

**Board of Directors
Open Meeting
Wednesday, December 4, 2019 – 5:00 pm Boardroom, Level 3, TBRHSC
980 Oliver Road, Thunder Bay
AGENDA**

Vision: *Healthy Together*

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

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

#	Time	Presenter	Item & Purpose	Expected Outcome				
				Recommendation /Decision/Action	Education	Discussion	Strategic Progress	Fiduciary Information
1.0	2	CALL TO ORDER and WELCOME						
1.1	5	M. Simeoni	Chair’s Remarks*					X
1.2	1	M. Simeoni	Quorum (9 members total required, 7 being voting)					
1.3	1	M. Simeoni	Conflict of Interest					
1.4	1	M. Simeoni	Approval of the Agenda	X				
2.0	10	PATIENT STORY – Peter Myllymaa						
3.0	PRESENTATIONS/EDUCATION							
3.1	15	Dr. S. Kennedy	Patient Flow Initiatives Update*		X			
4.0	CONSENT AGENDA							
4.1	-		Board of Directors Open Minutes-November 6, 2019*	X				X
4.2	-		Patient Safety and Quality of Care Committee Minutes-November 20, 2019*					X
4.3	-		Broader Public Sector Travel and Expense Report for the period April 1, 2019 to September 30, 2019*					X
5.0	REPORTS							
5.1	10	J. Bartkowiak	Report from the President and CEO* 5.1.1 Current Challenges: a. Minister Rickford Visit to TBRHSC b. EVP Regional Transformation and Integration c. Nishnawbe Aski Nation Physician Services	X				
5.2	5	Senior Leaders M. Del Nin	2020 Q2 Strategic Plan Progress and Scorecard Report*					X
5.3	10	Dr. Z. Ahmed	Report from the Chief of Staff*					X
5.4	5	Dr. V. Grdisa	Report from the CNE* a. College of Nurses of Ontario and the Provincial Chief Nursing Officer					X
6.0	FIDUCIARY MATTERS							
6.1	5	P. Lang	Report from the Chair of the Patient Safety and Quality of Care Committee: a. Regional Cancer Care Program b. International Models of Excellence in Nursing Care c. Auditor General Report					
7.0	FOR INFORMATION							
7.1	-		Work Plans*					X

#	Time	Presenter	Item & Purpose	Expected Outcome				
				Recommendation /Decision/Action	Education	Discussion	Strategic Progress	Fiduciary Information
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 Northern Ontario School of Medicine*					X
7.6	-		Environmental Compliance and Fire Safety Update*					X
8.0	BOARD MEMBER COMMENTS							
9.0	DATE OF NEXT MEETING – February 5, 2020							
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)
December 4, 2019 – DRAFT

Agenda Item	Committee or Report	Motion or Recommendation	Approved or Accepted by:
1.4	Agenda – December 4, 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 dated November 6, 2019;</p> <p>4.2 Accepts the Patient Safety and Quality of Care Committee Minutes dated November 20, 2019;</p> <p>4.3 Accepts the Broader Public Sector Travel and Expense Report for the period April 1, 2019 to September 30, 2019,</p> <p>as presented.”</p>	Moved by: Seconded by:
5.0	Reports and Discussion	<p>“That the Board of Directors accepts reports dated December 4, 2019 from the:</p> <p>5.1 President and CEO;</p> <p>5.2 2020 Q2 Strategic Plan Progress and Scorecard Report;</p> <p>5.3 Chief of Staff;</p> <p>as submitted.”</p>	Moved by: Seconded by:



**Report from Matt Simeoni
Chair, Board of Directors
December 4, 2019**

I am pleased to present my final report of 2019. It has been a good year, highlighted by the remarkable reduction in the amount of time our Hospital spent in Surge Capacity. This is more than a success of numbers; it translates directly to improved patient experiences and staff satisfaction. Several distinct initiatives are behind this achievement, which is a testament to the commitment of our teams and individuals. Our health system partners have also contributed to the developments that make such a positive difference, and I take this opportunity, on behalf of the Board of Directors, to share my appreciation.

Internally, our Hospital and its research arm, the Thunder Bay Regional Health Research Institute, recently began operating under a new governance structure. As part of the new structure, several standing committees of the Hospital Board of Directors serve both organizations, with representatives of each Board. This further strengthens collaboration and the culture of research, an imperative aspect of our mission and commitment as an academic health sciences centre. I applaud the Boards of both organizations for approving a new affiliation agreement that confirms the provisions of this new governance model; I take this opportunity to extend my appreciation to John Friday, Chair of the Resource Planning Committee, Gord Wickam, Chair of the Governance & Nominations Committee, and Grant Walsh, Chair of the Audit Committee for accepting these new responsibilities.

Collaboration is core to our ability to provide safe quality specialized acute health care in Northwestern Ontario, where people live in communities scattered over an area the size of France. Our Hospital is monitoring the Ontario Health Team (OHT) concept and activity surrounding health transformation. The government of Ontario is introducing OHTs to provide a new way of organizing and delivering care that is more connected to patients in their local communities. As OHTs, health care providers (including hospitals, doctors and home and community care providers) will collaborate as one coordinated team - no matter where they provide care. This is a philosophy and practice that already prevails in Northwestern Ontario. Together with partners, our Hospital is building on existing relationships and processes to advance health transformation. Integral to this is supporting the Indigenous communities in their drive to develop an independent health system that respects their Treaty rights. Our commitment to Indigenous Health extends beyond the Hospital walls and includes engaging in efforts to deliver health care for improved experiences and outcomes for Indigenous people.

As 2019 concludes, I want to reflect on the many successes celebrated, as well as the significant milestones achieved in the 5 Strategic Plan 2020 Directions, namely: Patient Experience; Comprehensive Clinical Care; Seniors' Health; Indigenous Health; and Acute Mental Health. These accomplishments are the result of the combined efforts and dedication of our staff, professional staff, researchers, learners, patient family advisors and volunteers. On behalf of the thousands of people whose lives have been touched, and the entire Board of Directors, I wish them the very best of the holiday season. I look forward to 2020 to successfully tackle further challenges as we make progress towards our vision.

I am also grateful to the Thunder Bay Regional Health Sciences Foundation team for their tireless commitment to raise our share of the capital and medical equipment cost of the cardiovascular surgery program at our Hospital. December 3 was Giving Tuesday; our Foundation successfully raised funds for that service, bringing the total amount raised to date in support of cardiovascular care to over \$12.5 million. This demonstrates our community's dedication to keeping Our Hearts at Home. Thank you to all our donors. Christmas is a time for families to be together – to laugh, to love and to share in the magic of the season. Thank you to those who keep more families together through a donation to fund cardiovascular surgery here at our Hospital.

BRIEFING NOTE



TOPIC	Review of Flow Initiatives
PREPARED BY	Dr. Stewart Kennedy & Dr. Peter Voros
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. Stewart Kennedy & Dr. Peter Voros
CO-SPONSER (if required)	
PREPARED FOR:	President & CEO <input type="checkbox"/> Board of Directors <input checked="" type="checkbox"/> Other: Senior Management Team
DATE PREPARED	November 19 th , 2019

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

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

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

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

PURPOSE/ISSUE(S)
The purpose of this briefing note is to provide insight into current work being conducted to improve patient flow.
BACKGROUND
This presentation will highlight successes in Length of Stay (LOS) over the past few months and key initiatives to continue these improvements moving forward.
ANALYSIS/CURRENT STATUS
This presentation will share with the Board of Directors (BOD) recent initiatives that have been undertaken to improve length of stay at TBRHSC and will also look at upcoming objectives aimed at continuing these improvements. These projects impact TBRHSC by improving LOS.
RECOMMENDATION
Review.
NEXT STEPS
Improvements in patient flow and patient experience.

STAKEHOLDER REACTION

Stakeholders have been identified and contacted throughout the building of these projects - there are no foreseeable adverse reactions from stakeholders.

COMMUNICATIONS

None required.

FINANCIAL IMPACTS

Financial Impact: There are costs for the Medical Follow-Up Clinic initiative. A breakdown of these costs were reviewed and approved by SLC (November 12th, 2019)

APPENDIX SECTION

Patient Flow Initiatives Slide Deck

Patient Flow Initiatives Update

Dr. Stewart Kennedy
EVP Regional Programs, Clinical Supports & Medical Affairs

December 4, 2019



Thunder Bay Regional
Health Sciences
Centre

healthy
together

1

Recent Successes in LOS

■ Implementation of Bed Reporting System

- Improved insight into real-time bed distribution

■ Expansion of HRM

- 64 Beds in total (up from original 32 beds)
- Allow for optimized care and improved transitions to most appropriate discharge destination.
- Spatial capacity enhanced, facilitating improved treatment for clients, and resulting in decreased LOS.

■ External Care Partners

- Team approach to pathway development, ensuring appropriateness of client care locations and timeliness.

Recent Successes in LOS

■ Improvements to Infection Control

- Policy and procedure enhancements to identify patients requiring isolation and transitioning those who do not.
- Medical Directives to improve patient screening, allowing for faster turnaround time.
- Technological advancements (Lab and IFC).

■ Repatriations

- Working with our regional partners to facilitate timely transitions back to home communities.

Future LOS Initiatives

■ Patient Flow Coordinators

- These new positions will aim to improve LOS and facilitate smooth transitions for patients.

■ Hospitalists Unit Assignment

- Aimed to further team approach to patient care, team leader role in care planning that is focused on reducing LOS.

■ Estimated LOS (ELOS)

- Team approach to identifying appropriate LOS

OBJECTIVE: Medical Follow-Up Clinic

- Clinic will focus on the stabilization of medically complex patients
 - Expected Outcomes:
 - Reduction in Emergency Department Visits
 - Reduction in Readmission Rates
 - Facilitation of Early Discharge
 - Reduction in Length of Stay (LOS)
 - Improved Patient Satisfaction
- Approved by SLC

IMPACT: Estimated Cost Avoidance

Estimated Cost Avoidance for TBRHSC

<u>Cost avoidance based on # of Referrals and Visits/Days Avoided</u>		Estimate of Total Visits Avoided	Estimate of Costs Avoidance
<i>Inpatient Day Avoidance</i> <i>(based on 2017-2018 ECTC results)</i>			
Scenario 1	Based on referrals (estimate of 1 day avoided)	623	\$ 348,880.00
Scenario 2	Based on referrals (estimate of 2 day avoided)	1246	\$ 697,760.00
Scenario 3	Based on referrals (estimate of 3 day avoided)	1869	\$ 1,046,640.00

•Projections calculated on a full costing model, including fixed costs of \$560 per patient day.

- For these avoidances to be realized, staffing workload on a unit level would have to be reduced.

Comparator Clinic: S.S.M

General Internal Medicine Clinic

- **Prior to clinic, 25-35 admissions in the ED waiting for beds.**
 - With clinic, 6-8 patients awaiting admission.
- **Referrals from ED and Internist overseeing ED admissions**
 - Focus on CHF, COPD, Malignancies and Diabetes Complications
- **Since inception, 40% reduction in hospital admissions, with approximated savings of \$5 Million/year.**



Board of Directors - Open
Wednesday, November 6, 2019
Boardroom – 5:00 p.m.

