support cultural sensitivity.

SUMMARY

The Gathering started and finished with ceremony which is fundamental to the existence and wellbeing of Indigenous communities. Starting and finishing with ceremony reminds people of the importance of Indigenous ways.

NOSM has addressed many recommendations from previous workshops, continuously striving to engage communities to enhance their processes by hosting workshops to listen to community participants. Several presentations listed how recommendations from previous Gatherings were addressed. The reporting back to the communities on how the recommendations were addressed is continuous engagement which is a sign of a healthy relationship established with Indigenous peoples.

Key recommendations from the presentations in this Gathering related to undergraduate medical education; faculty affairs and continuing education and professional development; and Indigenous affairs. General comments and recommendations included the need for a traditional healing program; the need for land-based learning; the need for Indigenous medicines; a focus on the little ones; and to be part of the solution. The presentations generated good discussions and the timeline was constrained as some of the presentations were moved to the following day decreasing the amount of time for small group discussion.

Participants were engaged in the small group sessions providing recommendations and comments on different themes. Small group sessions provide opportunities to generate fruitful discussions and should be a component of future gatherings. Unfortunately, due to time constraints not all questions in the themes were addressed by each of the small groups.

There are on-going systemic issues in First Nation communities that are beyond the scope of NOSM such as developing land-based learning for communities that can re-connect people to the lands and Indigenous knowledge, but NOSM can certainly play a role in advocacy for these types of community requests. The ongoing legacies of colonialism has had devastating impacts on Indigenous Peoples including Indigenous Peoples' health through diet changes and the overall approach to health and wellbeing. Indigenous Peoples worldview on health is holistic addressing the physical, mental, social, and spiritual. The current colonial system of health is broken into silos leaving Indigenous Peoples unable to address the holistic approach to healing and wellness. NOSM is young and with the help of Indigenous communities, it can become a world-class example of how to produce physicians and other members of the health workforce who are sensitive and compassionate to Indigenous peoples and their worldview.

APPENDIX

Chart of Responses

Expert Panel
Some recommendations from previous report have been implemented.
Good recommendations in the report. Good community involvement. They interviewed over 200 people but were people in the communities interviewed? Would be good to see a list of participants.
Need to look at existing structures that work for everyone. Need it so that communities have an active vote.
The IRG and IAU are currently being used by some people and groups.
Need more representation on the Board and more Indigenous faculty
It's one thing to have a voice and another to be heard. We have been putting forward many recommendations and repeating ourselves but little action has been taken –need action to be taken when heard.
Elders are used 'back home' but in many cases, questions may go unanswered. One person from Big Trout Lake mentioned there is no access to Elders there.
A real need exists for people outside rural Indigenous communities to see, experience and understand the challenges Indigenous peoples face when it comes to health care.
I'm the Local Community Coordinator (LCC) for 106. I organize orientation sessions for Learners. We don't hear anything back from NOSM after the students are gone from the community. We don't get copies of their presentation. It's a short-term relationship.
I'm the Health Director for UOI. We've had more dialogue with NOSM in the past few months because there was a disconnect for a while. I'm also on the hospital board. We survey the 3rd and 4th year students for suggestions to improve their placement. We're interested in physician recruitment and retention.
I've been the LCC for 106 since 2006. Once students give their final presentation we don't see them again. I would like a copy of their presentation. Being in Thunder Bay, there is an opportunity for input into 106 as the liaison lives in Thunder Bay.
We are a host community for 106 but there is very little involvement with NOSM other than the students. The community hardly gets anything. NOSM provides \$60/night for the students but that is supposed to cover room and board, cable, internet and driving the students around. The students don't know what they're getting into. One couldn't handle it and had to leave. Culture shock. It's a different lifestyle. They got to understand the lives of First Nations people. Some homes don't have running water. Some people don't have vehicles. Someone needs to explain the reality to them. People in the communities don't have luxuries. Communities in the north are way different and students aren't prepared.
Components must incorporate respect, truth, spirituality and our roots. The Grandfather teachings.
The vast geography of Northern Ontario and the implications that need to be considered around travel and expenses should also be addressed in the program.
Anyone working with Indigenous people should take it. It should be mandatory.
It should be taught by an Indigenous person who has lived it.
They must be able to understand trauma. Not just a traumatic experience but a lifetime of trauma – a culture of trauma. Understand that issues must be dealt with at the core not just treat the symptoms.
Physicians need to be more educated about traditional medicine.
Lots of red tape in the system. Urgent issues may be neglected or delayed because of systems and process. People shouldn't have to wait 4-6 weeks, sometimes they don't have that long or will change their mind about getting help.
There are different practices in the communities. Some don't follow traditions.
There's diversity in the communities.
Introduce students to different aspects.

