

Board of Directors
Open Meeting
Wednesday, November 6, 2019 – 5:00 pm Boardroom, Level 3, TBRHSC
980 Oliver Road, Thunder Bay
AGENDA

Vision: *Healthy Together*

Mission: *We will deliver a quality patient experience in an academic health care environment that is responsive to the needs of the population of Northwestern Ontario*

Values: *Patients ARE First (Accountability, Respect and Excellence)*

#	Time	Presenter	Item & Purpose	Expected Outcome					
				Recommendation /Decision/Action	Education	Discussion	Strategic Progress	Fiduciary Information	
1.0	2	CALL TO ORDER and WELCOME							
1.1	5	J. Friday	Chair’s Remarks*					X	
1.2	1	J. Friday	Quorum (9 members total required, 7 being voting)						
1.3	1	J. Friday	Conflict of Interest						
1.4	1	J. Friday	Approval of the Agenda	X					
2.0	10	PATIENT STORY – Dr. Stewart Kennedy							
3.0	PRESENTATIONS/EDUCATION								
3.1	15	Dr. V. Grdisa Dr. C. Mushquash	TBRHRI Update*		X				
4.0	CONSENT AGENDA								
4.1	-		Board of Directors Open Minutes-October 2, 2019*	X				X	
4.2	-		Patient Safety and Quality of Care Minutes and Quarterly Scorecard-October16, 2019*					X	
4.3	-		TBRHSC Q2 2019-2020 Wages and Source Deduction Attestation*					X	
5.0	REPORTS								
5.1	15	J. Bartkowiak	Report from the President and CEO* 5.1.1 Current Challenges: a. Strategic Planning Retreat Follow-Up b. EVP Transformation and Integration Update c. NAN Health Commission Meeting d. CVS Update	X					
5.2	10	Dr. Z. Ahmed	Report from the Chief of Staff*					X	
5.3	2	G. Craig	Report from the Foundation					X	
6.0	FIDUCIARY MATTERS								
6.1	5	P. Lang	Report from the Chair of the Patient Safety and Quality of Care Committee: a. 2019-2020 PSQCC Work Plan b. Celebrating 10 years of Patient and Family Centred Care					X X	
6.2	5	J. Friday	Report from the Chair of the Resource Planning Committee: a. People, Culture & Strategy Update - Coaching Impact b. Northern Supply Chain Performance and Medbuy Update					X X	
6.3	5	G. Wickham	Report from the Chair of the Governance and Nominating Committee:						

#	Time	Presenter	Item & Purpose	Expected Outcome				
				Recommendation /Decision/Action	Education	Discussion	Strategic Progress	Fiduciary Information
			a. OHA Education Sessions b. Board and Committee Evaluations					X X
7.0	FOR INFORMATION							
7.1	-		Work Plans*					X
7.2	-		Webcast Statistics*					X
7.3	-		Report from the Health Research Institute*					X
7.4	-		Report from the TBRHS Foundation*					X
7.5	-		Report from the Chief Nursing Executive*					X
7.6	-		Report from the Volunteer Association*					X
8.0	BOARD MEMBER COMMENTS							
9.0	DATE OF NEXT MEETING – December 4, 2019							
10.0	ADJOURNMENT							
Ethical Framework								
The Hospital is committed to ensuring decisions and practices are ethically responsible and align with our Vision, Mission and Values. Leaders should consider decisions from an ethics perspective including their implications on patients, staff and the community.								
The following questions should be considered for each decision:								
1. Does the course of action put ‘Patients First’ by responding respectfully to the needs, values, and expectations of our patients, their families, and the communities?								
2. Does the course of action demonstrate ‘Accountability’ by advancing a quality patient experience that is socially and fiscally accountable?								
3. Does the course of action demonstrate ‘Respect’ by honouring the uniqueness of each individual and his/her culture?								
4. Does the course of action demonstrate ‘Excellence’ by fostering an environment of innovation and learning to provide a quality patient experience?								
For more detailed questions to use on difficult decisions, please refer to the Hospital’s Framework for Ethical Decision Making								

BOARD OF DIRECTORS (Open)
November 6, 2019 – DRAFT

Agenda Item	Committee or Report	Motion or Recommendation	Approved or Accepted by:
1.4	Agenda – November 6, 2019	“That the Agenda be approved as circulated.”	Moved by: Seconded by:
4.0	Consent Agenda	<p>“That the Board of Directors:</p> <p>4.1 Approves the Board of Directors Open Minutes from October 2, 2019;</p> <p>4.2 Accepts the Patient Safety and Quality of Care Committee Minutes and Quarterly Scorecard from October 16, 2019;</p> <p>4.3 Accepts the Q2 2019-2020 Wages and Source Deduction Attestation for the Thunder Bay Regional Health Sciences Centre;</p> <p>as submitted.”</p>	Moved by: Seconded by:
5.0	Reports and Discussion	<p>“That the Board of Directors accepts reports dated November 6, 2019 from the:</p> <p>5.1 President and CEO;</p> <p>5.2 Chief of Staff;</p> <p>as submitted.”</p>	Moved by: Seconded by:



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

On October 17, members of the Board of Directors gathered for a Strategic Planning Retreat. The Board of Directors is responsible for governance, which includes approving strategy and the strategic plan. Board members are a valuable resource to the strategic planning process. They provide new and varying perspectives and ask questions to ensure the strategic plan is meaningful, realistic, and responsive to the needs of the community served. The Board is also accountable to ensure the strategic plan is well thought out, realistic and compatible with the organization's Vision, Mission and Values. I am grateful to my colleagues on the Board of Directors for sharing their expertise, insights, and time at the retreat. We can all look forward to a new strategic plan that is focused on the overarching priorities that have the most significant impact on our Hospital, our patients and their families.

The week of October 14 was an exciting one for health care in our community. On the 16th, the Our Hearts at Home Cardiovascular Campaign was launched to raise the funds needed to bring both cardiac and vascular surgery home to Northwestern Ontario. It was an honour to be part of the campaign launch. Safe, quality patient care is very much front of mind for me and my colleagues who serve on the Board. We all want to expand health care services to keep our loved ones close to home; this has already happened in the last 3 years with the development of vascular surgery. Now, we are very eager to complete the array of services with the provision of cardiac at our Hospital. This will be life-changing for thousands of people in our community. On October 19, the Health Sciences Foundation hosted the Resolute Save a Heart Ball, presented by MNP. Nearly 450 guests attended in support of the Our Hearts at Home Cardiovascular Campaign, and raised an impressive \$238,000. With that, \$11.75 million has been raised to date, and we are well on our way to achieving the \$14 million campaign target. My hat is off to the Health Sciences Foundation team for their extraordinary efforts and success.

On behalf of the Board of Directors, I extend my sincere appreciation to all the volunteers who serve on the Health Sciences Foundation's Campaign Cabinet and NextGen Cabinet. They have already dedicated an impressive amount of their time and energy into making this campaign successful so that we can take care of our hearts at home. I am thankful to everyone who has already made a donation to bring this life-saving surgery to our Hospital in partnership with the University Health Network's Peter Munk Cardiac Centre, and to my fellow Board members for their involvement as donors and participants.

The Thunder Bay Regional Health Research Institute as the research arm of our Hospital, is integral to our growth as an academic health sciences centre; its mission is to lead to the health care solutions of tomorrow. The Health Research Institute also augments clinical trials at the Health Sciences Centre. Last month, a new affiliation agreement between the two organizations was drafted. The affiliation agreement sustains a collaborative relationship by defining the roles and responsibilities of each organization. I am thankful to Board Directors Andrew Dean, Pat Lang and Kathleen Lynch for engaging with me as well as Hospital and Health Research Institute staff to develop the agreement.

The importance of relationships is reflected in our Hospital's Vision, Healthy Together. Partners are key to the Hospital's operations, as evidenced by the commitment of the Health Sciences Foundation to enhance care, and the essential activities of the Health Research Institute. Together, the three organizations enable, deliver and advance health care for the people of Northwestern Ontario. Later this year, the Boards of the Hospital, Health Research Institute and Health Sciences Foundation will gather



Thunder Bay Regional
**Health Sciences
Centre**

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Board of Directors
Conseil d'administration

for a Tri-Board Retreat to foster ongoing collaboration on common priorities. I look forward to sharing a productive day with members of all Board of Directors at the upcoming retreat.

Finally, I take this opportunity to acknowledge the efforts and dedication of the Resource Planning Committee, chaired by Board Treasurer John Friday. This Committee and the Board exercise their fiduciary responsibility by ensuring that hospital administration collaborates with the appropriate Ministry of Health and Long-Term Care officials to ensure the successful delivery of safe quality care to our patients, in a fiscally responsible manner. This role is complex and especially pertinent as the Health Sciences Centre moves forward with new initiatives such as the Cardiovascular Surgery program, as well as major capital replacements and ongoing operational efficiencies.

TBRHRI Update to Hospital Board

Dr. Valerie Grdisa

EVP Research, Quality & Academics/CNE, TBRHSC

Dr. Christopher Mushquash

AVP Research & Chief Scientist, TBRHRI

November 6th, 2019

Thunder Bay Regional Health Sciences Centre and Health Research Institute 2020 Strategic Plans

Vision

Healthy Together

Mission

We 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:

- ☐ Patients First
- ☐ Accountability
- ☐ Respect
- ☐ Excellence

Philosophy

Patient and Family Centred Care is the philosophy that guides us. Patients and Families are at the centre of everything we do.



Thunder Bay Regional
Health Sciences
Centre



Thunder Bay Regional
Health Research
Institute

Bringing Discovery to Life

To be an international leader in health technology research and other strategic health innovation, that improves the health of the people of Northwestern Ontario (NWO) and others.

- ☐ Excellence
- ☐ Collaboration
- ☐ Innovation
- ☐ Integrity
- ☐ Respect
- ☐ Accountability

Patients and Families are at the centre of everything we do.



Thunder Bay Regional
Health Research
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Bringing
Discovery
to Life

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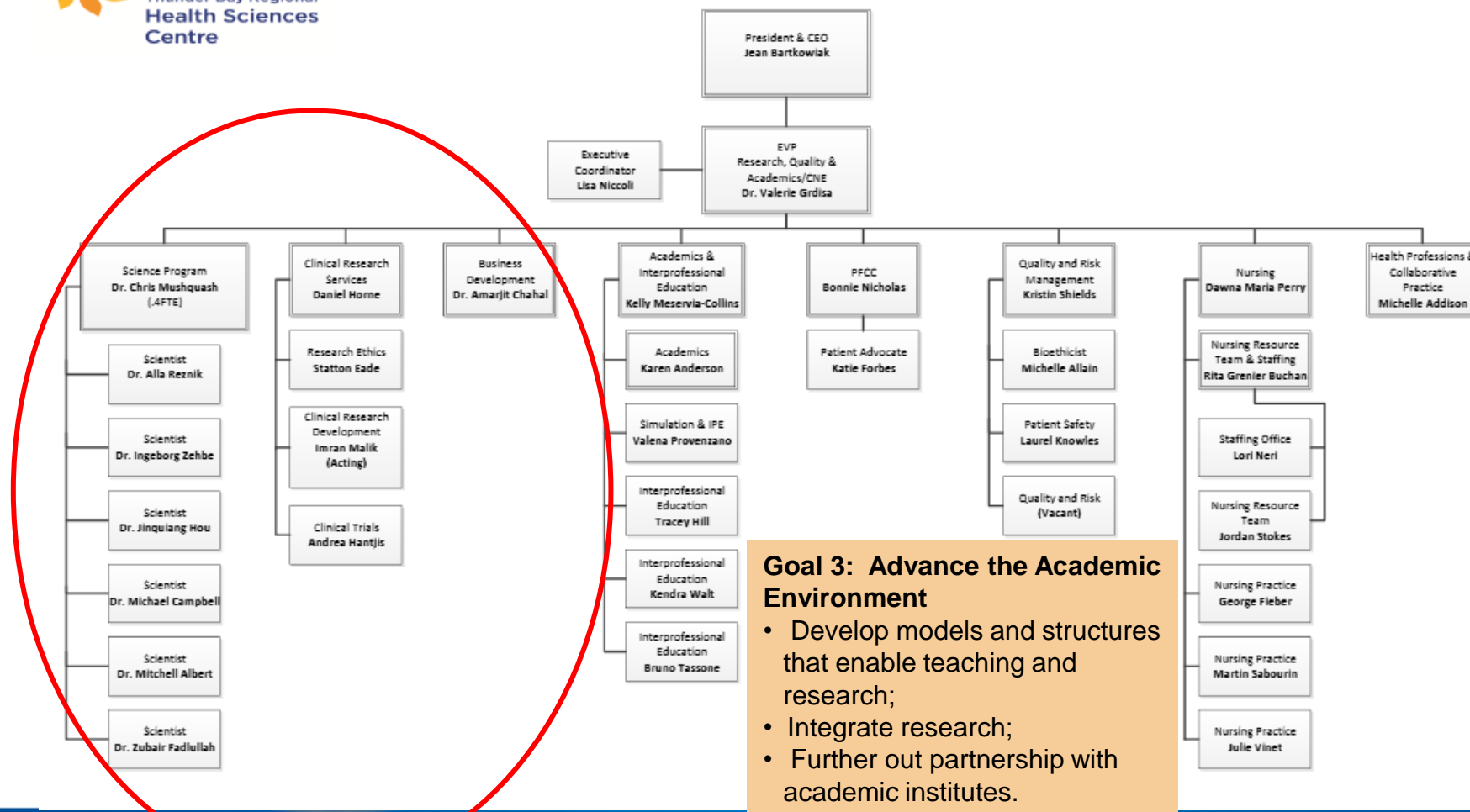
Organizational Structure



Thunder Bay Regional
Health Sciences
Centre

Research, Quality and Academics/CNE

Phase 2

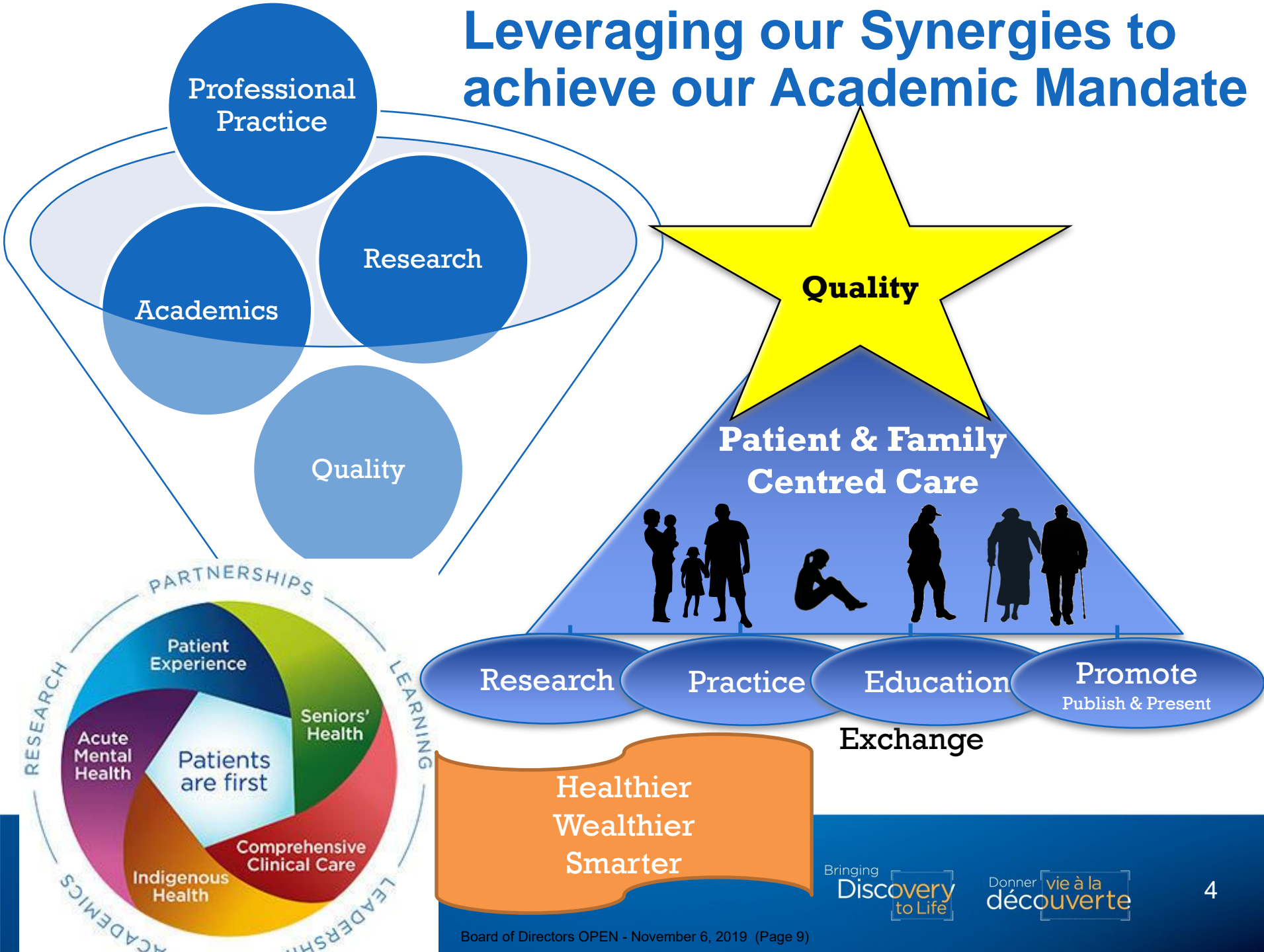


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Leveraging our Synergies to achieve our Academic Mandate

