

“Exemplary Care to Northerners”

2018 - 2019

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.....	3
Highlights of Medical Staff	
Message from the Chief of Staff/VP of Medicine	4
Medical Staff Leadership	6
Clinical Programs and Services	7
Medical and Hospital Human Resources	12
Hospital Infrastructure Renewal Highlights	13
TADH Statement of Operations	15
TADH in the Media.....	17
Contributions	
Foundation.....	18
Volunteer and Pastoral Care	19
TADH Auxiliary.....	20
Foundational Statements	21
Community Partnerships	22
Appendix A	24

Message from the Board Chair and President and CEO

We are pleased to present our report for the 2018-2019 Annual General Meeting of the Timmins and District Hospital (TADH).

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

Foundation Support

The Foundation transferred about \$700,000 to TADH in 2018-2019.

Without these funds, we would be unable to buy much of the equipment needed to support our operations, as we don't receive funding from the provincial government for this purpose. The Foundation fundraising team's efforts, and the ongoing support from the people of our region are invaluable to our vision of providing exemplary care.

Strategic Plan

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

1. Optimize care within our northern communities.
 - This includes projects such as internal and external integration and advancing the use of evidence-based practices and education.
 - Increase patient and community engagement.

2. Maximize the potential of our people.
 - Sample projects include transforming our work environment to enhance and support a positive workplace culture and investing in professional development for our employees.

3. Achieve financial sustainability

- For example, we continued to work with the NELHIN to secure additional one-time funding to reduce our operating deficit.

4. Harness & advance technological enablers

- One sample project in this dimension is the hospital-wide implementation of a fleet of intravenous, (IV), pumps with new technology to improve the safety of IV therapy.

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

In 2018/19, we have struggled to minimize our operating deficit, which is currently \$2.7 million. We had originally budgeted for a \$4.6 million deficit but strong support from our LHIN led to some significant one-time funding that reduced it to its current level. Despite our LHIN's advocacy and support however, we have not received permanent base funding increases to help us with our ongoing deficit. As a result, we are going into 2019/20 with an even higher deficit to address.

Entering a third consecutive year without a balanced budget has increased the financial challenges in areas such as: working capital improvement, capital equipment purchases, building infrastructure investment and long-term debt obligations. We continue working with the LHIN to review and address our financial status while we await the impact of anticipated Ontario Health changes. In 2019/20 we anticipate an increase to our funding of just 0.5%, which is significantly lower than the expected inflation rate. As a result, we must somehow develop a financial sustainability plan that allows us to not only maintain current operations, but also to address additional cost pressures resulting from increased patient activity and other operational demands.

Respectfully submitted,



Maggie Matear
Chair Board of Directors



Blaise MacNeil
President and CEO

2018-2019 Board of Directors



Maggie Matear
Chair



Sylvie Petroski
Vice-Chair



Gaétan Malette
Vice-Chair



Kraymr Grenke
Treasurer



Blaise MacNeil
President and CEO



Dr. Harry Voogjarv
Chief of Staff and
VP of Medicine



Dr. Doug Arnold
President
of Medical Staff



Dr. Sonal Zilka
Vice-President
of Medical Staff



Joan Ludwig
Vice President, Clinical/
Chief Nursing Executive



Sue Perras



Marilyn Wood



Alex Szczebonski



Sarah Campbell



Rachel Cull



Melanie Verreault



Jean-Pierre Nadon



Ivor Jones



Ann Rudd-Robins



Gilles Chartrand

Message from the Chief of Staff/VP of Medicine

MEDICAL STAFFING UPDATE:

Anesthesia: Dr. Toupin, Family Physician, has been accepted into NOSM's one year anesthesia training program. He will fill one of the current vacancies in summer 2020.

Family Medicine: No new recruits for 2018/2019 but positive outlook for upcoming years through NOSM Family Medicine residency program. Significant upcoming retirements in the next 1-5 years. Physical space remains an issue in the existing Family Health team offices.

Urology: Dr. Lang continues to provide solo provider care to patients from Timmins and the District. Recruitment is currently not a priority.

Ophthalmology: Status quo with two providers.

Obstetrics/Gynecology: One current vacancy and impending retirement in the next 1-3 years.

