

Timmins and District Hospital L'Hôpital de Timmins et du district

Exemplary Care to Northerners



**Annual Report:
A Year in Review
2015-16**

Message from the Chair and President & CEO

It is a pleasure to present our report for the 2015-16 Annual General Meeting of the Timmins and District Hospital (TADH) and my first such report as CEO.

TADH continues to be a cornerstone of activity within the City of Timmins providing high quality healthcare services to the residents of Timmins and the patients throughout the Timmins and District Hospital Hub area outside of Timmins. As the demand for a number of procedures continues to increase from year-to-year in many of the healthcare services provided at TADH, we need to continue recruiting new physicians which will increase our capacity to improve access to services closer to home.

In the present era of fiscal restraint by the provincial government and inflationary cost increases such as hydro and wages over which we have no control, balancing the service demands against a somewhat frozen amount of funding revenues is an ongoing challenge. In 2015-16, we were able to meet that challenge and we ended the fiscal year with an operating surplus. It is becoming more and more evident to us that the ability of many health organizations including TADH to achieve a balanced position as single isolated organizations is diminishing. Therefore, we must continue our efforts to partner with organizations which share a community of interest with a view to achieving mutual financial benefits. The objectives of these partnerships must always be first and foremost improving the patient experience and outcomes in terms of better patient-transitions and a more integrated and seamless approach to healthcare delivery.

Through the course of this report we will comment in detail about the support of the TADH Foundation from the businesses and individuals in our community. However, we would be remiss if we did not highlight the tremendous work done by so many people that allows TADH to be the state-of-the-art facility it is today.

It has been a great honor and a privilege to work with and alongside all of the exceptionally talented individuals on the Board, the Board committees, the staff committees, the tireless volunteers on the Auxiliary and the Foundation, the administrative staff of the Hospital and the Foundation, the professional staff and the medical staff who make our Hospital a place where the residents of our communities truly feel they will receive the best care available close to home.

FOUNDATIONAL STATEMENTS

MISSION

Working Together with our Partners to Improve the health of Northerners.

VISION

Exemplary Care to Northerners

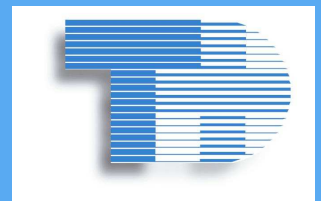
STRATEGIC DIMENSIONS

Optimize Care within our Northern Communities

Maximize the potential of our People

Harness & Advance Technological Enablers

Achieve Financial Sustainability



The year ahead will no doubt bring many new challenges arising from the continued financial constraints and expected health system transformation which the impending legislation related to the “Patients First” discussion paper will bring. We feel confident that with the continued support of everyone here at the Hospital, of our community stakeholders, the Northeast Local Health Integration Network and our residents, those challenges will be turned into opportunities to better serve the needs of our patients and their families. We will live up to our Mission in our new strategic plan “Working together with our partners to improve the health of Northerners”.



Blaise MacNeil

Blaise MacNeil
President & CEO



Léon Laforest

Léon Laforest
Chair



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HIGHLIGHTS OF MEDICAL CARE

Dr. HARRY MIKAEL VOOGJARV, MD, Chief of Staff & VP of Medicine



Timmins and District Hospital is proud to have been able to provide exemplary care to the patients of Timmins and the district, while also not incurring a deficit. All members of our health care team are to be congratulated!

We continue to work with the Northeast LHIN and evolving hospital funding formulas to be able to provide the best care possible, close to home.

The medical staff will continue working with Hospital administration and the Board in developing a new strategic plan to help guide us with service delivery to our patients.

We continue to have a mutually productive relationship with NOSM, the Northern Ontario School of Medicine. Dr. Bill Yates, Dr. Louisa Marion- Bellemare, and Dr. Christine Quirion have joined TADH after experiencing the excellent learning environment here.

While we continue to require the assistance of many locum doctors, we have also seen stabilization of our medical human resource pool.

Diagnostic Imaging is led by Dr. Tim Richardson who now works with a close knit group of radiologists, several of whom spend at least half their time working in Timmins. A new state of the art CT scanner has also been installed at TADH.

We have undergone an external review involving the Paediatric Mental Health Program. We now have a new leadership under Dr. Akintan, and a new care delivery model that may even help care for the troubled youth of our more northern neighbours.

Paediatrics is now under the guidance of Dr. Mike Clark, originally from CHEO/ Ottawa. This initiative has allowed TADH to significantly modernize children's health care.

General Surgery and Obstetrics/Gynaecology continue with 3 specialists each. Orthopaedics now has 3 ½ surgeons working in Timmins, and our wait times for hip and knee replacements have fallen dramatically. Dr. Butters and Dr. Lang are our 2 Urologists, providing Timmins with experience and innovation.

With 6 Anesthetists working at TADH we are able to keep the operating rooms running smoothly, as well as being better able to provide sedation for children undergoing MRI, and patients undergoing endoscopy.

ENT and Ophthalmology currently have solo providers, but we will be working hard in those areas to bring additional medical resources to Timmins.

Internal Medicine remains very locum dependent; hopefully this issue that can be improved upon in the next year.

We have also received thanks from Trillium Gift of Life for helping save multiple lives through organ donation.

I would like to thank Drs. Malo and Touw for their work on the Credentials Committee and Fran, Quinn, and Pauline for all of their invaluable assistance.