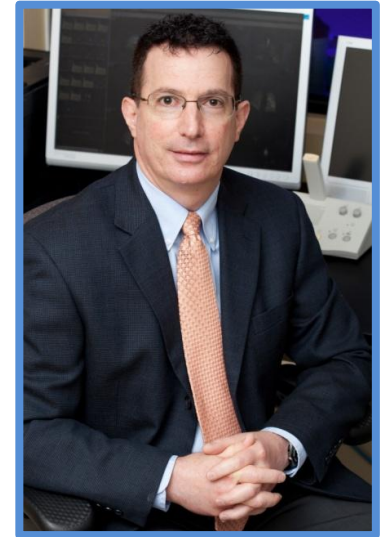
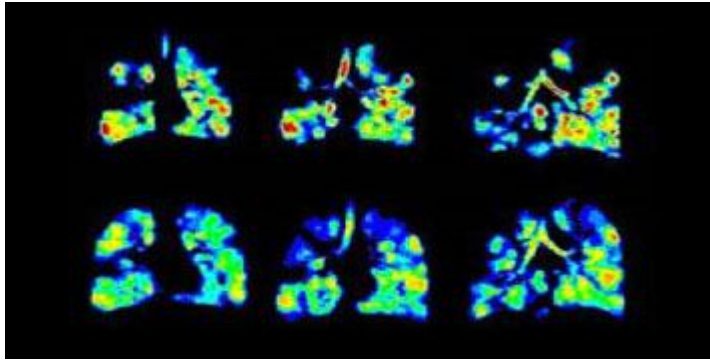


Overview

- Meet the Scientists
- TBRHRI 2020 Strategic Plan Update
- External Review Alignment with Strategic Plan
- Operational Updates
 - Clinical Research & Research Ethics Office
 - Business Development & Commercialization
 - Financial Update
 - Research Seed Grants
 - Summer School on Medical Imaging
- Questions

Dr. Mitchell Albert

Using Hyperpolarized (HP) Noble and Inert Fluorinated Gas Magnetic Resonance Imaging (MRI) for Structural and Functional Imaging



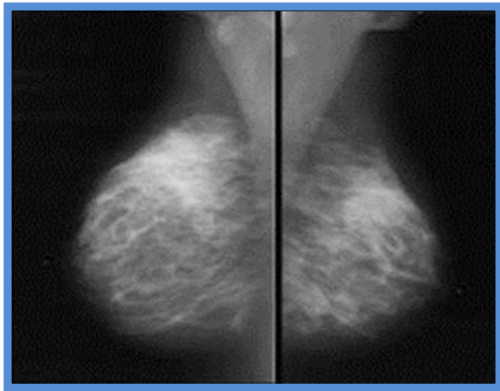
Dr. Albert's laboratory focuses on using hyperpolarized (HP) noble gas MRI, an innovative technology that provides spectacularly detailed images of structures and processes within the body. HP gas MRI has the potential to allow medical researchers and health care providers to significantly improve diagnosis and treatment of a variety of diseases, including lung diseases, stroke, and cancer. This laboratory uses HP noble gas MRI to investigate gas ventilation within the lungs, gas exchange in the alveoli of the lungs, and moment-to-moment functional activity in the brain.

Dr. Alla Reznik

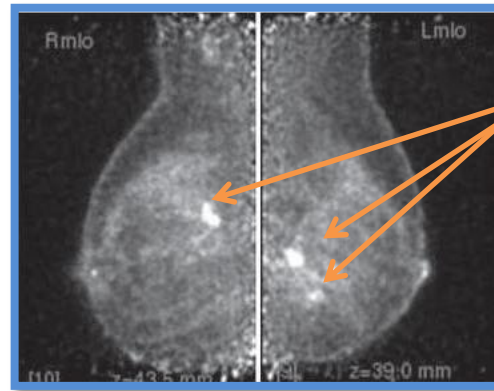
Dr. Reznik laboratory studies Molecular Breast Imaging with Positron Emission Mammography (PEM) which is MORE patient-centred (less intrusive and painful and more specific) – “you have to see the disease to get treatment.”



X-Ray Mammogram

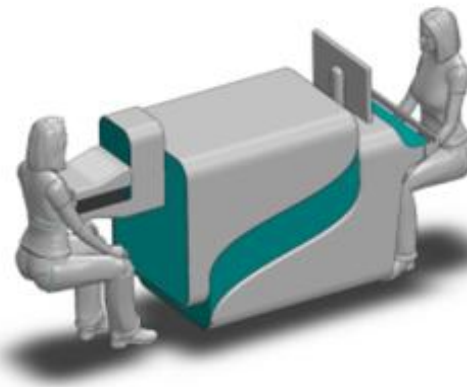


PEM Image



Cancer Lesions

Image of the same breasts: left image using digital X-Ray mammography; right image used PEM. Cancer was clearly identified by PEM while X-Ray mammography missed it.



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Medical



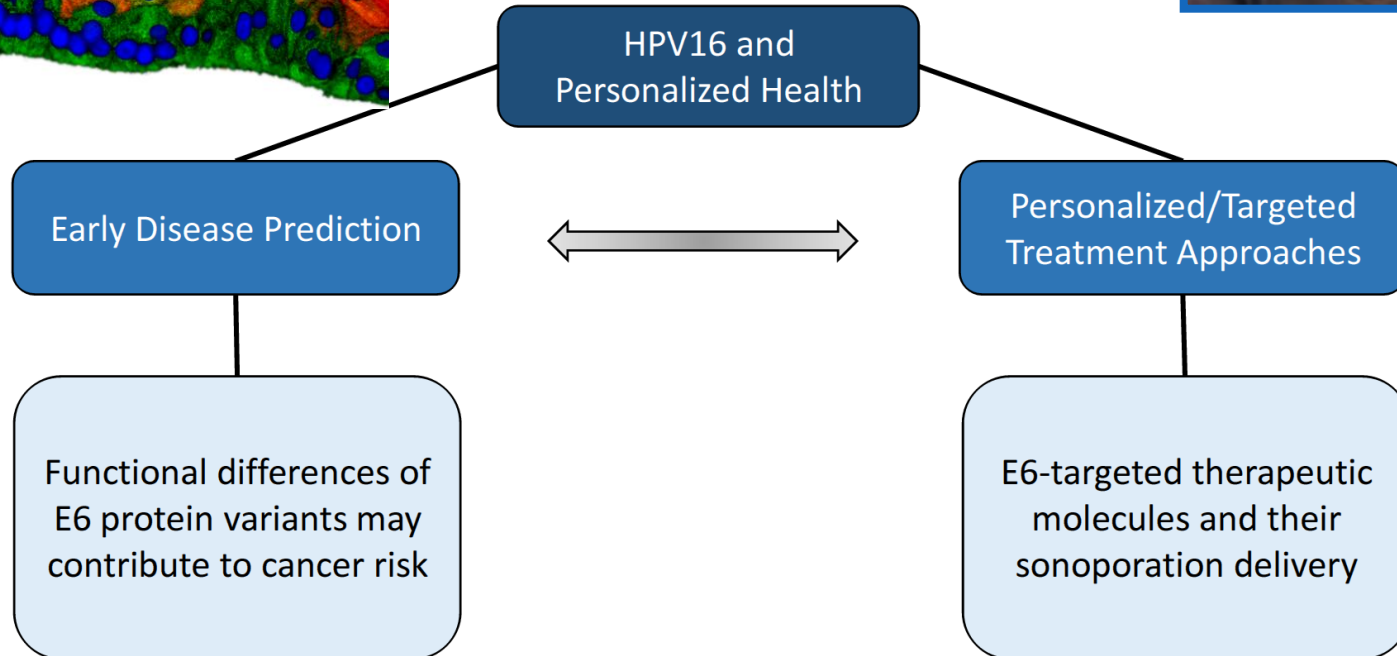
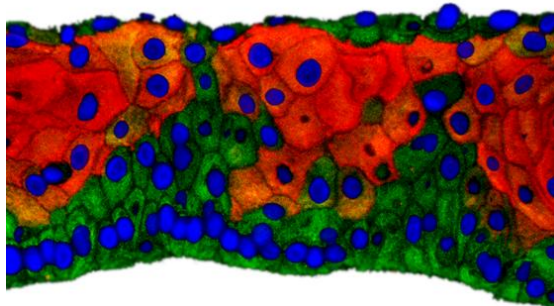
Thunder Bay Regional
Health Research
Institute

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Dr. Ingeborg Zehbe

Dr. Zehbe investigates Virus-Related Cancers with a Focus on Human Papillomavirus (HPV) and in pursuit of personalized health approaches.

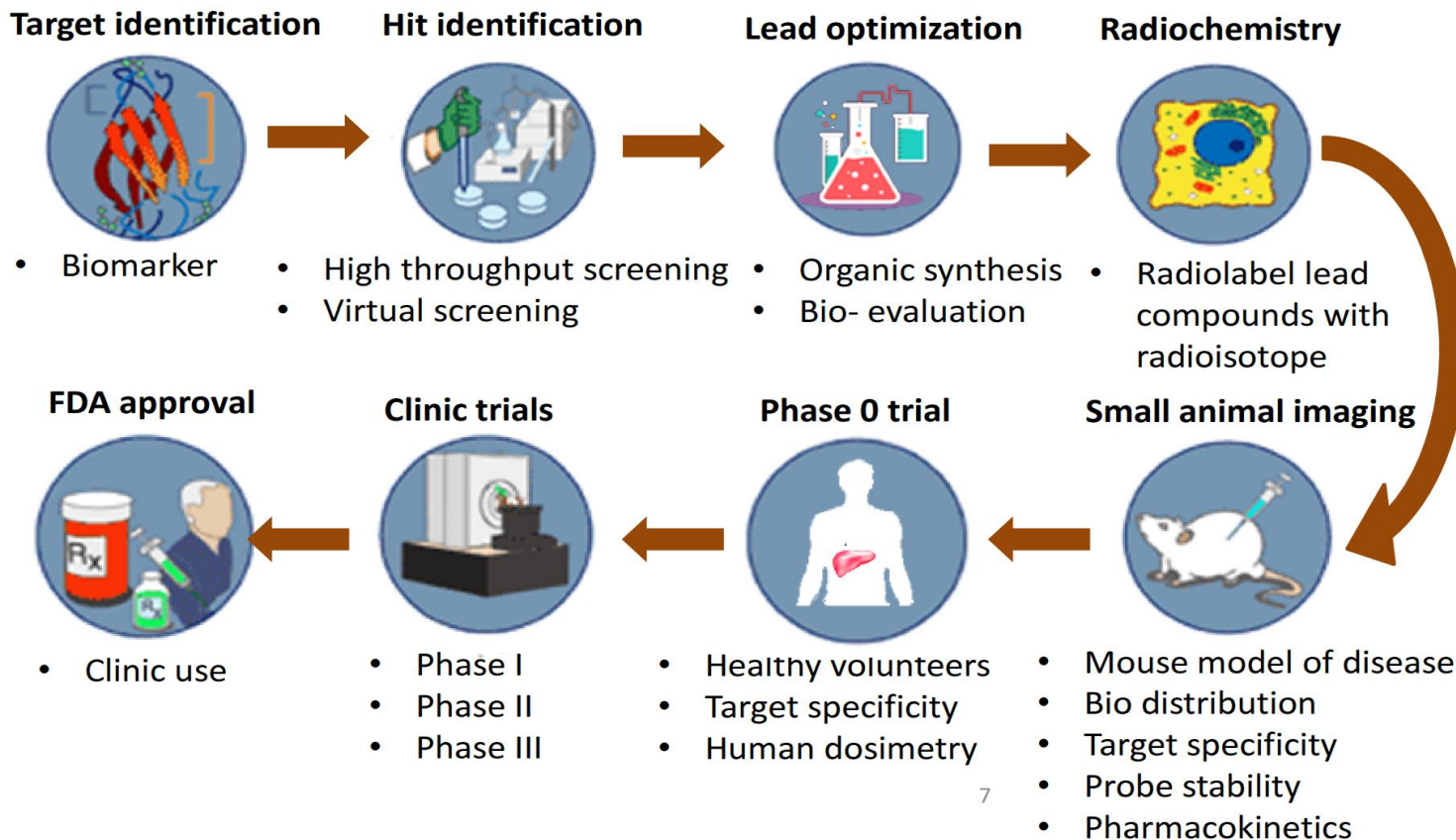


Dr. Jinqiang Hou

Dr. Hou designs and develops cancer therapeutics as well as molecular imaging agents for targeted cancer diagnostics using Positron Emission Tomography (PET).



PET Tracer Development from Bench to Bedside



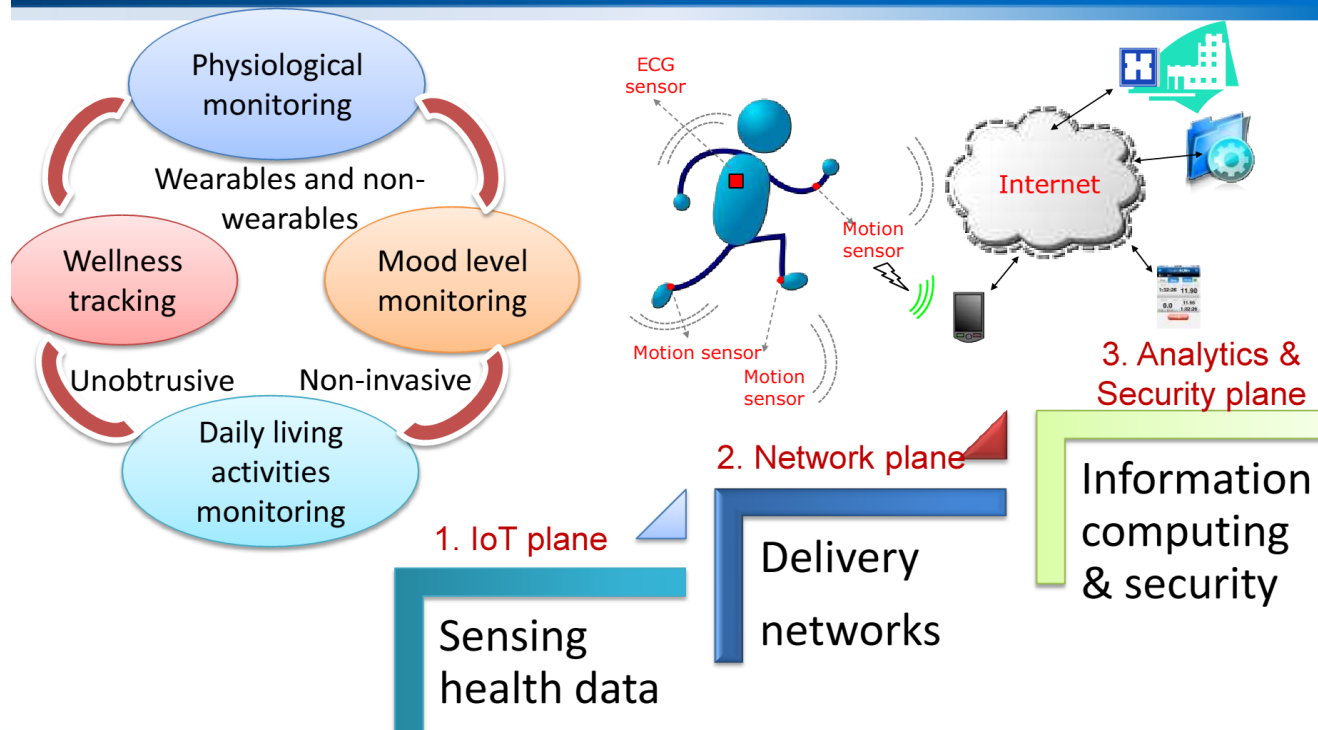
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Dr. Zubair Fadlullah

Dr. Fadlullah works to develop Smart Health Technologies that could be used by the Hospital in rural areas and isolated First Nation communities to track patient's health, diagnose and manage diseases, monitor therapy progress, issue automated notifications to patients, etc.



Smart Health Research Planes



Dr. Michael Campbell

Dr. Campbell focuses on several areas of Research:

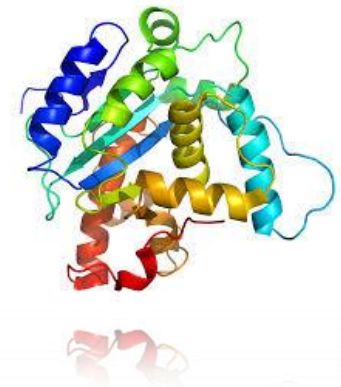


- CNS – Imaging of brain injury



- Isotope processing – Improving methods of producing medical isotopes

- Labeling methodologies – Applying synthetic chemistry to F-18 labeling



Institute Strategic Directions

Healthier

- Enhance research to improve the health outcomes of the people of Northwestern Ontario and beyond.