Action

Present:

John Friday (<i>Acting Chair</i>)	Jean Bartkowiak*	Anita Jean
Grant Walsh	Gordon Wickham (t-con)	Patricia Lang
Douglas Judson	Dr. S. Zaki Ahmed*	Dr. Valerie Grdisa*
Nathalie Coppola	Micheal Hardy	Dr. Eric Davenport*
John Hatton	Gary Whitney	Dr. Sarita Verma (t-con)

By Invitation – Senior Leadership:

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

By Invitation:

Angela Kutok, *Rec. Sec.*

Regrets Board of Directors:

Matt Simeoni	Joy Wakefield
--------------	---------------

Regrets Senior Leadership:

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

1.1 Chair's Remarks

Chair welcomed Board members, staff, and webcast audience to the meeting.

1.2 Quorum – Quorum was attained.

1.3 Conflict of Interest – None.

1.4 Approval of the Agenda

<i>Moved by:</i>	<i>Grant Walsh</i>
<i>Seconded by:</i>	<i>Douglas Judson</i>

“That the Agenda be approved, as presented.”

CARRIED

Motion



2.0 PATIENT STORY

Dr. Stewart Kennedy, Executive Vice President, Regional Programs, Clinical Supports, and Medical Affairs shared a patient story regarding a recent rise in patient acuity and census leading to increased pressure at the Hospital. With cooperation from internal staff, system partners, and regional hospitals, surge was avoided and the Emergency Department was decompressed within 72 hours.

3.0 PRESENTATIONS

3.1 Thunder Bay Regional Health Research Institute (the Institute) Update

Dr. Valerie Grdisa, Executive Vice President, Research, Quality, and Academics/Chief Nursing Executive, and Dr. Christopher Mushquash, Associate Vice President, and Chief Scientist provided an update on the activities of the Institute highlighting the following:

- The Institute's strategic directions of Healthier, Wealthier, and Smarter align with the Hospital by enhancing research to improve health outcomes, supporting generative revenue through science and partnerships, and enhancing the academic environment;
- A team of scientists are enhancing health outcomes through research in areas such as Magnetic Resonance Imaging(MRI), Molecular Breast Imaging with Positron Emission Mammography (PEM), Virus-Related Cancers, targeted cancer diagnostics using Positron Emission Tomography, Smart Health Technologies to track patient health and manage disease in isolated First Nations communities, and improving methods of producing isotopes, to name a few;
- A recent external review of the Institute's Strategic Plan resulted in eleven recommendations including operational changes, changes to governance structure, and improved alignment with the Northern Ontario School of Medicine (NOSM);
- Overview of Clinical Research Projects, Business Development, and Institute funding.

4.0 CONSENT AGENDA

Moved by: Micheal Hardy

Seconded by: Gary Whitney

Motion

"That the Board of Directors:

4.1 Approves the Board of Directors Open Minutes from October 2, 2019;

4.2 Accepts the Patient Safety and Quality of Care Committee Minutes and Quarterly Scorecard from October 16, 2019;



4.3 Accepts the Q2 2019-2020 Wages and Source Deduction Attestation for the Thunder Bay Regional Health Sciences Centre;

as submitted."

CARRIED

5.0 REPORTS AND DISCUSSION

5.1 Report from the President & CEO

5.1.1 Current Challenges

The President and CEO report was circulated for information. The following current challenges and activities were highlighted:

a. Strategic Planning Retreat Follow Up:

The Board Strategic Planning retreat provided feedback that will be summarized and presented to the Board at a future meeting.

b. EVP Transformation and Integration Update:

- Forty-two applications were received for the recently posted Executive Vice President of Regional Transformation and Integration position. Twenty-three applicants met the position requirements and five were shortlisted for interviews;
- The interviews will be held the second week of November by a selection committee comprised of internal leaders as well as regional hospital CEOs;
- This position was developed following the dissolution of the Northwest Health Alliance (the Alliance). This position is funded using the Alliance Executive Director position salary saving; 100% of the cost for this multi-partnership role will be covered by the small hospitals.

c. NAN Health Commission Meeting:

Several Hospital leaders attended a Nishnawbe Aski Nation (NAN) Health Commission meeting in Toronto, on October 28-29 to discuss Physician Services and Ontario Health Teams concept.

d. Cardiovascular Surgery Program Update:

The Capital Branch Stage 1 application process is complete; Stage 2 will commence shortly.



5.2 Report from the Chief of Staff - for information

Dr. Syed Zaki Ahmed, Chief of Staff, report highlighted pre-operative history and physical assessments, handover processes, patient satisfaction score improvements, digital order sets, physician recruitment, and professional staff education.

5.3 Report from the Foundation

Glenn Craig, President and CEO, Thunder Bay Regional Health Sciences Foundation (the Foundation) highlighted the successful launch of the Hearts at Home campaign. Five events held over five days in October contributed to the \$12.3 M raised so far to support the Hospital's Cardiovascular Surgery Program.

For the 10th year in a row, Hospital staff have been invited to apply for grants for the 'little things' that can make a significant difference to patient care. Over \$60K is dedicated to the Family CARE (Care Advancements Recommended by Employees) Grants; 53 applications have been submitted to date.

Moved by: John Hatton

Seconded by: Anita Jean

Motion

"That the Board of Directors accepts reports dated November 6, 2019 from the:

5.1 President and CEO;

5.2 Chief of Staff;

as submitted."

CARRIED

Dr. Sarita Verma left the meeting.

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. 2019-2020 PSQCC Work Plan:

The Committee reviewed its 2019-20 work plan as well as future agenda topics and priorities.



b. Celebrating 10 years of Patient and Family Centred Care (PFCC):

- The PFCC philosophy has inspired excellence at the Hospital for over 10 years;
- Many PFCC strategies and best practices have been successfully implemented that improve safe, quality care for patients;
- PFCC has inspired collaborative partnership with patients, families, staff, and clinicians across all disciplines and departments resulting in a caring, safe, and inclusive experience.

A letter of thanks will be sent to the PFCC team on behalf of the Board of Directors.

Action

6.2 Resource Planning Committee (RPC) Report

The Chair of the RPC, John Friday, provided the following updates:

a. People, Culture & Strategy Update - Coaching Impact:

The Coaching Advantage training program, introduced at the Hospital in August 2018, is facilitated by People Dynamics Group. The first cohort of fourteen coaches graduated in August 2019.

b. Northern Supply Chain Performance (NSC) and Medbuy Update:

- Members were briefed on the potential implications to NSC operations of the provincial direction to centralize all procurement activities;
- The NSC was awarded the Health Care Supply Chain Network's 2018 Supply Chain Department of the Year Award.

6.2 Governance & Nominating Committee (GNC) Report

The Chair of the GNC, Gordan Wickham, provided the following updates:

a. Ontario Hospital Association (OHA) Education Sessions:

- Three Directors attended the OHA Board Governance training in Toronto on October 9 and 10. The two sessions, "Governance Essentials for New Directors" and "Financial Literacy for Hospital Board Directors", strengthened their understanding of the health care system, the role of the board, legislative and funding considerations, and enhanced Director's financial literacy;
- The Hospital registered for the OHA Board Chair at the Helm education series which includes two networks:
 - Network #1 - Every Seat Counts: Strengthening Board Recruitment, Composition and Culture;
 - Network #2 - Health System Integration: Toward Collaborative Governance.



b. Board and Committee Evaluations:

- The electronic monthly meeting evaluation trial resulted in more robust feedback than the former paper based evaluations;
- Therefore, the electronic evaluation format will be used going forward and will be rolled out to other Board Committees in November.

Action

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 Volunteer Association – For information.

8.0 BOARD MEMBERS COMMENTS

There was discussion about the Volunteer Association concerns regarding the implementation of ‘Eating Healthy Together’ strategy. The Board commended the Association for their early implementation of a healthy food environment for consumers at the Hospital. All other Hospital vendors will adapt their menus to provide healthy food items within the next six months.

9.0 DATE OF NEXT MEETING – December 4, 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, November 20, 2019

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

Present:

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

Absent:

Dave Van Wagoner

By Invitation:

Andrea Docherty

1.0 CALL TO ORDER

The meeting was called to order at 4:30 p.m. The Chair, Patricia Lang welcomed the committee to the meeting and asked for a moment of silence to acknowledge the passing of a young man and sympathies to his family and community.

1.1 Quorum – Attained, 14 members present, 1 absent.

1.2 Conflict of Interest – None.

Patient Story

The Chair shared a personal experience that demonstrated exceptional care.

1.3 Approval of the Agenda

The agenda was approved as presented.

Moved by: Gary Whitney

Seconded by: Joy Wakefield

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

Motion

CARRIED

2.0 CONSENT AGENDA



2.1 Patient Safety and Quality of Care Committee Minutes of October 16, 2019

Moved by: Bonnie Nicholas

Seconded by: Gary Whitney

"That the Committee approved the Patient Safety and Quality of Care Committee Minutes of October 16, 2019 as presented."

Motion

CARRIED

3.0 SPOTLIGHT ON PROGRAM LEVEL

3.1 Briefing Note and Regional Cancer Program presentation and Patient Story

Andrea Docherty, Program Director – Cancer Care provided a patient story and an overview of the Regional Cancer Care Program, including:

- Program overview and Regional Cancer Care Lead, programs and network;
- Provincial Quality Performance Indicators;
- Program Level Data related to consult, treatment and budget;
- Survey Results – Your Voice Matters;
- At a Glance Fiscal Years Projects for Improvement and Focus i.e. new PET-CT space design and installation and seeking Ministry assistance;
- Successes of program with dedicated staff and physician;
- First patient treatment in January 2020 re: Prostate Brachia Therapy; and
- Drug shortages – no patients have been impacted to date.

Andrea Docherty left the meeting at 5:22 p.m.

A copy of the Provincial Results as per Cancer Care Ontario was also provided to the committee.

4.0 COMMITTEE EDUCATION

4.1 Excellence in Care: International Models presentation

Dr. Valerie Grdisa, Executive Vice President of Research, Quality and Academics/Chief Nursing Executive provided a summary of the presentation on Excellence in Care – International Models and highlighted the following items:

- Staff engagement and supports – leading half day Retreat on new academic plan;
- Strategic Plan Alignment;
- International Affairs & Best Practice Guidelines Program (iaBPG) based on high level internationally accredited standards and 54 best practice guidelines;
- BPSO Ontario 500 Health Service and Academics organizations;



- Cost savings for Falls and Pressure Injuries and Evidence Boosters;
- BPG implementation successes data;
- Joanna Briggs Institute (JBI) supported health professionals improve health outcomes globally and benefits; and
- Magnet Recognition Program and becoming “Magnet of the North”, status and impacts to improve quality of care.

The committee recommended to proceed with further research into Magnet Hospital.

4.2 Provincial Scan

Kristin Shields, Director of Quality and Risk Management, connected with comparable member hospitals across the province to discuss their organizational structures to inform local planning.

Processes have been put into place to meet requirements of *Missing Persons Act* and *Protecting Canadians from Unsafe Drugs Act*.

5.0 COMMITTEE BUSINESS

5.1 Auditor General’s Report

A copy of the draft responses from the Ontario Hospital Association (OHA) Auditor General’s Report of November 2, 2019 was provided at the meeting. Dr. S. Zaki Ahmed, Chief of Staff provided a brief overview of the recommendations.

5.2 Timely Topics

Dr. S. Zaki Ahmed, Chief of Staff, presented a draft media release of 21 recommendations by the American College of Surgeons National Surgical Quality Improvement Program.

