

**Board of Directors
Open Meeting
Wednesday, May 1, 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	M. Simeoni	Chair's Remarks*						X
1.2	1	M. Simeoni	Quorum (9 members total required, 7 being voting)						
1.3	1	M. Simeoni	Conflict of Interest						
1.4	1	M. Simeoni	Approval of the Agenda	X					
2.0	5		PATIENT STORY – Dr. Peter Voros						
3.0			PRESENTATIONS/EDUCATION - None						
3.1	20	C. Olsen	The Thunder Bay Drug Strategy*		X				
4.0			CONSENT AGENDA						
4.1	-		Board of Directors Open Meeting Minutes-April 3, 2019*	X					X
4.2	-		Patient Safety and Quality of Care Committee Minutes-March 20, 2019*						X
4.3	-		Patient Safety and Quality of Care Committee Minutes-April 17, 2019*						X
4.4	-		Q4 2018-2019 Wages and Source Deductions Attestation*						X
5.0			REPORTS						
5.1	10	J. Bartkowiak	Report from the President and CEO* 5.1.1 Current Challenges: a. Ontario Health Team Concept b. Funding Uncertainty c. Mental Health Schedule 1 Design Event d. Smoke Free Grounds	X					X X X X
5.2	5	Dr. Ahmed	Report from the Chief of Staff*						X
5.3	10	Dr. Grdisa	Report from the Chief Nursing Executive*						X
5.4	1	G. Craig	Foundation Highlights						X
6.0			FIDUCIARY MATTERS						
6.1	5	G. Whitney	Report from the Chair of the Patient Safety and Quality of Care Committee: a. Aggregate Critical Incident Report b. Update on Infection Control c. Emergency Department Care of Sexual Assault Victims						X X X
6.2	5	G. Walsh	Report from the Resource Planning Committee: a. Chair Report						X

#	Time	Presenter	Item & Purpose	Expected Outcome				
				Recommendation /Decision/Action	Education	Discussion	Strategic Progress	Fiduciary Information
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 Foundation*					X
7.5	-		Report from the Northern Ontario School of Medicine* Links: Sudbury and Thunder Bay NOSM Board Holds First Meeting of 2019					X
7.6	-		Serving Northwestern Ontario Brochure*					X
7.7	-		Critical Incidents Update*					X
8.0			BOARD MEMBER COMMENTS					
9.0			DATE OF NEXT MEETING – June 5, 2019					
10.0			ADJOURNMENT					
<p style="text-align: center;">Ethical Framework</p> <p>The Hospital is committed to ensuring decisions and practices are ethically responsible and align with our Vision, Mission and Values. Leaders should consider decisions from an ethics perspective including their implications on patients, staff and the community.</p> <p>The following questions should be considered for each decision:</p> <ol style="list-style-type: none"> 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? Does the course of action demonstrate 'Accountability' by advancing a quality patient experience that is socially and fiscally accountable? Does the course of action demonstrate 'Respect' by honouring the uniqueness of each individual and his/her culture? Does the course of action demonstrate 'Excellence' by fostering an environment of innovation and learning to provide a quality patient experience? <p>For more detailed questions to use on difficult decisions, please refer to the Hospital's Framework for Ethical Decision Making</p>								

BOARD OF DIRECTORS (Open)
May 1, 2019 – DRAFT

Agenda Item	Committee or Report	Motion or Recommendation	Approved or Accepted by:
1.4	Agenda – May 1, 2019	“That the Agenda be approved as circulated.”	Moved by: Seconded by:
4.0	Consent Agenda	<p>“That the Board of Directors:</p> <p>4.1 Approves the Board of Directors Minutes of April 3, 2019;</p> <p>4.2 Accepts the Patient Safety and Quality of Care Minutes of March 20, 2019;</p> <p>4.3 Accepts the Patient Safety and Quality of Care Minutes of April 17, 2019;</p> <p>4.4 Accepts the Q4 2018-2019 Wages and Source Deductions Attestation,</p> <p>as presented.”</p>	Moved by: Seconded by:
5.0	Reports	<p>“That the Board of Directors accepts reports dated May 1, 2019 from the:</p> <p>5.1 President and CEO;</p> <p>5.2 Chief of Staff;</p> <p>5.3 Chief Nursing Executive</p> <p>as submitted.”</p>	Moved by: Seconded by:



**Report from Matt Simeoni
Chair, Board of Directors
May 1, 2019**

Our Hospital is a centre for learning for staff, researchers, students, teachers, and other health care professionals. Research is an essential element of our academic mission. The Thunder Bay Regional Health Research Institute, established in 2007 as a separate corporation, is the Hospital's research arm. Integrating research, academics, learning, and clinical practice supports an inter-professional approach to conducting research on health care challenges with a particular focus on Northwestern Ontario, and with a global impact. An advisory committee has been formed to further strengthen the affiliation between the Hospital and Health Research Institute. The committee last met on April 12 to explore a new governance model to be presented to the Hospital and Health Research Institute Boards of Directors.

I am extremely proud of the commitment of our Board to Indigenous Health. During the April Board meeting, Directors received the same Indigenous Health orientation provided to all new staff members. In addition, Board Directors are completing the on-line San'yas Indigenous Cultural Safety Training Program. The training was conceived in response to the Transformative Change Accord First Nations Health Plan requirement to enhance cultural competency within Health Authorities through Action Item 19: *First Nations and the Province will develop a curriculum for cultural competency for health authorities.*

Furthermore, an Indigenous Health Work Plan committee has been formed to monitor, support, and report to the Board of Directors on the implementation of our Indigenous Health Strategic Direction. I am grateful to Board Directors Micheal Hardy, Joy Wakefield, and Gordon Wickham, as well as President & CEO Jean Bartkowiak and Crystal Pirie, Senior Director, Indigenous Collaboration, for their involvement.

Our Hospital recently experienced an Influenza A outbreak on one of our in-patient units, as well as a gastrointestinal outbreak on the Hospital's Transitional Care Unit at Hogarth Riverview Manor. Even with stringent infection control practices, there are many ways for infections to spread in a hospital environment. Infection prevention and control supports a safe and healthy environment. I take this opportunity to reinforce that all people accessing the Hospital to attend appointments, visit patients, or conduct business are encouraged to be diligent about hand hygiene. It is the most effective way to prevent and reduce the spread of infections.

Finally, I offer my heartfelt congratulations and gratitude to the organizers, volunteers, sponsors, and attendees of the Co-Operators Bachelors for Hope Charity Auction, held on Friday, April 12. The event raised \$90,236 for the Northern Cancer Fund, bringing the 21-year total to \$1,330,957. Funds raised directly support breast cancer research, education, diagnosis and treatment in Northwestern Ontario, ensuring women (and men) have access to quality cancer care close to home. The support of our community is inspiring, and helps us to be Healthy Together.

MOVING TOWARDS A HEALTHIER COMMUNITY

2018 REPORT TO COMMUNITY



THUNDER BAY
Drug Strategy





MESSAGE FROM THE CHAIR

As we continue moving forward with our 2017-2021 Strategic Plan, Building a Better Tomorrow, we thank all those who have contributed their time and expertise towards the shared goal of reducing harms associated with substance use in our community.

In this Annual Report, we detail the significant progress made towards improving education and outreach, expanding awareness initiatives and recruiting additional professionals to support the Strategy's five Pillars of Prevention, Treatment, Harm Reduction, Enforcement and Housing.

Through collaborative Community Allies, Working Groups and the Implementation Panel, we continue to make evidence-based progress in the reduction of harms associated with substance use in our city and region.

I'm proud to share this Annual Report featuring the achievements to date, as well as touching on future projects for the longer term. We've come a long way and anticipate the year ahead to further build on the successes of today.

Thank you to the Corporation of the City of Thunder Bay for its continued support and to the many community organizations and members who continue to believe in the valuable work we do towards a healthier, safer community for all.

Councillor Rebecca Johnson

DRUG AWARENESS COMMITTEE (DAC)

CHAIRS, SHEENA ALBANESE & MIRIAH BOTSFORD

The DAC spearheads prevention and education work about substances and supports evidence-based prevention strategies. One of its goals is to reduce the stigma around addiction and build a compassionate community for people to feel supported in their recovery.

PEOPLE WITH LIVED EXPERIENCE COMMUNITY ADVISORY GROUP (PWLE)

CHAIRS, KAELEE POLHILL & MYRA RZEPA

This group informs the work of the Drug Strategy and its Working Groups, the Poverty Reduction Strategy, and other Community initiatives from the lens of lived and/or living experience. The group membership is diverse in representation and offers the expertise of lived and/or living experience for issues related to poverty, homelessness, disability, substance use, mental health and criminalization.

IMPLEMENTATION PANEL

CHAIR, COUNCILLOR REBECCA JOHNSON

HOUSING & HOMELESSNESS COALITION

CHAIRS, ALICE BELLAVANCE & CYNTHIA OLSEN

This Coalition functions as the Community Advisory Board (CAB) to the Homelessness Partnering Strategy (HPS) with Service Canada, and as the Housing Working Group to both the Drug Strategy and the Poverty Reduction Strategy. Its mission is to develop a housing continuum that is adequate, affordable, and accessible to all.

YOUTH ENGAGEMENT WORKING GROUP

CHAIR, CHRISTINE VITA

This group engages young people in the development, creation, and implementation of youth-driven programs and services, as well as the implementation of Drug Strategy recommendations.

OPIOID SURVEILLANCE & RESPONSE TASK FORCE

CHAIR, DR. EMILY GROOT

This Task Force was developed as a response to the growing opioid crisis nationally, and its impact locally. It works to reduce the harms associated with opioid use through coordinated surveillance and emergency response planning. This group collects and shares data related to opioid use and adverse events. It issues alerts related to contaminated drugs in the community. If there were a surge in overdose-related events the group activates the Emergency Response Plan.

REGIONAL TRAUMA INFORMED SYSTEMS STEERING COMMITTEE

INTERIM CHAIR, CYNTHIA OLSEN

This Steering Committee works toward the establishment of a regional Community of Practice (COP) through engagement and input from partners and community members in the region. It aims to build capacity to improve trauma-informed systems of care and build cultural competency and safety with respect to understanding intergenerational trauma.

HARM REDUCTION WORKING GROUP

CHAIR, LORI KUZMINSKI

This group works to expand the availability of needle and syringe distribution, increase uptake of overdose prevention training, improve access to safer inhalation kits, and provide training about harm reduction to various service agencies and the general public. This group continues to act as an Advisory to the Superior Points Harm Reduction Program.

The Panel meets quarterly and provides sustainability, coordination and oversight of Drug Strategy-related projects, as well as assists with progress evaluation.

COMMUNITY PARTNERSHIP (FUNDERS' PANEL)

CHAIR, KAREN LEWIS

This Panel is composed of senior leadership and Board of Director representation from the organizations that provide funding to the Drug Strategy. The Community Partnership is led by the municipality with support from institutional partners that have mandates, which coincide with the pillars upon which the Thunder Bay Drug Strategy is built.

MATERNAL SUBSTANCE USE & CHILD WORKING GROUP

CHAIRS, WILMA KLEYNENDORST & JENNIFER MCFARLANE

This group works to meet the unique needs of substance-involved pregnant and/or parenting women and their children. Its goal is to increase local capacity for action and contribute to the body of research in the area of maternal substance use.

VISION

To improve the health, safety and well-being of all citizens by working together to reduce substance related harms.

MISSION

To create and implement a drug strategy for the city of Thunder Bay, district, and region, that reflects the needs and strengths of its citizens. The strategy will focus on humane approaches that address the causes and effects of harm associated with substance use.

IMPLEMENTATION

Using a collective impact framework, the Thunder Bay Drug Strategy's *Building a Better Tomorrow* (2017) identified 30 recommendations under five pillars in order to:

- Improve local capacity to prevent/reduce substance use,
- Support people to recover from substance use disorders, and
- Create an environment that increases the health and safety of all citizens.

Each pillar has evidence-based actions that can contribute to achieving the key results.

