

## Board of Directors

### Open Meeting

April 3, 2024 at 5:00 pm

**IN PERSON:** TBRHSC Executive Boardroom, Level 3, Room 3043

**VIRTUAL OPTION for Board Directors:** Webex Connection as provided by email

### AGENDA

**Vision:** *Exceptional care for every patient, every time.*

**Mission:** *We provide quality Care to Patient and Families, supported and advanced by research, innovation and education that is responsive to the needs of the population of Northwestern Ontario.*

**Values:** *Diversity, Compassion, Excellence, Innovation, Accountability*

#	Time	Presenter	Item & Purpose	Expected Outcome				
				Recommendation /Decision/Action	Education	Discussion	Strategic Progress	Fiduciary Information
1.0	2		<b>CALL TO ORDER and WELCOME</b>					
1.1	2	G. Wickham	Land Acknowledgement & Chair's Remarks *					
1.2	2	G. Wickham	Report from the Chair *					X
1.3	1	G. Wickham	Quorum (9 members total required, 7 being voting)					
1.4	1	G. Wickham	Conflict of Interest					X
1.5	1	G. Wickham	Approval of the Agenda	X				
2.0	5		<b>PATIENT STORY – Dr. Jacobson</b>					
3.0			<b>PRESENTATIONS/EDUCATION</b>					
3.1	15	Dr. Crocker Ellacott J. Logozzo	Strat Plan 2026: Quarterly Progress Report *		X			
4.0			<b>CONSENT AGENDA – None</b>					
5.0			<b>REPORTS</b>					
5.1	10	Dr. Crocker Ellacott	Report from the President and CEO *					X
5.2	10	Dr. Jacobson	Report from the Chief of Staff *					X
5.3	10	A. Vinet	Report from the Chief Nursing Executive *					X
6.0			<b>FOR INFORMATION</b>					
6.1	-		Report from the Northern Ontario School of Medicine • <a href="https://report.nosm.ca/">https://report.nosm.ca/</a>					X
6.2	-		Report from the TBRHSC Foundation *					X
6.3	-		Environmental Compliance and Fire Safety Update *					X
7.0			<b>DATE OF NEXT MEETING – June 5, 2024</b>					
8.0			<b>ADJOURNMENT &amp; BREAK</b>					

#### Ethical Framework

TBRHSC is committed to ensuring ethically responsible practices that align with our philosophy/vision/mission/values. All workers should consider decisions from an ethics perspective including their impact on patients, staff and the community.

Does the course of action:

1. Promote **DIVERSITY** by fostering a people-centered environment that is inclusive of all?
2. Show **COMPASSION**, empathy & respect by acknowledging ourselves as learners in understanding the experiences of others, and by considering the needs, thoughts and feelings of those we serve and with whom we work?
3. Demonstrate **EXCELLENCE** by delivering the highest quality of services in every encounter and in all our work?
4. Foster **INNOVATION** by embracing continuous learning and improvement to drive positive change for our patients, staff, and communities?
5. Uphold **ACCOUNTABILITY** by sustaining and reinvesting in our mission and communities through wisely planning for and managing our resources?

For more detailed questions please refer to the Hospital's full Framework for Ethical Decision Making.

\* denotes attachment

**BOARD OF DIRECTORS (Open)**

**April 3, 2024 – DRAFT**

<b>Agenda Item</b>	<b>Committee or Report</b>	<b>Draft Motion or Recommendation</b>	<b>Approved or Accepted by:</b>
1.4	Agenda – April 3, 2024	"That the Agenda be accepted, as circulated."	Moved by: Seconded by:



## **Report from the Board Chair** *April 2024*

April 2024 marks an extraordinary chapter in our journey at Thunder Bay Regional Health Sciences Centre (TBRHSC), filled with significant milestones and vibrant initiatives. As I reflect on the past and look to the future, I'm thrilled to share with you the strides we've made and our vision moving forward.

On February 22, we celebrated a remarkable milestone—the 20th anniversary of TBRHSC. Since our doors opened in 2004, we've been on an upward trajectory, advancing healthcare in a myriad of ways. Our growth into the premier academic, tertiary hospital in Northwestern Ontario is a testament to our commitment to meeting the evolving care needs of our community, especially through unprecedented times like the COVID-19 pandemic. As the current Chair, I am deeply honoured to be a part of this legacy and extend my heartfelt gratitude to everyone who has been a part of our journey.

Our achievements over the past two decades reflect the combined efforts of our dedicated staff, volunteers, Patient Family Advisors, donors, community members, and health partners. Each of you has played a pivotal role in fostering excellence in healthcare at TBRHSC, and for that, we are profoundly thankful.

A shining example of our commitment to innovation is the provincial innovation award received by our Cancer Centre's Radiation Therapy Department from Ontario Health – Cancer Care Ontario. Their Remote Treatment Planning initiative exemplifies our dedication to providing accessible, advanced care options, showcasing the positive impacts of teamwork and forward-thinking.

Employee Recognition Week was a heartfelt expression of our appreciation for the relentless dedication of our staff, researchers, volunteers, and Patient Family Advisors. It's their unwavering commitment that enables us to provide exceptional care consistently. We also celebrated the recipients of the 2023 iCare Awards, acknowledging those who embody our mission, vision, and values, enriching the lives of our patients and their families.

Volunteer Recognition Week is an opportunity to honor the selflessness and generosity of our volunteers and Patient Family Advisors. Their contributions are invaluable, enhancing the care experience for patients and families and making TBRHSC a warm and welcoming place.



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April is *Be a Donor Month*, a crucial reminder of the life-saving power of organ and tissue donation. With the growing need for donations, we encourage everyone to consider the impact they can make. It's a conversation worth having with your loved ones.

As we move forward, our focus remains steadfast on our community—working collaboratively to ensure the safety and well-being of our patients and to maintain the availability of critical services. Our journey is far from over, but with your continued support, the future is bright.

Thank you for being an integral part of our story.

Gord Wickham,  
Chair, TBRHSC Board of Directors

# BRIEFING NOTE



TOPIC	SP2026 Report to Boards – 2023/24 Quarter 3 (Q3) Results
SUBMITTER NAME	Jessica Logozzo, VP, Strategy & Regional Transformation & Michael Del Nin, Director, Strategy & Performance
SUBMITTED BY <i>(name of TBRHSC Program /Service or IMS Branch)</i>	Strategy & Performance
APPROVED BY <i>(name of E/VP or IMS Section)</i>	Dr. Rhonda Crocker Ellacott, President and CEO
PREPARED FOR	President & CEO <input type="checkbox"/> Board of Directors <input checked="" type="checkbox"/> IMT <input type="checkbox"/> SLC <input type="checkbox"/> Other:
DATE PREPARED	March 18, 2024
REVIEWED BY DECISION SUPPORT <i>(if required)</i>	<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"/>
CO-SPONSER <i>(if required)</i>	

TBRHSC is committed to ensuring ethically responsible practices that align with our philosophy/vision/mission/values. All workers should consider decisions from an ethics perspective including their impact on patients, staff and the community.

