

Board of Directors

Open Meeting

June 3, 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	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 – Reflections from the Front Lines – Sarah Benincasa							
3.0	PRESENTATIONS/EDUCATION								
3.1	10	Dr. Crocker Ellacott A. Carr J. Verdenik	Strategic Plan Update: Workplace Violence Prevention *		X				
4.0	CONSENT AGENDA								
4.1	-		Board of Directors Open Minutes – April 1, 2026 *	X					
4.2	-		Broader Public Sector Accountability Attestation Certificate 2025-26 *						
4.3	-		Broader Public Sector Use of Consultants Report 2025-26 *						
4.4	-		H-SAA Declaration of Compliance Attestation 2025-26 *						
4.5	-		M-SAA Declaration of Compliance Attestation 2025-26 *						
4.6	-		Wages & Source Deductions Attestation – Q4 2025-26 *						
5.0	REPORTS								
5.1	10	Dr. Crocker Ellacott	Report from the President and CEO *					X	
5.2	10	Dr. Power	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 TBRHS Foundation *					X	
6.2	-		Report from the Northern Ontario School of Medicine University *					X	
6.3	-		Environmental Compliance and Fire Safety Update *					X	
7.0	DATE OF NEXT MEETING – To be scheduled in October, 2026								
8.0	ADJOURNMENT & BREAK								

#	Time	Presenter	Item & Purpose	Expected Outcome				
				Recommendation /Decision/Action	Education	Discussion	Strategic Progress	Fiduciary Information
Ethical Framework								
<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)

June 3, 2026 – DRAFT

Agenda Item	Committee or Report	Draft Motion or Recommendation	Approved or Accepted by:
1.5	Agenda – June 3, 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 April 1, 2026;</p> <p>4.2 Approves the Broader Public Sector Accountability Act Attestation Certificate, for the period April 1, 2025 to March 31, 2026, upon the recommendation of the Resource Planning Committee;</p> <p>4.3 Accepts the Broader Public Sector Use of Consultants Report for 2025-26, upon the recommendation of the Resource Planning Committee;</p> <p>4.4 Approves the Hospital Service Accountability Agreement Declaration of Compliance for the period of April 1, 2025 to March 31, 2026, upon the recommendation of the Resource Planning Committee;</p> <p>4.5 Approves the Multi Sector Service Accountability Agreement Declaration of Compliance for the period of April 1, 2025 to March 31, 2026, upon the recommendation of the Resource Planning Committee;</p> <p>4.6 Accepts the Q4 2025-2026 Wages and Source Deduction Attestation for the Thunder Bay Regional Health Sciences, upon the recommendation of the Resource Planning Committee,</p> <p>as presented.”</p>	Moved by: Seconded by:



Report from the TBRHSC Board Chair *June 2026*

As summer comes into view and the fiscal year wraps up, I want to share some thoughts about where we are and what comes next.

In spite of the systemic challenges of the past year, we have momentum. We broke ground on the **Cardiovascular Surgery Program**, which will bring complex cardiac care to Northwestern Ontario by 2028. The **Bridge Northwest Program** continued its work to connect twelve hospitals across the region on a shared electronic patient record. And, Indigenous health engagement deepened through Miskwaa Biidaaban and through new partnerships with Matawa Education and Care Centre, Anishnawbe Mushkiki, Grand Council Treaty #3 and Matawa HealthCooperative.

In November, the Foundation approved \$22.8 million in funding for this Hospital. This is the largest single commitment in its history and those funds are being used to replace existing aged equipment, purchase vital new equipment and update patient rooms.

We are in the fourth and final year of Strategic Plan 2026 – **Exceptional Care For Every Patient, Every Time**. The development of the next strategic plan starts this fall and the community engagement is essential. TBRHSC is not the Board's hospital. It is not the staff's hospital. It is yours. The people of Thunder Bay and Northwestern Ontario built this institution. They fund it, depend on it and must have a say in what it does next. If you live in this city or region, your input matters. Please participate as community engagement begins. We need to hear from you.

Serving on this Board, and on its committees, is one of the most direct ways residents of this city and region can shape the future of their hospital. Board members and community members on committees bring perspectives that the operational leadership side cannot. The Hospital welcomes applications from people across Northwestern Ontario who want to contribute their expertise and experience to the work of governance of the Hospital. If you have ever wondered whether it might be for you, I encourage you to visit the Hospital website for more information on the Board and committee opportunities.

To my fellow Board members, thank you for your expertise, your time commitment, and the hard decisions you've had to make. To Dr. Rhonda Crocker Ellacott, our President and CEO, to Dr. Laura Power, our new Chief of Staff and Dr. Brad Jacobson our outgoing



Thunder Bay Regional
**Health Sciences
Centre**

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Thunder Bay ON
P7B 6V4 Canada

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www.tbrhsc.net

Chief of Staff, our Senior Leadership, our professional staff and every employee across the Hospital and the Research Institute, thank you for showing up when it was hardest and doing the work that mattered most. Thank you to our donors who support us through the Foundation, your generosity makes the difference.

The annual meeting which will be held this June marks the end of my term as Chair. Serving has been a privilege. The work continues, and I leave the Board in very capable hands.

Patricia Lang

Chair, TBRHSC Board of Directors

BRIEFING NOTE



TOPIC	Workplace Violence Prevention Presentation to Board
SUBMITTER NAME	Amy Carr, Director, Human Resources and Organizational Development
SUBMITTED BY <i>(name of TBRHSC Program)</i>	People and Culture
APPROVED BY <i>(name of VP)</i>	Jeannine Verdenik, Vice President, People and Culture
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	May 25, 2026
REVIEWED BY DECISION SUPPORT <i>(if required)</i>	Does this have financial impacts to the hospital's budget? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" 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>	

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 an update on the progress of the Workplace Violence Prevention work being completed as part of Strategic Plan 2026, at the request of the Chair of the Board.

BACKGROUND

As part of Strategic Plan 2026 under the Staff Experience pillar, the Hospital committed to enhancing current efforts to improve physical and psychological safety, as well as workplace violence prevention initiatives, through the Workplace Violence Prevention Project. The project began with a focus on the Emergency Department (ED) in response to escalating incidents of workplace violence. Violence prevention activities were guided by the ED Workplace Violence Prevention Committee, which was comprised of internal leadership, subject matter experts, and Patient Family Advisors. The Committee meets regularly and provides updates to the Senior Leadership Committee (SLC), with ongoing reporting to the Joint Health and Safety Committee (JHSC).

In April 2024, the project expanded to the broader Hospital community. Violence prevention activities and initiatives within the ED transitioned to the ED's operations and the Task Force structure was sustained to encourage staff engagement. Guided by a core team and based on an organization wide incident analysis and department level engagement. As a result, eight priorities were identified and work groups were formed to break down the work into manageable size: Personal Protective Equipment (PPE), Internal Communications, Access & Environment, Documentation of Patient Behavioural Status, Training, Post Incident Debriefs, Incident Reporting, and Mental Health Consultation Models.

ANALYSIS/CURRENT STATUS

Three of the eight working groups have now completed their deliverables (PPE, Documentation of Patient Behavioural Status, and Communications) with the remaining in progress or will be ongoing.

Training: The organization is transitioning from standardized non-violent crisis intervention training to a more flexible, internally developed program. This new approach allows training customization for specific roles—ranging from service-focused positions to frontline clinical staff engaged in hands-on care. The program emphasizes de-escalation, situational awareness, and practical response techniques aligned with real workplace scenarios.

Access & Environment Working Group: Implementation of Special Constable service is pending a signed MOU with TBPS, weapons detection pending final space/technology review, implementation 10 weeks from date of purchase order, campus security contract awarded.

RECOMMENDATION / PROPOSED CHANGE(S)

N/A – for information only

BEST PRACTICE & EVIDENCE

What are the relevant best practices and evidence that support your recommendation?

NEXT STEPS

What needs to occur next on this issue? OR If next step is approval/endorsement of briefing note proposal, select check box.

Approval/endorsement of briefing note proposal

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)

COMMUNICATIONS

What kind of targeted communication(s) is necessary? Who needs to be informed of the outcome? OR if yet to be determined, select check box.

Consultation to occur with Communications upon approval of briefing note proposal as applicable.