Internal Medicine: Recruitment for full time members remains a priority. ICU continues to be covered by a committed group of internal medicine locums on a rotational basis.

Orthopedics: Unsuccessful recruitment of a full time 3rd orthopedic surgeon last year. New locums are being tested and recruitment will be reevaluated by year end.

Psychiatry: Recruitment remains a priority with 3 full time members with an impending retirement in 1-3 years.

General Surgery: Status quo with three providers. Need to increase locum pool.

Emergency Medicine: Department continues to cover five shifts per day, but recruitment is a priority. Locum support is increasing. Some potential recruits in the queue. Unfortunately, we saw the departure of Dr. Marc Roy and Dr. Elaine Innes from the roster.

ENT: Dr. Ethier continues as a solo provider. Recruitment remains a priority.

Pediatrics: This Department is in flux again with the announced departure of Dr. Sarah Morse in August as she will be returning to Nova Scotia. Recruitment is a high priority.

MEDICAL ADVISORY COMMITTEE:

- Limited-scales renovations to the Emergency Department will improve patient flow and create a larger working space for ER physicians, staff and learners.
- We will hopefully see Meditech 6.16 at TADH in the next few years. This new electronic health record will greatly enhance how physicians practice and serve their patients.
- I remain concerned about sustainability challenges brought on by the ever increasing clinical demands, exacerbated by our current levels of funding.

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. Lesley Griffiths
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
- 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 Timmins Hospice Centre continues to receive positive feedback. Family members and staff successfully nominated Dr. Lynne Schwertfeger, a Hospice Centre Lead physician, for the Award of Excellence by the Ontario College of Family Physicians. She received the award in November 2018 for her outstanding contributions to Palliative Care in our Hospice Centre.



Dr. Lynne Schwertfeger with the award she received at the 2018 OCFP Installation and Awards ceremony held in Toronto. The award has been framed and now hangs in the Timmins Hospice Centre where Dr. Schwertfeger does much of her work at the Timmins and District Hospital

Critical Care Unit (CCU)

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.

Together with the Hospital Auxiliary, which supported the purchase of two Clinical Carts, the Foundation has also helped our Critical Care Unit. Patients' family members continue to provide positive feedback about the newly furnished and remodeled CCU waiting rooms.

Joint Replacements

The Northeast LHIN funded over 150 additional joint replacement procedures this year. This allowed TADH surgeons to significantly reduce wait times and increase access to surgery closer to home.

Nephrology Home Hemodialysis Launch

The Nephrology Program successfully launched the Home Hemodialysis Program for our patients in Timmins and the district. They are currently training their first patient and are in the process of assessing a second patient from the Cochrane area. The hospital will be submitting a request to the Ontario Renal Network for additional home hemodialysis machines. The program appreciates the support of the Ontario Renal Network's Dr. Phil Holmes, Rebecca Cooper and all the team for assisting and supporting us in our vision of "blazing the trail" for the North. Special thanks to Dr. Parmar and the Nephrology Team for never giving up on what we believed was quality patient centered care closer to home for the patients of the North.

Mental Health and Addiction Improvement Strategy

TADH is collaborating with our community partners, including the Timmins Police, in developing plans to submit for annual funding in the areas of a Withdrawal Management and Detox program, an Addiction Medicine Consult Team, a Mobile Crisis team and a Peer Support for mental health and addictions patients.

TADH receives Trillium Gift of Life Network Award

In 2018, TGLN presented TADH with the Provincial Conversion Rate award for a second consecutive year. Over 80% of potential donors referred by our hospital went on to become actual organ donors, one of the highest rates in the province. This is an excellent testament to the skills of our staff, who demonstrate exceptional compassion and sensitivity in facilitating this success rate.



Pictured left to right: Cathy Ritter, TGLN Hospital Development Coordinator, Janice Beital, TGLN Director, Hospital Program Educator and Professional Practice, Kim Bazinet, TADH ER/ICU Manager and Dr. Trevor Harterre, TADH Lead Physician.

Patient Engagement Continued Growth in Programming



Kathy Dunbabin, The Patient Engagement Lead continues to receive very positive feedback around discharge phone calls completed on all patients from an inpatient unit. Our team reaches more than 88% of discharged patients. Our real-time Patient Surveys indicate patient satisfaction rates of 99%.

