



Nipigon District Memorial Hospital Annual Report, 2020/21

Board of Directors

Each director is responsible to act honestly, in good faith and in the best interests of the Hospital and in doing so, supports the Hospital in fulfilling its mission and discharging its accountabilities.

Membership

Chair	Kal Pristanski
Vice Chair	Nancy Gladun
Directors	Edward Wawia James Foulds Eric Rutherford Gordon Mackenzie Robert Beatty

Ex-Officio Members

President & Chief Executive Officer	Cathy Eady
Chief Nursing Executive	Jacqueline Dorval
Chief Financial Officer	Lauren Haskell
Chief of Staff	Dr. Ravinder Dhaliwal
Executive Director, Family Health Team	Shannon Jean

Hospital

Vision	Partnering for a healthier tomorrow to improve the quality, safety and experience of care.
Mission	The Hospital delivers excellence in rural health care with our partners for all residents in our communities.
Values	<ul style="list-style-type: none">• Patient and Family Centred• Integrity• Respect• Accountable
Philosophy	Patients and their families are at the centre of everything we do.

Long Term Care Home

Vision	That each resident enjoys safe, effective and responsive holistic care that helps them to achieve the highest potential quality of life and experience of care.
Mission	The Home delivers excellence in holistic care, within a resident and family focused framework.
Philosophy of Care	<p>Nipigon District Memorial Hospital's Long Term Care Unit is committed to providing compassionate interdisciplinary care to persons in need of our services in an atmosphere of respect for the dignity, spiritual and cultural values of each resident. We strive for excellence in the provision of a quality of life and care for our residents ensuring that their medical, emotional, physical, and social needs are met, while encouraging each resident to maintain an optimal level of functioning in all dimensions of life.</p> <p>We value our employees and volunteers and are committed to a healthy, safe, productive and enjoyable work environment.</p>

Message from the Board Chair



This past year, we have made history!

Years from now our healthcare workers, policy makers and politicians will look back on the year of the COVID-19 pandemic and want to know how we managed this worldwide pandemic.

Many reviews have already begun as well as development of a framework for recovery. This year has put extraordinary strain on our healthcare system, our staff, physicians, residents, patients and communities.

The Board of Directors would like to extend our sincere thanks to all of our staff, physicians and their families. This past year has put much stress in the workplace and in our personal lives. Thank you for your courage, professionalism and compassion. We would also like to thank the Township of Nipigon for their partnership and assistance.

The vaccine was provided and participation was amazing with 94% of our staff and 98% of our residents were vaccinated. This provides us with hope for the year ahead. Thank you to the Family Health team for their leadership in vaccinations in the Community and region.

We have seen our system partners collaborate for the greater good. Regional groups at all levels including Boards, Chiefs of Staff, Chief Nursing Executives, Pharmacists and our IT/IS groups have aligned to ensure the highest quality and safest healthcare possible.

In the midst of all this turmoil we have seen some movement on our Strategic Plan. We have engaged a stable patient transfer company and we have received provisional funding for 30 more long term care beds.

We would be remiss not to mention our first Indigenous Day celebration at NDMH and the development of a committee and partnership with our indigenous advisors. We made history well beyond COVID-19.

I am looking forward to my last year as Chair of the Board and our many future accomplishments together. I am proud of what we have accomplished together and look forward to many more positive endeavors in the future.

Message from the Chief Executive Officer



This past year is truly history in the making.

COVID-19 has demanded many hours of our resources and strained us in ways we never thought possible. It has also revealed a strong team of dedicated resilient professionals committed to safe quality care to our patients and residents.

We have highlighted the Laboratory in this report as they were displaced for a much-needed renovation of their work space. This was undertaken at the onset of the pandemic and was completed this spring. This team demonstrated their resilience and professionalism to provide optimal care under such circumstances.

Housekeeping is, of course, the backbone of any outbreak or pandemic. They developed and implemented new protocols, routines and while using new equipment and supplies. Their commitment to the goal of zero COVID-19 in Long Term Care has guided them to a high level of expertise daily. We purchased a state-of-the-art electromagnetic machine that provides quick effective cleaning of the facility. The staff have adapted to all these changes and have surpassed our expectations.

Our nurses have endured many changes over this past year including new equipment, protocols and policies all while providing compassionate care to stressed patients/residents and their families while under unheard of stress themselves. Visiting policies invoked by Directive #3 were difficult for patients, residents and staff. We worked with our family advisory on the best way to implement these difficult changes. They are truly professional and committed to providing excellent, safe, quality care.