FINANCIAL IMPACTS

There are no financial impacts related the request

If there are financial impacts related to the request, confirm the following:

Any costs are net neutral or will be absorbed within the current approved budget:

Yes No- Costs have been included in the 2026-2027 budget

APPENDIX SECTION

PowerPoint Presentation

2026 Strategic Plan Update: Workplace Violence Prevention

June 3, 2026



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Staff Experience



Staff Experience

This is where we want to work, grow and thrive



1. Retain, recruit and support the people needed to shape our future.

OBJECTIVE

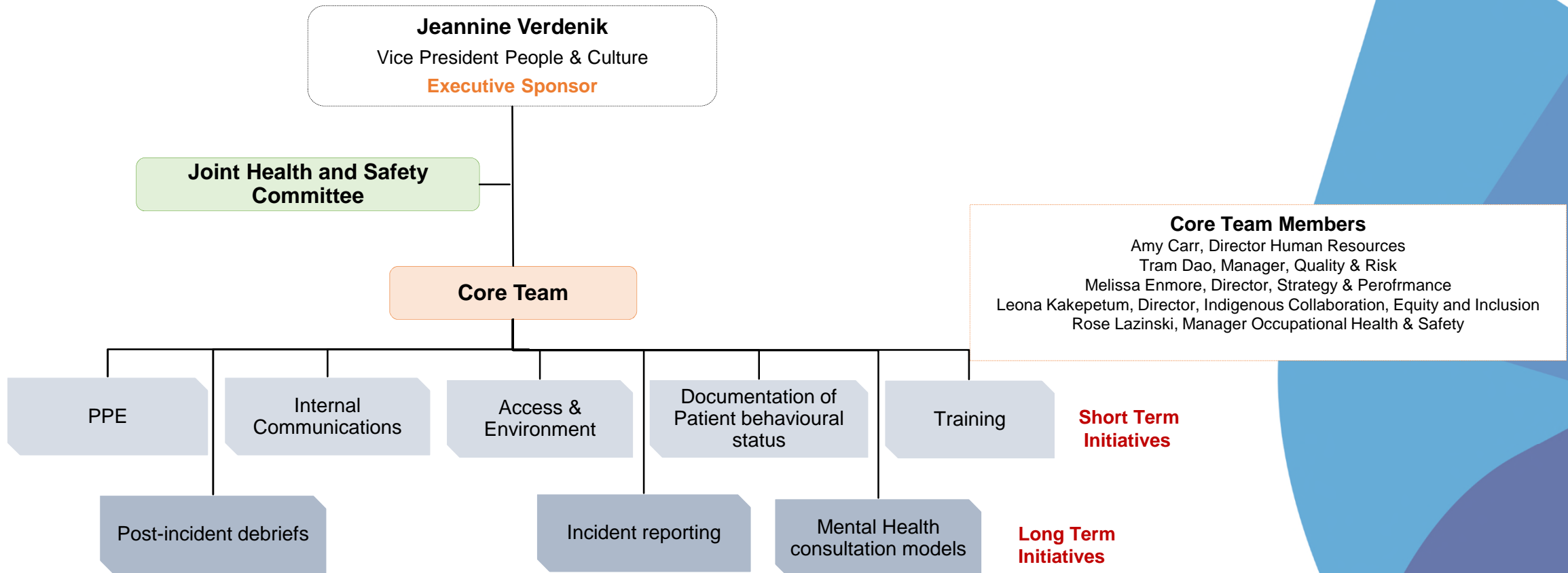
- 1.1 Ensure our workplaces are physically and emotionally safe for staff.
- 1.2 Empower staff by creating a safe and just culture that encourages and enables everyone to contribute to decisions related to their daily work, to speak up and to learn from their mistakes.
- 1.3 Encourage and promote a healthy lifestyle and work-life balance to prevent burnout and to help our staff feel supported, healed and valued.
- 1.4 Ensure that our recruitment efforts are efficient, effective and reflect our values.
- 1.5 Unite all professions in our work together through an Interprofessional Collaborative Model of Practice.

2. Support the ongoing development of our current and future leaders.

OBJECTIVE

- 2.1 Ensure that staff have access to the professional development resources and related supports necessary to be effective in their current roles and to guide development of our future leaders.
- 2.2 Provide our leaders with the knowledge and skills required to better support staff, to reinforce our culture, to live our values and to mentor development of our future leaders.

WPV Project Reporting Structure



Project Activities

Complete



Lanyards to encourage staff to wear personal alarms at all times



Document behavioural status to support care during transitions



Enhance public-facing communications on zero violence



Centralized inventory management of personal alarms for staff



Assess public access after hours

In Progress



Review physical environment to enhance safety



Expand knowledge and training: NVCI, GPA and Trauma-informed Care

On-going



Consistent follow-up and debrief after incident reporting



Education on the importance of incident reporting

Prior to Start



Explore expanding mental health and addictions consultation models



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Respectful Workplaces

- ▶ Message co-designed
- ▶ Internal and public facing
- ▶ Deter violence and promote safety
- ▶ Reinforce Values



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Everyone Deserves to Feel Safe and Respected

Be Inclusive. Be Compassionate. Be Kind.

We will do everything we can to protect everyone from harm.

We will communicate with each other in kind, helpful, and calm ways, in person, online, or in writing. A respectful environment is a shared responsibility.

We will take appropriate actions to keep everyone safe.

Things that make people feel unsafe:

- Behaviour that makes someone feel unwelcome or unsafe.
- Physical violence or threat of harm.
- Racism, discrimination or harassment.
- Yelling, swearing or insults directed at someone.

If you feel or witness unsafe behaviour, speak up, support one another and report the issue.



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5

STRATEGIC PLAN

2026

Special Constables



- ▶ Civilians, not police officers, granted specific powers of a peace officer
- ▶ Dedicated and consistent personnel assigned specifically to the ED, part of the Hospital community
- ▶ Training tailored to health care settings, including de-escalation, crisis intervention, cultural safety and trauma-informed practice
- ▶ A balance of enforcement authority with a patient-centred approach
- ▶ Improved collaboration with security services, clinical teams, and community partners such as police, paramedic services, and mental health resources
- ▶ A safer, therapeutic environment while continuing to meet safety obligations



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Weapons Detection



- ▶ Touchless security screening
- ▶ Detects weapons and ignores harmless items
- ▶ Walk through without divesting bags and pocket contents
- ▶ Guards see real-time image showing precisely where the potential threat is
- ▶ System becomes more intelligent over time as new threat profiles are discovered



Weapons Detection Implementation Plan

- ▶ Phase 1 – Emergency Department main doors and Ambulance Bay
- ▶ Phase 2 – assess and implement at other access doors as indicated

Complete

- ✓ Internal approval
- ✓ Budget approval; operational and capital
- ✓ Procurement path identified
- ✓ Vendor and technology solution identified

In Progress

- ▶ Finalize space review
- ▶ Issue purchase order, implementation 10 weeks from date of order
- ▶ Communications and policy development



Other Supportive Initiatives

Assess After Hours Access:

- ▶ Work alone policy
- ▶ Review of Essential Care Partner and Care Partner Policy
 - ▶ Overhead paging enhancements

Incident Debriefing:

- ▶ Quality of Care Review – Incident Triage Team, Clinical Debriefs
- ▶ “Boots on the Ground” – peer support program
- ▶ Critical debriefing enhanced training

Non Violent Crisis Intervention Redesign

- ▶ Model in development (READE)

Campus Access & Security: (Capital Planning & Operations)

- ▶ New access and security management systems





Board of Directors – *Open*
Wednesday, April 1, 2026 at 5:00pm
In Person at TBRHSC and via Teams (Board Directors only)

Action

Present:

Patricia Lang (<i>Chair</i>)	Dr. Rhonda Crocker Ellacott*	Christine Bates
Charles Campbell	Dr. Michael Green	Matthew Aiken
Joy Wakefield	Michael Pelletier	James Peotto
Gord Wickham	Kimberly Ferris	Marla Morrison
Matt Simeoni	Dr. Andrew Dean	Adam Vinet*
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. Miranda Lesperance, *Vice President, Indigenous Collaboration, Equity & Inclusion*
- Dr. Adam Exley, *Vice President, Medical Affairs*
- Dr. Steve Adams, *Chair, Board of Directors, Thunder Bay Regional Health Sciences Foundation*
- Glenn Craig, *President & CEO, Thunder Bay Regional Health Sciences Foundation*
- Dr. Rosemarie Macchi, Sarah Macchi, Christina Macchi, *Members of the Public approved to be in attendance at the Open Board meeting*

Regrets:

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

1.1 Chair’s Remarks

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

1.2 Quorum – Quorum was attained.

1.3 Conflict of Interest - None

1.4 Approval of the Agenda



Moved by: Matt Aiken
Seconded by: Charles Campbell

Motion

"That the Agenda be approved, as circulated."

CARRIED

2.0 PATIENT STORY

A patient story was shared that highlighted a staff member's commitment to the Hospital's patient care philosophy and the positive impact it had on a patient's care.

3.0 PRESENTATIONS

3.1 Strat Plan 2026: Quarterly Progress Report

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

Overall, the results highlighted the progress made on all strategic initiatives and performance against strategic indicator targets. As at December 31, 2025, there were nineteen (19) initiatives in progress. A majority of the initiatives are on track, with only one (1) initiative tracking moderately behind expected timelines. In addition, seven (7) initiatives have been completed with all others anticipated to be completed by December 2026.

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

4.0 CONSENT AGENDA

Moved by: Dr. Michael Green
Seconded by: Marla Morrison

Motion

"That the Board of Directors:

4.1 Approves the Board of Directors Open Minutes of February 4, 2026,

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, activity in preparation for the upcoming accreditation process, the success of the events hosted during Employee Recognition Week, and the progress achieved on the Electronic Health Records (EHR) project. In addition, Hospital staff in the Emergency Department were commended for efforts during elevated operational pressures that have resulted in improved data trends from previous year.

5.2 Report from the Chief Nursing Executive (CNE)

The CNE report was pre-circulated for information. Highlights focused on the success of this year’s spring hire program.