The LCC needs to update the community profile. When we meet with students, I find out what they know about the community before the students start.
Get community members to present at the orientation sessions before the students go into the communities.
The community gets \$6,000 to billet and host a student.
For the Métis placement, Elders are invited to talk about culture and customs.
I don't take culture lightly. You can't just have anyone teach it. It's hard to say who can teach it.
I don't know much. I can only share what I know.
The faculty who teach this should be living it and modeling it. But does it give you the right to teach it?
It shouldn't be a non-Aboriginal teaching about our culture. Or an Ojibway teaching about Cree.
You can't paint everyone with the same brush. Know the people you're going to provide services to.
Students should research the communities.
The APTN show called First Contact has some good teachings in it.
As you get to know people, you get to know if they're open to learning.
We share our culture and way of life with students but do they carry it with them when they finish at NOSM. What is the long-term impacts of 106?
How many students stay in the north? NOSM was supposed to increase the number of doctors in the north. Has this happened? Some communities haven't had a doctor there in 1.5 years.
Identity. Who you are. It's about our roots and ancestors.
It about what and how our elders taught us.
It's about more than just tradition, it's a foundation for life.
A big part of it is about spirituality. Respect for each other, the land and life experiences.
It's a system that is in place to transfer knowledge from generation to generation.
It's a process for growth – a formal progression through many stages of life.
Girls are guided by our women and elders. Boys are guided by our men and brothers. Indigenous people were happy and healthy until colonization.
Ceremonies are integral.
The Grandfather teachings.
We didn't spend much time on this answer but one person expressed that Indigenous people recover slower in hospitals because they are not able to eat their traditional food. Their bodies are trying to adjust to a new diet and they become more sick when they should be healing.
Better partnerships are needed to be able to provide traditional foods to Indigenous people in hospitals.
Many are visual learners therefore a face-to-face update would be effective.
NOSM could consider distributing a template for Indigenous community members to fill out with progress made in their communities.
Local media outlets.
Videos
Oppression as a determinant of health
do exit interview for why doctor left
how do we think about designing a system - Bilateral relationships

Indigenous Structures Processes
Indigenous peoples need to be at the table
Board of directors
Academic – CEPD – need an Indigenous scholar for CEPD for IDG faculty
Subcommittee on indigenous health
People who are connected to the community
Community rep @ ICEIC
Indigenous associate dean
Connected so that Indigenous peoples has a real voice at NOSM
Not enough information
Connect to health station
Education begins at grade levels
Traditional way of life is paramount
High cost of living
How does FNIHB override medicinal decisions
Bioethics – Richard Mathews
Racism – how do we breakdown privilege
Should not always be the responsibility of the people
95% of people who go through racism (even in a day)
Need three people – Janice Ray, Yevxce – Canadore college?
Deconstruct colonial mindset
Space for removing privilege
Students have not been taught to be culturally safe
Culturally safe means: Students could sit with 4 elders – 2 men, 2 women with helper, tobacco, smudging. Elders as paid faculty
Conflict resolution for faculty – support for the people
NUKA – doctor partner in the system with people to advocate
Council of Elders – panel as final exam
Students have to live the oath
Citizens plus-greater responsibility for reconciliation
Health transformation happens
Help produce doctors with two world views
Decolonize UME through booklets, Ojibway, Oji-Cree, Cree but star with conversation has to be with the everyone – UME Assoc dean, faculty, model 1-6
Human rights exemption as one way to hire Indigenous faculty