MEDICAL STAFF LEADERSHIP

EXECUTIVE

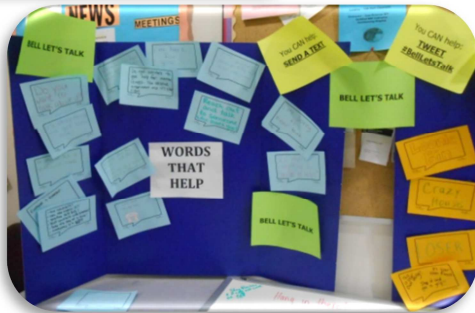
Chief of Staff and VP of Medicine:	Dr. Harry Mikael Voogjarv
Medical Staff President:	Dr. Andrew Touw
Medical Staff Vice-President:	Dr. Doug Arnold

MEDICAL DIRECTORS

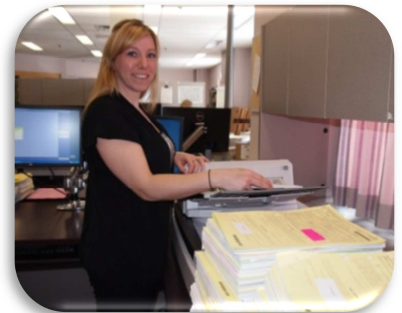
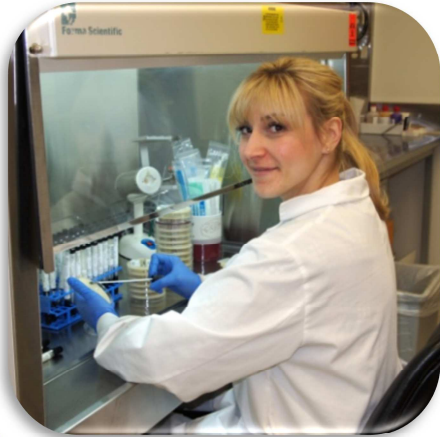
Clinical Chief of Obstetrics and Gynecology:	Dr. Arul Raveendran
Clinical Chief of Surgery:	Dr. Eric Labelle
Dentistry:	Dr. David Hook
Emergency:	Dr. John Chisholm
Family Medicine:	Dr. Mario Ciccone
Hospitalist Program:	Dr. Stephen Morgan
Internal Medicine:	Dr. Malvinder Parmar
Psychiatry:	Dr. Mano Raveendran
Surgical Program:	Dr. David Hook



HIGHLIGHTS AT TADH 2015-16



HIGHLIGHTS AT TADH 2015-16



CLINICAL PROGRAMS AND SERVICES

ACUTE CARE

Integrated Medical Services

- **Critical Care**
 - ❖ *Intensive Care*
 - ❖ *Internal Medicine*
- **Emergency Department**
Trauma/ ER medicine
- **District Stroke Program**
- **Stroke Unit**
- **Acute Medical**
- **Palliative Care**
- **Complex Continuing Care**
- **Rehabilitation**
- **Assess and Restore**
- **Pediatrics**

Integrated Mental Health Services

- **Child and Adolescent Unit**
- **Adult Mental Health Unit**
- **Outpatient Mental Health**
- **Crisis Team**

Integrated Surgical Services

- **General Surgery**
- **ENT**
- **Ophthalmology**
- **Orthopedic Surgery**
- **Urology**
- **Gynecology**
- **OR/Day Surgery/Endoscopy**
- **Minor Procedure Clinics**
- **Inpatient Surgical**
- **Maternal Child**
 - ❖ *Labour/Delivery/Postpartum*

SPECIALTY AND AMBULATORY CARE

Diagnostic Imaging Services

- ❖ *CAT Scan*
- ❖ *CT Scan*
- ❖ *MRI*
- ❖ *X-Ray*
- ❖ *Breast Screening*
- ❖ *Nuclear Medicine*

Outpatient Physiotherapy Services

Nephrology: Dialysis Services

- ❖ *Hemodialysis/Peritoneal Dialysis*

Oncology Services

Pediatric Asthma Program

Sleep Laboratory

North East Joint Assessment Centre

Telemedicine

Specialty Clinics

- ❖ *Dermatology*
- ❖ *Epilepsy*
- ❖ *Neurology*
- ❖ *Pacemaker*
- ❖ *Pediatric Development*
- ❖ *Pediatric Neurology*
- ❖ *Rheumatology*

COMMUNITY PARTNERSHIPS

The Timmins and District Hospital (TADH) is a level C, fully accredited (Accreditation Canada) referral and teaching hospital serving the residents of the City of Timmins and Cochrane District as well as the adjoining areas of the Temiskaming, Sudbury and Algoma districts. TADH is dedicated to providing health care services that are consistent with the needs of our community, community partners, and catchment area.



OUR TEAM



HIGHLIGHTS OF PATIENT CARE

JOAN LUDWIG, Chief Nursing Officer



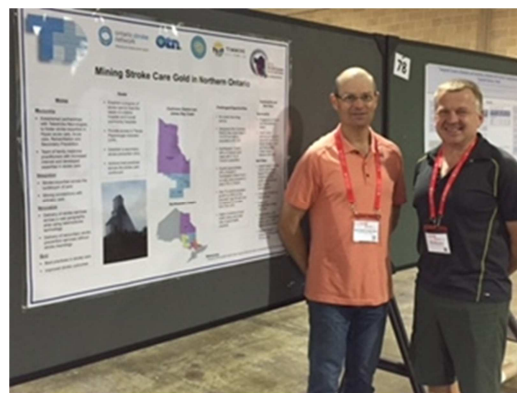
The **Stroke Program** is a district stroke centre within the Northeastern Ontario Stroke Network. In this capacity, the stroke program plays an important role in coordinating the delivery of best practice care across the stroke continuum. In the 2015/16 year, stroke program accomplishments were recognized in several areas, with the ultimate goal of improved outcomes for people who have had a stroke and their families and or caregivers.

The 2015/16 **“Time is Brain” quality improvement initiative** for the delivery of tissue plasminogen activator (t-PA) aka “the clot-busting” drug resulted in more people receiving t-PA, in less time. 44% more people received t-PA in a median “door-to-needle time” of 55.5 minutes, down from 100.5 minutes in 2014/15. TADH achieved Stroke best practice recommendations implementing rehabilitation therapy across the disciplines 6 days a week. The Secondary Stroke Prevention Clinic (SSPC) provided an additional 21% consults in 2015/16 over 2014/15.