5.3 Identify Education Needs

The committee recommended the future education topic: Privacy legislation and collaboration with Police services. It was agreed to review in a year due to upcoming changes in legislation.

5.4 Committee Meeting Evaluations – members to complete online

6.0 BOARD MATTERS

6.1 Chair’s Report to the Board

- Regional Cancer Care Program

Action



- International Models of Excellent in Nursing Care
- Auditor General's Report

6.2 Recommendations to the Board – *see above Chair's Report to the Board*

7.0 BOARD MEMBERS COMMENTS

The committee appreciated the presentations, analysis and data provided.

8.0 DATE OF NEXT MEETING: December 18, 2019 at 4:30 p.m.

9.0 ADJOURNMENT - meeting adjourned at 6:30 p.m.

DRAFT

BRIEFING NOTE



TOPIC	Agenda Item 3.2: Travel, Meal and Hospitality Expenses for Executive Leadership and Board of Directors – April 1, 2019 to September 30, 2019
PREPARED BY	Dino Armenti, Director, Financial Services
REVIEWED BY DECISION SUPPORT (if required)	<Does this have financial impacts to the hospital's budget? Has a Decision Support Analyst been consulted on this briefing note?> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
APPROVED BY	Peter Myllymaa, Executive Vice President, Corporate Services & Operations
CO-SPONSER (if required)	N/A
PREPARED FOR:	President & CEO <input type="checkbox"/> Board of Directors <input type="checkbox"/> Other: <u>Resource Planning Committee – November 19, 2019</u>
DATE PREPARED	November 7, 2019

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

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

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

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

PURPOSE/ISSUE(S)

To provide a summary to Senior Leadership Council and Board Committees on the travel, meal and hospitality expenses incurred by the Hospital's Chief Executive Officer, Executive Vice Presidents, Chief of Staff and members of the Board of Directors following the Broader Public Sector Accountability Act directive outlined by the Government of Ontario.

BACKGROUND

The Government of Ontario is committed to protecting the interests of taxpayers and strengthening accountability for organizations that receive public funding. On a semi-annual basis, the Hospital must publicly post a summary of the travel, meals and hospitality costs incurred by senior leadership and members of the Board of Directors as directed by the Broader Public Sector Accountability Act.

ANALYSIS/CURRENT STATUS

For the period April 1, 2019 to September 30, 2019, the total travel, meals and hospitality expense incurred by the Executive Leadership and members of the Board of Directors amounted to \$35,721.23. Details are provided in the attached document.

RECOMMENDATION

This package is provided for approval under the Committee's Consent Agenda.

NEXT STEPS

The travel and expense report for the Executive Leadership and Board of Directors will be publicly posted on the Hospital website.

STAKEHOLDER REACTION

N/A

COMMUNICATIONS

N/A

FINANCIAL IMPACTS

N/A

APPENDIX SECTION

Travel and Expense Report – Board of Directors and Leadership – April 1, 2019 to September 30, 2019

EXPENSE REPORTING - APRIL 1, 2019 TO SEPTEMBER 30, 2019					3.2
DATE	DESCRIPTION	LOCATION	EXPENSE CATEGORY	AMOUNT	
Ahmed, Dr. S. Zaki (Chief of Staff)				1,220.00	
April 2019 to September 2019	Car Allowance	Thunder Bay	Vehicle Rental/Mileage	1,220.00	

EXPENSE REPORTING - APRIL 1, 2019 TO SEPTEMBER 30, 2019					3.2
DATE	DESCRIPTION	LOCATION	EXPENSE CATEGORY	AMOUNT	
Bartkowiak, Jean (President & CEO)				13,390.12	
April 2019 to September 2019	Car Allowance	Thunder Bay	Vehicle Rental/Mileage	3,050.00	
April 4-5, 2019	CAHO	Toronto	Accommodation	304.65	
			Meals	45.93	
			Taxi/Public Transport	506.41	
May 3-10, 2019	OHA - Rural & Northern Healthcare Leadership & Advanced Board Program	Toronto	Accommodation	1,987.91	
			Air/Rail	412.09	
			Meals	514.52	
May 27-29, 2019	7 Youth Inquest NAN Political Table / Mohawk Medbuy Board	Ottawa, Toronto	Accommodation	294.16	
			Air/Rail	819.84	
			Meals	131.98	
			Taxi/Public Transport	32.46	
May 31, 2019	Meeting with Dr. Roger Strasser, NOSM	Thunder Bay	Meals	72.49	
June 6-14, 2019	CAHO, CCHL, NHLHC 2019, CCO Annual RVP/CEO Forum	Toronto	Accommodation	2,277.12	
			Air/Rail	335.47	
			Incidentals	69.87	
			Meals	328.92	
			Taxi/Public Transport	65.35	
August 6-8, 2019	Regional CEO Tour	Sioux Lookout	Air/Rail	728.62	
			Incidentals	8.79	
			Meals	13.26	
			Vehicle Rental/Mileage	324.00	
September 5-6, 2019	Regional CEO Tour	Dryden/Kenora	Air/Rail	1,066.28	

EXPENSE REPORTING - APRIL 1, 2019 TO SEPTEMBER 30, 2019					3.2
DATE	DESCRIPTION	LOCATION	EXPENSE CATEGORY	AMOUNT	
Bjorn, Amanda (EVP - People, Culture & Strategy)				2,379.00	
April 2019 to September 2019	Car Allowance	Thunder Bay	Vehicle Rental/Mileage	1,220.00	
April 23, 2019	Meeting with The Advisory Board Company	Thunder Bay	Meals	12.18	
April 24-28, 2019	OHA Conference	Toronto	Air/Rail	357.83	
June 9-11, 2019	National Health Leadership Conference	Toronto	Accommodation	527.70	
			Air/Rail	261.29	

EXPENSE REPORTING - APRIL 1, 2019 TO SEPTEMBER 30, 2019					3.2
DATE	DESCRIPTION	LOCATION	EXPENSE CATEGORY	AMOUNT	
Grdisa, Dr. Valerie (EVP - Research, Quality and Academics/CNE)				3,507.74	
May 2-5, 2019	George Brown School of Nursing PAC & National Nursing Data Standards Initiative	Toronto	Air/Rail	496.46	
			Incidentals	59.52	
			Taxi/Public Transport	76.01	
May 23-26, 2019	Research Stakeholder Summit	Toronto	Air/Rail	372.15	
			Incidentals	57.49	
			Taxi/Public Transport	45.38	
June 6-12, 2019	National Health Leadership Conference & Health Care Can NPR Meeting	Toronto	Air/Rail	335.68	
			Taxi/Public Transport	297.09	
September 5-6, 2019	Regional Tour with President/CEO	Kenora	Air/Rail	1,066.28	
October 1-3, 2019	Advisory Board Clinical Executive Roundtable	Toronto	Air/Rail	340.74	
November 13-17, 2019	Innovation Showcase	Toronto	Air/Rail	360.94	

EXPENSE REPORTING - APRIL 1, 2019 TO SEPTEMBER 30, 2019					3.2
DATE	DESCRIPTION	LOCATION	EXPENSE CATEGORY	AMOUNT	
Hatton, John (Board of Directors)				332.36	
October 8-10, 2019	OHA - New Director Conference	Toronto	Air/Rail	332.36	

EXPENSE REPORTING - APRIL 1, 2019 TO SEPTEMBER 30, 2019					3.2
DATE	DESCRIPTION	LOCATION	EXPENSE CATEGORY	AMOUNT	
Judson, Douglas (Regional Representative, Board of Directors)				788.28	
September 23, 2019	Strat Plan Retreat	Thunder Bay	Accommodation	126.10	
October 8-11, 2019	OHA Governance and Financial Conference for New Directors	Toronto	Air/Rail	662.18	

EXPENSE REPORTING - APRIL 1, 2019 TO SEPTEMBER 30, 2019					3.2
DATE	DESCRIPTION	LOCATION	EXPENSE CATEGORY	AMOUNT	
Kennedy, Dr. Stewart (EVP - Medical, Academics & Regional Programs)				4,147.06	
April 2019 to September 2019	Car Allowance	Thunder Bay	Vehicle Rental/Mileage	1,225.00	
April 11-12, 2019	CCO Provincial Leadership Council	Toronto	Accommodation	399.41	
			Air/Rail	349.74	
			Taxi/Public Transport	54.82	
May 8-10, 2019	CCO Provincial Leadership Council & Spring Planning Day	Toronto	Air/Rail	626.88	
			Incidentals	32.67	
			Taxi/Public Transport	110.49	
June 9-11, 2019	OMA Negotiations	Toronto	Air/Rail	593.33	
			Incidentals	24.80	
			Taxi/Public Transport	74.16	
September 13-14, 2019	CCO Provincial Leadership Council	Toronto	Air/Rail	611.59	
			Taxi/Public Transport	44.17	

EXPENSE REPORTING - APRIL 1, 2019 TO SEPTEMBER 30, 2019					3.2
DATE	DESCRIPTION	LOCATION	EXPENSE CATEGORY	AMOUNT	
Mannisto, Richard (2nd Vice Chair, Regional Representative, Board of Directors)				3,791.51	
April 2-4, 2019	Board Meeting	Thunder Bay	Accommodation	126.10	
			Meals	9.01	
			Vehicle Rental/Mileage	255.63	
April 15-16, 2019	Resource Planning Meeting	Thunder Bay	Meals	45.95	
			Vehicle Rental/Mileage	255.63	
April 24-25, 2019	GNC Interviews	Thunder Bay	Accommodation	381.73	
			Meals	37.80	
April 30-May 2, 2019	Board Meeting	Thunder Bay	Accommodation	126.10	
			Vehicle Rental/Mileage	255.63	
May 20-22, 2019	Resource Planning and GNC Meetings	Thunder Bay	Accommodation	252.19	
			Meals	32.02	
			Vehicle Rental/Mileage	255.62	
June 3-6, 2019	Board Meeting and Meeting with CEO	Thunder Bay	Accommodation	252.19	
			Meals	31.24	
			Vehicle Rental/Mileage	255.63	
June 19-21, 2019	CEO Evaluation Meeting	Thunder Bay	Accommodation	252.19	
			Meals	33.87	
			Vehicle Rental/Mileage	255.18	
August 25-26, 2019	Governance and Nominating Committee Transition Meeting	Thunder Bay	Accommodation	126.10	
September 16-18, 2019	Resource Planning, Audit, and GNC	Thunder Bay	Accommodation	252.19	
			Meals	43.88	
			Vehicle Rental/Mileage	255.63	

EXPENSE REPORTING - APRIL 1, 2019 TO SEPTEMBER 30, 2019					3.2
DATE	DESCRIPTION	LOCATION	EXPENSE CATEGORY	AMOUNT	
Myllymaa, Peter (EVP - Corporate Services & Operations)				2,404.81	
April 2019 to September 2019	Car Allowance	Thunder Bay	Vehicle Rental/Mileage	1,220.00	
April 4, 2019	OHA Meeting - Interim Procurement Measures	Toronto	Air/Rail	613.74	
			Incidentals	9.69	
			Meals	10.85	
July 23, 2019	Meetings - MGCS & MOHLTC	Toronto	Air/Rail	550.53	

