

**Board of Directors**  
*Open Meeting*

February 4, 2026 at 5:00 pm

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

**VIRTUAL OPTION for Board Directors: MS 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					
				Recommendation /Decision/Action	Education	Discussion	Strategic Progress	Fiduciary Information	
1.0	2	<b>CALL TO ORDER and WELCOME</b>							
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	<b>PATIENT STORY – Dr. Miranda Lesperance, Vice President, Indigenous Collaboration, Equity &amp; Inclusion</b>							
3.0	<b>PRESENTATIONS/EDUCATION</b>								
3.1	15	Dr. Crocker Ellacott J. Logozzo	SP2026 Spotlight: Sustainability *		X				
4.0	<b>CONSENT AGENDA</b>								
4.1	-		Board of Directors Open Minutes – December 3, 2025 *	X					
4.2	-		Wages & Source Deductions Attestation – Q3 2025-26 *						
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 TBRHSC Foundation *					X	
6.2	-		Report from the Northern Ontario School of Medicine University ( <i>deferred</i> )					X	
6.3	-		Environmental Compliance and Fire Safety Update *						
7.0	<b>DATE OF NEXT MEETING – April 1, 2026</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:

- Promote **DIVERSITY** by fostering a people-centered environment that is inclusive of all?

#	Time	Presenter	Item & Purpose	Expected Outcome				
				Recommendation /Decision/Action	Education	Discussion	Strategic Progress	Fiduciary Information
			<ol style="list-style-type: none"> <li>2. Show <b>COMPASSION</b>, empathy &amp; 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?</li> <li>3. Demonstrate <b>EXCELLENCE</b> by delivering the highest quality of services in every encounter and in all our work?</li> <li>4. Foster <b>INNOVATION</b> by embracing continuous learning and improvement to drive positive change for our patients, staff, and communities?</li> <li>5. Uphold <b>ACCOUNTABILITY</b> by sustaining and reinvesting in our mission and communities through wisely planning for and managing our resources?</li> </ol> <p>For more detailed questions please refer to the Hospital's full Framework for Ethical Decision Making.</p>					

\* denotes attachment

**BOARD OF DIRECTORS (Open)**  
**February 4, 2026 – DRAFT**

Agenda Item	Committee or Report	Draft Motion or Recommendation	Approved or Accepted by:
1.4	Agenda – February 4, 2026	"That the Agenda be accepted, as circulated."	Moved by: Seconded by:
4.0	Consent Agenda	<p>"That the Board of Directors:</p> <p>4.1 Approves the Board of Directors Open Minutes of December 3, 2025;</p> <p>4.2 Accepts the Q3 2025-2026 Wages and Source Deduction Attestation for the Thunder Bay Regional Health Sciences,</p> <p>as presented."</p>	Moved by: Seconded by:



## **Report from the TBRHSC Board Chair** *February 2026*

We enter 2026 acknowledging the extraordinary commitment of our staff and physicians, volunteers and partners who continue to serve our community under significant pressure. The challenges faced over the holiday season were a record number of patient visits including an increase in acutely ill patients. In response we adopted enhanced masking requirements. We continue to be dedicated to protecting our patients, families, and staff to ensure we have sufficient capacity during this influenza season.

The focus of this report is to celebrate our workforce and their commitment to the community. It is a testament to the culture of this organization that our teams continued to support our broader community. Staff participated in the annual food drive in support of St. Andrew's Dew Drop Inn and the Emergency Department supported the Children's Aid annual Christmas Wish Campaign. These are just a few of many examples of care and compassion even when stretched.

The Paediatric Emergency Transport Team (PETT) recently marked its one-year anniversary of its first paediatric transport. This highly skilled team collaborates with existing provincial transport teams and ORNGE to transport children (primarily under one year of age) to a higher level of care, either at TBRHSC or a specialized children's hospital. This initiative drastically improves access to care and reduces wait times for these younger patients in need of critical care.

Throughout last year, TBRHSC celebrated many inspiring and significant milestones that illustrated the unwavering commitment to our mission. I am deeply impressed with the ongoing advancements and the ingenuity of the dedicated teams who continually strive to elevate the care and services we provide to our communities. The collective efforts of our talented teams through innovative care delivery and community engagement enable us to go above and beyond to ensure care needs are met, while adapting to an ever changing health care environment. I invite you to learn more about these highlights of 2025 by reading [HERE](#).

One final note, strong governance is required to navigate the challenges faced across healthcare in the North. To that end, TBRHSC's Board of Directors is looking to fill four Board Director vacancies and two Committee vacancies. This is an incredible opportunity to contribute in a meaningful way to health care for patients and families across Northwestern Ontario. The Board and its Committees help guide how care is delivered, how resources are stewarded, and how TBRHSC lives its commitment to equity, compassion, and accountability. Learn more on these opportunities by visiting our website found [HERE](#).

