



Board of Directors

Open Meeting

December 3, 2025 at 5:00 pm

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

VIRTUAL OPTION for Board Directors: Teams 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				
				/Decision/Action	Recommendation	Education	Strategic Progress	Discussion
1.0	2	CALL TO ORDER and WELCOME						
1.1	2	P. Lang	Land Acknowledgement & Chair's Remarks					
1.2	2	P. Lang	Report from the Chair *					X
1.3	1	P. Lang	Quorum (9 members total required, 7 being voting)					
1.4	1	P. Lang	Conflict of Interest					X
1.5	1	P. Lang	Approval of the Agenda		X			
2.0	5	PATIENT STORY – Justin Garofalo, Vice President of Facilities, Capital Planning & Support Services and Chief Financial Officer						
3.0	PRESENTATIONS/EDUCATION							
3.1	15	Dr. Crocker Ellacott J. Logozzo	Strat Plan 2026: Quarterly Progress Report *			X		
3.2	30	Dr. Crocker Ellacott J. Garofalo	Facilities Planning Update *			X		
4.0	CONSENT AGENDA							
4.1	-		Board of Directors Open Minutes – October 1, 2025 *		X			
4.2	-		Wages & Source Deductions Attestation – Q2 2025-26 *					
5.0	REPORTS							
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	FOR INFORMATION							
6.1	-		Report from the TBRHSC Foundation *					X
6.2	-		Report from the Northern Ontario School of Medicine University (next report will be available for February 2026)					-
6.3	-		Environmental Compliance and Fire Safety Update *					X
7.0	DATE OF NEXT MEETING – February 4, 2026							
8.0	ADJOURNMENT & BREAK							

Ethical Framework

#	Time	Presenter	Item & Purpose	Expected Outcome			
				/Decision/Action	Education	Discussion	Strategic Progress
			<p>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.</p> <p>Does the course of action:</p> <ol style="list-style-type: none"> 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? <p>For more detailed questions please refer to the Hospital's full Framework for Ethical Decision Making.</p>				

* denotes attachment

BOARD OF DIRECTORS (Open)

December 3, 2025 – DRAFT

Agenda Item	Committee or Report	Draft Motion or Recommendation	Approved or Accepted by:
1.4	Agenda – December 3, 2025	“That the Agenda be accepted, as circulated.”	Moved by: Seconded by:
4.0	Consent Agenda	“That the Board of Directors: 4.1 Approves the Board of Directors Open Minutes of October 1, 2025; 4.2 Accepts the Q2 2025-2026 Wages and Source Deduction Attestation for the Thunder Bay Regional Health Sciences, as presented.”	Moved by: Seconded by:



Report from the TBRHSC Board Chair

December 2025

As we conclude 2025, I am proud to reflect on a year marked by resilience, innovation, and unwavering commitment to our mission of delivering exceptional care to every patient, every time. Over the last year, Thunder Bay Regional Health Sciences Centre (TBRHSC) has continued to advance clinical excellence, strengthen operational performance, and invest in our people and infrastructure. The achievements stand as a testament to the dedication of our staff, the leadership of our senior team, and the steadfast support of our Board of Directors. Together, we have not only met the demands of today but have also laid a strong foundation for the future of compassionate, patient-centered care.

We are proud to welcome five new physicians this last quarter: Drs. Barbara Gunka (Hematologist), Elham Talachian (Paediatrician), Mohamed Elkoushy (Urologist), Siavosh Nasseri-Moghadda (Gastroenterologist) and Rasoul Javan (Cardiologist). These highly skilled physicians have joined our team of professionals committed to innovation, collaboration, and the highest standards of clinical practice. Their expertise, compassion, and dedication to excellence will complement our existing professional staff and continue to advance our mission to provide patient-centered care to the people of Northwestern Ontario. Please join us in welcoming them to our community.

Other exciting news from this past month includes the announcement of \$22,815,488 in grants from the Thunder Bay Regional Health Sciences Foundation. The funds will be used to purchase essential equipment at TBRHSC and regional hospitals. This represents the largest single commitment the Foundation has ever made — made possible through the remarkable generosity of donors, event participants, and Thunder Bay 50/50 supporters. Thank you to our donors for their incredible generosity, and to the Health Sciences Foundation for their dedication to enhancing care in our region.

This month, we celebrate International Volunteer Day (December 5). Volunteers are an essential part of our Hospital community, generously sharing their time and talents to enhance the lives of our patients, families, and staff. I would like to take this opportunity to recognize and extend a heartfelt thank you to all our dedicated volunteers for their invaluable contributions.

To further enhance care, one of the key goals within our Strategic Plan 2026 is to build a *Sustainable Future* to ensure our health future. As part of this commitment, we aim to inspire the next generation to pursue careers in health care.

Recently, TBRHSC hosted two exciting events: Take Our Kids to Work Day and the Indigenous Career Experience that introduced local students to the wide range of possibilities available in health care. Take Our Kids to Work Day is an annual experiential learning opportunity for Grade 9 students across Ontario. During their visit, students toured various Hospital departments, gaining insight into different health care professions and volunteer opportunities. Similarly, during the Indigenous Career Experience, students explored diverse roles within TBRHSC and participated in hands-on activities designed to spark curiosity and connection to the health care field.

Through these initiatives, we hope to ignite a passion for helping others and encourage students to envision themselves as future health care professionals — contributing to a sustainable future and ensuring the health of generations to come.



Thunder Bay Regional
Health Sciences
Centre

980 rue Oliver Road
Thunder Bay ON
P7B 6V4 Canada

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

As we move into 2026, I extend my sincere appreciation to our staff, professional staff, learners and volunteers for their continued dedication and professionalism. Together, we will build on this year's progress and remain focused on delivering the highest quality of health care to the people of Northwestern Ontario. On behalf of the Board, I wish everyone continued success in the year ahead.

Patricia Lang

Chair, Board of Directors

Thunder Bay Regional Health Sciences Centre

Exceptional Care for every patient, every time.

STRATEGIC PLAN

2026

BRIEFING NOTE



TOPIC	SP2026 Report to Boards – 2025/26 Quarter 2 results
SUBMITTER NAME	Jessica Logozzo, VP, Strategy & Regional Transformation
SUBMITTED BY (name of TBRHSC Program)	Strategy & Performance
APPROVED BY	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	November 14, 2025
REVIEWED BY DECISION SUPPORT (if required)	<p>Does this have financial impacts to the hospital's budget? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>If yes, has a Decision Support Analyst been consulted on this briefing note? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/></p>
CO-SPONSER (if required)	

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:

- Promote **DIVERSITY** by fostering a people-centered environment that is inclusive of all?
- 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?
- Demonstrate **EXCELLENCE** by delivering the highest quality of services in every encounter and in all our work?
- Foster **INNOVATION** by embracing continuous learning and improvement to drive positive change for our patients, staff, and communities?
- 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 of Strategic Plan 2026 (SP2026) initiatives and strategic indicators, at 2025/26 Quarter 2 (July 1, 2025 through September 30, 2025).

BACKGROUND

Per the monitoring and accountability structure that was implemented for Strategic Plan 2026 (SP2026), regular updates for initiative statuses and strategic indicator results are prepared, distributed to and reviewed quarterly by TBRHSC and TBRHRI leadership and then by the TBRHSC Board and its sub-committees, and the TBRHRI Board.

ANALYSIS/CURRENT STATUS

Overall, at 2025/26 Q2 continued progress has been made both on strategic initiatives and performance against strategic indicator targets.

A. Highlights of Progress on Strategic Initiatives at 2025/26 Q2:

On September 30, 2025, there were 20 SP2026 initiatives (of 26 in total) in progress. Nearly all initiatives (19 of 20) are on track, with only one initiative tracking moderately behind their expected timelines. Six initiatives have been completed with others tracking for completion in this fiscal year.

A breakdown of overall initiative status is as follows:

SP2026 Direction / Enabler	Initiative Status					
	Total	On Track	Slightly Behind	Significantly Behind	Not Started	Complete
Equity Diversity & Inclusion	7	4				3
Patient Experience	5	4				1
Staff Experience	7	5	1			1
Research, Innovation & Learning	3	2				1
Sustainable Future	4	4				
Total	26	19	1	0	0	6

Highlights of initiatives are included in [Appendix A](#).

B. Highlights of Performance against Strategic Indicator Targets at 2025/26 Q2:

Ten strategic indicators were developed and approved by the TBRHSC and TBRHRI Boards to measure overall progress on SP2026. A scorecard report for the SP2026 strategic indicators is included in [Appendix B](#).

