

Strategic Objective: Reports from TBRHRI Senior Management and Directors

Chair: Valerie Grdisa

Note Taker: Lisa Niccoli

Attendees: Valerie Grdisa, Peter Myllymaa, Daniel Horne, Tanya Niederer, Shalyn Littlefield, Doug McChristie, Chris Mushquash, Jean Bartkowiak

Regrets: Amarjit Chahal, Joan Duke

Guests: Michael Del Nin, Murray Plichta, Angela Marostica

AGENDA								MEETING NOTES	
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				Information	Feedback	Decision	Detail		
1.	2 min.	Chair (V. Grdisa)	Call to Order, Introductions & Approval of Agenda			X	Agree agenda is appropriate.	Dr. Grdisa called the meeting to order at 9:00 a.m. She welcomed everyone to her first EMC meeting and thanked them for their support during her first few weeks. There were no additions or changes to the agenda.	
	5 min.	S. Littlefield	Summary of Patient-Oriented Study	X			Provide a brief overview of a patient-oriented study taking place at TBRHSC.	Ms. Littlefield spoke briefly about a patient-oriented study involving Dr. Shahrou, a local Urologist. The study, funded by a TBRHRI Research Seed Grant will look at the effect of a patient's nearness to the Cancer Centre on prostate cancer outcomes; their choice of intervention and compliance. Working with a patient as a co-investigator on the study. The Research Ethics Board has recently approved the study and it is now waiting for Research Program authorization. Data collection will begin this summer and will take place over the course of one year.	
Q4 Re-view	30 min.	T. Niederer/ M. Del Nin	Q4 Scorecard* & Briefing Note*		X		Review scorecard and discuss issues/challenges. Preliminary discussion re changes to indicators	Ms. Niederer reviewed the Q4 scorecard and the following comments/questions were raised: <ul style="list-style-type: none"> • #1: Mr. Horne to provide Q4 actual; • #5: should the definition of participants enrolled in clinical trials be revised to match CAHO's definition; it was noted 	D. Horne

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								<ul style="list-style-type: none"> that the CAHO definition is broader; will address; • #6: YTD and Annual Target should match; • #14: Q4 Actual might change to 1; • #16: why did paid sick dollars go up so much in Q4; there are multiple staff on extended leave; this figure relates only to Clinical Trials staff; should try to look at this for the organization as a whole; if this does not represent the entire organization the heading should be changed to be clear; • there is a lot of red on the scorecard; do the targets need to be reconsidered; need to reconsider the indicators and associated targets; • what is the go forward plan regarding the indicators; capture appropriate CAHO definitions and go forward with those results; • will need to consider why some of the #s are so low (e.g. Scientist publications, etc.); Dr. Mushquash to assess data related to the Scientists. <p>It was agreed that a small working group will be formed to look at the indicators going forward.</p>	<p>T. Niederer M. Plichta T. Niederer</p> <p>T. Niederer</p> <p>C. Mushquash</p> <p>V. Grdisa</p>
		P. Myllymaa M. Plichta	Review Preliminary March Financial Statements*	X			Review financial statements.	Mr. Myllymaa provided an overview of the budget changes for the year (i.e. transfer of responsibility for Cyclotron to the Hospital, provision of in-kind services rather than paid services from the Hospital, etc.). SR&ED credits are no longer being pursued. The budget position was more realistic than in prior years. Would have had a small surplus however moved some	

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								research expenses from the Hospital to the Institute and the Institute will end the year in a balanced position. Some variances were noted including the receipt of less revenue from the Foundation than budgeted. Discussions are ongoing with Mr. Craig to increase revenues. A question was raised about donations received in the Discovery Fund and whether they are all transferred to the Research Institute. It was noted that some of these donations are used by the Institute however some of the funds are directed elsewhere. Mr. Myllymaa to speak with Mr. Craig regarding donations received in the Discovery Fund that are not being directed to the Institute. Clinical Trials revenues are also not as expected. Savings have been realized in salaries and wages. Industry support also did not come to fruition this year. The 2019/20 budget will be presented to the Board of Directors on April 26th. The 2018/19 Audit will start next week.	P. Myllymaa
		A. Marostica	Update re TBRHRI Work Plan*	X			Review updated work plan.	Ms. Marostica provided an update on the work plan. A lot of items have now been marked closed (approx. 61%). Looked at what could be realistically done by the end of the Strategic Plan. There are no work plan items that haven't been started. The Hospital has decided their Strategic Plan will end December 31 st , 2019. Will the Institute plan follow? The Hospital has decided to have an interim plan that will focus on system restructuring due to the government's recent announcement regarding Ontario Health Teams. There was some discussion about developing an interim plan for the Institute as well. Need to acknowledge what is going on at the provincial level as this	