*Patricia Lang*  
*Chair, TBRHSC Board of Directors*

# Strategic Plan 2026 Spotlight: Electronic Health Record Renewal

February 4 & 25, 2026



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STRATEGIC PLAN

2026

# Objective

- To provide an update on the Electronic Health Record renewal, with focus on strategy, value and risks.
- ▶ Board approved plan forward, with backgrounder on history and the value proposition.

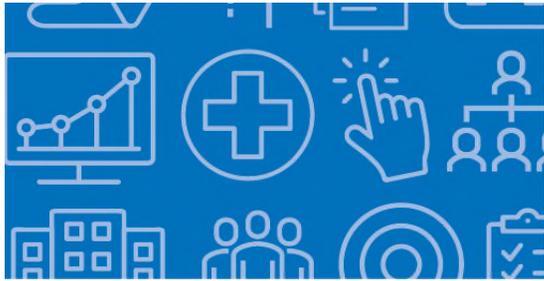
The questions we will answer:

- *Why change? And, why now?*
- *What are the financial impacts?*
- *What value are we getting?*
- *What are the risks and how are we mitigating?*
- *How are we progressing?*



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# Sustainable Future

Ensuring our Healthy Future



**1. Advance digital health to improve patient and staff experiences and to enhance ongoing operations.**

**2. Develop a Hospital Clinical Services Plan to clarify our acute care mandate, and to inform and guide planning for short to medium term services and related resource requirements.**

**3. Advance Partnerships and System Integration for Better Health Outcomes.**

# The Case for Change

- Across our region we have 128+ different sets of clinical records making it difficult and time-consuming (and costly), and creating clinical risk
- We are missing key patient safety aspects, such as, medication-to-medication contraindication alerts
- We are in one of the lowest categories of digital health maturity in Canada
  - As hospitals <3 on a scale to 7; as a health system <1 of 7 (HIMSS\*)
- Not consistent with the Province's Vision or modern architecture for health systems

## Why now?

- Our current EHR is hospital-based, is not used optimally, and will be decommissioned by the vendor

***We have both a burning platform to upgrade our EHR and an opportunity to better support clinicians and patients***



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\* HIMSS = Health Information Management Systems Society is an internationally-recognized association that sets the de facto digital maturity standard

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STRATEGIC PLAN

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## A modernized EHR will enable our ambitions

- To meet the needs of our patients and teams
- To enhance clinical care – safety/quality, experience and performance
- To enable our organizational and regional Vision:

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

**To be a leading health system, where partners work together to achieve the best outcomes and care experience for the people of Northwestern Ontario**



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# Our Investment

- The EHR Renewal is a significant investment in clinical care and transformation
- Total capital = \$107 M
  - TBRHSC portion = \$56 M
- For TBRHSC, total operating costs will increase to \$12.8 M by 2027/28
- While part of the cost increase is the cost of doing business, a meaningful portion is investment in new capabilities that will improve care

CAPITAL EXPENDITURES						
Site	2024/25 Actual	2025/26 Forecast	2026/27 Forecast	Total Capital Project	Total Contributions	Net
Atikokan GH	\$252,686	\$560,920	\$746,347	\$1,559,952	-\$73,188	\$1,486,764
Dryden RHC	\$706,970	\$1,569,352	\$2,088,145	\$4,364,468	-\$204,768	\$4,159,700
Geraldton DH	\$332,585	\$738,282	\$982,341	\$2,053,208	-\$96,330	\$1,956,878
Lake of the Woods DH	\$1,198,702	\$2,660,913	\$3,540,551	\$7,400,166	-\$347,194	\$7,052,972
Nipigon DMH	\$231,453	\$513,786	\$683,632	\$1,428,871	-\$231,453	\$1,197,418
North of Superior HCG	\$359,980	\$799,095	\$1,063,258	\$2,222,333	-\$104,265	\$2,118,068
Red Lake MCMH	\$228,260	\$506,699	\$674,202	\$1,409,162	-\$66,114	\$1,343,048
Riverside HC	\$844,384	\$1,874,388	\$2,494,018	\$5,212,790	-\$244,568	\$4,968,222
Sante Manitowadge H	\$171,041	\$379,682	\$505,197	\$1,055,920	-\$49,541	\$1,006,380
Sioux Lookout MYWHC	\$1,108,613	\$2,460,931	\$3,274,459	\$6,844,004	-\$321,100	\$6,522,903
St. Joseph's CG	\$2,873,800	\$6,379,344	\$8,488,212	\$17,741,356	-\$2,873,800	\$14,867,556
Thunder Bay Regional HSC	\$9,055,669	\$20,102,032	\$26,747,312	\$55,905,013	-\$2,622,895	\$53,282,118
<b>TOTAL CAPITAL</b>	<b>\$17,364,145</b>	<b>\$38,545,424</b>	<b>\$51,287,675</b>	<b>\$107,197,243</b>	<b>-\$7,235,217</b>	<b>\$99,962,026</b>