Highlights of the strategic indicator results for 2025/26 Q2 are as follows:

- Continuing to exceed new target for the number of patients that self-identify as Indigenous.
- Exceeding target for the number of staff that have participated in “Repairing the Sacred Circle” an Indigenous Cultural Awareness and Education Primer (SLC, Managers and Staff)
- Meeting target for the number of staff who completed “Wake the Giant”, an Indigenous cultural safety training program.
- Exceeding target for overall positive experience ratings for Inpatient & Emergency Department patients.
- 30 day inpatient readmission rate for Congestive Heart Failure. Q2 results continue to fluctuate; not meeting target. *Preliminary results
- Fluctuations in this data continue year over year due to multiple primary and secondary factors (patient population, staffing, locum coverage and volumes, documentation). Working with Decision Support to determine root causation and areas to focus on for improvement. *Preliminary results
- Final data results from HSO Global Workforce Survey in progress.
- Exceeding target for number of investigator-initiated research studies informed by Northwestern Ontario population needs.
- Below target for number of participants enrolled in a clinical trial in 2025/26.
- Not meeting target for percent operating gross margin. New target is 0%.
- Exceeding target for the proportion of patients aligned with regional programs/services. *Preliminary results.

RECOMMENDATION / PROPOSED CHANGE(S)

TBRHSC and TBRHRI Boards endorse the 2025/26 Q2 report, as presented.

BEST PRACTICE & EVIDENCE

Not applicable.

NEXT STEPS

Continuation of current Leadership reviews and related actions.

CONSULTATION

List the names and titles of those who were consulted, the level in which they were consulted and indicate if they endorse the proposed changes.

Name & Title	Level of Engagement (i.e. Informed, Engaged, Collaborator)	Engagement Outcome (Endorsed, Not Endorsed)
Pascal Rivest – Manager, Decision Support & Case Costing	Collaborator (provided data)	Endorsed
Senior Leadership Council	Informed & Engaged	Endorsed
Operational Leadership Council	Informed & Engaged	Endorsed

COMMUNICATIONS

The 2025/26 Q2 corporate and divisional financial results, status of initiatives and strategic indicator results were provided to the TBRHSC and TBRHRI SP2026 leadership group (Senior Leaders; Directors and like; Physician Leaders; PFA; etc.) via the Strategic Performance Review Session package on November 13, 2025. A summary of the organizational performance results will also be shared at the Staff Town Hall on November 26, 2025 and will be supported by a "Celebrating Our Progress" poster that is augmented by department visits and social media updates.

Quarterly updates will be provided to the general public following the Board meeting.

FINANCIAL IMPACTS

There are no financial impacts related the request

APPENDIX SECTION

1. SP2026 2025/26 Q2 Results Presentation
2. SP2026 2025/26 Q2 Strategic Indicator Results Report



Strategic Plan 2026

2025/26 Q2 Report

Joint Board Presentation
December 2025



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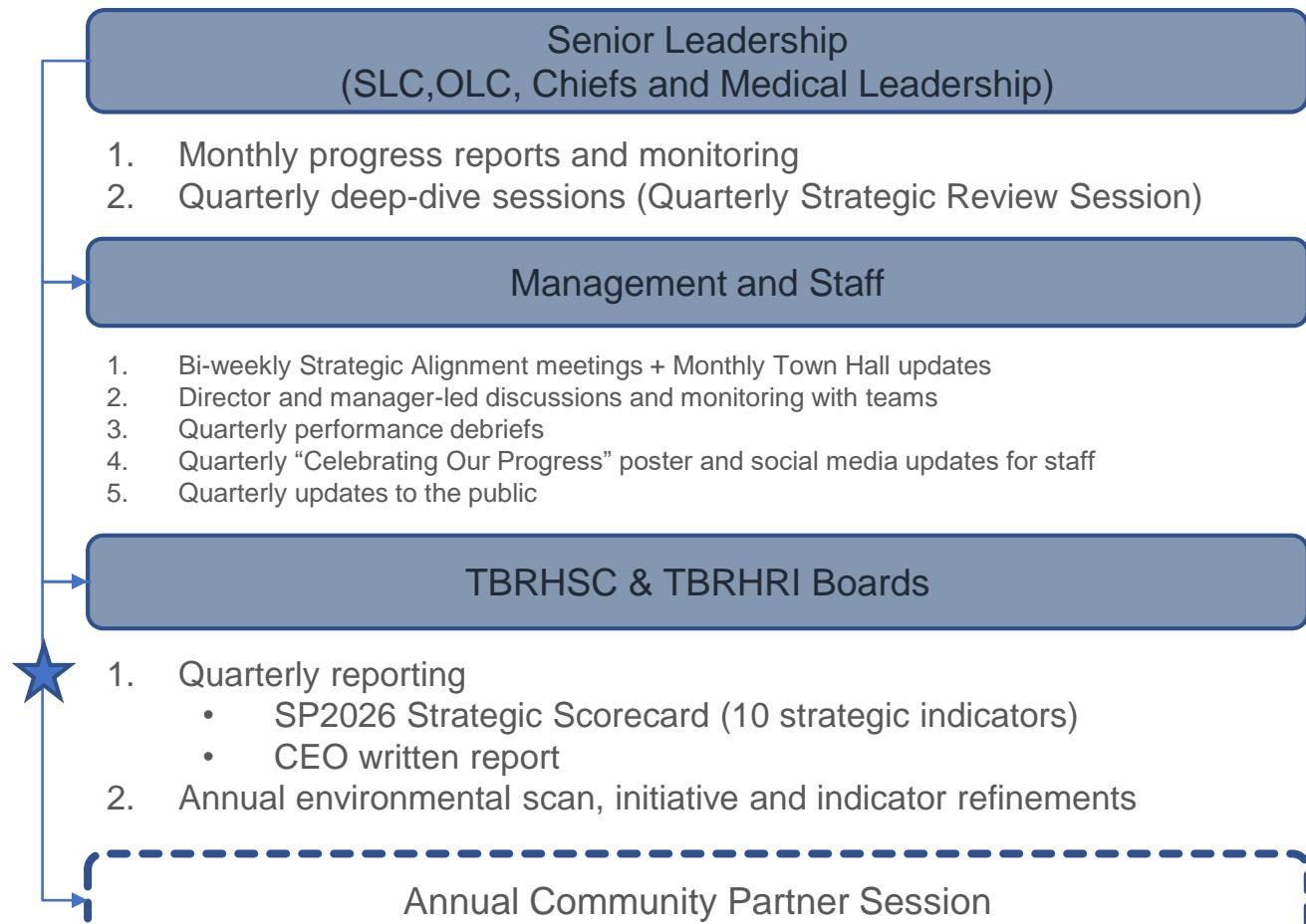
Cascading and Monitoring Our Plan

Ensuring Accountability, Alignment and Focus



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Overall Progress & Status Report to 2025/26 Q2

SP2026 Direction / Enabler	Initiative Status					
	Total	On Track	Slightly Behind	Significantly Behind	Not Started	Complete
Equity Diversity & Inclusion	7	4				3
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2025/26 Q2: Highlights of our progress and successes...

**Equity,
Diversity, &
Inclusion**

We all belong

Cultural Safety Training

- Completed Phase 1 of the Cultural Safety Training Action Plan, including an environmental scan, current state assessment, and a training resource document.
- Project Team is moving into Phase 2 with a clearly defined process for piloting trainings: EDI 101 training and Indigenous Health training.
- Built partnership with Roaming Education for Staff (REFs) to implement micro training sessions to frontline staff, units, and departments.
- Met training targets for Repairing the Sacred Circle and Wake the Giant cultural training.
- EDI Intranet page and communication plan are in development.

STRATEGIC PLAN

2026

2025/26 Q2: Highlights of our progress and successes...

Patient Experience
Empathy, compassion, and respect in every encounter

Patient and Family Centred Care

- Continued progress on expanding NOD to NODDING (Name, Occupation, Do, Develop trust through Interacting, Noticing, and being Genuine).

Substance Use and Addictions Strategy

- Advancement of Patient Oriented Education Tool for Problematic Alcohol Use and Alcohol Use Disorder and Opioid Use Disorder; to go live in Fall 2025.

Falls Prevention

- The Falls Prevention Committee has revisited the patient/family falls education handout ("Am I At Risk For Falls") and will be highlighting the Meals on the Way – Make Room for the Tray campaign as an upcoming REFS topic.
- Targeted projects for falls continue to progress to support the falls indicator which includes the Mobility Pilot and Purposeful Rounding Research Project

Quality Huddles

- Quality Huddles expanded to 6 additional areas (Health Records x 4, IT Network Operations, EDI & Spiritual Care) bringing the total to 66.

STRATEGIC PLAN

2026

2025/26 Q2: Highlights of our progress and successes...