Does the course of action:

- 1. Promote **DIVERSITY** by fostering a people-centered environment that is inclusive of all?
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- 5. Uphold **ACCOUNTABILITY** by sustaining and reinvesting in our mission and communities through wisely planning for and managing our resources?

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

## PURPOSE/ISSUE(S)

To provide a report to the TBRHSC and TBRHRI Boards on the status and results of Strategic Plan 2026 Initiatives and Strategic Indicators, as at 2023/24 Q3 (period from April 1, 2023 through December 31, 2023).

## BACKGROUND

Per the monitoring and accountability structure that was implemented at the start of the Strategic Plan 2026 (SP2026), regular updates for initiatives and strategic indicators continue to be prepared, distributed to and reviewed monthly by TBRHSC and TBRHRI leadership and quarterly by TBRHSC and TBRHRI Boards.

The 2023/24 Q3 corporate and divisional financial results, status of initiatives and strategic indicator results were reviewed by the TBRHSC and TBRHRI SP2026 leadership group (Senior Leaders; Directors and like; Physician Leaders; PFA; etc.) at the Q3 Strategic Performance Review Session on February 20, 2024. A summary of the organizational performance results was also shared across the organization as a follow up to this session, through a Staff Town Hall on February 21, 2024.

The results are reviewed and discussed quarterly by the TBRHSC Board, its sub-committees, and by the TBRHRI Board.

## ANALYSIS/CURRENT STATUS

Overall, at 2023/24 Q3 we continue to make steady progress on our strategic initiatives and performance against our strategic indicator targets.

### A. Highlights of Progress on Strategic Initiatives at 2023/24 Q3:

On December 31, 2023, there were 21 SP2026 initiatives (of 26 in total) in progress. Overall initiative status is as follows:

Strategic Direction	Initiative Status					
	Total	On Track	Somewhat Behind	Significantly Behind	Not Started	Complete
Equity Diversity & Inclusion	7	4			3	
Patient Experience	5	5			0	
Staff Experience	7	5			2	
Research, Innovation & Learning	3	3			0	
Sustainable Future	4	3	1		0	
<b>Total</b>	<b>26</b>	<b>20</b>	<b>1</b>	<b>0</b>	<b>5</b>	<b>0</b>

Highlight of initiatives are included in **Appendix A**.

### B. Highlights of Performance against Strategic Indicator Targets at 2023/24 Q3:

Ten strategic indicators were developed and approved by the TBRHSC and TBRHRI Boards to measure overall progress on SP2026. Highlights of strategic indicator results at Q3 are as follows:

Indicator	What Does This Mean	
<input checked="" type="radio"/> Number of patients who self-identify as Indigenous.	Already exceeded our 2026 target. Increased targets expected for Year 3.	At or better than target
<input type="radio"/> Percentage positive scores for Emergency and Inpatients on survey question related to "experience, views & beliefs acknowledged".	Monitoring baseline data. Target to be set once results have stabilized.	Slightly below target
<input type="radio"/> Percentage positive scores for Emergency and Inpatients on survey question related to overall experience.	Monitoring baseline data. Target to be set once results have stabilized and Ontario peer data are available.	Considerably below target
<input type="radio"/> Percentage of repeat Emergency visits for patients with targeted complex medical conditions.	Data tracking underway. Results reporting expected beginning 2023/24 Q4.	Target development underway or being refined
<input type="radio"/> Improvement in Inpatient harm for selected categories.	Indicator review underway for Year 3.	
<input type="radio"/> Percentage positive staff responses on Experience survey.	Staff & Professional Staff surveyed in Oct – Nov 2023. Results being reviewed, with reporting expected in 2023/24 Q4.	
<input type="radio"/> Number of opened investigator-initiated research studies informed by NWO population needs and applied to care.	Results lower than target, mainly due to difficulty in meeting "applied to care" criteria. Indicator refinement expected for Year 3. <i>NOTE: indicator is green if "applied to care" removed.</i>	
<input type="radio"/> Percentage positive scores for Emergency and Inpatients on survey question related to being made aware of research opportunities.	Monitoring baseline data. Target to be set once results have stabilized.	
<input type="radio"/> Percentage operating gross margin.	Below target, mainly due to salaries (incl overtime, sick time, and Bill 124 impacts), and medical/surgical/other supplies.	
<input checked="" type="radio"/> Percentage of NWO patients aligned with regional programs / services.	Results consistently better than target, so majority of patients cared for within NWO receive better and more coordinated care due to alignment with a regional program or service.	

**RECOMMENDATION / PROPOSED CHANGE(S)**

TBRHSC and TBRHRI Boards to endorse the SP2026 Report to Boards – 2023/24 Quarter 3 (Q3) results as noted.

**NEXT STEPS**

Continue regular reporting and monitoring.

Annual review cycle underway - Present final Year 2 report and Year 3-5 directions to Boards in June.

**CONSULTATION / STAKEHOLDER REACTION**

Internal stakeholders (leaders, staff, physicians, etc) received updates on results in February and March 2024.

**COMMUNICATIONS**

As noted above, the 2023/24 Q3 corporate and divisional financial results, initiative statuses and strategic indicator results were reviewed by the TBRHSC and TBRHRI leadership group at the Q3 Strategic Performance Review Session on February 20, 2024. A summary of results was also shared across the organization through a Staff Town Hall on February 21, 2024.

**FINANCIAL IMPACTS (WHERE APPLICABLE)**

N/A

**APPENDIX SECTION**

Appendix A – SP2026 2023/23 Q3 Joint Boards Report



# Strategic Plan 2026 2023/24 Q3 Board Report

TBRHSC & TBRHRI Board Meetings  
April 3 and 10, 2024



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# Objective

1. To provide an update on the status of Strategic Plan 2026 Initiatives and Strategic Indicators, as at 2023/24 Quarter 3