EXPENSE REPORTING - APRIL 1, 2019 TO SEPTEMBER 30, 2019					3.2
DATE	DESCRIPTION	LOCATION	EXPENSE CATEGORY	AMOUNT	
Simeoni, Matthew (Chair, Board of Directors)				1,401.30	
May 6-8, 2019	OHA Rural Hospitals Conference	Toronto	Accommodation	612.48	
			Air/Rail	464.53	
			Incidentals	266.95	
			Taxi/Public Transport	57.34	

EXPENSE REPORTING - APRIL 1, 2019 TO SEPTEMBER 30, 2019					3.2
DATE	DESCRIPTION	LOCATION	EXPENSE CATEGORY	AMOUNT	
Voros, Dr. Peter (EVP - Inpatient Care Programs)				1,694.70	
March 26, 2019	UHN Site Visit - Cardiovascular Surgery Implementation	Thunder Bay	Hospitality	502.25	
April 7-8, 2019	Psychiatry Site Visit - Lake of the Woods District Hospital	Kenora	Air/Rail	971.01	
			Meals	66.16	
October 1, 2019	Advisory Board Clinical Executive Roundtable	Toronto	Air/Rail	155.28	

EXPENSE REPORTING - APRIL 1, 2019 TO SEPTEMBER 30, 2019					3.2
DATE	DESCRIPTION	LOCATION	EXPENSE CATEGORY	AMOUNT	
Wakefield, Joy (Board of Directors)				331.99	
March 25-26, 2019	Effective Governance	Toronto	Accommodation	254.32	
			Meals	28.53	
			Taxi/Public Transport	49.14	

EXPENSE REPORTING - APRIL 1, 2019 TO SEPTEMBER 30, 2019					3.2
DATE	DESCRIPTION	LOCATION	EXPENSE CATEGORY	AMOUNT	
Wickham, Gordon (2nd Vice Chair, Board of Directors)				332.36	
October 8-10, 2019	OHA - New Director Conference	Toronto	Air/Rail	332.36	

EXPENSE REPORTING - APRIL 1, 2019 TO SEPTEMBER 30, 2019				3.2
DATE	DESCRIPTION	LOCATION	EXPENSE CATEGORY	AMOUNT
Grand Total				35,721.23

Report from the President & CEO and Senior Leadership Team December 4, 2019

The following highlights priority operational activities since the November 6, 2019 meeting of the Board of Directors. A Strategic Plan update will be presented in the open Board education session.

Operational Updates

It is a pleasure to announce the appointment of the Executive Vice President, Regional Transformation and Integration. Jessica Logozzo will begin in this newly created position in the new year to lead initiatives that will better integrate services across the Northwest and the health care system both within and outside of the hospitals, locally, regionally, and, as appropriate, provincially. Ms. Logozzo will leverage, support, and collaborate with various urban and rural health system partners and champion an environment that contributes to an integrated patient experience across the region.

Ms. Logozzo is a collaborative systems thinker who cares deeply about the health care needs of the people of Northwestern Ontario, which she has demonstrated as the Director of System Strategy and Innovation at the North West Local Health Integration Network (LHIN) as well as Manager, Management Consulting (healthcare) for KPMG Canada. She has a track record of successfully executing on a range of regional initiatives; she holds a Master degree in Health Services Management and a Bachelor of Science in Health Sciences and Management. We are grateful to our health care system partners and Patient Family Advisor Cathy Pilot for their active participation on the selection committee.

Our Hospital has been recognized by the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP®) as one of 88 ACS NSQIP participating hospitals that achieved meritorious outcomes for surgical patient care in 2018. This acknowledgement applies to both the “All Cases” and “High Risk” surgery categories that track the outcomes of inpatient and outpatient surgical procedures to assess patient safety. This recognition is a testament to our dedication to continuously improving safety and quality of patient care. We congratulate our incredible team of dedicated surgeons, physicians, staff, and patient family advisors who have an unyielding commitment to delivering care that is entrenched in our STEEEP (Safe Timely Efficient Effective Equitable Patient and Family Centred) quality framework in order to achieve the best possible patient outcomes. Quality of surgical procedures in Canada has recently drawn media attention with regards to the number of surgical objects being unintentionally left inside patients during their procedures. The report from the ACS NSQIP confirms that no such incidences have occurred at Thunder Bay Regional Health Sciences Centre, which further demonstrates the Hospital's commitment to safe quality care.

In April 2016, the government of Ontario established the Healthcare Sector Supply Chain Strategy (HSSCS) Expert Panel to advise and recommend a supply chain management strategy. Since then, the new government has announced its intention to establish a single province-wide supply chain management model. In anticipation of this direction and recognizing that health supply chain operations can so challenging as to require their own system, some of the health

care eight supply chain providers in Ontario, including the Northern Supply Chain at our Hospital, have started discussions to identify the best approach to the government's direction.

On November 7, Mr. Bartkowiak and Ms. Pirie hosted a meeting of the newly re-named Indigenous Advisory Circle, formerly the Indigenous Advisory Committee. The use of the word "circle" ensures inclusivity and equality. The group, comprised of representatives of local and regional organizations serving Indigenous people and communities, provides guidance to the President & CEO on operational initiatives to enhance health care access, cultural safety and outcomes for Indigenous patients and their families.

On November 18, members of our Senior Leadership Council were privileged to participate in the Nishnawbe Aski Nation Health Commission Meeting in Thunder Bay. President & CEO, Jean Bartkowiak was joined by Chief of Staff, Dr. Zaki Ahmed, EVP, Inpatient Care Programs, Dr. Peter Voros, and Senior Director, Indigenous Collaboration, Crystal Pirie. The Commission discussions contribute to a shared understanding of the unique challenges to accessing health care faced by Indigenous people in Northwestern Ontario. We look forward to ongoing collaboration.

Recently, our Hospital was the subject of news stories such as the one titled "Coroner to probe death of 19-year-old First Nations man found near Thunder Bay hospital hours after discharge". Our hearts go out to this young man's family and community. This is important. Our mission is to care, and a tragedy like this deeply affects everyone involved, including family and staff. In the midst of tragedy, we must ask what, if anything, could have been done differently. Safe, quality patient care is our priority; our patients should feel safe coming to our Hospital to get the care they need, especially those from historically marginalized communities. Our Hospital has undertaken a Quality of Care Review to ensure we followed best clinical practice but also to see if we there is anything we can learn from the incident. After careful and thorough consideration, the Review team maintains full confidence in the judgment and professionalism of those involved. An important next step is to review the related processes and procedures to identify improvements to prevent future incidents. We intend to collaborate with community partners throughout this process to ensure the unique needs and experiences of Indigenous patients will be specifically considered. Our actions, guided by policies and procedures, are improved by new knowledge and are updated regularly to incorporate changes for the better. These policies and procedures guide us as we respect each patient's personal preferences.

Over the past year, our Hospital realized significant improvements in Surge Capacity management, which arises when there are more admitted patients to our Hospital than there are inpatient beds. Between April and October this year, our Hospital was in Surge Capacity less than five percent of the time. That is a very significant decrease from the same period last year, when the Hospital experienced Surge Capacity more than half of the time. Several initiatives, many led by a Patient Flow Steering Committee chaired by Dr. Stewart Kennedy, EVP, Regional Programs, Clinical Supports & Medical Affairs, contributed to this success. The Steering Committee focuses on initiatives that ensure patients access the Right Care at the Right Time. Concurrently, the Transitional Care Units (TCU) at St. Joseph's Care Group's Hogarth Riverview Manor continues to have a positive impact. Thanks to collaboration with health system partners and provincial funding, it is anticipated that the TCU will remain open for the foreseeable future, based on ongoing assessments of system capacity and alternate level of care needs. This is especially important as we enter the time of year that is traditionally the busiest at our Hospital.

980 rue Oliver Road
Thunder Bay ON
P7B 6V4 Canada

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

Enhancing access to the Right Care at the Right Time is the primary focus of our new strategic plan, which is being developed. Working Groups comprised of senior leaders, managers, staff, clinicians, and partners, will identify priority tactics in three strategic directions, specifically: Enable Success at Home; Optimize the Acute Inpatient Journey; and Ensure Effective Transitions in Care.

Finally, as 2019 comes to a close, it is fitting to extend gratitude and the best of the season to the many people who contribute tirelessly throughout the year to deliver safe, quality Patient and Family Centred Care at our Hospital. Staff, professional staff, researchers, volunteers, learners and donors all contribute in countless meaningful ways every day, and are greatly appreciated. During the holiday season, many of these dedicated people will sacrifice time with family to ensure the needs of patients and their families are met. We thank you.

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**.

BRIEFING NOTE



TOPIC	2019-20 Q2 Strategic Progress Report
PREPARED BY	Michael Del Nin, Director, Strategy & Performance
APPROVED BY	Amanda Bjorn, EVP, People, Culture, and Strategy
CO-SPONSER (if required)	<Does this impact another E/VP's portfolio/program? Have they been consulted on this briefing note?>
PREPARED FOR: President &CEO Board of Directors X Other:	
DATE PREPARED	November 28, 2019

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

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

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

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

PURPOSE/ISSUE(S)

Highlight the 2019-20 Strategic Plan Q2 overall progress, tactics to achieve targets, strategic performance indicator results and associated improvement action plans.

BACKGROUND

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

ANALYSIS/CURRENT STATUS

Refer to the attached 2019-20 Q2 Strategic Progress Report and Balanced Scorecard.

RECOMMENDATION

None required for Quarterly Report.

NEXT STEPS

None required.