Wealthier

- Enhance philanthropic and other support and generate revenue through science and partnerships.

Smarter

- Enhance the academic environment.

Healthier

- **Healthier: Enhance research to improve the health outcomes of the people of NWO and beyond.**

- **Some highlights:**

- CRSD continues to work to increase patient participation in research and provides infrastructure supports (e.g. administer REB, grants development) and research controls (e.g. privacy controls, clinical trials support) for physician/clinician scientists within Hospital;
- The Institute supports all scientists to conduct research to improve the health of outcomes of the people living in NWO:
 - Dr. Fadlullah developing program of research to use smart health technology for our rural and remote areas – linking with partners;
 - Physicians and other clinician scientists conducting clinical research focused on improving organizational and health outcomes;
- Institute senior management is establishing new strategies to support Physicians on Academic License.

Wealthier

- **Wealthier: Enhance philanthropic and other support and generate revenue through science and partnerships.**
- **Some highlights:**
 - Foundation continues to support Institute on annual basis; discussions ongoing regarding strategies to increase donations through the Discovery Fund; EVP/CNE to present to Foundation at a future Board meeting;
 - Raising awareness of Institute through regular contributions to Research page in the Chronicle Journal;
 - Environmental scan conducted of other similar sized Institutes; assessing information re: business models and revenue sources;
 - Facilitating meetings with CEDC to discuss partnership opportunities;
 - Awarded funding for 2 Research Seed Grants in September 2019 for the 3rd year in a row; aims to support *promising health research* and to facilitate applications for external funding;
 - Dr. Christopher Mushquash is newly appointed Board Director at CFI.

Smarter

■ Smarter: Enhance the academic environment.

➤ Some highlights:

- 9th annual Summer School on Medical Imaging held from May – August; 14 undergrads from LU, Ryerson and the University of Calgary participated; Drs. Reznik and Albert co-chaired;
- 2nd Annual Research Day held on October 4th; well attended by physicians, front line workers, academics and administrators; focus on ***Moving Research to Patient Care: from bench to bedside***;
- Cluster activities – discussions are resuming with Sudbury, NOSM, LU on the development of a Northern Ontario Health Innovation Cluster;
- EVP/CNE providing key note at the 2019 Health Information Technology, Biotechnology and Allied Sciences Symposium at Lakehead University.
- EVP/CNE actively involved in provincial/national partnerships, i.e. CAHO, HealthCareCAN, MaRS Discovery, Healthcare Workforce Mobilization project.



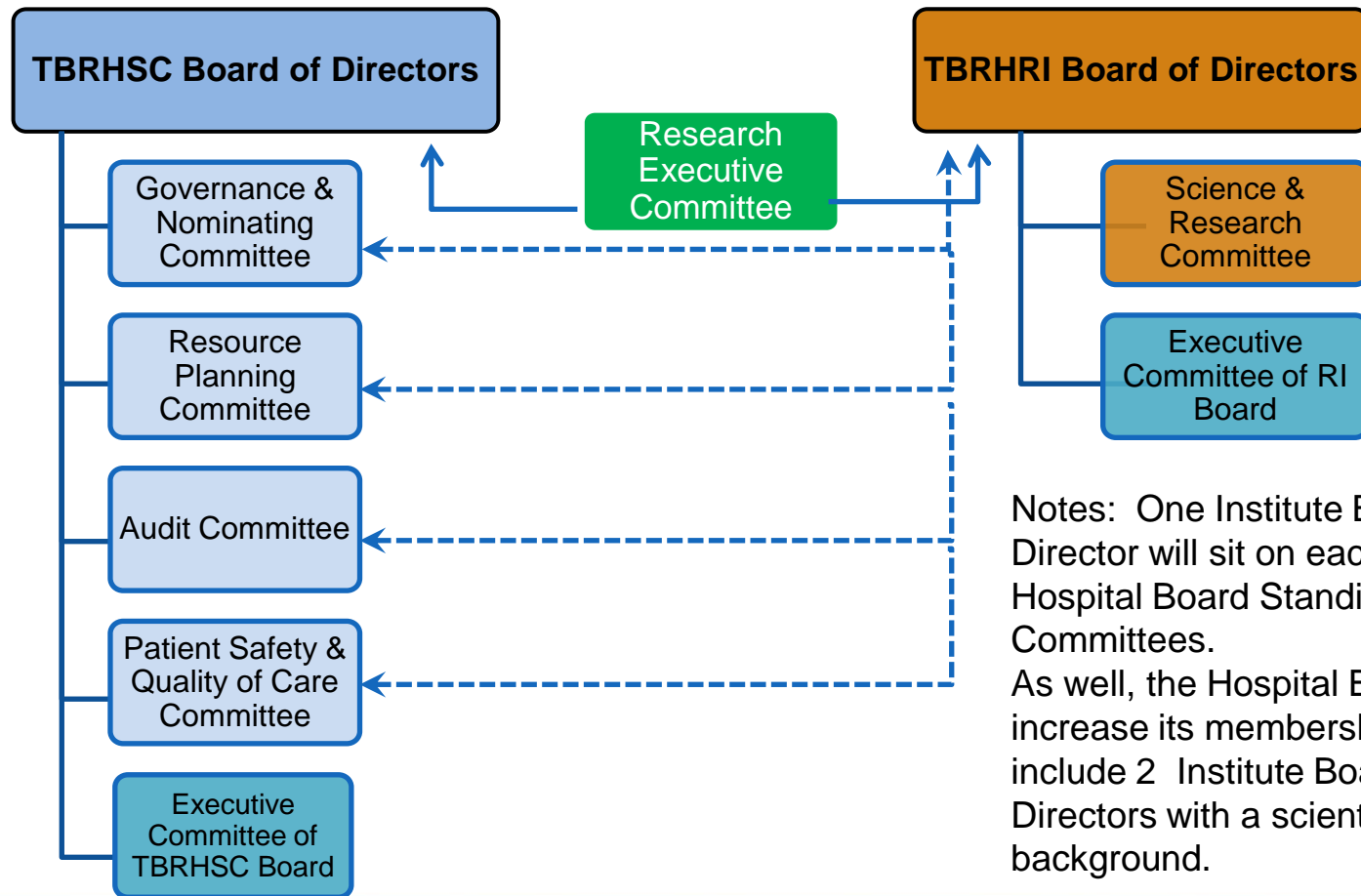
Update re External Review Alignment with TBRHRI 2020 Strategic Plan



Status of Recommendations

- 11 recommendations stemming from the review;
- 3 have been completed (Recommendations 1, 7 & 10);
- 2 were operational and are being addressed by staff on an ongoing basis (Recommendations 2 & 3);
- 3 related to governance between the Hospital and Institute and are nearing completion with the adoption of a new governance model (Recommendations 4-6); Affiliation Agreement drafted;
- Work on remaining recommendations is ongoing (Recommendations 8, 9 & 11).

Approved Governance Model for TBRHSC & TBRHRI (Recommendations 4-6)



Notes: One Institute Board Director will sit on each of the Hospital Board Standing Committees. As well, the Hospital Board will increase its membership to include 2 Institute Board Directors with a scientific background.

Recommendation #8

- The TBRHRI and the NOSM work more closely together. There is a lack of either formal or informal interaction with NOSM. It may be possible to work with NOSM for the establishment of Chairs.

- **ACTION #1:** Align with TBRHSC Strategic Plan

Direction: Patient Experience

Goal 3: Advance the academic environment

Objective 3.2: Further our partnerships with academic institutes

Propose action: Explore joint appointments between the TBRHRI and NOSM

Recommendation #8 Con't

ACTION #2: Align with TBRHRI Strategic Plan

Direction: Smarter

Goal 9: Grow strategic research partnerships and networks to expand research capacity and impact

Objective 9.2: Advance partnerships with other academic health science centres

Action 9.2.1: Further develop formal partnerships that advance strategic research priorities

Recommendation #9

- Ability to procure personnel support (techs and research associates for the lab) is the responsibility of the PIs, not the RI and should be obtained through grant funding. The RI could raise funds (coordinated by Foundation) to support graduate students, summers students and post-doc fellows to work in the labs.

- **ACTION:** Align with TBRHRI Strategic Plan

Direction: Wealthier

Goal 4: Engage stakeholders in philanthropy and other support of research

Objective 4.1: Partner further with the Foundation

Recommendation #11

- The TBRHRI engage in a dialogue with senior leadership in the foundation to create more collegial interaction with the ultimate goal of more sustained and substantial research program.

■ **ACTION:** Align with the TBRHRI Strategic Plan

Direction: Wealthier

Goal 4: Engage stakeholders in philanthropy and other support of research

Objective 4.1: Partner further with the foundation

Action 4.1.2: Collaborate to fundraise

Next Steps

- EVP/CNE and AVP/CS establishing new relationships with new Dean & CEO, NOSM, new Director, School of Nursing, Lakehead University and other programs to advance partnership opportunities;
- Institute to align strategic priorities with Hospital Transitional Plan and engage in a synergistic strategic planning effort;
- Institute engaged in strategic partnership, the *Northern Ontario Health Innovation Cluster*, involving Northern Ontario partners;
- Staff continue to implement strategies to address recommendations 8, 9 & 11;
- Plan to incorporate as appropriate into transitional Strategic Plan.

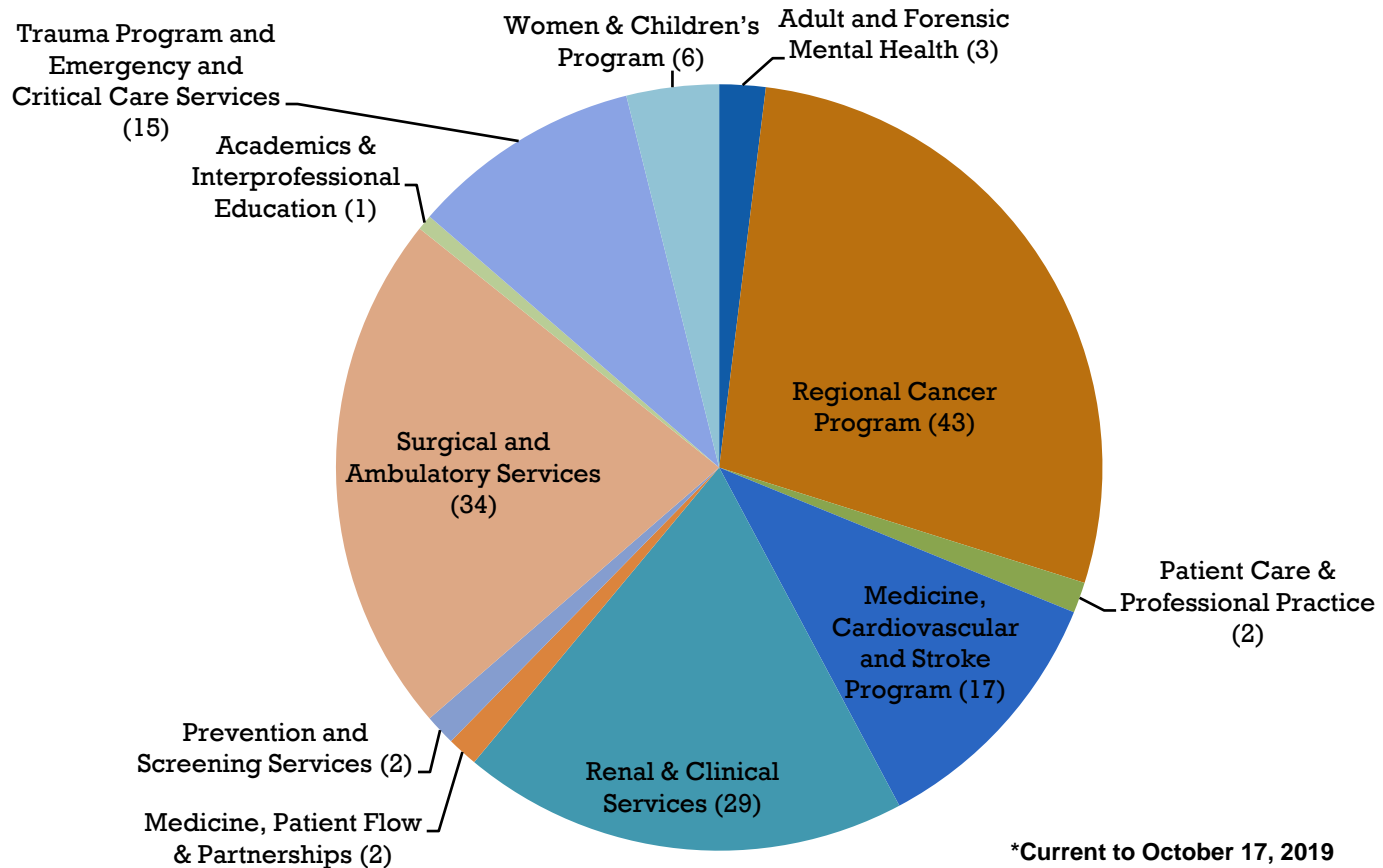
Operational Updates

- Clinical Research & Research Ethics Office
- Business Development & Commercialization
- Financial
- Research Seed Grants
- Summer School on Medical Imaging

Clinical Research Services Department: current state

- Actively supporting 72 projects at TBRHSC
- Oversight of 154 projects authorized through Research Ethics & Authorization
- CRSD now part of larger portfolio under Dr. Valerie Grdisa, EVP Research, Quality, and Academics/CNE
- TBRHSC Research Ethics Office transferred to CRSD from Quality Risk Management in May, 2019
- New organizational structure pilot started May, 2019:
 - 1 Clinical Research Services Department Manager
 - 3 Coordinators:
 - Clinical Trials
 - Research Support Services
 - Research Ethics & Authorization

Total Number of Open Clinical Research Projects by Program N=154



Open Clinical Research Projects

- **Total # non-oncology: 18**
 - 15 clinical trials
 - 3 clinical research projects
- **Total # oncology: 34**
 - 30 clinical trials
 - 4 clinical research projects
- **Total investigator initiated: 20**
 - 16 clinical trials
 - 4 clinical research project
- **48 of 154 (31%) open clinical research projects operate through Clinical Trials**
- **24 of 154 (16%) open clinical research projects operate through Research Support Services**

Business Development

- **Streamlined Intellectual Property (IP) portfolio based on the commercial value of all patents and patent applications to reduce costs**
- **Commercialization of Ultrasound Transducer element and Lead Oxide based x-ray technologies** (Patents were granted in US in 2019)
 - Two former TBRHRI scientists at the University of Calgary are interested in creating a spin-off company re: Ultrasound Element invention with Revenue Sharing Agreement with Institute
- **Updated business plans for the Cyclotron and Clinical Research Service Department operations**
- **Environmental Scan of Other 'Like' Health Research Institutes**
 - Since grants are the major source of revenue for all health research institutes, Business Development (BD) is now focusing on identifying industry partnerships for grants and reviewing Clinical Trial Agreements with industry and other sponsors
- **NOHFC Industrial Research Chair Funding**
 - BD is preparing a business case to support technical proposal from Dr. Mike Campbell for an Industrial Research Chair-NOHFC Application - \$1M funding over 5 yrs

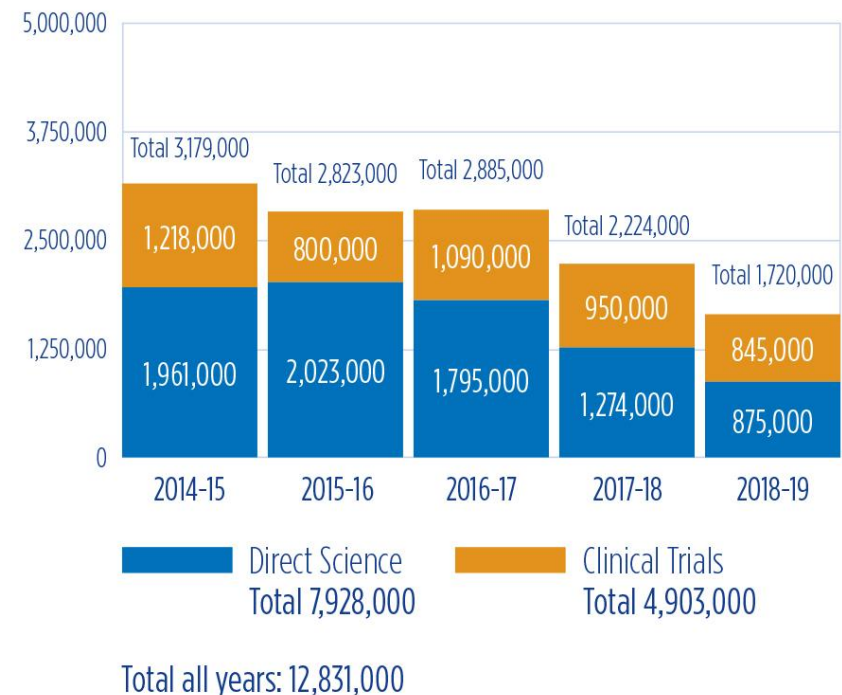
Mid-Year Budget Update

	Sept 2019 YTD Budget	Sept 2019 YTD Actual	Variance \$
REVENUE			
Grant-Based Funding	1,252,749	1,226,030	(26,719)
Unrestricted	1,013,717	1,384,625	370,908
Total Revenue	2,266,465	2,610,655	344,189
EXPENSE			
Eligible for Grant Funding			
Salaries and wages	1,570,246	1,610,216	(39,970)
Employee benefits	203,589	192,995	10,594
Professional and consulting fees	35,500	48,155	(12,655)
Support services	-	119,550	(119,550)
Supplies and other	234,447	227,242	7,204
Repair and maintenance	29,800	59,365	(29,565)
	2,073,582	2,257,523	(183,941)
Ineligible for Grant Funding			
Salaries and wages	83,767	81,831	1,936
Employee benefits	8,617	12,272	(3,655)
Travel and training	78,250	64,529	13,721
Board and committee meetings	2,500	332	2,168
Communication	5,500	4,388	1,112
Recruitment	750	10,382	(9,632)
Supplies and other	13,500	191,684	(178,184)
	192,884	365,417	(172,533)
Total Expense	2,266,465	2,622,940	(356,474)
Excess of revenue over expense	0	(12,285)	(12,285)

In-kind contributions from TBRHSC and research grant & trial revenue

- General contracted services including EVP Research, Quality & Academics/CNE services, financial services, payroll and IT services. 2018-19 amounts were recorded at \$288K. 2019-20 amounts are estimated to be \$336k.
- License payments to occupy space at 290 Munro Street were recorded at \$369k in 2018-19. 2019-20 amounts are estimated to be \$374k.