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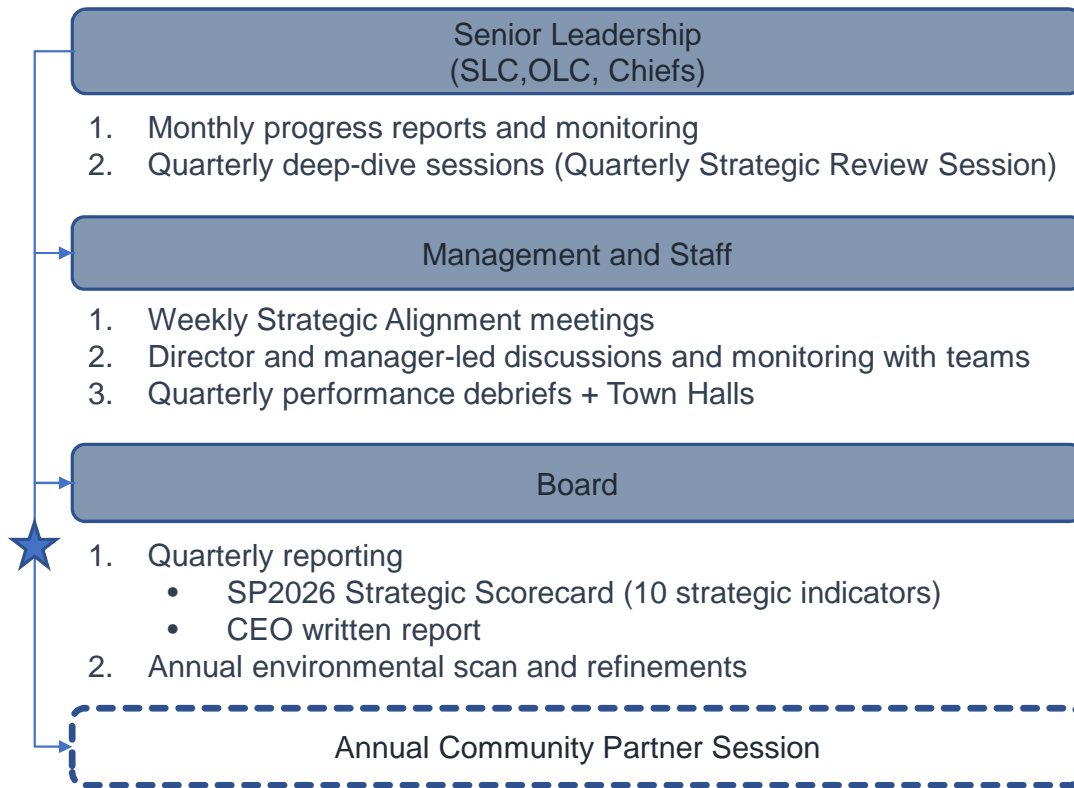
2

STRATEGIC PLAN

2026

# Cascading and Monitoring Our Plan

## Ensuring Accountability, Alignment and Focus



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# Strategic Plan 2026

## Overall Progress & Status Report to 2023/24 Q3

Strategic Direction	Initiative Status					
	Total	On Track	Somewhat Behind	Significantly Behind	Not Started	Complete
Equity Diversity & Inclusion	7	4			3	
Patient Experience	5	5			0	
Staff Experience	7	5			2	
Research, Innovation & Learning	3	3			0	
Sustainable Future	4	3	1		0	
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## 2023/24 Q3: Highlights of our progress and successes...

### Equity, Diversity, & Inclusion

We all belong

- EDI Steering Committee established and 3 meetings held to date with focus on terms of reference, goals and EDI issues.
- Communications hired Cultural Communication Specialist to support reporting re implementation of Truth & Reconciliation Call to Action.
- EDI policy & procedure review nearing completion, with final report and recommendations expected in 2023/24 Q4.
- ~1,300 (35%) of staff received Cultural Safety, Equity, Diversity & Inclusion (“Wake the Giant”) training. 2024/25 training focus is “Repairing the Sacred Circle: An Indigenous Health Primer”.

### Patient Experience

Empathy, compassion, and respect in every encounter

- Qualtrics patient experience survey system well established, response rates increasing and preliminary results reporting underway.
- Co-design framework development well underway, to be finalized in 2023/24 Q4.
- Unit level Quality Huddles expanded to include other clinical & support departments. Monthly Safety Huddle News jointly released by QRM & OHS.
- 2024/25 QIP development underway, to be completed in 2023/24 Q4.
- Medical Transition Clinic support for patients with CHF
- Addiction Medicine Consult Team hired additional RN. Education planning underway with anti-stigma video clips expected in 2024.

### Staff Experience

This is where we want to work, grow and thrive

- Psychological safety/wellness program trialed, facilitated by Canadian Mental Health Association.
- Employee and Professional Staff Engagement Survey completed.
- Re-established Health Human Resources working group with focus on workforce planning.
- Reviewing applicant and vacancy management software options to benefit vacancy monitoring, recruitment and onboarding strategies.
- Development of framework for values based recruitment underway.
- Leadership Development Framework developed, endorsed by Senior Leadership and Hospital community.

### Research, Innovation & Learning

Driven by the needs of our patients, our staff and our communities

- Business plan development & Permission to Contact initiatives progressing well and moving to next stage in 2023/24 Q3.
- Inclusion of project team members and project plan activities to promote and support research.

# 2023/24 Q3: Highlights of our progress and successes...



## • Digital Health

- Approval of NWO Health Record (NWOHR) Business Case completed, and Phase 0 beginning in Mar 2024.
- Work ongoing to understand needs of primary care and how to overcome obstacles.
- Regional Virtual Care Board approved to coordinate cross-regional work and to pro-actively draft a solutions design for digital health to complement the NWOHR.
- Planning well underway for business intelligence (BI) & analytics maturity review involving local and regional stakeholders, supported by an external facilitator and post-grad students.
- Second meeting of NW Digital Health Innovation Program Board planned, with focus on opportunities from Ontario Bioscience Innovation Organization (OBIO) Early Adopter Network.

## • Clinical Services Plan

- In preparation for engagement, additional and more granular volume forecasts and data analysis completed.
- Planning for internal and external stakeholder consultation underway.

## • Partnerships & System Integration

- Review of Standard Operating Practice PS-23 re Clinical Consultation for Most Responsible Physician completed.
- Process for regional patient repatriation being reviewed in consultation with regional stakeholders.
- Received Ministry of Health funding for Regional Specialized Services Network, with investments in Strategy & Performance staffing to support OHT and regional initiatives in completing number of projects which are now underway.

## • Sustainability & Accountability Framework

- Leads completed their draft sustainability & accountability frameworks, with further review planned in 2023/24 Q4.



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2026

# Strategic Indicators – Year 2 Performance to 2023/24 Q3

Indicator	What Does This Mean
<input checked="" type="radio"/> Number of patients who self-identify as Indigenous.	Already exceeded our 2026 target. Increased targets expected for Year 3.
<input type="radio"/> Percentage positive scores for Emergency and Inpatients on survey question related to “experience, views & beliefs acknowledged”.	Monitoring baseline data. Target to be set once results have stabilized.
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<input type="radio"/> Percentage of repeat Emergency visits for patients with targeted complex medical conditions.	Data tracking underway. Results reporting expected beginning 2023/24 Q4.
<input type="radio"/> Improvement in Inpatient harm for selected categories.	Indicator review underway for Year 3.

- At or better than target
- Slightly below target
- Considerably below target
- Target development underway or being refined



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# Strategic Indicators – Year 2 Performance to 2023/24 Q3

Indicator	What Does This Mean
○ Percentage positive staff responses on Experience survey.	Staff & Professional Staff surveyed in Oct – Nov 2023. Results being reviewed, with reporting expected in 2023/24 Q4.
● Number of opened investigator-initiated research studies informed by NWO population needs and applied to care.	Results lower than target, mainly due to difficulty in meeting “applied to care” criteria. Indicator refinement expected for Year 3. <i>NOTE: indicator is green if “applied to care” removed.</i>
○ Percentage positive scores for Emergency and Inpatients on survey question related to being made aware of research opportunities.	Monitoring baseline data. Target to be set once results have stabilized.
● Percentage operating gross margin.	Below target, mainly due to salaries (incl overtime, sick time, and Bill 124 impacts), and medical/surgical/other supplies.
● Percentage of NWO patients aligned with regional programs / services.	Results consistently better than target, so majority of patients cared for within NWO receive better and more coordinated care due to alignment with a regional program or service.