STAKEHOLDER REACTION

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

COMMUNICATIONS

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

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

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

FINANCIAL IMPACTS

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

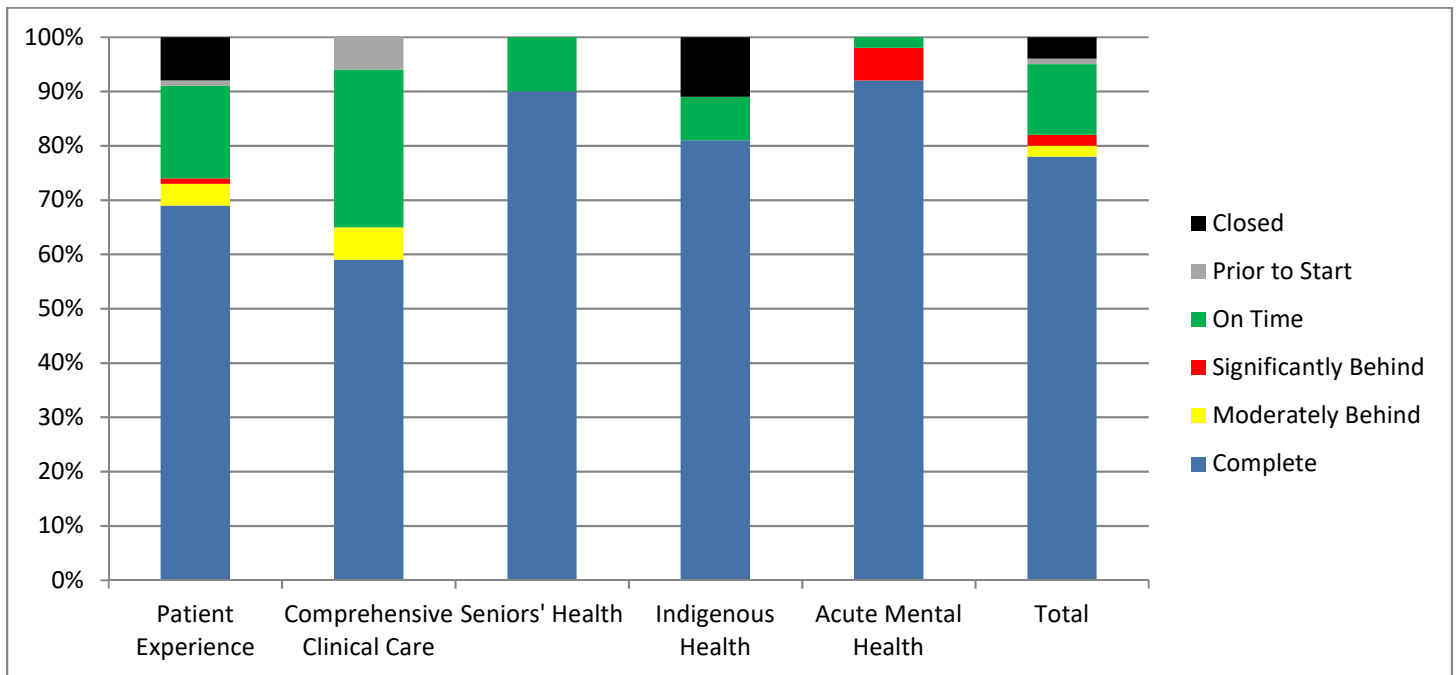
APPENDIX SECTION

2019-2020 Q2 Strategic Progress Report

2019-20 Q2 Balanced Scorecard - Strategic Indicators

2019-20 Q1 Board of Directors Strategic Update Report

Strategic Progress Summary



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

Strategic Direction 1: Patient Experience

Performance Measure	18-19 Q2	18-19 Q3	18-19 Q4	18-19 Actual	19-20 Target	19-20 Q1 Actual
Rate of hand hygiene compliance before initial patient/environment contact	93.66%	89.37%	67.10%	86.44%	93.00%	70.78%
30-day in-hospital deaths following major surgery (risk-adjusted)	2.00	1.10	2.00	1.70	1.60	1.90
Number of critical events	2	2	1	6	0	1
Patient Satisfaction: All Dimensions - Inpatient	70.46%	69.59%	70.11%	66.1%	69.76%	70.4%
Learner Satisfaction	85.05%			85.02	87.0%	
Total Researchers	350	361	356	352	301	393
Paid sick hours as a percentage of worked hours	3.46%	3.97%	3.83%	4.08%	2.97%	4.09%

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

The PFCC Patient Experience Strategic Direction is now complete. This includes Objectives 2.1 and 2.2 within Goal 2, 'Enhance Understanding and Continue to Grow and Embed our PFCC Philosophy'. In Q1, the PFCC Leadership Council had an engagement session to help shape the function of the council and ultimately, the care that our patients and families receive at the Hospital. Current state and potential future state was discussed. A second engagement session will be held in September to confirm direction moving forward.

Two very successful Patient Oriented Discharge Summary (PODS) lunch and learns were held in May and June with a total of 118 staff in attendance. As the ARCTIC initiative (a funded program through the Council of Academic Hospitals of Ontario's Adopting Research to Improve Care) came to a close on March 31st, 2019. The lunch and learns reviewed lessons learned, processes, and future state. The PODS still remains a focus for the upcoming year, as "received enough information about leaving the hospital" is a PFCC initiative on the 19/20 Quality Improvement Plan (QIP). It has also been identified as the corporate PFCC action plan as the Hospital continues to evaluate the effectiveness of the PODS and also incorporate a teach-back model into PODS.

Planning sessions are well underway for the Sharing and Caring Event taking place from September 23rd-27th. This year's event will focus on 10 Years of Excellence.

PFCC Physician Engagement sessions continue into 19/20. Five sessions were completed in Q1 which included Anesthesia, Paediatrics, Pathology, Internal Medicine and Dentistry.

Goal 3 - Advance the academic environment

In an effort to develop and grow the number of Preceptors, an in-person nursing preceptor training program is being piloted with St. Joseph's Care Group on Unit 2A Renal and Unit 2B Medical.

Strategic Direction 2: Comprehensive Clinical Care

Performance Measure	18-19 Q2	18-19 Q3	18-19 Q4	18-19 Actual	19-20 Target	19-20 Q1
Emergency Department length of stay (90th percentile in hours)	40.1	45.2	37.6	43.2	28.8	38.6

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

The Hospital's Stage 1 Capital responses to the MOHLTC were submitted on September 5, 2019. Extensive work was conducted over the summer months to address the series of questions for which the MOHLTC was seeking clarification. The questions received did not suggest any barriers to ongoing program development.

The Hospital submitted a proposal to the TD bank to receive \$ 1M funding to implement a Regional Limb Preservation program. In collaboration with multiple internal and external partners, the proposal targets enhanced care, earlier, for patients at risk for amputation. New wound technology will be a cornerstone to enable best practices across a broad team of care providers. Initial supporters include:

- TBRH Foundation
- SJCG Wound Program
- SJCG Diabetes Health
- TBRHSC Vascular Surgical Program & RAVE Clinic
- TBRHSC Centre for Complex Diabetes Care
- Regional Orthopaedic Program
- Sioux Lookout Meno Ya Win, Wound Care

On Sept. 9th, the Hospital hosted a very successful “EVAR SIM Day” to prepare its vascular surgical team to perform EVAR for urgent cases. This service will provide safety and benefits for emergent patients. Based upon the experience, a protocol for these cases will be developed to facilitate offering this surgical option. Target date is winter 2020.

Implementation of a new model for CVS quality assurance has been approved by SLC. This will be implemented in conjunction with the start of the “CV Sciences Program”.

A “Facility Readiness” report, related to data availability, was submitted to Corhealth late in August. This follows Corhealth’s decommissioning of its vascular database and plans to use existing data sources in the future.

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

Infection Control Strategy

Implementation of RL Solutions Infection Control software continues. The go-live date has been adjusted from the September 24 to October 29, 2019, due to limited Informatics resources and competing priorities. To reduce the errors upon go-live, user Acceptance Training is in full-swing for the Infection Control module and the Antimicrobial module, and the project is proceeding on schedule. The third module purchased, the Hand Hygiene module, has gone live. The majority of the staff currently required to complete audits have completed their training. The interim process of paper hand hygiene audits is being discontinued and the audit information is now being collected in the tool. The revised plan for Hand Hygiene audits will be developed this fall with the collection method remaining as the RL Hand Hygiene module.

Strategic Direction 3: Seniors’ Health

Performance Measure	18-19 Q2	18-19 Q3	18-19 Q4	18-19 Actual	19-20 Target	19-20 Q1
Pressure Ulcer Incidence	3.00%		2.00%	3.00%	6.00%	

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

Michelle Allain, Bioethicist, will be delivering education sessions and resources on consent, capacity and substitute decision making on Unit 2B Medicine this fall. This education will integrate with the current Transition Planning Risk Assessment Screening (TPRAS) initiative to assist with discharge planning of Seniors.

Strategic Direction 4: Indigenous Health

Performance Measure	18-19 Q2	18-19 Q3	18-19 Q4	18-19 Actual	19-20 Target	19-20 Q1
Acute hospital admissions per 1,000 population for patients from Indigenous communities	142	169	154	159	N/A	

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

Partnerships for Research, e-Health and Discharge planning continue to be explored and fostered. Several opportunities are well underway, including a two year pilot for a discharge planning role.

Strategic Direction 5: Acute Mental Health

Performance Measure	18-19 Q2	18-19 Q3	18-19 Q4	18-19 Actual	19-20 Target	19-20 Q1
Psychiatrist full-time equivalent staffing as percentage of required full-time equivalent complement	83.33%	56.00%	58.33%	70.25%	83.33%	66.67%

Goal 2 - Increase access to specialized and appropriate mental health services on all in-patient units.

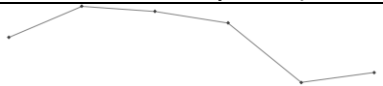
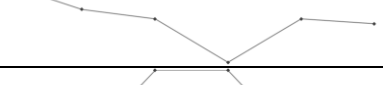
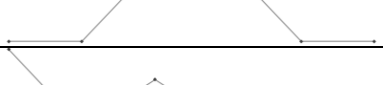



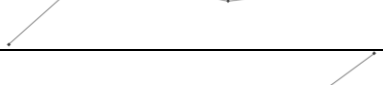
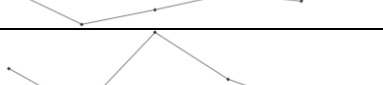
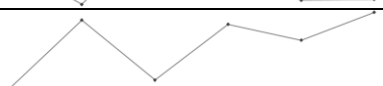

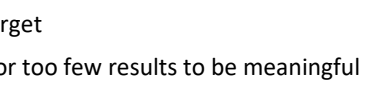
A review session took place in August with the Consultation Liaison Service team to determine how to incorporate expertise and resources to support substance use and addiction management and transition to community services into the current liaison service model. The team identified gaps in the areas of pathways to community service, education and resources for inpatient units, human resources and documentation. To address these gaps, changes will be made to the documentation in Meditech and a resource package will be developed for social workers on inpatient units. More broadly, a Substance Use Steering Committee to address the need for community partnerships and pathway development will be formed this fall.

Balance Scorecard

Strategic Indicators

19-20 Q1 Report for Board of Directors

Updated 2019-09-18

2020 alignment	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	
Patient Experience	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%)	
Patient Experience	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)	
Patient Experience	Number of critical events	Strat	1	2	2	1	0	6	(6)	1	0	0	1	(1)	
Seniors' Health	Pressure ulcer incidence	Strat		3.00%		2.00%	6.00%	2.50%	3.50%		6.00%	6.00%			
Comprehensive Clinical Care	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)	
Indigenous Health	Acute hospital admissions per 1,000 population for patients from Indigenous communities	Strat	173	142	169	154		159							
Acute Mental Health	Psychiatrist full-time equivalent staffing as percentage of required full-time equivalent complement	Strat	83.33%	83.33%	56.00%	58.33%	83.30%	70.25%	(13.1%)	66.67%	83.30%	83.30%	66.67%	16.6%	
Patient Experience	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 Experience	Total researcher staff (CAHO definition)	Strat	340	350	361	356	301	352	51	393	301	301	393	92	
Patient Experience	Learner satisfaction	Strat	84.99%	85.05%			87.00%	85.02%	(2.0%)		87.00%	87.00%			
Patient Experience	Paid sick hours as a percentage of worked hours	Strat	4.01%	3.46%	3.97%	3.83%	2.91%	3.81%	(0.90%)	4.09%	2.97%	2.97%	4.09%	(1.12%)	

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



Chief of Staff Report

to the
Board of Directors
Thunder Bay Regional Health Sciences Centre

December 2019

Regional Ordering Privileges and Ordering PICC Line Insertions

- A regional physician identified that they have had difficulties getting Peripherally Inserted Central Catheter (PICC) line insertions for their patient in the region, as they are not allowed to order ambulatory care procedures.
- The ordering of Peripherally Inserted Central Catheter (PICC) line insertions will be added to the privilege list for Professional Staff with regional ordering.

Medical Choosing Wisely Committee

- The first Medical Choosing Wisely Steering Committee took place on October 9, 2019.
- This subcommittee of the Medical Advisory Committee (MAC) was established to be the hospital's voice for reducing unnecessary tests and treatments including diagnostic tests and procedures, as well as the use of pharmaceuticals.
- The committee will review, evaluate, make recommendations and facilitate changes to ensure appropriate use of hospital clinical resources to meet the needs of patients.