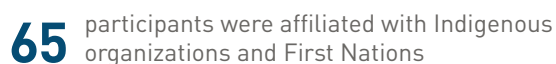
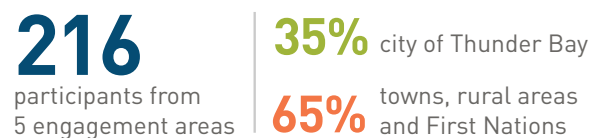
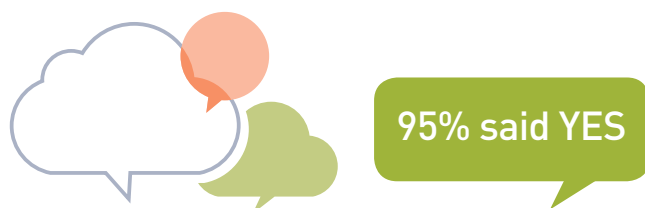
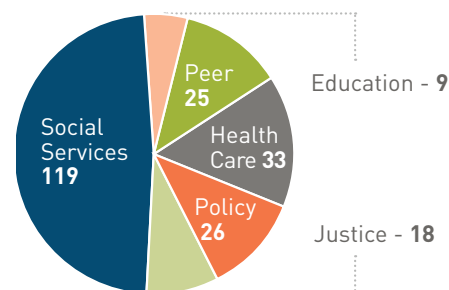
→ TOWARDS A NORTHERN CENTRE OF EXCELLENCE FOR ADDICTION AND MENTAL HEALTH

Mental health and addiction issues are disproportionately high in Northwestern Ontario and clients have increasingly complex needs (often dual diagnosis of addiction and mental health). For many, fundamental needs such as food security, safe and secure housing, and access to basic health care are not being met.

Given the vast geography and dispersed population in Northwestern Ontario, there is a need to support communities in developing local, effective, and sustainable approaches to wellness. Recognizing this, the Drug Strategy and the Thunder Bay District Board of Health recommended the development of a Northern Centre of Excellence for Addiction and Mental Health. It invited the Centre for Rural and Northern Health Research at Lakehead University to partner in the development and implementation of a

regional engagement process to explore key stakeholder views around such a centre.

Through a knowledge translation project grant, awarded by the Ontario Ministry of Health and Long Term Care, and guidance provided by a regional Steering Committee, a year-long engagement process succeeded in documenting the priorities, experiences and opinions of 216 front-line service providers and managers, planners and policy makers, and people with lived experience. The engagement revealed widespread support for a Northern Centre of Excellence.



→ POINT IN TIME COUNT

The Lakehead Social Planning Council, the Thunder Bay Indigenous Friendship Centre, and the Thunder Bay District Social Services Administration Board led the second biennial initiative of an enumeration of people experiencing homelessness, along with support provided by the Drug Strategy and the Poverty Reduction Strategy, both of which have housing as a key area or pillar of focus.

During a 24-hour period starting at 6 pm on April 21, 2018, 516 people were experiencing homelessness in Thunder Bay, with 474 of these individuals completing a

survey. A full report on the homelessness enumeration was released in November. Key data categories analyzed demographics, where people were staying at night, chronic vs. episodic homelessness, reasons for homelessness, history of contact with the foster care system, identified mental health and substance use challenges, source of income, and how long individuals had been in Thunder Bay. From this analysis, six recommendations were developed:

- Advocate for improved continuum of addiction treatment;
- Advocate to reduce service gaps in the child welfare systems and individuals aging out of foster care;
- Expand culturally competent supports and housing to meet the needs of Indigenous people;
- Expand the High Needs Homeless and Home for Good system;
- Conduct local research on migratory and transient homelessness; and,
- Develop a Coordinated Access System to improve housing outcomes.

→ HOUSING FIRST COMMUNITY TRAINING

The Thunder Bay Indigenous Friendship Centre, as the Community Entity for the Indigenous Community Advisory Board on homelessness, brought two community training initiatives to Thunder Bay to improve local capacity for the development of a coordinated systems approach to end homelessness. The first was aimed at starting a community dialogue on how a coordinated approach could work, and increasing the ability to incorporate a Housing First approach. The second session was tailored at incorporating Indigenous perspectives into housing programs and practices.

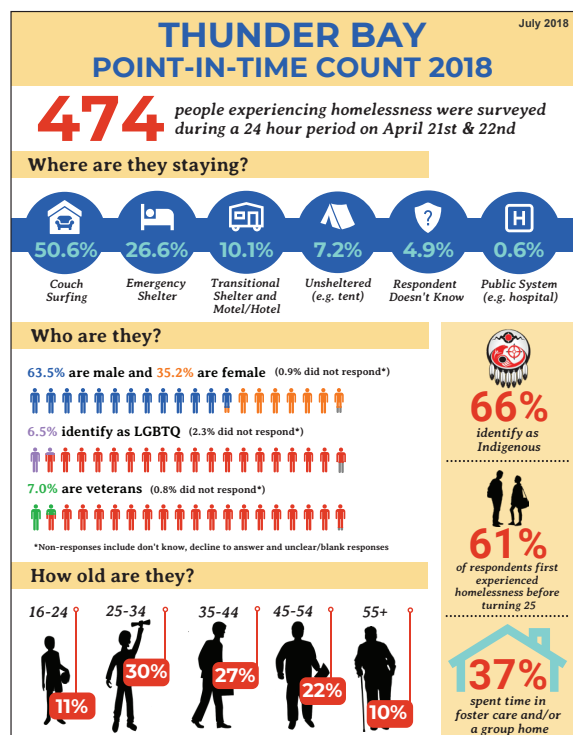
→ OUT OF THE COLD PROGRAM

During the coldest months in Thunder Bay, the Out of the Cold (OOC) program offers a low-barrier shelter to homeless individuals who otherwise cannot access traditional emergency shelters for various reasons. By providing an alternative space, clients have been able to manage more effectively in a smaller group setting/environment. Grace Place funds its Out of the Cold program through a Trillium Grant, administered by the Lakehead Social Planning Council, which runs annually until 2021.

→ COORDINATED HOUSING ACCESS TABLE

In 2017 and 2018, momentum built for developing an efficient and coordinated process to provide housing and supports for homeless individuals and families. During the Point in Time Count, agencies in Thunder Bay also developed a By-Name Registry List, which identifies detailed information about homeless individuals, their level of acuity, along with consent to use this information for finding housing and supports for them.

Through a coordinated process, people are matched on the By-Name Registry List with appropriate housing and supports based on their acuity of need, individual choice and availability of services. Eleven organizations that provide housing and support services have signed a Memorandum of Understanding, agreeing to work collaboratively to house some of the most vulnerable individuals in the community.





→ MOTHERS' VOICES

Women who are substance involved and pregnant and/or parenting are traditionally seen as a hard-to-serve population. The Mothers' Voices research project explored factors that help and hinder women from accessing services for health, social, or recovery needs. In collaboration with the Maternal Substance Use and Child Working Group, three researchers, students, and over two dozen local organizational partners undertook a unique community-engaged research project. The study involved three focus group sessions with a total of 18 mothers with substance involvement (MWSI). Additionally, a series of interviews were held with moms to review the key themes from the focus groups, contribute to plans for knowledge sharing, and receive an offer for co-authorship and co-presenter status. Findings will be developed into recommendations to guide local decision making about services (what is offered) and service provision (how it is provided) for both MWSI and their children.

This research is foundational to improving the community's response to the unique needs of MWSI and their children, using an evidence-based approach to best practices that has been validated by recipients of care. This project has strengthened networks and allowed a rare opportunity for the perspectives of these mothers to be recognized and valued.

→ YOUTH LIFE – YOUTH COMMUNITY ADVISORY GROUP

As the result of a collaborative effort between Children's Centre Thunder Bay, Thunder Bay Counselling, St. Joseph's Care Group, the Thunder Bay Drug Strategy, and a successful funding application to Northern Ontario Heritage Fund Corporation, a Youth Engagement Intern was hired. The purpose of the role was to collaborate with youth and community mental health and substance use organizations in order to develop a framework for community youth engagement for better informed youth initiatives and/or programs.

This work led to the establishment of Youth Life, a youth advisory council that informs, discusses, and provides recommendations to services, programs, and initiatives relating to mental health and substance use. Members of Youth Life are between the ages of 12-24, and come from diverse cultural backgrounds with varied life experiences.



→ BAYSAFE YOUTH PROJECT

The Drug Awareness Committee (DAC) identified youth outreach as a primary target for prevention, realistic education, and harm reduction initiatives. To achieve this priority, the DAC worked with BaySafe to develop a successful funding proposal for the United Way Youth 4 Community Fund to engage with youth on their needs and tailor youth-centred information and programming.

BaySafe connected with local youth hubs to gather information about substance use, sexual activity, and partying as perceived by the youth. It then tailored relevant information to share back with 64 youth from seven locations, as well as staff, volunteers and some parents. They provided information about general harm reduction tips, specific drug information, risks of combining substances, drug misrepresentations and adulterations, drug testing, overdose prevention tips, sexual health and consent, and other local support services and how to connect with them. This candid youth engagement on partying promoted informed decision making and the prevention of harms.

→ CONSUMPTION & TREATMENT SERVICES

To help reduce drug overdoses, improve health, and lower the amount of healthcare resources used in Thunder Bay, Elevate NWO, in partnership with Joseph Esquega Health Centre, and Anishnawbe Mushkiki, and NorWest Community Health Centres, in partnership with Dilico Anishinabek Family Care, began working toward adding small-scale integrated supervised consumption services to their existing services.

Supervised consumption services are provided to individuals who use pre-obtained illicit drugs in a safe location with health care supervision. In addition to supervision, individuals are provided with sterile supplies, education on safer use practices, overdose prevention and intervention, as well as connection to other program and support services such as medical, counselling, treatment, housing, peers, and income support.

As part of their federal applications, both groups of organizations undertook community consultations through Open House Sessions and conducted an online survey. The public was encouraged to provide feedback to help enhance harm reduction services and to gather information about the benefits and how to address concerns about supervised consumption services.

In April 2018, the Ministry of Health and Long Term Care (MOHLTC) granted approval to NorWest Community Health Centres for their application to operate temporary overdose prevention sites in Ontario. In mid-August, before being able to open the program, the MOHLTC requested they not proceed so they could review the evidence to ensure that any continuation of supervised consumption services and overdose prevention sites would introduce people into rehabilitation and support services.



Over the next several months, the Minister of Health engaged with health care professionals, community leaders, local business representatives, police, municipal leaders, site operators, researchers and persons with lived experience. As a result of the review process, it was announced that the MOHLTC would move forward with a re-purposed program for Supervised Consumption Services and Overdose Prevention Sites, to be known as Consumption and Treatment Services. The new service model would not only have a focus on reversing overdoses, but would enhance the focus on connecting people who use drugs to primary care, treatment and rehabilitation, and other health and social services.

NorWest Community Health Centres Overdose Prevention Site officially opened for service on November 27, 2018 with exemption status until March 31, 2019. They are still awaiting a determination on the results of their exemption application and funding under the new model as a Consumption and Treatment Service.



→ RAPID ACCESS TO ADDICTION MEDICINE CLINIC

A partnership was struck between St. Joseph's Care Group, NorWest Community Health Centres, Dilico Anishinabek Family Care, Thunder Bay Counselling, Thunder Bay Regional Health Sciences Centre, Alpha Court, and People Advocating for Change through Empowerment to submit a proposal to the North West Local Health Integration Network for the creation of a Rapid Access to Addiction Medicine Clinic (RAAM). The collaborative proposal was successful, and the program launched in March 2018.

RAAM Clinics provide immediate access for individuals seeking treatment for any substance use disorder. They connect individuals to the appropriate level of treatment based on needs. No referrals are required – people can access services when they are ready. The clinics are designed to provide medical and counselling care, and are staffed with Registered Nurses, counsellors, social workers, peers, traditional healers, and addiction medicine specialists (Nurse Practitioners and Physicians).



→ INTERNATIONAL OVERDOSE AWARENESS DAY

To mark International Overdose Awareness Day, a demonstration and educational event was held at City Hall to raise awareness about overdose in Thunder Bay and reduce the stigma of drug-related deaths. Twenty-nine pairs of shoes, each with a purple ribbon and black balloon, were displayed in the lobby, representing the number people who died in Thunder Bay District due to opioids in 2017.

Participants at the event were able to create a tribute to a loved one who had died from an overdose, all of which were tied to the commemorative tree located at the entrance to Kam River Park.



→ ROCKIN' RECOVERY WITH FORT WILLIAM FIRST NATION

A new partnership between Fort William First Nation and the Drug Awareness Committee was struck to support the Drug Strategy's annual Rockin' Recovery events on its fifth anniversary in the community. The partnership signals recovery support for all individuals in the city of Thunder Bay and Fort William First Nation. Recovery Day recognizes all treatment, recovery and wellness choices; including addiction medicine and other harm reduction options, abstinence, and 12-step approaches.

"This partnership is an opportunity to enhance Recovery Day and to show both our communities that there is support out there."