6.0 FOR INFORMATION

6.1 Report from the TBRHS Foundation – For information.

6.2 Report from NOSM University – For information.

7.0 DATE OF NEXT MEETING – June 3, 2026

8.0 ADJOURNMENT – The meeting adjourned at 5:30 p.m.

Chair

Board Secretary

Recording Secretary

BRIEFING NOTE



TOPIC	Broader Public Sector Accountability Attestation and Use of Consultants Report for 2025-26
SUBMITTER NAME	Phil Thompson, Director, Support Services Blake Rathje, Manager, Strategic Sourcing and Distribution
SUBMITTED BY <i>(name of TBRHSC Program)</i>	Strategic Sourcing and Distribution
APPROVED BY <i>(name of VP)</i>	Justin Garofalo, Vice President, Facilities, Capital Planning and Support Services & Chief Financial Officer
PREPARED FOR	President & CEO <input type="checkbox"/> Board of Directors <input checked="" type="checkbox"/> IMT <input type="checkbox"/> SLC <input type="checkbox"/> Other:
DATE PREPARED	May 14, 2026
REVIEWED BY DECISION SUPPORT <i>(if required)</i>	Does this have financial impacts to the hospital's budget? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" 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>	<If this impact another VP's portfolio/program, please ensure they are consulted on the briefing note and list their name.>

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- 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 submit Thunder Bay Regional Health Sciences Centre's (the Hospital) compliance reports, prepared in accordance with Section 6 (Reporting re: Use of Consultants) and Section 15 (Compliance Reports – Hospitals) of the Broader Public Sector Accountability Act (BPSAA) for the fiscal year 2025-26.
BACKGROUND
The Hospital is required to submit an Attestation of Certificate and a report on the Use of Consultants, as part of the compliance reporting requirements of the BPSAA.
ANALYSIS/CURRENT STATUS
A list of the compliance requirements is included in the attached attestation certificate. For the fiscal year 2025-26, exceptions regarding BPSAA are reported in Schedule A of the BPSAA Attestation. There are no known exceptions to report on for this reporting period.

RECOMMENDATION / PROPOSED CHANGE(S)

The Resource Planning Committee recommends that the Board of Directors approves the Broader Public Sector Accountability Act Attestation Certificate and accepts the Broader Public Sector Use of Consultants Report, for the period of April 1, 2025 to March 31, 2026, as presented in the Consent Agenda.

BEST PRACTICE & EVIDENCE

N/A

NEXT STEPS

With approval from the Board of Directors, submit the completed Attestation Certificate to Ontario Health North no later than June 30, 2026 and post on the Hospital's website no later than August 31, 2026.

CONSULTATION

N/A

COMMUNICATIONS

N/A

FINANCIAL IMPACTS

There are no financial impacts related the request

APPENDIX SECTION

1. BPSAA Attestation Certificate 2025-26
2. Hospital Report on Consultant Use 2025-26



ATTESTATION CERTIFICATE

Prepared in accordance with Section 15 of the Broader Public Sector Accountability Act, 2010 (BPSAA)

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

FROM: 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

Date: May 27, 2026

RE: April 1, 2025 to March 31, 2026 (“the Applicable Period”)

On behalf of the Thunder Bay Regional Health Sciences Centre I attest to:

- the completion and accuracy of reports required of the Hospital pursuant to section 6 of the BPSAA on the use of consultants;
- the Hospital’s compliance with the prohibition in section 4 of the BPSAA on engaging lobbyist services using public funds;
- the Hospital’s compliance with any applicable expense claims directives issued under section 10 of the BPSAA by the Management Board of Cabinet;
- the Hospital’s compliance with any applicable perquisite directives issued under section 11.1 of the BPSAA by the Management Board of Cabinet;
and
- the Hospital’s compliance with any applicable procurement directives issued under section 12 of the BPSAA by the Management Board of Cabinet;
- the Hospital’s compliance with any applicable business plans directives issued under section 13 of the BPSAA by the Management Board of Cabinet,

during the Applicable Period.



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

I further certify that any material exceptions to this attestation are documented in the attached Schedule A.

Dated at Thunder Bay, Ontario this May 27, 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

I certify that this attestation has been approved by the Board of the Thunder Bay Regional Health Sciences Centre on June 3, 2026.

Patricia Lang
Chair, Board of Directors
Thunder Bay Regional Health Sciences Centre



Schedule A to Attestation

MATERIAL EXCEPTIONS TO DECLARE

1. Exceptions to the completion and accuracy of reports required in section 6 of the BPSAA on the use of consultants;

No known exceptions.

2. Exceptions to the Hospital's compliance with the prohibition in section 4 of the BPSAA on engaging lobbyist services using public funds;

No known exceptions.

3. Exceptions to the Hospital's compliance with the expense claims directive issued under section 10 of the BPSAA by the Management Board of Cabinet;

No known exceptions.

4. Exceptions to the Hospital's compliance with perquisites directive issued under section 11.1 of the BPSAA by the Management Board of Cabinet;

No known exceptions.

5. Exceptions to the Hospital's compliance with the procurement directive issued under section 12 of the BPSAA by the Management Board of Cabinet;

No known exceptions.

6. Exceptions to the Hospital's compliance with the business plans directive issued under section 13 of the BPSAA by the Management Board of Cabinet,

No known exceptions.

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

HOSPITAL REPORT ON CONSULTANT USE

Consultant: a person or entity that under an agreement, other than an employment agreement, provides expert or strategic advice and related services for consideration and decision-making

Name of Hospital: Thunder Bay Regional Health Sciences Centre
LHIN: Ontario Health North
Reporting Period: April 1, 2025 to March 31, 2026

No.	Consultant Firm Name	Name and Title of Consulting Contract	Contract Term	Procurement Value	Consultant Selection Process	Modifications to Agreement
			Original and amendment if term extended	(A) Original value plus (B) Value of amendments and (C) Total procurement value and (D) Total Paid/reporting period	Open Competitive or Invitational Competitive or Non-competitive And if non-competitive then explanation	Yes or No If Yes, did procurement documents permit? Otherwise, modifications to term or value must go to Compliance Report/Attestation
1	Leadership Contract Inc.	Building and Scaling Leadership Accountability	Original Term: January 1, 2025 - March 31, 2025 Extended Term: April 1, 2026 - November 30, 2026	(A) \$55,000 (B) \$28,800 (C) \$83,800 (D) \$24,800	Invitational Competitive	Yes, the procurement documents permitted.
2	Decanthropy	EDI Physical Environment Audit	February 18, 2025 - July 17, 2025	(A) \$38,350 (B) \$0 (C) \$38,350 (D) \$27,794.48	Invitational Competitive	No
3	Healthtech Inc.	CW2432393C - MMNCL Project Staffing	April 15, 2025 - May 31, 2027	(A) \$2,468,400 (B) \$576,280 (C) \$3,044,680 (D) \$889,093.40	Open Competitive	Yes, the procurement documents permitted.
4	A.W. Hooker Associates Ltd.	Cost Consultant Services	August 12, 2025 - February 12, 2026	(A) \$11,500 (B) \$0 (C) \$11,500 (D) \$4,8000	Invitational Competitive	No
5	Tectonic Advisory Services Inc.	25-06 - Clinical Standardization Consultant	September 30, 2025 - March 31, 2026	(A) \$52,500 (B) \$0 (C) \$52,500 (D) \$38,000	Invitational Competitive	No
6	Dr. Robert Allan Bear	25-40 Healthcare Consultant	March 16, 2026 - June 15, 2026	(A) \$30,000 (B) \$0 (C) \$30,000 (D) \$0	Invitational Competitive	No

BRIEFING NOTE



TOPIC	H-SAA Compliance Reports and Performance Obligations 2025-26
SUBMITTER NAME	Kerri McGinn, Executive Assistant
SUBMITTED BY <i>(name of TBRHSC Program)</i>	Facilities, Capital Planning and Support Services & CFO
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 type="checkbox"/> Other: Resource Planning Committee
DATE PREPARED	April 16, 2026
REVIEWED BY DECISION SUPPORT <i>(if required)</i>	Does this have financial impacts to the hospital's budget? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" 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>	<If this impact another VP's portfolio/program, please ensure they are consulted on the briefing note and list their name.>

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 approve Thunder Bay Regional Health Sciences Centre (the Hospital's) Form of Compliance Declaration for the Hospital Service Accountability Agreement (H-SAA) for fiscal year 2025-26.
BACKGROUND
The H-SAA is signed by the Hospital with the Funder and form the contractual relationship for the delivery of service as required to meet the acute health care needs of Northwestern Ontario. Under the H-SAA, the Hospital is required to fulfill various obligations in effect during the period of the agreement.
ANALYSIS/CURRENT STATUS
The H-SAA Article 8, also known as the Form of Compliance Declaration, is submitted annually to the funder as confirmation that the Hospital has fulfilled all obligations in the agreements. For the year ended March 31, 2026, the H-SAA attestation is addressed to the Board of Directors for Ontario Health. The Form of Compliance Declaration is presented to the Resource Planning Committee in May to be recommended for approval by the Hospital Board of Directors in June and with signatures required from the Board Chair. The final approved declarations are required to be submitted to the funder by June 30 th .