Funding awarded (past 5 years)



Contributions from TBRHS Foundation

- On average the Foundation contributes approximately \$225K/year on an annualized basis to the Institute.
- In addition, the Foundation contributes one-time project specific funding throughout the year through the Discovery Fund (e.g. MicroPET, Cyclotron, Villeneuve grant for Dr. Albert for lung disease research, Research Day, etc.); these awards vary from year to year.
- Balance in Discovery Fund earmarked for general research is \$44,698 as of September 30th, 2019.

Research Seed Funding

- 2 projects have been funded by the Institute for each of the past 3 years at \$10K per project
 - aims to support promising health research to advance research outcomes and capacity and preferably also facilitate applications for external funding
 - applies to basic science, clinical research, social inquiry, humanities scholarship or other health research that addresses the research Strategic Plans of the Hospital and Institute
 - principal applicant must be a physician, scientist or frontline/managerial staff of the Hospital or Institute
 - at least one co-applicant must be a patient or learner at the Hospital or Institute or a resident of Northwestern Ontario



Research Seed Funding Awardees 2019

- ***"Creating Workforce Stability in Northwestern Ontario Through the Application of the Making it Work Framework: A Case Study"*** -PI: Jamie Sitar, Physician Recruitment and Retention Specialist (\$10,000)
- ***"Enhancing Interprofessional Teamwork and Collaboration through In-Situ Simulation: A Labour and Delivery Experience"*** - PI: Dr. Laura Power, MD, OB/GYN (\$10,000)



Questions?





Board of Directors - Open

Wednesday, October 2, 2019

Boardroom – 5:00 p.m.

Action

Present:

Matt Simeoni (<i>Chair</i>)	Joy Wakefield	Jean Bartkowiak*
Grant Walsh	Gordon Wickham	Patricia Lang
Douglas Juson	Anita Jean	John Friday
Nathalie Coppola	Micheal Hardy	Dr. Eric Davenport*
John Hatton		

By Invitation – Senior Leadership:

Peter Myllymaa	Dr. Stewart Kennedy	Glenn Craig
David Murray	Amanda Björn	

By Invitation:

Angela Kutok, <i>Rec. Sec.</i>	Dick Mannisto	Michael Del Nin
Arlene Thomson (<i>Dr. Voros</i>)	Dr. Kristie Skunta (<i>Dr. Ahmed</i>)	
Dawna Maria Perry (<i>Dr. Grdisa</i>)		

Regrets Board of Directors:

Gary Whitney	Anita Jean	Dr. S. Zaki Ahmed*
Dr. Valerie Grdisa*	Dr. Sarita Verma	

Regrets Senior Leadership:

Dr. Peter Voros	Dr. Chris Mushquash
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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.

1.2 Quorum – Quorum was attained.

1.3 Conflict of Interest – None.

1.4 Approval of the Agenda

Moved by: John Friday

Seconded by: Gordan Wickham

Motion



"That the Agenda be approved, as presented."

CARRIED

2.0 PATIENT STORY

Amanda Bjorn, Executive Vice President, People Culture and Strategy shared a story from the perspective of a parent of an adult patient with autism. Hospital visits for this patient are often challenging due to complex healthcare needs coupled with the patient's special needs. As noted by the parent following a recent visit, the care received was attentive, kind, supportive, and incredibly respectful of the patient's individual special needs.

3.0 PRESENTATIONS

3.1 TBRH Foundation Update

Kyle Shaen was invited to the meeting.

Kyle Shaen, Chair of the Thunder Bay Regional Health Sciences Foundation (TBRHSF) and Glenn Craig, President and CEO, TBRHSF presented on the Foundation's upcoming events in support of the Cardiovascular Surgery Program. The events include the launch of the "Our Hearts At Home" campaign; a multi-million dollar capital campaign to bring a full cardiovascular surgery program to the Thunder Bay Regional Health Sciences Centre (TBRHSC) and Northwestern Ontario region. Other events include the TBaytel Luncheon of Hope on October 4 and the Resolute Save a Heart Ball October 19.

Kyle Shaen was excused from the meeting.

4.0 CONSENT AGENDA

Moved by: *Gordan Wickham*

Seconded by: *Patricia Lang*

Motion

"That the Board of Directors:

4.1 Approves the Board of Directors Open Minutes from June 5, 2019;

4.2 Accepts the Governance and Nominating Committee Minutes from September 18, 2019;

4.3 Accepts the Q1 2019-2020 Wages and Source Deduction Attestation for the Thunder Bay Regional Health Sciences Centre;

4.4 Accepts the Board of Directors 2019-2020 Work Plan,



as submitted.”

CARRIED

5.0 REPORTS AND DISCUSSION

5.1 Report from the President & CEO

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

5.1.1 Current Challenges

The President and CEO reported on the following current challenges and activities:

a. *Regional Tour:*

- Tours of regional hospitals are taking place with feedback being summarized and action plans being developed.

b. *Executive Vice President (EVP) Regional Transformation and Integration:*

- A new position, EVP, Regional Transformation and Integration, will be posted. All the hospitals in the Region have collaborated to draft the role description following the dissolution of the Northwest Health Alliance. Funding previously contributed to the Executive Director position at the Alliance will be used to fund this position; 100% of the costs for this multi-partnership role will be covered by the small hospitals.

c. *Strategic Planning:*

- With significant changes to our health care system anticipated, a focused, transitional plan that prioritizes the “Right Care at the Right Time” has been proposed;
- Planning will involve engagement with stakeholders throughout the process. The details of the Big Promise, the strategic directions, and the outcome metrics will be developed through engagement with the Board and Senior Leadership Council at a retreat to be held on October 17.

d. *Seven Youth Political Inquest*

- The CEO participated in the Seven Youth Inquest Political Table Meeting on September 25. Discussion focused on follow-up actions to the recommendations resulting from the Inquest regarding the untimely deaths of Indigenous youth in Thunder Bay. A follow-up meeting is being planned.

Michael Del Nin and Jennifer Madahbee were welcomed to the meeting.



5.2 2020 Q1 Strategic Plan Progress and Scorecard Report

Michael Del Nin, Director, Decision Support and Strategy, and Jennifer Madahbee, Performance Improvement Consultant, presented the 2020 Q1 Strategic Plan Progress Report and Scorecard noting that 224 of the strategic activities (or 97%), are complete or are expected to be complete by end of December 2019.

Michael Del Nin and Jennifer Madahbee were excused from the meeting.

5.3 Report from the Chief of Staff - for information

Highlighted from the report:

- New parameters have been put into place to enhance the ability of Switchboard Operators to conduct more efficient and effective paging of Professional Staff to enhance patient and family centred care;
- A committee will be reviewing digital order sets at their September and October meetings. Regional tours to Kenora, Red Lake, Fort Frances, Atikokan, Dryden and Sioux Lookout to determine how regional hospitals are utilizing digital order sets, compare our processes, discuss any issues and what they are doing for compliance and growth with the goal to improve consistency and standardize care within our region;
- The Medical Advisory Committee endorsed a Standard Operating Procedure that distinguishes between two separate types of files (Professional Staff, Professional Staff Credentialing and Personnel Files) and how the information is stored and expunged.

Moved by: Micheal Hardy

Seconded by: John Friday

Motion

"That the Board of Directors accepts reports dated October 2, 2019 from the:

5.1 President and CEO;

5.2 2020 Q1 Strategic Plan Progress and Scorecard Report;

5.3 Chief of Staff;

as submitted."

CARRIED

6.0 FIDUCIARY MATTERS

6.1 Patient Safety & Quality of Care Committee (PSQCC) Report



The Chair of the PSQCC, Patricia Lang, provided the following updates:

a. PSQCC Working Group Update:

- A retreat was held in July to examine the PSQCC's priorities and governance structure. The results of this retreat will help design the committee work plan;
- Various quality-driven programs will be explored with the goal to present to the Board by June 2020. This commitment will be included in the QIP framework;
- A review of the quality and quantity of metrics will be explored in collaboration with Decision Support and Quality and Risk Management.

6.2 Governance & Nominating Committee (GNC) Report

Gordan Wickham, Chair of the GNC highlighted the following from the September 18, 2019 meeting:

a. Work Plan and Research Institute Items

- The GNC Committee will be taking on some governance functions from the Research Institute including policy review, by-law review, retreat planning, and Board member appointments/recruitment.

b. Board Evaluation Tools

- Following the successful trial of the Ontario Hospital Association (OHA) on line Board Self Assessment in 2018-2019, the GNC agreed to permanently replace the current Board Annual Evaluation Tool and Team Effectiveness Scale with the OHA Board Self Assessment on-line tool. This tool gives us benchmarking data for other similar Ontario hospitals. In addition, a trial of an electronic meeting evaluation survey will commence.

c. Board Education

- The GNC is responsible to evaluate and assist with the development of a Board education program to meet the needs of Directors to ensure they are sufficiently informed to exercise their responsibilities.

d. Board Succession and Selection of Officers

- Work is being done on a draft Board policy that will provide a written formal process for the Board Chair appointment as well as for the appointment of Officers.

7.0 FOR INFORMATION

7.1 Board and Committees 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 Foundation** – For information.
- 7.5 **Report from the Chief Nursing Executive** – For information.
- 7.6 **Report from the Northern Ontario School of Medicine**
- 7.7 **Report from the Volunteer Association** – For information.
- 7.8 **Environmental Compliance and Fire Safety Update** – For information.
- 8.0 **BOARD MEMBERS COMMENTS** – None.
- 9.0 **DATE OF NEXT MEETING** – November 6, 2019
- 10.0 **ADJOURNMENT** - The meeting adjourned at: 6:10 p.m.

Chair

Board Secretary

Recording Secretary



Patient Safety and Quality of Care Committee (PSQCC)

Wednesday, October 16, 2019

TBRHSC Executive Boardroom 3043 at 4:30 - 6:30 p.m.

Present:

Patricia Lang (Committee Chair)	Filomena Gregorash	Dr. Valerie Grdisa
John Hatton	Micheal Hardy	Anita Jean
Dr. S. Zaki Ahmed	Bonnie Nicholas	Kristin Shields
Joy Wakefield	Gary Whitney	Sandra Willson

Regrets:

Jean Bartkowiak	Matt Simeoni	Dave Van Wagoner
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By Invitation:

Michael Del Nin	Katie Forbes
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1.0 CALL TO ORDER

The meeting was called to order at 4:30 p.m. The Chair, Patricia Lang welcomed the newest members to the committee, John Hatton and Sandra Willson and thanked Gary Whitney for his leadership role with the committee in the previous terms. Introductions were held by all.

1.1 Quorum – Attained, 12 members present.

1.2 Conflict of Interest – None.

1.3 Approval of the Agenda

The agenda was amended. Presentations 5.2 and 5.1 will be held after patient story.

Moved by: Michael Hardy

Seconded by: Joy Wakefield

Motion

"That the Patient Safety and Quality of Care Committee approved the agenda as changed and circulated."

CARRIED

1.4 Patient Story

Bonnie Nicholas, Director of Patient and Family Centred Care presented a story regarding the Patient-Oriented Discharge Summary (PODS) initiative and how it prevented a negative outcome.

2.0 PRESENTATIONS/EDUCATION



2.1 Patient Safety and Quality of Care Committee Working Group Summary
– July 10th meeting

The Chair thanked Filomena Gregorash for hosting the working committee meeting on July 10th at her home.

2.2 Patient Safety and Quality of Care Committee – Update Terms of Reference

The Committee received a copy of the Terms of Reference and accepted the changes and additions to the membership and the inclusion of Appendix A.

Action

3.0 CONSENT AGENDA

3.1 Patient Safety and Quality of Care Committee Minutes of May 15, 2019

Moved by: Gary Whitney

Seconded by: Joy Wakefield

Motion

“That the Committee approved the Patient Safety and Quality of Care Committee Minutes of May 15, 2019 as presented.”

CARRIED

3.2 Patient Safety and Quality of Care Working Committee Minutes of July 10, 2019

Moved by: Gary Whitney

Seconded by: Joy Wakefield

Motion

“That the Committee approved the Patient Safety and Quality of Care Working Committee Minutes of July 10, 2019 as presented.”

CARRIED

4.0 WORK PLAN

4.1 Building the Patient Safety and Quality of Care Working Committee Work plan

Dr. Valerie Grdisa, Executive Vice President of Research, Quality and Academics/Chief Nursing Executive provided the committee an overview of the presentation highlighting the Quality and Safety legislation, Patient Safety and Quality of Care Committee priorities, Integrated Risk Management Framework, Quality Improvement Plan (QIP), reporting by dimensions of Safe, Timely, Efficient, Effective, Equitable, Patient and Family Centred (STEEEP), Patient Safety and Quality of Care sub-committee meeting outcomes, and suggested changes to working Agenda.



Kristin Shields, Director of Quality and Risk Management provided a summary of the draft work plan for 2019/2020 and agenda topics and priorities.

Moved by: John Hatton

Seconded by: Anita Jean

Motion

"That the Patient Safety and Quality of Care Committee approve the work plan for 2019-2020 PSQCC as presented."

CARRIED

5.0 COMMITTEE MATTERS

5.1 Patient and Family Centred Care: Celebrating 10 years of leading the way in Patient and Family Centred Care

Katie Forbes was welcomed to the meeting.

Together Bonnie Nicholas, Director, Patient and Family Centred Care and Katie Forbes, Patient Advocate provided an overview of their presentation on the Patient's Experience including discussions of the Safe, Timely, Efficient, Effective, Equitable, Patient and Family Centred (STEEEP) framework, integration of the patient's voice, journey, core concepts, Patient and Family Centred Care best practices and experience trends, discharge strategies, expected outcomes and results. The Patient and Family Centred Care plans for the future includes adapting the Patient-Oriented Discharge Summary (PODS) concept, initiating pre-discharge teach-back, securing permanent funding for Nurse-led post-discharge program and full-time Patient Advocate role.

Patient and Family Centred Care to provide synopsis of presentation to a future Board meeting.

Action

Katie Forbes was excused from the meeting at 5:55 p.m.

5.2 Reporting Framework by Dimension

Michael Del Nin was welcomed to the meeting.

Michael Del Nin, Director, Decision Support provided the committee with a brief report on the 2019-20 Quarter 1 Results for Strategic and Operational Indicators (including Quality Improvement Plan). There was some discussion about the hand hygiene process, levels of outbreak, bed blockage, infection control and pharmacy staffing challenges.

Michael Del Nin was excused from the meeting at 5:07 p.m.

6.0 FOR INFORMATION



6.1 Committee Evaluations

The committee members completed the evaluation forms and it was collected by the Quality and Risk Management Secretary.

7.0 BOARD MATTERS

7.1 Chair's Report to the Board

The Chair will report to the Board on the following items:

- 2019-2020 PSQCC work plan, and
- Celebrating 10 years of Patient and Family Centred Care.

7.2 Recommendations to the Board

There were no recommendations.

8.0 BOARD MEMBERS COMMENTS

No discussion was held.