Physiotherapists, R.N. & patient

TADH’s 4- bed **Integrated Stroke Unit (ISU)** opened in 2016. The exceptional quality of the Stroke team was highlighted in a poster presentation at the 2015 Canadian Stroke Congress in Toronto – “Mining Stroke Care Gold in Northern Ontario”.



Dr. Kanya-Forstner & Dr. Kvas,
Canadian Stroke Congress

In the spring of 2015, TADH engaged third-party consultants to review our **Child and Adolescent Mental Health Inpatient Unit**, to better serve the children and families in the region and to be as responsive and effective as it had been envisioned. Based on the recommendations of the report completed by Dr. Olabode Akintan, with extensive on site, community and partner consultation, a new Child and Adolescent Inpatient Unit clinical delivery model was introduced in March. In collaboration with Dr. Akintan and his Child and Adolescent Mental Health Leadership team, extensive staff education, policy/document and process improvement initiatives were introduced. The new Child and Adolescent Psychiatrist model provides daily rounding with Dr. Akintan by OTN, and enhanced accessibility to daily intake and assessment.



**Child & Adolescent
Mental Health Unit staff training**

The final results for the **Pay for Results, the ER Wait Time Improvement Program** for the calendar year 2015 (Jan to Jan) confirmed that TADH improved its ranking from 28 to 19 out of 78 hospitals participating in the program. The initiatives are designed to reduce ER Length of Stay (LOS) for admitted patients, ER LOS for the different acuity levels of patient illnesses according to the Canadian Triage Acuity Scale, time for physician initial assessment and for admitted patients to move to an inpatient bed on the unit. Based on this success TADH will receive \$ 1,027,700 in funding for 16/17, which will continue to support efficient patient flow processes.

TADH's **North East Joint Assessment clinic** successfully trained a second Advanced Practice Physiotherapist, who supports the program on a part-time basis. Based on one time funding from the NELHIN, for increased Quality Based Procedures in Primary Hip and Knee replacements, our 3 full time orthopedic surgeons completed 67 Primary Hip Replacements and 132 Primary Knee Replacements during the 15/16 fiscal year. We continue to work closely with the NELHIN to plan for continued increases in joint replacement funding and to support the care of patients closest to their homes.



**Physiotherapist, Physiotherapy Assistant
& knee replacement patient**

MEDICAL AND HOSPITAL HUMAN RESOURCES

PROFESSIONAL STAFF



H.R & Physician Recruitment Team

The Hospital continues to be a magnet organization attracting and retaining health care professionals to the north. A supportive and safe work environment fostering growth that welcomed 25 new Registered Nurses and 17 Registered Practical Nurses in 2015-16 to our already 850 professionals.

MEDICAL STAFF

Our active involvement with the Northern Ontario School of Medicine (NOSM) continues through the Comprehensive Community Clerkship and the Family Medicine Residency Programs. Establishing strong relationships with colleagues and community play an important role towards encouraging learners to choose Timmins as a place to live and work.

Recruitment success continues in the Department of Family Medicine. Since the summer of 2015, five new family physicians have joined the medical staff opening practices in the community, working in the Emergency department and the Hospitalist program.

In terms of specialties, medical human resources have been added in Urology, Psychiatry, Orthopedic Surgery and Anesthesia. The search continues for additions to Ophthalmology and ENT.

The Foundation, through its tireless efforts to raise funds for replacing obsolete or purchasing new state of the art equipment, has always played a vital role in helping to recruit and retain specialist physicians to TADH. TADH can be justly proud of its excellent team of medical practitioners who dedicate themselves in delivering exemplary patient centered care to the residents of our coverage area.

During the year, the Hospital also underwent a change in the medical leadership in our Diagnostic Imaging department. We look forward to working with the Foundation and the dedicated team of radiologists to continue to modernize and improve our state-of-the-art diagnostic equipment over the coming years.

NOSM Welcome BBQ



Goldcorp Tour for NOSM CCC's



Patients' Choice Awards recipients
Dr. Morgan and Dr. Bernardi

TADH 2015-16 BOARD OF DIRECTORS

<i>Board Member</i>	<i>Position</i>
Léon Laforest	Chair
David Thomas	Vice-Chair
Maggie Matear	Vice-Chair
Iain Martin	Treasurer
Blaise MacNeil	President & CEO
Dr. Harry Voogjarv	Chief of Staff & VP of Medicine
Dr. Andrew Touw	President of Medical Staff
Dr. Doug Arnold	Vice-President of Medical Staff
Joan Ludwig	Chief Nursing Officer
Bryan Bennetts	Chief Financial Officer
Sue Perras	Board Member, NEOMA Appointment
Rick Dubeau	Board Member, City Appointment
Marilyn Wood	Board Member
Gaétan Malette	Board Member
Marjorie Boyd	Board Member
Sylvie Petroski	Board Member
Jean Lemieux	Board Member, Indigenous Appointment
Veronica Nicholson	Board Member
Nancy Pandolfi	Board Member, Auxiliary President
Robert Perreault	Board Member, Foundation Appointment

HIGHLIGHTS AT TADH 2015-16



HIGHLIGHTS AT TADH

LOCAL HEALTH INTEGRATION NETWORK (LHIN) ACTIVITY

TADH closely monitors the activities of the North East LHIN. As a HUB hospital in the North East LHIN, we regularly meet with the LHIN, other HUB hospitals and the Community Care Access Centre (CCAC) to discuss common issues and priorities.



Earlier the “Patients First” document was referenced. It is noteworthy that this discussion paper is proposing the dissolution of CCACs with their responsibilities being integrated within the LHIN structure. Further the CCAC governance structure will be dissolved and governance will be the responsibility of the LHIN.

HOSPITAL INFATRUCTION RENEWAL

The Hospital building and its building system equipment are fast approaching the quarter century mark. In the past year, we replaced another section of the roof and replaced our chiller system. The incorporation of energy conservation measures and technological improvements in all of these building retrofits and upgrades have considerably reduced our carbon footprint and improved our energy consumption and operating costs.