~ Chief Peter Collins, Fort William First Nation

Over 600 people attended the event, six individuals shared personal stories about their recovery journey, and there were more than 30 booths from local organizations and artisans. Thanks to the overwhelming support from community organizations and volunteers who help make the event a success every year! Save the date for the 6th annual event on September 4, 2019!



→ COMMUNITY SAFETY AMBASSADORS

For the fourth consecutive year, the Thunder Bay Drug Strategy partnered with the Crime Prevention Council and the South Core Public Safety Task Force to hire two summer students as Community Safety Ambassadors. The Ambassadors worked for four months in several neighbourhoods, including participating in more community clean-up events, and supporting several community safety initiatives. They regularly picked up garbage and drug-related litter, worked on local harm reduction initiatives, and attended and helped plan community events, providing a consistent, positive presence in the neighbourhoods across the city.



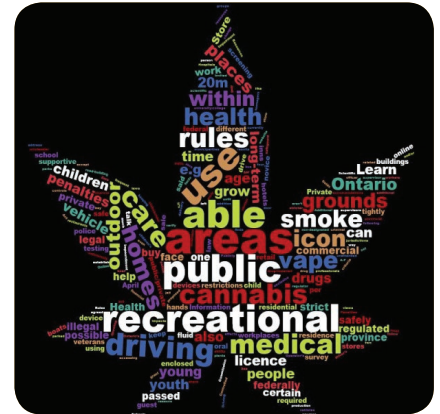
→ JOINT MOBILE CRISIS RESPONSE TEAM

Through a partnership with Thunder Bay Police Service and the Canadian Mental Health Association, a new pilot program launched in June 2018 that pairs up trained crisis workers with uniformed police officers. The goal is an improved response to the growing number of mental health calls police receive and reduced interactions with police for mental health related crisis calls. By connecting individuals with trained crisis workers, the burden on the emergency department is lessened. Further, police time in the emergency department is reduced.

The program currently operates from 2 pm-2 am, seven days a week and is funded through the North West Local Health Integration Network for one year. In the first six months of operating, it is evident that the initiative is being highly utilized and has had a positive impact. It will be important to advocate for continued and permanent funding for this program beyond the one-year pilot phase.

→ CANNABIS LEGALIZATION

Leading up to the legalization of recreational cannabis in Canada, the Drug Strategy participated in a number of public consultations from both the federal and provincial government as they proposed regulations. Beginning in January 2018, a roundtable discussion was hosted with the Honorable Patty Hajdu on Health Canada's proposed approach to cannabis legalization. Based on the roundtable discussion and a subsequent meeting with members of the Drug Strategy, a written submission was provided responding to the consultation questions. Further, the Drug Strategy also participated in provincial consultations on the proposed Cannabis Act, and proposed amendments to the Smoke Free Ontario Act and the Road Safety Statute Act, providing written submission to the Ontario government.



A local resource that details the current laws surrounding legal recreational cannabis in an easy-to-read pamphlet was developed for the general public.

Additionally, the Drug Strategy provided input to the municipality on whether to opt in or opt out of having cannabis retail stores within the community. An online survey was administered to gather community input and feedback on this topic.

→ EDUCATION, EVENTS & ADVOCACY

The Thunder Bay Drug Strategy continues to be a respected source of information on a wide range of issues related to substance use. In 2018, local and national media consulted with the Drug Strategy on supervised injection services, harm reduction, basic income, cannabis, housing and homelessness, stigma, recovery, the prevalence of overdose and local overdose prevention efforts, and the current landscape of substance use and related harms in Thunder Bay.

Over the past year, the Drug Strategy Coordinator offered more than 20 presentations to community groups, reaching more than 850 people on similar topics. The Drug Strategy also provided 11 letters of support for funding proposals and award nominations for partner organizations and initiatives and submitted five responses to provincial and federal consultations.

Educational Events:

- Northwest Region Opioid Strategy Event (March 2018)
- Opening Doors Counselling Conference (May 2018)
- Ask Me Anything Reddit: Thunder Bay Hepatitis C & Harm Reduction Experts (July 2018)
- 2nd Annual Harm Reduction Conference (October 2018)

Reports:

- Community Perspectives and Perceptions on Violence, Impacts and Prevention Opportunities (November 2017)
- Opioid Use and Impacts in Thunder Bay District (March 2018)
- Northwest Region Opioid Strategy Event Report: Results of the Community Dialogue on the Regional Opioid Crisis (May 2018)
- Towards a Northern Centre of Excellence for Addiction and Mental Health: Results of a Northwestern Ontario Engagement Process (May 2018)



COMMUNITY CONNECTIONS

The Thunder Bay Drug Strategy is involved in many other community groups and committees who have common or aligned goals:

- Thunder Bay Crime Prevention Council
- HepNet (Hepatitis C Advisory Committee)
- Northwest Community Mobilization Network
- SWAN (Supporting Women through Adversity in the North)
- St. Joseph's Care Group Addiction & Mental Health Community Engagement Council
- Thunder Bay Poverty Reduction Strategy
- Urban Aboriginal Advisory Committee
- CHPI Advisory Table (Community Homelessness Prevention Initiative advisory to TBDSSAB Board)
- Thunder Bay Coalition to End Human Trafficking
- RAAM (Rapid Access to Addiction Medicine) Steering Committee
- Managed Alcohol Program Planning Committee
- Coordinated Access to Housing Planning Committee
- Provincial Harm Reduction Program Enhancement Community of Practice
- Municipal Drug Strategy Coordinators' Network of Ontario

CONCLUSION

Nearly halfway into our four-year Strategic Plan, *Building a Better Tomorrow*, the Thunder Bay Drug Strategy remains committed to collaborating with stakeholders through evidence-based education and engagement initiatives to further reduce substance-related harms in Thunder Bay and area.

For more information, visit:

thunderbaydrugstrategy.ca





IMPLEMENTATION PANEL AND WORKING GROUP MEMBERSHIP

Alcohol & Gaming Commission
of Ontario

Alpha Court

Anishnawbe Mushkiki

BaySafe

Brain Injury Services of Northern
Ontario

Canadian Mental Health Association
– Kenora

Canadian Mental Health Association
– Thunder Bay

Centre for Addiction
& Mental Health

Children's Aid Society of the
District of Thunder Bay

Children's Centre Thunder Bay

City Council

City of Thunder Bay

Community Members

Community Services for
Independence Northwest

Conseil scolaire de district
catholique des Aurores boreales

Correction Services Canada

Crime Prevention Council

Dennis Franklin Cromarty

Dilico Anishinabek Family Care

Drug Awareness Committee

Elevate NWO

Elizabeth Fry Society NWO

Faye Peterson

Fort William First Nation

Grace Place

Habitat for Humanity
– Thunder Bay

John Howard Society

Joseph Esquega Health Centre

Kinna-aweya Legal Clinic

Lakehead Public Schools

Lakehead University

Lakehead University Student Union

Lutheran Community Care Centre

Matawa Education and Care Centre

Nishnawbe Aski Nation

Nishnawbe-Aski Police Service

North of Superior Counselling

NorthBEAT

Northwest LHIN

NorWest Community Health
Centres

Oak Medical Arts

Ontario Addiction Treatment
Centres

Ontario Native Women's Association

Ontario Provincial Police

Our Kids Count

People Advocating for Change
through Empowerment

People with Lived Experience
Community Advisory

Salvation Army

Sexual Abuse Centre
Thunder Bay

Shelter House

St. Joseph's Care Group

Superior North EMS

Thunder Bay Catholic District
School Board

Thunder Bay Counselling

Thunder Bay District Health Unit

Thunder Bay District Social
Services Administration Board

Thunder Bay Housing &
Homelessness Coalition

Thunder Bay Indigenous Friendship
Centre

Thunder Bay Police Service

Thunder Bay Poverty Reduction
Strategy

Thunder Bay Regional Health
Sciences Centre

Urban Abbey

Veterans Affairs Canada

Workplace Safety
& Prevention Services

PUBLISHED BY:

THUNDER BAY DRUG STRATEGY
CORPORATE STRATEGIC SERVICES

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Board of Directors - Open

Wednesday, April 3, 2019

Boardroom – 5:00 p.m.

Action

Present:

Matt Simeoni (<i>Chair</i>)	Joy Wakefield	Jean Bartkowiak*
John Friday	Grant Walsh	Dick Mannisto
Dr. S. Zaki Ahmed*	Gordon Wickham	Patricia Lang
Dr. Penny Moody-Corbett	Dr. Valerie Grdisa*	Gary Whitney
Nathalie Coppola (<i>t-con</i>)	Micheal Hardy	

By Invitation – Senior Leadership:

Peter Myllymaa	Dr. Peter Voros	Amanda Björn
Dr. Stewart Kennedy		

By Invitation:

Angela Kutok, <i>Rec. Sec.</i>	Dawna Maria Perry	Crystal Pirie
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Regrets Board of Directors:

Dr. Eric Davenport*	Eric Zakrewski	Anita Jean
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Regrets Senior Leadership:

Glenn Craig	David Murray
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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. Valerie Grdisa, was welcomed as the new Executive Vice President of Research, Quality & Academics and Chief Nursing Executive and is a member of the Hospital's Senior Leadership Council as well as the Research Institute's Executive Management Council. In this role she 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, and patient and family centred care.

1.2 Quorum – Quorum was attained.

1.3 Conflict of Interest - None.

1.4 Approval of the Agenda



Moved by: Penny Moody Corbett
Seconded by: Grant Walsh

Motion

"That the Agenda be approved, as presented."

CARRIED

2.0 PATIENT STORY

Dr. Zaki Ahmed, Chief of Staff, provided a patient story which highlighted how the use of advanced technology, such as Telemedicine, improves access to medical services that often would not be available in distant rural communities. Telemedicine can save lives in critical care and emergency situations and advances the Hospital's mission to deliver a quality patient experience that is responsive to the needs of the population of Northwestern Ontario.

3.0 PRESENTATIONS

3.1 Indigenous Health Orientation

Crystal Pirie, Senior Director of Indigenous Collaboration, presented the newly developed orientation program that will be delivered to all new staff and volunteers of the Hospital. The purposes of the orientation is to increase understanding of the impact of health disparities, relevance of socioeconomic factors, and why culture matters with health outcomes.

Crystal Pirie was excused from the meeting.

4.0 CONSENT AGENDA

Moved by: Gord Wickham
Seconded by: Dick Mannsito

Motion

"That the Board of Directors:

4.1 Approves the Board of Directors Minutes of March 6, 2019;

4.2 Accepts revisions to the Admin-19 Whistleblower Policy;

as presented."

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. Occupancy/Overcapacity:

- There is an increase in Influenza A in the community leading to an influx of patients at the Hospital.

b. Health System Reform:

- The Ministry of Health and Long Term Care (MOHLTC) held a town hall webcast to provide an introduction and overview of the Ontario Health Teams (OHT) concept;
- OHT are groups of providers and organizations that are clinically and fiscally accountable for delivering a full and coordinated continuum of care to a defined geographic population;
- A Stakeholder Technical Webinar is scheduled on Friday, April 5 providing participants with a walk-through of the Ontario Health Teams and Guidance Document.

c. Staffing Challenges:

- The staffing structure at the Transitional Care Unit (TCU) at Hogarth Riverview Manor (HRM) is being examined through a collaborative approach with various partners;
- Efforts are being made to increase the number of psychiatrists.

5.2 Report from the Chief of Staff

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

- The Hospital's inclusion of a Patient Family Advisor (PFA) as a member of the Medical Advisory Committee (MAC) was recognized as a leading practice by the Health Standards Organization. A Leading Practice is a practice carried out by a health and/or social service organization that has demonstrated a positive change, is people centred, safe and efficient.



5.3 **Foundation Highlights** – No report.

Moved by: Micheal Hardy

Seconded by: Dick Mannisto

Motion

“That the Board of Directors accepts reports dated April 3, 2019 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. Mental Health and Emergency Services proposal:

The PSQCC received a presentation from Lisa Beck, Director, Critical Care and Emergency Services and Dr. Mandy McMahan, Director, Adult Mental Health on the Mental Health Emergency Service Proposal, outlining recommendations to renovate the existing space in Emergency Department (ED) for a dedicated Emergency Mental Health Addictions Assessment Area, Psychiatric Stabilization, and Assessment Unit.

The PSQCC is recommending that the presentation be presented to the full Board at a future meeting.