9.0 DATE OF NEXT MEETING: November 20, 2019 at 4:30 p.m.

10.0 ADJOURNMENT - meeting adjourned at 6:25 p.m.

BRIEFING NOTE

TOPIC	2019-20 Q1 Results for Strategic & Operational Indicators (including QIP) for Patient Safety & Quality of Care Committee
PREPARED BY	Michael Del Nin, Director, Strategy & Performance
REVIEWED BY DECISION SUPPORT (if required)	<Does this have financial impacts to the hospital's budget? Has a Decision Support Analyst been consulted on this briefing note?> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
APPROVED BY	Dr. V. Grdisa, EVP, Research, Quality & Academics; CNE
CO-SPONSER (if required)	Not applicable
PREPARED FOR:	President & CEO <input type="checkbox"/> Board of Directors <input type="checkbox"/> Other: Quality Committee of the Board
DATE PREPARED	Oct 10, 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)

This purpose of this briefing note is to report on results for 2019-20 Q1 indicators and to provide observations, reasons and remedial actions being undertaken to improve performance.

BACKGROUND

The balanced scorecards (BSCs) and related indicators are prepared, updated and published monthly by Decision Support. BSC results are reviewed monthly at various councils. A more thorough quarterly review is completed by Senior Leadership Council (SLC) during a regularly scheduled meeting. For 2019-20 Q1 results, these reviews occurred in Sep 2019.

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

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

ANALYSIS/CURRENT STATUS

Hand hygiene compliance – before & after contact:

Observations: 18-19 Q3 to 19-20 Q1 results declined and now below target.

Reason: Public Health Ontario reviewed TBRHSC's infection control practices earlier in 2018 and provided a comprehensive report including a number of recommendations for improvement. The recommendations were broadly communicated, supported and resourced, and led to increased awareness of the importance of hand hygiene. In late 18-19, Infection Control changed its hand hygiene monitoring processes to include a higher percentage of testing by non-unit staff. This resulted in the reduction in reported compliance.

Action: An outbreak team has been established to work on a variety of infection-related initiatives, including hand hygiene. It is expected these initiatives will improve hand hygiene compliance in the near future.

Medication reconciliation on admission (QIP):

Observations: 18-19 Q2 to 19-20 Q1 results declined and now considerably below target.

Reason: Sustaining performance with current nurse-lead model has proven very difficult. A new pharmacy tech led model was approved and implemented in late 18-19 but recruiting the required pharmacy techs has not yet been possible due to ongoing industry-wide shortages.

Action: The pharmacy tech shortages are expected to continue for an extended period. Alternative models are being investigated but improvements are not likely until late 19-20 at the earliest.

Surgical safety checklist compliance:

Observations: 19-20 Q1 results consistent with prior quarters.

Reason: Well established checklist and ongoing compliance monitoring in place.

Action: No action required other than ongoing monitoring.

30-day in-hospital deaths following major surgery (risk-adjusted):

Observations: 19-20 Q1 results improved slightly but remain worse than target.

Reason: A small number of surgeries were completed on patients who were palliative to assist in managing their symptoms, or victims of serious head trauma and/or in fragile health but decided to proceed with surgery despite the risks.

Action: Surgical & Ambulatory Care leadership and Chief of Surgery review individual case-level results on an ongoing basis.

Number of critical events:

Observations: 19-20 Q1 result consistent with past quarters and worse than target.

Reason: Single incident on zero target.

Action: Ongoing monitoring and review as per current practice.

Fall rate per 1,000 patient days:

Observations: Recent results have improved somewhat.

Reason: Much of growth is occurring in transitional care units, although fall rates have also increased in some medical and surgical units.

Action: Preliminary root cause analysis has been completed. Additional training on best practices has been completed and more is planned.

Length of stay (excluding alternate level of care days):

Observations: 19-20 Q1 results relatively consistent with prior quarters and remain worse than target.

Reason: Length of stay results plateaued in late 17-18, then regressed considerably and have remained at higher than targeted levels. Ongoing initiatives outlined in the Hospital's Quality Improvement Plan, as well as several identified during internal quarterly reviews were expected to lead to further improvements but have not yet been fully implemented. There are also concerns that expected length of stay may be understated due to coding inaccuracies.

Action: With its 2020 Strategic Plan nearing completion, the Hospital is planning the development of a transitional strategic plan that will focus entirely on patient flow. At a recent retreat, Senior Leadership reviewed comprehensive data on opportunities for improvement and discussed these at some length. The Advisory Board (an organization with 350 health care professionals and 4,400+ member health care organizations) provided a workshop for Hospital leadership and system partners on research-informed approaches for improving patient flow. The information presented and collected during these sessions will both inform and be leveraged to develop the Hospital's transitional strategic plan. While the plan is being developed, current improvement efforts will continue. As well, a recently completed coding audit identified a number of opportunities to improve the quality of coded data, which once implemented should increase the Hospital's expected length of stay somewhat.

30-day readmission rate for patients with CHF (non-risk adjusted) (QIP):

Observations: 19-20 Q1 results have improved somewhat and are better than target.

Reason: The Hospital has been working with a consultant on improving effectiveness of ambulatory supports for CHF and COPD patients. Work is ongoing but preliminary results are encouraging.

Action: Work with the aforementioned consultant will continue.

30-day readmission rate for patients with COPD (non-risk adjusted):

Observations: 19-20 Q1 results have improved somewhat and are better than target.

Reason: The Hospital has been working with a consultant on improving effectiveness of ambulatory supports for CHF and COPD patients. Work is ongoing but preliminary results are encouraging.

Action: Work with the aforementioned consultant will continue.

90th Percentile ER length of stay for admitted patients (QIP):

Observations: 19-20 Q1 results improved considerably from 18-19 average but remain worse than target.

Reasons: Results are heavily dependent on overall occupancy, which improved somewhat in 19-20 Q1. As well, a significant number of admitted patients who require isolation and/or telemetry experience long waits due to insufficient isolation and telemetry capacity in inpatient units.

Actions: Occupancy pressures have improved somewhat but are expected to continue. Ontario has committed to building more long-term care capacity, but this increased capacity will take some time to emerge. In the meantime, in 17-18 Q4, the Hospital worked with the NWHLIN, the SJCG and MOHLTC to temporarily transfer 32 ALC patients into Hogarth Riverview Manor, and an additional 32 ALC patients were transferred in 2018-19. Although ALC rates haven't dropped (the ALC patients transferred are still counted in the Hospital's results), the transfer has provided considerable relief of occupancy pressures at the Hospital's main site.

As noted earlier, the Hospital's upcoming transitional strategic plan is expected to assist with improving patient flow and reduce occupancy, both of which should enable shorter waits for ER admitted patients.

Percentage of acute inpatient cases completed within the Northwest Health Integration Network:

Observations: 19-20 Q1 results improved somewhat from 18-19 average and are now better than target.

Reason: A higher proportion of vascular surgery cases are being completed at the Hospital, so fewer patients are travelling to southern Ontario and Manitoba for required care. This trend will further increase once cardiac surgery is available at the Hospital.

Action: Continue monitoring and reviewing results.

Repeat unscheduled emergency visits within 30 days as percentage of total mental health visits:

Observations: 18-19 Q2 – Q4 results consistent and somewhat worse than target. No data to report for 19-20 Q1.

Reason: A significant number of mental health patients repeatedly visit the ED for care. This is an Ontario-wide problem and the Hospital's results are slightly better than the Ontario average.

Action: Establishment of a psychiatric stabilization and assessment unit, and ensuring sufficient psychiatry staffing are key actions to address this issue, and work continues on these.

Patient satisfaction: All dimensions - Inpatients:

Observations: 18-19 Q2 to 19-20 Q1 results improving steadily and considerably better than target.

Reason: Definitive causes of improvement are uncertain, but it is likely that ongoing comprehensive improvement efforts, combined with patient rounding and increased emphasis on communication related to discharge are all contributing to improvements.

Action: Continuation of current initiatives and efforts.

Patient satisfaction: All dimensions - ED:

Observations: 18-19 Q2 to 18-19 Q3 results improved steadily. 19-20 Q1 results declined slightly and are just below target.

Reason: Definitive causes of improvement are uncertain, but it is likely that ongoing comprehensive improvement efforts, combined with patient rounding and increased emphasis on communication related to discharge are all contributing to improvements.

Action: Continuation of current initiatives and efforts.

Patient satisfaction: Leaving hospital, did you receive enough information - Inpatients & Maternal Newborn (QIP):

Observations: 18-19 Q2 to 19-20 Q1 results improving steadily and considerably better than target.

Reason: Definitive causes of improvement are uncertain, but it is likely that ongoing comprehensive improvement efforts, combined with patient rounding and increased emphasis on communication related to discharge are all contributing to improvements.

Action: Continuation of current initiatives and efforts.

RECOMMENDATION

What is the recommended course of action?

As outlined above. No additional actions required.

NEXT STEPS

What are the anticipated outcomes? What needs to occur next on this issue?

Continuation of results reviews and implementation of aforementioned actions.

STAKEHOLDER REACTION

Would there be any anticipated reaction from stakeholders? Is an issues management plan required?

None anticipated.

COMMUNICATIONS

What kind of targeted communication(s) is necessary?

Results have been shared with and reviewed by Hospital leadership.

FINANCIAL IMPACTS

Is it resource neutral or is there a cost involved?

Not applicable

APPENDIX SECTION

If there is related material, please provide here.


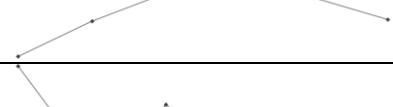
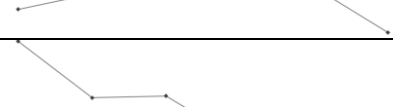

2019-20 Q1 Balanced Scorecard - Strategic & Operational Indicators (including QIP) – For Patient Safety & Quality of Care Committee

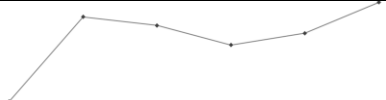

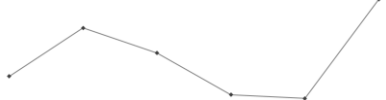
Balance Scorecard

Strategic Indicators

19-20 Q1 Report for Patient Safety & Quality of Care Committee

Updated 2019-09-18

Domain	Indicators	Ind Type	2018-19 Fiscal							2019-20 Fiscal					Trending (last 6 or available quarters)
			Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	18-19 Target	18-19 Actual	18-19 Variance	Q1 Actual	19-20 Target	YTD Target	19-20 Actual	18-19 Variance	
Safe	Rate of hand hygiene compliance before initial patient/environment contact	Strat	95.62%	93.66%	89.37%	67.10%	93.00%	86.44%	(6.56%)	70.78%	93.00%	93.00%	70.78%	(22.22%)	
Safe	Rate of hand hygiene compliance after patient/environment contact	Oper	98.14%	97.02%	96.88%	82.94%	97.00%	93.74%	(3.26%)	74.72%	97.00%	97.00%	74.72%	(22.28%)	
Safe	Medication reconciliation compliance on admission	Oper	50.91%	50.35%	45.65%	43.64%	62.00%	47.64%	(14.36%)	41.16%	65.00%	65.00%	41.16%	(23.84%)	
Safe	Rate of compliance for use of surgical safety checklist	Oper	100.00%	100.00%	99.97%	100.00%	100.00%	99.99%	(0.01%)	99.94%	100.00%	100.00%	99.94%	(0.06%)	
Safe	30-day in-hospital deaths following major surgery (risk-adjusted)	Strat	2.20	2.00	1.10	2.00	1.67	1.70	(0.03)	1.90	1.60	1.60	1.90	(0.30)	
Safe	Number of critical events	Strat	1	2	2	1	0	6	(6)	1	0	0	1	(1)	
Safe	Fall rate per 1,000 patient days	Oper	6.62	7.01	7.51	6.94	5.30	7.06	1.76	6.64	5.30	5.30	6.64	(1.34)	
Safe	Pressure ulcer incidence	Strat		3.00%		2.00%	6.00%	2.50%	3.50%		6.00%	6.00%			
Timely	Length of stay (excluding alternate level of care days)	Oper	5.65	5.34	5.53	5.41	5.10	5.48	(0.38)	5.49	4.90	4.90	5.49	(0.59)	
Effective	30-day readmission rate for patients with CHF (non-risk adjusted)	Oper	19.3%	26.5%	27.2%	20.2%	20.6%	24.1%	(3.5%)	14.3%	21.8%	21.8%	14.3%	7.5%	
Effective	30-day readmission rate for patients with COPD (non-risk adjusted)	Oper	19.3%	19.6%	13.4%	15.7%	24.3%	17.8%	6.5%	13.5%	21.5%	21.5%	13.5%	8.0%	
Timely	90th Percentile ER length of stay (hours) for admitted patients	Strat	50.0	40.1	45.2	37.6	31.0	43.2	(12.2)	38.6	28.8	28.8	38.6	(9.8)	
Equitable	Percentage of acute inpatient cases completed with Northwest Health Integration Network	Oper	84.92%	85.16%	84.98%	85.97%	87.00%	85.25%	(1.7%)	87.80%	87.00%	87.00%	87.80%	(0.8%)	
Effective	Repeat unscheduled emergency visits within 30 days as percentage of total mental health visits	Oper	21.0%	22.3%	20.3%	20.1%	16.3%	20.9%	(4.6%)		16.3%	16.3%			

			2018-19 Fiscal							2019-20 Fiscal					
Domain	Indicators	Ind Type	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	18-19 Target	18-19 Actual	18-19 Variance	Q1 Actual	19-20 Target	YTD Target	19-20 Actual	18-19 Variance	Trending (last 6 or available quarters)
Patient/Family Centred	Patient satisfaction: All dimensions - Inpatients	Strat	70.83%	70.46%	69.59%	70.11%	60.30%	69.26%	9.0%	71.48%	69.76%	69.76%	71.48%	1.7%	
Patient/Family Centred	Patient satisfaction: All dimensions - ED	Oper	74.01%	73.13%	69.23%	74.68%	61.80%	72.79%	11.0%	70.22%	73.29%	73.29%	70.22%	(3.1%)	
Patient/Family Centred	Patient satisfaction: Leaving hospital, did you receive enough information - Inpatients & Maternal Newborn	Oper	70.00%	68.50%	65.99%	65.76%	54.58%	67.57%	13.0%	71.72%	68.07%	68.07%	71.72%	3.7%	

At or better than target

Slightly (less than 5%) worse than target

Significantly (5% or more) worse than target

Data not expected for reporting period or too few results to be meaningful

Indicator has been discontinued and replaced

Blue text

Incomplete period or result not yet finalized



ATTESTATION

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

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

DATE: October 15, 2019

RE: **Q2 2019-20** Wages and Source Deductions for Fiscal Year Beginning
April 1, 2019 and ending March 31, 2020 (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 15 day of October, 2019.

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

Report from the President and CEO and Senior Leadership Team November , 2019

This report highlights strategic advancements as well as important operational initiatives and activities since the October 4, 2019 Board meeting.

Strategic Update

Patient Experience:

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

Addressing work place violence was entrusted in working groups with representatives from the following departments: Security and Facilities, Incident Analysis & Risk, Clinical Processes and Education and Training. Key findings from these working groups show the following: reporting incidents is increasing (253 in 2019 Q1 and Q2 compared to 102 for the same period in 2018) with a decrease in severity (9% in 2019 Q1 and Q2 compared to 47.5% last year); a new learning module has been implemented and is live through the Hospital's Learning Management System titled Violence Prevention: Universal Behavioural Precautions Approach; a facilities review has been completed of entrances that need to be locked down after hours. A working group will determine the time the various entrances must be locked and review perimeter security.

Objective 3.1: Enhance the Learner experience

Our Strategic Plan includes "Advance the academic environment" as a goal within Patient Experience. Our Hospital's Interprofessional Education team, who helped champion the development of the Ibn Sina Simulation Lab, accepted the SIM Innovator Award at the 2019 SIM Expo on October 21st in Montréal, Québec. The SIM Innovator Award is a regional-level award that recognizes an organization in each region of Canada that has demonstrated exceptional commitment to innovate, advocate and advance simulation for education, patient safety or quality improvement. This achievement reflects our Interprofessional Education team's dedication to improving medical education.

In collaboration with St. Joseph's Care Group (SJCG), a Preceptor Training Workshop was developed and provided to more than 65 nurses (both frontline nurses and clinical nurse specialists) over five sessions in September and October. Overall, the evaluation feedback was very positive, with a 93% high value rating. Several participants reported feeling more supported as a preceptor given the advanced knowledge and skills for providing feedback to learners. Some clinical leaders have observed a positive improvement in staff who have participated in the training and their willingness to be a preceptor for a new employee. Next steps include exploring the viability of modifying this training for other health professions and developing a sustainability plan.

The second annual Research Day, presented by the Health Research Institute, was held October 4 at the Hospital. Research Day was designed to showcase health research and provided attendees with valuable information, skills-building and networking opportunities. The keynote presentation from Dr. Patrick McGrath, 'Translating Research to Patient Care' was very engaging,

as were the panel discussion ('Using seed funding to leverage research for patient care'), presentations by researchers, poster displays, and workshops. Evaluations of the event were largely positive and feedback demonstrates enthusiasm for ongoing opportunities to grow research activities. Congratulations to the organizers. A robust health research program is vital to advancing our academic mission but more importantly, to improve the health of the population.