Chiller System Replacement



IS/IT Team in TADH Server Room

In 2015, TADH undertook a \$4 million upgrade of its outdated **Information Technology and Telephony** infrastructure. These upgrades, scheduled to be completed by mid-2016 will greatly reduce the need for hard copy paperwork in our medical records, will improve the speed and efficiency of providing patient information to our medical and professional staff and will ensure that patient data is secured with the latest technologies.

In Spring 2015/16 the construction and installation of the new **CT Scanner** was completed. During this CT downtime, the Nuclear Medicine Spect/CT Camera was utilized as a general CT Scanner (with minimum capability) to assist physicians with urgent needs for a CT. The new CT Scanner has provided us with lower patient doses, better image quality, faster scan times and new types of CT procedures.



New CT Scanner at work

The new **Breast Wellness Centre** opened in Fall of 2015 with the new area designed to provide patient-centered focused care. We have received positive feedback from our patients in regards to design, layout, privacy, confidentiality and overall feelings of an environment that is soothing and relaxing.



Breast Wellness Centre opening October 2015

QUALITY IMPROVEMENT

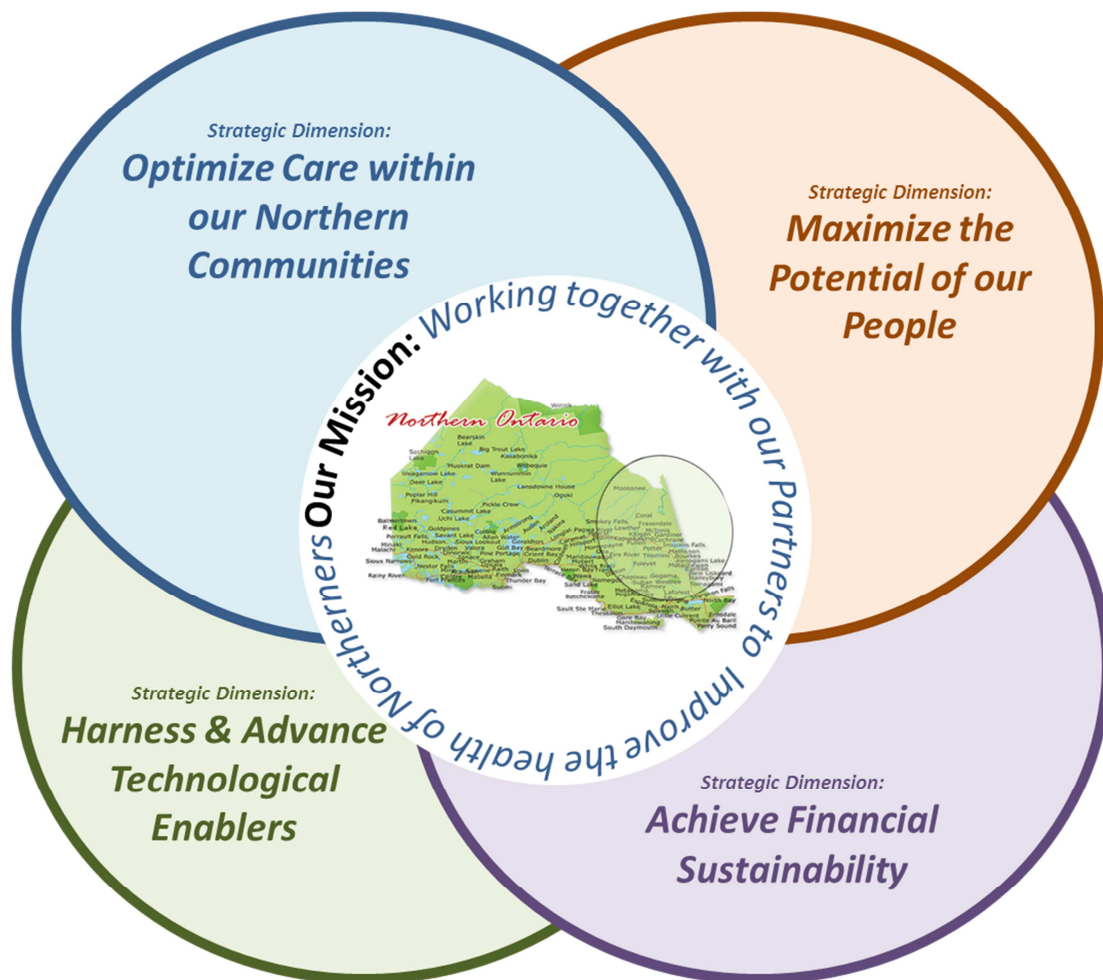
The Hospital has a mandatory requirement to submit and publicly publish an annual Quality Improvement Plan (QIP). This plan has a series of mandatory indicators that allows for performance comparisons with all other Hospitals in the Province. In addition, the TADH Board also receives regular reports on other indicators through a Balanced Scorecard report. The Ministry Local Health Integrated Network Performance Agreement (MLPA) as well as our annual Senior Friendly Hospital Plan also guides our quality initiatives.



The TADH Board closely monitors these indicators and ensures that areas are being addressed when required. Examples of indicators include alternate level of care (ALC) activity; Emergency, Surgery and Diagnostic Imaging wait times, infection rates and financial health. Continued progress has been made on an annual basis in the improvement of these QIP initiatives. 2016 also marks the year we will have our on-site survey from Accreditation Canada. TADH has already begun discussions and on-going dialogues with Accreditation Canada that will lead to our on-site survey in September. This evaluation of our services ensures that we are meeting industry standards for all areas of care that TADH provides.

STRATEGIC PLAN

The TADH Strategic Plan will be presented to the Board at their regular meeting in September. Once approved by the Board the senior team will develop a template to allow the Board to easily monitor progress towards the strategic dimensions.