OPERATING EXPENDITURES & EXPECTED DEBT PAYMENTS				
Site	2025/26 Forecast	2026/27 Forecast	2027/28 Forecast	
Atikokan GH	\$17,188	\$159,821	\$356,148	
Dryden RHC	\$48,090	\$447,150	\$996,438	
Geraldton DH	\$22,623	\$210,356	\$468,762	
Lake of the Woods DH	\$81,538	\$758,165	\$1,689,500	
Nipigon DMH	\$9,640	\$137,574	\$326,221	
North of Superior HCG	\$24,467	\$227,683	\$507,374	
Red Lake MCMH	\$15,527	\$144,372	\$321,721	
Riverside HC	\$57,437	\$534,063	\$1,190,116	
Sante Manitowadge H	\$11,635	\$108,182	\$241,074	
Sioux Lookout MYWHC	\$75,410	\$701,184	\$1,562,533	
St. Joseph's CG	\$119,694	\$1,708,172	\$4,050,474	
Thunder Bay Regional HSC	\$615,985	\$5,727,601	\$12,763,502	
<b>TOTAL OPERATING + DEBT PAYMENT</b>	<b>\$1,099,252</b>	<b>\$10,864,323</b>	<b>\$24,473,873</b>	



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# What will our investment deliver?

## For patients

### A safer, more connected experience

With a more modern system in place, patients can expect more **coordinated, informed, and efficient care**.

- **Fewer Errors, Better Accuracy** – Digital records eliminate issues with handwriting misinterpretation or missing information, leading to safer care.
- **Enhanced Provider Collaboration** – A shared system means healthcare professionals have instant access to up-to-date patient information, reducing gaps in communication.
- **Improved Health Outcomes** – A more connected, data-driven approach helps providers deliver personalized care and proactive health management.



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# What will our investment deliver?

## For healthcare staff

### A smarter, more efficient system

Modern electronic health records are designed to enhance **efficiency, accuracy, and ease of use**, making day-to-day tasks smoother for healthcare professionals.

- **Familiar but Enhanced** – Built on a system staff already know, making the transition easier while introducing modern, intuitive features.
- **Smarter Decision Support** – Alerts for potential drug interactions, allergies, and preventative care reminders help improve patient safety.
- **Greater Automation** – Streamlined workflows reduce administrative burden, allowing staff to focus more on patient care.
- **Improved Data & Insights** – Enhanced analytics help identify trends, patterns, and areas for improvement in healthcare delivery.
- **Comprehensive Patient Records** – One unified system captures everything from demographics and medical history to treatment plans and progress notes.
- **Seamless Device Integration** – Connecting medical devices, diagnostic tools, and monitoring equipment to ensure real-time data collection and more efficient patient care.



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## What are some of the challenges/risks and how are we mitigating?

- Financial impacts
- Realities of complex partnerships (regional and ONE HITS)
- Commitment required to achieve success
- Complexities of our teams and their needs
- Balancing transformation and daily operations



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# Partnerships are key to the success of this transformation

## Individual Hospital Organizations



- Provide frontline expertise through SMEs, managers, clinical leaders, and operational leaders.
- Lead local readiness, change activities, and adoption efforts.
- Identify local impacts, risks, and operational requirements.

## Regional Digital Health Advancement Program for Northwestern Ontario



- Leading the regional implementation of Meditech Expance across NWO.
- Works closely with organizations to understand local context and ensure readiness.
- Provide day-to-day support to SMEs, managers, Expance Leads, and organization project teams

## Shared Information Technology Service for Northern Ontario



- Responsible for technical build, infrastructure, and system configuration.
- Works with SMEs and working groups to configure the system to local needs

## Electronic Health Record Vendor that Develops Expance



- Provides the software
- Advises on best practices and what the system can or cannot do
- Not involved in organization-level operations or regional decision-making

## Governance, Controls and Accountability

- Regional supports and governance – Bridge North West program supports, Executive Steering Committee, NW CEO Council
- Local governance – Local Delivery Boards, Senior Leadership Teams
- Seven gateway reviews built in to work plan
- Three third-party assurance reviews