Community Input

Theme One Indigenous Health Health Priorities
Suicide, cancer, cardiovascular (heart disease), addictions (especially youth), diabetics (limb loss), methadone clinic, drugs & alcohol, skin problems, mold in homes, shortage of homes, water treatment plan, boil advisory since 2008, loss of belonging,
child obesity
Decline in doctors
Accessibility in remote communities is a challenged
diabetics, addictions, loss of identity, hypertension, drug use, depression, disconnect from family, parents addiction, STDs, HIV, herpes, cancer, loss of culture
Change needs to happen through education – need prevention
Drug addictions – overdoses
Heart disease
Lack of health services is a big problem
Elder care
OTN – catch 22- it's a good band aide solution but doesn't solve the problems
Mental health – anxiety, depression, suicide, addictions, trauma
Single women – single mothers
Street people – mental health
Illicit drug use. We are behind the curve in addressing this.
Prescription drug use.
Dependence on drugs
Senior safety – they're being victimized and assaulted for drugs
Don't have money to address all health issues. We are reacting to issues like suicide. Ten communities are affected by suicide after suicide. We have a 90% diabetes rate and 15% are amputees. Our houses are not built to accommodate amputees. Opioid treatment program. Out of a population of 1200, 465 are addicted to opioids and 120 have gone to treatment. We are 600 people behind on immunizations. We do what we can daily. We are dealing with crisis on a daily basis and the doctors and nurses that we do have can't address everything.
The legalization of cannabis is going to have an effect on pregnant mom's and children through second hand smoke. How will it affect their development? Cannabis is different than alcohol and is going to create the next FASD.
Babies are being born addicted to opioids.
Many people are on dialysis.
High risk youth – mental health issues.
Solvent abuse.
Limited services out there.
Are doctors being educated about this? Those in training and those in the field.
Whitedog First Nation has been dealing with mercury poisoning.
The change over time has been an increase.
Increasing mental health issues. Schizophrenia induced by drugs.
Misdiagnosis due to doctors not listening and demonstrating prejudice

How do we address the priorities
• Early diagnosis of diabetic 5 years and up
• Smoking – education on tobacco
• Surge in Hep C – prevention is the key
• Health system who doesn't want to look after the sickest – chronic and & complex cases are under serviced
• Fee for service vs salary physicians
• Supportive housing and long term care
• Métis communities lack of service in a timely fashion, also diabetic smoking
• Have interpreters for patients and doctors
• Need to honor each other and peoples time
• Staff in the health clinic are from the communities
• Teaching the children about foods to stop diabetics
• Indigenous leaders as teachers
• Nutrition is very important – use our foods
• Take pop venders out of schools
• Food is medicine
• Need for compassion in hospitals – patients are treated as part of the furniture
• Elder homes need more compaction – need to be respected and understood
• Need to pay attention to elders support systems – don't leave elders alone
• Team of professionals to visit people in the hospital when they are sick
• People from Kenora go to Thunder Bay – address this by not moving people
• Expand view of family in hospitals and healthcare – need to expand next of kin
• More teachers – elder teachings
• Thunderbird group addressing needs of holistic person
• Not just treating – the are part – physical problem but addressing whole being
• Sadie – spiritual abuse & not understanding how people speak with each other in the community and with families
• Denial for those with a history of mental health or abuse – maybe they need more doctors but they need people who know how to speak to the community
• Need to come to peace with yourself to come clean – he did healing ceremony to get rid of the baggage
• Daughter told stories at their grad about their trauma – this helped
• Doctors who come to the community need to be compassionate
• Eating natural, important to address health issues
• Telling story about not being treated properly for throat and tongue cancer; was sent home, mother then did proper examination to diagnose cancer
• Each community should have its own traditional medicine cabinet
• A room for medicine
• Do medicine walks with elders
• Good to have traditional medicines and a healer to come from another community
• Training navigators – how is NOSM involved with the training – when do NOSM learn about the navigators?

<ul style="list-style-type: none"> • Are students given the time to learn about their own spirituality, so they can learn about others
<ul style="list-style-type: none"> • not easy to measure how this is evaluated or measured
<ul style="list-style-type: none"> • We have to have respect
<ul style="list-style-type: none"> • NOSM should be involved in training navigators
<ul style="list-style-type: none"> • Nurture their dreams when youth
<ul style="list-style-type: none"> • Show high school students examples of Indigenous docs
<ul style="list-style-type: none"> • Make sure Métis are included
<ul style="list-style-type: none"> • Land based activities, cultural revitalization, child welfare services, drug abuse strategy (community driven), reintroduce traditional laws, opioid replacement, renovating treatment center, youth centers, basic life skills, clarifying proper use of marijuana, harm reduction strategies, supervised injection sites.
<ul style="list-style-type: none"> • Telemedicine
<ul style="list-style-type: none"> • Political inclusion – depends on community