- At or better than target
- Slightly below target
- Considerably below target
- Target development underway or being refined



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# Annual Review and Report Back Process

- **February - May – Engagement (internal and external)**
  - ▶ Gather feedback; refine plan for Year 3-5
- **June – TBRHSC & TBRHRI Board meetings**
  - ▶ Present final Year 2 report and Year 3-5 directions
- **June – Annual Community Partner Session**



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# Questions & Discussion



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2026



## March 2024

Greetings, boozhoo, and bonjour.

Let me begin by briefly addressing the most recent Ontario Budget, tabled in the Legislature on March 26<sup>th</sup> as it could have positive implications on us here at TBRHSC.

In a very quick overview, the Finance Minister announced Ontario is spending billions on retroactive pay increases associated with Bill 124. The total extra compensation owed so far is reportedly about \$6 billion. As well, the province announced a 4% increase in base funding, part of \$965 million in additional support. Finally, the government is setting aside an extra \$2 billion to expand home and community care over the next three years. We anticipate more detail, context and analysis from the Ontario Hospital Association, over the coming days and a full individual briefing from Ontario Health in the coming weeks. Look for an update in my next report.

Moving along, I am pleased to report that since my last report, we have managed well throughout the Respiratory and Influenza season. Although we know there will likely continue to be times when we experience higher levels of impact, we are confident that our surge plans and infection control processes will support any significant changes in clinical activity.

Since September 2023, there have been 12 outbreaks within our Hospital and although trends in Influenza and Respiratory virus have been on the decline, we continue to track and expect a small uptick as a result of increased travel and indoor gatherings throughout the March break period.

In line with COVID-19 downward trends and Ontario Health direction, the COVID-19 Assessment Centre will be winding down. This direction is deemed necessary as a result of the decreased COVID-19 activity locally, which has resulted in decreased demand for testing and treatment services. As such, the final day of operations for the COVID-19 Assessment Centre will be March 31, 2024. Any ongoing COVID-19 testing and treatments will be ordered through Primary Care, with Remdesivir treatments to be delivered through Home and Community Care Support Services North West. We appreciate the enormous efforts put forward to establish this centre and all the support it provided during our response efforts throughout COVID-19.

The City of Thunder Bay is seeing a steady rise in the number of individuals grappling with substance use and addiction (SUA) issues. As a result, TBRHSC is witnessing significant negative impacts on patients, families, and healthcare providers throughout the system, as we struggle to adequately address the needs of this patient population. To support our clinical programs in a multidimensional approach, we are pleased to take a pledge to bring awareness to the need to break down stigma associated with substance use and addictions.



This time of year is when we designate a week to bring awareness to the fantastic and dedicated staff we have. Employee Recognition Week (ERW) this year brought a new event each day filled with moments where tokens of appreciation were provided. We appreciate the immense work and contribution by our staff all year long and we were pleased to be able to highlight it further throughout this week.

The Hospital and the Research Institute recognizes the efforts and value all staff, professional staff and volunteers that contribute to our organization. This year's iCare Impact Awards took place in March and we were amazed to hear the stories and learn more about our nominees. The award categories touched on all areas of the Strategic Plan and this year we had over 40 candidates nominated by their colleagues. We are proud of them all.

As mentioned in previous reports, we continue our efforts in advocacy for health human resources. We are hopeful that we will see tailored initiatives for recruitment of health human resources in Northwestern Ontario. We remain persistent in our discussions to highlight the need to have specific incentives for our Hospital and regional communities in order to attract and retain great people.

## Patient Experience

Empathy, compassion, and respect in every encounter



### Addictions Medicine Consult Nurse

As part of our 2026 Strategic Plan's focus on enhancing the patient experience at TBRHSC, we have dedicated efforts to establish a robust Addictions Strategy within our organization. On March 4<sup>th</sup>, we initiated our Addiction Medicine Consultation Service (AMCS). During this initial phase, the AMCS Nurse is available to offer support to patients dealing with problematic substance use or addiction-related issues. The service aims to provide education on managing and caring for substance use, personalized discharge planning, and referrals for those in need. To begin with, the AMCS will be accessible to and supportive of patients of all ages throughout the day Monday to Friday.

### Anti-Stigma Campaign

As part of the Substance Use & Addictions pillar of the Strategic Plan, the Anti-Stigma Campaign was launched to bring awareness to what stigma are within our Hospital, while providing education on the appropriate tools and strategies to ensure an inclusive and welcoming environment for all staff, patients, and their families.

Reducing stigma is crucial for creating a more inclusive and supportive environment that allows individuals to seek help, access appropriate treatment, and lead fulfilling lives. The program will help bring awareness and education around the language used when treating individuals with addictions and substance use disorders. The Hospital's commitment to this

campaign will support initiatives geared to enhancing the treatment for patients facing mental health and addictions.

## **Cardiovascular Surgery (CVS) Project Update**

In February 2024, Stage 2.3 – Contract Documents package was submitted to the Ministry that included detailed engineered drawings, specifications and tender documents for an open and competitive procurement of the construction project. Also in February, the Project Team on-boarded the Commissioning Agent for preliminary design review, developing the commissioning structure and planning. This agent will oversee the execution and performance of systems within the contract as a representative of the Hospital.

We are getting closer to our milestone for the open competitive tender process and to support the process, the Project Team has commenced drafting documents for public prequalification of General Contractors. This effort allows the Hospital to better understand current market conditions for the project, allows all potential bidders to express an early interest and will develop a qualified final bidder list.

In other exciting news, a third Hospital staff member is actively participating in the application cycle for the Cardiovascular Perfusion program cycle for intake August 2024. A compliment of four (4) Cardiovascular Perfusionists is required to operationally support the CVS program expansion. The role is key to CVS project success.

## **Emergency Department (ED) Triage Renovation Project Update**

The Ministry of Health has approved our combined Stage 1.2 - 1.3 submission for our ongoing Mental Health Emergency Services (MHES) ED Triage Renovation Project. We are now able to advance to the combined Stage 2.1 - 2.2 phase which is the Sketch Plan Report. The ongoing efforts and knowledge of the integrated project team has created a solid foundation for us to move forward with this stage, which includes preliminary architectural and engineering design drawings.

The final project will provide a safe, secure and appropriate space to improve the quality of care, privacy and comfort that patients and their families receive. This project includes the construction of a new reception area, security, registration and triage spaces, as well as enhanced clinical support and administration spaces. The overall result will also improve patient flow and allow for more staff movement. Our goal is to begin construction mid - 2025; however, this is difficult to predict as the project timeline is dependent on the Ministry of Health capital review and approval process.

## **Quality Huddles**

The implementation of Quality Huddles, led by Quality and Risk Management, have played a pivotal role in driving quality and safety to the forefront, and building capacity at the department level.