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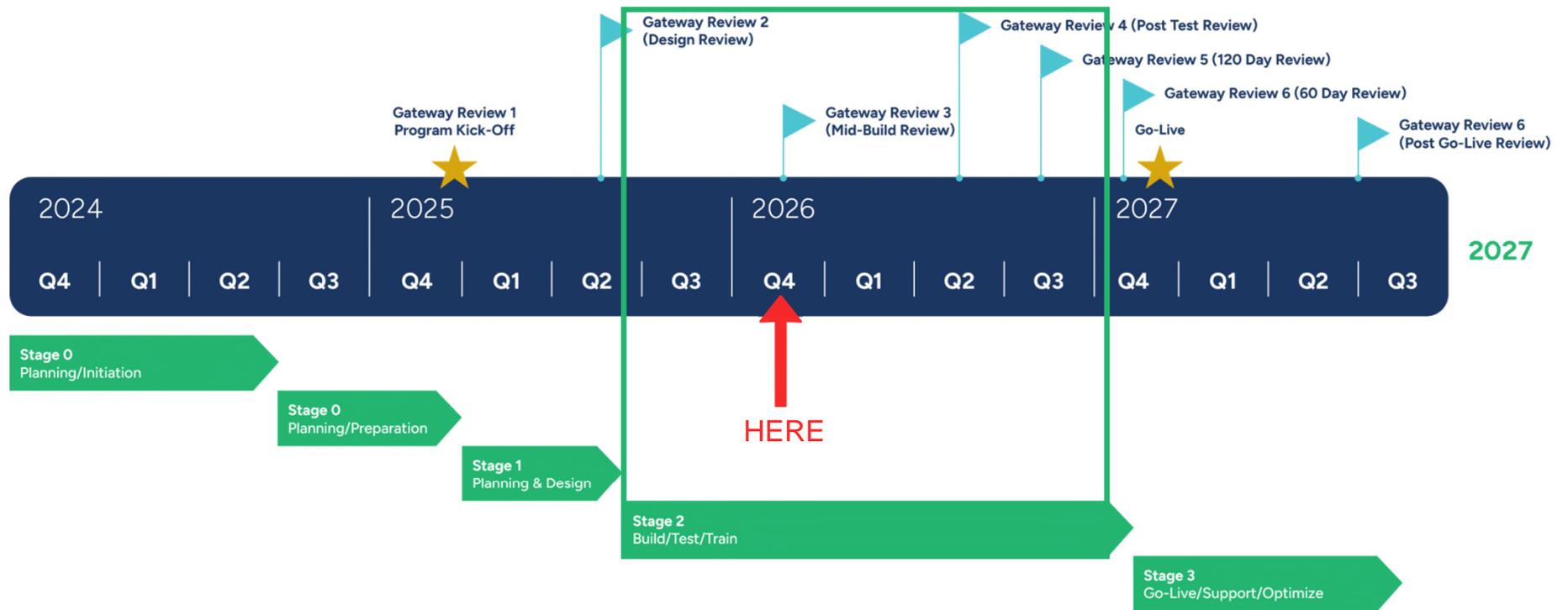
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# Our Progress to Date and the Path Ahead



# Questions and Discussion



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**Board of Directors – *Open***

**Wednesday, December 3, 2025 at 5:00pm**

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

Action

**Present:**

Patricia Lang ( <i>Chair</i> )	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*
Adam Vinet*	Dr. Armour Boake*	

**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*
- Ryan Sears, *Director, Capital & Facility Services*
- 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*
- Glenn Craig, *President & CEO, Thunder Bay Regional Health Sciences Foundation*

**Regrets:**

**1.0 CALL TO ORDER** – The Chair called the meeting to order at 5:03p.m.

**1.1 Chair’s Remarks**

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

**1.2 Quorum** – Quorum was attained.

**1.3 Conflict of Interest** - None

**1.4 Approval of the Agenda**

**Moved by:** Charles Campbell

**Seconded by:** Kimberly Ferris

**Motion**

\* Denotes Non-Voting Member



*"That the Agenda be approved, as circulated."*

## **CARRIED**

### **2.0 PATIENT STORY**

A patient story was shared to regarding a recent patient interaction and to highlight the value of active listening in de-escalating tense situations.

### **3.0 PRESENTATIONS**

#### **3.1 Strat Plan 2026 Quarterly Progress Report**

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

Overall, the second quarter results highlighted the progress made on all strategic initiatives and performance against strategic indicator targets. As at September 30, 2025, there were twenty (20) initiatives either in progress or complete. A majority of the initiatives are on track, with only one (1) initiative tracking moderately 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 second quarter.

*Mr. Ryan Sears was welcomed to the meeting.*

#### **3.2 Facilities Planning Update**

A presentation was pre-circulated and reviewed at the meeting to provide an update on recently completed and planned improvement projects throughout the hospital facility.

Highlights included work completed or in progress to: revitalize patient rooms and several visitor areas; repair and restore damaged flooring; expand patient services in the area of renal services and cardio vascular surgery; and, install and update vital pieces of equipment. In addition, a new staff lounge has been established to support staff wellness.