Action

6.2 **Report from the Chair Governance and Nominating Committee (GNC)**

Dick Mannisto highlighted the following:

a. CEO and COS Performance Evaluation Process:

The Chair of GNC, along with the Executive Vice President of People, Culture and Strategy, continue to work on the CEO Evaluation process with the aim to improve on the current evaluation process to ensure it meets both the Board and CEO needs. A similar process will be developed for the Chief of Staff (COS) evaluation.



b. Board Director and Community Member Recruitment:

The focus of the last two Governance and Nominating Committee (GNC) meetings was Board recruitment needs for the upcoming year. Board recruitment advertising took place from March 1 to 18 via several posting venues and resulted in an overwhelming response from local and regional applicants. The goal of the GNC through the recruitment process is to ensure a well balanced, skilled, and diversified Board as well as community members to complement Board committees.

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

Grant Walsh highlighted the following:

a. Occupational Health and Safety Update:

The Resource Planning Committee (RPC) received a presentation from Rose Lazinski, Manager of Occupational Health and Safety, highlighting successes and challenges from the Occupational Health and Safety Department for the fiscal year 2018. Updates were given on Ministry of Labour (MOL) site visits, Workplace Safety and Insurance Board (WSIB) cases and surcharges, and various other highlights.

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 Chief Nursing Executive – For information.

7.5 Report from the Foundation – For information.

7.6 Report from the Volunteer Association – For information

8.0 BOARD MEMBERS COMMENTS

9.0 DATE OF NEXT MEETING – May 1, 2019

10.0 ADJOURNMENT - The meeting adjourned at 6:22 p.m.

Chair

Board Secretary



Recording Secretary



Patient Safety and Quality of Care Committee

March 20, 2019

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

Present:

Gary Whitney (via t-con), Dr. S. Zaki Ahmed, Jean Bartkowiak, Filomena Gregorash, Anne-Marie Heron (Acting), Anita Jean, Patricia Lang(Chair), Sheri Maltais, Bonnie Nicholas (Acting), Dawna Maria Perry, Dave Van Wagoner, Joy Wakefield (via t-con)

Regrets: Michael Hardy, Anne-Marie Heron, Matt Simeoni

By Invitation:

Lisa Beck, Director, Critical Care & Emergency Services
Michael Del Nin, Director, Decision Support
Dr. Mandy McMahan, Director, Adult Mental Health
Laurel Knowles, Patient Safety Improvement Specialist

1.0 **CALL TO ORDER** – The Chair called the meeting to order at 4:32 p.m.

1.1 **Quorum** – Attained.

1.2 **Conflict of Interest** – None.

1.3 **Approval of the Agenda**

Motion

Moved by: Anita Jean

Seconded by: Dawna Maria Perry

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

CARRIED

2.0 **PATIENT SAFETY AND QUALITY**

Laurel Knowles was welcomed to the meeting.

2.1 **Patient Safety Report**

Laurel Knowles, Patient Safety Improvement Specialist, provided an update on the Q3 2018-2019 Quarterly Patient Safety Incident Learning Report. She reported on the performance related to patient safety, quality of care and progress towards patient safety objectives, targeted areas where there is opportunity to improve patients safety as per the organization's



Quality and Improvement Plan (OIP). A detailed report on quality issues and overall quality services provided at the hospital as per Excellence for All Act (ECFAA) was also presented. An overview of the recent Critical Incidents, their significant findings from the Incident Learning System, patient safety findings, initiatives and recommendations resulting from the March 14, Quality Care Committee was also discussed.

2.2 Just Culture

Laurel Knowles, Patient Safety Improvement Specialist, discussed the goal to improve Just Culture, including trends, target safety plans and initiatives to improve patient safety.

The presentation highlighted the following:

- The re-organization of dimensions in to Safe Timely Efficient Effective Equitable and Patient Family Centred (STEEP);
- A Recommendation to develop Quality Based Procedures (QBP) regarding standardized order sets to limit variation and reduce patient risk;
- Sub categories for discrimination and racism to be added to the reporting console to track patient safety incidents and concerns that were specific to these areas;
- Discussion about linking the patient experiences satisfaction survey, patient complement and concern data base and results from the National Research Organization (NRC) to gather more consistent data.

Laurel Knowles was excused from the meeting.

Michael Del Nin was welcomed to the meeting.

3.0 ORGANIZATIONAL PERFORMANCE

3.1 Q3 Strategic and Operational Indicators (including OIP)

Mr. Michael Del Nin, Director, Decision Support, reported results for 2018-2019 Q3 Balanced Score Card Indicators (BSC) for which are not achieving their targets, observations, reasons, and remedial actions being undertaken to improve performance were provided

Some highlights from the presentation were:

- Implementing assimilation programs, a medical activation process, establishing regular mock Code Blue drills for Adult Mental Health (AMH) and Forensics, equipment role processes, education and tools for Medical Emergency Team(MET), AMH staff, and ED outlining their roles and responsibilities, a process to call in a coroner after a death in Hospital;
- AMH to implement a process and tools that follow up after a patient returns from a pass- Allowing family and patients to reflect on how their pass went and flags any behavior that may affect the patient's safety;



- It was recommended that the organization ensure that all staff have available follow up and support from Employee Assistance Program (EAP) after a Critical Incident and available debriefing after an incident;
- Recommendations were made to improve patient privacy with Physician to Physician transfer of patient information, establishing regular practice to ask patients who their Most Responsible Physician (MRP) is on admission;
- It was recommended to track near misses and Critical Incidents, looking at the specific departments that are impacted, looking for trends (cause and effect), developing a processes to prevent reoccurrence;
- Have Strategy and Performance make recommendations as per Safe Timely Efficient Effective Equitable and Patient Family Centred (STEEP) Committee.
- It was recommended to make changes to the printed order sets to reduce errors in processing orders and establish automated medication dispensing machines in areas of high risk;
- Dr Zaki Ahmed discussed surgical initiatives, focusing on less invasive surgeries that require less intensive care, increasing available Hospitalists to improve patient flow and decreased length of stay.

Michael Del Nin was excused from the meeting.

Lisa Beck, Dr. Mandy McMahan was welcomed to the meeting.

4.0 STRATEGIC AND EXCELLENT CARE FOR ALL

4.1 Mental Health Emergency Service (MHES) Proposal Update

Lisa Beck, Director, Critical Care & Emergency Services, Dr. Mandy McMahan, Director, Adult Mental Health provided an update of the Mental Health Emergency Service Proposal. (MHES). Lisa Beck stated that with collaboration of the Community Stakeholders identified Best Practices, conducted literature review and contributed to redesign. Functional Programming made recommendations to renovate the existing space in Emergency Department (ED) for a dedicated Emergency Mental Health Addictions Assessment Area, Psychiatric Stabilization and Assessment Unit.

The presentation highlighted the following:

- Discussed the need for care delivery improvements, space renovations which will increase quality of care, result in quicker stabilization, optimal handover to community supports/connections, shorter hospital admissions, lessen return to Emergency Department (ED), lessen occupancy and increase patient satisfaction;
- Committee member suggested looking at the availability of community supports, developing a process or tool to help with linking patients to community supports and programs to lessen patient hurdles;
- Lisa Beck informed the Committee that Canadian Mental Health Association (CMHA)



is implementing the Joint Mobile Crisis Team with Thunder Bay Police in June which is a collaborative approach to address the needs of patients in crisis while in their homes, to prevent return visits to ED)

- Discussed the positive results noted from the implementation of the Rapid Access Addictions Medicine Clinic (RAMM Clinic) which links patients with experts for Addiction Management and support;
- Gary Whitney recommended to the committee to have Lisa Beck and Dr Mandy McMahan present to the Board Of Directors the Mental Health Emergency Service Proposal (MHES);
- It was suggested that an urgent Mental Health Care Clinic or Crisis Centre be established within the community;
- Jean Bartkowiak informed the Committee that St Joseph's Care Group has considered expanding to encompass a Withdrawal Clinic however experienced many challenges;
- Joy Wakefield suggested establishing a phone line in ED dedicated for those patients not having access to a phone and require immediate peer and crisis support
- Dr Mandy McMahan informed the committee that the Women in Action Group Association is working with the foundation to raise funds for the MHESP.

Lisa Beck and Dr. Mandy McMahan were excused from the meeting.

5.0 STANDING ITEMS

5.1 Report from the Chair of the Quality Improvement Committee – No report

5.2 Report from the Chair of the Quality of Care Committee – No report available,

Bonnie Nicholas reviewed recommendations from three Process Reviews and one Clinical Incident Review.

6.0 CONSENT AGENDA

Moved by: Dave Van Wagoner

Seconded by: Bonnie Nicholas

"That the Patient Safety and Quality of Care Committee approve the Patient Safety and Quality of Care Committee minutes of February 20, 2019."

CARRIED

7.0 **WORK PLAN-** Nothing new to report



7.1 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.

7.2 Work Plan – Annual Research Compliance Report

Patricia Lang discussed the Annual Compliance Report and noted that we are on target with objectives.

Gary Whitney provided reassurance that all research is compliant with all legal issues and focuses on patient safety issues and reinforced the importance that all future presentations focus on patient safety.

8.0 BUSINESS ARISING/COMMITTEE MATTERS

8.1 Request for Presentation on Issues for Future Meetings

The Committee requested to have further discussion on Critical Incidents in April. Bonnie Nicholas is to provide the Committee with the tools, surveys and data base results from both Quality Risk Management and Patient Family Centered Care. The committee 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.

Lisa Beck and David Wood to present to the committee the data and status of the Hospital resources available for sexual assault victims who present to the Emergency Department. (ED), focusing on the training and funding efforts by the ED for sexual assault victims.

Mieke De Roover will report on which protocols or policies are in place to maintain patient privacy and safety. The purpose of this discussion is to inform the Board of the Hospital's legal obligation and how we abide by these obligations.

Sheri Maltais was asked to defer her presentation on Research on Quality Improvement and Patient Safety;

Other Topics being considered:

A review of how are we meeting the mandate, etc. meeting the standards.

An Update on Infection Control.

8.2 Request for Recommendations for Annual Report for the Board of Directors- None

9.0 FOR INFORMATION

Action



9.1 February 20, 2019 Committee Meeting Evaluation Summary

The summary of evaluations received from the February 20, 2019 meeting was reviewed for information.

10.0 BOARD MATTERS

10.1 Chair's Report to the Board

10.2 Recommendations to the Board

It was recommended that the Mental Health Emergency Service Proposal (MHES) Update presentation be presented to the Board of Directors.

11.0 DATE OF NEXT MEETING

The next meeting is scheduled for April 17, 2019.

12.0 ADJOURNMENT

The meeting adjourned at 5:55 p.m.



DRAFT



Patient Safety and Quality of Care Committee

April 17, 2019

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

Present:

Gary Whitney (Chair), Dr. S. Zaki Ahmed, Jean Bartkowiak, Filomena Gregorash, Patricia Lang, Bonnie Nicholas (Acting), Dave Van Wagoner, Joy Wakefield- via teleconference, Dr Valerie Grdisa

Regrets: Dawna Maria Perry, Sheri Maltais, Anne-Marie Heron (Acting)

By Invitation:

Laurel Knowles, Patient Safety Improvement Specialist
Katherine Bell, Infection Prevention and Control Specialist
John Ross, Patient Care Services
Dr. Gamble
Kathryn Shewfelt, Environmental Services
Lisa Beck, Director, Critical Care & Emergency Services
Lorena Brady, SADV Clinical Lead Specialist
Tyler Van Ramshors, Manager Emergency and Trauma Services

1.0 **CALL TO ORDER** – The Chair called the meeting to order at 4:32 p.m.

1.1 **Quorum** – Attained.

1.2 **Conflict of Interest** – None.

1.3 **Approval of the Agenda**

Moved by: Patricia Lang

Seconded by: Dave Van Wagoner

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

1.4 Gary Whitney(Chair) briefly presented guidelines for a Patient Story; Shared a personal story about his experience as a patient at T.B.H.S.C.; Discussed the challenges he encountered with accessing medical care post Diagnostic test and with following through with the complaint process;

Recommendations were made:

- Simplify the process/improve system;
- Develop tools or a system to access support,
- Was suggested having Patient Orientated Discharge Summary (P.O.D.S.) sheet

Motion



implemented for all departments post procedures

- To establish fast track care in either Emergency Department or if occurs during business hours, to be completed in the department where the procedure was performed for quick symptom relief.

Motion was granted to add the topic of Health Care Canada's Advisory about Breast implants to the Business Arising section 8.3.

CARRIED

2.0 FIDUCIARY

Bonnie Nicholas and Laurel Knowles were welcomed to the meeting.