Theme Two

Culture

- Need for traditional medicine in spaces of healthcare everywhere, class room, hospital, schools.
- Bridge between western and Indigenous worldviews for health education is the Elders
- Need for more traditional healers to help the transitions and working with the doctors – understand and navigate how to engage traditional and/or western
- Land based learning is needed
- Working with the children and start teaching at that age
- Work from the land to learn about the foods
- Have Indigenous medical clinics
- Role of ceremony in health care systems
- Need to teach culture and spirituality
- Need to acknowledge different protocols of different communities and groups
- Prepare people to acknowledge and practice in Indigenous settings
- OCAP
- Need language revitalization
- Each community should have its own traditional medicine collections and have students in 106 learn about these
- for all staff Meno Ya Win at Sioux Lookout
- Anti-racism training for all staff, nursing, janitors, etc.
- 3-4 days long
- Start with conflict resolution
- Need to see how all of these effect the patients
- TK & medicine - Sacred - Only for Indigenous learners
- culture is often seen as fluff
- Don't believe cultural pieces are true
- Disrespect
- Need to link spirituality to scientific principles
- Only want to focus on science
- They don't always appreciate Métis culture
- Need FN and Métis to teach culture
- Teach more than culture – teach spirituality
- Focus on values of tradition practices
- Discuss spirituality instead of culture
- Need to shake up their worldviews
- Traditional healers get referred by NPs but not by doctors
- Decolonization of health practice needs to be part of curriculum
- Needs to be focus
- Concerns with traditional medicines vs western medicines
- Bad reactions, adverse effects
- 4 years ago gathering of western and traditional healers
- Over harvesting my western pharmacies of medicines

• People are very protective
• Sharing one medical record, its how we look at health, medicine
• Help students learn how to communicate
• Not every community has traditional healers – definition – means different things to different people
• Elders council could begin to have input into the definition of traditional healers and the scope of practice
• Who is accepted as a healer, elder, health research, etc. must be for the community
• Challenge is money to do all this work, different funders funding similar or same agency programs
Theme Three
Communication
• Build relationship with Political Territorial Organizations
• Anishinabek Nation - Union of Ontario Indians
• Association of Iroquois & Allied Indians
• Grand Council of Treaty #3
• Nishnawbe Aski Nation
• Get agenda and go to the meeting.
• Two way respectfulness, respecting youth, elders and each other
• Better information to communities in the form of a newsletter
• Universities to look at social determinants of health and how to alleviate them – needs public education
• Donations if NOSM receives monies from businesses
• Business increases to counter back
• Fundraising to the communities
• You are not communicating effectively
• Flyers, bulletins, printable – Wawatay radio spots
• More Indigenous physician mentors
• 4 year mentorships
• COO health forum panel – participate
• Presentations to community and CNCs
• Site visits by SLF members
• Utilize community individuals to teach NOSM student until faculty gap gets caught up with applicants
• Classroom learning guided by community teaches in community using telemedicine networks

Theme Four

Recruitment

- Children at a young age need early exposure to doctors and make it a fun experience –share food
- Public campaign to raise awareness
- Face-to-face engagement comes to the community
- Live a gift in the community (flag or even a backup system)
- New health clinic in Big Trout Lake – opportunity for NOSM to reach out
- More mental health workers who are culturally educated.
- Don't reinvent the wheel
- Recruitment is needed and should start right from grade school. The Med School in Duluth has been around for 40+ years and runs science-based camps which are very successful, and are fully funded – funding comes from government, big endowments and foundations. All internal practices at said school reflect the importance of hiring Indigenous faculty, teaching by Indigenous faculty, for example.
- There needs to be better recruitment at Camp Med
- We need to seek out and mentor the passion in Indigenous youth... to support their interests in medicine and health careers in general.
- NOSM could formalize a role model program and include Elders; ensure continuous contact with youth throughout their four year of MD program; Elders and students need to go into schools and communities to talk about health careers and further education; this would make considering medical education less intimidating.
- Elders could also teach in faculties, with the involvement of Elders, this might help urban community members come back to the land and resume contact with their community.
- The drum is a powerful tool for recruitment and learning.
- Laura Calmwind's program at Franklin Cromarty High School is good.
- Students don't understand the process and the classes they need to take. Most students in medical students already have a degree.
- Discovery Day at NOSM and CampMed are good ways to recruit.
- Summer job interferes with participation in CampMed.
- More outreach to students is needed. There should be special sessions for high school students.
- Mentorship – get NOSM grads out into the communities.
- Job postings at NOSM require French language. It's a barrier to applying.
- NOSM should use the native nursing entry model to help Indigenous students with prerequisites for medical school.
- Coming in one week at a time
- Retired doctor and left 100 patients
- Clinics staking claim and not taking new people
- Not working together, not ordering things for patients who don't have doctors
- Need more doctors in rural communities
- Lack of training in rural communities
- Lack of willingness to train or take professional development
- More communication between provincial and federal systems: patients are being caught in the middle.
- Kids who are being pushed into general are going to miss the opportunities to go to university
- Need posters of doctors in schools