Staff Experience
This is where we want to work, grow and thrive

Workplace Violence

- Two of the eight working groups have completed their recommendations and deliverables (PPE and documentation of behavioural status). A Post-Incident debrief working group has recently been launched.

Just Culture

- Engagement phase is complete, guiding principles have been endorsed, and policy updates are moving forward. Work is now focusing on toolkit development.

Healthy Workplace Strategy

- As part of the Joy in Work framework, a 90-day 'What Matters to You?' conversations pilot was launched to support leaders in building trust, enhancing psychological safety, and identifying workplace challenges and opportunities for improvement.
- In September, 351 staff members participated in Wellness Moments across 30 sessions. The theme, 'Coping with Stress in the Workplace', focused on practical stress management strategies.
- This past quarter, 143 new hires attended orientation and participated in Your Health Space sessions, delivered by the Canadian Mental Health Association. These sessions emphasized the importance and value of psychological health and safety at TBRHSC and its connection to occupational health and wellness.
- Approval was received to proceed with Health Space for Leaders, a component of the Fostering Well-Being through Leadership training series, scheduled for October.

Leadership Development

- The 2025 Grow Strong Leadership Evaluation is nearly complete, with a 93% completion rate, surpassing previous years. The team has started exploring ways to improve feedback and evaluation, showing strong momentum toward process improvement.

STRATEGIC PLAN
2026

2025/26 Q2: Highlights of our progress and successes...

Research, Innovation & Learning

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

- Environmental scan focusing on financial sustainability health research was completed in September.
- Progress being made on making publications accessible.

STRATEGIC PLAN

2026

2025/26 Q2: Highlights of our progress and successes...



Digital Health

- Electronic Health Record project remains on schedule and on budget.
 - Strong increase in involvements over this quarter as Working Groups begin and expand membership as required.
 - Staff and subject matter experts from across the twelve hospitals have been working with the Project Team to review clinical work flows and validate the content that will lay the foundation for building Meditech Expanse for the North West Region. This work has helped define which modules and functionalities will be implemented at each partner organization.
 - Regular Program communications been launched to keep everyone informed and updated on Program progress and activities. This includes bi-weekly "Bridge Bytes", quarterly newsletters, and social media posts.

Clinical Services Plan and Master Plan/Master Program

- Hospital Care and Academic mandates complete and presented at SLC, OLC and Quarterly Strategic Performance Review meeting. Mandates will now be used to align recommendations with current operational plans and emerging strategic plans and implement through a phased approach.
- Work is progressing well on Master Plan/Master Program. Stage 1.2 Proposal (Part A) complete.



Strategic Indicator Results for 2025/26 Q2

 Continuing to exceed new target for the number of patients that self-identify as Indigenous.

 Exceeding target for the number of staff that have participated in “Repairing the Sacred Circle” an Indigenous Cultural Awareness and Education Primer (SLC, Managers and Staff)

 Meeting target for the number of staff who completed “Wake the Giant”, an Indigenous cultural safety training program.

 Exceeding target for overall positive experience ratings for Inpatient & Emergency Department patients.

 30 day inpatient readmission rate for Congestive Heart Failure. Q2 results continue to fluctuate; not meeting target. *Preliminary results

 Fluctuations in this data continue year over year due to multiple primary and secondary factors (patient population, staffing, locum coverage and volumes, documentation). Working with Decision Support to determine root causation and areas to focus on for improvement. *Preliminary results

 Final results from HSO Global Workforce Survey in progress.

 Exceeding target for number of investigator-initiated research studies informed by Northwestern Ontario population needs.

 Below target for number of participants enrolled in a clinical trial in 2025/26.

 Not meeting target for percent operating gross margin. New target is 0%.

 Exceeding target for the proportion of patients aligned with regional programs/services. *Preliminary results.

Questions



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SP2026 Initiatives	Strat #	Indicator	SIC	2024/25 Fiscal												2025/26 Fiscal												Monthly Results Trending since Apr 2023	Observations, Reasons, & Mitigations											
				Apr-24	May-24	Jun-24	24/25 Q3	Jul-24	Aug-24	Sep-24	24/25 Q2	Oct-24	Nov-24	Dec-24	24/25 Q3	Jan-25	Feb-25	Mar-25	2024/25 Q4	24/25 Annual Target	24/25 Target	24/25 Actual	24/25 Variance	24/25 YTD % Variance (for YTD period only, if applicable)	Apr-25	May-25	Jun-25	25/26 Q1	Jul-25	Aug-25	Sep-25	25/26 Q2	25/26 Annual Target	25/26 Target	25/26 Actual	25/26 Variance	25/26 YTD % Variance (for YTD period only, if applicable)			
Equity, Diversity & Inclusion	Strat-1	# of patients & staff who self-identify as Indigenous	Dr. M. Laperrière	18,785	19,512	19,578	19,578	19,875	20,128	20,436	20,436	20,810	21,081	21,312	21,312	21,614	21,908	22,121	22,121	19,500	19,500	22,121	2,621	13.4%	22,440	22,676	22,886	23,220	23,496	23,753	23,900	21,295	23,753	2,468	13.5%		As noted below.			
	Strat-1a	# of staff who self-identify as Indigenous	Dr. M. Laperrière	64	64	64	64	64	64	76	76	77	78	78	78	80	82	84	84	64	64	84	20	11.3%	84	85	85	83	83	90	90	90	90	90	13	16.0%		New target established for 2025/26. Results continuing to exceed target.		
	Strat-1b	# of patients who self-identify as Indigenous	Dr. M. Laperrière	18,721	19,248	19,514	19,514	19,811	20,064	20,360	20,360	20,738	21,003	21,234	21,234	21,534	21,826	22,037	22,037	19,496	19,496	22,037	2,601	13.4%	22,356	22,591	22,803	23,137	23,406	23,663	23,900	21,218	23,663	2,445	13.5%		New target established for 2025/26. Results continuing to exceed target.			
	Strat-2a.1	% Sacred Circle completion: SLC	Dr. M. Laperrière	n/a	90.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	91.0%	91.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%		Target unchanged for 2025/26. Results declined somewhat in 2025/26 Q1 due to changes in SLC membership, but now meeting target as training has completed.				
	Strat-2a.2	% Sacred Circle completion: Managers et al	Dr. M. Laperrière	n/a	23.7%	28.2%	28.2%	34.4%	35.8%	38.2%	38.2%	41.2%	46.6%	51.1%	51.1%	54.2%	58.8%	62.1%	50.0%	61.1%	22.1%	62.0%	63.0%	68.0%	68.0%	77.0%	79.0%	79.0%	79.0%	75.0%	62.5%	79.0%	16.5%	26.4%		New target established for 2025/26. Results continuing to exceed target.				
	Strat-2a.3	% Sacred Circle completion: Staff	Dr. M. Laperrière	n/a	1.4%	2.1%	2.1%	2.4%	2.8%	3.1%	3.1%	3.7%	4.2%	4.6%	4.6%	6.5%	8.1%	9.0%	8.0%	15.0%	15.0%	9.0%	(6.0%)	(40.0%)	12.0%	12.0%	15.0%	15.0%	17.0%	19.0%	19.0%	15.0%	7.5%	19.0%	11.5%	153.3%		Target unchanged for 2025/26. Results exceeding target.		
	Strat-2b	% staff who completed "Wake the Giant" training	Dr. M. Laperrière	n/a	68.41%	69.5%	69.5%	71.2%	72.9%	72.6%	72.6%	73.2%	77.0%	79.3%	79.3%	80.8%	83.2%	88.7%	88.7%	90.0%	90.0%	88.7%	(1.3%)	(1.4%)	89.20%	89.6%	89.8%	89.9%	90.1%	90.2%	90.2%	90.0%	78.2%	90.2%	12.0%	15.4%		2025/26 results improved steadily, now exceeding target.		
	Strat-3	% positive (top box) survey responses on patient experience - Inpatients & Emergency Dept	A. Vinet	67.0%	59.3%	55.9%	60.7%	52.1%	57.5%	58.0%	55.9%	58.1%	55.8%	68.0%	60.0%	61.3%	41.5%	55.1%	49.3%	51.6%	51.6%	56.7%	5.1%	9.8%	53.2%	56.3%	64.0%	57.8%	54.2%	54.4%	60.8%	56.5%	51.6%	51.6%	57.2%	5.5%	10.7%		2025/26 results have improved over 2024/25 actual average. Performance is better than target.	
Patient Experience - Evolution of PCQC	Strat-3a	% positive (top box) survey responses on patient experience - Inpatient	A. Vinet	79.5%	64.5%	66.7%	70.2%	57.6%	57.0%	59.4%	58.0%	53.8%	57.2%	92.2%	67.4%	53.0%	46.6%	56.7%	52.1%	59.8%	59.8%	61.5%	2.1%	3.5%	47.5%	59.60%	67.0%	57.0%	58.0%	65.5%	59.6%	64.6%	63.2%	59.8%	59.8%	60.6%	0.8%	1.4%		2025/26 results are slightly below 2024/25 actual. Collection methodology has changed slightly to increase responses through use of short surveys collected via QR codes posted in patient units.
	Strat-3b	% positive (top box) survey responses on patient experience - Emergency Dept	A. Vinet	58.8%	61.5%	43.8%	54.7%	39.3%	58.1%	56.0%	51.1%	69.2%	54.1%	50.0%	57.8%	49.4%	32.6%	52.9%	45.0%	46.9%	46.9%	52.1%	5.2%	11.1%	55.0%	53.4%	60.0%	56.5%	46.1%	53.5%	58.5%	52.4%	46.9%	46.9%	54.4%	7.5%	15.9%		2025/26 results have improved vs actual results of 2024/25. Collection methodology has changed slightly to increase responses through use of short surveys collected via QR codes posted in inpatient units.	
Patient Experience - Focus on Quality	Strat-4	% cumulative improvement in inpatient harm incidents for targeted categories	J. Wintemans	64.1%	80.7%	66.2%	70.3%	76.6%	70.3%	82.8%	76.6%	115.9%	105.5%	79.8%	100.0%	72.4%	107.6%	99.3%	93.1%	97.8%	97.8%	85.0%	12.8%	13.1%	95.2%	120.0%	107.6%	107.6%	99.3%	202.4%	1.0%	97.8%	97.8%	100.4%	(7.3%)	7.5%		Fluctuations in this data continue year over year due to multiple primary and secondary factors (patient population, staffing, location coverage and volumes, documentation). Working with Decision Support to determine root causation and areas to focus on for improvement.		
Patient Experience - Coordination & Support for Staff	Strat-5	30-day patient readmission rate for Congestive Heart Failure	A. Vinet	11.1%	23.3%	20.8%	22.8%	42.7%	36.0%	35.4%	44.0%	26.6%	9.1%	4.2%	24.7%	6.9%	12.0%	24.7%	13.4%	16.5%	16.5%	0.9%	5.2%	25.8%	31.8%	26.7%	27.5%	21.4%	22.3%	21.4%	21.4%	16.5%	18.5%	16.5%	16.5%	(42.2%)	1.0%	10.7%		2025/26 target unchanged. For 2025/26, changed from operational to strategic indicator. 2025/26 results are mixed and preliminary. Preliminary results are worse than target.
Strat-6	% overall positive staff responses on experience survey	A. Vinet	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a		2025/26 results are slightly below 2024/25 actual. Accreditation Canada Global Workforce Survey now underway and expected to be complete later in 2025.				
Strat-7	% overall positive staff responses on Accreditation Canada Global Workforce survey	A. Vinet	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a		Results are better than target.				
Research, Innovation & Learning	Strat-7	# open investigator-initiated research studies informed by NWO population needs	Dr. C. Mischkau	n/a	n/a	6	6	n/a	n/a	7	7	n/a	n/a	13	13	n/a	n/a	19	19	10	10	19	9	90.0%	n/a	n/a	6	6	n/a	n/a	9	9	12	3	9	6	200.0%		Results are below target.	
Strat-8	# participants enrolled in a clinical trial in current year	Dr. C. Mischkau	n/a	n/a	62	92	n/a	n/a	211	211	n/a	n/a	246	246	n/a	n/a	258	258	140	140	258	118	84.3%	n/a	n/a	5	5	n/a	n/a	8	8	140	35	8	(17)	77.1%		2025/26 target reduced to 0% in anticipation of more difficult financial environment. Overall negative variance is largely due to shortfall in Most OH revenue, and negative variances in salaries & benefits, and medical & payroll subsidies, which are partially offset by a significant positive variance in supplies & other expenses.		
Sustainable Future - Operational Sustainability & Accountability	Strat-9	% operating gross margin	J. Garofalo	(8.09%)	(14.37%)	(3.28%)	(2.20%)	(3.61%)	(2.23%)	(1.34%)	(0.05%)	3.34%	3.34%	2.64%	2.50%	1.96%	1.96%	1.80%	1.80%	0.16%	8.9%	6.65%	(2.33%)	(1.42%)	(1.42%)	(1.88%)	(1.86%)	(0.70%)	0.00%	0.00%	(0.70%)	0.00%	(0.70%)	0.00%		Results trending				
Strat-10	% of NHO patients aligned with regional programs/services	J. Linton	49.5%	49.3%	50.0%	49.5%	49.4%	51.0%	49.1%	42.8%	30.4%	48.0%	49.7%	47.3%	49.3%	47.4%	50.0%	50.0%	48.5%	48.5%	52.0%	51.2%	51.5%	50.5%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%		Results trending		