2.1 Aggregate Critical Incident Report

Bonnie Nicholas, Acting Senior Director of Quality and Risk Management and Laurel Knowles, Patient Safety Improvement Specialist, reviewed reports regarding the frequency and severity of adverse patient safety events such as critical incidents, hospital acquired infections, pressure ulcers, falls, medication errors and preventable deaths. Informed the Committee of the system issues that lead to critical incidents to ensure the organization has an effective process in place to manage and respond to these incidents to ensure commitment to quality, quality improvement and ensuring safe care.

Some highlights from the presentation were:

- Discussed ways to track trends i.e. type of Incidents, Patient factors;
- Discussed process to ensure that the recommendations from both Process Reviews and Critical Incidents are implemented and completed by their target date; Smart Sheets are used to track recommendations and their response, suggested to establish a tool to track outstanding recommendations, justify changes to target date, reinvest measures and augment the work plan to ensure patient safety;
- Outstanding recommendations are discussed at each DIAD/Director EVP meeting; the report has subcategories of Quality, Education and Research;
- Laurel Shared with the Committee some of the initiatives that resulted from these recommendations i.e. added staffing education opportunities, simulation projects/labs, equipment changes-body shields, video monitoring, safe guard rooms;
- Bonnie Nicholas welcomed feedback from the Committee re accountability-a process to ensure completion of recommendations;
- It was recommended to compile a more detailed report, analysing trends, implications as to why the recommendations are overdue.



- Gary Whitney recommended that Quality and Risk Management team prepare a Statistical comparison of the Critical Incidents that occurred in our Hospital verses other Level 1 facilities and share this report with the Committee at next meeting.

Bonnie Nicholas and Laurel Knowles were excused from the meeting.

Katherine Bell, John Ross, Dr Gamble and Kathryn Shewfelt were invited to the meeting.

3.0 GENERATIVE

3.1 Update on Infection Prevention and Control

Katherine Bell, Infection Prevention and Control Specialist gave an update on TBRHSC's progress with recommendations it received from the Infection Control Resource Team (Public Health) with regards to the Vancomycin-Resistant Enterococci (VRE) outbreak declared on December 11, 2017. Discussed the details and ongoing management since the update.

Katherine Bell gave an overview of the thirty six recommendations and discussed how they are being implemented;

Some of the initiatives discussed were:

- Application of Glow Germ on equipment to see how well or often they are getting wiped down; Assessing what organism is being transferred, looking at common links i.e. what staff are working, developing investigations re high alert areas, checking the environments/swabbing areas, monitoring for VRE contamination;
- Developing hand hygiene strategies for staff;
- Environmental clean strategies with housekeeping;
- Regular checks of medical equipment;
- Looking at patients with long admissions re transfer of organisms;
- Katherine discussed initiatives i.e. emphasis on staff credentials, increased staff for work load, implementation of a tracking system -assigning priority to each action;
- Highlighted key challenges and potential risks with hiring new staff;
- Discussed utilizing nursing students and modified workers to work on specific pilot projects for Infection Control;
- Implemented new Pilot signs- trial on 2C(to increase awareness re specific cleaning requirements)
- Was recommended to develop a process to present and report data; involve Strategy and Performance to develop system
- Committee requested Infection Control to provide report on infection rates and to compare with Canada wide bench marks 2017-2018, Dr Gamble to look at comparisons.

Katherine Bell, John Ross, Dr Gamble and Kathryn Shewfelt were excused from the meeting.

Lisa Beck, Dr. Meghan Garnett, Lorena Brady and Tyler Van Ramshorst were invited to the meeting.



3.2 SADV (Sexual Assault Victim) Presentation

Lisa Beck, Director, Critical Care & Emergency Services, Lorena Brady, SADV Clinical Lead, Tyler Van Ramshorst, Manager of Emergency and Trauma Services discussed the Training, funding efforts for Emergency Department for sexual assault victims.

Highlights from presentation :

- Lorena shared patient story with Committee;
- Lisa Beck discussed Q3 Data;
- Discussed Training opportunities for staff re Sexual and Domestic Assault Victims;
- Shared initiatives for Program Improvements and it's challenges;
- Shared wellness support initiatives for staff to prevent burnout;
- Joy inquired about Mandatory reporting protocols for Sexual Assault and Domestic Violence Victims.

Lisa Beck, Lorena Brady, and Tyler Van Ramshorst were excused from the meeting.

4.0 STRATEGIC and Excellent Care for All

4.1 Gary Whitney, Chair, recommended Bonnie Nicholas, Acting Director of Quality and Risk Management and Joy Wakefield Board Member, to defer their presentation on; Remediation plans for non-compliance; Patient Safety and Quality of Care Committee Presentation and Board Survey for May Committee meeting.

5.0 STANDING ITEMS

5.1 Report from the Chair of the Quality Improvement Committee – No report

5.2 Report from the Chair of the Quality of Care Committee – No report.

6.0 CONSENT AGENDA

Moved by: Filomena Gregorash

Seconded by: Dave Van Wagoner

"That the Patient Safety and Quality of Care Committee approve the Patient Safety and Quality of Care Committee minutes of February 20, 2019."

CARRIED

7.0 WORK PLAN



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

Gary Whitney voiced the need to review the work plan at next committee meeting in May.

7.2 Work Plan – Annual Research Compliance Report

Gary Whitney to assess if PSQCC is the right committee to present the annual report.

8.0 BUSINESS ARISING/COMMITTEE MATTERS

8.1 Request for Presentation on Issues for Future Meetings

Gary Whitney, Chair, recommended Bonnie Nicholas, Acting Director of Quality and Risk Management and Joy Wakefield Board Member, to defer their presentation on Remediation plans for non-compliance; Patient Safety and Quality of Care Committee Presentation and Board Survey to the May 15, 2019 Committee meeting.

8.2 Request for Recommendations for Annual Report for the Board of Directors-

8.3 Health Canada Advisory- Breast Implants

Dr Zaki Ahmed gave an overview of the Advisory and T.B.R.H.S.C. stance on this advisory. It was recommended to develop a plan in case there is a recall;
A registry is to be completed with specifics of who received breast implants and their type;
It was recommended that the hospital surgeons lead in obtaining accurate information concerning expectations re Patient outcomes for safety;
Gary Whitney requested to have Dr Zaki Ahmed provide an update, share the information obtained and to explain how we are going to proceed with the information obtained at the next Committee meeting.

Action

9.0 FOR INFORMATION

9.1 April 17, 2019 Committee Meeting Evaluation Summary

The summary of evaluations received from the April 17, 2019 meeting was reviewed for information.

10.0 BOARD MATTERS

10.1 Chair's Report to the Board

10.2 Recommendations to the Board

It was recommended that Dr Ahmed update the Committee on the findings regarding the Health Care Canada Breast Implant Advisory at the next scheduled meeting.

It was also recommended to provide a report on how the Hospital compares to other Level 1



facilities in Canada which provide the same service regarding the number and type of Critical Incidents that occur.

Infection control was requested to report back to the committee the comparison results concerning the Hospitals infection rates verses Canada wide benchmarks 2017-2018. Dr Gamble to look at comparisons.

It was also requested for Infection Control to prepare a brief discussion on the CBC News concerning the Candida Auris Outbreak: super Bug which has sickened hundreds.

10.0 DATE OF NEXT MEETING

The next meeting is scheduled for May 15, 2019.

10.1 ADJOURNMENT

The meeting adjourned at 6:34 p.m.

DRAFT



DRAFT



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Centre

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ATTESTATION

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

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

DATE: April 16, 2019

RE: **Q4 2018-19** Wages and Source Deductions for Fiscal Year Beginning
April 1, 2018 and ending March 31, 2019 (the "Applicable Period")

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

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

during the Applicable Period.

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

Dated at Thunder Bay, Ontario this 16th day of April, 2019.

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

Thunder Bay Regional Health Sciences Centre is 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**.

Le Centre régional des sciences de la santé de Thunder Bay, un hôpital d'enseignement et de recherche, est reconnu comme un leader dans la prestation de soins et de services aux patients et aux familles et est fier de son affiliation à l'université Lakehead et à l'École de médecine du Nord de l'Ontario.

healthy
together

En santé
ensemble



Report from the President & CEO and Senior Leadership Team May 2019

Following are some recent strategic activities or development since the April 2019 Board meeting.

Patient Experience:

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

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

The Joint Occupational Health and Safety committee actively engaged on many fronts to advance this goal, specifically:

- By year-end, all hazards identified during annual inspections were addressed. A Ministry of Labour inspector commended us for our workplace inspection process;
- In 2019, Senior Leaders will participate in the committee's annual workplace inspections to showcase our internal responsibility system and use these inspections as an opportunity to address frontline staff specific health and safety hazards, thus enhancing our workplace safety culture;
- Workplace violence notably contributed to our Hospitals' incidents in 2018, with approximately 47 incidents reported monthly relating to workplace violence/harassment. We work partners such as the Workplace Safety and Insurance Board, Public Services Health and Safety Association, and the Ontario Ministry of Labour to bring education to our staff to reduce the chance of workplace injury due to workplace violence. Furthermore, audible personal alarms were rolled out on all Medical Units, Emergency, Forensic unit and Adult Mental Health unit. In 2019, we plan to roll out personal alarm inspections, with the inspections.

Comprehensive Clinical Care:

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

Objective 3.1.10: Access to Health Professions.

As of April 1, 2019, both Occupational Therapy (OT) and Physiotherapy (PT) Readiness of Discharge Interventions reports went live in the Electronic Medical Record (EMR); the reports will provide clinical teams quick and easy-to-find details of the patient's readiness for discharge from the OT and the PT perspectives. Discharge delays are a common occurrence because the Most Responsible Physician wants to know from the PT or OT if the patient can be discharged. The OT and PT Readiness for Discharge Interventions reports provide a more visible and quick summary to prevent discharge delays



Seniors Health:

Goal 2: Adopt the Senior Friendly Hospital framework.

Objective 2.4: Provide an environment that minimizes the vulnerabilities of senior patients and promotes safety, comfort, independence and functional well-being.

Signage throughout the Hospital grounds has been updated in the last 6 months to improve identification of parking lots, with distinct colours for patients, visitors and staff parking lots. The signage was designed with symbols for enhanced readability. We received positive feedback on the parking signage.

Indigenous Health:

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

The opportunity to partner with Anishnawbe Mushkiki Aboriginal Health Access Centre (AHAC) is being explored. The AHAC mandate is to provide culturally sensitive services that welcome, accept and represent all Indigenous peoples. Leads are exploring a partnership model to enhance health care access and transitions, as well as support to Indigenous patients and their families with respect to their spiritual, emotional, mental and emotional care needs across all stages of life. Over the next two months, research into the benefits, challenges and costs will be conducted to inform next steps.

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

Objective 2.1: Improve the adoption of traditional knowledge and practices.

The Forensic Mental Health Program is entering into a partnership with Blue Sky Community Healing Centre. The community organization will provide the necessary cultural and spiritual resources to deliver healing and wellness activities to our patients, and provide Indigenous awareness training for staff members to encourage their awareness and understanding of Indigenous culture. This enhancement to the services offered by our Program will benefit our patients, and facilitate their psychosocial rehabilitation and subsequent successful reintegration into the community.

Acute Mental Health:

Goal 2: Enhance the delivery of mental health care to patients outside of mental health services.

Objective 2.1: Increase access to specialized and appropriate mental health services on all in-patient units.

In April, the position of Manager, Ambulatory Mental Health and Supportive Services position was developed with a mandate to ensure the objectives under this goal are achieved. The Manager is responsible for Consultation Liaison and Spiritual Care services providing mental health support throughout the Hospital. The most immediate objective will be for the Manager to provide Hospital-wide substance use and addiction management as well as transition services to community services.



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

Objective 4.2: Implement a comprehensive mental health-emergency service (MHES).

The MHES pre-capital submission, was forwarded to the Ministry of Health and Long-Term Care. On March 4, the Ministry requested clarifications that were provided on April 29. We await approval to move to Stage 1.

Objective 4.3: Improve access to acute mental health.

A community Joint Mobile Mental Health Crisis Response Team (JMCRT) started in the City of Thunder Bay on June 11, 2018; the team is comprised of Crisis Workers and Police Officers. The team operates seven days a week from 2:00 p.m. to 2:00 a.m., supporting residents with Mental Health conditions in an effort to divert avoidable Emergency Department (ED) visits and reduce time police spend in ED.

As of March 5, there have been 854 JMCRT assisted interventions, 380 of these were diverted from the ED. In the past all of these would have come to the ED. It is important to note that the number crisis visits in the community has increased in the past year by 137%. However, with the assistance of this initiative police visits to the ED have remained unchanged. Detailed data on the team's impact is currently being gathered by an LU researcher.