• Guidance councilors need to be a target of communication
• Learn “how to be”
• Taking an interest in the human being – connection is the key
• Start with the person, teach the person – not the test
• Teaching as a two-way process – pedagogy of medicine
• Only the “smart” kids are considered to go into medicine
• 106 students talking at the high schools to encourage other students
• Need doctors
• The Sudbury women their 106 students don’t speak to the high school students
• Resources, labs
• Self esteem
• Don’t want to leave the boundaries of the reserve
• School counselors are important
• Elders sitting in classes with students, med students could help this
• Limited resources – human resources – environmentalists
• 106 students talking to high school/elementary school students
• Raise money for high school students as bursaries
• Hard for students to stay at PSE – they struggle with leaving community
• Run med camp in community
• They struggle with staying in high school
• Entitlement is a problem
• Students get paid to attend high school
• Agency is taking over responsibilities of parents
• Need to know stats on retention of NOSM grads and residents in North Ontario and FNs
• Recruitment not being met – more youth involvement via placement plans CBM 106
• Self-esteem workshops, walking in two worlds for science camps
• De-mystify path to medicine, more Indigenous role models
• NOSM grad posters
• Sponsorship and funding, accredited summer science camps
• School tours for flying communities
• Scholarships offered to high achieving students in sciences
• Have some way to promote new grads – let the communities know of the student success. Send them a thank you letter letting them know where their respective learners are placed (106).
• We need to be more engaged with folks at different events – youth conferences, booths, powwows, etc.
• Career days

Theme Five

Community Engagement

- Reporting back needs to occur at least 2x per year.
- More reciprocal communication is needed.
- If there is no action taken on a particular item or recommendation, community needs to know why and what was done. People need to know what NOSM is really doing.
- Perhaps there needs to be a shift or variation in the action to be taken in order to move an action or recommendation forward and to make it doable in real terms.
- When difficulties arise in acting upon something, NOSM needs to seek help and advice from community.
- What does a model or protocols look like to engage traditional medicine practitioners?
- In Alaska/New Mexico, traditional healers work closely with MDs and vice versa. Traditional knowledge is recognized with and honorary degree. Often both options are presented to patients given validity to traditional healers. They take past experience and emulate it.
- There needs to be acceptance and understanding of traditional ways.
- Within institutions, Indigenous people need to see themselves, it is comforting to see sacred items displayed, i.e. The feather; this shows acceptance and understanding. This also needs to spread to affiliated institutions which are an extension of NOSM such as hospitals and clinics.
- Communications need to do an environmental scan of what is going on in the communities so NOSM can do presentation or set up a booth.
- We need to be part of road warriors (for colleges and universities) and visit more
- Challenges in encouraging medical careers
- We don't see anything from NOSM
- More advertising on other programs than medicine
- Lack of visibility
- Young ages
- Communication between gatherings
- Report cards annually back to communities
- Include stats on Indigenous students
- Where are the Indigenous doc practicing after grad?
- Actual # of students
- Picture of folk at activities
- Contact info of folks who are in the community
- TOR of groups in IAU
- Have students create some video blogs related to 106 – maybe post on NOSM website