We have also renovated our trauma room to be able to provide optimal care to COVID-19 patients by adding negative pressure to the room and all new equipment including our first ever ventilator and high flow oxygen machines. The maintenance staff were kept very busy with constant changes from constructing barriers to both lab and trauma room renovations.

We welcomed Chief Nursing Executive, Jacqueline Dorval and a new part time nurse practitioner who provides much needed urgent care and cardiac follow up services.

We look forward to working with the Ministry of Health and Long-Term Care to secure our provisional funding allocation for retrofitting the existing beds and add additional beds to increase our long-term care beds from 22 to 52.

The staff are the true glue of Nipigon District Memorial Hospital. Their resilience through the last year has not gone unnoticed. Our physicians have been supportive to our staff and we appreciate their ongoing collaboration with us during this stressful time. The Management staff and the Pandemic Committee have spent countless hours ensuring we are compliant with the everchanging Directives and protocols. This team is commended for their persistence and dedication.

While COVID-19 was the over shadowing priority, there was some time for significant improvements. We now have a three-year commitment to funding for a stable patient transfer system. This service is long overdue and services inpatients and long-term care residents from Nipigon and Terrace Bay. We have also signed an agreement with all police services to ensure standardized transfers of mental health and addiction patients from Police to our Emergency department staff. This process will help mental health and addiction patients access timely care and protect their privacy, decrease transfer delays for Police, improve transfer so hospital staff can better meet patient needs and protect the safety and security of vulnerable people, the public and our healthcare workers.

While the pandemic consumed much of our time, as a group, the Chief Executive Officers collectively decided that IT/IS, mental health, regional pharmacy and regional cancer care would be our focus. There is a Vice President and Regional Chief Information Officer that guide our collective will and our priorities. Cybersecurity is a top agenda item and we have excellent leadership from Thunder Bay Regional Health Sciences Center and St. Joseph's Care Group in this area.

I am humbled by the dedication of the staff and Physicians at Nipigon District Memorial and by the collaboration of our partners. The Township was responsive to any requests, the Ontario Hospital Association provided leadership and Advantage Ontario issued timely summaries of changes and advocated for Long Term Care. We have learned so much and will now benefit from the recommended changes in the coming months and years.

Message from the Chief of Staff



To say that 2020 has been a challenging year would be an understatement.

The SARS-CoV-2 Pandemic declaration March 11th has upended clinical care in the Nipigon District Memorial Hospital, creating both short term and long-term changes in the way healthcare is and likely will continue to be delivered, both for better and for worse.

Early in the pandemic the hospital staff focused our efforts on virus isolation and containment, and testing. A core working group was established and has met weekly throughout the pandemic to deal with the many logistical issues involved in responding to a novel infectious respiratory pathogen.

The Nipigon District Family Health Team was redeployed to great effect initially providing assessment center staffing and more recently coordinating a highly effective vaccine rollout in the district.

Against the backdrop of the pandemic some human resources pressures have arisen no doubt in part due to burn out experienced as a result of this health crisis. We wish to thank Dr. Comisso who resigned in May 2020, for his service to the Nipigon Doctors Group.

The implementation of negative pressure ventilation in our trauma room, has allowed us to care for airborne infectious more safely.

The acquisition of a ventilator, a video laryngoscope, a cardiac ultrasound probe and three high flow nasal cannula machines has substantially bolstered our ability to manage more aggressive respiratory illness in a safe manner.

The actual direct impact from Sars-CoV-2 has been mercifully scant at NDMH with cases remaining low, in our area throughout the pandemic, though the mental health burden and addictions burden certainly remains and has substantially increased due to social isolation. It has been of vital importance that our Rapid

Access Addiction Medicine clinic staffed by Dr. Carfagnini has continued to function.

Vaccination rates in amongst staff and residents are well above provincial averages, with most of our residents and staff being fully vaccinated by March 9th 2021 (363 days from the declaration of the pandemic). Vaccination, strict visitor policies and good infection control measures as well as a good dose of chance has allowed us to avert a catastrophe in long term care which many of us (myself included) felt early on, to be an inevitability.

The Pandemic delayed the graduation and independent licensing of physicians across Canada and has led to shortages of locums across Northern Ontario. As of this writing we are still experiencing a staffing shortage and are recruiting actively to fill a vacant physician position.