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								<p>will also impact research. May be a good reason to do something on a transitional basis until there is more clarity with the overall system. The Hospital is looking at a 16 – 24 months interim plan.</p> <p>It was noted that items marked “closed” on the work plan does not mean the item has been completed. It was agreed that an explanation should be provided for items that have been “closed” rather than completed. Ms. Marostica will prepare a narrative for the closed activities.</p> <p>Re work plan item 6.1.2: Mr. Horne hopes to move forward with this once the one manager model is in place.</p>	A. Marostica
2.	5 min.	V. Grdisa	Approval of previous minutes* & updates re status of action items		X	X	Approve minutes and review status of action items from February 15th meeting.	No errors or omissions were noted in the minutes of the February 15 th meeting. Action items were addressed throughout the agenda.	
New Business									
3.	15 min.	T. Niederer	Update re Student Travel Award Funding & Sanofi Funds	X			Report on availability of funds for student travel and use of Sanofi funds.	Ms. Niederer and Dr. Mushquash have met with some of the Scientists regarding the Summer School of Medical Imaging (SSMI). The Foundation has confirmed there is \$50K of Sanofi funding for the Institute to use. The group decided to use \$20K for SSMI and \$20K for next year’s SSMI and will use \$10K for the Student Travel Award. As well, \$8K from the Discovery Fund will be used for the High School student program this summer. Some additional funds may also be available to	

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		V. Grdisa	Discussion re future format/structure of Executive Management Council*		X		Preliminary discussion re direction for Executive Management Council (i.e. format, Terms of Reference, meeting frequency, etc.).	support a second student in the program. The importance of supporting students was acknowledged. It was noted that the Terms of Reference for the Executive Management Council need updating (i.e. membership, etc.). The following comments/questions were raised: <ul style="list-style-type: none"> • need to revisit the Strategic Plan; • change titles of members as needed and remove those who no longer attend and behind Patient Family Advisor add “in good standing”; • there was some discussion about including a Scientist representative; it was agreed that the Scientists should nominate a representative; • under “establish annual budget” add “for Board approval”; • under “procedure” remove “in the event of a tie ...”; • under “in camera” add “Scientist” to list of people; • under duties remove “all”; • under “lead” replace with Dr. Grdisa; • for “reporting relationship” just put CEO’; • under “term” remove “and serve during their term of employment”; • check format of Terms of Reference to see if standard. Mrs. Niccoli to make revisions to Terms of Reference as discussed.	C. Mushquash L. Niccoli
Previous Business/Business Arising									
4.	10 min.	T. Niederer	Report on items received in Anonymous Comments Box	X			Advise re any comments received from staff.	There were no anonymous comments to report. There was some discussion regarding the EPSES reports and the results for	

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								the Clinical Trials group. The same issues that have previously been discussed continue to be identified (i.e. support and recognition, differences between benefits for Hospital vs. Institute staff, performance feedback, staffing challenges, etc.). Parity issues are frustrating. There was some discussion about involving staff in developing solutions to identified issues. Need to help staff move forward in a supportive and strategic way.	
		D. Horne	Update re Integration of Research Program & Research Ethics Office		X		Shared understanding.	Mr. Horne spoke to a SWOT analysis circulated at the meeting. Have met with Capital Planning to see if there would be a common area for staff to work in the same office. They will get back to us in about a month. Working to move to a one manager with three coordinators model. Two coordinator positions will need to be posted. Expectation is that the coordinators will assume accountability to ensure that there is no conflict of interest and then the Manager will assume the risk. This model will be piloted for six months to see if the design is operational. Will have a quick meeting with staff involved regarding the results of the EPES and then let them know about piloting the new structure and timing. Want to ensure staff feel they have input into the structure and are part of the solution to identified issues. Also thinking of additional ways to utilize Dr. Chahal. Dr. Grdisa and Ms. Niederer to meet with Human Resources to determine if an application process is required if the pilot is deemed successful.	T. Niederer
		S. Littlefield	Update re Patient Engagement in Research Initiatives	X			Report on plans for dissemination of information/communications	Ms. Littlefield reported on this item in follow-up to a discussion at the last meeting. Waiting to move forward with a communication strategy, etc. once the staff structure has been	

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							plan.	put in place. An update will be brought forward in June.	S. Littlefield
Standing Reports									
5.	10 min.	D. Horne & S. Littlefield	Clinical Research Services & REO Report: <ul style="list-style-type: none"> Clinical Trials Staffing* Permission to Contact Process Clinical Research Services Program Research Ethics Office Reassignments from NWMRI 	X			Provide report.	<p>Working closely with Privacy Officer over the last few months as there have been some concerns. Would like Clinical Trials Ontario to come for a site visit before the end of the summer. The Research Ethics Board is updating their Terms of Reference. A design event for research ethics may be held in the fall. Dr. Voros may be asked to lead the event. There is likely some opportunity to educate the Hospital Board about the Research Ethics Board's responsibilities.</p> <p>Re Northwest Medical Research Inc.: 22 agreements have been signed back to the Hospital/Institute, 8 are ongoing and 18 are out for signature. Close to wrapping up this company.</p> <p>Ms. Littlefield spoke to a briefing note contained in the meeting package regarding Clinical Trials staffing. The department has been functioning at a reduced capacity since the beginning of the year and this has resulted in some major implications to some clinical trials. Sponsors are being alerted that new studies cannot be opened and referrals are not being accepted from physicians. Not meeting accrual targets which is a potential loss of revenue. One staff position has been filled and is being trained. A question was raised whether a group of nurses could be trained to pitch in during times of crisis. It was suggested that Mr. Horne speak with Ms. Docherty to see if some solutions can be created. Will look for some creative solutions</p>	D. Horne