Comprehensive Clinical Care:

Objective 1.1: Identify and adopt the relevant elements of the Ontario Chronic Disease Management framework.

An element of the framework focuses on Self-Management, hence, as part of the Patient Orientated Discharge Summary (PODs) initiative, we will utilize it earlier, upon admission, to ensure patients and their care partners have a good sense of their expected length of stay, and have the tools needed to manage their care condition(s) within their community dwelling. Implementation is set to begin in November 2019.

Objective 2.3: Complete the implementation of the cardiac surgery program.

Capital Project: following our Stage 1 submission of answers raised by the Ministry of Health and Long-Term Care (MOHLTC) Capital branch in early September, only one supplemental question related to bed capacity and distribution was brought up. We expect to provide details to the MOHLTC in late October.

Cardiovascular Science Program Structure: Under the leadership of Peter Voros, EVP, Inpatient Programs, the composition of the new Cardiovascular Sciences Program is being finalized through engagement with key stakeholders, including partners at the University Health Network.

Vascular Program Development is progressing. Following the September Simulation (SIM) vascular surgery day, a standard algorithm to support the early management of ruptured aorta patients is being drafted with a target to implement in early 2020. Rapid Access Vascular Examination (RAVE) Clinics will increase in November to twice weekly. Finally, we will assess the opportunity to offer RAVE clinics from SJCG wound clinic.

The October 16 launch of the Our Hearts at Home Cardiovascular Campaign highlighted the community's extraordinary support for this life-saving health service. There is tangible excitement surrounding the reality of providing cardiac surgery at our Hospital. The vascular surgery portion of the program is now a reality. Currently our three skilled vascular surgeons perform aneurysm repairs, as well as arteriovenous (AV) fistulas for renal patients and use vascular bypass and angioplasty to restore blood flow to limbs, thus reducing the need for amputations. When cardiac surgery is available, patients will have access to coronary artery bypass surgery, heart valve repairs along with angioplasty for complex cases. The Foundation team, including members of the Cardiovascular Campaign Cabinet members, are to be commended for raising \$11.75 million of the \$14 million target.

Seniors Health:

Objective 2.2: Deliver care and service that is free of ageism and respects the unique needs of senior patients and their caregivers (emotional and behavioural environment).

The Hospital, with guidance and support from the Toronto Regional Geriatric Program, completed a Senior Friendly self-assessment: the Hospital received a report identifying the high and low seniors' health performance areas. An area of improvement identified in the report relates to involving senior patients and their families in the care planning. To do so, the Hospital has adopted the Transitional Risk Planning Assessment Score (TRPAS) tool. With support from our Sinai Health colleagues in Toronto, the tool was adapted to the needs of Northwest Ontario patients. The tool has four questions that help clinicians determine high risk seniors for their discharge. The tool is currently being trialed on the medical inpatient unit 2B. Since implementation in July, the average length of stay decreased from 12.5 to 7.7 days. We intend to implement the TRPAS tool on all other inpatient units in early 2020.

Indigenous Health:

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

Racism is present at our Hospital. Acknowledging this fact is essential to addressing it, and action is equally imperative. Our Hospital is a signatory of the Thunder Bay Anti-Racism & Inclusion Accord. On October 25, President & CEO Jean Bartkowiak, along with Crystal Pirie, Senior Director of Indigenous Collaboration, met with representatives of the Coalition. Each of the attending members provided an update on the activities that support the Anti-Racism Accord. The Coalition members previously struck a subcommittee to draft guidelines for members of the Coalition. Draft guidelines will be available to Coalition members for review and comment by late spring.

Mr. Bartkowiak and Ms. Pirie also met with Mr. Ovide Mercredi, Lead of the Nishnawbe Aski Nation (NAN) Health Transformation Initiative, regarding the challenges faced by Indigenous people to accessing health care. As a result of that meeting, Ms. Anne Marie Heron, Ms. Pirie, Mr. Dave Murray and Mr. Bartkowiak attended the Nishnawbe Aski Nation Health Commission meeting in Toronto on October 28 and 29. The meeting provided opportunity to discuss and learn how we can support endeavors where our respective planned activities complement each other. This includes an exploration of the Ontario Health Team (OHT) concept, and for that reason, Mr. Murray, as a member of the Premier's Council, and Ms. Heron, as the Hospital's OHT lead, participated. Discussions were fruitful and will continue on November 18 in Thunder Bay.

Anishnawbe Mushkiki provides a key entry point to overall health and development for all people by providing clinical care and integrated chronic disease prevention and management, family-focused maternal and child health care, addictions counselling, youth empowerment, traditional wellness and cultural programs. Many of their programs are provided in partnership with other organizations in locations throughout Thunder Bay. In October, Anishnawbe Mushkiki moved its clinic to a location on Golf Links Road, close to the Hospital campus, enhancing access for patients. Leaders from our Hospital and Anishnawbe Mushkiki are exploring a collaboration between the organizations that will connect patients of the Hospital to culturally appropriate

primary care and supports them to achieve better health outcomes and avoid Emergency Department visits.

Operational Updates

Planning for the next Strategic Plan, The Right Plan, is progressing. Collecting ideas and input from stakeholders is a priority, as each exchange results in new learnings that can be applied to a plan focused on the Right Care at the Right Time. Several engagement activities occurred in October, including with Hospital leaders, Patient Family Advisors and the Board of Directors. As planning progresses, ongoing engagement will ensure that patients and families, staff, professional staff, researchers, partners, volunteers and learners are consulted and their contributions reflected in the Right Plan. Specific next steps include a meeting of the Right Plan Steering Committee, as well as the establishment of Working Groups for each of the three areas of focus of the Right Plan: Enable Success at Home; Optimize the Acute Patient Journey; and Ensure Effective Transitions in Care. *(NOTE: More in the Chair Report on the Board Retreat).*

As a regional hospital serving all of Northwestern Ontario, Thunder Bay Regional Health Sciences Centre is committed to innovative approaches to the delivery of care closer to home. The Regional Orthopaedic Program (ROP) is an example that benefits patients living in communities outside of Thunder Bay. Through the use of a centralized referral system, patients across Northwestern Ontario access Orthopaedic specialists sooner. Recently, the same referral system was applied to a Northwestern Ontario Spine Referral Centralized Intake, enabling quicker, stream-lined access for surgical spine patients. Back pain is one of the most common reasons people seek medical care, and this intake addresses system access challenges they face.

Another advantage of the ROP is the access to care. Rather than patients from regional communities traveling to Thunder Bay for hip and knee replacement procedures, the orthopaedic team travels to three hospitals in Northwestern Ontario to provide care. Based on the success of this model, the concept has been expanded to urology services through a partnership with the Dryden Regional Health Centre. The team from Dryden's Operating Room (OR) visited our Hospital to gain experience, and with the support of a nurse from our Hospital, Urologist Dr. Shahrour provided OR urology service at Dryden Regional Health Centre. During a two-day visit to Dryden, Dr. Shahrour performed 14 procedures in one day and ran a clinic on the other day. The goal, once additional equipment is in place, is to provide in Dryden monthly urology services including circumcisions, vasectomies and transurethral resection of the prostate.

A selection committee has been set up to lead the selection of the Executive Vice President (EVP), Regional Transformation and Integration. This new position, created in the wake of the dissolution of the Northwest Health Alliance, will enhance regional programs development to support the small hospitals in Northwestern Ontario. The selection committee includes CEOs of four hospitals in Northwestern Ontario, including ours, as well as two EVPs. 41 applications were received for the position. Select applicants will be interviewed, and it is anticipated that the position will be offered in November with the successful candidate in office in the new year.

The Nurse Led Outreach Team (NLOT) received temporary funding until March 31, 2020 for one full-time Nurse Practitioner who will provide in-depth geriatric assessments and rapid access referrals to SJCG Geriatric Out-Patient Clinic as a strategy to reduce Emergency Department (ED) visits and Hospital admissions.

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Funding of \$1.8 million, received under Pay for Results (P4R) Program, has been applied to improving ED wait times and patient flow. Initiatives underway as a result of the funding include the ED Rapid Assessment Zone, a third triage nurse, Patient Flow, Wellness & Geriatric Care Coordinators, a Hospital Elder Life Program nurse, lab point of care testing and infection control analysis.

The Regional Critical Care Response (RCCR) Program continues to provide real-time video consultation and support to all regional hospitals and 12 Indigenous communities in Northwest Ontario. Between April and August, 2019, the RCCR provided 184 video/phone consults which allowed 30 patients to remain in their home hospitals rather than transfer to Thunder Bay.

From May 21 to June 2, 2019 our Hospital led a telemedicine based Regional Mental Health Assessment Team (RMHAT) trial aimed at improving access to specialized mental health assessment and psychiatry services in 11 Emergency Departments (ED) throughout Northwestern Ontario. During the trial, 18 patients accessed our Mental Health Assessment Team (MHAT; termed RMHAT during the trial) for a psychiatric assessment via telephone and telemedicine. Following the assessment, RMHAT provided recommendations to the psychiatrist on-call and care teams at participating sites. The two-week trial resulted in 12 diverted admissions and transfers to either our Hospital or Kenora's Lake of the Woods District Hospital. Access to RMHAT allowed patients to access emergency psychiatric assessment, observation and treatment closer to home without having an unnecessary and costly transfer. Reception of the trial by the participating sites was overwhelmingly positive. The Hospital is now leading the development of a proposal to secure the resources required for a more sustainable RMHAT service for Northwestern Ontario.

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**.



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

November 2019

Preoperative Histories and Physicals

- As of October 1, it will no longer be a regulatory requirement that the patient's family physician or nurse practitioner also conduct a pre-operative history, physical and assessment. Family Physicians and Nurse Practitioners may forward their note from the last patient visit to the Surgeon, if appropriate. Surgeons may also order a consult with the primary care provider if required for more complex patients.

Process for Handover for All Services

- Each department or service will have transfer of responsibility procedures and information transfer forms/communication tools according to the needs of that service. Chiefs were asked to review how the members hand over to one another and complete an inventory that is documented in the department minutes.

Satisfaction Scores

- Patient satisfaction scores have increased every year and Professional Staff are performing better than other centres, however, the one item with a consistently lower score lower is physicians communicating the plan of discharge.

Digital Order Sets

- The Medical Advisory Committee (MAC) approved 16 Digital Order Sets at their meeting on October 22, 2019. Two more order sets will be reviewed by MAC in November.

Recruitment

- Dr. Supuneet Bismil (Psychiatry) and Dr. Chantelle Menard (Haematologist) have accepted positions with start dates to be determined
- Upcoming Site Visits are planned for Internal Medicine, Neurology, Orthopedics, Anesthesia and Gastroenterology

CMPA Education Update

- The Canadian Medical Protective Association (CMPA) will be giving a 90 minutes abridged version of a three-hour workshop on the follow up of test results for Professional Staff in April 2020. This will assist on how to improve the process of Professional Staff being flagged to view abnormal test results.

Thunder Bay Regional Health Sciences Centre Board of Directors Work Plan
 Updated: October 31, 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			x							
6	Governance	TBRHS Foundation update	BD		x								
7	Governance	Board Members to complete self assessment questionnaire	BD				x						Reviewed by Chair in Feb.
8	Governance	Board Members to complete Team Effectiveness Scale	BD							x			Sept.2019 - will be replaced with OHA on line tool in 2019-2020
9	Governance	Board Members to complete Board Annual Evaluation	BD							x			Sept.2019 - will be replaced with OHA on line tool in 2019-2020
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		

Column	Accountability	Activity	Responsible Body	As Needed	October	November	December	February	March	April	May	June	Comments
13	Quality Oversight	Research Ethics Board appointments	BD	x									
14	Quality Oversight	Research Ethics Board Annual Report	BD									x	
15	Performance Measurement and Monitoring	Strategic Plan and Scorecard quarterly update	BD		x		x		x			x	
16	Oversight of Management	Physician recruitment plan update	BD					x					
17	Oversight of Management	Participate in CEO evaluation via website	BD							x			
18	Oversight of Management	Participate in COS evaluation via website	BD							x			will take place in Nov 2019 - timelines to be reviewed
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

RESOURCE PLANNING COMMITTEE WORK PLAN

2019-2020

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
TBRHSC ITEMS														
1	Oversight of Management	2019-20 Work Plan for information only		x	x	x	x	x	x	x	x	x		
2	Financial Oversight	Monthly Hospital Statistics for information only		x	x	x	x	x	x	x	x	x		
3	Financial Oversight	Marketed Services & Medical Remuneration Reports for information only		x	x	x	x	x	x	x	x	x		
4	Performance Measurement and Monitoring	People, Culture & Strategy Update		x	x	x	x	x	x	x	x	x		
5	Performance Measurement and Monitoring	Personal Emergency Leave Report for information only		x	x	x	x	x	x	x	x	x		
6	Financial Oversight	Attestation: Wages and Source Deductions		x	x			x			x			
7	Financial Oversight	Financial Statements and Variance Report		x		x			x			x		
8	Financial Oversight	Financial Statements for information only		x	x		x	x		x	x			
9	Financial Oversight	Investment Policy Annual Review: BD-16		x										
10	Financial Oversight	Investment Portfolio Reviews									x			
11	Oversight of Management	Work Plan Review 2019-20		x										
12	Governance	Terms of Reference Review 2019-20		x										
13	Financial Oversight	Operating Plan Update with Budget Planning Targets & Directives 2020-21		x	x	x								
14	Financial Oversight	Operating Plan Approval 2020-21					x							
15	Financial Oversight	Capital Budget Update 2020-21			x									
16	Financial Oversight	Capital Budget Approval 2020-21					x							
17	Financial Oversight	Northern Supply Chain Performance and Medbuy Update			x									

#	Accountability	Activity	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
18	Performance Measurement and Monitoring	Corporate Balanced Scorecard			x			x		x				
19	Financial Oversight	H-SAA 2019-20 Operating Plan Agreement Review			x									
20	Risk Identification and Oversight	Approval Authorities Policy Review: ADMIN-21			x									Completed in September
21	Performance Measurement and Monitoring	Sick Time & Overtime Initiatives Report for information only				x			x			x		
22	Financial Oversight	Broader Public Sector Travel & Expense Report				x						x		
23	Financial Oversight	Funding HBAM and Quality Based Procedures Update				x								
24	Financial Oversight	CAPS 2020-21 Approval					x							
25	Financial Oversight	HAPS 2020-21 Approval					x							
26	Financial Oversight	Non Union Compensation					x							
27	Quality Oversight	Emergency Preparedness Report					x							transferred from PSQOCC
28	Financial Oversight	Capital Equipment and Capital Projects Update 2019-20						x			x			
29	Financial Oversight	Insurance Review						x						
30	Performance Measurement and Monitoring	Staff & Physician Engagement Update						x						transferred from PSQOCC
31	Oversight of Management	Work Plan Annual Approval 2020-21							x					
32	Governance	Terms of Reference Annual Approval 2020-21							x					
33	Performance Measurement and Monitoring	Accessibility Plan Update							x					transferred from PSQOCC
34	Risk Identification and Oversight	Informatics Update								x				
35	Performance Measurement and Monitoring	Labour Relations, Grievances and Arbitrations Update								x				
36	Legal Compliance	Occupational Health and Safety Program Update								x				
37	Legal Compliance	Public Sector Salary Disclosure								x				
38	Legal Compliance	Broader Public Sector Accountability Attestation Certificate										x		
39	Legal Compliance	Broader Public Sector Use of Consultants Attestation										x		
40	Oversight of Management	H-SAA Declaration of Compliance Attestation										x		
41	Oversight of Management	M-SAA Declaration of Compliance Attestation										x		
42	Financial Oversight	Numbered Companies Unaudited Financial Statements 2019-20										x		
43	Financial Oversight	Unaudited Preliminary YE Financial Statements to 2020-03-31										x		

#	Accountability	Activity	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
44	Quality Oversight	Report on Financial Pressures Related to Risk										x		<i>transferred from PSQOCC</i>
TBRHRI ITEMS														
45	Financial Oversight	Attestation: Wages and Source Deductions		x	x			x			x			<i>transferred from RI FARM</i>
46	Financial Oversight	Financial Statements and Variance Report		x		x			x			x		<i>transferred from RI FARM</i>
47	Financial Oversight	Financial Statements for information only		x	x		x	x		x	x			<i>transferred from RI FARM</i>
48	Financial Oversight	Investment Policy Annual Review: FN 5.05		x										<i>transferred from RI FARM</i>
49	Financial Oversight	Operating Plan Update with Budget Planning Targets & Directives 2020-21		x	x	x								<i>added to align with Hospital budget process</i>
50	Financial Oversight	Operating Plan Approval 2020-21					x							<i>transferred from RI FARM</i>
51	Financial Oversight	TBRHRI 2019-20 Operating & Capital Budget Report and Sustainability Updates				x					x			<i>previously listed above</i>
52	Risk Identification and Oversight	TBRHRI 2020-21 Unaudited Financial Statements Review										x		<i>previously listed above</i>

