

“Exemplary Care to Northerners”

2017-2018
Annual Report



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

Table of contents

Message from the Board Chair and President and CEO	1
Board of Directors.....	8
Highlights of Medical Staff	
Message from the Chief of Medical Staff.....	9
Medical Staff Leadership	11
Clinical Programs and Services	12
Medical and Hospital Human Resources	17
Hospital Infrastructure Renewal Highlights	18
TADH Statement of Operations	20
TADH in the Media.....	22
Contributions	
Foundation.....	23
Volunteer and Pastoral Care	25
TADH Auxiliary.....	26
Foundational Statements	28
Community Partnerships	29
Promoting A Positive Working Culture at TADH	31
Appendix A	36

Message from the Board Chair and President and CEO

We are pleased to present our report for the 2017-2018 Annual General Meeting of the Timmins and District Hospital (TADH).

TADH continues to be the cornerstone of healthcare activity within the City of Timmins, providing high quality services to local residents as well as patients throughout the Cochrane region. As the demand for service increases each year, TADH continues to recruit new physicians, thus increasing our capacity to access services closer to home.

Hospital Infrastructure

We are trying to ensure that the hospital's aging facilities continue to be well-maintained. In 2017/18, TADH received just over \$2.1 million in special one-time funding from the LHIN which allowed us to complete significant roofing replacement and flooring replacement projects.

Foundation Support

The Foundation transferred about \$3M to the hospital, which was applied towards:

- Replacement of the Hospital's MRI
- A much-needed makeover of the Hospital's Obstetrics/Nursery Unit
- Replacement of testing equipment in the Hospital Laboratory
- Replacement of sterilization equipment that is critical to our ability to continue to provide safe patient care.

The Foundation also supported many smaller projects in various hospital departments, all of which are key to their day-to-day ongoing operations.

The Hospital relies heavily on the support of the Foundation to buy clinical equipment needed for the Hospital operations. We are very grateful to the Foundation staff, Board, fundraising team and volunteers, and for the continued support from Timmins and our surrounding communities. Without this, we would be unable to continue providing quality health care services as close to home as possible.

Strategic Plan

In September 2016, the Board approved the 2016-2021 Strategic Plan. Our four strategic dimensions include:

- Optimize Care within our northern communities
 - Implementation of Chronic Obstructive Pulmonary Disease (COPD) clinic at hospital.
- Maximize the potential of our people
 - One project under this dimension involved the review, revision, and implementation of an enhanced performance evaluation system. The hospital has set a goal to achieve a 90% completion rate on all employee performance reviews in 2018-2019

- Achieve financial sustainability
 - One sample project in this dimension is the coordination and initiation of a joint advocacy strategy amongst the HUB Hospitals in the NE LHIN to highlight and address the poor financial position of our Hospitals.
- Harness & advance technological enablers
 - One sample project in this dimension is development and implementation of standardized, evidence based physician order sets.

We continue to execute projects along all four strategic dimensions, and the Hospital Board receives a quarterly progress report.

Medical and Hospital Human Resources

Based on the 2016-2021 strategic plan, we continue to transform our work environment into a “magnet” organization that attracts and retains health care professionals to the north.

Our involvement with the Northern Ontario School of Medicine (NOSM) continues to play an important role in encouraging medical students to choose Timmins as a place to live and work. Each year, the Hospital welcomes Family Medicine residents and medical students, as well as visiting learners from other universities. We continue to build on our reputation as a warm and generous community, a collegial medical staff and support for a strong teaching model.

Over the past year, we have successfully recruited physicians in Ophthalmology, Radiology, Obstetrics/Gynecology, Pediatrics, Anesthesia, General Surgery and Family Medicine.

We are maximizing the strength of our people through:

- Continuous recruitment of healthcare professionals
- Improving on staff morale
- Providing a healthy workplace program
- Reducing the risk of violence in the workplace
- Continuous improvement on staff engagement and performance evaluations
- Expanding and strengthening our volunteer programs

We launched an employee engagement survey last summer to measure our progress in specific areas of the organizational culture, safety, working conditions and how we meet our mandate of patient care. Survey results have indicated an overall job satisfaction rate of 69%. Our goal is to reach 75%. As a result of the survey, we are focusing on improving communication strategies, implementing a Manager’s Guide to engaging staff, and have revised and implemented an enhanced performance appraisal process.

Last year, we welcomed 27 Registered Nurses and 18 Registered Practical Nurses to our staff of 850 health professionals.

TADH Hospice Centre

The Hospice Centre celebrated its first year of operation on March 1, 2017. The facility receives very positive feedback from patients, family members, staff, physicians and community partners. The TADH Foundation has provided designated donations in support of some additional equipment for the centre, as only the nursing care costs are funded by the government. During our first year, there were 149 admissions and the average length of stay was 18.9 days.

Family Centred Care Enhancement In Critical Care Unit

We are improving some of our processes to engage the patient and family in care planning and decision making. Daily bedside rounds with family presence have begun and we are in the process of developing bedside change-of-shift reporting.

A recent donation from Detour Gold to the TADH Foundation has allowed us to develop better waiting rooms for families that include:

- New furnishings, including sleeper chairs
- A computer workstation for family members that still have to perform work
- Duties while caring for loved ones
- A small kitchenette area
- Updated flooring, window coverings and lighting

TADH Receives Trillium Gift of Life Network Provincial Conversion Rate Award

Trillium Gift of Life Network presented Timmins and District Hospital with an achievement award for our dedication to organ and tissue donation in Ontario, at a press conference on November 14th. Conversion rate is the percentage of potential organs donors that went on to become actual organ donors. In 2016/17, 80% of potential donors referred by Timmins and District Hospital went on to give the gift of life. This is a very high percentage rate, well over the provincial conversion rate average of 60% and Timmins residents should be very proud of their role making such a difference in other peoples' lives.

Patient Engagement Continued Growth in Programming

Our Patient Engagement reports a high level of success in the completion of discharge phone calls with admitted patients after they leave the hospital. These calls help to ensure a smooth transition from the hospital to their home, and promote full recuperation from illness or surgical procedures. Over 85% of patients received discharge phone calls last year, with very positive feedback on the effectiveness of these calls.

The Patient Engagement Advisory Committee continues to engage more members and has worked successfully on a number of projects such as redesign of the Fracture Clinic space, and feedback directing signage, patient meals and parking.

Fracture Clinic Relocation

The Fracture Clinic relocated to the first floor directly off the main promenade, in the Outpatient Rehabilitation Facility. The location has several benefits, including:

- Easier access for parking
- Improved privacy and patient flow
- A separate cast room
- A private patient room for isolation patients and victims of assault/crisis.