Investing in Exceptional Care: Hospital Improvements

Capital & Facility Services

December 2025



Thunder Bay Regional
Health Sciences
Centre

Exceptional **Care** for every patient, every time.

Patient Rooms



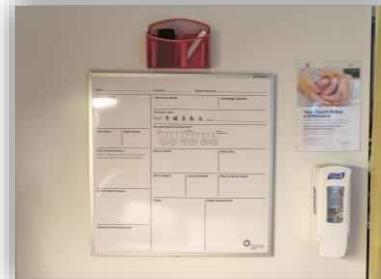
Patient Rooms



- ✓ New paint and wall protection
- ✓ New bedside tables
- ✓ New visitor cushions and tabletop
- ✓ New whiteboards
- ✓ New privacy curtains
- ✓ New window blinds
- ✓ New privacy curtains
- ✓ Upgraded shower bars



Exceptional **Care** for every patient, every time.



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Patient Rooms



Impact

- Creates a cleaner, more modern healing environment
- Enhances patient comfort and privacy
- Improves staff communication with patients with updated whiteboards
- Reduces wear and tear with upgraded surfaces and wall protection
- Supports improved patient-experience and family satisfaction



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Exceptional **Care** for every patient, every time.

ICU Waiting Area



Thunder Bay Regional
Health Sciences
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ICU Waiting Area



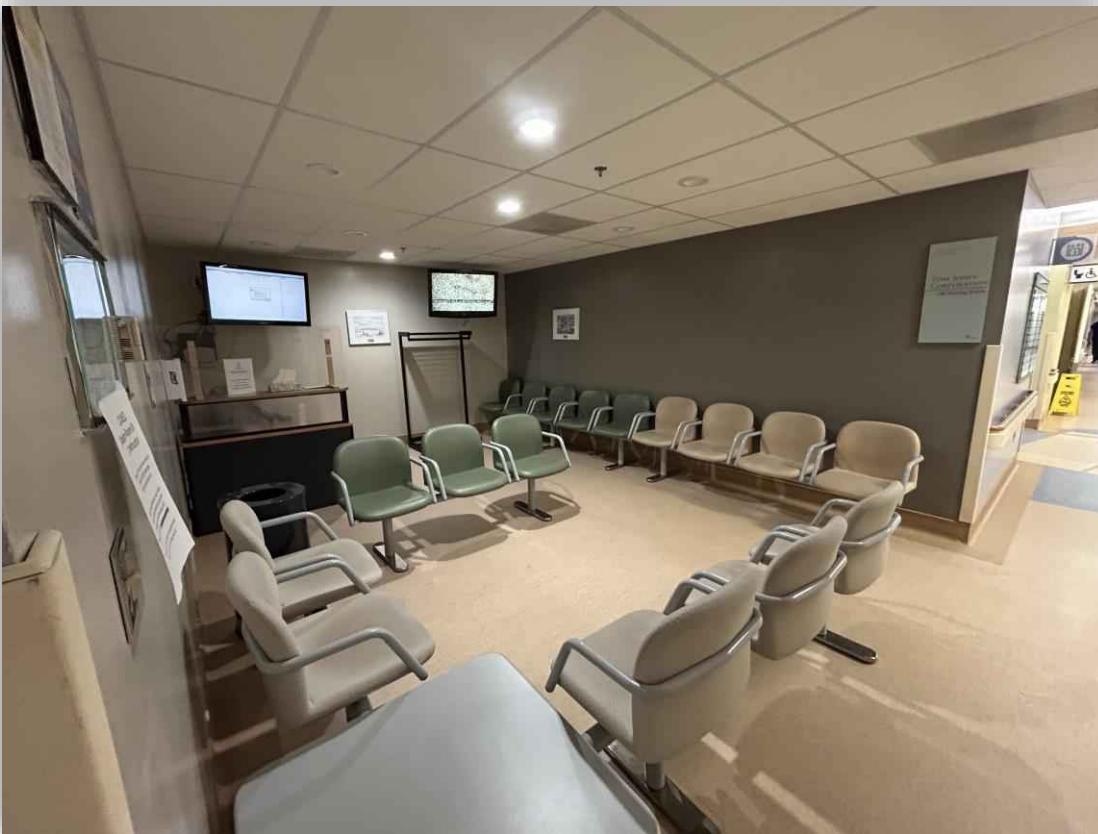
- ✓ New paint
- ✓ New furniture



Impact

- Enhances family comfort and satisfaction during long waits
- Improves the perceived quality of care

OR Waiting Area



Exceptional **Care** for every patient, every time.