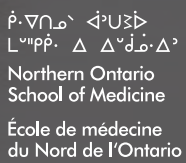
Theme Six

Curriculum & Postgrad

<ul style="list-style-type: none"> • Ensure that Anishinaabe institutions (sacred teachings, ceremonies) are evident/visible to demonstrate they are meaningful for NOSM.
<ul style="list-style-type: none"> • These institutions must become part of educational institutions like NOSM
<ul style="list-style-type: none"> • It is necessary to make room for traditional ways from true learning to happen in a good way
<ul style="list-style-type: none"> • Acknowledge the existence of Anishinaabe society prior to European contact
<ul style="list-style-type: none"> • Institutions need to understand that change is needed
<ul style="list-style-type: none"> • There must be room to allow for that understanding to occur and grow (to take its place)
<ul style="list-style-type: none"> • For ex.: the continual use of the term First Nation perpetuates marginalization, so terms used need to change – it would be better to say Anishinaabe people or person
<ul style="list-style-type: none"> • Unless individuals are trained to create a culturally safe learning environment – problems will continue
<ul style="list-style-type: none"> • There should be an agreement with organizations – this should be part of the agreement with NOSM as well
<ul style="list-style-type: none"> • Just one-time learning does not cut it – this needs to be a life-long learning journey
<ul style="list-style-type: none"> • Understanding depends on the ability to be compassionate – what is the level of healing spirit within an individual
<ul style="list-style-type: none"> • There needs to be a system in place to address/act on 'infractions'
<ul style="list-style-type: none"> • Same applies to students who have not come into the program with the appropriate mindset/philosophy/way of thinking in relation to Indigenous people/health
<ul style="list-style-type: none"> • At Admission, students should be required to sign a contract with NOSM making them accountable (understand the mission, the Social Accountability Mandate, understand and be respectful of community), if that does not happen, there must be repercussions.
<ul style="list-style-type: none"> • Indigenous Faculty must be involved.
<ul style="list-style-type: none"> • There can be no understanding of the oppression and its ongoing effect/impacts otherwise.
<ul style="list-style-type: none"> • Students have raised concerns about the current way the curriculum is delivered by non-Indigenous faculty.
<ul style="list-style-type: none"> • Indigenous content cannot/should not be taught 'online', the Indigenous way/experience is very tangible.
<ul style="list-style-type: none"> • NOSM has Indigenous scholars but no Indigenous faculty until very recently.
<ul style="list-style-type: none"> • There needs to be a change in relation to the input, delivery and resources.
<ul style="list-style-type: none"> • NOSM should tap into the faculty at both Laurentian and Lakehead Universities.
<ul style="list-style-type: none"> • Indigenous content should be included in the curriculum renewal project at the UME and PGE levels.
<ul style="list-style-type: none"> • A change in the system is needed... it is very important and must be acknowledged.
<ul style="list-style-type: none"> • There needs to be respect for different ways of thinking and looking at the world, for ex. Traditional medicines and spiritual healing. To acknowledge Indigenous traditions and way; just because one does not see something does not mean that it does not exist or is not true.
<ul style="list-style-type: none"> • Individual Community World
<ul style="list-style-type: none"> • There is a need to legitimize and give value and credibility to our Indigenous ways.
<ul style="list-style-type: none"> • Many Indigenous people use both traditional ways and Western medicine, it is important for health professionals to have a dialogue with individuals as to their preferences.
<ul style="list-style-type: none"> • Too many health professionals do not value traditional ways. The mentality needs to change. There needs to be flexibility.

<ul style="list-style-type: none"> • Within the NOSM curriculum, there needs to be cultural sensitivity/understanding; an openness to understanding. The Admissions processes need to be revisited.
<ul style="list-style-type: none"> • This applies to both the UME and PGME curricula.
<ul style="list-style-type: none"> • For PGME, at the CaRMS interview process, there need to be Indigenous awareness, Social Accountability Mandate awareness, training (longitudinally), within community as well.
<ul style="list-style-type: none"> • NOSM needs to make Indigenous Health a priority.
<ul style="list-style-type: none"> • Indigenous navigators
<ul style="list-style-type: none"> • Bringing treatment centers into the NOSM curriculum
<ul style="list-style-type: none"> • Feeding their spirits
<ul style="list-style-type: none"> • In Manitoba – the treatment centre takes in the whole community
<ul style="list-style-type: none"> • Safe houses in the community for the kids
<ul style="list-style-type: none"> • Having native teachers teach everything – biology, chemistry, etc.
<ul style="list-style-type: none"> • Having knowledge keepers from communities as teachers
<ul style="list-style-type: none"> • Wilderness medicine learning
<ul style="list-style-type: none"> • Key highlights
<ul style="list-style-type: none"> • Indigenous health priorities
<ul style="list-style-type: none"> • Mental health – so important includes many things – homeless, street people – more recruit problems
<ul style="list-style-type: none"> • How do we address priorities
<ul style="list-style-type: none"> • Important to treat the whole person – holistic approach, not just physical
<ul style="list-style-type: none"> • Recognizing and dealing with denial, reluctance to talk about the past and current abuse
<ul style="list-style-type: none"> • Learning how to speak to people
<ul style="list-style-type: none"> • As learners – giving them time to know themselves – learn spirituality – feeding the spirit
<ul style="list-style-type: none"> • The question is: How much is NOSM going to invest in this? How far are they willing to go... will they act?
<ul style="list-style-type: none"> • Needs to evolve to address current realities of indigenous life
<ul style="list-style-type: none"> • Strategies to ensure Indigenous faculty
<ul style="list-style-type: none"> • Hire people to write the curriculum – outsource – consult
<ul style="list-style-type: none"> • Creation of an academic unit as per expert panel
<ul style="list-style-type: none"> • Dedicated space, Faculty, staff, learners together, Support staff needed for the unit
<ul style="list-style-type: none"> • Need regular reports to subcommittee of the board about programs
<ul style="list-style-type: none"> • Safe space for Indigenous students & faculty who experience racism & need a process to address
<ul style="list-style-type: none"> • Engaging other health spaces to support cultural safety
<ul style="list-style-type: none"> • Tribal councils hires liaisons to work in clinics and hospitals
<ul style="list-style-type: none"> • Make sure they are non-confront(ational)
<ul style="list-style-type: none"> • Have a clear message that is same for everyone
<ul style="list-style-type: none"> • Get everyone on same script
<ul style="list-style-type: none"> • Development of Indigenous health clinic
<ul style="list-style-type: none"> • Get Indigenous people involved
<ul style="list-style-type: none"> • Decolonize of health system
<ul style="list-style-type: none"> • Taught and written by Indigenous faculty
<ul style="list-style-type: none"> • Need to nurture dreams of young people