Maternity Department Upgrade

Thank you to the TADH Foundation for their exceptional support in securing a \$150,000 donation from the Royal Bank of Canada to complete the Maternity department update. As part of the Rooming - in program, the goal is to provide families with an esthetically pleasing and homey environment.

The updates include:

- New paint and wall protectors
- Resurfacing of lockers and vanities
- New window blinds, privacy curtains, blankets
- New furniture and baby bassinets for each room

Major Depression Quality Standard: Access To Care Project

TADH partnered with the Canadian Mental Health Association (CMHA) – Cochrane Temiskaming Branch and the Timmins Family Health Team (TFHT) to complete a mental health quality improvement project. Funded by the NELHIN, the focus was on access to care for those who are diagnosed with depression. Dr. Bosah Nwosu, the lead from TADH, worked to develop a shared patient care plan which will provide enhanced patient care and seamless care coordination, making it easier for patients to access programming across the three agencies.

Nephrology Home Hemodialysis Funding Approval

The TADH Nephrology Unit is pleased to announce endorsement and funding from the Ontario Renal Network to implement a home dialysis option for patients of the Timmins area. This means that patients, who meet the criteria for the program, will be able to receive training, ongoing monitoring, and equipment supplied by our hospital to complete their hemodialysis treatment at home.

TADH Stroke Program Update

An exciting initiative in stroke care will begin in March 2018, in which therapists will be involved in a pilot project on the use of virtual reality in stroke patient rehabilitation. The secondary stroke prevention clinic is currently navigating a large influx of referrals. The benefits to patients at our hospital include accelerated local assessment and treatment along with stroke neurologist specialist consultation via OTN.

The therapy involves using computer-based programs designed to simulate real life objects and events. In our hospital, virtual reality and interactive video gaming may have some advantages over traditional therapy approaches as they can give people an opportunity to practice everyday activities that are not or cannot be practiced within the hospital environment and have been reported as improving motivation and increasing the length of time spent in physical therapy.

Clinical Provider Order Entry (CPOE) Quality Patient Safety Initiative

An order set is the treatment plan ordered by a physician or nurse practitioner detailing the instructions for care of a patient.

Dr. Steven Morgan is working with physicians to review order sets and is assisted by the Site Coordinator for the Order Set Project. The order sets will also be reviewed by internal Subject Matter Experts (Physicians, Lab, DI, Pharmacy, Nursing, Allied Health).

The Meditech 6.0 CPOE NELHIN Regional Order Set project is based on the adaptation of over 350 Zynx standardized evidenced based orders in Phase One.

Plum 360 Infusion Pump Training and Implementation February 6th

The TADH Foundation supported the purchase of new IV Infusion February. The pumps have a computerized program that increases patient safety by reducing IV administration and drug administration errors.

12 Complex Continuing Care Beds Added To Third Floor

Alternative Level of Care (ALC) refers to the acute hospital beds that are being occupied by patients who no longer need acute services, using limited, expensive resources while they wait to be discharged to a more appropriate setting. These non-acute hospital days are captured in hospitalization data as patients awaiting an Alternate Level of Care (or ALC patients). Typically ALC patients could be cared for in long term care homes, retirement residences of their own homes if the facilities and supports were available.

Last year we averaged 35-40 ALC patients waiting in the hospital for transition to a Long Term Care home. These patients do not require acute care, and could be supported in a Long Term Care facility or retirement residence with supports. With LHIN funding, TADH opened 12 additional ALC transitional surge beds on the 3rd floor in November. They continue to be at full occupancy, supporting more timely access to acute beds and assisting in reducing long wait periods in ER for an inpatient bed. The beds are funded until the end of March 2019.

Hospital Financial Situation

As we have reported previously, the hospital's financial position remains very troubling. In reviewing the Ministry of Health and Long-Term Care (MOHLTC) financial metrics of the four Hub hospitals in the North East Local Health Integration Network (NE LHIN), it is clear that there is a systemic problem. On a relative basis, the overall financial position of the NE LHIN hospitals is very poor when compared to those of the other 13 LHINs. This is despite our significant ongoing efforts to reduce expenses, consolidate departments and seek operational efficiencies. For example, these efficiencies are reflected in the fact that the NE LHIN hospitals have the 3rd lowest "inpatient cost per patient" of all 13 LHINs; specifically our cost is 10% below the collective average "inpatient cost per patient days".

Despite these efforts, in 2016/17 the four Hub hospitals in our region:

- Had the 3rd worst operating margin performance in the province;
- Had the 4th worst current ratio position;
- Had the 3rd worst working capital position as a % of total revenue;
- Had the 2nd highest negative working capital position value and;
- Had the highest amount of long-term debt as a % of the total revenue.

While some of the other LHINs did not fare as well as the NE LHIN on some of these metrics, the NE LHIN was the only one with consistently poor performance across all of them. We also noted that data shows that from a provincial perspective, hospitals are operating at an annual surplus in the range of \$372 M, with a total working capital of just over \$447 M.

After ending the 2016/17 fiscal year in a balanced operating position, TADH entered the 2017/18 with a projected deficit of \$1.3M. The Hospital budget is comprised of several funding envelopes, including:

- A base budget
- Health Based Allocation Model (HBAM) component
- Quality Based Procedure (QBP) component
- Pay for Results (P4R) component

While the provincial government provided some additional funding to supplement hospital budgets, our year over year budget funding increase change was just 1.7%, less than the provincial inflation rate of 2.4%.

We began considering deficit reduction strategies early in the year. While some of these strategies would not have an immediate impact to the budget, others improved our operating position by \$400,000.

One long term deficit reduction strategy involves the operation of the Sleep Lab Clinic. We are exploring a third-party partnership to operate a Sleep Lab Clinic service in Timmins, which has drawn a lot of interest from the community, the media and the NE LHIN. We hope to have the future of the Sleep Lab Clinic resolved early in the Hospital's 2018/19 fiscal year.

Despite attempts to mitigate our projected deficit, TADH has also faced other cost increases (mostly due to patient service requirements) and several funding adjustments. As a result, TADH will end the 2017/18 fiscal year with an operating deficit \$2.1M, somewhat above the \$1.3 million deficit projection.

Along with the ongoing operating deficit concerns, the Hospital also is challenged by a high negative working capital and a growing debt load.

Looking ahead to 2018/19, we are projecting the hospital's deficit in the \$4.5 million range. We continue to seek deficit mitigation strategies to address some of this shortfall. For example, the Hospital Board is in talks with the NE LHIN board to find ways to address these challenges.

Funding Reform

We have previously commented on difficulties arising from the inconsistent and somewhat unpredictable changes in the HBAM and QBP (Quality Based Procedure) components of our funding envelope.