A further overview was provided on upcoming improvements planned in patient areas, common areas, support services, and equipment.

Discussion ensued on the completed and planned facility improvements. Board Members



complimented the recently implemented facility updates.

*Mr. Sears was excused from the meeting.*

#### 4.0 CONSENT AGENDA

*Moved by: Matt Simeoni*  
*Seconded by: Matthew Aiken*

*Motion*

*“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, 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 success of the Hospital to Home program, recent recruitment and community outreach, the upcoming provincial review of the Forensic Mental Health system, quality huddle excellence awards, and the Hospital’s recent representative appointment to the Ontario Health Association (OHA) Leadership Committee.

##### 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 the implementation of an evidence-based online education platform and progress towards the



completion of the virtual reality project, both of which will support nursing competency and professional development.

**6.0 FOR INFORMATION**

**6.1 Report from the TBRHS Foundation** – For information.

**6.2 Report from NOSM University** – Deferred to February 2026.

**6.3 Environmental Compliance and Fire Safety Update** – For Information.

**7.0 DATE OF NEXT MEETING** – February 4, 2026

**8.0 ADJOURNMENT** – The meeting adjourned at 6:12 p.m.

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Chair

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Board Secretary

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Recording Secretary



## ATTESTATION

**TO:** Thunder Bay Regional Health Sciences Centre Board of Directors (the “Board”)

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

**DATE:** January 21, 2026

**RE:** **Q3 2025-26** Wages and Source Deductions for Fiscal Year Beginning  
April 1, 2025 and ending March 31, 2026 (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 21<sup>st</sup> day of January, 2026.

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



## February 2026

Greetings, boozhoo, and bonjour.

We have entered the new year effectively managing a period of elevated operational pressure. A high acuity influenza season has activated our surge capacity protocols and required a heightened degree of intervention when managing daily patient flow management. Our systems are stable thanks to the resourcefulness and hard work of our people. Our infection control teams and clinical leaders have coordinated and managed our organizational response which has minimized organizational disruption and enabled us to maintain operations. Patient flow and capacity have required adaptive solutions, flexibility, and resilience to ensure care standards are maintained during this time of record high capacity and admissions.

This report details our specific volume pressures faced by our Emergency Department together with our infection prevention and control measures. Despite these hurdles across our organization, we continue to see our long term objectives on track.

Our progress on the Cardiovascular Project construction remains on schedule, and other departmental work that is essential to enhancing the patient experience, increasing care service capacity and improving overall operational efficiency is progressing. Steps toward improving equity, diversity and inclusion is also proceeding through a review of our spaces.

The calendar year has already proven to be exceptionally busy and as we look ahead, we remain committed to meeting the demands of the dynamic environment, overcoming any challenges and looking for new opportunities.

### Patient Experience

Empathy, compassion, and respect in every encounter



## Emergency Department and Influenza Update

In December 2025, we managed 8,253 patient visits with an average of 266 visits per day. Despite visits remaining stable, high acuity influenza activity and a higher than typical admission rate throughout the month and into January created significant bottlenecks in systems flow.

As we proceed through the 2025–26 respiratory season, Infection Prevention and Control will rigorously monitor epidemiological trends within the Hospital and the Thunder Bay District to inform on any further measures and determine the appropriate timing for the modification or discontinuation of previously implemented interventions.



## Cardiovascular Surgery Expansion

The Construction on the site continues to advance with 80% of structural steel and building tie-in complete. Next steps include floor decking installation in the new building. Renovations to the Medical Device Reprocessing Department are also underway to support the future surgical volume.

The proposed Alternate Funding Plan (AFP) to support Cardiovascular Surgeons and Anesthesiologists is currently under review by the Ontario Medical Association (OMA). The AFP business case has been submitted and negotiations with the Ministry of Health regarding the program's operational budget are ongoing. We now pivot our focus to human resources to ensure that our spring hiring cycle will support the nursing complement ahead of the anticipated 2028 program launch.

### Staff Experience

This is where we want to work, grow and thrive



## Global Workforce and Action Planning

Our ability to manage our current volume surge relies entirely on the psychological durability of our workforce. The recent HSO Global Workforce Survey™ (GWS), completed as a part of the accreditation requirements provides a critical baseline of this capacity. The GWS makes the connection between working conditions and the physical, psychological, and safety culture within organizations.

The survey was conducted this past summer and we achieved a 42% response rate which found over 70 % of respondents remaining satisfied with the organization. This positive sentiment is a strategic asset that we must protect as clinical demands increase.