HOSPITAL FINANCIAL STATUS

We embarked upon 2014/15 projecting a deficit of close to \$4.5 million. The Board sought the services of a consultant to conduct an operational review of the Hospital to help us identify opportunities that would result in improvements to our deficit projections. We continued to use the recommendations of the operational review combined with additional recommendations of the management team, to ensure the Hospital was able to develop a Hospital Improvement Plan (HIP) that would achieve a budget surplus for 2014/15. With the successful implementation of the HIP, the Hospital ended the year with an operating surplus of \$115,000. With this surplus, the Hospital became eligible for the 2nd installment of one-time working funds initiative funding of \$1,029,200 which resulted in a total surplus of 1,144,000.

We are pleased to report that the Hospital is on track to end the 2015/16 fiscal year in a balanced position. This will make the Hospital eligible for the 3rd and final installment of one-time working funds of approximately \$1M.

Although the achievement of a balanced budget is noteworthy and the additional working funds are helpful, we cannot stop here. The Hospital still has a significant working capital deficit along with a growing list of non-clinical capital investment needs. The Hospital must look for further improvements to be able to generate the operating surpluses to address these issues. The Foundation's continued support of clinical capital investment needs will assist us in being able to do just that.

OPERATIONAL REVIEW

The operational review took place over the summer and fall of 2014. While the operational review provided a good basis for the development of our HIP, it also pointed out that our Hospital has a significant opportunity to reduce costs by addressing the high level of "avoidable admissions".

Most "avoidable admissions" stem from the lack of community services which forces physicians into admitting patients who do not require Hospital-level services. There is much work to be done to coordinate all facets of the health-care system in our community and district to develop new strategies that will lead to the improvements required to address this issue.

This speaks to the need for a much more integrated approach to the delivery of health care services. In December of 2015 the Ministry of Health and Long-term Care released a discussion paper entitled "Patients First-A proposal to strengthen patient-centered health care in Ontario". By expanding the role of the LIHNs the Ministry hopes to achieve the following goals:

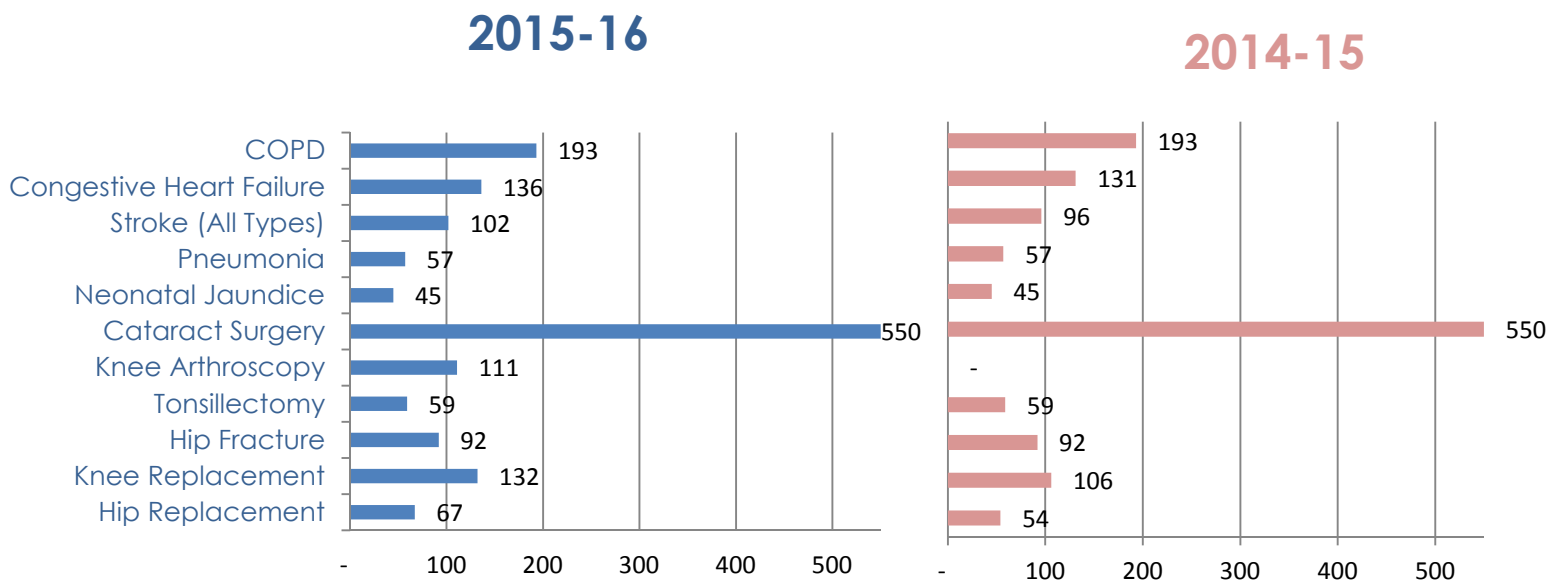
1. More effective integration of services and greater equity.

2. Timely access to primary care, and seamless links between primary care and other services.
3. More consistent home and community care.
4. Stronger links between population and public health and other health services.

As a regional referral centre for North Eastern Ontario, TADH is uniquely positioned to be an important partner and facilitator in the implementation of the Patients First strategy. The Hospital will benefit from more consistent and accessible home and community care possibly avoiding admissions and reducing the strain on the emergency department. Stronger links between population health and public health can help improve the overall health status of the population of North Eastern Ontario further helping to reduce hospital admissions.

FUNDING REFORM

The Province continues its efforts to reform the funding models for Hospitals. TADH continues to follow the developments on this front and is working diligently to ensure we benefit where we can. One of the components of funding reform is referred to as Quality Based Procedure (QBP) funding. QBP funding pays Hospitals at a specific rate for providing a specific surgical procedure or treating a specific diagnosis. Ordinarily, this would sound like a logical method for Hospital funding. However, it is important to note that, up until two years ago, this kind of a system was not in place in any form. As of March 2015, there are 15 different QBPs. This change in funding has required that the Hospital change the focus of its approach to accounting for costs. It is now becoming critical that costs are tracked from both a QBP and departmental perspective.