In 2017/18, the Ontario Hospital Association (OHA) persuaded the MOHLTC that sudden fluctuations in medium-sized hospital envelopes (i.e. HBAM, QBP and P4R funding) are challenging. Medium-sized hospitals like TADH have been adversely affected by Health System Funding Reform (HSFR). They do not benefit from the safeguards given to the small hospitals and cannot generate the economies of scale of the large hospitals. However, for funding purposes, the medium-sized hospitals are held to the same performance metrics of the larger hospitals. The MOHLTC had promised OHA that steps would be taken to address these issues, to date nothing has happened.

Respectfully submitted,



Maggie Matear
Chair Board of Directors



Blaise MacNeil
President and CEO



2017-2018 Board of Directors



Maggie Matear
Chair



Gaétan Malette
Vice-Chair



Sylvie Petroski
Vice-Chair



Kraymr Grenke
Treasurer



Blaise MacNeil
President & CEO



Dr. Harry Voogjarv
Chief of Staff & VP
of Medicine



Dr. Doug Arnold
President of
Medical Staff



Dr. Sonal Zilka
Vice-President
of Medical Staff



Joan Ludwig
Vice President of
Clinical, Chief
Nursing Executive



Steve Black



Ivor Jones



Sue Perras



Marilyn Wood



Suzanne Desrosiers



Rachel Cull



Alex Szczebonski



Sarah Campbell



Ann Rudd-Robins



**Pierre Lambert-
Bélanger**

Message from the Chief of Medical Staff

This past year has seen some changes in the face of Medical Human Resources at Timmins and District Hospital. While there have been some departures, there have also been many successes, especially in the specialty group.

In terms of departures, Dr. Ahmed Farrag has moved to southern Ontario for family reasons and Dr. Matt Timmons has moved on to pursue other interests.

We have been fortunate to recruit *Dr. Kathryn Cossar* from Ottawa to the Obstetrics/Gynecology group bringing the number of full time providers to four. Locums continue to provide valuable assistance during weekends and stat holidays but it has been difficult to attract locums to cover maternity leaves under Health Force Ontario's respite program.

The Anesthesia Department has been successful in attracting *Dr. Stanley Jeram* as their latest full time recruit. Dr. Jeram had the opportunity to work with the group as part of his NOSM training, and then during an extended locum and made the decision to continue working here.

General Surgery has been very fortunate to recruit *Dr. Julia O'Keefe*. She has done many locums in Timmins and is an excellent fit for General Surgery here. General Surgery is looking at a succession planning partnership model for 2020.

Child and Adolescent Mental Health now has a stable shared care model with remote supervision from McMaster and local coverage from two of our general adult psychiatrists as well as *Dr. Willem Verbeek* and a group of family physicians proving 'boots on the ground' care to this very vulnerable population.

Adult Psychiatry is well supported with three local psychiatrists plus locum support. Efforts continue to recruit due to an impending retirement.

Our two Ophthalmologists continue to provide general and advanced retinal services to the patients of Timmins and the rest of Northern Ontario.

Orthopaedics continues with 2.5 Timmins based providers, supported by HFO locum support. Hopefully this year we can sort out our QBP allocations for total joints and fractures so that we can plan appropriately and hire an additional orthopaedic surgeon to *serve the patients of our district in our district!*

Diagnostic Imaging has been well served by our four "local" staff, seeing much less of a need for locum support. In addition, we have appreciated the increased availability of interventional radiology support in Timmins.

Dr. Gary Smith soldiers on as Clinical Chief of Paediatrics and Neonatal Medicine. His recruiting efforts have already borne fruit with the very welcome addition of *Dr. Sarah Morse*.

Unfortunately, we continue to have sole providers in Urology and ENT. Universal coverage, signouts, and academic interaction would be improved by having at least a second provider here.

Drs. Adesanya and Parmar have indicated their intent to continue providing Gastroenterology and Dialysis services for the foreseeable future. General Internal Medicine locums continue to provide the bulk of on call services and recruitment to this specialty remains a priority.

Sleep Lab has been subsidized by Timmins and District Hospital for many years. We are now reviewing proposals for providing the same or very similar services, on or off site, but without the need for continued financial support from our hospital.

The Department of Family Medicine gained two new members with the addition of *Dr. Gabrielle Lambert* and *Dr. David Toupin* after they completed their Family Medicine residency program in Timmins. Home-based family medicine training through the Northern Ontario School of Medicine continues as the best tool towards full time recruitment.

We have seen the future and Meditech 6.1 is here. TADH will part of “wave 2”, along with HSN. This will include artificial intelligence, evidence based support and many other positive features. If only we had the resources....

Thank you to Drs. Touw and Malo, as well as Fran Zimmerman, for their invaluable assistance on the Credentials Committee.

The Medical Staff of Timmins and District Hospital continues to provide *exemplary care* to patients and their families in Northern Ontario.

Respectfully submitted,

Harry Mikael Voogjarv MD MSc FRCSC
Chief of Staff & VP Medicine
Timmins and District Hospital



Medical Staff Leadership

Executive

Chief of Staff and VP Medicine
Medical Staff President
Medical Staff Vice-President

Dr. Harry Voogjarv
Dr. Doug Arnold
Dr. Sonal Zilka

Medical Directors

Emergency
Family Medicine
Hospitalist Program
Internal Medicine
Psychiatry
Surgical Program
Continuing Care
Diagnostic Imaging
Child & Adolescent Mental Health

Dr. John Chisholm/Dr. Jun Kim
Dr. Mario Ciccone
Dr. Stephen Morgan
Dr. Malvinder Parmar
Dr. Bosah Nwosu
Dr. David Hook
Dr. Julie Auger
Dr. Tim Richardson
Dr. Bode Akintan

Clinical Chiefs

Obstetrics and Gynecology
General Surgery
Orthopedics
Neonatal & Pediatric Medicine
Laboratory

Dr. Kate Munnoch
Dr. Eric Labelle
Dr. Robert Lafontaine
Dr. Gary Smith
Dr. Rajkumar Vajpeyi

For an overview of the many working parts that make TADH function effectively, see Appendix A.