AUDIT COMMITTEE
2019-2020 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
TBRHSC ITEMS														
1	Oversight of Management	2019-2020 Work Plan for information only						x		x		x		
2	Financial Oversight	2019-2020 Audit Plan Overview - Grant Thornton						x						
3	Governance	Terms of Reference Annual Approval 2020-2021						x						
4	Oversight of Management	2020-2021 Work Plan Approval						x						
5	Performance Measurement and Monitoring	Review Results of May 2019 Evaluation of Auditors						x						
6	Financial Oversight	Independence Questionnaire 2019-2020						x						
7	Risk Identification and Oversight	Policy Review: Admin-19 Whistleblower & Admin-28 Ethical Business Conduct						x						
8	Risk Identification and Oversight	Expense Test Audit						x						
9	Risk Identification and Oversight	Interim Audit Review 2019-2020								x				
10	Performance Measurement and Monitoring	Discussion of Year End Reporting Issues 2019-2020								x				
11	Financial Oversight	Audit Statement Review 2019-2020								x				
12	Financial Oversight	Individual Program Audit Reports								x				
13	Financial Oversight	Summary of Audit Fees Paid for 2019-2020								x				
14	Financial Oversight	2019-2020 Year End Financial statements for Board Approval										x		
15	Financial Oversight	2019-2020 Audit Results - Grant Thornton										x		
16	Oversight of Management	2019-2020 Management Letter										x		
17	Risk Identification and Oversight	2019-2020 Litigation Review & Claims Summary										x		
18	Risk Identification and Oversight	Analysis of Legal Fees as at March 31, 2020										x		
19	Performance Measurement and Monitoring	Evaluation of Auditors for 2019-2020										x		
20	Performance Measurement and Monitoring	Recommend Appointment of Auditors for 2020-2021										x		
TBRHRI ITEMS														
21	Financial Oversight	2019-2020 Audit Plan Overview - Grant Thornton						x						<i>transferred from RI FARM</i>
22	Risk Identification and Oversight	Policy Review: GV 1.10 Ethical Conduct and Whistleblower						x						<i>transferred from RI FARM</i>
23	Financial Oversight	2019-2020 Audit Results - Grant Thornton										x		<i>transferred from RI FARM</i>
24	Performance Measurement and Monitoring	Recommend Appointment of Auditors for 2020-2021										x		<i>transferred from RI FARM</i>
25	Risk Identification and Oversight	Analysis of Legal Fees as at March 31, 2020										x		<i>transferred from RI FARM</i>

Governance and Nominating Committee 2019-2020

Updated: September 18, 2019

Colour Legend
Completed by target
In progress
Delayed

Committee legend:
G - Governance
N - Nominating business
R - Research Institute

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								x		approved in May for following year and reviewed in Sept for any adjustments
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	G		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	Discuss Board re-appointments/vacancies in preparation for June AGM								x					NEW* from RI/HSC governance model restructuring 2019
7	Governance	Review Board policies - Hospital	G				x								Only a portion of the policies to be reviewed annually on a three year rotation.
8	Governance	Review Board policies - Research Institute	R				x								NEW* from RI/HSC governance model restructuring 2019
9	Governance	Plan annual Board retreat	G										x		Retreat to be held in September of each year NEW* 2019 - removed from RI workplan and only on HSC workplan
10	Governance	Review Board committees terms of reference	G										x		Nov 21/18 - moved from November to May
11	Governance	Review Committee evaluations for the semester	G				x						x		Nov-review May, June, Sept, Oct May-review Nov, Dec, Jan, Feb, Mar, April

#	Accountability	Activity	Committee	As Needed	September	October	November	December	January	February	March	April	May	July	Comments
12	Governance	Review Board and Board Committee attendance	G										x		
13	Governance	Review team effectiveness scale summary	G							x			x		Distributed to Board members at December/April Board meetings. - 2018/2019 replaced with OHA evaluation tool on a trial basis for this year
14	Governance	Appoint community member on Board member interview panel	N							x					
15	Governance	Review Board member Selection and skills criteria (Policy BD-45)	N							x					
16	Governance	Send out Skills Matrix to Baord for completion	N					x							Dec - send out Skills Matrix to current Director for completion (added March 2019)
17	Governance	Review Board member skills matrix inventory	N							x					-Feb- review skills matrix inventory/summary to assist in determining booard recruitment needs and advertising -Refer to BD-45
18	Governance	Approve Application for Membership form	N							x					
19	Governance	Review Board of Directors recruitment ad, interview questions and schedule	N							x					Updated Sept 2019: Ensure ad is bilingual
20	Governance	Deliberate outreach for potential future Board Directors	N							x					<i>Added Sept 19, 2018</i> -Maintain a list of potential candidates as names arise
21	Governance	Expressions of Interest for slate of Officers including Chair, if applicable	N							x					<i>Added Sept 19, 2018</i> -Process for Expressions of Interest (to be developed) -working group to review draft policy
22	Governance	Proposed slate of Officers for recommendation to the Board	N									x			<i>Added Sept 19, 2018</i> -Formal process under development
23	Governance	Review applications (Board and Community)	N								x				
24	Governance	Interview Board member candidates	N									x			
25	Governance	Propose slate of nominees for Board	N									x			
26	Governance	Review By-Law - Hospital	G										x		

#	Accountability	Activity	Committee	As Needed	September	October	November	December	January	February	March	April	May	July	Comments
27	Governance	Review By-Law - Research Institute	R				x								NEW* from RI/HSC governance model restructuring 2019 - moved from May to November per Sept 18 GNC meeting
28	Governance	Review new Board member orientation program	G										x		
29	Governance	Review Board annual evaluation summary	G										x		Distributed at April Board meeting
30	Governance	Review annual education session summary	G										x		
31	Governance	Determine Board Committees membership	G											x	

FISCAL ADVISORY COMMITTEE
2019-2020

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

#	Accountability	Activity	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
1	Stakeholder Communication and Accountability	Financial Statements and Variance Report				x								
2	Stakeholder Communication and Accountability	Operating Plan 2019-20				x								
3	Stakeholder Communication and Accountability	Q2 2019-20 Financial Review				x								
4	Stakeholder Communication and Accountability	Work Plan 2019-20 Review				x								
5	Stakeholder Communication and Accountability	Financial Statements as at 2019-08-31				x								
6	Stakeholder Communication and Accountability	Financial Statements and Variance Report									x			
7	Stakeholder Communication and Accountability	Operating Budget 2020-21									x			
8	Stakeholder Communication and Accountability	Q3 2019-20 Financial Review									x			
9	Stakeholder Communication and Accountability	Financial Statements as at 2020-01-31									x			
10	Stakeholder Communication and Accountability	Terms of Reference Annual Approval									x			
11	Stakeholder Communication and Accountability	Work Plan 2020-21 Approval									x			
12	Stakeholder Communication and Accountability	Hospital Monthly Statistics for information only				x					x			
13	Stakeholder Communication and Accountability	Vacancy, Overtime & Sick Time Report				x					x			

WORKPLAN: Patient Safety and Quality of Care Committee - 2019-2020

Updated: October 31, 2019

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

#	Activity	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	COMMENTS
1.0	Spotlight on Program Level									
	Patient and Family Centred Care	X							X	
	Cancer		X							
	Prevention and Screening				X					
	Medicine				X					
	Critical Care, Trauma, Emergency Department			X						
	Surgical					X				
	Cardiovascular					X				
	Women and Children						X			
	Mental Health and Addictions						X			
	Lab, Pharmacy and Diagnostic Imaging							X		
	Renal							X		
	Patient Flow								X	
2.0	Quality and Risk Management									
	Quality Improvement Plan (QIP)			X		X		X		
	Patient Safety			X				X		
	Infection Control			X				X		
	Integrated Risk Management					X		X		
	Organizational Data	X		X				X		
	Research					X				
	Accreditation							X		
3.0	PSQCC Education									
	Magnet Hospital		X							
	TBD				X					
	TBD						X			
	TBD								X	
4.0	Committee Business									
	Terms of Reference review	X					X			
	Identify education needs	X	X	X	X	X	X	X	X	
	Committee evaluation review		X			X				
	Annual Summary								X	

Page Views: Open Board Meeting Webcast

September 2017 – October 2019

Month	# of Page Views	Month	# of Page Views	Month	# of Page Views
September 2017	--	September 2018	--	September 2019	--
October 2017	18	October 2018	<i>No views due to technical difficulties</i>	October 2019	14
November 2017	26	November 2018	13	November 2019	
December 2017	17	December 2018	18	December 2019	
January 2018	--	January 2019	--	January 2020	
February 2018	15	February 2019	12	February 2020	
March 2018	33	March 2019	17	March 2020	
April 2018	13	April 2019	24	April 2020	
May 2018	10	May 2019	24	May 2020	
June 2018	17	June 2019	17	June 2020	
Yearly Total # of Page Views	149	Yearly Total # of Page Views	125	Yearly Total # of Page Views	



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

Submitted by: Mr. Jean Bartkowiak, CEO and Dr. Valerie Grdisa, EVP Research, Quality & Academics/CNE October 21st, 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

Research Seed Funding Awards Announced: Over the past three years, the Institute has awarded six research seed grants at \$10K per project. The funding is to support promising health research that addresses the research strategic plan of the Hospital and Institute. The principal applicant must be a physician, scientist or frontline/managerial staff of the Hospital or Institute and at least one co-applicant must be a patient or learner at the Hospital or Institute or a resident of Northwestern Ontario. We are pleased to announce that in September of this year, the following two proposals were approved to receive \$10,000 each pending Research Ethics Board and TBRHRI Research Program approval:



- 1) **Mr. Jamie Sitar** and colleagues for their study entitled "*Creating Workforce Stability in Northwestern Ontario Through the Application of the Making it Work Framework: a case study*"; and
- 2) **Dr. Laura Power** and colleagues for their study entitled "*Enhancing Interprofessional Teamwork and Collaboration Through In-Situ Simulation: a labour and delivery experience*".

We look forward to receiving reports on the outcome of these studies by December, 2020 and plan to hold another competition in June, 2020.

Clinical Research at TBRHSC: Of the 154 clinical research projects that are currently open, 48 are being operated through Clinical Trials. The table below provides an overview of patient enrolment and screening between April and September, for open clinical trials being undertaken at the Hospital in three areas: non-oncology, oncology and Physician-initiated.

Clinical Trials Patient Visits 2019-20						
Non-Oncology	April	May	June	July	August	September
Patients Screened	2	5	1	0	4	1
Patients Enrolled	1	4	0	0	4	1
Oncology	April	May	June	July	August	September
Patients Screened	82	65	34	53	64	38
Patients Enrolled	2	3	0	2	0	0
Physician-Initiated	April	May	June	July	August	September
Patients Screened	6	2	4	0	1	2
Patients Enrolled	6	2	3	0	1	2
Total Enrolled:	9	9	3	2	5	3
Non-Trials Deducted Total Enrolled:	2	3	2	0	0	0



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WEALTHIER: Generating Revenue through Science & Partnerships

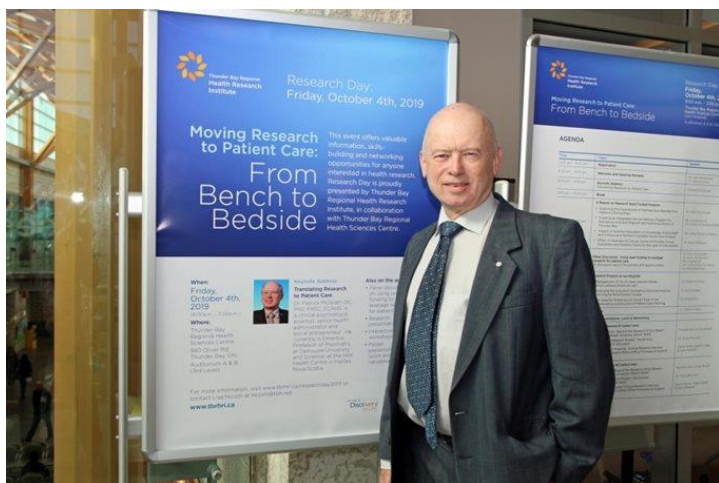
Environmental Scan of Other Health Research Institutes: An environmental scan of similar sized health research institutes at CAHO hospitals was conducted to assess their current business models and revenue sources. To operate, health research institutes mainly rely on revenues received from grants, clinical trials and from the support they receive from their associated hospitals and foundations. On average, commercialization revenue only accounts for approximately 1% of their total revenue. As grants are a major source of revenue and industry partnerships are key to obtaining major grants, Business Development is shifting its focus to identifying and contacting potential industry partners to collaborate with Institute scientists on their research projects. An environmental scan of clinical trial sites is also underway to learn about their current business models.

Update re Associate VP Research & Chief Scientist: Dr. Chris Mushquash was recently appointed to the **Canada Foundation for Innovation (CFI)** Board for a three year term. The CFI makes financial contributions to Canada's universities, colleges, research hospitals and non-profit research organizations to increase their capability to carry out high quality research. The CFI was established in 1997 as an independent, non-governmental organization with a Board of Directors. The Board of Directors reports to Members representing the Canadian public. Congratulations Chris!



As well, Lakehead University recently announced that Dr. Mushquash received a \$160K grant from the **Canadian Institutes of Health Research (CIHR)** to develop a group intervention strategy for First Nations children and youth. The project between Lakehead University and Dilico Anishinabek Family Care aims to use a variety of strategies to develop treatments for young Indigenous children who are experiencing mental health difficulties.

SMARTER: Enhancing the Academic Environment



Research Day: On **October 4th**, the Institute and the Hospital hosted the 2nd Annual Research Day. This year, the event focused on ***“Moving Research to Patient Care: From Bench to Bedside”***. The keynote speaker, Dr. Patrick McGrath, a clinical psychologist, scientist, senior health administrator and social entrepreneur from Nova Scotia spoke about translating research to patient care. Translational research applies findings from basic science to enhance human health and well-being. It aims to “translate” findings in fundamental research into new or



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improved health care practices and meaningful health outcomes.

Approximately 85 people, from physicians to front line staff as well as researchers and administrators, joined us throughout the day. Along with the keynote address, the day included a panel discussion, presentations from Research Seed Grant recipients and researchers at the Hospital, to poster displays and workshops. Feedback on the event has been positive and we have received some good ideas to use in planning Research Day 2020!

2019 Health Information Technology, Biotechnology and Allied Sciences Symposium (HITBASS):

On **October 26th**, Dr. Valerie Grdisa provided a key note address at the HITBASS symposium at Lakehead University. Her presentation, entitled *From Bench to Bedside: Research and Innovation at the Hospital and Institute*, provided an overview of research at the Hospital and the Institute and how research is undertaken to:



The poster for the HITBASS Research Showcase is a vertical blue banner. At the top is the Lakehead University logo and the text 'HITBASS presents RESEARCH SHOWCASE'. Below this, it says 'Sunday, October 27, 2019 2:00 - 4:00 pm C.J. Sanders Fieldhouse Rooms 1016, 1025, 1028'. A section titled 'Faculty and Student Research' lists several activities: 'Come meet Pepper the robot', 'Student research posters', 'See your muscles in action', 'Impact helmet testing', 'Smart Fab Lab', 'Cane mobility devices', and 'Superior Science Ozobots and Makey-Makey'. At the bottom, it says 'Free Public Event'. To the right of the text are several small images: a person with a robot, a close-up of Pepper the robot, a man in a lab coat, a person at a computer, and a group of people working together.

- **pursue innovation** – through the integration of research, academic learning, and clinical practice, we strive to be a leader in healthcare research and delivery;
- **improve health care** – researchers work closely with healthcare professionals, physicians, and academic and industry partners to improve health care through excellence in patient-centred research;
- **address relevant issues** – by bringing research from the bench to the bedside through the development of early detection methods, new treatments and potentially cures, all relevant to the population we serve;
- **develop people** – as an academic hospital, the learning environment allows medical students and other learners to train alongside practicing physicians and other healthcare professionals whose involvement in research ensures trainees understand how research improves health care; and
- **achieve positive economic impact** – we have a patient-centred research focus that is market-oriented so that discoveries that prove to be useful can reach patients in our communities.

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

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





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

Past Events Highlight:

Tbaytel Luncheon of Hope

On October 4, 2019, over 400 guests celebrated 27 years of HOPE for breast cancer patients and their families in Northwestern Ontario. This year was a High Tea, and the room was enlightened by local guest speakers. Together the event raised over \$33,000.

Resolute Save a Heart Ball Presented by MNP

Congratulations to the Resolute Save a Heart Ball Committee! This gala event was held on October 19, 2019 at the Victoria Inn. A champagne reception, followed by a gourmet meal, enticing online silent auction and fantastic entertainment was enjoyed by all! This great event supports excellence in cardiac care here at the Health Sciences Centre. The event raised over \$250,000 this year for the Northern Cardiac Fund! What a great way to generate excitement in the community for the CVS Campaign.

Raffles – Purchase tickets at healthsciencesfoundation.ca or 345-4673

Intercity 50/50 Raffle

From October 25 until December 20, 2019 (or until tickets are sold out, whichever comes sooner), tickets will be available at Intercity Shopping Centre and the Donation Centre (next to Robin's Donuts inside the Health Sciences Centre). Tickets are \$5 each or 3 for \$10 and may not be purchased by, or on behalf of persons under the age of 18.