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								and will include human resources if necessary. Re Non-oncology trials: there is a good opportunity to join a phase 3 industry sponsored trial however we need a mechanism to register the patients in Meditech in order for them to get the infusion because they aren't in-patients. Staff have been told that they can't enter research activity into a medical record. It was pointed out that this is a potential safety issue as a patient's record should include any drug they are receiving. Looking externally to see what is done in similar cases (N2, etc.). Dr. Grdisa to assist Ms. Littlefield and Mr. Horne with some messaging to the Privacy Office and Informatics regarding this issue.	V. Grdisa
6.		A. Chahal	Manager, Business Development Report* <ul style="list-style-type: none"> Update re Patent Review Update re CAHO Innovation Broker Initiative & Article Intellectual Property Committee Other 	X			Defer.	Deferred as Dr. Chahal not in attendance. See written update included in the meeting package.	
7.	10 min.	C. Mushquash	AVPR & Chief Scientist Report: <ul style="list-style-type: none"> Research Seed Funding Competition 2019/20* Research Day 	X			Provide report.	Dr. Mushquash spoke about the latest Research Seed Funding competition. Applications are due at the end of June and content experts will be recruited to review the applications prior to consideration by the review committee. May want to consider increasing the grant amounts in future. Planning for Research Day continues. It will be held on October 4 th . The theme will be " <i>Moving research to patient care: from bench to bedside</i> ". Dr. Patrick McGrath will be the keynote speaker.	

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								<p>Accreditation of the event is being pursued through NOSM. An NOHFC application has been submitted for funding for the event.</p> <p>Re Vivarium: waiting for NOSM to determine what they are going to do with the University as users of this facility. NOSM wants to move all of their research to the vivarium here. There is potential for some revenue generation. Lakehead University to schedule a users meeting. At some point Dr. Grdisa, Mr. Myllymaa and Mr. Bartkowiak will meet with Dr. Dean.</p>	
8.	10 min.	P. Myllymaa	Chief Operating Officer Report: <ul style="list-style-type: none"> Report on TBRHRI Finances Foundation & Fundraising Activities for TBRHRI 				Provide report.	The financial position of the Institute was discussed as part of the Q4 review agenda item.	
9.	10 min.	J. Bartkowiak	Chief Executive Officer Report: <ul style="list-style-type: none"> TBRHSC/RI Ad Hoc Governance Committee 	X			Provide report.	The Ad Hoc Governance Committee is doing a final review of a proposed model. It is hoped that a recommendation will be brought to the two Boards in May. Will share the model with EMC when final.	J. Bartkowiak
10.	10 min.	V. Grdisa	EVP Research, Quality & Academics/CNE: <ul style="list-style-type: none"> Northern Health Innovation Cluster Update CAHO Research Committee April 15th Meeting Update Dyad Reporting 	X			Provide report.	<p>Re Northern Ontario Health Innovation Cluster: Dr. Grdisa reported that she will be working on the paper to make it a more concise cohesive document which can be used in strategic discussions with potential funders.</p> <p>Re CAHO Research Committee: Mr. Horne participated in the recent meeting on her behalf. A lot of questions were raised around research funding and whether it will continue. Touched on the integration of CAHO into OHA. There will be a six month transition plan. Ms. Grdisa to circulate the Deloitte report "Accelerating Prosperity: the Life Sciences Sector in</p>	V. Grdisa

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11.	2 min.	All	Upcoming Communications Needs & Notice re Known Communications Activities		X		Advise re upcoming communication opportunities & needs.	<p><i>Ontario</i>".</p> <p>Re Dyad Reporting: Dr. Grdisa has been invited to Drs. Voros and Kennedy's dyad meetings and her portfolio will be an agenda item now so there will begin to be an understanding of the research mandate, knowledge exchange, etc.</p> <p>Research Day – October 4th.</p>	
12.			Information Items: <ul style="list-style-type: none"> Clinical Trials Ontario Conference 2019 Summary* Joint Health & Safety Minutes February 13th & March 13th, 2019* Research Canada re <i>Health and Biosciences Economic Strategy Table Report</i>* Research Canada re Parliamentary Health Research Caucus Reception* CAHO and OHA Integration* 	X			Information only.	Included for information only.	
In Camera Session (if required)								An in camera session was not required.	
13.		V. Grdisa	Date of Next Meeting & Adjournment			X		<p>The next meeting will be held on May 17th.</p> <p>The meeting was adjourned at 11:25 p.m.</p>	

Distribution List: Executive Management Council