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
- Hospice Centre: Palliative Care
- Complex Continuing Care
- Rehabilitation
- Assess and Restore
- Pediatrics

INTERGRATED MENTAL HEALTH SERVICES

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

INTEGRATED SURGICAL SERVICES

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

Specialty and Ambulatory Care

DIAGNOSTIC IMAGING SERVICES

- CT Scan
- MRI
- X-Ray
- Breast Screening
- Nuclear Medicine
- Bone Density
- Mammography
- Ultrasound

OUTPATIENT PHYSIOTHERAPY SERVICES

NEPHROLOGY: DIALYSIS SERVICES

- Hemodialysis/Peritoneal Dialysis

ONCOLOGY SERVICES

CARDIOPULMANORY SERIVCES

- EEG
- Stress Testing
- Respiratory Therapy
- Sleep Lab
- Pediatric Asthma

NORTH EAST JOINT ASSESSMENT CENTRE

TELEMEDICINE

SPECIALTY CLINICS

- Dermatology
- Epilepsy
- Neurology
- Pacemaker
- Pediatric Development
- Pediatric Neurology
- Pediatric Complex Care
- Physiatry

TADH Timmins Hospice Centre

The Hospice Centre celebrated the first year of operation on March 1st. The facility continues to receive very positive feedback from patients, family members, staff, physicians, and community partners. The team greatly appreciates the designated donations through the TADH Foundation in support of the centre. During the first year, there were 149 admissions and the average length of stay was 18.9 days.



Left to right: Chrissy Barbuto Hospice RN, Lia Fontana, Integrated Medical/Hospice Centre Manager, and Dr. Tammy Hopkins, who shares the Hospice physician role with Dr. Lynne Schwertfeger.

Family Centered Care Enhancement in Critical Care Unit

We are diligently working toward improving some of our processes to engage the patient and family in care planning and decision making. Daily bedside rounds with family presence have begun and we are in the process of developing bedside change of shift reporting.

We are very appreciative of the TADH Foundation's support, in a designated donation from *Detour Gold* to facilitate enhanced waiting rooms for families. New furnishings, including sleeper chairs, and a computer workstation for family members that still have to perform work duties while caring for loved ones, and fridge and microwave will be included in the makeover. Flooring, window coverings, and lighting will also be updated.

Fracture Clinic Relocation

The Fracture Clinic relocated to the first floor directly off the main promenade, in the Outpatient Rehabilitation Facility. The location is within easier access for parking and promotes improved privacy and patient flow. The addition of a separate cast room has been positive. The stretcher room is also supported by a private patient room for isolation patients and victims of assault/crisis.

Nephrology Home Hemodialysis Funding Approval

The TADH Nephrology Unit is pleased to announce endorsement and funding from the *Ontario Renal Network* to implement a home dialysis option for patients of the Timmins area. The home hemodialysis equipment is in place, and staff and patient training is planned for the next few months.

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Thank you to the TADH Foundation for their exceptional support in securing a \$150,000 donation from the *Royal Bank of Canada* to complete the Maternity department update. As part of the Rooming - in program, the goal is to provide families with an esthetically pleasing and homey environment. The updates include new paint and wall protectors (Kydex), resurfacing of lockers and vanities and the purchase of new window blinds, privacy curtains, blankets, furniture and baby bassinets for each room.

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Pictured left to right: Dr. Harterre, TADH Trillium Lead Physician, Mayor Black, Leslie Tinney (member of TADH Trillium Committee/Family member Advocate), Cathy Ritter, TGLN Hospital Development Coordinator, Kim Bazinet TADH ER/ICU Manager, Maggie Matear TADH Board Chair, and Janice Beital, TGLN Director, Hospital Program Education and Professional Practice

Patient Engagement Continued Growth in Programming



Kathy Dunbabin, the Patient Engagement Lead, reports a high level of success in the completion of discharge phone calls, with patients after they are discharged from an inpatient unit. Over 85% of patients have received discharge phone calls over the year, with very positive feedback related to how helpful this process is in ensuring a smooth transition to their home setting, and full recuperation from illness or surgical procedure.

The Patient Engagement Advisory Committee continues to engage more members and has worked successfully on a number of projects such as redesign of the Fracture Clinic space, and feedback directing signage, patient meals and parking.

Kathy Dunbabin, Patient Engagement Lead, and Carla Dolanjski, Chair of TADH's Patient Engagement Advisory Committee, and TADH's District Stroke Coordinator

12 Complex Continuing Care Beds added to Third Floor

Over the past year, we have averaged 35-40/daily Alternative Level of Care patients waiting in the hospital for transition to a Long Term Care home. These patients do not require acute care, and could be supported in a Long Term Care facility or retirement residence with supports. With LHIN funding, TADH opened 12 additional ALC transitional surge beds on the 3rd floor in November. They continue to be at full occupancy, supporting more timely access to acute beds and assisting in reducing long wait periods in ER for an inpatient bed. The beds are funded until the end of March 2019.

Major Depression Quality Standard: Access to Care Project



TADH partnered with the *Canadian Mental Health Association – Cochrane Temiskaming Branch (CMHA-CT)* and the *Timmins Family Health Team (TFHT)* to complete a mental health quality improvement project. Funded by the NELHIN, the focus was on access to care for those who are diagnosed with depression. Dr. Bosah Nwosu, the lead from TADH, worked to develop a shared patient care plan.

Left to right : Tania Duguay, TFHT; Deb Pultz, CMHA-CT; Kelly Brunet, CMHA-CT; Natalie Carle, TADH; Dr. Bosah Nwosu, TADH

Clinical Provider Order Entry (CPOE) Quality Patient Safety Initiative

The Meditech 6.1 CPOE NELHIN Regional Order Set project is based on the adaptation of over 350 Zynx standardized evidenced based orders in Phase One. Dr Stephen Morgan is working with physicians to review order sets and is assisted by Tiina Guillemette, the Site Coordinator for the *Order Set Project*. The order sets will also be reviewed by internal *Subject Matter Experts* (Physicians, Lab, DI, Pharmacy, Nursing, and Allied Health).

Plum 360 Infusion Pump Training and Implementation February 6th



Coreigh Gagne and Trista Gough, RPNs who completed the Pump Training, on the Integrated Medical Unit, are pictured with new pumps. The general feedback related to the pumps has been positive, and we continue to address any emerging issues related to the change.

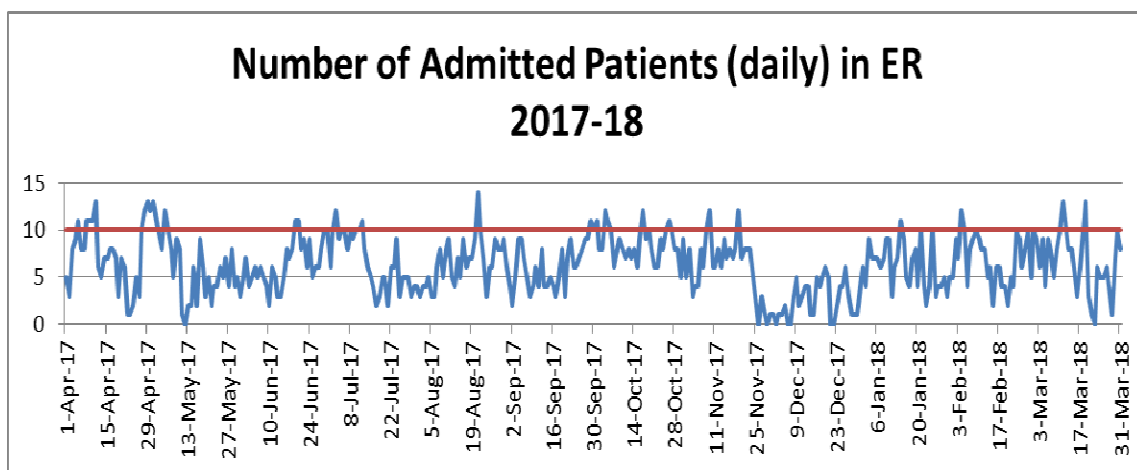
The TADH Foundation's support enabling of the purchase of the new IV Infusion pumps, is highly appreciated. The implementation of the new pumps was completed in February across the hospital programs.