Professional Staff Wellness Committee

- The first two Professional Staff Wellness Committee meetings have taken place in June and October 2019.
- This is a subcommittee of the MAC established to examine, make recommendations and drive improvements relating to advancing Professional Staff Wellbeing at the Hospital.
- The committee will take a broad view, considering domains of efficiency of practice, advancing a culture of wellness, and facilitating individual privileged staff enhanced resilience with the view of supporting sustained improvements in professional staff well-being. The group will provide recommendations and guidance to MAC in developing, nurturing and evolving the privileged staff wellness culture.

Physician Leadership Institute Course

- Medical and Academic Affairs will be hosting the next Canadian Medical Association (CMA) Physician Leadership Institute (PLI) Leadership Development Course will be held on November 22-23, 2019 for Professional Staff leadership.
- The course focuses on Leading with Emotional Intelligence (EI), which is considered a critical healthcare leadership competency, where it has been demonstrated to impact effectiveness in all clinical settings. EI is the ability to identify, express and manage both your own emotions and others, in order to motivate, cope with stress, and help make good decisions. EI has been shown to impact the quality of care, communication and stress/burnout.



Digital Order Sets

- Twelve new Quality Based Procedure Order Sets will be going live on December 2, 2019.

Recruitment

- Dr. Mallory Granholm (Diagnostic Imaging) has accepted a position and will be joining us in July 2021.
- Upcoming Site Visits are planned for Anesthesia, Critical Care and Emergency Services.



Chief Nursing Executive **Open Report** **to the** **Board of Directors** **December 4, 2019**

Nursing Profession Update: Regional Nursing Leadership Coming Together

On November 22, 2019 the CNE, Dr. Valerie Grdisa hosted the Provincial Chief Nursing Officer (PCNO) from the Ministry of Health and Ministry of Long-Term Care, Dr. Michelle Acorn and the Director, Practice Quality from the College of Nurses of Ontario, Mrs. Carol Timmings to engage in strategic discussions with nursing leaders from across the region, including CEOs, COOs, CNEs, CNOs, the Director of Lakehead University, the Dean of Confederation College and TBRHSC Clinical Program Directors. Also, both guests toured the hospital and provided two brief presentations to reach more than 200 TBRHSC nurses during their visit. Discussions focused nursing in Northwestern Ontario, workforce pressures and strategies and transforming nursing and health policy. At the end of the full day with our regional partners, several next steps were identified:

- Establish a regional working group to develop an integrated health workforce plan that includes a 'return on investment' business case for innovative strategies.
 - Work in collaboration with the PCNO to develop a 'locum to local' model.
 - Work in collaboration with our Communications experts to establish a compelling profile of nursing in Northwestern Ontario, including the optimization of scope of practice and innovative initiatives
- Conduct a current state assessment of all available educational offerings for nurses and other health professions to promote access and optimize learning opportunities to build regional capacity and advance clinical competencies.
- Conduct a current state assessment of leadership development opportunities, both locally, regionally and virtually. This includes better understanding the programs offered by the College and University and potentially expanding access to the Coaching Essentials Training Program led by Amanda Bjorn.
- Collaborate with the College of Nurses of Ontario (CNO) regarding the barriers and lengthy waiting period for registration as both RNs and RPNs.
- Collaborate with the CNO regarding their upcoming strategic planning efforts and to optimize the newly established Practice Supports Program that focuses on improving the quality of nursing care.
- The PCNO committed to developing a plan and to better optimize the available programs to address the unique contextual issues within the North including:



- Examine how the Nursing Education Initiative funding could be targeted toward knowledge development in specific clinical specialties with nursing workforce shortages
http://www.health.gov.on.ca/en/pro/programs/hhrsd/nursing/all_nurses.aspx
- Make improvements to two Ministry-funded early career programs designed to recruit new nursing graduates including the New Graduate Guarantee Initiative and the Tuition Support Program
http://www.health.gov.on.ca/en/pro/programs/hhrsd/nursing/early_career.aspx
- Bring the remote and Northern nursing workforce issues to the next Federal/Provincial/Territorial (F/P/T) Principal Nursing Advisors Task Force meeting, to ensure national approach.

Nursing Workforce Planning

In 2018 and 2019, several recommendations were made to stabilize the nursing workforce pressures, address nursing workforce shortages and improve the Nursing Resource Team (NRT) staffing model. Although several improvements have been led by Human Resources, Nursing Practice and the respective Clinical Programs over the past two years; several factors have prevented the Hospital from achieving its hiring targets or stabilize staffing such as:

- Increased service demands due to hospital census in overcapacity.
- Implementation of the 64-bed transitional care unit (TCU).
- Increased nurse-patient staffing ratios required for patients needing cardiac telemetry or higher levels of observation.
- Nursing workforce shortages across the region, province and nation.
- The supply of new nurse graduates from both Confederation College and Lakehead University has diminished as the RN and RPN students are less likely to be local residents.

Building from the 2018 & 2019 recommendations, several improvements were realized, some strategies are still underway and new strategies have been introduced. A strategic discussion occurred at the November 19th Resource Planning Committee regarding nursing workforce planning at the Hospital.

Health Professions & Collaborative Practice Updates:

Optimizing Scope of Practice of Pharmacy Technicians

- Best Possible Medication History: A Standard Operating Practice for documenting best possible medical history (BPMH) in the patient chart has been drafted for pharmacy technicians to work to full scope of practice. This will improve quality of care by allowing medication reconciliation to occur more quickly and reduce duplication of BPMH by nursing staff.



Social Workers Standardizing Documentation, Advocating for Patients and Supporting Colleagues in the Region

- A working group is standardizing social worker documentation by developing interventions in the electronic medical record (EMR). This will improve quality of care by creating consistency in where/what information is documented.
- Another working group is exploring the social needs of patients and their families (e.g. a patient's companion lacking funds for food) to identify themes and provide recommendations with specific actions to better meet the needs of this population.
- A recent observership by a social worker from the Geraldton District Hospital resulted in a recommendation to include regional hospital social workers at the TBRHSC social workers' practice council meetings (via tele/video conference). This will allow regional hospital social workers to be less isolated professionally; benefit from the sharing of region-specific information; and become involved in professional practice discussions and issues.

Respiratory Therapists Contributing to Smoking Cessation

- In mid-October, Respiratory Therapists (RT) began implementing the Ottawa Smoking Cessation model. After one month, 38 patients were enrolled in the program, up from 2 patients the prior month! RTs meet with patients who have reported on admission that they are smokers. If patients are willing, the RT completes a questionnaire with them, provides education on nicotine replacement and asks if they would be interested in follow up from the Ottawa Smoking Cessation program. The nicotine replacement therapy medical directive has been updated to include RTs. The early results makes us optimistic about the impact of this change in practice on smoking cessation and overall population health.

Radiation Therapy Improving Care for Patients

- Radiation Therapists are being trained to deliver prostate brachytherapy, starting in January 2020. This service is new for Thunder Bay and will allow patients to receive care at/close to home.
- A pilot project was implemented for patients receiving radiation therapy to the breast which involved a follow up phone call at two weeks post treatment. The patient feedback was so positive that the standard practice of follow up phone calls will spread to other patient populations receiving radiation therapy in 2020. Each follow-up call is completed by a radiation therapist who works in the clinical area that the patient receives treatment. This call is used to offer advice on side effect management and services available to the patient such as supportive care, dietician referral, lymphedema clinic, and the bliss clinic.



Thunder Bay Regional
**Health Sciences
Centre**

980 rue Oliver Road
Thunder Bay ON
P7B 6V4 Canada

Tel: (807) 684-6018
www.tbrhsc.net

Kinesiology Standardizing Documentation

- Kinesiologists in the Healthy Lifestyles Program are standardizing documentation by developing an intervention in the electronic medical record (EMR). This will improve quality of care by creating consistency in where/what information is documented.

Chief Nursing Executive
Chef des soins infirmiers

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

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

healthy
together En santé
ensemble

Thunder Bay Regional Health Sciences Centre Board of Directors Work Plan
 Updated: November 29, 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									

Column	Accountability	Activity	Responsible Body	As Needed	October	November	December	February	March	April	May	June	Comments
12	Quality Oversight	Critical Incidents Update	BD					x			x		Moved from December to February to align with PSQCC Workplan. May did not change.
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

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	

Governance and Nominating Committee 2019-2020

Updated: November 21, 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
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

#	Accountability	Activity	Committee	As Needed	September	October	November	December	January	February	March	April	May	July	Comments
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		
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	

Note: November meting moved to December 6

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			x		To be completed in December
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>

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	

[illegible]

Page Views: Open Board Meeting Webcast

September 2017 – November 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	16
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	



Thunder Bay Regional
Health Research
Institute

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

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

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

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

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

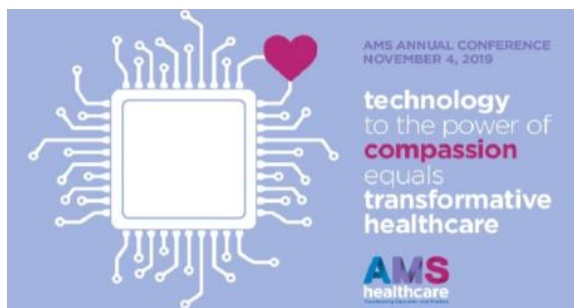
HEALTHIER: Improving the Health of People of NWO and Beyond

Advancing Medical Imaging: Dr. Alla Reznik, her team and Radialis Medical Inc. are making strides in developing advanced methods for the detection of breast cancer. They have built the first clinical prototype of a low dose Positron Emission Mammography (PEM) device and are getting ready to trial the equipment using humans. Molecular breast imaging with PEM has proven to be significantly better in identifying early cancers than x-ray mammography. In 2018-2019, Dr. Reznik was awarded a Canadian Cancer Society Innovation to Impact grant, an NSERC Idea to Innovation grant and a Mitacs Accelerate grant to further her work and to train graduate students in this area. If the pilot study is successful, it could lead to FDA approval for use of the equipment in patient care. In collaboration with Dr. Fenster, Western University, Dr. Reznik is now developing a biopsy guidance system to operate with the Radialis PEM system. In addition to work with breast imaging, Dr. Reznik and her team are investigating new approaches for organ-specific imaging tools that would be customized to provide the highest efficacy and diagnostic specificity and capability.



WEALTHIER: Generating Revenue through Science & Partnerships

In the spirit of forging new partnerships, Dr. Grdisa was able to attend two important conferences in Toronto this month:



AMS Annual Conference, on November 4th. This year the focus was on “*Technology to the power of compassion equals transformative healthcare*”. The conference challenged participants to look at new strategies for using technology to improve health outcomes and transforming the healthcare system for patients and providers. There were a number of presentations related to technology and innovation, patient-provider collaboration and artificial

intelligence and machine learning. Attendees also received a presentation from a Scientist from Women's College Hospital entitled *Machines, Ethics and Equity*.