Quality Huddles are held once a week at minimum and provide a consistent forum for frontline staff and the interdisciplinary team to discuss patient safety and quality trends, opportunities for improvement and change ideas, support required from leadership, key performance indicators and to celebrate team successes.

The Quality Huddles were first implemented on the seven medical and surgical inpatient units starting in January 2023. Currently, they have expanded to nearly 30 departments (including non-clinical and outpatient areas) with plans underway to expand to potentially 10+ additional departments.

Through 2023, this included greater than:

- 450 huddles held;
- 4000 staff in attendance;
- 750 change ideas generated; and
- 450 change ideas implemented.

## Staff Experience

This is where we want to work, grow and thrive



## 2023 Employee and Professional Staff Engagement Survey Update

We are committed to make improvements based on the feedback received from our Employee and Professional Staff Engagement Survey conducted in December 2023.

To date, we have moved forward with assessing the data. Facilitated discussions have taken place with Administrative, Clinical, and Medical Directors and Chiefs at the Quarterly Strategic Review meeting; at the Staff Advisory Committee; at the Managers meeting and at a special forum where all Union leadership was invited. Feedback collected at these forums is being compiled for review by Senior Leadership to inform next steps to address each of the themes identified.

## Employee Recognition Week (ERW)

The first Friday in March is Employee Appreciation Day. This year, we planned our ERW event to coincide with this international event and held our ERW March 1<sup>st</sup> - 8<sup>th</sup>. Throughout this time, all staff and professional staff were celebrated and treated to small tokens of appreciation. Each day of ERW brought a new event with members of Senior Leadership, Directors and Managers handing out assorted treats at various times and locations. Initial feedback was very positive, with many smiles and positive sentiments throughout the week. Our appreciation for staff and professional staff extends beyond this event but by having this designated week, we are able to connect with many staff and show how much they are valued.



## iCare Impact Awards

In the week leading up to Employee Recognition Week, the iCare Impact Awards were announced. The awards are presented to staff that uphold the mission, vision and values of our organization and many were granted an award in recognition of their excellence and ongoing commitment to patient care.

### Research, Innovation, & Learning

Driven by the needs of our patients,  
our staff and our communities



## Health Research Speaker Series

Throughout the last few months, many clinicians, researchers and staff participated in events that align with our Strategic Plan 2026 – connecting research to the needs of the patients, staff and communities we serve. Throughout these series we were able to engage at all levels and further the learnings of these events beyond research.

## Patient and Family Centred Care and Applied Health Research Showcase

Continuing our commitment to connecting research to patient needs, the Patient and Family Centred Care Department recently presented at the SJCG Centre for Applied Health Research Showcase for improving continuity of care.

The team showcased their findings and presented strategies on the use of patient oriented discharge summaries (PODS) that included using additional educational resources to support discharge instructions through a Post-Discharge Liaison role. Using a combined approach has shown improvement for continuity of care and transitions for patients after visiting TBRHSC. Additionally, these strategies may help to prevent re-admission or adverse events in a post-discharge setting.

### Equity, Diversity & Inclusion

We all belong



## Seven Youth Inquest Political Table

Nishnawbe Aski Nation (NAN) hosted the 2024 Seven Youth Inquest Political Table on March 7<sup>th</sup>. The Table continues to work toward the inquest recommendations and has evolved through the years. Many organizations are part of the table which provides a forum for the Seven Youth Families and the First Nation partners (NAN; Northern Nishnawbe Education Council; Matawa Education & Care Centre; and Keewaytinook Okimakanak) to address the political leaders in the room. Additionally, the forum allows opportunity for the families to provide impact statements to the Political delegates and partners. TBRHSC



continues to regularly update NAN and partners on the current and future Hospital initiatives that support Indigenous youth and Indigenous health as a whole.

## Ontario Health (OH) and Indigenous Hospital Leaders

Ontario Health hosted the Indigenous Hospital Leaders Group in-person event on March 6<sup>th</sup>. This first in-person meeting included agenda items on establishing relationships; OH's Indigenous Quality Standards (focused on anti-Indigenous racism and cultural safety); OH's First Nations, Inuit, Métis, and Urban Indigenous (FNIMU) Health Framework and meeting Accountability Reporting requirements. A presentation from the Ontario Human Rights Commission was provided that included an overview and priorities.

### Sustainable Future

Ensuring our Healthy Future



## Advocacy and Ministry Affairs

Members of the TBRHSC Senior Leadership Team, along with members of the Noojmawing Sookatagaing Ontario Health Team (OHT), attended a Healthcare Roundtable hosted by MPP Kevin Holland on March 8<sup>th</sup>. At this table, our team strongly advocated for the unique needs of the population, including Indigenous people within the community and region. Throughout the meeting, we reaffirmed our previous request for support related to our recruitment and retention strategies that are specific to Northwestern Ontario. We continue to advocate for differentiated initiatives from the rest of the province that include: adjusting the current "Learn and Stay" program to a "Learn and Return" program specifically for the North; and, continuation of locum incentives and programs, differentiated for the North. Ongoing avenues for discussions will continue to support these requests.

On March 18<sup>th</sup>, TBRHSC along with representatives from the regional hospitals attended a follow-up meeting with Dr. Karima Velji, Chief of Nursing & Professional Practice & Assistant Deputy Minister, Ministry of Health. The follow-up discussions reiterated our previous asks that have been put forward to the Ministry regarding recruitment and retention for Northwestern Ontario. More information on the status of these requests is forthcoming.

## Parking Lot Update

In 2022, a parking study was completed to assess parking pressures at TBRHSC. As a result, it was determined that the CVS Expansion project, along with new tenants at 1040 Oliver Road, necessitated approximately 200 new parking spaces on campus to meet increased demand. The expansion of A2 Lot specifically addresses this capacity requirement.



Construction of the new parking lot has reached substantial completion with some final details being addressed. The lot opened for use at the end of March 2024. This project marks a significant enhancement to our campus parking capacity.

## **Staffing Schedules and Transition to UKG**

As communicated over the last several months, TBRHSC is set to embark on a new era of workforce management that provides managers and employees with direct access to the time and attendance information they need in real-time. In partnership with UKG Pro Workforce Management, a leader in staff scheduling software, we are striving to modernize the way we manage and schedule work.

In partnership with UKG, the TBRHSC Project Team has been working diligently to build a solid system that meets our employee and organizational needs. To ensure success and to avoid disruption to employees, thorough testing was completed to confirm system accuracy.

Starting March 25<sup>th</sup>, TBRHSC has moved forward with an organization-wide simulated Go-Live and Parallel Run using both the new UKG and legacy StaffRight scheduling systems. Over the last few months, mandatory training has taken place and numerous communications and resources have been developed to support the transition. Throughout the transition and upon going live, staff will be well supported and have opportunities to attend drop in sessions, discuss issues with team supports and have access to online resources.