RECOMMENDATION / PROPOSED CHANGE(S)

That Resource Planning Committee recommends that the Hospital Board of Directors approve the Hospital Service Accountability Agreement Declaration of Compliance, for the period of April 1, 2025 to March 31, 2026, as presented in the Consent Agenda.

BEST PRACTICE & EVIDENCE

N/A

NEXT STEPS

With approval from the Hospital Board of Directors, submit the completed H-SAA attestation to the funder and post on the Hospital’s external website by June 30th.

CONSULTATION

N/A

COMMUNICATIONS

N/A

FINANCIAL IMPACTS

There are no financial impacts related the request

APPENDIX SECTION

H-SAA Article 8: Form of Compliance Declaration

HSAА ARTICLE 8 – FORM OF COMPLIANCE DECLARATION

DECLARATION OF COMPLIANCE

To: Ontario Health (“OH”).

From: The Board of Directors (the “Board”) of the Thunder Bay Regional Health Sciences Centre (the “HSP”)

Date: June 3, 2026

Re: April 1, 2025 – March 31, 2026 (the “Applicable Period”)

Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the Hospital Service Accountability Agreement between OH and the HSP in effect during the Applicable Period (the “Agreement”).

The Board has authorized me, by resolution dated June 3, 2026, to declare to you as follows:

After making inquiries of the President and Chief Executive Officer and other appropriate officers of the HSP, and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, to the best of the Board’s knowledge and belief, the HSP has fulfilled its obligations under the Agreement during the Applicable Period and has received the required reports referred to in Section 8.6 of the Agreement.

Patricia Lang
Chair, Board of Directors

HSAА ARTICLE 8 – FORM OF COMPLIANCE DECLARATION

Appendix 1 - Exceptions

No exceptions identified.

BRIEFING NOTE



TOPIC	M-SAA Compliance Reports and Performance Obligations for 2025-26
SUBMITTER NAME	Kerri McGinn, Executive Assistant
SUBMITTED BY <i>(name of TBRHSC Program)</i>	Facilities, Capital Planning and Support Services & CFO
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 type="checkbox"/> Other: Resource Planning Committee
DATE PREPARED	April 16, 2026
REVIEWED BY DECISION SUPPORT <i>(if required)</i>	Does this have financial impacts to the hospital's budget? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" 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>	<If this impact another VP's portfolio/program, please ensure they are consulted on the briefing note and list their name.>

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 approve Thunder Bay Regional Health Sciences Centre (the Hospital's) Form of Compliance Declaration for the Multi-Sector Service Accountability Agreement (M-SAA) for fiscal year 2025-26.
BACKGROUND
The M-SAA is signed by the Hospital with the Funder and form the contractual relationship for the delivery of service as required to meet the acute health care needs of Northwestern Ontario. Under the M-SAA, the Hospital is required to fulfill various obligations in effect during the period of the agreement.
ANALYSIS/CURRENT STATUS
The M-SAA Schedule F, also known as the Form of Compliance Declaration, are submitted annually to the funder as confirmation that the Hospital has fulfilled all obligations in the agreements. For the year ended March 31, 2026, the M-SAA attestation is addressed to the Board of Directors for Ontario Health.

The Form of Compliance Declaration is presented to the Resource Planning & Audit Committee in May to be recommended for approval by the Hospital Board of Directors in June and with signatures required from the Board Chair. The final approved declarations are required to be submitted to the funder by June 30th.

RECOMMENDATION / PROPOSED CHANGE(S)

That Resource Planning Committee recommends that the Hospital Board of Directors approve the Multi-Sector Service Accountability Agreement Declaration of Compliance, for the period of April 1, 2025 to March 31, 2026, as presented in the Consent Agenda.

BEST PRACTICE & EVIDENCE

N/A

NEXT STEPS

With approval from the Hospital Board of Directors, submit the completed M-SAA attestation to the funder and post on the Hospital’s external website by June 30th.

CONSULTATION

N/A

COMMUNICATIONS

N/A

FINANCIAL IMPACTS

There are no financial impacts related the request

APPENDIX SECTION

M-SAA Schedule F: Form of Compliance Declaration

SCHEDULE F – DECLARATION OF COMPLIANCE

DECLARATION OF COMPLIANCE

To: The Board of Directors of the Ontario Health North West Region.
Attn: Board Chair.

From: The Board of Directors (the “Board”) of the Thunder Bay Regional Health Sciences Centre (the “HSP”)

Date: June 3, 2026

Re: April 1, 2025 – March 31, 2026 (the “Applicable Period”)

Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the multi-sector service accountability agreement between Ontario Health and the HSP in effect during the Applicable Period (the “Agreement”).

The Board has authorized me, by resolution dated June 3, 2026, to declare to you as follows:

After making inquiries of the President and Chief Executive Officer and other appropriate officers of the HSP, and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, to the best of the Board’s knowledge and belief, the HSP has fulfilled its obligations under the Agreement in effect during the Applicable Period.

Without limiting the generality of the foregoing, the HSP has complied with:

- (i) Article 4.8 of the Agreement concerning applicable procurement practices;
- (ii) The *Connecting Care Act*, 2019; and
- (iii) Any compensation restraint legislation which applies to the HSP.

Patricia Lang
Chair, Board of Directors

SCHEDULE F – DECLARATION OF COMPLIANCE

Appendix 1 - Exceptions

No exceptions identified



ATTESTATION

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

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

DATE: May 27, 2026

RE: **Q4 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 27th day of May, 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



June 2026

Greetings, boozhoo, and bonjour.

The operating environment for Ontario hospitals shifted recently in ways that warrant direct discussion. Hospital activity at TBRHSC remained at sustained high levels, with continued pressure on the Emergency Department and inpatient flow. Our staff and physicians have been incredible in dealing with these high levels, but it certainly isn't without challenges.

On May 21 we publicly confirmed that the 64-bed Transitional Care Unit operated jointly with St. Joseph's Care Group at Hogarth Riverview Manor is being phased out. Fourteen new Community Transitional Care beds will be established, representing a net reduction of 50 transitional care beds in our region. I told media at the time that without some form of transitional unit operating in the near future, we are very concerned about capacity and flow. I am repeating that to the Board because the statement reflects the operational reality.

Discussions with Ontario Health on expanded transitional and outpatient options are active. They are not yet concluded. Our Human Resources and labour relations teams are working through the implications for our staff currently deployed to the TCU, in coordination with our union partners and with St. Joseph's Care Group.

The provincial funding environment further shapes what we are managing. This is taken up in the Final Thoughts section below.

In addition, Accreditation Canada surveyors were on site May 11 to 14 as part of our regular four-year cycle. The detail is set out under Accreditation below.

Patient Experience

Empathy, compassion, and respect in every encounter



Cardiovascular Surgery Expansion

Capital Update

Construction progress continues across multiple project areas, with key construction and renovation phases on schedule. Current activity includes the penthouse exterior, Level 3 and 4 roof slabs complete, HVAC installation and additional structural and mechanical milestones. Phase 1 of work in existing areas is progressing throughout the facility.

As we continue our work on this project, patients continue to travel south, often hours from home, family and the follow-up care that supports their recovery. The construction schedule is also the patient access timeline.



Every milestone delivered on time moves the region closer to bringing cardiac surgery near the people who need it.

Clinical Update

The Cardiovascular Surgery Program continues to attract strong national and international interest from cardiac surgeons and cardiac anesthesiologists. Formal recruitment has not yet begun, but multiple high-quality expressions of interest have been received through professional networks.

An Alternate Funding Plan submission has been provided to the Ministry and the Ontario Medical Association to support recruitment of specialized physician resources and the long-term sustainability of the program. Approval is pending.

A workforce milestone was reached as another staff member completed the two-year Cardiovascular Perfusion Program at the Michener Institute of Education. The individual will work at the Peter Munk Cardiac Centre to consolidate clinical experience before transferring back to support the launch of clinical operations.

All project components remain on budget and on track for organizational readiness and a successful launch in early 2028.

Staff Experience

This is where we want to work, grow and thrive



Just Culture

The Just Culture Project continues to advance our commitment to a psychologically safe environment that supports transparent reporting and learning. Key deliverables aligned with the SP2026 goals have been completed, including the Safety Culture Policy, Just Culture Toolkit, revised Code of Conduct and Respectful Workplaces Toolkit.

The work is jointly led by Professional Practice and Human Resources with oversight from the Just Culture Project Team and input from leadership, medical staff, unions, committees and frontline representatives. Documents are necessary but not sufficient. The next reporting cycle will include measurable indicators drawn from incident reporting, staff survey responses and exit interview data to determine if the framework is changing behaviour.

Psychological safety is a clinical outcome, not just an HR outcome. Clinicians who do not feel safe to report a near-miss are clinicians who will leave or stop reporting, and both outcomes hurt patients. The toolkits are scaffolding. Whether they change daily practice will show up in incident reports, in retention data and in whether staff bring problems forward early enough to act on them.



Research, Innovation, & Learning

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



Elevating Research through Learning

Since May 1, 2026, approximately 20 students have joined the Health Research Institute under the supervision and mentorship of the Scientific team. Opportunities continue to expand across multiple academic levels including undergraduates and doctoral trainees, interns, research assistants and international students.