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

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

Bringing
Discovery
to Life

Donner
vie à la
découverte



Thunder Bay Regional
Health Research
Institute

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

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

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

Innovation Fund Showcase 2019, on November 14th at the MaRS Discovery District. The event was designed to bring together academic physicians, leaders of academic institutions, representatives of the Ministry of Health and its affiliated organizations and experts in technology and artificial intelligence (AI) in healthcare. This year, the Innovation Fund Showcase highlighted the best projects demonstrating innovative methods of care delivery and the use of technology and (AI) to facilitate those new approaches. Speakers included individuals from a number of Academic Health Sciences Centres and academic institutions, the Vector Institute, the Ministry of Health, the Ontario Medical Association as well as Health Quality Ontario. Dr. Toby Cosgrove, formerly CEO of the Cleveland Clinic and now Executive Advisor to the Google Cloud Healthcare provided one of two keynote addresses, with another being presented by Avi Goldfarb, the Rotman Chair in Artificial Intelligence and Healthcare, University of Toronto.



SMARTER: Enhancing the Academic Environment



Mitacs Award: Dr. Guillem Dayer has recently been accepted to the highly competitive Mitacs Elevate Postdoctoral Fellowship program. This fellowship application was possible thanks to the support of Dr. Ingeborg Zehbe, the TBRHRI, and the Thunder Bay Regional Health Sciences Foundation. It will allow Guillem to continue his research in Dr. Zehbe's lab on the development of single-domain antibodies for the treatment of HPV-associated cancer and strengthen the partnership with the Research Institute on this project.

A Mitacs Elevate Postdoctoral Fellowship is a comprehensive program designed to provide advanced training to enhance the professional skills and research independence needed to pursue the fellow's chosen career path. Congratulations to Dr. Dayer on this impressive accomplishment!

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

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

Bringing
Discovery
to Life

Donner
vie à la
découverte



**Thunder Bay Regional
Health Sciences
Foundation**

980 Oliver Road
Thunder Bay ON
P7B 6V4 Canada

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



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

Family CARE Grants: Christmas comes early to the Health Sciences Centre

The Volunteer Association and Health Sciences Foundation are looking forward to a choosing and announcing the successful recipients of the Family CARE Grants. Thanks to generous donors, \$60,000 is available. Please look for a media announcement in early January! This is no easy decision as a committee of community, clinical, previous recipients, Foundation and Volunteer Association members had to consider 57 applications just under \$150,000. In the past, this program has supported many areas of care including Adolescent Mental Health, Rehab, Pediatric Outpatient and Endoscopy. We look forward to sharing stories with you about these grants throughout 2020.

Upcoming Raffles – Purchase tickets at healthsciencesfoundation.ca or 345-4673 Intercity 50/50 Raffle

The Foundation is proud to host the Intercity Shopping Centre 50/50 raffle again this year. Please consider signing up for a volunteer shift selling tickets during the busy holiday season. The winning ticket will be drawn on December 20, 2019! Proceeds support the Northern Cardiac Fund. If you are interested in selling tickets for us during the month of December give us a call and we can schedule you for a shift at Intercity Mall.

Please contact Elaine Graydon for more information at 684-7278.

Media Coverage – Contact Heather ext. 7111

- Past Media
 - Oct 31 – John Andrews Foundation \$500,000 Announcement
 - Oct 25 – Intercity 50/50 Cash Draw Launch
 - Oct 18 – The Paterson Foundation \$1M Donation
 - Oct 16 – Our Hearts At Home Campaign Launch
 - Oct 4 – Tbaytel Luncheon of Hope

What will your legacy be?

Did you take the time in November to think about your Will? If not, please consider it on your 'to do' list for 2020. Over half of Ontarians don't have an up to date Will. Your Will is a powerful tool to impact care in our region. A gift could have significant positive implications for the administration of your estate and will help put tools in the hands of the gift professionals at the Health Sciences Centre – offering better care to your children and grandchildren for the future.

Every gift makes a difference and we hope that you've taken the time to think about what your legacy could be. Haven't had a chance? Want to know where your gift could make a difference? Please contact Terri Hrkac, at 684-7109 for more information.

From the Foundation Board and Staff – we would like to wish you a very, Merry Christmas and all the best for a safe and prosperous 2020. Together, for better!



DEAN'S REPORT

TO THE **NOSM** BOARD OF DIRECTORS

DR. SARITA VERMA, DEAN, PRESIDENT, AND CEO

"Building Momentum"

After five months at NOSM, my observation is that the strengths and opportunities that the School offers is unlimited. NOSM has achieved many successes to date, namely graduating 655 MDs, and retaining many of them in the North. As I travel across Northern Ontario, I'm frequently asked where NOSM will go next. There is a group of people who are under the impression that NOSM should remain "status quo" because the School's mandate is being fulfilled. There are also groups that still see their community in a state of crisis when it comes to the lack of health-care professionals, most critically, physicians. Allowing NOSM to unleash its full potential would mean new degree pathways, a renewed curriculum that prepares doctors to work in an ever changing healthcare system, fulfilling our promises in recruitment and retention of physicians in rural and remote areas, consolidating all our partnerships and cultivating a culture of relentless inquiry and discovery intended to have an impact on the health and well-being of the North.

As I continue to travel and engage our northern communities, I've spoken with many of the original visionaries who helped bring NOSM into being, and five major themes continue to emerge. These are:

1. **Northern Ontario is unique and it has unique needs when it comes to health human-resource planning.** To that end, there are many communities outside the larger urban centers that are in dire need of health professionals including MDs. In addition, there is a demand for specialists and subspecialists in the academic health science centres. Also many partners feel that NOSM's promise with regards to advocacy and impact on population health have not been realised.
2. NOSM should renew the curriculum of UME and of PGME programs. **We are teaching students in a world that won't be the same in 10 years.** It is felt that the curriculum is now 10-years old and has not been examined for contemporary content, up-to-date methods of delivery, and planning for the future. Specifically, I am asked if we are training doctors for rural and remote practice and how technology will be used. The Ontario Government's introduction of Ontario Health Teams is also creating propositions for curricular reform.
3. The NOSM research mandate is at its infancy. **Linking the Research at NOSM to the work being done by the Research Institutes, the Hospitals and the two Universities to create an integrated approach towards population-based research** will be critical.

4. The current **infrastructure, financing and human capital at NOSM need to be re-examined** to determine whether there is potential for expansion and whether there are efficiencies to be found in the distributed model. I am working hard on new partnerships with the Ministry of Colleges and Universities (MCU) and Ministry of Health (MOH) looking at business models in NOSM's favour.
5. **A re-focus on NOSM's definition of "social accountability"** is called for by many stakeholders. Does NOSM truly understand what it means to be "socially accountable"? In the last five months I've heard the words "social accountability" used to rationalize everything from workforce production to ensuring that an agenda is developed with full consultation of multiple people. The use of the term "social accountability" to be all encompassing and used to validate any argument ends up diluting its purpose and credibility.

In addition to re-engaging with communities in Northern Ontario, three other priorities have been a key focus since my last report: **continuing productive conversations with the leaders of Indigenous communities; the recruitment of senior academic leaders; and, the preparations for the accreditation of the undergraduate program in April**. Finally, in the last month we have embarked upon the process of strategic planning which we will share with the Board at the upcoming meeting. Although the timelines are ambitious with a superb team and a laser focussed process, I'm confident that we will have a terrific strategic plan to launch by November 2020.

The Dean's engagements and ongoing commitments are summarized in the table below and in the attachment.

The Board has approved 5 performance goals for this first year up to May 2020.

They are:

1. Transition as the new Dean, President and CEO
2. Cultivating Northern Ontario Relationships with an emphasis on Indigenous Communities
3. Advancing External and Government Relations for Growth and Sustainability
4. Achieving Transition of the Strategic Plan
5. Completing UME Accreditation and IQAP

As part of goal # 4, strategies to achieve financial sustainability, increasing NOSM's role as a government initiative, and program expansion are being developed as are the plans for a fundraising campaign. The follow up of Indigenous Relations continues to be major priority as is an organizational review to gain efficiencies, address workspace planning and human-resource capacity. Curricular renewal planning is underway to address; the impact of technology, social determinants of health, climate change and artificial intelligence, a wellness task force and, exploring opportunities for new degree programs.

Goal	Timeline	Tactics	Outcomes
<p>Transition as the new Dean, President and CEO</p>	July 1 2019 – November 27 2019	<ul style="list-style-type: none"> • Media • Social Media • Blog and Video • Public Presentations and Events • See Appendix 1 Dean's Engagement Report 	<ul style="list-style-type: none"> • Established Name and Brand • Change management through consistent and accessible communication • PRESENCE on both campuses • New Associate Deans, Research Innovation and International Relations, Special Advisor (SA) and Senior Associate Dean (SAD), PGMEHSP and UME; New SA and SAD to start January 1 2020.
<p>Recruitment of Leadership Team</p>		<ul style="list-style-type: none"> • Portfolio reviews completed • Strategic Reorganization completed • 4 Leaders recruited (see Appendix) 	
<p>Cultivating Northern Ontario Relationships with an emphasis on Indigenous Communities</p>	July 1 2019 – November 27 2019	<ul style="list-style-type: none"> • Outreach to all key partners Laurentian, Lakehead, Health Sciences North (HSN), Thunder Bay Regional Health Science Centre (TBRHSC), • Francophone Reference Group (FRG) • Indigenous Reference Group (IRG) • Council of Elders (COE) • Provincial Territorial Organizations (PTO) • Travel to Communities Appendix 2 • Itineraries for each visit attached in Appendix 2 <p>Quick stats:</p> <ul style="list-style-type: none"> • 10 Communities visited - Sudbury, Thunder Bay, Little Current, Mindemoya, Wikwemikong, Espanola, Blind River, Sault Ste Marie, Wawa, Dryden • 6 First Nation Health Authorities and/or Service Providers met with • 3 CCC Sites visited (Manitouslin, SSM, Dryden) • 6 Learner Meet and Greets held • 139 - people engaged over 3 Community Visits 	<ul style="list-style-type: none"> • Messaging of change in decanal leadership • Reestablished strategic commitment to Northern Ontario • Defused significant tension with Indigenous representatives (IRG and COE July 19 2019) • Clarification of roles of IRG, co-chairs, Council of Elders, Indigenous Health Committee of Academic Council, Indigenous Affairs Unit (IAU) and IAU Director • IRG Meeting July 19th and October 15, 2019 • Council of Elders meeting October 18, 2019 • Presentations to the Sudbury and Thunder Bay Chambers of Commerce • Meeting with DND. • Meeting with Shkagamik-Kwe Health Centre • Meeting with Grand Chief Anishinabek Nation- Glen Hare • Meeting with Wikwemikong Health Centre • Meeting with Ogimaa Duke Peltier-Wikwemikong First Nation • Meeting with NAN Grand Chief Alvin Fiddler • Meeting with NAN Director of Health Transformation- Ovide Mercredi • Meeting with Noojmowin Teg Health Center • Meeting with Mnaamodzawin Health Services • Meeting and Tour of Shingwauk Residential Schools Centre • Meeting with Non Dway Gamig Health Center • Meeting with Baawaating Family Health Team