TADH Statement of Operations

2016 2015

Revenues

Ministry of Health and Long-Term Care/Local Health Integration Network	70,995,405	71,249,569
Cancer Care Ontario	4,434,415	4,201,209
Patient services	8,593,556	8,629,229
Room differential and copayments	1,622,458	1,629,862
Recoveries and other revenue	7,620,303	8,776,286
Amortization of deferred equipment contributions	1,458,686	1,329,864
Uniquely funded programs	3,163,295	3,335,310
	97,888,118	99,151,329

Expenses

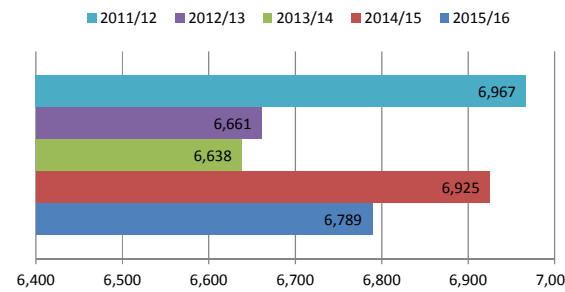
Salaries and wages	44,754,841	44,879,622
Benefit contributions	13,632,593	13,438,997
Medical staff remuneration	12,358,149	12,609,080
Medical and surgical supplies	4,539,449	4,400,883
Drugs and medical gases	2,995,518	3,156,406
Other supplies and expenses	13,296,789	14,192,288
Amortization of equipment	2,101,823	1,993,987
Uniquely funded programs	3,163,295	3,335,310
	96,842,457	98,006,573

Excess/(Deficiency) of Revenue over Expenses from Hospital Operations	1,045,661	1,144,756
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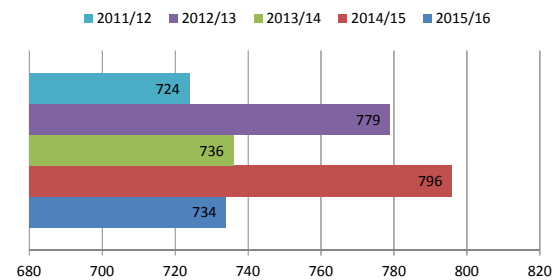
Amortization of deferred building contributions	2,216,585	2,196,104
Amortization of building	(2,681,309)	(2,647,583)
Interest on long-term debt	(291,669)	(277,342)
Loss on disposal of buildings	-	(249,073)

Excess/(Deficiency) of Revenue over Expenses	289,268	166,862
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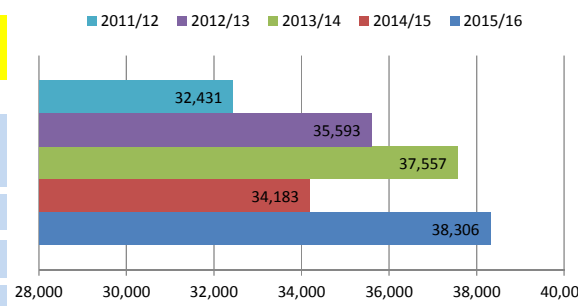
Admissions to Hospital



In-Hospital Births

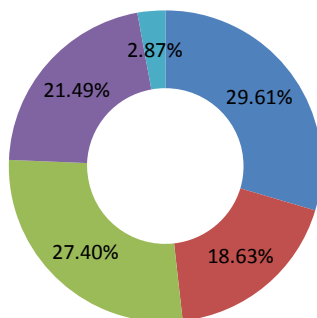


Patient Days - Acute Care



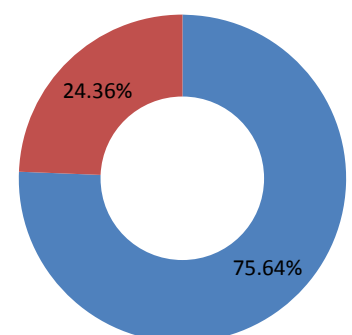
Expense Distribution

- InPatient Nursing Care
- OutPatient Nursing Care
- Diagnostic Testing & Therapeutic Treatment
- Administrative & Patient Care Support Services
- All Other