We were lucky enough to have a Nurse Practitioner join the hospital in June 2020. This has allowed us to continue to provide urgent care (albeit) virtually and has eased pressures substantially on the Doctors Group.

There have been many changes due to the pandemic, but a few are worth outlining here. The acquisition and implementation of our high-fidelity simulation mannequin, this will allow us to perform simulated cases, and vital staff training in house allowing us to hone our team-based responses to rare but critical cases.

Despite our success in Long Term Care, the toll on our LTC residents and staff must be acknowledged; tight restrictions, frequently evolving policies, lack of visitation, and ministry compliance visits have all contributed to a stressful work environment. Kudos to our staff for their perseverance!

Looking forward there are some bright spots on the horizon; the governments new found interest in funding long term care beds may result in an expansion of our home, something that is certainly needed locally.

We can only hope that 2021 is perhaps a little less eventful than 2020.

Message from the Chief Nursing Executive



First, let me start by saying global pandemics in health care should be avoided at all costs. They are not for the faint of heart.

What a life-changing year it has been, but NDMH has met the challenges with resilience and dedication. We may be a small hospital but we are mighty!

This past year has been extremely challenging for patients, residents, families, and staff. Wisely, the staff at NDMH adopted Directive #3 (Directive governing LTC) and put into place the practices hospital-wide. Some of these requirements included: all staff screening 2 x a day, weekly swabbing, additional cleaning, and wearing PPE. Often the Pandemic Committee adopted protocols that exceeded the government requirements. These additional measures were responsible for the hospital and LTC remaining COVID-19 outbreak-free. No small feat, considering at times it seemed that all the hospitals around us were in an outbreak.

The hospital also worked closely with our Resident Family Council to try to balance safety with the emotional needs of the residents. The Resident Family council was extremely active in the decision-making process.

An additional Activity Coordinator was hired to help make up for fewer visits from family members and volunteers. As of December, visiting was restricted to 1 essential visitor per resident. We encouraged video visits and tried to be as flexible as possible. The additional Activity Coordinator was greatly appreciated by the residents. Hours were staggered and actives were provided 7 days a week from morning to evening.

Constantly changing government directives made for very stressful times. We experienced Pandemic and change fatigue, but our staff were committed to following the directives and kept our residents, patients, and each other safe.

The staff also came up with some innovative ways to keep residents and patients safe while allowing families to visit. A pop-up fishing hut was purchased to allow outdoor window visits during the winter. This gesture was greatly appreciated by families and one family even contacted the media to tell them how grateful they were.

Three additional negative pressure rooms have been added to the hospital, one in the Emergency department and two on Acute Care. I believe this preparedness for COVID-19 cases helped everyone to feel better able to handle any positive cases and reduced stress.

Our hospital also benefitted from having both Acute Care and LTC in the same building as well as often sharing staff. The vaccinated residents ALC patients and staff received both doses of Moderna in a 28-day period. Having so many people vaccinated contributed greatly to the safety of our residents and patients, and also kept our staff healthy. Dr. Dhaliwal held three information sessions about the safety of the vaccines with staff prior to the vaccination clinics. These sessions were well attended and had a great impact on the staff. Our rate of vaccination among residents and eligible staff is over 90%.

Adding to our challenges we also had 4 visits from LTC compliance officers from the MOHLTC in the last year. Comprehensive work plans were initiated and implemented for all recommendations. Positive feedback was received from the inspectors that they could see significant improvements. No small feat while dealing with a pandemic!

Being fairly new to NDMH, I have been impressed with the dedication of the staff, doctors, and management team. We are in uncharted territory, but everyone is doing their part to ensure our successful navigation through all the challenges. I'm proud to have joined such a committed team.

Message from the Chief Financial Officer



Nipigon District Memorial Hospital continues to administer health care resources effectively and responsibly, while providing quality health care for the residents of Nipigon and the surrounding area.

In connection with the ongoing coronavirus pandemic, the Ministry of Health announced several funding programs intended to assist hospital service providers with incremental operating and revenue decreases resulting from COVID-19. The Hospital recognized revenue of \$514,135 in relation to incremental COVID-19 operating expense funding and \$139,867 in relation to Non-Ministry Lost Revenue.