OR Waiting Area



Impact

- Enhances patient and family comfort and satisfaction
- Improves the perceived quality of care



- ✓ New paint
- ✓ New furniture
- ✓ New artwork



Exceptional **Care** for every patient, every time.

Terrazzo Floor Remediation

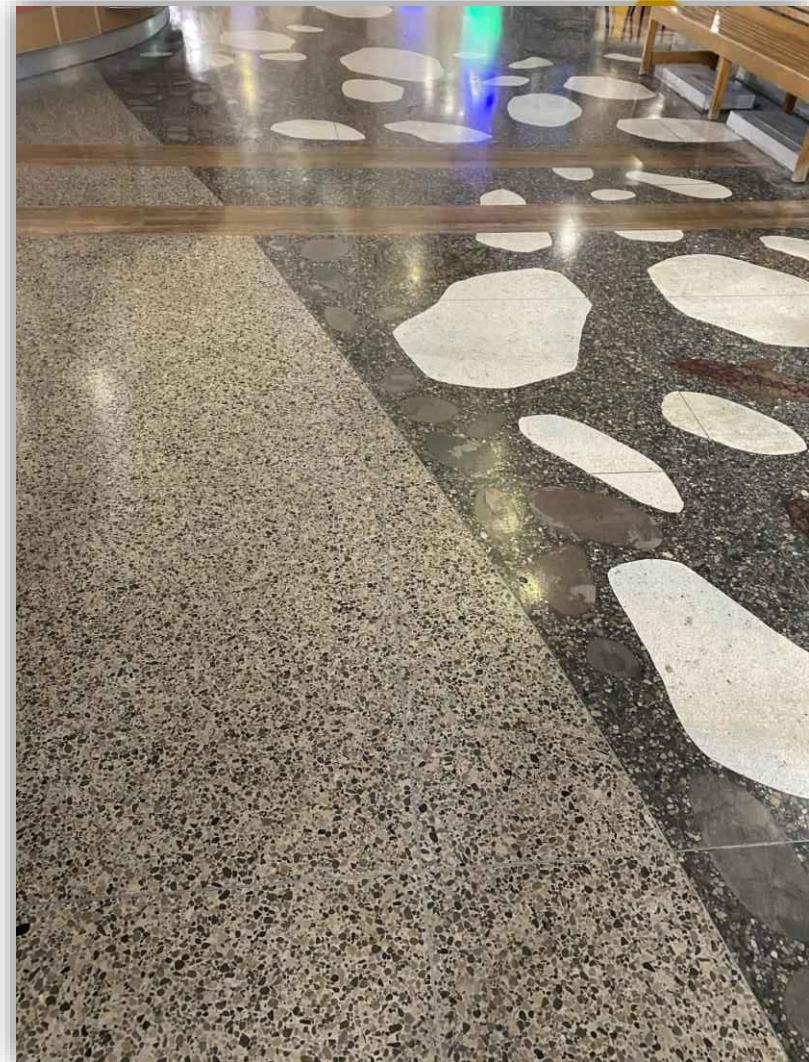


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Exceptional **care** for every patient, every time.

Terrazzo Floor Remediation

- ✓ Repair and restoration of worn, pitted, damaged terrazzo flooring
- ✓ Polishing and sealing to return floors to original condition as best possible



Impact:

- Enhances safety by removing trip hazards and improving traction
- Significantly improves aesthetics in high-traffic areas, contributing to a more professional appearance
- Reduces long-term maintenance costs

Staff Lounge, Level 3



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STRATEGIC PLAN
2026

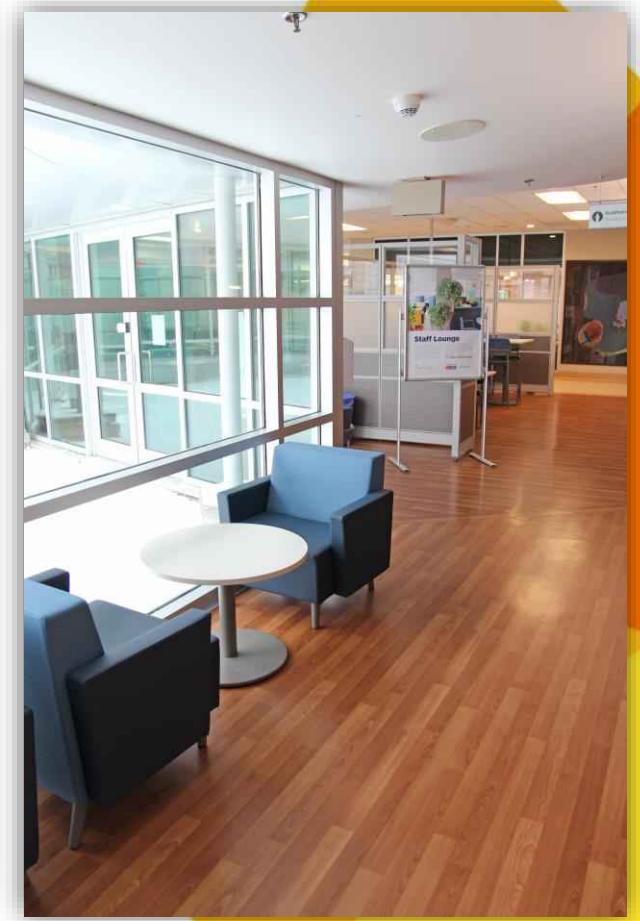
Exceptional **Care** for every patient, every time.

New Staff Lounge, Level 3



- ✓ Complete refresh of the area, flooring, and paint
- ✓ New furnishings, enhanced layout
- ✓ Multiple seating arrangements
- ✓ Visible privacy
- ✓ New water filler

New Staff Lounge, Level 3



Impact:

- Supports staff wellness and morale
- Offers a dedicated respite space for breaks and recovery during demanding shifts
- Reinforces our organizational commitment to staff experience

Wayfinding & Signage



- ✓ Comprehensive redesign and installation of wayfinding
- ✓ Standardized signage across departments and public areas
- ✓ Colour coded blocks on each level

Improved Wayfinding & Signage



Improved Wayfinding & Signage



Impact:

- Reduces patient and visitor confusion and frustration
- Improves overall patient experience and first impressions
- Enhances accessibility and AODA compliance

Improved Wayfinding & Signage



- ✓ Larger, more visible signage
- ✓ Prominently placed, can be seen from afar
- ✓ Maintains the animal coding (seniors) and alpha-numeric (standard)
- ✓ Digital speed signs on roadways (coming soon)



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Renal Pod E Expansion



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Renal Pod E Expansion



- ✓ Larger space
- ✓ Dedicated accessible WR
- ✓ New privacy partitions
- ✓ New nurses station



Impact:

- Increased hemodialysis capacity by 5 stations
- Enhanced patient experience

New Linac

✓ New Elekta Versa HD Linear Accelerator



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3T MRI Upgrade

- ✓ MRI Magnet Replacement
- ✓ Room refresh, flooring, enhanced lighting



CVS Expansion



- ✓ 60,000 square foot expansion
- ✓ Hybrid Operating Room
- ✓ 14-bed Cardiovascular Surgery Unit (CVSU)
- ✓ 6-bed Coronary Care Unit (CCU)
- ✓ Outpatient Cardiovascular Care Clinic
- ✓ State-of-the-art equipment, improved workflow design, enhanced sterility measures

Impact:

- Future state-of-the-art surgical environment
- Brings cardiovascular care to Thunder Bay

Other Improvements

- ▶ Physician Lounge Refresh
- ▶ New Learner's Lounge
- ▶ OR MIS Upgrades
- ▶ Neonatal Transport Unit
- ▶ Accessibility upgrades to WRs on L1-3
- ▶ Nurse Call Upgrade
- ▶ Patient Wandering and Infant Protection

Upcoming Improvements

- ▶ ED Triage Area Renovation
- ▶ Centralization of Scope Reprocessing
- ▶ Access Control and Video Surveillance Upgrade
- ▶ Refresh of Common Areas – Corridors and Waiting Rooms
- ▶ CAMHU Safe Room
- ▶ CT Scanner Replacement
- ▶ Fluoroscopy System Replacement
- ▶ Mammography #2 Replacement
- ▶ ED Trauma Rooms
- ▶ Cancer Centre and Specialty Pharmacy Renovations
- ▶ Continue Wayfinding & Signage
- ▶ Continue Accessibility Upgrades
- ▶ Refresh of outpatient areas

Thank You!