Current research spans breast and cervical cancer diagnostic and treatment, 3D cerebral models for neurological diseases and protein interactions for clinical drug delivery. Additional work includes advancing AI-enabled MRI detection and quantification, development of novel high-performing MRI contrast agents and new adaptive magnonic devices, quantum sensors and microwave imaging.

Research at a regional hospital is not separate from clinical care. It is one of the few things that brings senior clinicians to Northwestern Ontario who would otherwise practice in Toronto, Hamilton or Ottawa, and it keeps them here.

The research areas above are not abstract. AI-enabled MRI detection, novel contrast agents and 3D cerebral models return to the bedside as better tools for the patients in this region. The 20 students now training in our Institute are also the people who will choose, or not choose, to build their careers here.

Equity, Diversity & Inclusion

We all belong



Indigenous Healthcare Career Pathway Pilot

As part of the Indigenous Recruitment and Retention Strategic Plan project, Miskwaa Biidaaban (Indigenous Collaboration) at TBRHSC has been invited by Matawa Education and Care Centre to participate in a planning committee for the development of an Indigenous healthcare career pathway pilot program at Westgate High School.

The reciprocal partnership is intended to support high school student co-op placements, Indigenous staff mentorship opportunities and enhancement of the Kinomagai Akosii-agamong Anokiiwin (Indigenous Career Experience) event at TBRHSC. The work aligns with TBRHSC's commitment to advancing the Truth and Reconciliation Commission of Canada's Calls to Action, and in particular Call to Action #23, which calls for increasing the number of Indigenous professionals working in health care.



The Pathway Pilot sits within a wider set of Indigenous health activity through May.

The hospital participated in the Moose Hide Campaign on May 6, hosting an information booth and distributing pins in support of action to end gender-based violence with particular attention to Indigenous women and girls. Indigenous Nurses Day was recognized on May 12 within National Nursing Week.

Representation changes patient experience. An Indigenous patient navigating the system in Thunder Bay encounters a different hospital when Indigenous staff are part of the team that meets them. The Pathway Pilot and our Indigenous Care Coordinator partnerships with Anishnawbe Mushkiki, Grand Council Treaty #3 and Matawa HealthCooperative all support indigenous patients navigating our complex health system together.

These are all part of our workforce strategy that takes years to build and starts with high school students choosing to imagine health care as a career.



Accreditation

TBRHSC completed its Accreditation Canada onsite survey May 11 to 14, 2026. The operating environment is much different from what it was four years ago. Pandemic recovery was the dominant frame in 2022. Funding pressure, capacity constraints and an evolving labour relations landscape are the frame now.

This cycle's survey reviewed more than 2,800 criteria, including 27 Required Organizational Practices across 19 priority processes. Activities included tracer reviews, interviews, observation and review of organizational practices across clinical and non-clinical areas. The Laboratory Services Program also underwent a full integrated assessment to verify conformance with Diagnostics Accreditation requirements, which assessed the quality management system, safety, specimen collection and diagnostic testing services across key laboratory areas.

Surveyors recognized strong patient and family centred care practices across all areas and the role we play in supporting Northwestern Ontario. Final reports are pending. We will report back to the Board with the formal decision and any required follow-up actions.

Strategic Plan

As part of our review process for Strategic Plan 2026 (SP2026) and our commitment to partnership and collaboration, we hosted our annual partner engagement session in recent



weeks. The event provided an update on progress achieved through the year, including performance against our measures of success. The engagement allowed us to obtain feedback on our performance, identify emerging trends and surface opportunities to strengthen partnerships in support of shared goals. We are in the final year of Strategic Plan 2026, and preparation work is underway on the next plan.

SP2026 was built in an operating environment that no longer exists. The next plan is being shaped at a time when provincial funding is structurally lagging cost growth, labour relations across the sector are entering a new period and the patient population is older and more complex than at the start of the current cycle.

The partner engagement session is the input that grounds the next plan in what the region actually needs. The priorities that come out of this process will set what the Board governs against for the next planning cycle.

Electronic Health Record (EHR) Update

April 2026 marked one year since the launch of the Bridge Northwest Program, which is delivering Meditech Expanse to TBRHSC and eleven partner hospitals across Northwestern Ontario.

The overall upgrade has moved from a planning stage through design and into the system build. Over the next few months, the focus will be on completing the build and carrying out testing, training and preparation activities for go-live. Twelve hospitals connected on a common patient record across this region represents one of the most significant regional digital health initiatives in the province.



What Patients are Saying

“ Thank you to the amazing oncology nurses at TBRHSC who were with me every day throughout chemotherapy and follow-up visits. Your kindness, compassion, gentleness, and unwavering commitment made such a difference. On days that felt overwhelming and scary, you helped make them feel a little less so. I am deeply grateful for the care and support you provided throughout my journey. Thank you all. ”

- Patient compliment, via TBRHSC's Facebook page (April 2026)

“ National Physicians Day is an opportunity to recognize just how fortunate we are to have such dedicated physicians serving our community. Thank you for your unwavering commitment to patient care and for the knowledge, expertise, leadership, generosity, time, and sacrifice you bring each day. Your contributions make a meaningful difference in the lives of patients, families, and colleagues across our region. Thank you for all that you do. ”

- Patient compliment, via TBRHSC's Facebook page (May 2026)

“ A shout out to the Registration Clerks working in the Emergency Department (ED). I still remember going to the ED back in 2005 after cutting the tip of my left thumb. I was pretty shaken up, but Lorna took the time to calm me down and help put me at ease. After getting bandaged up, I was on my way. It may seem like a small moment, but her kindness and reassurance made a lasting impression and reminded me how much those first interactions in the ED can matter. ”

- Patient compliment, via TBRHSC's Facebook page (April 2026)

“ I had my first chemotherapy treatment at TBRHSC. It was such a great team supporting me through it. I was then able to complete the remainder of my treatments at my home hospital, where my chemo nurse turned out to be both my colleague and best friend. I'm now 10 years cancer free. My Thunder Bay oncologist recently called me and used the “C” word — said I was “cured.” Grateful beyond words for the care, support, and incredible people who were part of this journey. ”

- Patient compliment, via TBRHSC's Facebook page (April 2026)

“ Wishing this year's crop of medical students a wonderful, rewarding, and fulfilling fourth year filled with meaningful experiences, growth, and everything you hope it will be. A heartfelt thank you as well to the Hospital staff who are teaching, mentoring, and supporting our next generation of physicians. Your guidance and dedication make such an important difference. We are truly grateful for all that you do and feel fortunate to have such committed people helping shape the future of health care. ”

- Patient compliment, via TBRHSC's Facebook page (May 2026)

Final Thoughts

As we approach the end of our Board year cycle and the Annual Meeting, I want to express appreciation to our Board for the guidance and commitment shown through a difficult operating year. I also want to recognize the completion of our Board Chair's term and thank our Chair and each and every one of our Board members for their dedicated service to this organization. Your advocacy and leadership are reflected across this report.

One item of broader context warrants direct mention before this Board year closes. The Canadian Centre for Policy Alternatives released its hospital funding analysis on May 11, identifying 55 per cent of Ontario hospitals as having run operating deficits in 2024-25, with hospitals in northern and western regions of the province over-represented among those in deficit. The Ontario Hospital Association continues to flag that the four per cent provincial funding increase falls short of the six per cent annual cost growth driven by population, aging and inflation. The structural gap between funding growth and cost growth is not closing on current provincial trajectory and our planning for 2026-27 reflects that.



Finally, May was a busy month for recognizing and acknowledging our people who keep our hospital performing each hour of each day. Throughout the year we take the time to recognize all of our staff and professions understanding that each of us contributes to how this hospital functions every day. We remain focused on financial stewardship, partnership work and the priorities that support exceptional care for every patient, every time.



Chief of Staff Open Report
to the
Board of Directors
Thunder Bay Regional Health Sciences Centre
May 2026

I am writing this report three weeks into my term as Chief of Staff. The onboarding I have received from all facets of leadership has been gracious, welcoming, and generous. I am truly grateful to Dr. Exley and Dr. Jumah and their team, my new team Michelle Addison and Lori Siver as well as all members of Senior Leadership Council, Dr. Crocker Ellacott, and Pat Lang, for the volumes of information that they have been able to share with me in a short amount of time. I have been a sponge.

The support I have received from the chiefs of departments has been the foundation of why I applied for this role in the first place. I am incredibly proud to be part of this team of individuals who work toward common goals by navigating conflict fairly and with a growth mindset. I will not let them down.

I am also grateful to Dr. Jacobson for his kindness and patience during our sign over. We overlapped over the first two weeks and his presence via text, email, and in person, made the transition feel less overwhelming. It was an honour and serendipitous timing to be able to thank the professional staff together on Doctors Week.

As I look ahead to the coming year, we have significant change ahead of us. We will be implementing a new EMR, Meditech Expanse. We are embarking on a new Cardiovascular Surgery Project. We are undertaking a revision of our professional staff structure to a new Departmental Model to reflect the needs of our patients, our hospital and address our academic mandate. My initial priorities will be to help guide us through these changes and facilitate physician engagement through all parts of the process.