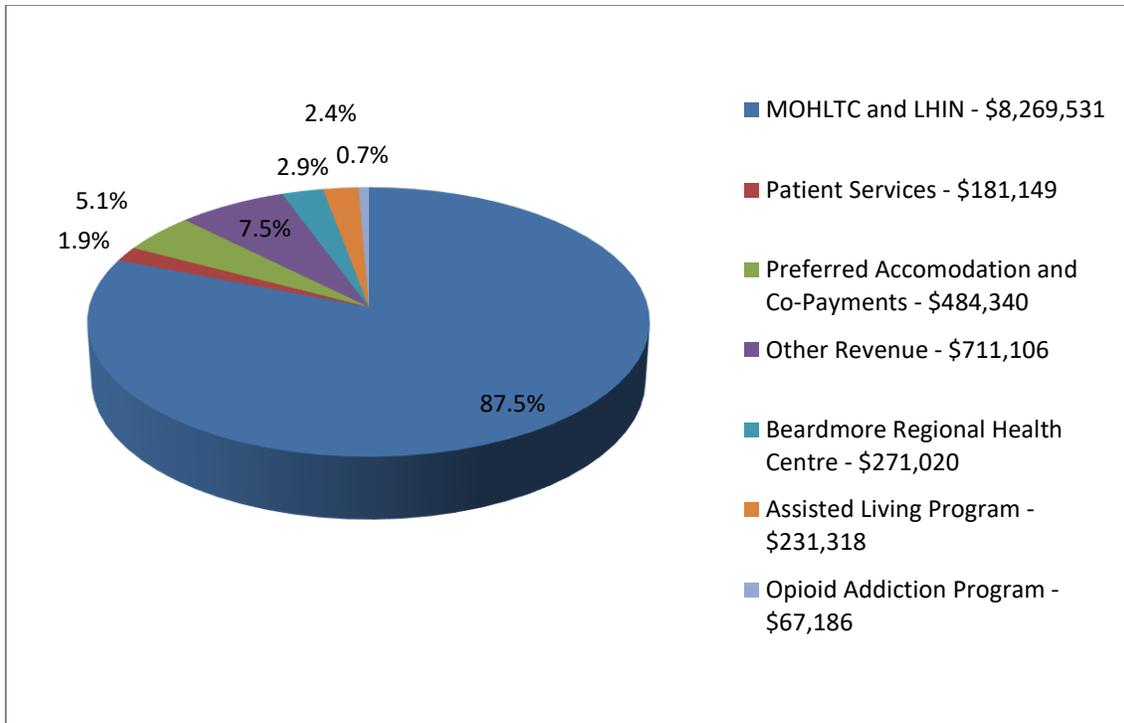
In March 2021, the Hospital was advised that it was eligible for one-time funding to address its working capital deficit based on defined eligibility criteria with the stipulation that the funding will only be used to reduce the Hospital's working capital deficit and is not to be used for operating purposes. As at March 31, 2021 the Ministry of Health has provided a preliminary estimate of working capital funding of \$229,000.

Over the past year numerous renovations were undertaken throughout the facility. The Lab, Physio, trauma room and Diagnostic Imaging departments all had renovations completed which included new floor surfaces and paint, as well as making the departments more accessible. Maintenance renovated five long-term-care rooms which included the removal of much outdated felt on the walls and added fresh coat of paint. The majority of all the work listed above was completed in-house by Maintenance staff.