That said, we are moving immediately from analysis to action. The feedback has triggered a specific safety initiative focused on a *Just Culture* framework that includes enhancements to quality huddles and incident learnings for more transparency, resulting in safety higher quality care. Key milestones have been established to maintain momentum and accountability at all levels of the organization.

## Research, Innovation, & Learning

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



### The 2026 Academic Funding Plan Innovation Fund

Our academic mandate is delivering tangible returns. The Research Institute successfully leveraged the Northern Ontario Academic Medicine Association (NOAMA) Innovation Fund securing approval of 6 of 15 applications supported by TBRHRI totalling over \$360,000 in grant revenue. The AFP Innovation Fund provides funding to support the development of new and innovative approaches to healthcare delivery and to provide leadership in the dissemination of new knowledge across the healthcare system. The grant funding will support research or investigations of new and creative methodologies for health care delivery, and knowledge dissemination. We are using these resources to turn local data into better patient outcomes and exporting that knowledge across our health system.

## Equity, Diversity & Inclusion

We all belong



### Equity Diversity and Inclusion (EDI) – Physical Environment Review

We have completed an external audit of our physical environment through an equity lens.

This review is not about aesthetics, it is a clinical risk assessment. We operate in a region where historical trauma creates barriers to health care access. A physical environment that fails to reflect our population health needs serves as a deterrent to early intervention, gaps and delays in care and overall patient safety.

We are moving immediately from assessment to implementation as the findings of the review will be embedded into our new design specifications for all future capital projects including our surgical expansion and other projects using an equity focused framework.

## Sustainable Future

Ensuring our Healthy Future



### Electronic Health Record Update

The Electronic Health Record (EHR) Renewal is the digital backbone of our future operations. The project remains on track after several months of workflow mapping and validation with staff and subject matter experts. We are now building the actual system



architecture, with testing and refinement planned over the coming year. This clinical transformation will unify our patient data and streamline care delivery for years to come.

In parallel, we are engaging our workforce to support some very different technology that will change the way we work. It is essential that we design the system to support workflow at the bedside.

## Financial Stability

Ontario's hospital sector is navigating a period of considerable uncertainty and rapid change. The cumulative structural deficits and new operational demands add another layer of financial instability. There are many unknowns as funding models evolve and patient care demands grow. We are operating with a structural deficit driven by inflationary pressures that have not adjusted to the uniqueness of care in the North.

That said, we are not waiting and hoping. We are actively working with Ontario Health, regional partners and the Ministry of Health to make our position clear. There is a need to recognize the uniqueness of the north, the role of tertiary and academic hospitals in the long-term sustainable funding plan to secure the resources necessary to deliver high quality care now and into the future.

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## What Patients are Saying

“ During my stay in December, the staff in the Labour and Delivery department at TBRHSC were extremely professional and caring. Everything flowed smoothly, wait times were minimal, and we appreciated the clean, comfortable facilities. ”  
- Patient compliment, via Google Reviews (December 2025)

“ I love the Paediatric Emergency Transport Team at TBRHSC! They transported me and my daughter to and from London. They are an amazing crew, and we are so grateful for the service they provide. ”  
- Patient compliment, via TBRHSC Facebook page (December 2025)

“ Nurse Lyndsy and the entire 2C team provided outstanding care for my grandfather tonight. They were incredibly friendly, kind, and considerate throughout. I can't thank them enough. Please give Lyndsy a special shout-out. I'm so grateful for her care this evening. ”  
- Patient compliment, via Quality and Risk Management / Compliments and Concerns (December 2025)

“ I want to compliment Sandy, a nurse on 1C. She is kind, compassionate, patient, and has a wonderful bedside manner that makes patients feel safe and human again. Even on night shift, she went above and beyond by checking on us, offering snacks and water, and providing exceptional care. I have nurses and a doctor in my family, so I know what great nursing looks like, and Sandy is truly outstanding. She's exactly the kind of nurse every unit needs. ”  
- Patient compliment, via Quality and Risk Management / Compliments and Concerns (January 2026)

“ I haven't needed emergency care in many years, but Saturday night I had to go, and I was filled with trepidation given the stories you often hear. From the moment I arrived, every person I encountered — the porters, nurses, technicians, and especially Dr. Meghan Garnett — was professional, compassionate, and attentive throughout my eight hour visit. I hope this message reaches the staff, as you all deserve recognition for the incredible work you do and the difference you make in people's lives. ”  
- Patient compliment, via Quality and Risk Management / Compliments and Concerns (December 2025)



## Final Thoughts

We do not take our current operational stability for granted. Our mandate is clear as we continue to work through and navigate our path forward with clarity of purpose and vision. Our people, now more than ever are being asked to push forward and manage the volume pressures, complexity and unknowns. It is important to recognize the unwavering dedication and excellence of our staff and professional staff during these demanding times. Their professionalism, compassion, and commitment to our Vision is evident – *Exceptional care for every patient, every time.*

Along with the leadership of the Board, we are navigating a difficult transition period, but the destination remains the same. We are building a health system that creates equity for the North and delivers the quality of care our patients need and deserve.