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

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 or their own homes if the facilities and supports were available.

The 12 bed Transitional Care Unit was to be funded until the end of this fiscal year. It has been an exceptional support in providing additional beds for Alternative Level of Care (ALC) Patients, waiting for a bed in Long Term Care. The units are enhanced with a quieter, more patient focused model, including recreational and physical therapy supports. Currently over 40 ALC patients are awaiting LTC.

Chronic Obstructive Pulmonary Disease (COPD)

The clinic continues to grow. Our goal is to reduce the number of ER visits and hospital admissions, readmissions, reduce the rate of lung function decline and provide a positive patient experience by meeting the best practice principles outlined in the Health Quality Ontario.

Telemedicine Program Improvement

TADH appreciated the Foundation's support in replacing four Education Telemedicine Systems and two Clinical Education Telemedicine Systems. These units are key essential for linking our patients to specialty medical care.

Learning Management System and Cultural Mindfulness Training

Surge Learning has been selected for our new Learning Management System (LMS). We are in the process of development and implementation. The LMS will help staff complete required competency education from home. TADH also hosted two successful Cultural Mindfulness Training sessions for staff and community partners.

Code Stroke Protocol

The Stroke program initiated an overhead code protocol, a system implemented to promote transparency of safety protocols, to ensure the fastest response to patients experiencing stroke symptoms in the hospital.

Electronic Canadian Triage Acuity Scale (ECTAS)

The ER began using the Electronic Canadian Triage and Acuity Scale (ECTAS) in January. It helps to define how long a patient can safely wait to see an emergency department physician. It ensures that the sickest patients are seen first, and improves patient safety and quality of care by standardizing how guidelines are applied.

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

Our active involvement with the Northern Ontario School of Medicine (NOSM) is encouraging new physicians 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're building on an established reputation for a strong teaching model, the collegiality of our medical staff and the warmth and generosity of Timmins.

This year we continued to transform our work environment into a “magnet” organization to attract and retain health care professionals in the north. Based on the 2016-2021 strategic plan, we are Maximizing the Strength of our People by:

- Improving staff morale.
- Providing healthy workplace programs.
- Reducing the risk of violence in the workplace.
- Improving on staff engagement.
- Enhancing performance evaluation.
- Expanding and strengthening our volunteer programs.

As a result of the survey sent out two summers ago, we have since focused on improving communication strategies with the addition of our Communications Specialist, implemented a Manager's Guide to engaging staff, and have revised and implemented an enhanced performance appraisal process.

This year, we also welcomed 22 Registered Nurses and 16 Registered Practical Nurses as well as 27 Allied Health and 65 support members to our staff of 850 healthcare professionals.

We continue with our commitment to provide staff with Cultural Mindfulness Training and further develop our policies to enhance the care for our Indigenous and Francophone populations.

Strong working relations continued with all three trade unions (ONA, OPSEU, USW) over the year. The hospital was successful in reaching multi-year agreements, providing labour stability into the future.



Hospital Infrastructure Renewal Highlights

Bolstered by \$700,000 in support from the Foundation and \$1.15 million in Ministry grants and other sources of revenue, the Hospital invested just over \$2.5 million in equipment and building infrastructure during 2018-19. Here are some highlights:

Intravenous Pumps

With support from the Foundation, the Hospital replaced our entire fleet of Intravenous (IV) Pumps. The 150+ new pumps feature many safety features that ultimately assist the nursing staff in ensuring the proper dosage of IV medication is provided to the patient.



Ophthalmology Microscope



With support from the Foundation, the Hospital replaced the microscope uses in cataract and other eye surgery procedures. Averaging 25 cataract procedures a week, the new microscope provides state-of-the-art technology to guide the surgeons in their work while reducing the time of the procedure for the patient.

Heating, Ventilation and Cooling

The majority of the Ministry capital grants have been used to purchase new cooling infrastructure to replace the 25 year old equipment. Work has also begun on upgrading heating piping which will improve the efficiency of our heating system and also help to reduce areas where this piping has been leaking at certain times of the year.