Other Comments
Budget/funding
<ul style="list-style-type: none"> • There needs to be an increase in Ministry funding to support the school's model • Institutions have not changed their funding practices from the European colonization time... even funding is inequitable.
Elders
<ul style="list-style-type: none"> • Elders need to be integrated on the Board
General observation
<ul style="list-style-type: none"> • It would be helpful to all parties, especially, at such community gatherings, to have an explanation of the NOSM governance structure. • General comments: • NOSM stands for Northern Ontario but it just focuses on the area below the 50th parallel. Half of the province is left out! We have limited contact with NOSM. Our only contact are the students. The original goal of NOSM was to increase physician services in the north but it isn't happening. More of a presence in the far north is needed. We got left behind. • NOSM should include land-based knowledge. You can learn a lot from knowledge holders. • Statement • NOSM commits to having Indigenous led curriculum written, developed, approved and delivered by Indigenous faculty – connected to the community
Research needs
<ul style="list-style-type: none"> • Process for conducting and asking permission • Community driven research requests -all processes OCAP • PHC is wiki published • Solutions need to belong to the community • NOSM should be supportive, encouraging, reinforcing community solutions and community owned and driven • Team based approaches • Everyone needs to take a Canadian history course



NORTHERN CONSTELLATIONS 2019 MAY 3-4, 2019

HOLIDAY INN, SUDBURY, ONTARIO

Plenary Sessions:



Dr. Marcia Anderson is a Cree-Saulteaux woman, with family roots going to the Norway House Cree Nation and Peguis First Nation in Manitoba. She is the Executive Director of Indigenous Academic Affairs in the Ongomiizwin Indigenous Institute of Health and Healing, Rady Faculty of Health Sciences, University of Manitoba. Marcia offers a unique perspective to traditional medicine and a strong leadership role with years of experience in the medical field.

Regina Holliday is a health care activist, artist and medical educator from Maryland who is determined to create awareness to a range of patient narratives. Regina's advocacy mission was inspired by her husband, Frederick Allen Holliday II, who died of kidney cancer. His illness was complicated by poor care coordination between multiple health care organizations, limited access to patient records, and a series of medical errors.



Dr. Adina Kalet is an internist, master of public health graduate, and co-director of the Program on Medical Education Innovation and Research at the New York University School of Medicine. Through her scholarly work, Dr. Kalet and her colleagues seek to link how education interventions and health services research lead to long-term outcomes in learners and patients.

Over 25 Workshops Including:

Precepting and Teaching:	Teaching in the Operating Room
	Competency Based Medical Education: What Does This Mean for Frontline Faculty?
Leadership Development:	Leading Change: Rural Health Hubs and Patient Medical Homes
Health, Wellness and Resiliency:	Strengthening NOSM: Enhancing Learner and Faculty Wellness across Northern Ontario
Indigenous Teaching & Learning:	Cultural Humility and the Care of Indigenous People

Registration Now OPEN!



Thunder Bay Regional
Health Sciences
Foundation

980 Oliver Road
Thunder Bay ON
P7B 6V4 Canada

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



Report to the Thunder Bay Regional Health Sciences Centre Board of Directors
March 2019

Inspirational HOPE alive and well

The 2019 Bearskin Airlines Hope Classic celebrated another successful year with \$123,000 raised for the Linda Buchan Centre. The Health Sciences Foundation entered a team into the event. The Committee held a 50/50 draw leading up to the event and the winner and sold out 6000 tickets. The winner of the raffle took home \$10,477.50. To date the event has raised a total of over \$1.3 M.