**Chief of Staff Report**  
**to the**  
**Board of Directors**  
**Thunder Bay Regional Health Sciences Centre**  
**February 2026**

**Human Resources Update - Physician Recruitment**

Recruitment and stabilization of our professional staff complement continue to show strong progress. We are pleased to welcome a new gastroenterologist and a new general cardiologist to the hospital. We are also close to finalizing offers for an additional physician in each of these specialties, which would bring both services to full complement. A new physician has also joined the Emergency Department, further strengthening frontline capacity.

The Pathology Department, which has faced staffing shortages for several years, has achieved a major milestone. Three new pathologists have accepted positions and are anticipated to begin in Spring 2026, pending Ontario licensing. These additions will meaningfully improve service sustainability and support our current pathologists.

A new anesthesiologist represents our first physician hire of 2026. Additional anesthesia candidates are currently in the recruitment pipeline. Recruitment in anesthesia remains a strategic priority due to its impact on surgical access and procedural capacity.

We are actively interviewing candidates for interventional radiology and vascular surgery and are encouraged by the quality and volume of applicants.

Recruitment for plastic surgery remains a priority, with a candidate meeting scheduled in January 2026.

**Staff Experience and Engagement**

Enhancing professional staff experience and engagement remains a core focus. Monthly Grand Rounds continue to demonstrate strong attendance and interdisciplinary engagement. These CME-accredited sessions support professional development and reflect the breadth of clinical practice at TBRHSC.

The Professional Staff Appreciation Lunch, held in November, was well attended and positively received. Feedback highlighted the value of visible recognition and reinforced the strong sense of collegiality within the organization.



### **Electronic Medical Record (EMR) Enhancements**

Progress toward implementation of Meditech Expanse continues. The review process for departmental Subject Matter Experts (SMEs) responsible for order-set development has been restructured and streamlined. This has improved engagement, reduced bottlenecks, and clarified accountability. Participation has increased, and targets are now being met. Order sets are being modernized and standardized to reflect current best practices. All clinical programs remain represented to ensure consistency, workflow alignment, and patient-safety readiness at go-live.

### **Patient Experience and Flow**

Improving patient experience and system flow remains a clinical and operational priority. The Patient Flow Steering Committee continues to implement strategies focused on admission and discharge efficiency, interdepartmental communication, regional transfer coordination, and surgical access.

#### ***Within the Emergency Department:***

- The Clinical Decision Unit (CDU) supports short-term observation of patients unlikely to require admission but not yet ready for discharge, reducing unnecessary admissions while supporting safe decision-making.
- The Flow MD role provides physician coverage during peak registration periods, enabling early assessment and treatment at triage and supporting congestion management in high-pressure areas.

These initiatives reflect a proactive, system-level approach to flow improvement.

#### **Key Priorities (Next 6 –12 Months)**

- Complete recruitment in high-impact specialties: anesthesia, pathology, cardiology, gastroenterology, plastic surgery, vascular surgery, and interventional radiology.
- Maintain momentum toward EMR go-live readiness and clinician adoption
- Continue strengthening Emergency Department and inpatient flow initiatives.
- Support professional staff morale, engagement, and retention.



**Chief Nursing Executive (CNE)**  
**Open Report to the Board of Directors**  
**February 2026**

*Patient and Staff Experience*

- On January 7<sup>th</sup> we implemented Elsevier Clinical Skills, an evidence-based online education platform that supports nursing competency and professional development. This resource provides access to standardized clinical procedures, instructional videos, and assessment tools; enabling consistent, up-to-date skill validation and alignment with current best practices across the organization.
- Work is underway to develop a formal preceptor recognition program that acknowledges and celebrates the critical role preceptors play in supporting students and new graduate nurses. This initiative is planned to launch during the spring 2026 hire.
- Spring hire activities are underway and interviews were conducted in January with 107 Registered Nurse (RN) applicants. Of these applicants, 60 are Unit Care Aids (UCA). To support the upcoming vacancies with UCAs moving on to nursing positions, we have recently hired 20 new UCA's. Additionally, we will be posting more UCA positions at the end of the school year to ensure all 60 positions are filled.
- As part of our recruitment activities, the Nursing Resource Team Manager will be presenting to Confederation College on February 10, 2026 to recruit Registered Practice Nurse applicants.
- The Clinical Scholar role is a huge success. The position provides support to new graduate nurses working on medical and surgical units during evenings, nights and weekends, handling an average of 800 calls monthly. Currently we have 4.0 FTE for after-hours and weekend support.