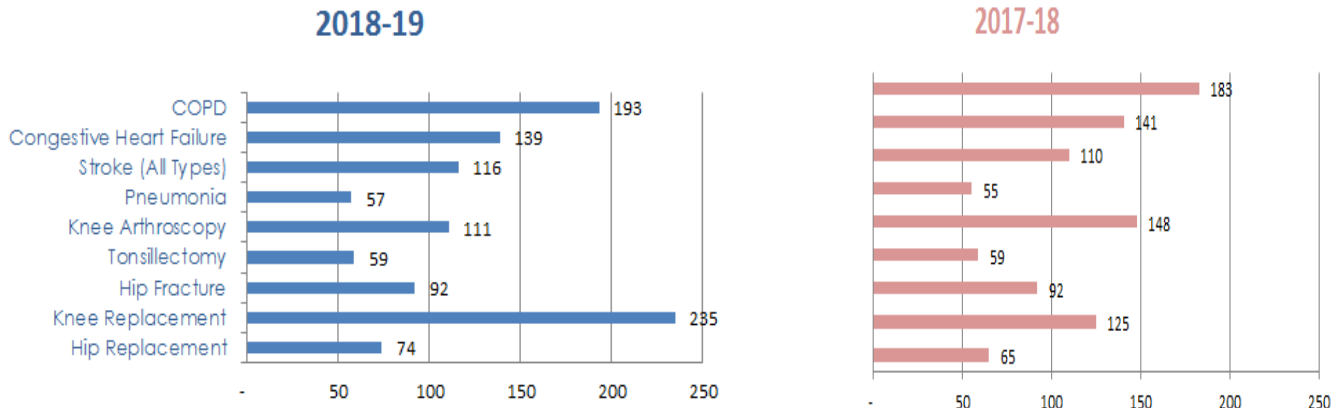
Portable X-Ray Machines



With the support of the Foundation, the Hospital replaced two portable x-ray machines that are used in various areas of the Hospital when it is not feasible for patients to be transported to the Diagnostic Imaging department. The new units provide additional functionality and testing capability that was not available with the older units that were 25+ years old.

Funding Reform

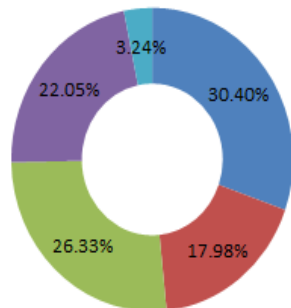
We are now entering the seventh year of the Province’s hospital funding reform. The Province continues to increase the amount of funding that is based on “price and volume” related to patient encounters known as Quality-Based Procedures (QBP). The table below provides an overview of the numbers of QBPs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



How do we spend our funding?

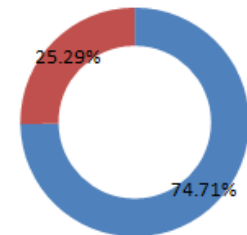
Expense Distribution

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



Expense Distribution

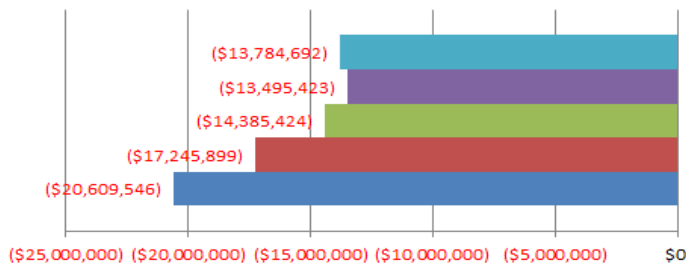
- Direct Patient Care
- Administrative & Patient Care Support



Financial Health

Value of Net Assets

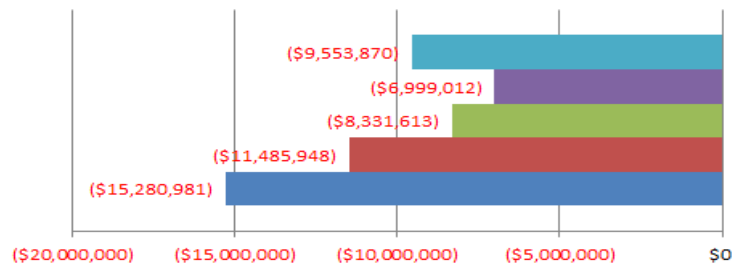
- March 2015
- March 2016
- March 2017
- March 2018
- March 2019



Measuring our organizations overall net worth.