## **Final Thoughts**

On February 22, 2024, we celebrated [20 years](#) since the first patient came through our Hospital doors. Thinking back on this day, we have come so far, we have grown, adapted, changed, introduced new programs, partnered locally and regionally, supported patients and families, and so much more - all in the spirit of our commitment to our mission, vision and values. Through our philosophy and commitment to patient and family centred care and our vision of exceptional care for every patient, every time, we will continue to push ourselves to better meet the needs of our community and region.

While we have been challenged throughout the past 20 years, on both a system and operational level (given COVID-19, capacity challenges and funding pressures), we have continued to seek out and create new opportunities to advance research, education, innovation, health equity, inclusion, approaches to diversity and overall care and services – in keeping with our strategic plan. The ongoing commitment, dedication and resilience of our staff, professional staff, volunteers, learners, researchers, partners, donors and community and region – is second to none.

Please join me in reflecting on where we have been, what we have learned, what we have accomplished and how we can continue to build on our successes.



## What Patients and Partners in Health are Saying

“ I remember the opening of the hospital well. My dad had a heart attack and was admitted to the Port Arthur General Hospital on Valentine’s Day. Within a week he was one of the first patients transferred to TBRHSC. So grateful to our hospital and staff. Congratulations on 20 years. ”

- Patient compliment, via TBRHSC’s Facebook page (February 2024)

“ Adrian McKee, an RN in TBRHSC’s Emergency Department, deserves to be recognized. I had the opportunity of watching him work recently during a visit to the ED. I’ve never seen a more caring and compassionate nurse. He couldn’t do enough to help people. ”

- Patient compliment, via TBRHSC’s Facebook page (February 2024)

“ I love Dr. Jumah! She has the best bedside manner and I was so relieved and excited when she delivered my son! ”

- Patient compliment, via TBRHSC’s Instagram page (February 2024)

“ Having been a patient at TBRHSC’s Emergency Department several times over the years I have no hesitation in saying that everyone there is talented and hard working. A world class team! ”

- Patient compliment, via TBRHSC’s Instagram page (February 2024)

“ Tony Scopacasa is an amazing person. I spent a considerable amount of time in 1A while I battled cancer and I looked forward to my daily chats with him. ”

- Patient compliment, via TBRHSC’s Facebook page (March 2024)

“ I cannot say enough good things about Debra Bishop. She is a wonderful human! She helped me through all three of my pregnancies. She always went above and beyond to give me the best care (and compassion), with all of my pregnancies and situations — from being a scared, young mom to having a natural birth with Crohn’s disease. You are so appreciated Deb!. ”

- Patient compliment, via TBRHSC’s Facebook page (February 2024)

“ I had a severe panic attack last summer and had to be sent to the hospital. I can’t remember every detail of what happened but all I can remember was how nice Nurse Adrian McKee was to me. It changed my perspective in life and since then I never forget that moment. It’s nice to finally know his name. Hopefully one day I get to see him around Thunder Bay and give him a handshake and thank him for being so compassionate to me during the darkest night of my life. I choose to live after that night. I choose life. Thank you, Adrian. ”

- Patient compliment, via TBRHSC’s Facebook page (February 2024)

“ A big thank you to Drew who was my nurse in the Emergency Department (ED). He took the time to fully explain things and answer all our questions, and was extra thoughtful in turning down the lights in my room, adjusting the door, and the curtains so that our infant could sleep more comfortably. My husband and I were impressed to hear Drew patiently reassure another patient down the hall who was being less than courteous. The job these nurses do at this hospital is amazing and we thank Drew and all ED staff for what they do. ”

- Patient compliment, submitted to Quality and Risk Management



**Chief of Staff Report**  
**to the**  
**Board of Directors**  
**Thunder Bay Regional Health Sciences Centre**  
**April 2024**

**Indigenous Cultural Safety Training**

A motion was passed at the February 27, 2024 Medical Advisory Committee that all existing Active Professional Staff will complete an approved Indigenous cultural safety course in the 2025, 2026 or 2027 credentialing cycles and submit a completion certificate, or provide proof of completion of an approved Indigenous cultural safety course in the past five years and that all new Active Professional Staff will complete an approved Indigenous cultural safety course within two years of being granted privileges and submit a completion certificate, or provide proof of completion of an approved Indigenous cultural safety course in the past five years.

**Health Human Resources**

The physician recruitment office has recently experienced a surge in activity as they have successfully recruited physicians in highly competitive specialties. This heightened demand for specialized healthcare professionals reflects the growing need for expert medical care in various fields, such as thoracic surgery, rheumatology and anaesthesia.

The recruitment process has required a strategic approach to attract talent in these competitive specialties, including leveraging professional networks, utilizing targeted marketing strategies, and offering competitive incentives. The success of the recruitment efforts can be attributed to the office's diligent efforts to identify and engage with qualified candidates and has been augmented by the support of engaged medical leadership. As a result of their proactive approach, the office continues to secure recruitment visits with specialists in areas of need. Notable upcoming recruitment visits include the following specialties: pathology, palliative care, infectious disease and several Canadian-trained anaesthetists.

**Staff Engagement**

A new initiative is supporting newly recruited physicians and their families by pairing them with a family practitioner within the first few weeks of their start date.

A family social event took place in December 2023 at Gammondale Farm during the holidays, which had a great turnout and positive feedback. Planning will be soon underway for the next social event.

New Professional Staff details are posted to the Medical Affairs web page. This includes: a photo of the physician, their specialty, practice address, phone and fax number.



All new furniture for the Professional Staff Lounge has been ordered and we are currently in the process of ordering accessories such as a television, art and new lighting.

We will be celebrating the Professional Staff Long Service Milestones of 2024 in the Professional Staff lounge on April 3, 2024. We will be serving coffee and baked goods.

Physicians' Day & Midwives' Day this year will be celebrated over the course of a week, which is tentatively scheduled for the week of April 29 - May 3. We are hoping to coordinate the Professional Staff lounge reveal during this time and we will be offering food, snacks and drinks throughout the week.

A Canadian Medical Protective Association (CMPA) Theatre Arts two day Program will be offered to our surgical staff (nurses and surgeons) tentatively scheduled for the fall.

### **Continuing Education**

The 2023/2024 Professional Staff Leadership Bursary applications were recently reviewed and payment is underway to all successful applicants.

Chief of Departments will be offered additional resources to support them in their leadership roles.

### **Safety Reporting**

A tracking tool has been created to assist with monitoring and tracking the outcomes of potential concerns that involve Professional Staff such as reports submitted through the Safety Reporting and Compliments and Concerns consoles.

This quality improvement initiative provides a number of benefits, including the ability to review all open and closed cases in one document, and filter by a variety of headings such as type of report, physician name, department name etc.; the ability to review all open and closed cases with incoming Department Chiefs, so they are aware of prior history within their department; the ability to be aware of an individual physician's prior history within one report and support addressing recurring concerns using progressive discipline; the ability to track the number of cases submitted by department per month to identify trends; the ability to track how cases are closed each month (e.g. no further action, education, non-disciplinary letter of counsel, disciplinary letter and action, or process follow up to gauge where practice is at overall); tracking outstanding open reports to ensure they are closed in the expected timelines; and greater adherence to MS-04 Performance Management - Professional Staff.