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Board of Directors – *Open*

Wednesday, October 1, 2025 at 5:00pm

In Person at TBRHSC and via Webex (Board Directors only)

Action

Present:

Patricia Lang (Chair)	Dr. Rhonda Crocker Ellacott*	Christine Bates
Charles Campbell	Dr. Andrew Dean	Matthew Aiken
Joy Wakefield	Michael Pelletier	James Peotto
Gord Wickham	Kimberly Ferris	Marla Morrison
Matt Simeoni	Dr. Michael Green	Dr. Brad Jacobson*

By Invitation:

Elena Arena, *Recording Secretary*
Justin Garofalo, *Vice President, Facilities, Capital Planning & Support Services*
Jennifer Wintermans, *Vice President, Clinical Services, Quality & Corporate Affairs*
Dr. Chris Mushquash, *Vice President, Research*
Jessica Logozzo, *Vice President, Regional Transformation & Integration*
Jeannine Verdenik, *Vice President, People & Culture*
Dr. Adam Exley, *Vice President, Medical Affairs*
Dr. Miranda Lesperance, *Vice President, Indigenous Collaboration, Equity & Inclusion*
Dr. Steve Adams, *Chair, Board of Directors, Thunder Bay Regional Health Sciences Foundation*
Sean Davies, *Vice Chair, Board of Directors, Thunder Bay Regional Health Sciences Foundation*
David Kubinec, *Chair, Finance and Audit Committee, Board of Directors, Thunder Bay Regional Health Sciences Foundation*
Glenn Craig, *President & CEO, Thunder Bay Regional Health Sciences Foundation*

Regrets:

Adam Vinet* Dr. Armour Boake*

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

1.1 Chair's Remarks

The Chair opened with a land acknowledgement and welcomed Board members, Hospital Vice Presidents, and guests to the first meeting of the new term.

1.2 Quorum – Quorum was attained.

1.3 Conflict of Interest - None

1.4 Approval of the Agenda

Motion

Moved by: *Joy Wakefield*



Seconded by: **Dr. Michael Green**

"That the Agenda be approved, as circulated."

CARRIED

2.0 PATIENT STORY

A patient story was shared to recognize the collaborative efforts of staff across several departments who coordinated swiftly to provide timely and life-changing care.

3.0 PRESENTATIONS

3.1 Strat Plan 2026 Quarterly Progress Report

A report on the first quarter status of Strategic Plan 2026 Initiatives and Strategic Indicators was pre-circulated.

Overall, the first quarter results highlight the progress made on all strategic initiatives and performance against strategic indicator targets. As at June 30, 2025, there were twenty (2) initiatives either in progress or complete. A majority of the initiatives are on track, with only one (1) initiative tracking slightly behind expected timelines. In addition, six (6) initiatives have been completed.

Senior leaders in attendance provided updates on the progress and successes achieved in the first quarter.

4.0 CONSENT AGENDA

Moved by: **Dr. Andrew Dean**
Seconded by: **Charles Campbell**

Motion

"That the Board of Directors:

4.1 Approves the Board of Directors Open Minutes of June 4, 2025;

4.2 Accepts the Q1 2025-2026 Wages and Source Deduction Attestation for the Thunder Bay Regional Health Sciences, upon the recommendation of the Resource Planning Committee,

as presented."

CARRIED



5.0 REPORTS

5.1 Report from the President & CEO

The President and CEO report was pre-circulated for information. The report highlighted various accomplishments, current challenges, and highlights on activities including the construction progress of the Cardiovascular Surgery (CVS) Program, the upcoming recruitment career showcase, the newly developed academic mandate and framework, the innovative milestone achieved by the Radialis Positron Emission Tomography (PET) Imager, and, recent visits from dignitaries.

Dr Mushquash departed the meeting.

5.2 Report from the Chief of Staff (COS)

The COS report was pre-circulated for information and included highlights on physician recruitment and retention activity, and engagement initiatives.

5.3 Report from the Chief Nursing Executive (CNE)

The CNE report was pre-circulated for information. Highlights focused on education and orientation initiatives, and research related activity.

6.0 FOR INFORMATION

6.1 Report from the TBRHS Foundation – For information.

6.2 Report from NOSM University – For information.

6.3 Environmental Compliance and Fire Safety Update – For Information.

7.0 DATE OF NEXT MEETING – December 3, 2025

8.0 ADJOURNMENT – The meeting adjourned at 6:10 p.m.

Chair

Board Secretary

Recording Secretary



Thunder Bay Regional
Health Sciences
Centre

980 rue Oliver Road
Thunder Bay ON
P7B 6V4 Canada

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

ATTESTATION

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

FROM: Dr. Rhonda Crocker Ellacott
President and Chief Executive Officer

DATE: November 19, 2025

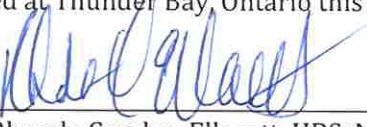
RE: **Q2 2025-26** Wages and Source Deductions for Fiscal Year Beginning April 1, 2025 and ending September 30, 2025 (the "Applicable Period")

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

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

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

Dated at Thunder Bay, Ontario this 19th day of November, 2025.


Dr. Rhonda Crocker Ellacott, HBSN, M.A., Ed.D
President and Chief Executive Officer
Thunder Bay Regional Health Sciences Centre
Chief Executive Officer
Thunder Bay Regional Health Research Institute

Exceptional **Care** for every patient, every time.

STRATEGIC PLAN




December 2025

Greetings, boozhoo, and bonjour.

As we approach the close of the calendar year, we are positioning the Hospital and Health Research Institute for stability amidst a challenging Ontario healthcare landscape.

While systemic pressures remain acute, we are countering them with decisive strategic actions, driven by community support and aggressive talent acquisition.

For example, in November, we received a historic \$22,815,488 contribution, directly supported by our donors across Northwestern Ontario. This community-driven capital, supported through the Thunder Bay Regional Health Sciences Foundation, is a monumental shift in how we support and improve our care. Through this critical strategic asset, we are able to accelerate essential care improvements without drawing from our constrained operational budget.

Simultaneously, we have intensified recruitment efforts to secure the physicians and staff necessary to meet growing patient needs.

As we head into the holiday season, these combined efforts ensure we are not merely reacting to the environment, but actively shaping a supportive, resilient environment for our workforce and the patients we serve.

Patient Experience

Empathy, compassion, and respect in every encounter



Cardiovascular Program and Capital Project Update

We are advancing the Cardiovascular Program infrastructure with steady execution and fiscal discipline. Construction remains on budget with the completion of critical sewer and water mains, and structural steel erection is now underway.

While we encountered unforeseen anomalies in the civil work that caused a minor deviation to the schedule, however, we have already made adjustments to recover this time over the course of construction.

Simultaneously, we are seeing strong recruitment uptake, with six Cardiac Surgeons and seven Cardiac Anesthesiologists expressing interest. On the financial front, we



remain in active negotiation with the Ministry of Health regarding our operational budget and are awaiting the Ontario Medical Association's review of our Alternative Funding Plan to secure physician compensation.

Hospital to Home

Our strategy to protect acute care capacity is working.

Since its launch in July, the Hospital to Home program has prevented more than 1,100 inpatient days. By safely transitioning patients requiring IV antibiotics and monitoring to the comfort of their own homes, we are not only enhancing the patient experience but strategically preserving our acute care beds for those with higher acuity needs.

This program is a critical lever in our efforts to manage gridlock and improve patient flow.

Anaesthesia Practices for Paediatric Imaging Excellence

We are leveraging infrastructure upgrades to enhance clinical care while driving patient safety and efficiency. Following the recent MRI upgrade, we have operationalized a scavenging system that allows for fully functional anaesthesia directly within the MRI suite.

In October, we successfully conducted our first paediatric MRI procedure under general anaesthesia without the risks associated with transport to the operating room. This shift reduces reliance on OR availability and significantly enhances safety for our most vulnerable paediatric patients.

Provincial Forensic System Review

The Ministry of Health – Mental Health and Addictions division, has initiated a comprehensive review of the provincial Forensic Mental Health system, starting December 10th.