Other Hospital priority activities over the past month:

Health System Reform:

A Northwestern Ontario Working Group will respond to the Government of Ontario's call for Ontario Health Teams (OHT). OHTs are intended to group Health Service Providers (HSP) and community organizations to be clinically and fiscally accountable for delivering a full and coordinated continuum of care to a defined geographic population. The Working Group is comprised of expert stakeholders from across the region representing various segments of health care delivery, including acute care, continuing care, long-term care, primary care, rehabilitation, home and community health, mental health, Indigenous health services, Francophone health services, and others. Anne Marie Heron, Executive Director of Capital Planning and Operations, is the Hospital's delegate on the Working Group.

The Working Group is expected to draft and submit the Readiness Criteria form by the May 15, 2019 deadline. The exact number of OHTs has not yet been firmly determined. However, in order to be considered, OHT candidates must demonstrate Readiness Criteria in the following areas:

1. Patient Care & Experience;
2. Patient Partnership & Community Engagement;
3. Defined Patient Population;
4. In-Scope Services;
5. Leadership, Accountability, & Governance;
6. Performance Measurement, Quality Improvement, & Continuous Learning;
7. Funding and Incentive Structure;
8. Digital Health.



Hospital Reorganization:

A Town Hall meeting was held on April 8 with Hospital leadership staff; the purpose of the Town Hall was to share the current state of the Hospital's organizational restructuring. Phase I of the restructuring largely focused on improving clinical divisions complementarily and cooperation. It was implemented during the Spring of 2018. Phase II involved designing the new Research, Quality and Academics portfolio. Following a vigorous recruitment phase, Dr. Valerie Grdisa was welcomed as the new Executive Vice President, Research, Quality, Academics & CNE, and finalization of her portfolio, and its relationship to other divisions is in progress. Phase III of the reorganization is in progress; it primarily involves finalizing the new cardiovascular services structure.

The Opioid Crisis:

On April 10, President & CEO Jean Bartkowiak attended in Ottawa a Parliamentary Health Research Caucus Reception on *The Opioid Crisis: How Can Research Inform Solutions?* Participants discussed research opportunities and prospective partnerships to address the national opioid crisis and support those affected by it. The Thunder Bay Regional Health Research Institute, is well positioned to contribute.

Hallway Medicine:

On April 16, Mr. Bartkowiak attended, along with 10 Patient Family Advisors, staff, leaders and medical staff from our Hospital, the ninth Premier's Council session regarding improving health care and ending "hallway medicine". The session was held in Thunder Bay, with representatives from various areas of health care in our region. Participants responded to questions regarding health care improvements, innovations in health care, community care, transitions in care, and interactions with health care providers. The results will inform recommendations to the Premier to end hallway medicine through enhanced coordination of and access to care.

2019 Ontario Budget:

The 2019 Ontario Budget, called "Protecting What Matters Most", includes guidance regarding procurement operations that will impact hospitals. Specifically, "the government will create a centralized procurement system to better manage the purchasing of products and devices for hospitals, home and community care, and long-term care. Ontario Health, the new government agency, will oversee this coordinated health sector supply chain effort." Further details, expected to be provided in the weeks to come, will clarify any effects on our Hospital and the Northern Supply Chain.

Medical Assistance in Dying:

The North West Local Health Integration Network (LHIN) has assumed oversight for our region of Medical Assistance in Dying (MAID) requests. The LHIN will coordinate requests and provision of MAID in homes and health care facilities as part of its Home and Community Care Services. The LHIN will certify Nurse Practitioners for MAID to increase the number of professionals able to provide the service.

Mental Health Schedule One Services:

In Northwestern Ontario, there are currently two Schedule 1 acute hospitals, which are Designated Psychiatric Facilities. These are Lake of the Woods Hospital in Kenora and our Hospital in Thunder Bay.



The imminent retirement of the only full time psychiatrist in Kenora prompted the critical need to stabilize and proactively address the current acute needs of patients with mental health and addiction challenges in our region. Over the course of three days in April, a group of stakeholders participated in a Design Event to identify gaps and explore ideas and opportunities to address them. Next steps include the development of a standard process when a patient needs acute Schedule 1 services in Northwestern Ontario, building human psychiatric resources, and regionalizing beds by removing boundaries and realigning bed resources.

Accessibility Plan:

On April 11, members of the Hospital's Accessibility Implementation Team presented a progress report to the City of Thunder Bay Accessibility Advisory Committee. Members of the City Committee provided guidance to develop and implement the Hospital's Accessibility Plan.

Academic Health Sciences Network North:

As an Academic Health Sciences Centre, our Hospital fosters a supportive academic environment. Our commitment includes developing and implementing a tripartite collaboration that will form the nucleus of the Academic Health Sciences Network North (AHSNNorth) with our partners. Academic leadership and CEOs from Health Sciences North in Sudbury, the Northern Ontario School of Medicine and our Hospital met on April 9 to provide feedback on a draft tripartite agreement that promotes "a single system of clinical and academic leadership whereby functions and structures are shared between the three institutions". In follow-up to the meeting the team is drafting clinical and academic leadership job descriptions, a finalized report on shared resources and a re-design of the Medical Education Committee.

Simulation Centre:

The new Simulation Centre construction is complete. The Simulation Centre provides researchers, students, teachers, and other health care professionals with an effective and safe learning environment. This expansion of simulation is part of our advancement as an academic health sciences centre. A grand opening of the Simulation Centre will take place on May 15.

Trauma Funding:

We received additional base funding for the Trauma Program that will allow us to add a 0.5 FTE Clinical Lead to expand Indigenous Injury Prevention programming into the region.

Paediatric Critical Care:

The Medical Emergency Team (MET) expanded their services in February to support admitted paediatric patients by managing collaboratively our acutely ill children between critical care and the Paediatrics unit. The Paediatricians can access a Critical Care MET Nurse to provide assistance and support to their admitted patients anywhere, except in the Emergency Department, and can potentially prevent the transfer of the patient to the Intensive Care Unit. Allowing paediatric patients to remain in the care of their primary Paediatric team can improve the patient and family experience by allowing them to remain in a child friendly, comfortable environment. It improves the continuity of their care, which has shown to be important to parents and children.



Chief of Staff Report

to the
Board of Directors
Thunder Bay Regional Health Sciences Centre

May 2019

Change in Practice - Recommendations versus Orders

- MAC discussed the use of recommendations versus orders by consultants and the implication that nursing is not able to implement recommendations
- Nursing staff would then have to call the Most Responsible Practitioner (MRP) to approve recommendations prior to implementing
- MAC were in support of consultant recommendations being held until the MRP has rounded, reviewed and approved the recommendations
- It was agreed that if a consultant feels a recommendation needs to be implemented immediately and cannot wait until the MRP rounds, they should either: (a) write an order rather than a recommendation, or (b) contact the MRP to discuss recommended plan of care and then write orders as appropriate

Sub-Committees of the Medical Advisory Committee (MAC)

- The MAC supported several changes to the sub-committees of the Medical Advisory Committee
- The Laboratory Quality and Utilization Committee which was a sub-committee of the MAC that was dissolved in 2017 will be re-established but with a broader view to all medical utilization, particularly given the Choosing Wisely movement
- The hospital's current Infection Prevention and Control Committee will be established as a sub-committee of the MAC to align with recommendations by the Provincial Infectious Diseases Advisory Committee (PIDAC); this is a multidisciplinary committee that is responsible for annual goal-setting, program evaluation and ensuring that the program meets current legislated standards and requirements as well as the requirements of the facility
- The Professional Staff Wellness Committee will be a new sub-committee of the MAC with an inaugural meeting planned for mid-May or early June

Incomplete Records

- Our notification and follow up process with providers regarding incomplete records was placed on hold temporarily as the new dictation system was implemented
- Starting May 1, we began notification in phases to providers to allow an opportunity to complete stale records and this work will continue over the next 8-10 months
- This is the first step before we can implement our new policy and procedure which provides clear expectations and will reflect our quality improvement initiative to move towards having discharge summaries completed within 48 hours of discharge



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Chief of Staff
Médecin chef

Recruitment

- A total of 3 site visits took place during the month of April for Ophthalmology, Pathology and Internal Medicine

Current Projects

- Response to Cardiac Arrest Codes – continue to work on arranging in-house coverage at all times for cardiac arrest codes
- Physician Consult Times in the ED and on In-Patient Units – continue to work on capturing data accurately



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

Nursing Week

- Nursing Week is the annual celebration of our profession. It is held every May to coincide with the birthday of Florence Nightingale, the founder of modern nursing.
- This year national nurse's week will take place May 6 -12. The following events are scheduled to take place;
 - Best Practice Champions Open House funding received from the RNAO will be utilized to host a Nurses Practice Café on Thursday May 9th from 11:00 – 14:00. The new CNE, Dr. Valerie Grdisa, will chair the event during which the Board of Directors of the Volunteer Association will acknowledge a nurse who is pursuing additional credentialing via enrollment in academic learning with a bursary.
 - Baxter will host Lunch and Learns sessions on May 7 presenting "I.V. Therapy made simple."
 - Throughout the week nursing professional practice staff will be visiting nurses throughout the building delivering nonperishable treats to share our appreciation for their contribution to the hospital and health care.

Registered Nurses' Association of Ontario (RNAO) Best Practice Spotlight Organization (BPSO)

- As a BPSO our Hospital is recognized as an organization that strives to create and maintain a culture of excellence by embedding evidence into daily nursing practice.
- One deliverable of our BPSO is attendance at the RNAO BPSO Knowledge Exchange Symposium. This year's the symposium was held April 11.
- Two Hospital staff joined delegates from other provincial and international candidate and designate BPSO organizations to share success, implementation tools, resources, and strategies to maintain momentum.



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Chief Nursing Executive
Chef des soins infirmiers

Regulation of Diagnostic Medical Sonographers (Ultrasound & Echo Technologists)

On January 1, 2019 diagnostic medical sonographers became regulated under the College of Medical Radiation Technologists of Ontario (CMRTO). It is expected that the Medical Radiation and Imaging Act will be acclaimed in the near future and the CMRTO will undergo a name change to the College of Medical Radiation and Imaging Technologists of Ontario. All diagnostic medical sonographers at Thunder Bay Regional Health Sciences Centre are registered with the CMRTO. As per policy, annual license renewal checks will be carried out.

Spotlight On Our BPSO

Thunder Bay Regional Health Sciences Centre

Sienna Maria Perry
Director of Nursing

Julie Hird
Nursing Practice Leader

Martin Sabourin
Nursing Practice Leader

George Fletcher
Nursing Practice Leader

Jordan Squires
Nursing Research Team
(NET) Practice Coordinator

About Us

- 375 acute care hospital located in Northwestern Ontario
- TBRHSC also supports a 64-bed Transitional Care Unit (TCU) which houses Alternative Level of Care (ALC) patients
- Ontario's newest teaching hospital affiliated with Northern Ontario School of Medicine
- Received designation as a BPSO 2013
- Implemented 15 Best Practice Guidelines
- Trained 180 staff as RNAD BPSO Champions

Original BPGs

- Assessment and device selection for vascular access
- Care and maintenance to reduce vascular access complications
- Assessment and management of pain
- Establishing therapeutic relationships
- Integrating smoking cessation into daily nursing practice
- Prevention of falls and fall injuries in the older adult

3 Pillars of Sustainability

Education and Engagement

What we have committed to:

- Education sessions supporting changes in practice
- Nursing Newsletter
- Practice Item of the Week
- Real time on the unit education
- Safety and Professional Practice huddles to create and find teachable moments

Surveillance

- Chart Audits
- Pressure Injury Prevalence & Incidence Study - twice yearly
- Spot audits
- Analysis of Safety Reports
- Data base creation to track performance
- NQIPSE data submission (Fall)

Support

- Practice as an agent of change
- NICHE membership and support of the Geriatric Resource Nurse-Certificates program
- Advocate for necessary resources
- Support Nursing research
- Regular huddles on Practice Change Initiatives
- Student Placement in Practice Office

Building Best Practices

2009-2013	2013-2014	2014-2016	2016-2019
<ul style="list-style-type: none"> • Assessment and device selection for vascular access • Care and maintenance to reduce vascular access complications • Assessment and management of pain • Establishing therapeutic relationships • Integrating smoking cessation into daily nursing practice • Prevention of falls and fall injuries in the older adult 	<ul style="list-style-type: none"> • Risk assessment and prevention of pressure ulcers • Assessment and management of stage 1-4 pressure ulcers • Promoting safety alternative approaches to the use of restraints 	<ul style="list-style-type: none"> • Caregiver strategies for older adults with delirium, dementia and depression • Collaborative practice among nursing teams • Screening for delirium, dementia and depression in the older adult 	<ul style="list-style-type: none"> • Assessment and Management of Pressure Injuries for the Interprofessional Team • Promoting Continence Using Prompted Voiding

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

Le Centre régional des sciences de la santé de Thunder Bay, un hôpital d'enseignement et de recherche, est reconnu comme un leader dans la prestation de soins et de services aux patients et aux familles et est fier de son affiliation à l'**Université Lakehead, à l'École de médecine du Nord de l'Ontario et au Collège Confederation.**

healthy
together En santé
ensemble

National Nurses Week

May 6-12th



Monday
May 6th

Appreciation Baskets

for Off Site Nursing
Departments

Tuesday
May 7th

Roaming Appreciation Cart

Level 1

Lunch & Learn

Presented by Baxter
International

IV Therapy Made Simple

2 Sessions

12:00-12:30 pm &
12:30 pm - 1:00 pm

Auditorium A

Lunch Provided

Wednesday
May 8th

Roaming Appreciation Cart

Level 2

Bocci and Game night

Sponsored by ONA

7:00 pm

DaVinci Centre

*Pizza, nachos and
beverage provided*

Thursday
May 9th

Roaming Appreciation Cart

Level 3

Nursing Practice Café An RNAO Best Practice Spotlight Event

11 am - 2 pm

Auditorium A

*Lunch provided
Photo Booth*



Thunder Bay Regional Health Sciences Centre Board of Directors Work Plan
Revised: May 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.