Additionally resources have been created and provided to Department Chiefs to ensure accountability for physician practice and consistency in the process of investigating, determining outcomes, documenting and completing recommendations.



## Chief Nursing Executive (CNE) Open Report to the Board of Directors *April 2024*

### Recruitment

#### 2024 New Graduate Hire

- The new graduate spring hire process has begun. To date 73 Registered Nurse candidates have accepted employment at our organization.
- The Practical Nursing Program has a later graduation date therefore, interviews for Registered Practical Nurses (RPN) were completed in March for 16 applicants. The leadership team is reviewing the interview material and will be offering the RPNs positions over the next several weeks.
- The spring hire new graduate posting remains open and additional applicants will be offered interviews as they apply.

### Discovery Day

- Last year our organization participated in Discovery Day. Discovery is a one-day virtual event with high school students from across Northern Ontario hosted by the Canadian Medical Hall of Fame in conjunction with NOSM University.
- The event provides grade 10-12 students with the opportunity to explore a variety of career options in medicine and the health sciences.
- High school students gain a clearer picture of what it would be like to be a health professional by interacting with researchers, clinicians and educators.
- In 2023, 13 professions from our organization participated: Pharmacy Technician, Pharmacist, Respiratory Therapy, Social Work, Spiritual Care, Bioethics, Clinical Laboratory Scientist, Psychology, Child Youth Worker, Medical Radiation Technologist, Diagnostic Medical Sonographer, Laboratory Services, Registered Cardiology Technologist. Given the positive response we will once again participate in this year's event.



**Thunder Bay Regional  
Health Sciences  
Foundation**

980 Oliver Road  
Thunder Bay ON  
P7B 6V4 Canada

TEL: 807 345 4673  
FAX: 807 684 5802  
TOLL FREE: 1 877 696 7223



Northern  
Cancer Fund



Northern  
Cardiac Fund



Health Sciences  
Discovery Fund

## **Report to the Thunder Bay Regional Health Sciences Centre Board of Directors March 2024**

### ***Foundation Upcoming Events***

#### **The Bachelor's for Hope 25<sup>th</sup> Anniversary: Firefighters Edition**

The Bachelor's for Hope Auction, sponsored by Ascend, is back for its 25<sup>th</sup> year with an exciting twist – Firefighters Edition. Get ready to step into a sizzling evening of charity as our local brave firefighters take center stage to raise money for the Northern Cancer Fund. The event is happening on Friday, May 31<sup>st</sup> 2024 at the Valhalla Inn. Last year the total raised was \$80,000, and we are hoping to turn up the heat for the 25<sup>th</sup> anniversary event.

#### **Motorcycle Ride for Dad**

Rev up your engines and cruise for a cause for the Motorcycle Ride for Dad in support of the Northern Cancer Fund for Prostate Health. The tour is taking place June 15<sup>th</sup> at the Victoria Inn, with a registration BBQ happening on Saturday May 11<sup>th</sup>. This event is open to all motorcycle enthusiasts who share our passion for creating a positive impact. Ride with us for prostate health and help to make a difference, one mile at a time.

### ***Foundation Update***

We are continuing to work on our Operational Plan for 2024-2025. Foundation program leads will be presenting their Operational Plan on April 23<sup>rd</sup> 2024 to the Foundation's Development Committee. In this process, we will be reviewing program changes, timelines and potential dates for future events.

#### **Capital Equipment Grants for the Thunder Bay Regional Health Sciences Centre**

The Thunder Bay Regional Health Sciences Foundation has put a call out for grant applications for the 2024/2025 cycle. The final date to submit is Friday March 29<sup>th</sup> 2024. Last year, 33 grants were submitted ranging from \$3,000 to over \$2,000,000, which resulted in a cumulative total of over \$7.2M.

#### **Thunder Bay Online and In Store 50/50 – April 2024 Draw**

We are thrilled to announce that the Thunder Bay 50/50 has had a 7-month streak from September 2023 to March 2024 of creating millionaires! We are also excited to share that we have extended our 50/50 Store for another 14 months in the Intercity Shopping Centre.

April Draw – Spring into generosity and win big this April with our 50/50 draw! Purchase your tickets for a chance to win the estimated Grand Prize of \$1,000,000 happening on April 26<sup>th</sup>. There are a total of 7 early bird draws, including ten bonus blitz draws of \$1,000 each. Proceeds will fund vital tools such as equipment for exceptional cancer care.

**OUR MISSION: To inspire people of Northwestern Ontario to give generously to advance our healthcare at  
Thunder Bay Regional Health Sciences Centre.**



**Thunder Bay Regional  
Health Sciences  
Centre**

# BRIEFING NOTE



TOPIC	Fire & Environmental Compliance Update
SUBMITTER NAME	Ryan Sears
SUBMITTED BY <i>(name of TBRHSC Program /Service or IMS Branch)</i>	Ryan Sears, Director, Capital & Facility Services
APPROVED BY <i>(name of E/VP or IMS Section)</i>	Peter Myllymaa, Vice President, Operations, Clinical & Support Services & Chief Financial Officer
PREPARED FOR	President & CEO <input type="checkbox"/> Board of Directors <input checked="" type="checkbox"/> IMT <input type="checkbox"/> SLC <input checked="" type="checkbox"/> Other:
DATE PREPARED	March 4, 2024
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"/>
CO-SPONSER (if required)	N/A

TBRHSC is committed to ensuring ethically responsible practices that align with our philosophy/vision/mission/values. All workers should consider decisions from an ethics perspective including their impact on patients, staff and the community.

Does the course of action:

- 1. Promote **DIVERSITY** by fostering a people-centered environment that is inclusive of all?
- 2. Show **COMPASSION**, empathy & respect by acknowledging ourselves as learners in understanding the experiences of others, and by considering the needs, thoughts and feelings of those we serve and with whom we work?
- 3. Demonstrate **EXCELLENCE** by delivering the highest quality of services in every encounter and in all our work?
- 4. Foster **INNOVATION** by embracing continuous learning and improvement to drive positive change for our patients, staff, and communities?
- 5. Uphold **ACCOUNTABILITY** by sustaining and reinvesting in our mission and communities through wisely planning for and managing our resources?

For more detailed questions please refer to the Hospital's full 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 the 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 Hogarth Riverview Manor (HRM) to relieve capacity issues to the Thunder Bay Chief of Fire Prevention as warranted. The Lease is valid until August 2024.
- The Hospital's annual Fire Plan review was submitted in March 2023. Ongoing updates and consults are done with Thunder Bay Fire and Rescue (TBFR) for projects if needed. The annual Fire Plan update is due March 31, 2024.

- The Hospital’s annual Fire Inspection (including record inspection) occurred June 28, 2023. No violations or orders received. The next scheduled inspection will occur in May/June 2024.
- The Vulnerable Occupancy annual Minimum Staffing Drill with Thunder Bay Fire and Rescue (TBFR) took place on October 12, 2023. Overall, the drill was successful. No orders received. The next scheduled drill will occur in Fall 2024.