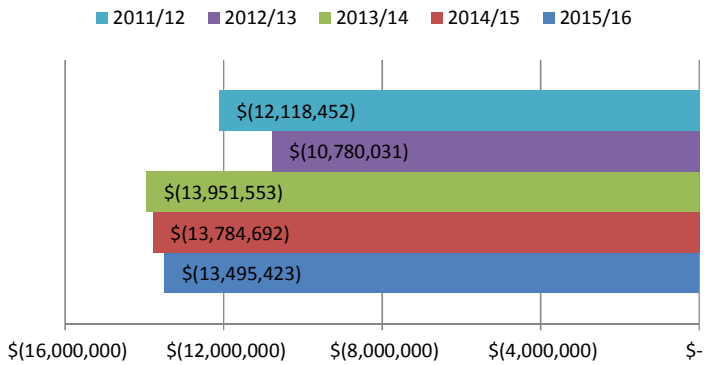
Expense Distribution

- Direct Patient Care
- Administrative & Patient Care Support

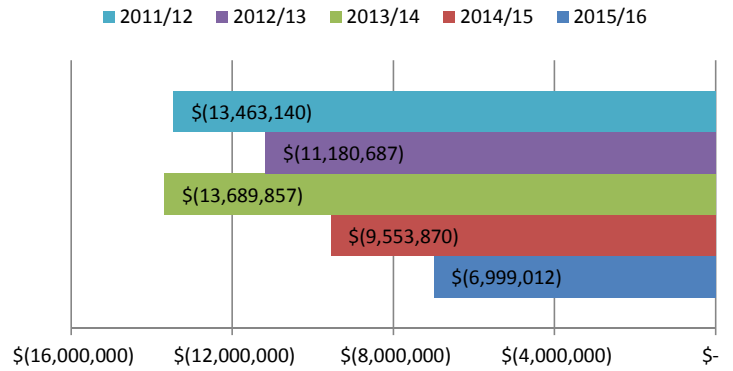


Financial Health

Value of Net Assets

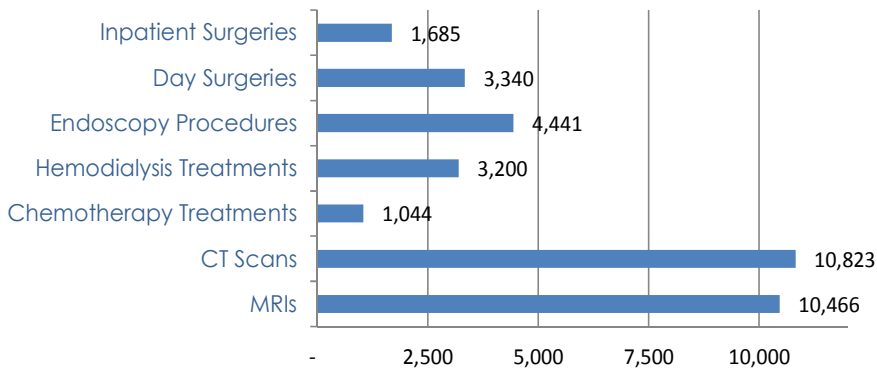


Working Capital Position

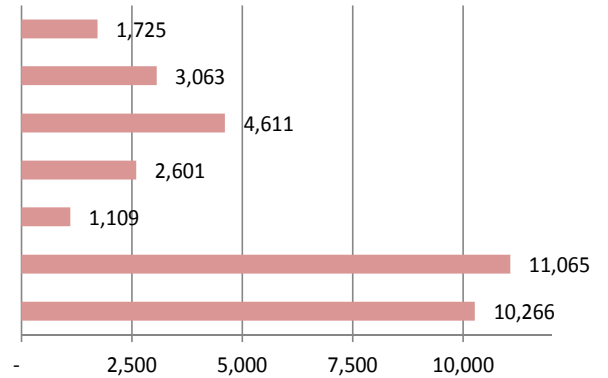


Hospital Activity Highlights

2015-16



2014-15



TADH IN THE MEDIA

2015-16 MEDIA RELEASES

- ❖ Public Sector Salary Disclosure
- ❖ Appointment of new President and CEO
- ❖ VRE & MRSA Cluster Identified at TADH
- ❖ Update: VRE & MRSA Cluster at TADH
- ❖ New Parking System Installation at TADH
- ❖ Financial Pressures Faced by TADH Due to Hydro Rate & Other Increases
- ❖ Patients in Timmins Award 2 Exceptional Providers
- ❖ TADH Senior Friendly Initiatives
- ❖ TADH Supports National Colorectal Cancer Awareness Month
- ❖ Accessible Parking Fee Implementation

To read any of TADH's Media Releases please visit our website at www.tadh.com under 'Latest News'.

TADH ON SOCIAL MEDIA



Facebook : www.facebook.com/Timmins and District Hospital/L'Hôpital de Timmins et du district

Twitter: @TADHospital

TouTube: Timmins and District Hospital/ L'Hôpital de Timmins et du district

LinkedIn: Timmins and District Hospital/ L'Hôpital de Timmins et du district

Website: www.tadh.com

❖ Like, follow, and subscribe to our social media channels!

HIGHLIGHTS AT TADH 2015-16





HIGHLIGHTS OF THE TADH FOUNDATION

The Timmins and District Hospital Foundation raises funds for medical equipment for TADH beyond those available from other sources. The Foundation is committed to our donors and to providing the best healthcare possible through fundraising activities and programs to support the acquisition of capital equipment, major renovations, and future building expansion.

The ongoing generosity of Foundation donors allows the Timmins and District Hospital to recruit and retain much-needed medical specialists as well as purchase the latest technology. Foundation staff and volunteers work diligently to ensure that our donors are stewarded and that your gifts make the greatest impact. Every gift we receive lets us know that we are not alone in our mission to provide the best care to the residents of our district and surrounding area which they have come to expect and deserve.

During the year, the Foundation transferred just over \$2.5 million to support the Hospital's investment in new equipment and renovations to clinical areas of the Hospital. Over the last 12 months, just over \$3.5 million was spent on new equipment and related infrastructure upgrades. All of the x-ray machines were replaced as part of a 5-year plan to renew all the major pieces of Diagnostic Imaging equipment (X-Ray, Fluoroscopy, MRI, CT Scan). Clearly, the purchase of new equipment would not be possible without the support of the Foundation and the work of their dedicated team of fundraising volunteers.

In May 2013, the Timmins and District Hospital Foundation launched its most ambitious campaign to date with a goal \$15 million. The renovation and relocation of eight different departments at a cost of \$2.6 million and the replacement of \$12.4 million worth of equipment will be the end result of the 2013-2016 Capital Campaign – *Building for tomorrow's healthcare today*.

The Capital Campaign is chaired by Jean-Paul Aubé and includes Gabriel Provost, Dave McGirr and Don Wyatt. Along with the Foundation staff, the Campaign Cabinet continues to work diligently to secure support from our community to meet the ultimate goal.

By the end of year three of the campaign, we managed to raise \$11 million thanks to Foundation fundraising programs and events, significant gifts from the TADH Auxiliary and pledges from corporations, physicians and individuals. The total accumulated transfers to the Hospital since the Foundation's inception total \$36,253,970

The support from the community for the Foundation's fundraising activities is a tangible testament from the community that it recognizes and appreciates the hard work and dedication of the Foundation volunteers, Board members and staff and for the vital role they play in ensuring our Hospital is able to provide the best health care services as close to home as possible.