Working Capital Position

- March 2015
- March 2016
- March 2017
- March 2018
- March 2019



Measuring our ability to cover our short term debt.

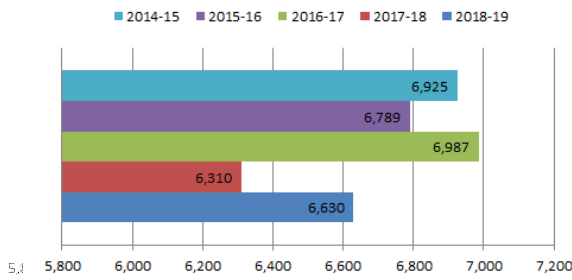
TADH Statement of Operations

	2019	2018
Revenues		
Ministry of Health and Long-Term Care/Local Health Integration Network	77,062,641	73,902,119
Cancer Care Ontario	5,085,576	4,758,250
Patient services	8,591,348	8,646,938
Room differential and copayments	1,274,111	1,492,408
Recoveries and other revenue	8,066,044	7,467,332
Amortization of deferred equipment contributions	2,165,693	1,987,921
Uniquely funded programs	3,219,212	3,149,000
	105,464,625	101,403,968
Expenses		
Salaries and wages	48,634,884	47,022,761
Benefit contributions	14,442,955	14,347,683
Medical staff remuneration	13,794,295	13,319,546
Medical and surgical supplies	5,671,172	5,077,966
Drugs and medical gases	3,784,868	3,082,320
Other supplies and expenses	15,042,994	14,318,330
Amortization of equipment	3,552,902	3,196,929
Uniquely funded programs	3,219,212	3,149,000
	108,143,282	103,514,535
Excess/(Deficiency) of Revenue over Expenses from Hospital Operations	(2,678,657)	(2,110,567)
Amortization of deferred building contributions	2,379,385	2,266,280
Amortization of building	(2,794,344)	(2,686,098)
Interest on long-term debt	(270,032)	(330,090)
Excess/(Deficiency) of Revenue over Expenses	(3,363,648)	(2,860,475)

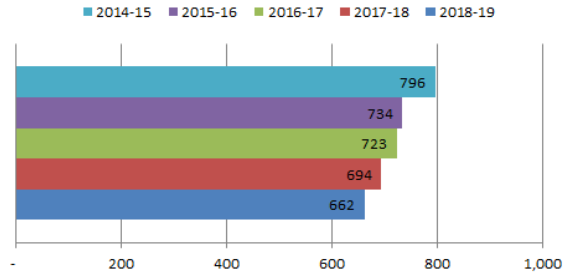
Hospital Activity Highlights

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

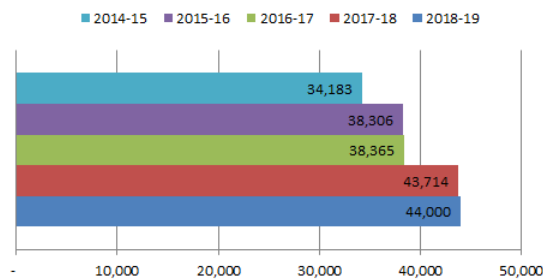
Admissions to Hospital



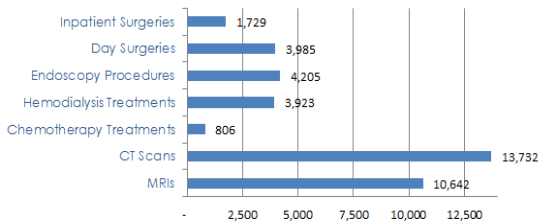
In-Hospital Births



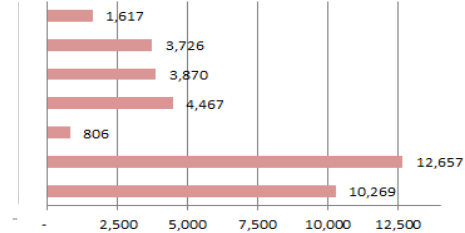
Patient Days - Acute Care



2018-19



2017-18



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"
2018-2019 Media Releases

July 2018

- Air quality monitored at TADH

October 2018

- TADH awarded for championing organ and tissue donation
- TADH enters agreement to operate Sleep Clinic

November 2018

- TADH celebrates 25th anniversary and recognizes physician contribution
- Local Physician honoured with award of excellence

December 2018

- TADH introduces innovative technology to improve patient triage in Emergency Department

January 2019

- TADH services resume as System issues resolved

May 2019

- TADH Mobile Crisis Team receives funding
- TADH Hosts Michelle Acorn, CNO of Ontario

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 2018-2019

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.