**Environmental Protection Act**

- There are no outstanding orders for the Environmental Compliance Approvals (ECAs) for air emissions, noise or storm water. The Cardiovascular Surgery project Air & Noise Feasibility Assessment was completed in July 2023 and determined to be compliant. No additional noise controls are expected for the expansion. This will be submitted as part of the project to the Ministry of the Environment for approval.

**Energy Related Reporting**

- The annual energy reporting requirement commenced in July 2013 based on the Electricity Act - O. Reg. 507/18. Submitted for 2023. The annual submission is due June 30, 2024.
- Output-Based Pricing System (OBPS) emissions reporting based on Regulations as per Environment and Climate Change Canada. Submitted for the 2022 reporting year an excess emissions units have been reconciled. The 2023 reporting year submission is due May 2024.
- Monthly report to Canada Revenue Agency (CRA) on fuel usage per Emissions Performance Standards (EPS) requirements ongoing as per the Greenhouse Gas Pollution Pricing Act.

**RECOMMENDATION / PROPOSED CHANGE(S)**

N/A.

**NEXT STEPS**

N/A.

**CONSULTATION / STAKEHOLDER REACTION**

N/A.

**COMMUNICATIONS**

N/A.

**FINANCIAL IMPACTS (WHERE APPLICABLE)**

N/A.

**APPENDIX SECTION**

N/A.

**For Use by Section Head/at IMT/SLC**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Approved by Section Head            | <input type="checkbox"/> Approved by IMT            | <input type="checkbox"/> Approved by SLC            |
| <input type="checkbox"/> Approved with edits by Section Head | <input type="checkbox"/> Approved with edits by IMT | <input type="checkbox"/> Approved with edits by SLC |
| <input type="checkbox"/> Not approved by Section Head        | <input type="checkbox"/> Not approved by IMT        | <input type="checkbox"/> Not approved by SLC        |

Summary of decision/feedback:

Date:  
Signature Section Head/Incident Manager/EVP/CEO:

# Thunder Bay Regional Health Sciences Centre **Framework for Ethical Decision Making**



Thunder Bay Regional  
Health Sciences  
Centre

## Introduction

The ethical commitments of Thunder Bay Regional Health Sciences Centre (TBRHSC) are grounded in its Philosophy, Vision, Mission and Values.

### Philosophy:

Patients at the centre of everything we do.

### Vision:

Exceptional care for every patient, every time.

### Mission:

We provide exceptional Care to Patients and Families, supported and advanced by research, innovation and education that is responsive to the needs of the population of Northwestern Ontario.

## Values:

### Diversity

We foster a people-centred environment that is inclusive of all.

### Compassion

We show empathy, compassion and respect by acknowledging ourselves as learners in understanding the experiences of others, and by considering the needs, thoughts and feelings of those we serve and with whom we work.

### Excellence

We deliver the highest quality service in every encounter and in all our work.

### Innovation

We embrace continual learning and improvement to drive positive change.

### Accountability

We sustain and reinvest in our mission and communities by wisely planning for and managing our resources.

*For additional support and guidance please contact the Bioethicist.*



The Framework for Ethical Decision Making is a tool which helps us further integrate these basic ethical statements into our decision making at TBRHSC.

## Range of Decisions Informed by the Framework

The framework is meant to inform and guide decisions from the Boardroom to the bedside, including but not limited to decisions made by: the Board and its committees; Senior Leadership; Program and Service Directors; All teams and committees; Managers and Supervisors; Privileged Medical Staff; Educators; and Researchers.

The framework should inform and guide all decisions made at TBRHSC, including but not limited to: program approval, review expansion or cancelling; policy approval and review; human resource management; financial management; strategic planning; organizational development; public relations/marketing; and others.

## How to Use the Ethics Framework

1. Articulate the proposed decision and alternatives.
2. Ask, using the check list below, how the proposed decision supports the Mission, Vision, and each of the organization's Values.
3. Select the option that aligns best with our Mission, Vision and Values.

Note: A decision which does not, at least partially, uphold the Mission is inappropriate. If the decision does not express all or most of our Values, or contradicts some of them, other options need to be considered. An exemption must be fully defensible.

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# MISSION & VISION

## Exceptional care for every patient, every time

We provide exceptional Care to Patients and Families, supported and advanced by research, innovation and education that is responsive to the needs of the population of Northwestern Ontario.

Does the course of action uphold the hospital's Mission and Vision?

YES

NO

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*For additional support and guidance please contact the Bioethicist.*

# VALUES

## Diversity

We foster a people-centred environment that is inclusive of all.

1

Is the course of action guided by the values and expectations of stakeholders (e.g. patients, families, staff etc.)?

YES

NO

2

Have we considered the needs and impact on internal and external stakeholders (e.g. patients, families, staff, community, etc.)?

YES

NO

3

Was there a fair consultation process about the course of action including representation of those who are most affected and most vulnerable or marginalized?

YES

NO

4

Does the course of action address a significant need of our patients, our community, or our staff?

YES

NO

Notes/comments

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## Compassion

We show empathy, compassion and respect by acknowledging ourselves as learners in understanding the experiences of others, and by considering the needs, thoughts and feelings of those we serve and with whom we work.

1

Does the course of action demonstrate due consideration for the dignity, autonomy, and rights of stakeholders?

YES

NO

2

Is the course of action sensitive to the diverse needs, interests, feelings and expectations of stakeholders? (eg: cultural, religious, and socioeconomic backgrounds)?

YES

NO

3

Does the course of action provide a reasonable accommodation for individual needs, preferences, and expectations of our patients? (e.g. Indigenous healing practices)

YES

NO

4

Does the course of action mitigate the impact of systemic barriers and inequities - including systemic racism?

YES

NO

Notes/comments

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*For additional support and guidance please contact the Bioethicist.*

# Excellence

We deliver the highest quality service in every encounter and in all our work.

1

Does the course of action support Evidence Based Practice?

YES

NO

2

Will the outcome meet or surpass applicable standards?

YES

NO

3

Does an evaluation of the evidence support this course of action?

YES

NO

Notes/comments

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# Innovation

We embrace continual learning and improvement to drive positive change.

1

Will the course of action advance the hospital as a leader in patient and family centred care?

YES

NO

2

Does the course of action encourage and support learning and/or research?

YES

NO

Notes/comments

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*For additional support and guidance please contact the Bioethicist.*

# Accountability

We sustain and reinvest in our mission and communities by wisely planning for and managing our resources.

1

Will the course of action promote the trust of patients, families, staff, and the public, in our organization?

YES

NO

2

Is the course of action publicly defensible?

YES

NO

3

Is there a fiscal impact on our organization?

YES

NO

Is the fiscal impact compatible with our other important fiscal commitments?

YES

NO

Is the financial commitment a prudent use of public resources?

YES

NO

Notes/comments

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*Anyone can request ethics consultation or support.*

To ask for a consultation or to learn more, please call:

Monday-Friday – 8:30 am -4:30pm  
Bioethicist – **684-6538**

Evenings/Weekends/Holidays:

Switchboard – **684-6000**  
(Switchboard will contact the person on call)