TADH Stroke Program Update

An exciting initiative in the rehabilitative phase of stroke care was introduced in March, where the therapists participated in training for a pilot project on the use of virtual reality, utilizing videoconferencing, in stroke patient rehabilitation. The secondary stroke prevention clinic is currently navigating a large influx of referrals.

Emergency Department Expansion Proposal

The current ED square footage supports 20,000 visits/year and our ED sees 40,000 visits/year. It requires redesign to support enhanced privacy, infection control and patient flow principles. In 2011, the Dialysis Building was constructed to accommodate 2nd Floor to permit ED expansion. TADH is in very early stages of MOHLTC capital planning process for a \$29M project to expand ED with anticipated \$26M Ministry funding.



The ER continues to experience occupancy surges with a high level of admitted patients waiting for admission to an inpatient unit. This contributes to barriers to access stretchers for emergency care. The ER team is currently reviewing the potential option of redesigning the current ER layout to enhance patient flow and access.

Respectfully submitted,

Joan Ludwig
VP Clinical, Chief Nursing Executive



Medical And Hospital Human Resources

Based on the 2016-2021 strategic plan we continue to transform our work environment into a “magnet” organization, attracting and retaining exemplary health care professionals to the north.

Our active involvement with the Northern Ontario School of Medicine (NOSM) continues to play an important role in encouraging learners to choose Timmins as a place to live and work. Each year, the Hospital welcomes Family Medicine residents and medical students, as well as visiting learners from other universities. The strong teaching model, collegiality of our medical staff and the warmth and generosity of this community are well known amongst the learners and we continue to build on that reputation.

Over the past year, successful physician recruitment has continued in the specialties of Ophthalmology, Radiology, Obstetrics/Gynecology, Pediatrics, Anesthesia, General Surgery as well as Family Medicine.

Maximizing the strength of our people remains our focus by: continuous recruitment of healthcare professionals, improving on staff morale, providing a healthy workplace program, reducing the risk of violence in the workplace, continuous improvement on staff engagement and performance evaluations, and expanding and strengthening our volunteer programs.

An employee engagement survey was launched this past summer to measure how we are doing in specific areas of organizational culture, safety, working conditions and how we meet our mandate of patient care. Survey results have indicated an overall job satisfaction rate of 69%.

We continued to provide and promote a high performing work environment that delivers quality care to our patients in which, we welcomed 27 Registered Nurses and 18 Registered Practical Nurses in 2017-18 to our already 850 engaged professionals.



Hospital Infrastructure Renewal Highlights

Bolstered by \$1.8 million in support from the Foundation and \$2.3 million in Ministry grants and other sources of revenue, the Hospital invested over \$5.2 million in equipment and building infrastructure during 2017-18. Here are some highlights:

MRI

While most of the planning for the replacement of our 13 year old Magnetic Resonance Imaging (MRI) unit was done in 2016-17, the actual replacement was completed very early in 2017-18. The new MRI unit will help to both lower the length of time for the MRI exam and lower the radiation dose.



Roofing, Flooring & Windows



The Hospital has been in the process of replacing the Hospital's roof for the last 12+ years. In 2017-18, we received Ministry funding to complete the remaining roof replacement work which comprised of about 61,000 square feet of roof coverage. In addition to this roofing work, residual funding was used to replace flooring in 44 patient rooms on the 2nd floor and to replace just over 100 windows.

Obstetrics/Nursery Makeover

With the support of the Foundation, the Hospital gave the Obstetrics/Nursery area a new, fresh and more modern appearance with painting, flooring, cabinetry and other furniture changes. Patients and families appreciate the changes that provide them with a more comfortable environment during their stay in the Hospital.



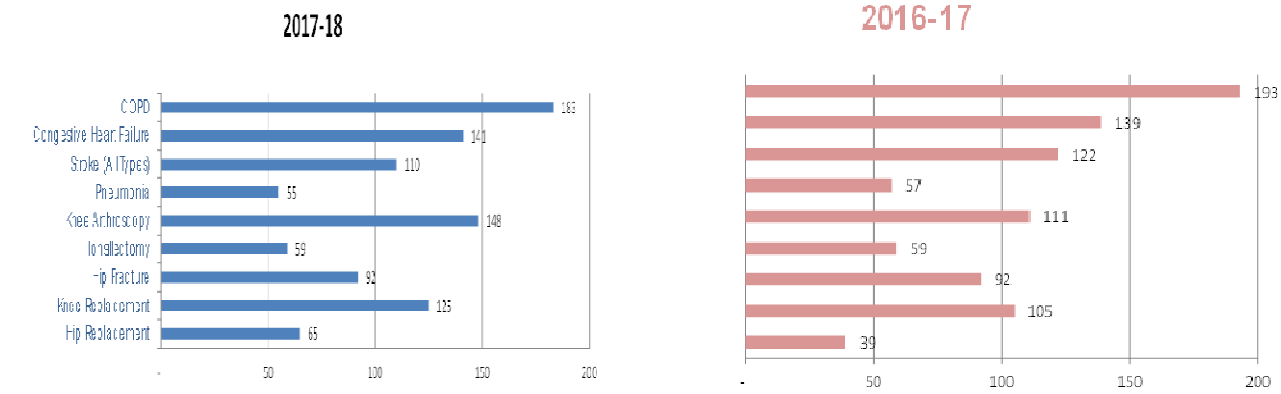
Hospital Financial Status

This past fiscal year of 2017-18 has been a year where we have struggled to minimize our operating deficit at about \$2.1 million. With funding increases not keeping up with inflation, we began the year knowing we would be operating at a deficit. However, with the 2017-18 experience of a 13% increase in overall occupancy and a 100% increase in inpatient activity in our Emergency department, the cost of the additional unfunded resources to provide services to these added pressures significantly increased our opening deficit projections.