Column	Accountability	Activity	Responsible Body	As Needed	October	November	December	February	March	April	May	June	Comments
8	Governance	Board Members to complete Team Effectiveness Scale	BD				x			x			Dec 2018- Team effectiveness scale usually scheduled in December and April on hold pending trial of OHA online tool. April 3, 2019 - to be distributed following Board meeting
9	Governance	Board Members to complete Board Annual Evaluation	BD							x			Reviewed by Gov/Nom in May.
10	Legal Compliance	Environmental compliance and fire safety update	BD		x		x		x			x	
11	Legal Compliance	Accessibility update	BD	x									
12	Quality Oversight	Critical Incidents Update	BD				x				x		
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

AUDIT COMMITTEE
2018-2019 WORK PLAN

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

#	Accountability	Activity	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
1	Oversight of Management	2018-2019 Work Plan for information only						x		x		x		
2	Financial Oversight	2018-2019 Audit Plan Overview - Grant Thornton						x						
3	Governance	Terms of Reference Annual Approval 2019-2020						x						
4	Performance Measurement and Monitoring	Review Results of May 2018 Evaluation of Auditors						x						
5	Financial Oversight	Independence Questionnaire 2018-2019						x						
6	Risk Identification and Oversight	Policy Reviews: Admin-19 & Admin-28						x						
7	Risk Identification and Oversight	Expense Test Audit								x				Deferred to March
8	Risk Identification and Oversight	Interim Audit Review 2018-2019								x				
9	Performance Measurement and Monitoring	Discussion of Year End Reporting Issues 2018-2019								x				
10	Financial Oversight	Audit Statement Review 2018-2019								x				
11	Financial Oversight	Individual Program Audit Reports								x				
12	Financial Oversight	Update on New Hospital Capital Audit								x				
13	Financial Oversight	Summary of Audit Fees Paid for 2018-2019								x				
14	Financial Oversight	2018-2019 Year End Financial statements for Board Approval										x		
15	Financial Oversight	2018-2019 Audit Results - Grant Thornton										x		
16	Oversight of Management	2018-2019 Management Letter										x		
17	Risk Identification and Oversight	2018-2019 Claims Summary										x		
18	Risk Identification and Oversight	Analysis of Legal Fees as at March 31, 2019										x		
19	Performance Measurement and Monitoring	Evaluation of Auditors for 2018-2019										x		
20	Performance Measurement and Monitoring	Recommend Appointment of Auditors for 2019-2020										x		
21	Oversight of Management	2019-2020 Work Plan Approval						x						

RESOURCE PLANNING COMMITTEE WORK PLAN

2018-2019

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

[illegible]

[illegible]

[illegible]

FISCAL ADVISORY COMMITTEE
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: April 26, 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 – April 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	17
April 2018	13	April 2019	24
May 2018	10	May 2019	
June 2018	17	June 2019	
Yearly Total # of Page Views	149	Yearly Total # of Page Views	



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

Submitted by: Jean Bartkowiak, CEO and Valerie Grdisa, EVP Research, Quality & Academics/CNE April 22nd, 2019. In alignment with the main directions of the Institute's *2020 Strategic Plan* we are pleased to share the following:

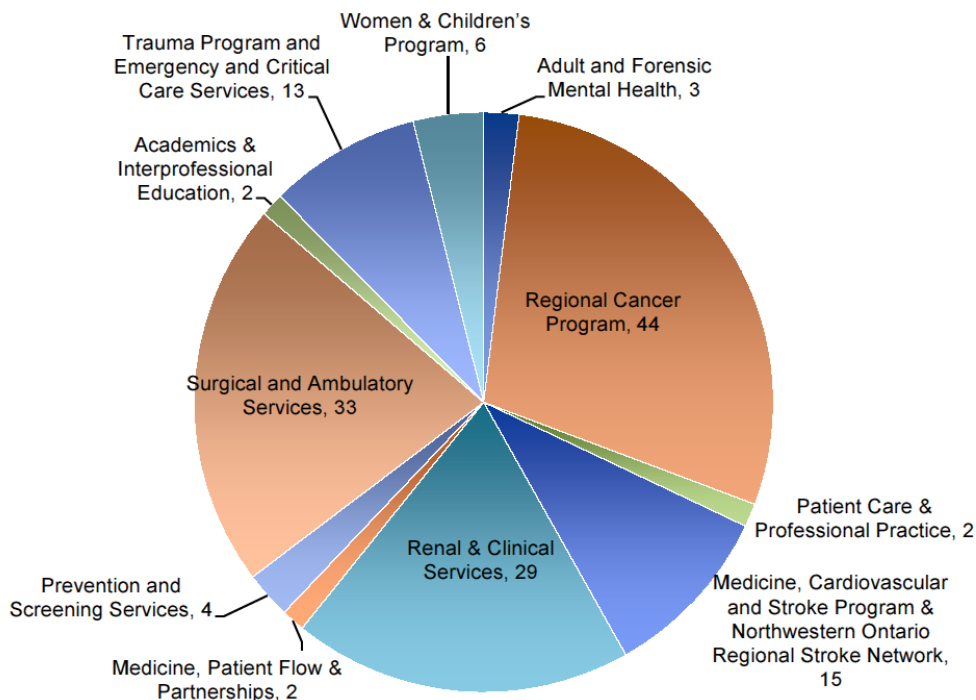
HEALTHIER: Improving the Health of People of NWO and Beyond

Parliamentary Health Research Caucus - The Opioid Crisis: How Can Research Inform Solutions?

On April 10th, Mr. Bartkowiak attended a Research Canada Parliamentary Health Research Caucus Reception in Ottawa. The event attracted many high level individuals working to address the opioid crisis in their communities and the country at large. This is an issue of particular importance to Thunder Bay as it ranks 7th in Canada for opioid poisoning hospitalizations and 5th in Ontario for emergency department visits for 2016/17. In 2015, 15.8% of women who delivered infants at TBRHSC reported drug/substance exposure during pregnancy and 5.7% of all births at TBRHSC had neonatal abstinence syndrome. This Research Canada event provided Members of Parliament, Senators, and other guests with an opportunity to learn from a diverse group of system leaders and researchers from across Canada. The event highlighted the importance of the work being done and its impact on human health and well-being. It also served as an opportunity to educate Members of Parliament about the benefits of Canadian health research and innovation. It is hoped that connections made during the event will help foster and support future initiatives in opioid research.



Update on Clinical Research at TBRHSC: As of March 19th there were 153 clinical research studies being undertaken at TBRHSC in the following areas:





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WEALTHIER: Generating Revenue through Science & Partnerships

TBRHRI has been granted another Patent this year:

A group of local researchers including former TBRHRI Scientists Dr. Oleg Rubel and Dr. Samuel Pichardo have invented a new method of electrically driving ferroelectric devices and elements. This invention allows for a significant reduction in electrical consumption and provides a substantial benefit in cooling requirements for high performance ultrasound imaging systems. The method may be employed for driving ferroelectric materials for high-power applications. Examples of such high-power applications include therapeutic and imaging ultrasound, and sonar. It could also lead to significantly lighter-weight, and/or longer battery life in highly portable ultrasound imagers.

In March 2019, TBRHRI received Letters Patent regarding the above noted invention from the United States Patent and Trademark Office (USPTO). The title of this invention is *"Methods of driving polarization inversion in ferroelectric materials and devices"*.



Dr. Oleg Rubel



Dr. Samuel Pichardo

SMARTER: Enhancing the Academic Environment

Ontario Institute for Cancer Research Site Visit:



On March 19th representatives from the Ontario Institute for Cancer Research (OICR) and the Fight Against Cancer Innovation Trust (FACIT) visited Thunder Bay. The morning included presentations and discussions with individuals and physicians from the Institute, Hospital, Northern Ontario School of Medicine (NOSM) and Lakehead University (LU). Dr. David Savage also gave a presentation on his research entitled *"Using Systems Analysis Techniques for Assessing Health Care Policies"*. In the afternoon, the group traveled to the University for a luncheon with LU and NOSM learners and young investigators followed by presentations and discussions with TBRHRI Scientists.

The visit provided OICR and FACIT representatives with an opportunity to:

1. Provide an overview of OICR's current initiatives and initial thoughts on potential future directions;
2. Understand local priorities, expertise, capacity and needs; and
3. Identify opportunities (near and long term) to work collaboratively with OICR and other Ontario cancer centres to accelerate the impact of translational cancer research.

We have received favourable feedback about this visit and look forward to future collaborations.

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 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
May 2019

The Co-Operators Bachelors for Hope Charity Auction Raises \$90,236

HOPE was a word that was used throughout the evening at the Co-Operators Bachelors for Hope Charity Auction, held on Friday, April 12 at the Valhalla Inn. It powerfully united all those who were delighted to be in attendance; giving the promise of a future where breast cancer can be beaten.

Thanks to the sold-out crowd of 450, this year's event raised a remarkable \$90,236 for the Northern Cancer Fund, bringing the 21-year total to \$1,330,957.76. Funds raised directly support breast cancer research, education, diagnosis and treatment in Northwestern Ontario, ensuring women (and men) have access to exceptional cancer care at home. Hats off to the organizing committee on an amazing year!

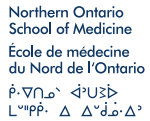
Thanks a Million!

National Volunteer Week was April 7th- 13th 2019. Volunteers across Canada were recognized for the invaluable contributions and impact they make to our communities. On May 30th at the Italian Cultural Centre, the Health Sciences Centre and Health Sciences Foundation will join to recognize an incredible resource – our volunteers! **With over 800 active volunteers** supporting healthcare include special event committees, information desk attendants, office volunteers, Patient and Family Advisors and many, many, more. Their collective support makes possible the work of both organizations. Your role as Board Directors is key to providing strategic direction for both organizations – and we couldn't be more grateful.

Get your Tickets Now! (75% SOLD!)

The 33rd Annual Rotary House Lottery Draw Date is July 1, 2019! Get your tickets for your chance to win the grand prize! Grand Prize Draw this year is a fabulous 1790 square foot (approximately) home built by Lorimar Construction Ltd. (Mario Michieli). The house, valued at \$590,489 (includes HST), features three bedrooms on the main floor plus an additional two downstairs (basement), four-piece each in main bathroom, ensuite and basement, engineered hardwood floors main floor, granite counter tops in kitchen, high-efficiency furnace, air conditioning and air exchange system, upgraded trim package, finished basement with wet bar, gas fireplace and comes with a set of 4 Frigidaire Gallery kitchen appliances. Tickets can be purchased each weekend at the open House from 12-5 pm at 137 Dogwood Cr. (Lottery license #10625). Tickets are \$100.00 or 3 for \$250.00 (the hospital is one of the select locations the 3 for \$250.00 can be purchased) and only 14,000 will be sold! Visit our Donation Office to purchase your ticket now!

Media Coverage – Contact Heather ext. 7111



NOSM has much to celebrate thanks to partnerships developed across the whole of Northern Ontario, with communities engaged actively in educating learners and shaping the future of health care in their region.

Wednesday, May 8, 2019

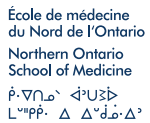
5:30 p.m. to 7:30 p.m.