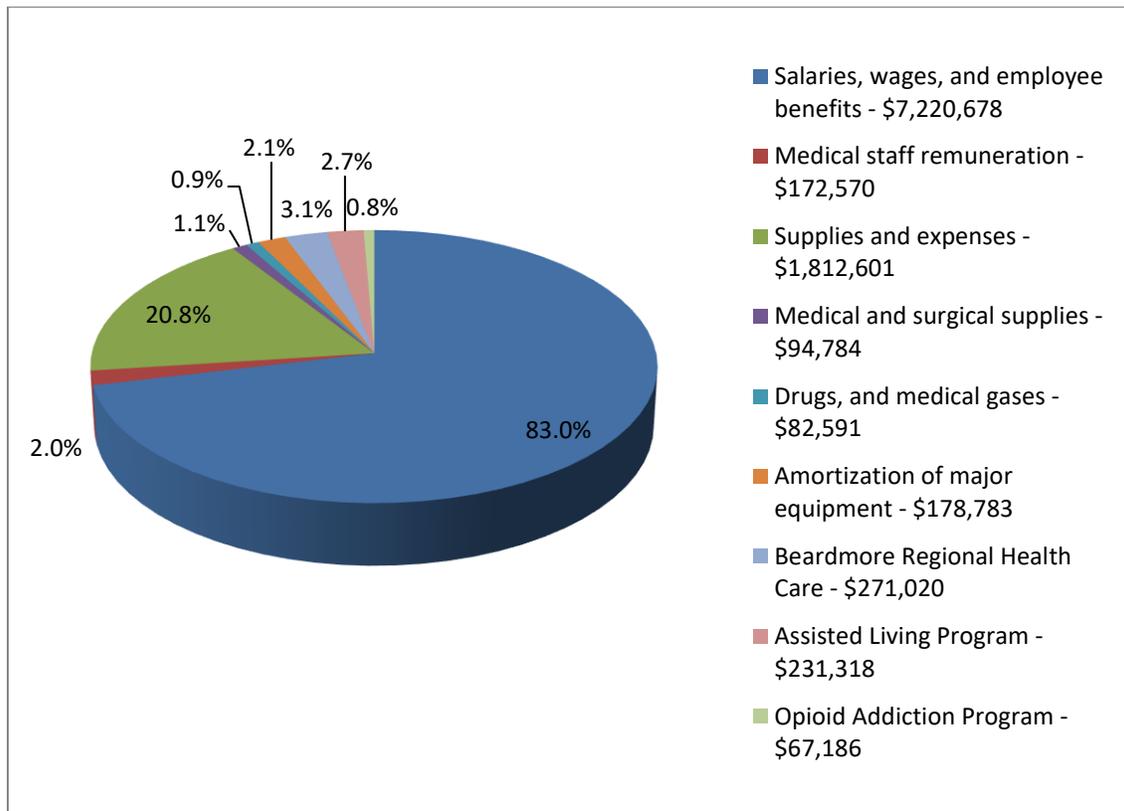
The hospital finished the year with a surplus of \$84,119 compared to an operating surplus of \$264,569 in the prior year and continues to face operating pressures related to the maintenance of an aging facility, increased regulatory demands, and the general inflation in all expense categories. The following activity and financial chart demonstrate comparative financial, patient and staff activity indicators for 2018/19, 2019/20 and 2020/21.

Select Financial & Activity Indicators	2020/21	2019/20	2018/19
Financial Activity			
Operating Revenue	10,215,650	9,446,821	9,087,478
Operating Expenses	10,131,531	9,182,252	9,177,089
Operating Surplus / (Deficit)	84,119	264,569	(89,611)
Surplus / (Deficit) Including Net Building Amortization	(38,050)	135,039	(218,129)
Operating Margin %	0.82%	2.80%	-0.99%
Current Ratio	1.30	1.40	1.28
Working Capital	\$514,580	\$541,351	\$365,425
Patient Activity			
Acute Care Admissions	237	180	169
Acute Patient Days	850	1,153	1,596
ALC Days	1,518	2,044	1,993
Acute % Occupancy	51%	58%	66%
Average Length of Stay (excluding ALC)	6.1 days	7.0 days	9.8 days
LTC/CC Patient Days	7,366	7,587	7,714
LTC/CC % Occupancy	84%	99%	97%
Emergency Visits	3,790	5,080	5,042
Physiotherapy Attendance Days	1,808	2,623	1,504
Diagnostic Imaging Exams	2,982	3,609	3,461
Staff Activity			
Full-time Equivalents all funds	83.1	77.7	78.4
% Paid Sick Time of full-time hrs	3.9%	3.1%	4.5%
% Paid Overtime of all hours	2.4%	3.0%	2.8%

STATEMENT OF OPERATIONS - REVENUES



STATEMENT OF OPERATIONS - EXPENSES



Laboratory Renovations

In March 2020, a significant renovation was initiated in the Lab causing the entire department to be dismantled and temporarily relocated. Doors into the department and its washroom were widened and replaced to ensure adequate clear space to accommodate individuals with mobility issues and their devices. The entire blood collection area was revamped; the wall separating the Phlebotomy and ECG rooms was removed to realize the same additional space as in the department entrance and washroom.

In the main Lab, in keeping with strict infection prevention and control standards, all counters and cabinets, original to the department, were replaced with stainless steel. Staff work space was repositioned to permit better work flow.

The Hospital's largest capital purchase this past year was that of a chemistry analyzer capable of performing advanced testing.



The Lab has taken a “grow your own” approach to recruitment and has successfully recruited, educated and retained a phlebotomist.



Indigenous Awareness Day

On September 30, 2020, Nipigon District Memorial Hospital celebrated its first Indigenous Awareness Day. Together, with our indigenous partners, staff, board members and community partners, we remembered that “Every Child Matters”.