This year's operating deficit has only increased our financial challenges surrounding working capital improvement, capital equipment and building infrastructure investment and long-term debt obligations. We are in the early stages of discussions with the NorthEast LHIN to review and address our financial status. As we enter into 2018-19 and understanding our funding is increasing by 0.9%, it is clear that we must develop a plan to bring financial stability to the Hospital to allow us to sustain operations and deal with the additional cost pressures resulting from increased patient activity.

Funding Reform

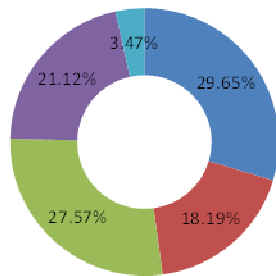
We are now entering the sixth year of the Province’s hospital funding reform. The Province continues to increase the amount of funding that is based on “price and volume” related to patient encounters known as Quality-Based Procedures (QBP). The table below provides an overview of the numbers of QBPs for the last two years:



How do we spend our funding?

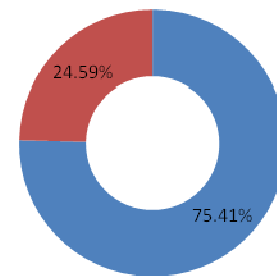
Expense Distribution

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



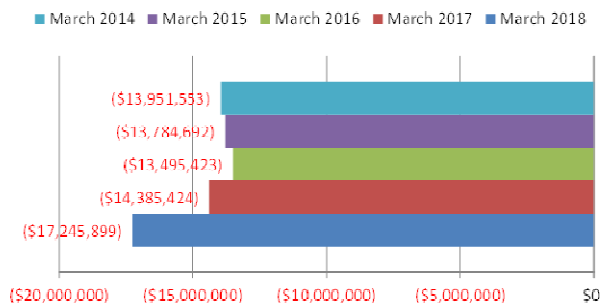
Expense Distribution

- Direct Patient Care
- Administrative & Patient Care Support



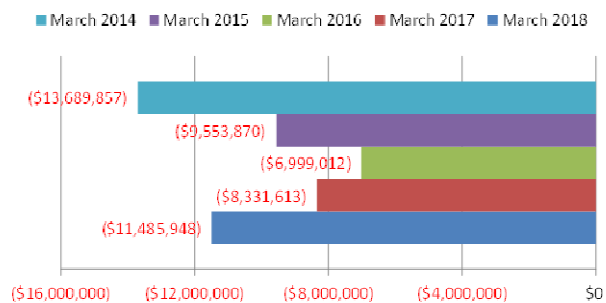
Financial Health

Value of Net Assets



Measuring our organizations overall net worth.

Working Capital Position



Measuring our ability to cover our short term debt.

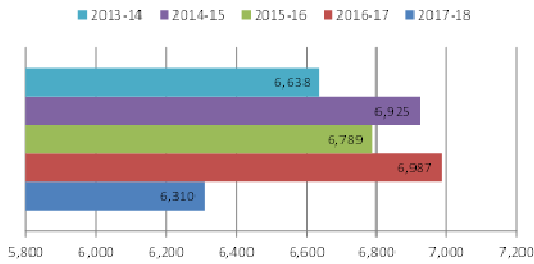
TADH Statement of Operations

	2018	2017
Revenues		
Ministry of Health and Long-Term Care/Local Health Integration Network	73,902,119	71,289,258
Cancer Care Ontario	4,758,250	4,738,276
Patient services	8,646,938	8,484,203
Room differential and copayments	1,492,408	1,507,605
Recoveries and other revenue	7,467,332	7,661,947
Amortization of deferred equipment contributions	1,987,921	1,810,413
Uniquely funded programs	3,149,000	3,075,837
	101,403,968	98,567,539
Expenses		
Salaries and wages	47,022,761	44,950,239
Benefit contributions	14,347,683	13,660,517
Medical staff remuneration	13,319,546	12,663,164
Medical and surgical supplies	5,077,966	4,793,269
Drugs and medical gases	3,082,320	3,057,972
Other supplies and expenses	14,318,330	13,885,410
Amortization of equipment	3,196,929	2,469,701
Uniquely funded programs	3,149,000	3,075,837
	103,514,535	98,556,109
Excess/ (Deficiency) of Revenue over Expenses from Hospital Operations	(2,110,567)	11,430
Amortization of deferred building contributions	2,266,280	2,230,435
Amortization of building	(2,686,098)	(2,697,854)
Interest on long-term debt	(330,090)	(434,011)
Excess/ (Deficiency) of Revenue over Expenses	(2,860,475)	(890,000)

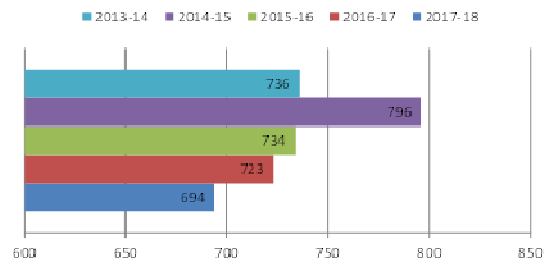
Hospital Activity Highlights

Measuring our more common activities that are part of our day-to-day operations.

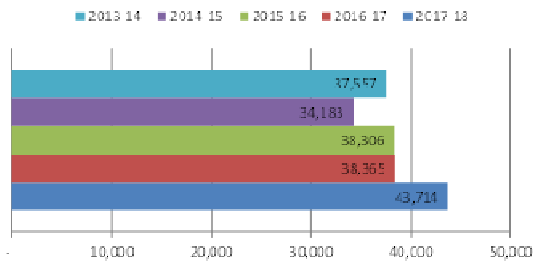
Admissions to Hospital



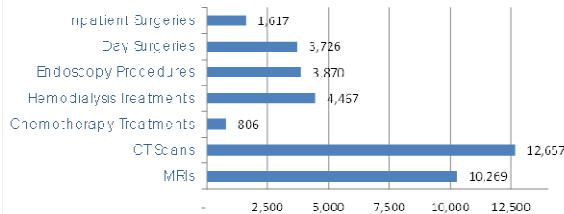
In-Hospital Births



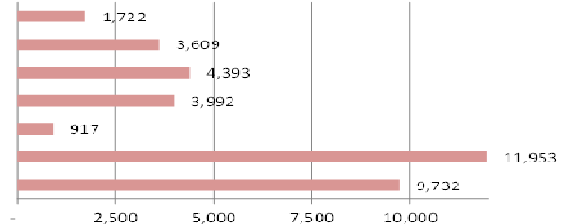
Patient Days - Acute Care



2017-18



2016-17



Respectfully submitted,

Bryan Bennetts
 VP, Stewardship and Accountability/
 Chief Financial Officer



TADH in the Media

To read any of TADH's Media Releases, please visit our website at
www.tadh.com under "Latest News"
2017-2018 Media Releases

May 2017

- TADH Mammothon to encourage Breast Screening
- TADH Doctor's Day

August 2017

- TADH Oncology Department Donations
- TADH EMS Implementation next stage of changes to deployment plan

September 2017

- TADH Welcomes NOSM Students
- Timmins Complex Care Clinic

November 2017

- TADH VRE cluster identified (1)
- TADH Presented Hospital Achievement Award
- TADH Sleep Centre

December 2017

- TADH VRE cluster Identified (2)
- TADH VRE cluster Identified (3)
- Look Good Feel Better

January 2018

- TADH Influenza and VRE cluster Identified

February 2018

- TADH Supports Colorectal Cancer Awareness

March 2018

- TADH World Kidney Day

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

TWITTER: @TADHospital

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

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

WEBSITE: www.tadh.com

Foundation Contributions for 2017-2018

The Timmins and District Hospital Foundation raises funds for medical equipment for TADH beyond those available from other sources. We are 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. 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.