I am a very values driven person. Values that I hold dear are integrity, compassion, kindness, honesty, and equitability. I also value time spent outdoors and the lessons the wilderness can teach us. Over the course of my tenure in this role, I hope to help each department chief work with their teams to define their own values so that we can align ourselves across the physician body and work toward common goals; goals that address the needs of our patients, that address staff experience and safety, and that foster collegiality and collaboration across all sectors of the hospital.



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

Staff Experience

- The 2026 spring nurse recruitment cycle has concluded, resulting in a total of 122 nurses hired, including 92 Registered Nurses (RNs) and 30 Registered Practical Nurses (RPNs). The onboarding process has been initiated and on track with RPN onboarding and transition to independent practice expected to be completed by July 2026 and RN onboarding expected to conclude between late July and early August 2026.
- To support staffing transitions, 34 Unit Care Aides (UCAs) have been hired to fill vacancies created as 58 UCAs moved into RN roles. Recruitment efforts for the remaining positions is ongoing, with interviews in progress. At present, our Hospital currently employs 214 UCAs.
- A new Preceptor Recognition Program has been developed to recognize the vital contributions of preceptors to clinical education, recruitment, retention, and safe patient care. The program was informed by staff feedback and includes formal and peer-driven recognition initiatives aimed at strengthening a culture of mentorship, teaching, and professional excellence across the organization.

Patient Experience

- Efforts are ongoing to advance the Registered Nurses' Association of Ontario Best Practice Guideline on Transitions in Care and Services, including completion of a gap analysis and development of a strategic approach to prioritize recommendations aligned with organizational priorities.
- A Nursing Practice Leader has completed Best Practice Champion training to further strengthen organizational capacity to advance best practice initiatives through broader staff participation.

Research, Innovation & Learning

- A research study has been launched with the spring nurse hire cohort to evaluate the in-house orientation program to evaluate the impact of the structured orientation model on new graduate nurses' role transition, confidence, and readiness for independent practice. Data collection began in April 2026 and will continue through September 2026. Findings will guide program refinements and



- support integration into standard organizational processes based on staff feedback and participant feedback.
- Thunder Bay Regional Health Sciences Centre is participating in the Canadian Institutes of Health Research funded IMPACT multi-site research study in partnership with Trillium Health Partners and Children's Hospital of Eastern Ontario. The study is focused on developing and validating a tool for assessing enabling environments in healthcare organizations, with the goal of strengthening the organizational conditions, culture, and capabilities that support continuous learning. In addition, a Northern Ontario Academic Medicine Association grant has been awarded to support development of an organization-wide critical event debriefing strategy in collaboration with Lakehead University. The initiative will strengthen staff experience through structured emotional and systems-level debriefing processes aimed at supporting staff well-being, satisfaction, and retention.



Thunder Bay Regional
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Report to the TBRHSC Board of Directors May 2026

Foundation Events

The Foundation's events portfolio continues to demonstrate strong momentum, with a focus on innovative donor experiences, community engagement, and signature fundraising events. This is reflected in the ongoing **Secret Supper Series**, the return of **Bullseye: Chase the Case**, and the upcoming **Tbaytel Motorcycle Ride for Dad**.

The second **Secret Supper Series** takes place on June 7, 2026. Building on the success of the inaugural event earlier this year, the series continues to offer an intimate, high-end donor experience designed to strengthen relationships with key supporters through curated culinary programming and impact-focused storytelling.

Bullseye: Chase the Case returned on April 16, 2026, at the Valhalla Hotel, featuring an expanded format with 20 prize packages and 10 ambassadors. The event ultimately raised **over \$60,000** in support of breast cancer care through the Northern Cancer Fund, reinforcing its position as a high-impact signature fundraising event.

Looking ahead, the **Tbaytel Motorcycle Ride for Dad**, presented by PDR Contracting, will take place on June 20, 2026. A well-attended registration barbecue held on May 23, 2026 launched this year's ride. The event continues to unite riders, volunteers, and sponsors in support of prostate cancer awareness and the Northern Cancer Fund's Urology program.

Foundation Funding

The Foundation remains committed to making strategic investments that directly enhance patient care across Northwestern Ontario. Key initiatives include funding essential capital equipment across nearly every clinical area, supporting the ongoing multi-year replacement of inpatient beds with new SMART beds, and advancing major priorities such as the Cardiovascular Surgery Program and Emergency Department renovations.

The 2026 Capital Equipment Grant cycle received **90 applications**, representing over **\$24.72 million in funding requests** from both external/regional partners and internal TBRHSC departments. This reflects significant growth compared to the previous year, which saw **49 applications** and over **\$11.1 million in funded projects**, underscoring the continued and increasing demand for capital investment.

Charitable Gaming

The **April 2026** draw delivered another life-changing win, with Ken Little taking home the grand prize of **\$2,182,137**. The winning call highlighted the personal impact of the lottery, underscoring the meaningful connection between participant wins and funding for critical hospital equipment and services at the Thunder Bay Regional Health Sciences Centre and across the region.

Tickets remain widely accessible through online sales, the Foundation's Donation Centre, and the permanent retail location at Intercity Shopping Centre, ensuring continued participation opportunities for supporters across Northwestern Ontario.

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

PRESIDENT'S REPORT.

FEBRUARY 19, 2026 - MAY 4, 2026

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OVERVIEW

Since the last update, NOSM University has continued advancing several strategic priorities aligned with Rooted in the North 2026–2030. Progress is being made toward provincially approved growth targets, with 92 first-year MD admission offers issued this year compared to 88 last year. As part of the University’s Capital Master Plan process, early planning work is also underway to assess future infrastructure and teaching capacity needs across Northern Ontario, including exploration of a potential full four-year undergraduate medical education campus model in Sault Ste. Marie, building on the community’s established role as a strong clinical teaching site. Planning remains in the preliminary stages, and any future expansion decisions will be subject to Board approval, accreditation requirements, government partnership, available resources, and continued community engagement.

NOSM University also achieved strong results in the 2026 Canadian Resident Matching Service (CaRMS) match cycle, with 96 per cent of undergraduate medical education learners successfully matching to residency programs across Canada and 29 of 30 postgraduate residency positions filled following the second iteration, including full matches across several Family Medicine and Royal College streams. These results continue to demonstrate strong national demand for NOSM University learners and programs and reflect the strength of the University’s distributed, community-engaged medical education model.

STRATEGIC ALIGNMENT

Operationalize the new Strategic Plan through clear key performance indicators (KPIs), transparent progress reporting, and accountability mechanisms that align initiatives with institutional priorities and interest holder expectations.

Since Board approval of Rooted in the North (2026–2030), the University has moved from planning into early implementation, with a continued focus on disciplined execution, accountability, and alignment with institutional priorities.

Executive sponsors remain engaged across all initiatives, and initiative leads have begun operational planning within their portfolios. Early efforts have focused on confirming priority activities, sequencing work, and ensuring implementation remains phased and achievable over the five-year horizon. This approach supports effective risk management and maintains a clear connection between strategic intent and operational delivery.

The Data Stewardship Office has initiated consultations with the initiative leads to operationalize key performance indicators and establish consistent approaches to data collection, measurement, and reporting. The Data Readiness Map supports early identification of data requirements and gaps, enabling a structured and evidence-informed approach to performance monitoring.

Work is also underway to define the structure and cadence of Strategic Plan reporting to the Board, including alignment with existing governance processes to ensure clarity, transparency, and effective oversight.

Financial planning to support implementation is advancing in parallel. Portfolios are aligning initiatives with existing resources while identifying areas requiring reallocation, phased investment, or external funding. This includes consideration of operating pressures and opportunities for government and philanthropic support to enable sustainable implementation.

Overall, implementation is progressing with strong cross-portfolio engagement and a focus on establishing the systems and supports required for successful execution. A further update will be provided at the May Board meeting, including early progress and a proposed framework for ongoing reporting.

FINANCIAL STEWARDSHIP & INSTITUTIONAL EVOLUTION

Address structural deficits through disciplined financial management while advancing program expansion and diversification. Position NOSM University for its next stage of growth—from a medical school to a comprehensive university—through thoughtful academic development, resource optimization, and strategic partnerships.

A key priority within NOSM University's new strategic plan is the stabilization and long-term planning of its capital infrastructure. The University is experiencing significant growth while also facing uncertainty regarding its long-term tenure on both its Sudbury and Thunder Bay campuses.

In response, substantial progress has been made toward the development of a 15-Year Campus Master Plan (CMP), which will guide the NOSM University Board of Governors in strategic decision-making related to real estate, infrastructure, and resource allocation, including equipment and human capital. The potential addition of a full campus in Sault Ste. Marie is also being explored as a future opportunity to address teaching capacity needs across Northern Ontario. A final draft of the CMP is currently under review by the Board's Finance, Audit and Risk Management Committee and is scheduled for presentation to the Board in June 2026.

The CMP will assess future space requirements associated with academic program growth, including the expansion of undergraduate and postgraduate medical education, as well as opportunities for increased efficiency through evolving space utilization, emerging technologies, and changing workforce models such as alternate work arrangements. The CMP is also a prerequisite for seeking provincial capital funding approval, a process that may extend over several years.

Succession planning for senior leadership remains a parallel strategic priority. The recruitment process for the Vice-President, Research and Graduate Studies is underway, supporting continuity within that portfolio. The recruitment of the Vice-President, Finance and Operations has been successfully completed, with the successful candidate assuming the role effective September 1, 2026.