While we view this review as a strategic opportunity to advocate for the needs of Northwestern Ontario, is it intended to address ongoing capacity issues and the continually increasing demands on the system.

Our 20-bed unit faces unique pressures due to the lack of regional forensic rehabilitation beds. We intend to use this review to highlight these specific gaps and



shape recommendations that favour the expansion of infrastructure and services in our region, ensuring we can meet the increasing demand on our system.

Staff Experience

This is where we want to work, grow and thrive



Recruitment and Community Outreach

We are aggressively targeting the labour shortage by building a pipeline of future talent.

Our inaugural “Open Doors Career Showcase” in October engaged approximately 350 students and prospective employees, fostering early interest in healthcare careers.

We followed this with “Take Our Kids to Work Day” hosting 44 grade 9 students from across the city, enabling experiences to support information and careers in health. Later in the month we hosted our 5th annual “Indigenous Career Experience,” which hosted 45 students from Thunder Bay school boards to explore hospital operations and engage in career opportunities in health.

By introducing these students to diverse roles from the OR to Indigenous Collaboration, nutrition and maintenance, we are investing in a future workforce that reflects the demographics of our region.

Research, Innovation, & Learning

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



Innovation and Collaboration

We continue to drive progress through strategic partnerships, as highlighted in our latest Good Morning Innovation event. The session underscored that shared resources and data are essential for improving equity and access to care.

Presentations showcased six successful collaborations, ranging from chronic disease management to digital wound care, demonstrating how cross-sector teamwork directly translates to better patient outcomes.



We are committed to sustaining this innovation ecosystem to solve complex regional health challenges.

Quality Huddle Excellence Awards

We continue to relentlessly focus on quality to drive tangible operational improvements.

On October 15th, we recognized the impact of our Quality Huddles, which have now expanded to over 65 departments.

This initiative has generated over 2,001 change ideas, with more than 1,283 already implemented. These are not abstract figures; they represent over a thousand micro-efficiencies generated by our frontline staff that improve safety and patient experience every single day.

Equity, Diversity & Inclusion

We all belong



Indigenous Health Leadership

We are positioning TBRHSC as a provincial leader in Indigenous health equity.

The Ontario Hospital Association has appointed our Hospital to its Leadership Committee, a role that will allow us to drive meaningful progress on the health-related Truth and Reconciliation Calls to Action.

This appointment validates our commitment to becoming a trusted ally and allows us to share our knowledge to address health system inequities across Ontario.

Sustainable Future

Ensuring our Healthy Future



Accreditation Readiness

We are moving our organization to a "readiness" state ahead of our May 2026 survey.



We have launched a comprehensive plan to review all clinical and administrative protocols, identifying and closing gaps well in advance.

To stress-test our preparedness, we will conduct a simulation survey in February 2026. This proactive measure ensures we are not just compliant, but operating at the highest standards of national best practices.

Electronic Health Record Update

The regional Electronic Health Record project remains on track and on budget.

Our staff and subject matter experts have spent the last few months validating clinical workflows to build the foundation for MEDITECH Expanse. This critical work defines the specific functionalities that will serve hospitals across the North West, ensuring a seamless transition to a modern, integrated digital health record.

What Patients are Saying

“My husband was recently air transported from Dryden to Thunder Bay and received excellent and professional care at Thunder Bay Regional Health Science Centre. We are thankful for the entire medical team (unfortunately, I do not know all names of the individuals who helped us). The Hospital is lucky to have professionals such as Dr. Marchuk, Dr. Lahlooh, Dr. Basouny, Shania, Sarah, Ellie, Simone, Erika, the entire ICU team, Stroke and Cardiac ward, administration team, cleaning team, kitchen team, and the staff at Robin’s.**”**

- Patient compliment, via Google reviews (October 2025)

“I spent several days at TBRHSC before and after cardiac bypass surgery which was done in Hamilton. I have nothing but good things to say about the staff and the treatment I received. During my relatively short stay I was attended to by registered nurses, a nurse practitioner, a cardiac doctor, and a physiotherapist. All were attentive, caring, and provided me with the information I needed before being discharged. Food wasn't that bad either, in fact, it was quite good.**”**

- Patient compliment, via TBRHSC's Facebook page (November 2025)

“A huge thank you to the TBRHSC staff and the paramedics who brought me to the Emergency Department (ED). I went in with chest pain and spent several hours undergoing tests. Even though the ED was extremely busy, the staff were consistently kind, attentive, and caring to everyone. When I was moved to 2C, I received the same exceptional care. The team there was busy as well, but always helpful and supportive. After a few days and more testing, I was able to go home. The nurse practitioner reviewed all my results and next steps with me. I can't say enough about our regional hospital and its incredible staff. Thank you for everything you do to keep us healthy!**”**

- Patient compliment, via Google reviews (November 2025)

“During my recent stay, I felt like I was being treated as royalty. Everything I could possibly ask for was there for me; my call bell was answered quickly, the nurses checked in frequently, the doctors followed up and explained what was going on in my body. The nurses were all cheerful and friendly. When I lost a piece of my equipment, it seemed like everyone was on the lookout for it. I'm glad I was able to come here when I needed the attention. Thank to everyone who provided me with care. TBRHSC is lucky to have such dedicated staff!**”**

- Patient compliment, via Google reviews (October 2025)

“The Porters are an essential part of the team at Thunder Bay Regional Health Sciences Centre. They supported me by helping me to and from the nursing unit during my hospital stay. Thank you for being such an important part of my health care journey and my road to recovery.**”**

- Patient compliment, via TBRHSC's Facebook page (November 2025)



Final Thoughts

Patient care remains at the centre of everything we do and is key to anchoring our strategy moving forward. As we close this year, we celebrate our achieved measurable successes in health outcomes, facility modernization, and workforce stabilization.

Looking ahead, we enter the new year with recognition that the financial and economic headwinds facing the province will be challenging. That said, we will continue to move forward with discipline and confidence that our strategy of fiscal responsibility and innovation will uncover new opportunities to advance our mission, regardless of external pressures.

I am incredibly grateful for the Board for their guidance and the unwavering commitment to our leadership. Together, we will continue to advance our care, strategies and build a resilient system capable of meeting the needs of our community and region.



Chief of Staff Report
to the
Board of Directors
Thunder Bay Regional Health Sciences Centre
November 2025

Human Resources Update - Physician Recruitment

This fall, we happily welcomed two interventional cardiologists, a general cardiologist, a gastroenterologist, two general surgeons (one specializing in colorectal surgery and the other in surgical oncology), a rheumatologist, a psychiatrist, an infectious disease expert, a hematologist, a pediatrician, and a urologist to our professional staff. Additionally, we have a number of other physicians set to join us in the New Year.

We remain committed to actively recruiting more anesthetists, plastic surgeons, as well as a thoracic surgeon and a vascular surgeon. We are optimistic about the scheduled recruitment site visits for each of these specialties, which we anticipate will lead to successful future hires.

Staff Experience and Engagement

Enhancing the experience and engagement of our professional staff continues to be a key focus. We have seen strong participation in monthly Grand Rounds, which provide valuable opportunities for professional development and interdisciplinary collaboration. These sessions are accredited for Continuing Medical Education (CME) and have featured a broad range of topics relevant to both hospital and community practice.

In early November, we hosted our Professional Staff Appreciation Lunch, which was well attended. This event provided an opportunity to recognize the ongoing dedication and contributions of our medical, dental, and midwifery staff. The positive feedback and engagement demonstrated the strong sense of collegiality within our organization.

Electronic Medical Record (EMR) Enhancements

The hospital continues to make progress on EMR optimization and upgrade planning. Work is underway to review and enhance digital order sets, ensuring they align with best practices and current clinical standards. Each clinical program has been engaged to provide representation in this process, promoting broad input and fostering consistency across the organization. This inclusive approach ensures that the upgraded EMR will better support safe, efficient, and standardized patient care.



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www.tbrhsc.net

Patient Experience and Flow

Improving the patient experience remains central to our clinical and operational efforts. The Patient Flow Steering Committee is actively implementing strategies to enhance care delivery across the continuum, from the Emergency Department, through inpatient care, to discharge planning and surgical access. Current initiatives include streamlining admission and discharge processes, strengthening communication between departments, and improving coordination for regional transfers. The goal remains to ensure that every patient receives timely, safe, and compassionate care, supported by efficient systems and engaged teams.

Exceptional Care for every patient, every time.