Through the Foundation's fundraising programs, we are proud to report that we transferred 1.7 million dollars to the Hospital in 2018. The Hospital Auxiliary generously gifted the Foundation with \$85,500 bringing their accumulative total 1,661,950 over the past two decades.

Some of the ways we raised funds in 2018 include: The 20th annual Spring Gala, The John P. Larche Charity Golf Classic, our annual Christmas Card Campaign, dress down days, in memory tributes, and many third party Fundraisers.



Spring Gala 2018

Thank you once again for all of your support in ensuring the continued success of the Foundation and Hospital. For more information on the Foundation, please visit our website at www.tadhfoundation.com

Respectfully submitted,

Jason Laneville
Acting Executive Director

Contributions of Volunteer and Pastoral Care

The volunteer services department is comprised of more than 80 men and women who give back to their community by volunteering at TADH. 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.

The volunteer department was pleased to add a new endeavor to its portfolio in February 2018 by undertaking the delivery of recreational activities to patients in continuing care. We host four activities on a weekly basis on Medical A and Medical 3CCC. Some of our patients' favourite activities include bingo, musical performances, painting and movie matinées! Also benefiting from the program are the nursing coop students who participate by lending a helping hand. It encourages positive patient interaction and allows secondary students to directly contribute to their wellbeing. We are pleased with the highly positive feedback we continue to receive from patients and families and look forward to continue offering this valued service.

In order 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, 2018 in the lecture theatre. During the event, Vice-President of People and Director of Operations Mike Resetar thanked the volunteers for their hard work and dedication to the organization. TADH officially recognized 22 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 her 10 800 hours of volunteer work in 36 years of service; Claire Bouley (information desk) for 5200 hours, Helen Forrest (oncology) for 4000 hours, Jane Lavoie (maternity, Snuggles & Cuddles program) for 3900 hours, Inez Orlando (information desk) for 3800 hours, Carol Caldwell (fracture clinic) for 3400 hours, Gerry Kenny (oncology and dialysis) who completed 3000 hours, as well as Amy Beaven, Carole Moland and Dianna Rowlandson for completing 5 years of service!

Pastoral Care Services at TADH is also an active department with approximately 65 volunteer clergy and lay spiritual care providers who are passionate about holistic health and the spiritual wellbeing of our patients and staff. Our statistics indicate that our team of volunteers provided 8416 recorded pastoral visits in the year 2018! The pastoral care team continues to provide many spirituality based programs and special services throughout the year such as the annual memorial service, the Christmas Eve celebration, the Easter service and other religious celebrations.

On behalf of all hospital units and areas that are supported 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 auxiliary members held many events in 2018, which included 10 Luncheon Meetings, 2 Bazaars (Spring and Christmas), 4 -2day Book Sales, attended the Gift Show in Toronto, attended community partners meetings, attended Cultural Mindfulness Training, awarded 2 bursaries to graduating students at Northern College, delivered Easter and Christmas favours to those patients in the hospital over the holidays, and became finalists in the Nova Awards.

We performed our regular duties of operating the gift shop, selling Nevada tickets, and the Tuck Wagon. The recorded hours were 9,326 which does not include the hours of members and others that knitted items to sell in the gift shop.

We had some challenges also. Hospital Auxiliaries Association of Ontario closed. This left many uncertainties for the future and many changes such as awards for our members, contact with other auxiliaries, and our logo.

We donated \$85,500.00 to the Timmins and District Hospital Foundation to purchase equipment. The items our membership approved were 2 new telemedicine systems, bladder scanner for ER/ICU, Ultrasound upgrade for PICC lines, Yellofins Stirrups and Bipolar Cautery for the operating rooms, Ultrasound probe for Intensive Care and 2 Tub Room Chairs for 2nd Floor Nursing.

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

Appendix A