Through the Foundation's fundraising programs, events and significant gifts, a total of \$3,180,795 was transferred to the Hospital in 2017. The TADH Auxiliary generously gifted the Foundation with \$81,000 for the purchase of medical equipment bringing their accumulated total to \$1,576,490 over the past two decades. Since the inception of the Foundation a total of \$41,334,052 has been transferred to the Hospital.

The Foundation closed out its most ambitious fundraising campaign since the Hospital was built in 1989 – *Building for tomorrow's healthcare today*. Over four years, \$15 million was raised for the purchase of medical equipment and to fund infrastructure projects. Many thanks to our Capital Campaign committee consisting of chairperson Jean-Paul Aubé and committee members Dave McGirr, Gabriel Provost, and Don Wyatt.



The Foundation has established a new volunteer recognition award in memory of Robert Perrault who served on the Foundation Board of Directors from 1998 until his death on September 27, 2017. We are deeply saddened by the void that has been left with the loss of Robert; however, we are extremely grateful for his years of service as an exemplary volunteer who readily offered his time and talent to our Hospital and our community. The Foundation's Volunteer of the Year Award recognizes outstanding Foundation volunteers who portray the spirit of volunteerism shown by Robert's example. The first award will be presented at a special reception to be held in September 2018.

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 Jennifer Bentley, Janna Burke, Patricia Gaudreau, Zeina Fayed and Deanna Van Bommel.

Thank you once again for all of your support in ensuring the continued success of the Foundation and our Hospital.

For more information, please visit the Foundation website at: <http://tadhfoundation.com>.

Respectfully submitted,

Patricia M. Gaudreau
Acting Executive Director



Contributions of Volunteer and Pastoral Care

The Volunteer Services department is comprised of over 80 men and women who give back to their community by volunteering. They are involved in almost every area of the organization; helping staff perform various tasks and contributing to a higher quality of care to our patients and residents.

To thank all of our volunteers for their hard work and contribution to TADH, Volunteer Services hosted the annual Volunteer Appreciation Luncheon on June 14th, in the Lecture Theatre. During the event, President and CEO, Blaise MacNeil, reminded volunteers how their help and dedication to the hospital is invaluable and appreciated. TADH officially recognized **27 volunteers** who received awards for reaching new hours and years of service milestones. Among the celebrated volunteers, medical unit volunteer *Aline Brochu* was recognized for **35 years of service!** She also received an award for completing **10 500 hours of volunteer work!** Award recipients also included *Claire Bouley* (Information Desk) for **20 years and 4800 hours;** *Helen Forrest* (Oncology), *Inez Orlando* (Information Desk), *Jane Lavoie* (Maternity, Snuggles & Cuddles program) and *Carol Caldwell* (Fracture Clinic) for **completing over 3000 hours of service;** as well as *Gerry Kenny* (Oncology and Dialysis volunteer) who completed **2500 hours in 6 years of service!**

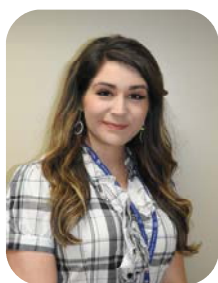
Pastoral Care Services at TADH is also an active department with approximately 70 volunteer clergy and lay spiritual care providers, who care about holistic health and the spiritual well-being of our patients and staff. Our statistics indicate that our team of volunteers provided **8299 recorded pastoral visits in the 2017-2018 fiscal year!**

The pastoral care team continues to deliver many spiritual programs and special services throughout the year such as the annual memorial service, the Christmas Eve celebration for patients and staff and other religious celebrations. TADH hosted its annual pastoral care appreciation luncheon on December 7th in the Lecture Theatre to celebrate and thank our outstanding team of spiritual care providers.

On behalf of all hospital units and areas that are serviced by these dedicated volunteers, I extend to them our warmest gratitude for the selfless gift of their time for our patients and their families!



Respectfully submitted,



Rev. Véronique Moreau

Pastoral Care/Volunteer Services Coordinator

Contributions of the TADH Auxiliary

The TADH Auxiliary had another great year. We had a Christmas and a Spring bazaar. We donated \$500 to the Comfort Kit Program for breast cancer patients. Easter and Christmas favors were provided to patients. Two bursaries at \$300 each were awarded to students graduating in a Health Science Program at Northern College. At present, we have 113 members, 79 of whom are active in Auxiliary activities.

Notable Moments and Events throughout 2017-2018

- ◆ We Hosted the James Bay Region Spring Conference in April. Marion Saunders, Provincial HAAO President attended, and the theme was Canada 150 years.
- ◆ Our Spring Bazaar raised over \$2,700.00.
- ◆ A book sale generated over \$300 in two days.
- ◆ Adding membership requests to the Nevada table has increased the flow of applications. We now have 13 new members.
- ◆ Suzanne McCord and Shirley Deleurant submitted a photo to the annual HAAO photo contest under the fund raising category. This photo showing Auxiliary member Colette Hancin selling Canadiana products at our Spring Bazaar won first place at the Toronto Convention.
- ◆ The Christmas Bazaar generated over \$3,800.00.
- ◆ A new book case was added in the foyer in memory of one of our Provincial Life Member, Vera Golinowski.
- ◆ Region Rep. Lise Simpson, attended the Christmas Luncheon and presented Provincial Life Memberships to the following members; Nancy Pandolfi and Annette Gelinas for Leadership and Executive Service. And to Debbie Dupuis, Lil Lehto, Jo Morissette, and Helen Phippen for Long Standing and Reliable Service.
- ◆ We just learned that the TADH Auxiliary has become a finalist for the City of Timmins Non-Profit Organization Award at the Timmins Chamber of Commerce’s 2018 Nova Business Excellent Awards.
- ◆ A cheque was presented to the hospital Foundation in the amount of \$81,000. This donation will be used to purchase the following equipment:

Department	Equipment
Therapies	2 Bariatric Treatment tables
Emergency	5 Treatment Chairs Slit Lamp (eye injuries)
Surgery	Glidescope
Laboratory	Refrigerator (storing of blood sample)
Cardio-Pulmonary	BiPap machine
Surgery/Urology	Nephroscope

Our enthusiastic members of the TADH Auxiliary, enjoy participating in the various functions and activities hosted by the Auxiliary. Our women and men take pride in providing new equipment and services to the staff, patients, and visitors at our district hospital.