The Chanterelle

206 Park Avenue,
Thunder Bay, ON
P7B 1C2

**Please RSVP at bit.ly/rsvpthunderbay
or by phone at: 807-766-7424**

**Donations to the Peter Strasser Bursary are being accepted
in honour of the accomplishments of Dr. Roger Strasser
as NOSM Founding Dean and CEO.**

A graphic of a stethoscope is positioned on the left side of the page, with its chest piece resting on the surface and its tubing extending upwards.

CÉLÉBRONS LA RÉUSSITE AVEC L'EMNO

L'EMNO a bien des raisons de célébrer grâce aux partenariats qu'elle a établis dans tout le Nord de l'Ontario avec des communautés activement engagées dans la formation des étudiants et le façonnement de l'avenir des soins de santé dans leur région.

Rejoignez-vous à l'EMNO pour une réception où nous célébrerons les progrès que nous avons réalisés ensemble et les contributions du Dr Roger Strasser, le doyen fondateur et PDG de l'EMNO, et souhaiter la bienvenue à la doyenne et PDG désignée, la Dre Sarita Verma.

Le mercredi 8 mai 2019
de 17 h 30 à 19 h 30

The Chanterelle
206 avenue Park
Thunder Bay ON
P7B 1C2

**Veuillez répondre à bit.ly/rsvpthunderbay
ou par téléphone au 807-766-7424**

Les dons à la Bourse Peter Strasser sont acceptés en l'honneur des accomplissements du D^r Roger Strasser en tant que doyen fondateur et PDG de l'EMNO



Jean Bartkowiak

President & Chief Executive Officer / Prèsident directeur général
Thunder Bay Regional Health Sciences Centre

Chief Executive Officer / Directeur général
Thunder Bay Regional Health Research Institute

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Serving Northwestern Ontario

Thunder Bay Regional Health Sciences Centre

Thunder Bay Regional Health Sciences Centre serves Northwestern Ontario from east of White River to the Manitoba border in the west and from Hudson Bay in the north to the United States border in the south.

Thunder Bay Regional Health Sciences Centre is the only acute care hospital in the City of Thunder Bay and operates one of the busiest emergency departments in Canada and the only one in the City. Ours is also the only tertiary

hospital in Northwestern Ontario and a regional referral centre for 10 smaller regional acute care hospitals.

We are a unique region with unique gaps in health care.

 **375** |  **1,725** |  **1,500**

Beds (+ 14 overflow + 64 transitional care)

Admissions per month for 2018/19

Learners – academic centre

 **34,000** |  **9,000**

Outpatient visits per month (over 1,000 per day)

Emergency Department visits per month



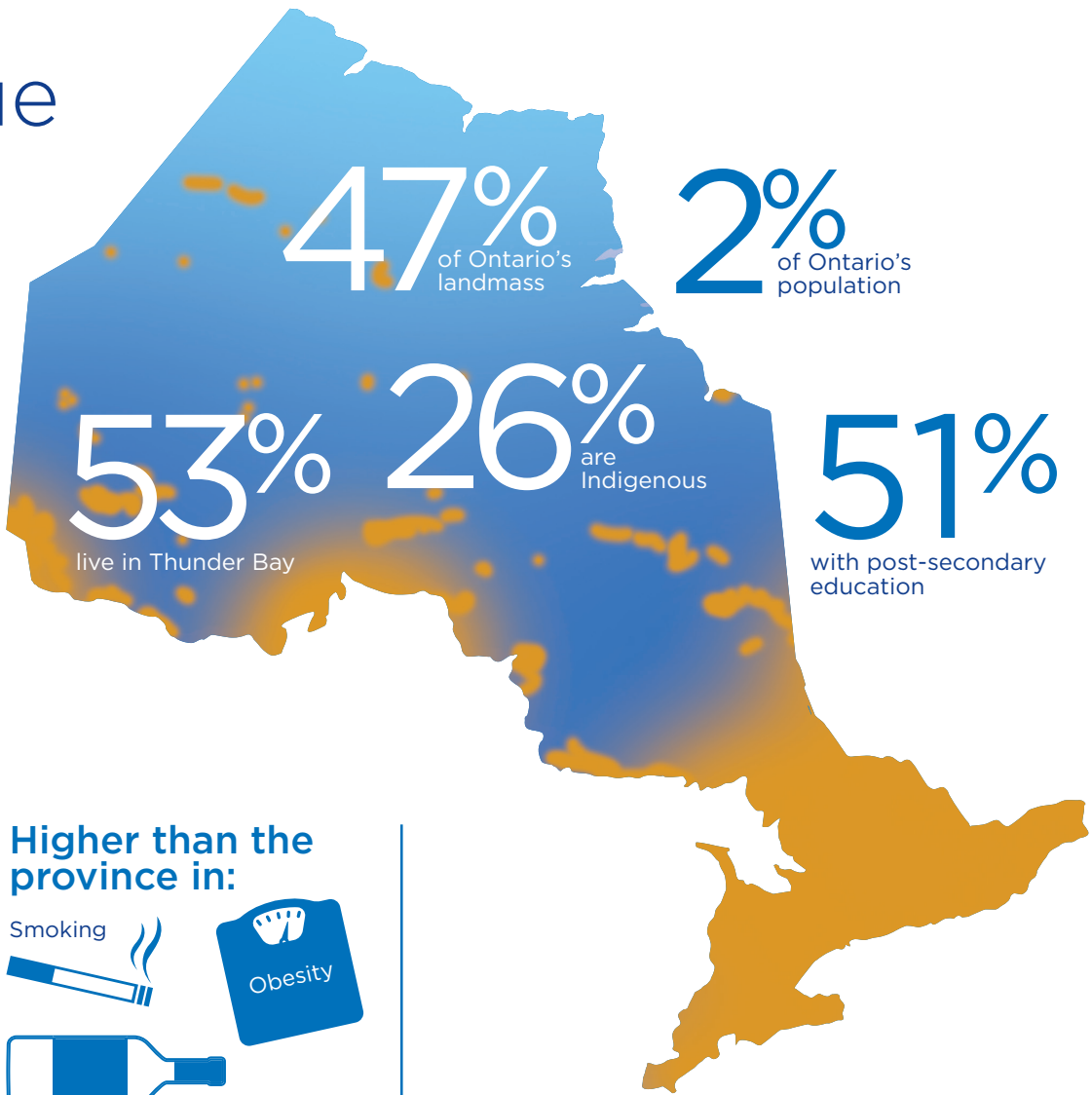
healthy
together

En santé
ensemble

A Unique Region

Northwestern Ontario

250,000 Residents



Lowest life expectancy in Ontario

Highest rate of diabetes mortality, renal disease, amputations

78%

of tertiary acute care for NWO delivered at Thunder Bay Regional Health Sciences Centre

Opioid use affects up to 30% of pregnancies in Northwestern Ontario

Health care providers in Northwestern Ontario have varying comfort levels providing care to substance-involved pregnant women

Higher than the province in:

Smoking
Obesity

Heavy alcohol consumption

Health care practitioners, social service agencies and community groups in Northwestern Ontario often work in isolation with little interprofessional communication and collaboration

Lower than the province in:

Fruit and vegetable consumption

Regular medical doctor visits

Health Indicators:

	Northwestern Ontario	Ontario
Female life expectancy (years)	80.6	84.2
Male life expectancy (years)	76.1	80.1
Arthritis (%)	21.5	17.2
Hypertension (%)	21.1	17.6
Diabetes (%)	7.6	6.6
Overweight / Obesity(%)	62.1	52.6
Infant mortality / 1,000	6.0	5.1
Lung cancer / 100,000	48.0	40.3
Circulatory disease / 100,000	182.4	155.6

StatsCan, 2013



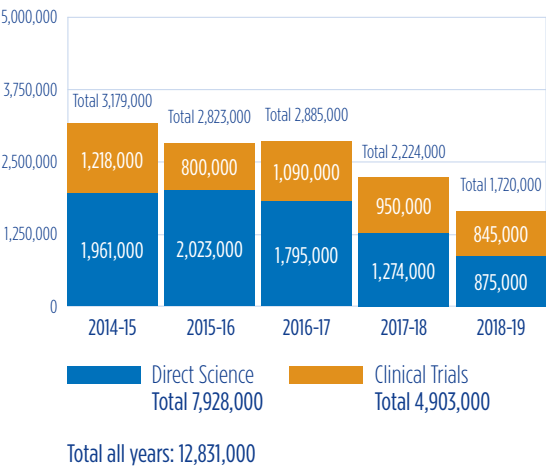
Research Will Transform the Future of Health Care

Thunder Bay Regional Health Research Institute

The Thunder Bay Regional Health Research Institute is distinct. Until very recently, health research facilities of this calibre would be housed in a major metropolitan centre. Our Health Research Institute allows health research to grow in and address the specific needs of a remote and rural environment. Indeed, our scientists found that Thunder Bay's size and status as a regional hub has tremendous advantages, particularly access to collaborators. We are able to focus our research to address the health care

challenges unique to our region. We see opportunity to secure funding, to partner with other institutions, to engage clinicians, and to cooperate with Indigenous community leaders to conduct impactful research. With a focus on imaging, discovery science and Indigenous health research, along with a robust clinical trials department, we are delivering on our Mission to be an international leader in health technology research and other strategic health innovations that improve the health of the people of Northwestern Ontario and others.

Funding awarded (past 5 years)



153

Authorized clinical research studies open at Thunder Bay Regional Health Sciences Centre as of March, 2019

44

Cancer care oncology studies; the Clinical Trials Department supports 36 of the 44

72

Peer reviewed publications (past 5 years with past and present Scientists – currently there are 6 researchers)

Bringing Discovery to Life

Donner vie à la découverte

BRIEFING NOTE

TOPIC	Critical Incident Update
PREPARED BY	Laurel Knowles, Patient Safety Improvement Specialist
REVIEWED BY DECISION SUPPORT (if required)	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
APPROVED BY	Bonnie Nicholas, Senior Director, Quality & Risk Management
CO-SPONSER (if required)	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
PREPARED FOR:	President & CEO <input type="checkbox"/> Board of Directors <input checked="" type="checkbox"/> Other:
DATE PREPARED	April 2, 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)

The purpose of bringing the critical incident data to the Board of Directors (the Board) in aggregate is to discuss trending and generate discussion at a more system level rather than a presentation for each individual critical incident. This will assist the group with their commitment to quality, quality improvement and ensuring safe care.

The Board must be aware of the system issues that lead to critical incidents to ensure the organization has an effective process in place to manage and respond to these incidents. The report provides an opportunity for the committee to suggest recommendations that relate to systemic quality of care issues.

BACKGROUND

Incidents that cause severe harm or death and do not result primarily from the patient's underlying medical condition or from a known risk inherent in providing the treatment are termed 'critical incidents'. A Quality of Care review meeting is held for every critical incident that occurs to examine the root cause(s) of the event. Quality of Care reviews are also held for less serious events when process changes would reduce the likelihood of harm for future patients and are termed 'process reviews'. Attendees at Quality of Care review meetings include, but are not limited to, the Patient Safety Specialist, relevant Senior Leaders, Dyad Directors and Chiefs, professional practice and the witnessing staff. The goal of Quality of Care reviews is to examine the process at a systems level to develop recommendations to reduce the likelihood of a similar incident reaching a patient.

In terms of a more systemic review the aggregate data will help the Board understand the opportunities as a system.

ANALYSIS/CURRENT STATUS

The data is intended to inform the Board of the frequency and severity of critical incidents. The report also details the progress towards implementing the recommendations that result from Quality of Care reviews.

RECOMMENDATION

It is recommended that the Board reviews the report to understand any significant trends and to monitor the fulfillment of Quality of Care review recommendations.

NEXT STEPS

Receive feedback from the Board on the report.

STAKEHOLDER REACTION

It is anticipated that stakeholders will have a positive reaction to the systematic approach to collect and analyze patient safety data as well as to the plans in place to address patient safety priorities.

COMMUNICATIONS

By leveraging Leaders (formal and informal), People, Communication, Systems and Processes, Academics, Teaching, Research and Clinical Practice, Information Systems and Technology, and Performance Measurement & Evaluation initiatives we will deliver safe care by safe staff and achieve measureable improvements through the planned initiatives.

FINANCIAL IMPACTS

The Aggregate Report is generated from the Incident Learning System. If significant changes are required there may be a cost for information system updates. Alone is not intended to secure funding to support the action plans.

APPENDIX SECTION

2018-19 Aggregate Critical Incident Report

2018-19 Aggregate Process Review Report