The Foundation's success would not be possible without the hard work and dedication of the staff, volunteers and Board members. The Timmins and District Hospital Foundation staff members include Janna Burke, Executive Director, Patricia Gaudreau, Assistant Executive Director, Cheryl Janiuk, Comptroller, and Jennifer Bentley, Administrative Assistant.



Foundation Staff

We extend our gratitude to Anne Hannah, past Foundation Board Chair, to Robert Perrault, current Foundation Board Chair, to current and past members of the Foundation Board, and to the Foundation fundraising committee. We extend our gratitude for the tireless efforts in the fundraising work that you have all done to make this happen.

It has been said that TADH is a big city Hospital in a rural setting. Our Hospital's dedicated staff is proud to provide the quality of care normally expected in a large urban centre. In order to continue to offer such excellent care, we must have the active financial support of our communities. You and everyone you hold most dear deserve a big city Hospital in the heart of the North. We thank you for your continued support and ask you to consider making a gift towards our 2013-2016 Capital Campaign.

Together we are *"Building for tomorrow's healthcare today!"*



Minutes Matter Radiothon



Days Inn Spring Ball & Lottery



John P. Larche Charity Golf Classic



Rotary Face Off for Funds

HIGHLIGHTS OF VOLUNTEER SERVICES

The Volunteer Services department is comprised of over 80 men and women who give back to their community by volunteering at the Timmins and District Hospital (this does not include the numerous Auxiliary volunteers or those who are part of the Pastoral Care Services team). Some come in every month, others are committed on a weekly basis, and some are available every day to lend a helping hand. Volunteers are involved in almost every area of the organization; helping staff perform various tasks and contributing to a higher quality of care to our clients. They are dedicated and caring individuals who realize that making a difference can be very rewarding. This might explain why so many of our volunteers have accumulated such a staggering amount of hours over the years, with many accumulating over **1000 hours**.

We have established successful programs that have allowed volunteer support, both clerical and clinical, offered in every TADH in-patient unit. In addition to these services, the volunteer program also thrives in the Integrated Medical unit, Surgical unit, Dialysis unit, Fracture clinic, ambulatory clinics, Ontario Breast Screening Program, Oncology unit and the Information Desk. Other departments also benefiting from volunteer involvement include the Operating Room, G.I., the Foundation and all of the areas who receive visits from our Pet Therapy program.

In order to thank all of our volunteers for their hard work and contribution to TADH, Volunteer Services hosted the annual Volunteer Appreciation Luncheon and awards ceremony on June 9th, 2015. We were pleased to formally recognize 27 of our volunteers for reaching new milestones in regards to hours as awards are given every time volunteers reach a new 100 hours category. Years of service awards were also given to 8 volunteers who reached new 5 year category milestones. Among those recognized, the top awards were given to Yolande Lehoux for completing **10,100 hours** of volunteer work and Helen Forrest for **20 years** of service.



Volunteer Awards



Snuggles & Cuddles Program



Volunteer Appreciation Luncheon

HIGHLIGHTS OF PASTORAL CARE

Pastoral Care Services at TADH is an active department comprised of approximately 75 volunteer clergy and lay spiritual care providers who care about holistic health and the spiritual well-being of our patients and staff. Our statistics indicate that our team of volunteers provided **8173 recorded pastoral visits in the 2015-2016 fiscal year!**

Our purpose is to promote wholeness in body, mind and spirit for all Timmins and District Hospital patients and families. We respect all belief systems offered in a multi-faith approach. We can also connect patients with their faith group if requested and follow up on special requests relating to a patient's religious beliefs (such as religious objects available for use while in the Hospital).

To celebrate the holidays and in hopes of bringing some comfort and joy to our clients, Pastoral Care Services also hosted a Christmas Eve celebration on December 24th, 2015. Patients, families, friends and Hospital staff were invited to join the pastoral care team for a non-denominational Christmas Eve service in the Lecture Theatre at TADH. Over 70 people attended the service, many expressing how touched they were by the event.

To thank our team of outstanding volunteers, Pastoral Care Services hosted its annual appreciation luncheon on December 3rd, 2015. During the celebration, Mr. Réal Gosselin was honored as Pastoral Care Volunteer of the Year. He continues to serve as an active member of our team in his role as a Eucharistic Minister after 38 years of service to the Hospital! Although our volunteers are not paid for their work, they believe the retirement benefits are out of this world! Without their contribution, we would not be able to provide such quality of care.



Pastoral Care Awards



Pastoral Care Luncheon

HIGHLIGHTS OF THE TADH AUXILIARY

NANCY PANDOLFI, Auxiliary President



In the past year the TADH Auxiliary continued to be very active as we operated the Gift Shop, sold Nevada tickets in the Promenade and items from the Tuck Wagon on several floors. Fundraising events were held throughout the year that included bake, book and craft sales, knitting, draws, and bazaars. We provided comfort kits and chemo caps to patients battling breast cancer and emergency kits for patients without family. A knitting program has been added to our endeavors; patients receiving treatment in the Oncology unit and Fracture clinic can knit to pass the time. Their knitting is gathered to create a quilt by an Auxiliary volunteer with the quilt then donated to either unit. We continue sending personalized thank you cards to individuals and businesses that donate and provide services to the Auxiliary. At present we have 100 members, 40 of whom are presently active in Auxiliary activities and 36 provincial and life members.

The members of the TADH Auxiliary truly enjoy the contribution they are making towards the betterment of health care. The highlight of our endeavors occurred in December when we provided a cheque to the Timmins and Hospital Foundation for equipment needed at TADH. We are grateful for the support of the Hospital Interim CEO Bryan Bennetts and his staff who continue to make our presence and our efforts appreciated.



In support of our Foundation and the Hospital, the TADH Auxiliary continues to provide many hours of volunteer service that results in major contributions to the Foundation's fundraising efforts. In 2015, the TADH Auxiliary contributed \$75,000 to support a variety of clinical equipment investment needs. The day-in, day-out commitment by our Auxiliary volunteers is very evident by the many smiling and regular daily presence of the numerous volunteers at the Hospital.