**Thunder Bay Regional  
Health Sciences  
Foundation**

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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 February 2026

### **Foundation Events**

The Foundation's events portfolio continues to evolve with a strong emphasis on innovation, exclusivity, and community engagement, highlighted by the introduction and growth of fundraising initiatives: the Secret Supper Series and Bullseye Chase the Case.

The Secret Supper Series has been designed as an exclusive, high-end donor experience, comparable to the Tbay Wine Affair. This invitation-only event offers an intimate culinary experience in support of the Foundation's mission. The inaugural supper will take place on Sunday, February 22, 2026, and will be hosted and catered by Tomlin, featuring food and wine inspired by Lyon, France.

Planning is underway for the return of Bullseye Chase the Case, scheduled for April 16, 2026 at the Valhalla Hotel. Enhancements for 2026 include expanding to 20 prize packages and featuring 10 community models. The Foundation is thrilled that Doane Grant Thornton has been invited to return as Presenting Sponsor. The full 2025 committee has recommitted for 2026, ensuring continuity and strong leadership.

### **Foundation Funding**

Building on the record November 2025 announcement, the Foundation continues to make strategic investments that directly enhance patient care across Northwestern Ontario. Key initiatives include providing essential capital equipment for nearly every clinical area, replacing outdated inpatient beds with new SMART beds over a five-year period, and supporting major programs such as the Cardiovascular Surgery Program and Emergency Department renovations. These efforts reflect the Foundation's ongoing commitment to strengthening services and empowering frontline staff through initiatives like the Family CARE Grants, whose 2025 cycle has now closed and successfully funded nearly all applications submitted.

The 2026 Capital Equipment Grant cycle opened on January 12th and will close on April 24th, providing departments and individuals with an opportunity to submit requests for essential new capital equipment, support for educational initiatives, and expansion of programs.

### **Thunder Bay Online and In Store 50/50**

#### **Record-Breaking December 2025 Draw**

The December 2025 draw made history, with Patrick Chilton of Timmins and Moose Factory winning an unprecedented \$7,720,930 grand prize, one of the largest hospital 50/50 payouts in Canada's history. Chilton's reaction to the life-changing call captured the excitement and community impact that this program delivers each month. Since its inception, the 50/50 has created multiple multi-millionaire winners while funneling millions of dollars back into hospital equipment, programs, and priority needs. Tickets are available online or at the Foundation's permanent 50/50 location in the Intercity Shopping Centre, offering accessible opportunities for supporters throughout the region.

In addition to the 50/50, the Foundation partnered with Lakehead Motors to launch Cruising for a Cure: Jeep Raffle in support of the Northern Cancer Fund. The campaign featured a rare 2024 Jeep Wrangler Rubicon 392 Final Edition in Tuscadero Pearl, valued at over \$160,000, with proceeds directed wholly to local breast cancer care. On January 16, 2026, Loren Forrest of Dundas, Ontario was announced as the lucky winner of the pink Jeep, and the raffle raised more than \$400,000 for breast cancer services — substantially exceeding original fundraising goals.

Together, these initiatives showcase the generosity of participants and partners, and their impact on vital health care services.

**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)</i>	Ryan Sears, Director, Capital & Facility Services
APPROVED BY <i>(name of VP)</i>	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: RPC
DATE PREPARED	December 31, 2025
REVIEWED BY DECISION SUPPORT <i>(if required)</i>	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 <i>(if required)</i>	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](#).

<b>PURPOSE/ISSUE(S)</b>
To provide the Senior Leadership Council and the Board of Directors with an update on Fire and Environmental Compliance.
<b>BACKGROUND</b>
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.
<b>ANALYSIS/CURRENT STATUS</b>
<p><u>Ontario Fire Code</u></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>

- 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. Confirmation of closure received 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.
- As on January 1, 2026, the Ontario Fire Code has been amended to O. Reg. 87/25 with changes that may impact the hospital. These are under review and a plan to conformance in collaboration with TBFR will be completed.

**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 was due June 1, 2025 (completed May 26, 2025), with Third-Party Verification by September 1, 2025 (completed August 29, 2025), and annual reconciliation for Excess Emission Units (EEUs), due December 1, 2025 (completed November 5, 2025). Reconciliation will occur following the deadline. Effective March 31, 2025 TBRHSC has elected to cancel facility registration under the amendments to O. Reg. 241/19: Greenhouse Gas Emissions Performance Standards allowing organizations under certain thresholds to withdraw from the program. TBRHSC will continue reporting for 2026 to reconcile January-March 2025 where EEUs will be required for reconciliation by December 1, 2026. Following this, TBRHSC will no longer be required to reconcile carbon emissions under current policy.
- 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**



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.*