This year's Intercity Shopping Centre 50/50 Cash Draw will be held on Friday, December 20, 2019 at 2:00 p.m. at Intercity Shopping Centre. Ticket holders do not have to be present to win. Proceeds from the draw will support the Our Hearts at Home Cardiovascular Surgery Campaign to bring a full-service cardiovascular surgery program to Northwestern Ontario.

Lottery license M835347.

Save a Heart Car Raffle

Grand Prize: 2020 Mitsubishi Eclipse Cross- ES S-AWC (valued at \$35,600), generously donated outright by Thunder Bay Mitsubishi

2nd Prize: Return trip for 2 from Thunder Bay to any Porter Airlines scheduled destination (value \$2,500), donated by Porter Airlines

3rd Prize: Panasonic Entertainment Package - 55" 4K LED Smart TV, Sound Bar & Wireless Subwoofer (value \$1,241), donated by The Power Centre

Tickets \$20 each or 3 for \$50

Available at:

Donation Centre inside Thunder Bay Regional Health Sciences Centre from Monday-Friday 9 AM - 5 PM, Thunder Bay Mitsubishi, Balmoral Park Acura, J&J Sports, Porter Airlines counter at Airport, The Power Centre

Proceeds to the Our Hearts at Home Cardiovascular Campaign

Lottery License M835318

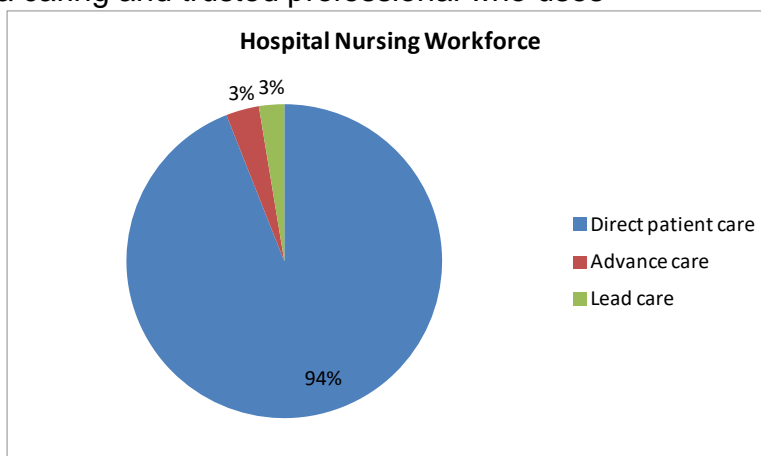


Chief Nursing Executive **Open Report** **to the** **Board of Directors** **November 6, 2019**

Nursing Profession

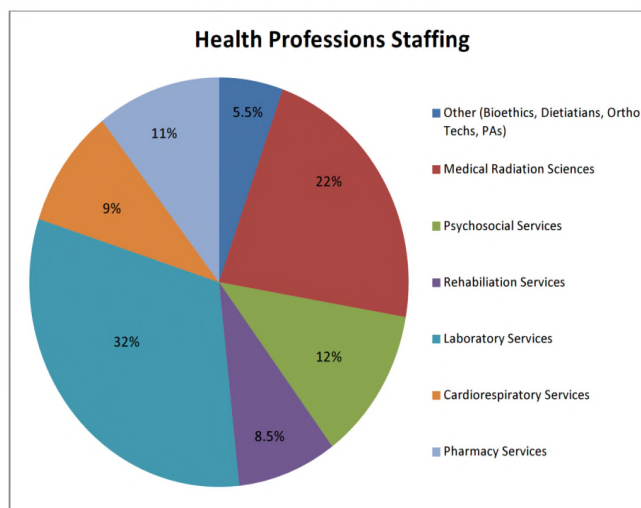
The nursing workforce is comprised of ~1350 Registered Practical Nurses (RPN), Registered Nurses (RN), and Nurse Practitioners (NPs) in a diverse range of roles with 94% in 'direct patient care' roles (1,060.51 FTE), 3% in 'advance care' roles like educators and clinical nurse specialists and 3% in 'lead care' roles like clinical managers and directors. Each nurse is a caring and trusted professional who uses their knowledge and expertise to achieve a shared purpose:

- Deliver high quality, holistic patient and family centred care;
- Educate and mentor future generations of nurses;
- Improve community and population health; and
- Advance knowledge, inform policy, and drive innovation in the Hospital/Institute and beyond.



Health Professions Workforce (excluding Medicine and Nursing):

There is a significant range of diversity and expertise when it comes to Health Professions. Of the approximately 530 staff, there are 29 professions, 17 which are regulated and 12 which are unregulated. Many clinical staff have roles as preceptors, researchers and post-secondary faculty. Training ranges from College Diplomas to University PhD Degrees. With such a wide variety of roles, collaboration is essential to patient safety and quality of care.





RNAO Best Practice Spotlight Organization (BPSO)

As a BPSO, The Hospital is required to maintain the deliverable of having 15% of our nursing staff trained as Best Practice Champions. To sustain this achievement, we have partnered with St. Joseph's Care Group and hosted a Level 2 Best Practice Champions Workshop October 2019 with a focus on "Addressing Substance Use." Approximately 20 staff from the Hospital attended. This Level 2 workshop provides participants with a deeper understanding of advanced concepts in addiction, such as harm reduction and concurrent disorders and explores a more in-depth look at sustaining best practices thorough the use of the RNAO Toolkit: Implementation of Best Practice Guidelines (2nd Edition).



BPSO Success by Nurse-led Quality Improvement: Decreasing Wounds

This October we completed our semi-annual pressure injury prevalence and incidence study. Prevalence, the number of patient with stage II or greater pressure injury per 1000 patient days on initial assessment, decreased from 9.0 to 4.6 of admitted adult patient and our incidence, the number of patients that developed a stage II or greater pressure injury five days post initial assessment per 1000 patient days, declined from 1.7 to 1. **Current national prevalence rate per 1000 patient days is 9.5 – we are at 4.6!** (Note: Comparator data is not available from HillRom for incidence rate).

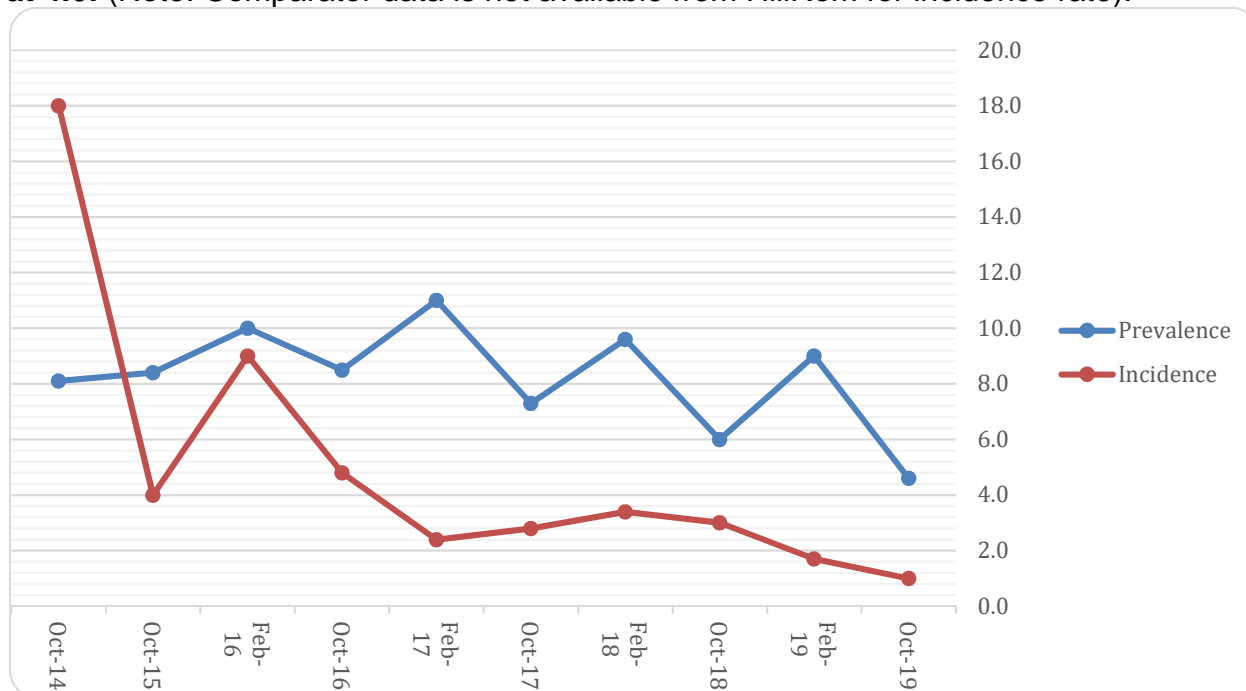


Figure 1: Best Practice leads to sustaining High Quality Wound Care (Data provided by HillRom)



Partnering Together: Events led by the Chief Nursing Executive

On November 21st, the leadership team within the Research, Quality & Academics/CNE portfolio will be facilitating a session with ALL health professions regarding our academic practice mandate. Academic Practice *“is the intentional application of evidence-informed knowledge and ongoing scholarly inquiry to optimize health outcomes, patient experience, resilient work environments, and the development of health care providers, educators, researchers and leaders”* (TAHSN). The objectives for the day include:

1. To engage in a strategic dialogue to advance our collective efforts to achieve our Academic Practice mandate and in alignment with the Hospital & Institute strategies.
2. To identify alignment opportunities between the different departments and/or leaders to collectively achieve our strategic, operational and professional practice goals.
3. To build upon insights gleaned from two previous meetings (Nursing Leadership on June 21st, 2019 and Health Professions Heads/Leads on February 22nd, 2019).
4. To clearly define our preferred future & prioritize actions to focus our collective efforts.



On November 22nd, the Provincial Chief Nursing Officer representing the Ministry of Health and Ministry of Long-Term Care and the Director, Practice Quality from the College of Nurses of Ontario are spending a day at the Hospital. **This event would be the first of its kind in Northwestern Ontario to bring together all Chief Nursing Executives and Officers from hospitals in the region and the District Health Units, relevant Deans and Directors at the local college and university, the clinical directors at TBRHSC, and other relevant health system leaders**, i.e. Executive Directors from local community health centres or family health teams. The ultimate goal of the day is to identify an innovative and integrated approach to nursing workforce planning and improving quality of nursing care. The key objectives of the day include:

1. To engage in a strategic dialogue regarding the advancement of the nursing profession within Northwestern Ontario and in alignment with the government's policy directions and priorities.
2. To identify alignment opportunities between the different sectors to collectively achieve our mandate to improve both population health and health care in Northwestern Ontario.
3. To establish a shared understanding of nurse workforce planning issues and identify innovative steps to address current pressures.
4. To celebrate our value and impact as a nursing profession. To clearly define our preferred future and prioritize strategic imperatives.



Health Professions & Collaborative Practice Updates

Recruitment and Retention across Health Professions

Recruitment and retention challenges exist to varying degrees in a number of health professions at a national, provincial and local level. We have created a working group to design creative solutions to its current challenges in hiring sonographers, cardiology technologists, medical laboratory technologists, nurses, pathology assistants, pharmacists, pharmacy technicians, physiotherapist and psychologists.

Optimizing Scope of Practice of Pharmacy Technicians

- **Best Possible Medication History:** Pharmacy Practice is exploring having pharmacy technicians work to full scope by independently gathering the best possible medication history and documenting it in the patient chart/EMR. This complements the patient health history completed by nurses and/or physicians and is a crucial patient safety step in medication reconciliation, and is currently carried out by pharmacists.
- **Tech Check Tech:** Pharmacy Practice is exploring 'tech check tech', to allow the independent double check, which is currently carried out by pharmacists, to be completed by pharmacy technicians. This change will allow pharmacy technicians to work to full scope while positively impacting patients, as pharmacists will be freed up to have greater interaction with patients and the care team.

Optimizing Scope of Practice of Respiratory Therapists

A quality improvement design event was held in September with the purpose of:

1. Refreshing the Respiratory Therapy (RT) role to work towards full scope of practice;
2. leveling of the workload; and
3. increasing the RT role profile and collaboration throughout the organization.

Since the event four teams have been created, two of which include participants external to RT (NICU and ED). The next step for the working groups is to confirm and implement action plans for achieving the overarching three goals.

Research led by Registered Dietitians

The Registered Dietitians (RD) are leading a number of research studies at the hospital. Two of which are multi-site studies affiliated with the Canadian Malnutrition Task Force:

- The More 2 Eat Phase 2 study is a knowledge translation project to develop a sustainable model for implementation of the Integrated Nutrition Pathway for Acute Care (INPAC), which supports the prevention, detection and treatment of malnutrition in hospitals. The formal research study will be closing in November, however a number of INPAC elements including malnutrition screening, SGA and the Medpass Program (delivery of medication with nutrition dense liquid nutrition supplements) will



continue indefinitely on the study ward (2A). Efforts are currently underway by the inpatient dietitians to expand these practices from the study ward (2A) to all adult inpatient wards.

- *The Quality Food on the Tray: Patient Satisfaction with Food in Ontario Hospitals* study was successfully completed in September. Satisfaction surveys, meal audits for 75 adult inpatients at TBRHSC, and focus groups with stakeholders including staff as well as a number of Patient & Family Advisors were conducted. Data is not yet available but will be utilized in efforts to establish a national standard for menu planning to ensure quality food is provided in hospitals.

Two other research studies are underway in the renal nutrition department:

- *Improving Access to Phosphorous and Sodium Restricted Foods for those living with End-Stage Renal Disease on Remote First Nations in Northwestern Ontario* explores the experience of food security for those living remotely with chronic kidney disease in Northwestern Ontario. Renal specific food packages were distributed to these patients monthly for a year and patients were interviewed about their experience with food (with and without the food provision). Data collection is closed and analysis is currently underway.
- *Body Composition Estimation in Patients Undergoing Hemodialysis* investigates the relationship between muscle mass of various muscle groups as a surrogate marker of nutrition status. Ultrasound measurements of biceps, triceps and quadriceps muscles are being correlated with a number of traditional markers of nutritional and functional status. Data collection is active.



Volunteer Association to TBRHSC Report – November 2019

I would like to extend congratulations to Mary Anne Fossum (Secretary) and Sonja Aldrich (Clothing Cupboard Convenor) as well as the other seven volunteers at TBRHSC who were honoured with the Ontario Volunteer Service Award in September.

Mary Poulter, Treasurer reported on the period from June 30th to September 30th. In 2019, the Volunteer Association donated \$74,825 as follows. Bursaries - \$9,000, Family Care Grant - \$30,000, "Our Hearts at Home" Cardiovascular Campaign - \$32,000, Clothing Cupboard (to purchase socks and underwear) \$3,762 and to the Volunteer Services Department – merchandise valued at \$63 (door prize at the April Volunteer Appreciation dinner). As previously reported, the Volunteer Association will not be donating any equipment in 2019.

In Seasons Gift Shop, year to date sales are down approximately \$31,000; the main driver of this is reduced confection sales (down \$44,800 over the same period in 2018). Sale of ladies wear and giftware continue to be strong and combined is up approximately \$33,300. Offsetting this are lower Nevada and Lottery sales (down approximately \$8,800). As seems to be the trend in many hospital gift shops the number of volunteers in Seasons is dwindling and it is becoming more difficult to recruit volunteers. As a result, Seasons is replacing volunteers with paid staff which affects the bottom line.

Seasons is getting ready for the upcoming Christmas season. Inventory is coming in for fall and winter. If you are looking for something different please stop in and browse. Winter hats, gloves and scarves have arrived and Christmas giftware is starting to appear on the shelves. In addition, Seasons carries hand crafted blankets and afghans, infant hats and sweaters and Nipigon nylons.

Margaret Power presented an update on the quilt raffle. Presently all expenses that we expect to incur have been paid and we are in a positive position. Tickets are being sold in the Foundation Donation Office, Seasons Gift Shop and outside Seasons at varying times. The draw will take place on Wednesday December 18th at 11:00am. Two of the quilts are in Seasons Gift Shop and are on display when volunteers are selling tickets outside of Seasons. Sadly, few volunteers have stepped forward to sell tickets in the hospital or to take books of tickets to sell to family and friends. Cathy Britt, President will appear on "Around Town" during the week of November 11 – 15 to promote the raffle. 100% of the proceeds from the raffle are being directed to the Cardiovascular Campaign.

It is discouraging to walk through the cafeteria and continue to see that chocolate bars, pop, potato chips, desserts (not made on site, but brought in frozen) and even sandwiches containing processed meat are still being offered. The vending machines (located in the Surgical Day Care waiting room and elsewhere in TBRHSC) still contain pop, chips and assorted candy. Written communications in regard to the status and time lines for implementation of "Eating Healthy Together" has been poor and there has been no recognition from Screening and Prevention of what has been done in Seasons.

Respectfully submitted.

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

"SUPPORTING PATIENT FAMILY CARE"