STRATEGIC PLAN

2026



Chief Nursing Executive (CNE)
Open Report to the Board of Directors
December 2025

Equity, Diversity & Inclusion

- The Canadian Journal of Nursing Leadership invited our Hospital to submit a manuscript highlighting our initiative that supports Internationally Educated Nurses (IENs) in northern and rural settings. In response, we authored and submitted a paper describing the integration of the IEN Coordinator role within our Hospital. The paper is currently under peer review.
- To gain a deeper understanding of the Canadian healthcare system and inform on program development, we hosted four faculty members from a Norwegian School of Nursing on November 12th. The visit included discussions with Advanced Practice Nurses, Nursing Practice Leaders and several Clinical Nurse Specialists. The visit was coordinated in collaboration with Lakehead University and was part of the Norwegian school's initiative to integrate advanced practice nursing curriculum.

Staff Experience

- To support nursing competency and professional development, we will be implementing Elsevier Clinical Skills, an evidence-based online education platform. The resource will provide access to standardized clinical procedures, instructional videos, and assessment tools that will result in a consistent, up-to-date skill validation that is aligned with best practice standards across the organization.
- Spring 2025 hiring is now complete with all new nurses fully on boarded and practicing independently. To prepare for the 2026 hire, the Nursing Resource Team Manager visited Lakehead University on November 18th and presented to the graduating class as part of ongoing recruitment efforts. An additional information session will be held at the Hospital on December 4th, followed by a virtual session to accommodate those unable to attend in person. Event details will be shared through social media, the Unit Care Aid WhatsApp group, and Lakehead University channels. Recruitment for the Spring 2026 intake will open in December and remain active throughout the month, with interviews scheduled for January 13th and 20th.
- Our virtual reality (VR) project is nearing its final phase with a target completion by the end of 2025. To ensure the validity of the VR simulation scenario, it is being rigorously tested with content experts and 4th-year nursing students from Lakehead University. The target audience is new graduate nurses and once completed, this VR simulation will be the first originally developed by a team at our Hospital. The VR will be integrated into orientation and skills day programming, and used as a teaching tool when opportunities arise.



Patient Experience

- A gap analysis on one of our Registered Nurses Association of Ontario (RNAO) Best Practice Guidelines, *Transitions in Care and Services*, began with the Nursing Practice Council on September 17, 2025. Further engagement with relevant groups is ongoing to guide our directions on the implementation process.
- Two Clinical Nurse Specialists attended RNAO's Best Practice Spotlight Organizations (BPSO) Global Summit from September 23–25, 2025. The summit brings together BPSOs from around the world to share evidence-based practices, strategies for implementation, and innovations in improving patient care outcomes. It provides a forum for networking, knowledge exchange, and advancing excellence in nursing practice globally.
- Infant resuscitation practices and care continues to advance to align with best practices and better safety outcomes. Revised technique and equipment supports our commitment to evidence-based practice to ensure the highest quality care for neonates.



**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 TBRHSC Board of Directors

December 2025

Foundation Events

The 32nd annual Tbaytel Luncheon of Hope was a sold-out celebration on October 17th at the Superior Inn Hotel & Conference Centre, bringing together friends, supporters, and community members in a shared mission to support breast cancer care in Northern Ontario. The afternoon featured a fireside chat from Jeanne Beker, Canadian TV personality, fashion icon, and breast cancer survivor, who shared her journey with grace and insight. Guests were also treated to a dazzling fashion show by Lewk Clothing, adding a stylish and uplifting touch to the event.

The excitement continued with fan-favourite fundraisers, including the Bling Blitz and Travel Blitz, alongside a bustling vendor market, a Crush Coffee pop-up, and a delicious three-course lunch that encouraged connection and conversation. Thanks to the generosity of guests, sponsors, and volunteers, the event raised over \$40,000 in vital funds that will go directly toward breast cancer care, highlighting the incredible power of hope, community, and resilience.

Foundation Funding

On November 18th, the Thunder Bay Regional Health Sciences Foundation proudly announced its largest-ever Capital Grants and program funding, marking a historic milestone in support of patient care in Northwestern Ontario.

For 2025/2026, \$10.3 million has been allocated for essential equipment across nearly every area of the hospital. In addition, \$3 million over five years has been committed for bed replacements, alongside expanded funding for Emergency Department renovations and a major investment of \$23.3 million for the Cardiovascular Surgery program. Front-line staff ideas will also be supported with \$150,000 in Family CARE Grants. With these new allocations, the Foundation's lifetime contributions now surpass \$81 million, bringing us closer than ever to the remarkable milestone of \$100 million in total community support — the largest and most impactful in the Foundation's history.

Thunder Bay Online and In Store 50/50

November Draw

The November Thunder Bay 50/50 draw once again brought excitement and life-changing opportunities to the community. With ticket holders vying for a projected grand prize of around \$2 million, the draw offered multiple ways to win, including early bird prizes and bonus blitz draws that kept participants on the edge of their seats all month long.

We are thrilled to introduce **Rewards+**, a first-of-its-kind program that gives subscribers an extra \$1,000 on top of any early bird or grand prize totals — a special way to thank our loyal subscribers for their ongoing support. The 50/50 program continues to play a vital role for the Thunder Bay Regional Health Sciences Foundation, generating crucial funding for patient care across the region. Players can participate online or in person at our permanent location in the Intercity Shopping Centre, making it easy for the community to get involved and chase their chance at a life-changing win. November was another month of anticipation, generosity, and community spirit — congratulations in advance to all our winners!

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 (name of TBRHSC Program)	Ryan Sears, Director, Capital & Facility Services
APPROVED BY (name of VP)	Justin Garofalo, Vice President, Facilities, Capital Planning and Support Services & CFO
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	November 7, 2025
REVIEWED BY DECISION SUPPORT (if required)	Does this have financial impacts to the hospital's budget? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/> If yes, 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:

- Promote **DIVERSITY** by fostering a people-centered environment that is inclusive of all?
- 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?
- Demonstrate **EXCELLENCE** by delivering the highest quality of services in every encounter and in all our work?
- Foster **INNOVATION** by embracing continuous learning and improvement to drive positive change for our patients, staff, and communities?
- 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 Senior Leadership Council and the 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 2027.
- The Hospital's annual Fire Plan review was submitted in March 2025. Ongoing updates and consults are done with Thunder Bay Fire and Rescue (TBFR) for projects if needed. The next annual Fire Plan update is due March 31, 2026.
- The Hospital's annual Fire Inspection (including record inspection) occurred June 18, 2025. No violations or orders received, some minor deficiencies were noted and are in progress of being rectified. The next scheduled inspection is expected to occur in June 2026.

- Separately, during a routine inspection of the kitchen, TBFR issued Inspection Order DS-25-11 - Inadequate access to kitchen hood exhaust ductwork for cleaning and inspection. Action to TBRHSC to install appropriate access panels. This work was completed July 2025 with TBFR review complete September 11, 2025. Pending confirmation of closure from TBFR.
- The Vulnerable Occupancy annual Minimum Staffing Drill with Thunder Bay Fire and Rescue (TBFR) took place on October 22, 2025. Overall, the drill was successful. No orders received. The next scheduled drill will occur October 2026.
- TBRHSC conducted a proactive comprehensive review of the flammable storage room (room 1250). The types and quantities of materials stored with respect to the Ontario Fire Code were reviewed for compliance and need. Minor procedural and equipment deficiencies were found. Changes were reviewed with the Chief Fire Official on May 21, 2025 with no deviation or additional orders for the room at this time. Two outstanding items remaining to be rectified.

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. The Environmental Activity and Sector Registry (EASR) for the project will be submitted 6 months in advance of operationalization to the Ministry of the Environment for approval.

Energy Related Reporting

- The annual Broader Public Sector (BPS) energy reporting program requirement commenced in July 2013 based on the Electricity Act - O. Reg. 507/18, now O. Reg. 25/23 as of February 2023. BPS organizations are required to submit reports via Energy Star Portfolio Manager by July 1, 2025. This has been complete.
- Emissions Performance Standards (EPS) program greenhouse gas (GHG) emission reporting based on Regulations as per Ministry of the Environment, Conservation and Parks has been submitted for the 2023 reporting year and excess emissions units have been reconciled. The 2024 reporting year submission is due June 1, 2025. This will be followed by a Third-Party Verification by September 1, 2025 and annual reconciliation for Excess Emission Units, due December 1, 2025. Reporting is complete with Third-Party Verification complete and submitted August 29, 2025. Excess Emission Units were purchased November 5, 2025. Reconciliation will occur following the deadline.
- 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

BEST PRACTICE & EVIDENCE

N/A

NEXT STEPS

N/A

CONSULTATION

N/A

COMMUNICATIONS

N/A

FINANCIAL IMPACTS

There are no financial impacts related the request

APPENDIX SECTION

N/A

Thunder Bay Regional Health Sciences Centre

Framework for Ethical Decision Making



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.

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 Vission?

YES
 NO

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

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

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

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

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

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)