The Cooperators Bachelors for Hope Charity Auction 21st Anniversary

Get your tickets now! Join us on Friday, April 12 at the Valhalla Inn for a gourmet dinner and entertainment followed by the auction of 10 of Thunder Bay's finest and most eligible bachelors. Each bachelor comes with a fabulous date package including a main event, dinner at one of Thunder Bay's finest restaurants, and a pamper package for the successful bidder. Women have the option of taking the bachelor on the date or taking their significant other! 100% of money raised at this event is dedicated to breast cancer research, education, diagnoses, and treatment, and supports the needs of breast cancer patients in Northwestern Ontario. **Tickets are \$100.00 and can be bought by calling our Donations Office at 684-7275 or online at healthsciencesfoundation.ca**

SAVE THE DATE! Donor Reception, please hold Wednesday, May 15 @7:30 a.m.

Leaving your mark on healthcare

March means that spring is just around the corner – warmer weather and new life are in the air! As you plan for what 2019 has in store for your family, it's important to consider the bigger picture of what you want to impact – the things that touch your family and friends closest. It's likely that you or someone you love has been a patient at the Health Sciences Centre in some way – from new babies born here to the Emergency Department or the Cath Lab – you know the impact health can have on all of our lives.

Every gift makes a difference and we hope that you've taken the time to think about what your legacy could be. Want to know where your gift could make a difference? Please contact **Terri Hrkac, Director, Major and Planned Gifts at 684-7109** for more information.

BRIEFING NOTE

TOPIC	Fire & Environmental Compliance Update
PREPARED BY	Anne Marie Heron, Executive Director, Capital Planning & Operations
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 <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
APPROVED BY	Peter Myllymaa, Executive Vice President, Corporate Services & Operations
CO-SPONSOR (if required)	n/a
PREPARED FOR:	President & CEO <input type="checkbox"/> Board of Directors <input checked="" type="checkbox"/> Other:
DATE PREPARED	February 2019

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 the Hospital Board of Directors with an update on Fire and Environmental Compliance.

BACKGROUND

The Hospital has no outstanding orders under the Ontario Fire Code (as overseen by the Chief Fire Official) or the Environmental Protection Act (as overseen by Ministry of Environment and Climate Change). The Hospital is not aware of any non-compliance in regards to the requirements of these legislations, except as noted following.

ANALYSIS/CURRENT STATUS

Ontario Fire Code

- The Hospital has reviewed its surge plan with the Thunder Bay Chief of Fire Prevention (in regards to the Ontario Fire Code) and Chief Building Official (in regards to the Ontario Building Code) – and has provided an update on the use of HRM to relieve capacity issues.
- The Hospital's annual Fire Plan review is underway.

Environmental Protection Act

- There are no outstanding amendments to the Environmental Compliance Approval (ECA) for air emissions, noise or stormwater.

Green Energy Act (Ministry of Energy)

- The annual energy reporting requirement commenced in July 2013. The next annual submission is due July 1, 2019.

RECOMMENDATION

N/A.

NEXT STEPS

N/A.

STAKEHOLDER REACTION

N/A.

COMMUNICATIONS

N/A.

FINANCIAL IMPACTS

N/A.

APPENDIX SECTION

N/A.

Board of Directors

Thunder Bay Regional Health Sciences Centre

The Board of Directors invites interested Northwestern Ontario residents to consider serving as members of the Thunder Bay Regional Health Sciences Centre Board of Directors or its Board Committees. Successful candidates are expected to participate actively in governance activities for a three year term.

As a skills-based Board, we are seeking to fill vacancies with interested volunteers who:

- are willing to promote our Vision of being “Healthy Together”, and our Strategic Directions;
- commit to advocating for our Mission as a strong regional specialized academic acute Health Sciences Centre;
- share the Hospital’s values of Patients First, Accountability, Respect and Excellence;
- demonstrate teamwork, community leadership, multi-cultural awareness, financial acumen and is representative of the population we serve;
- commit the time necessary to be productive Board or Board Committee members.

Interested candidates should forward a resume and letter of interest by Monday, March 18, 2019 to:

Chair, Governance and Nominating Committee
c/o President’s Office

**Thunder Bay Regional
Health Sciences Centre**

980 Oliver Road, Thunder Bay
ON P7B 6V4

boardchair@tbh.net

www.tbrhsc.net



**Thunder Bay Regional
Health Sciences
Centre**

healthy
together

En santé
ensemble