Advancing External and Government Relations for Growth and Sustainability	<p>July 2 2019 – November 27 2019</p>	<ol style="list-style-type: none"> 1. Ongoing advocacy efforts: Meetings with Ontario Ministers of Health (MOH) and Training, Colleges and Universities (TCU), Minister Crown Indigenous Relations, Minister Indigenous Services and Minister Intergovernmental and Northern Affairs Meetings with political representatives, MPs, MPPs, Ministers <ul style="list-style-type: none"> • Attended a joint liaison committee meeting between MOH, MCU and NOSM Meetings October 21-22 at Queen's Park <ul style="list-style-type: none"> • David Lamb – Director - MOH • Simone Simpson - Policy Advisor to Hon. Vic Fedeli • Christine Elliott – Minister - MOH • Mark Lawson and Rana Shamoon - Office of the Premier 2. Outreach to Municipalities (including Mayors/Reeves, Federation of Northeastern Ontario Municipal Association and Northwestern Ontario Municipal Association) 3. Work with/support local Ontario Health Teams (OHT) as they emerge in Northern Ontario <ul style="list-style-type: none"> • Informal participation/collaboration on several developing OHTs • Sent letters of support to the four (4) selected OHTs and the ten (10) developing OHTs in Northern Ontario 4. Working with AHSCs for integration <ul style="list-style-type: none"> • Have led the creation of a new bi-lateral agreement between NOSM and each AHSC • Conducted two joint meetings with the CEOs of both AHSCs 5. Meetings and representation with the Association of Faculties of Medicine of Canada (AFMC), Council of Ontario Faculties of Medicine (COFM), Canadian Medical Association (CMA), Ontario Medical Association (OMA), Ontario Hospital Association, Ontario Health 	<ol style="list-style-type: none"> 1. Application to MTCU's Northern Sustainability Fund (re: tuition reduction) <ul style="list-style-type: none"> • Achieve Collaborative Sustainability Assessment Phase 2 (led by MOH, MTCU) to help address NOSM's structural deficit • Business Case Submission of Proposed Business Plan for Health Human Resource Planning and Service Delivery • Confirmation from MOH/MTCU to explore opportunity for new (refreshed) Business Case (BC) for NOSM (i.e. NOSM still operates under original BC from 2002) • Forward planning for changes in health, education and workforce policy and working with the Northern Physicians Resources Task Force 2. Meetings with key individuals/ representatives of municipal associations to obtain their letters of support/endorsement to NOSM's new business case proposals 3. Ensure academic/medical education is interwoven in the fabric/ establishment of new governance/ health services at new "integrated" (OHT) organizations across Northern Ontario 4. Completion of bilateral affiliation agreements <ul style="list-style-type: none"> • Working Groups on tripartite integration and relationships across Northern Teaching Hospitals Council 5. Participation on national and provincial committees <ul style="list-style-type: none"> • Advocacy for national and provincial strategies on HHR, Indigenous Health, Social Accountability, Northern Health, Climate Change, Wellness • Preparations for next phase of Alternate Funding Plan (NOAMA) negotiations
--	---------------------------------------	---	--

Achieving Transition of the Strategic Plan	July 2 2019 – November 27 2019	<ul style="list-style-type: none"> • Strategic Plan Process developed. Secretariat, Core team and Steering Committee established • RFP for primary consultant completed and selected • Ideas consultant contracted for Board session and MG-EG session 	<ul style="list-style-type: none"> • Development of Strategic Plan underway. See presentation to the Board and attachments
Completing UME Accreditation and IQAP	July 2 2019 – November 27 2019	<ul style="list-style-type: none"> • Comprehensive review of status of all accreditation documents and standards requiring attention • Medical School Self Study Completed 	<ul style="list-style-type: none"> • Appointment of Director, Quality Improvement and Strategic Management. • Communications Plan set in motion • Managing high-risk areas such as human- rights complaints or legal issues

DEAN ENGAGEMENT



Increased Twitter followers to 1460
(8/23/2019 - 11/08/2019)

OCTOBER 2019 SUMMARY

Tweets 70	Tweet impressions 63.3K	Profile visits 1,040	Mentions 129	New followers 79
--------------	----------------------------	-------------------------	-----------------	---------------------

NOVEMBER 2019 SUMMARY

Tweets 31	Tweet impressions 29.8K	Profile visits 293	Mentions 83	New followers 23
--------------	----------------------------	-----------------------	----------------	---------------------

10
blogs
11/08/2019

+9% **3680**
Subscribers

Open Rate
37.2%
vs. 14.5% Industry Avg.

Click Rate
3%
vs. 1.6% Industry Avg.

10
Communities visited

3
CCC Sites visited

6
Meet and Greets

Partners, Organizations and Committees:

- Shkagamik-Kwe Health Centre
- Grand Chief Anishinabek Nation- Glen Hare
- Wikwemikong Health Centre
- Ogimaa Duke Peltier- Wikwemikong First Nation
- NAN Grand Chief Alvin Fiddler
- NAN Director of Health Transformation- Ovide Mercredi
- Noojmowin Teg Health Center
- Mnaamodzawin Health Services
- Shingwauk Residential Schools Centre
- Non Dway Gamig Health Center
- Baawaating Family Health Team

Government Relations:

- David Lamb - Director -MOH
- Simone Simpson - Policy Advisor to Hon. Vic Fedeli
- Christine Elliott - Minister -MOH
- Mark Lawson and Rana Shamoon - Office of the Premier
- Minister Crown Indigenous Relations
- Minister Indigenous Services
- Minister Intergovernmental and Northern Affairs
- Deputy of Health Helen Angus and Deputy Minister of Long-Term Care Marie Lison Fougère

Conferences :

- Family Medicine Forum
- LEG Lead Retreat
- Section Chair and Medical Directors Retreat

Communities Visited:

- Sudbury
- Thunder Bay
- Little Current
- Mindemoya
- Wikwemikong
- Espanola
- Blind River
- Sault Ste Marie
- Wawa
- Dryden

Presentations:

- Local Education Groups
- Clinical Division Section Chairs
- Chamber in Thunder bay and Sudbury
- Council of Ontario Faculties of Medicine
- Grand Assembly of Chiefs
- Medical Advisory Committee Thunder Bay Regional
- Health Care Summit (Collège Boréal)

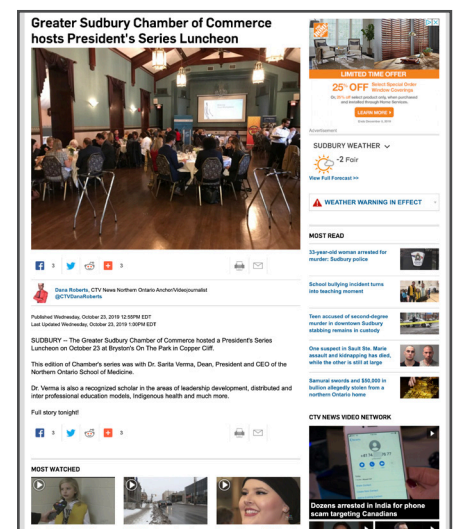
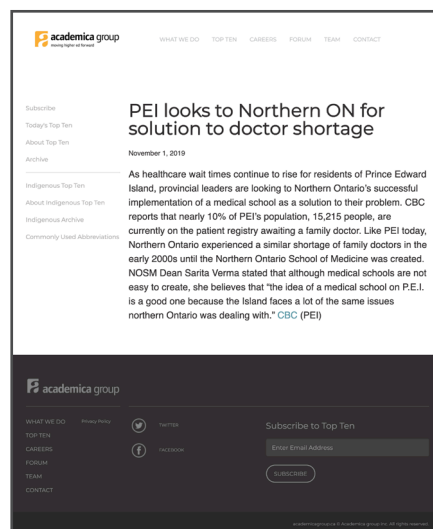
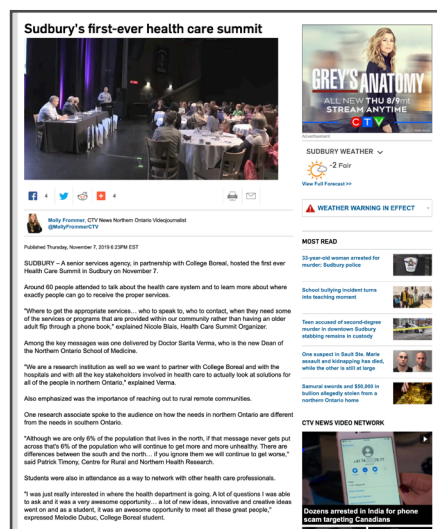
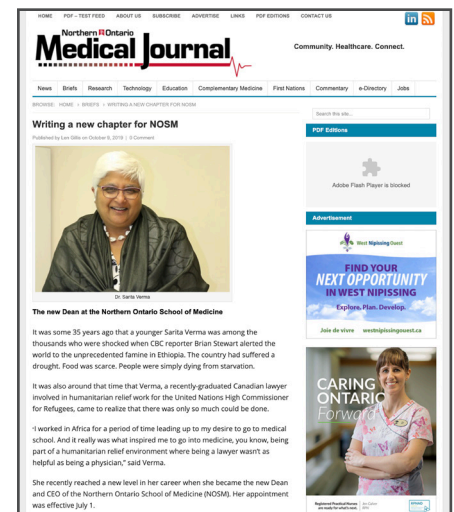
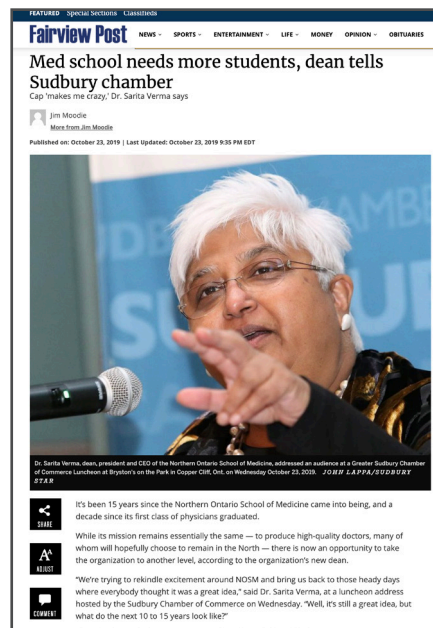
DEAN ENGAGEMENT

MEDIA COVERAGE

TELEVISION



NEWSPAPERS AND MAGAZINES



BRIEFING NOTE



TOPIC	Fire & Environmental Compliance Update
PREPARED BY	Anne Marie Heron, Executive Director, Capital Planning & Operations
REVIEWED BY DECISION SUPPORT (if required)	<Does this have financial impacts to the hospital's budget? Has a Decision Support Analyst been consulted on this briefing note?> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
APPROVED BY	Peter Myllymaa, Executive Vice President, Corporate Services & Operations
CO-SPONSOR (if required)	n/a
PREPARED FOR:	President & CEO <input type="checkbox"/> Board of Directors <input checked="" type="checkbox"/> Other:
DATE PREPARED	December 2019

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

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

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

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

PURPOSE/ISSUE(S)

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

BACKGROUND

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

ANALYSIS/CURRENT STATUS

Ontario Fire Code

- The Hospital continues to provide an update on the use of HRM to relieve capacity issues to the Thunder Bay Chief of Fire Prevention.
- The Hospital's annual Fire Plan review was completed in April.
- The Hospital's annual Fire Inspection was completed in May.
- The Minimum Staffing Drill was completed in October with Thunder Bay Fire and Rescue.

Environmental Protection Act

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

Green Energy Act (Ministry of Energy)

- The annual energy reporting requirement commenced in July 2013. The annual submission was completed by July 1, 2019, along with a five year renewed plan.

RECOMMENDATION

N/A.

NEXT STEPS

N/A.

STAKEHOLDER REACTION

N/A.

COMMUNICATIONS

N/A.

FINANCIAL IMPACTS

N/A.

APPENDIX SECTION

N/A.