NOSM University continues to demonstrate disciplined financial stewardship while positioning the institution for its next phase of growth as a comprehensive university. For the 2026–27 fiscal year, the University is managing ongoing operating pressures driven by inflation, static base and per-learner funding, and the financial requirements associated with program expansion. In response, a more controlled and disciplined budget approach has been implemented to enhance transparency, mitigate risk, and ensure alignment with institutional priorities.

The Board's Finance, Audit and Risk Management Committee has endorsed a budget reflecting a \$1.5 million deficit for 2026–27, alongside a Recovery and Sustainability Plan aimed at offsetting approximately \$1.3 million. The Administration will continue to advance these measures throughout the fiscal year while identifying additional opportunities for cost containment.

At the same time, the University continues its government advocacy efforts and is engaged in ongoing discussions with both the Ministry of Health and the Ministry of Colleges, Universities Research Excellence and Security to address long-term financial sustainability and support NOSM University's continued growth and evolution.

ADVANCEMENT & FUNDRAISING

Implement targeted fundraising, partnership, and naming initiatives to generate new revenue streams and strengthen donor engagement, with a defined goal of securing \$5 million in new commitments in alignment with NOSM University's strategic priorities.

Progress toward Advancement priorities continues, with \$429,332 in new revenue secured between February 1 and April 30, including a significant estate gift. While the \$5 million commitment associated with this goal has been achieved, efforts are now focused on identifying additional funding priorities aligned with NOSM University's Rooted in the North strategic plan and building a strong pipeline of future support.

Donor engagement remains a key focus, highlighted by a Toronto event recognizing longstanding and major donors whose support has significantly advanced NOSM University over the past five years. Additional cultivation activities included a dedicated lunch to the donors who supported the creation of the Circle for Indigenous Health. Campus-based events are being planned in Thunder Bay and Sudbury designed to introduce new prospective supporters to the University, our impact across the North and strategic priorities.

Alumni engagement activities continue to build connection and pride across the NOSM University community. Recent national events, including receptions held alongside ICAM and SRCP, were well attended and provided meaningful opportunities to reconnect with graduates. Recognition initiatives, including the presentation of alumni awards, further reinforce long-term relationships and contribute to a growing and engaged alumni network that supports the University's mission.

NOSM University recognized outstanding alumni contributions through its annual awards program. Dr. Roger Strasser, Founding Dean Emeritus, was honoured with the Honorary Alumni Award for his transformative leadership in establishing NOSM University as an internationally recognized model of socially accountable, distributed medical education. The Distinguished Alumni Achievement Award was presented to Dr. Nicole Zavagnin for her significant contributions to medical education, leadership, and community-based care across Northern Ontario. The Rising Star Award was awarded to Dr. Sarah Habinski in recognition of her early-career impact in child and adolescent psychiatry, including her leadership in expanding access to mental health services in Northwestern Ontario. These awards highlight the continued impact of NOSM University graduates and leaders in advancing health care across the North and beyond.

RESEARCH GROWTH & INNOVATION

Expand NOSM University's research enterprise by establishing independent Tri-Agency status, and later, increasing Tri-Agency competitiveness and funding, building infrastructure and expertise to support transformative, interdisciplinary, and collaborative research, and leveraging talent and partnerships across Northern Ontario communities — with a deliberate focus on advancing Francophone and Indigenous research priorities, partnerships, and opportunities.

Progress continues in advancing NOSM University's research enterprise and positioning the institution for independent Tri-Agency status. The University's Tri-Agency eligibility application was submitted in early March, with the federal agencies indicating an anticipated review timeline of approximately four months. As part of this process, a concurrent review by the Canada Foundation for Innovation was also requested to support alignment of research infrastructure and funding readiness. In parallel, the application

to the Canadian Council on Animal Care for Good Animal Practice certification was submitted in April. The review will proceed in two stages, beginning with an assessment of the animal use program, followed by a review of the animal care facility. The initial review is scheduled for July 16 this summer and, pending a satisfactory outcome, certification will be granted. Achievement of this certification is a required step toward full Tri-Agency eligibility to independently administer research funding.

These milestones represent critical progress in strengthening NOSM University's research capacity, infrastructure, and competitiveness. They also reflect the broader momentum captured in the Annual Research Report, included in the Board package, which highlights the scale and impact of research grounded in Northern Ontario and shaped by community priorities. Under the theme Rising Up, the report showcases work addressing pressing regional health challenges, including the opioid crisis, inequities in access to care, clinical decision-making, cancer outcomes, and health workforce sustainability.

Together, this progress demonstrates NOSM University's continued growth as a socially accountable medical university with a research enterprise that is increasingly collaborative, community-engaged, and connected to national and global research efforts. Through the work of faculty, learners, the Dr. Gilles Arcand Centre for Health Equity, AINORTH, and an expanding network of partners, NOSM University is advancing interdisciplinary research that supports health equity, knowledge mobilization, and meaningful change across Northern Ontario, with a continued focus on Indigenous and Francophone research priorities and partnerships.

ENGAGEMENT, LEADERSHIP & CULTURE

NOTABLE MEETINGS, CONFERENCES AND EVENTS

- National Consortium for Indigenous Medical Education (NCIME) Board
- Thunder Bay Regional Health Sciences Centre (TBRHSC) Board
- TBRHSC/NOSM U Joint Relations Committee
- Council of Ontario Faculties of Medicine (COFM) Board
- Association of Faculties of Medicine (AFMC) Board
- AFMC Standing Committee of Research & Innovation
- AFMC Executive Committee
- Health Sciences North Research Institute (HSNRI) Board
- Joint Relations HSN/HSNRI/NOSM U
- Lunch with Year 2 Learners -Sudbury & Thunder Bay
- Donor Meetings x 3
- Donor Event-Toronto
- NOSM University Check Up
- FedNor Announcement Event
- Meetings with the Ministry of Colleges, Universities, Research Excellence
- International Congress on Academic Medicine (ICAM) Conference
- Earth Day Celebration Event
- PGME Accreditation Summit
- Northern Constellations Conference
- Indigenous Health Research & Innovation Gathering
- Francophone Reference group meeting

INTEREST HOLDER MEETINGS

- Meeting with Deputy Minister Deborah Richardson & Tour of Thunder Bay Campus
- Meeting with Minister George Pirie
- Presentation to Intergovernmental Affairs Committee -City of Thunder Bay
- Meeting with President of Algoma University
- NOAMA Board Meeting
- Media Interviews, CTV, Toronto Star, CBC
- NOMA Speaking Engagement and Gala Dinner

NORTHERN ROUTES

1 BLOG

- March 3, 2026: [Rooted in the North](#)

EARNED MEDIA

- Mentions (media items): 702
- Ad equivalency: \$6,563,634

	Coverage Volume	Potential Audience Reach
Print	28	668,619
Online	495	499,911,186
TV	51	6,851,040
Radio	128	43,787
Total	702	507,474,632

MEDIA RELATIONS

(February 19, 2026 - May 4, 2026)

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News / Local News / Politics

Early seeds planted to establish NOSM U campus in Sault Ste. Marie

The consultant group will provide recommendations on the development of a full campus for years one to four for undergraduate medical education in Sault Ste. Marie.

Elaine Della-Mattia

Published Apr 14, 2026 · Last updated Apr 15, 2026 · 3 minute read

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City council is contributing \$25,000 towards a new Northern Ontario School of Medicine University campus study in Sault Ste. Marie. PHOTO BY ELAINE DELLA-MATTIA /The Sault Star

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'Exciting time': Orillia Family Medicine Teaching Unit growing

'I'll be training in a strong, supportive learning environment while living in a close-knit community with a great food and sports scene that truly feels like home'

OrilliaMatters Staff
Apr 14, 2026 6:00 PM



1 / 3 Dr. Kush Patel, 2026 First-Year Resident, OSMH FMT | Orillia Soldiers' Memorial Hospital

[Listen to this article](#)
00:04:21

NEWS RELEASE
ORILLIA SOLIDERS' MEMORIAL HOSPITAL

As the Orillia Family Medicine Teaching Unit (FMTU) prepares to enter its second year this July, the program is already experiencing early growth. Originally anticipating an intake of four first-year residents annually, five residents have now matched for 2026.

Family Medicine Matters
Real Stories, Real Solutions
Hosted by Sarah Cook

OCTOBER 30, 2025 - EPISODE 1 - 42 MIN

Dr. Sarah Newbery on driving change in family medicine

Family Medicine Matters

[▶ Play](#)

Dr. Sarah Cook speaks with rural family physician Dr. Sarah Newbery, from Marathon, Ontario, about how team-based care helps meet community needs sustainably. They discuss how doctors working closely together build a strong culture that drives meaningful change, and why family medicine is so important to our health care system.

This podcast series is eligible for non-certified Mainpro+ credits. Participants may also earn additional Certified Assessment credits by completing a Linking Learning exercise.

The views and opinions expressed in this podcast are those of the guest(s) and do not necessarily reflect the views or opinions of The CFPC or the interviewer. This content is for informational purposes only and does not constitute medical or other advice.