Respectfully submitted,

Ann Rudd-Robins
President



Foundational Statements



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



VISION

Exemplary Care to Northerners

MISSION

Working Together with our Partners to Improve the health of Northerners

STRATEGIC DIMENSIONS

Optimize Care within our Northern Communities
Harness & Advance Technological Enablers
Maximize the potential of our People
Achieve Financial Sustainability

Community Partnerships

The Timmins and District Hospital (TADH) is a level B fully accredited referral and teaching hospital serving the residents of Timmins, the Cochrane District, and 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. To do this effectively, we are working hard to build stronger and more effective relationships with other health service providers throughout our catchment area. We are making efforts to improve our external communications efforts and to build partnership considerations into our strategic decision-making. We recognize that no single service provider can do it all - we need to work together if we're going to provide truly exemplary care to Northerners. The diagram on this page represents key working relationships with our community health partners.

Partnerships in Health Care delivery are essential to the sustainability and quality of our programming and assist in enabling smooth transitions for patients and their families from the community to the hospital settings. Our goals include planning for a seamless discharge from the hospital with the required community based supports.

The following list includes some of our many partners in health care planning and delivery:

East End Family Health Team
Misiway MilopemahteseWIN Community Health Centre
Solo Primary Care Providers
Timmins Family Health Team

Bayshore Home Health
Care Partners
North East Geriatric Programs
Priority Assistance to Transition Home (PATH)
Red Cross Homecare
Victorian Order of Nurses

Extendicare
Georgian Residence
Golden Manor Home for the Aged/ City of Timmins
Spruce Hill Lodge
St. Mary's Retirement Residence
Walford Residence

Children's Hospital of Eastern Ontario
Horizon's Palliative Care Inc.
Canadian National Institute for the Blind
Funeral Home Grief Counseling

Access Better Living
Alzheimer's Society
Behavior Supports Ontario
Canadian Cancer Society
Canadian Mental Health Association
City of Timmins
City of Timmins Police and Fire Department
Cochrane District Detox Centre
Cochrane Temiskaming Resource Centre
Community Care Access Center
Community Living Timmins
Diabetes Canada
District of Cochrane Social Services Administration
Emergency Medical Services
Good Samaritan Inn
Heart and Stroke Foundation
Jubilee Centre
Kunuwanimano Child & Family Services
Look Good Feel Better
NELHIN Home and Community Care
Northeast Cancer Centre
North Eastern Ontario Family and Child Services
Porcupine Diabetes Information Services
Porcupine Health Unit
Réseau du mieux-être francophone du Nord de l'Ontario
Seizure and Brain Injury Centre
South Cochrane Addictions Services
Timmins Area Women in Crisis
Timmins Consumer Networking
Tranquility Centre Shelter

Collège Boréal
Diagnostic Imaging and Laboratory Colleges
Laurentian University
Local School Boards
Northern College
Northern Ontario School of Medicine

Kapashewekamik Native Patient Hostel
Metis Nation of Ontario
Timmins Native Friendship Centre
Wabun Tribal Council

District Small Community Hospitals
NELHIN Hub Hospitals

Promoting A Positive Working Culture At TADH

The People of our hospital, are our most valuable resource. Investing in our people through education and improving staff morale, staff satisfaction and celebrating their successes are key elements in our plan. Opportunities to promote enhanced teamwork in supporting quality patient and family care have been successful in promoting a positive working culture at the hospital. The following pictures highlight some to the many events that encourage teamwork and recognize the significant contributions of every member of our health care team in providing exceptional patient care. The engagement of our staff and physician teams is the foundation of our growth in delivering *exemplary care for northerners*.



Natalie Carle and Josee Jean having fun at the Staff Appreciation Easter Sundaes.



Dr. Arul Raveendran and Dr. Gerard Champion, with Lianne Bellemare and Sue Clark during the Christmas photo booth.



Donation from Thirty-One was made to the Oncology department for those receiving treatment. Sharon Mills, a Thirty-One representative, Joy Cormier, and Lorna Green



The winning Team at TADH 4th Annual Softball Tournament held in August.

Promoting A Positive Working Culture At TADH



Some of the Nephrology staff and Dr. Malvinder Parmar promoting World Kidney Day.



Tiina Guillemette, Esther Langevin, Fran Zimmerman and Joan Ludwig enjoy a BBQ lunch for Staff Appreciation.



The Cafeteria staff dressed as Cowboys for Halloween.



Some of the 23 participants in the Toronto Bus Tour.



Nearly 30 TADH staff participated in a Sip N' Paint event; some of the proceeds went to the Social & Wellness Committee

Promoting A Positive Working Culture At TADH



Peter Gooch hosted the Smarty Pants Trivia. Participant Katrina Didone.



Joan Ludwig, Kim Bazinet, Brenda Smith, Lia Fontana, Josee Jean are "Throwing it Back" for Nursing Week.



Some of the musicians from the Timmins Symphony Orchestra gave a small concert during the Christmas Holidays.



Pumpkin decoration with the theme of: Patient Safety.



Pierre Robillard at Halloween.



Some of the DI staff styling their "Christmas Sweaters".

Promoting A Positive Working Culture At TADH



Brigitte Dumouchel, Tina Bilodeau and Caroline Hills-Pelchat at the Mammothon.



Some of the Medical staff with their Emoji Group Halloween costumes

Staff enjoying an Sundae for Easter Appreciation



More of the Pumpkin decoration with the theme of: Patient Safety



Joanne Manol, Lise Chartrand, Jocelyne Prud-homme, Sue St-Jean, and Joanne Labarre being recognized for Administration Appreciation day.



Christina St-Jean and Sue McGaghan participating in the "Christmas Sweater"

Promoting A Positive Working Culture At TADH



Carla Dolanjski and Nicholas Noob raising awareness for Stroke Month.



Veronique Moreau dressed as a Princess for Halloween



Linda Rochon dressed up for Halloween.

TADH received a Provincial Conversion Rate Award from Trillium Gift of Life.



More of the Pumpkin decoration with the theme of: Patient Safety



Second place Team at TADH Baseball Tournament

Appendix A