Hosted on Acast. See acast.com/privacy for more information.

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Sujet, émission ou autre ma

 Au rythme du Nord | Jeudi 5 mars 2026

L'UEMNO veut recruter plus de futurs médecins autochtones

Jeudi 5 mars 2026


[▶ Lancer l'écoute](#)
30 min



L'Université de l'École de médecine du Nord de l'Ontario
PHOTO: Getty Images / Joe Raedle

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News / Local News

Med school expansion aims to keep docs in the north

FedNor funding could double the amount of grads within four years

Andrew Aulio
Published Apr 24, 2026 • Last updated Apr 24, 2026 • 5 minute read

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Dr. Owen Prowse, vice president, clinical partnerships and hospital relations with NOSM University
PHOTO BY SUPPLIED


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Magnus Theatre partners with NOSM U to host 'The Waiting Room'

The performance will take place on Monday, March 30, at 6:30 p.m.

 Nicky Shaw
Mar 19, 2026 2:00 PM



1 / 2 Magnus Theatre in Thunder Bay in a 2024 file photo. | Nicky Shaw

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NOSM U's retired dean still city's top-paid public servant in 2025

Dr. Sarita Verma was on a one-year paid administrative leave following her fall 2024 retirement, and also had a 'one-time retroactive adjustment related to previous years' employment'

 Heidi Ulrichsen
Apr 9, 2026 1:00 PM
Updated Apr 9, 2026 2:11 PM



Dr. Sarita Verma. | Len Gillis / Sudbury.Com

SAULT THIS WEEK

Sports Entertainment Life Opinion All Newspapers Business Ads Jobs Driving Healthing Puzmo News

SAY IT WITH A SCRATCH TICKET THIS MOTHER'S DAY

News / Local News

Sudbury's post-secondary schools welcome end to tuition freeze, more funding

The Sudbury Partnership for Higher Education says the changes are badly needed

Star Staff and Canadian Press
Published Feb 14, 2026 • Last updated Feb 16, 2026 • 5 minute read

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Daniel Giroux, president of Collège Boréal, signs a leasing agreement with Serge Miville, president and vice-chancellor of Université de Sudbury. Sudbury's post-secondary schools are welcoming

CTV NEWS Local Watch Trade War In Pictures CTV Your Morning

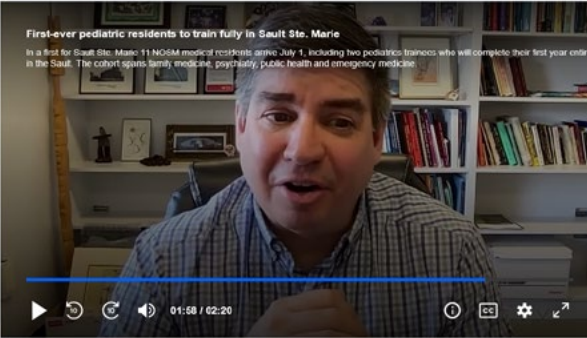
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Northern Ontario | News

Sault Ste. Marie named new pediatric training site

By Darren Macdonald
Updated: March 17, 2026 at 6:15PM EDT
Published: March 16, 2026 at 2:25PM EDT

First-ever pediatric residents to train fully in Sault Ste. Marie
In a first for Sault Ste. Marie, 11 NOSM medical residents arrive July 1, including two pediatric trainees who will complete their first year entirely in the Sault. The cohort spans family medicine, psychiatry, public health and emergency medicine.



01:08 / 02:20

In a first for the Sault, 11 NOSM medical residents arrive July 1, including two pediatric trainees who will complete their first year entirely in the city.

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Northern Ontario | News

Study exposes 'critical gap' in youth addiction care

By Amanda Hicks
Published: February 25, 2026 at 6:02AM EST

Sudbury research highlights youth addiction care failures
Study of youth ER visits for substance use in Sudbury reveals a critical gap: 19-24-year-olds lack follow-up care, driving repeat crises. Findings show that without a "warm handoff" within 72 hours, the system fails its most vulnerable. Amanda Hicks explains.



KRISTEN MORIN
HSNRI RESEARCHER

00:31 / 02:09

Study of youth ER visits for substance use in Sudbury reveals a critical gap: 19-24-year-olds lack follow-up care, driving repeat crises.

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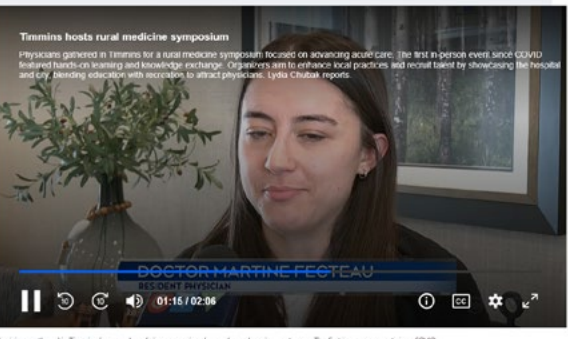
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Northern Ontario | News

Acute care in the north: Timmins conference tackles rural medicine

By Lydia Chubak
Published: March 01, 2026 at 9:50AM EST

Timmins hosts rural medicine symposium
Physicians gathered in Timmins for a rural medicine symposium focused on advancing acute care. The first in-person event since COVID featured hands-on learning and knowledge exchange. Organizers aim to enhance local practices and recruit talent by showcasing the hospital and city. Attracting educators with incentives to attract physicians. Lydia Chubak reports.



DOCTOR MARTINE FECTEAU
FELDMAN'S HOSPITAL

01:16 / 02:06

Physicians gathered in Timmins for a rural medicine symposium focused on advancing acute care. The first in-person event since COVID.

Physicians and medical learners flocked to Timmins for an educational symposium. The theme of the two-day conference was about advancing acute care in rural medicine.

Menu

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Thunder Bay

Health equity key in Northern Ontario School of Medicine University's new 5-year plan

School focuses on recruitment and retention of physicians to fill gaps in region

Sarah Law - CBC News - Posted: Mar 11, 2026 8:30 AM EDT | Last Updated: March 11

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Estimated 4 minutes



Dr. Michael Green is president, vice chancellor, dean and chief executive officer of NOSM University. (Marc


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HOME > LOCAL JOURNALISM INITIATIVE (LJI)

Hiring new doctors 'alleviates a lot of the pressure' in small city

The Dryden Regional Health Centre announced that the third doctor who has graduated from NOSM University since August 2025 has started her practice.

 **Matt Prokopchuk, Local Journalism Initiative Reporter**
Mar 26, 2026 11:30 AM





(FILE)

LE VOYAGEUR journal

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Laïla Faivre ou comment transformer les barrières en leviers de leadership

JULIAINE TCHADIEU



débats entourant la « loi 2 » sur la rémunération des médecins au Québec.



Mélanie Goulet est coordonnatrice du recrutement des professionnels de la santé à l'hôpital Notre-Dame à Hearst et coordonnatrice administrative de la communauté à l'Université de l'EMNO.

PHOTO : AVEC LA PERMISSION DE MÉLANIE GOULET

Enfin, quelques-uns ont décidé d'offrir des services temporaires. Mais le succès, selon Mme Goulet, est avant tout d'avoir fait connaître les possibilités d'avoir une pratique en français en Ontario. « Ça nous a ouvert la possibilité de

Source name Thursday, April 2, 2026
The Chronicle-Journal (Thunder Bay, ON)
Source type The Chronicle-Journal (Thunder Bay, ON)
Press • Newspapers • p. A1,A3
Periodicity • 624 words
Daily
Geographical coverage
Regional
Origin
Thunder Bay, Ontario, Canada



Plan looks to keep doctors working in North

Medical student numbers expected to take massive jump in coming years

DOUG DIACZUK

Nearly \$2 million in federal funding will allow more medical students to train in rural and remote communities across the North and nearly double the number of students at the Northern Ontario School of Medicine University in the next four years.

On Wednesday, \$1.96 million in funding was announced for the Northern Ontario School of Medicine University (NOSM University).

dated our video conferencing. It's for those sorts of things to allow our community partners to have more of our learners on site."

Of the 87 training facilities, five are located in hospitals in Sudbury, North Bay, Sault Ste. Marie, Thunder Bay, and Timmins. An additional 13 locations are classified as comprehensive community clerkship sites where students spend eight months in a smaller community doing family medicine or other specialties.

THE CHRONICLE-JOURNAL/DOUG DIACZUK Mike Green, president and dean of the Northern Ontario School of Medicine University, said more students will be supported to learn in remote and rural communities.

are expecting the total number of students in its doctor of medicine program to increase from 425 to 852 in the next four years.

According to Green, NOSM University has already grown the number of funded

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	May 20, 2026
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](#).

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
<p><u>Ontario Fire Code</u></p> <ul style="list-style-type: none"> • 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 2026. 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, 2027. • The Hospital's last annual Fire Inspection (including record inspection) occurred June 18, 2025. No violations or orders received, some minor deficiencies were noted and are now rectified. The next scheduled inspection is expected to occur in June 2026. • 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 impact the hospital. These have been reviewed incorporated into the inspection & testing plan.

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, 2026. 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 2024 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 the 2025 reporting year where EEUs will be required for reconciliation by December 1, 2026.
- 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