



Annual Report

2016/17

Patients, residents and their families are at the centre of everything we do.

June 20, 2017

Table of Contents

Message from the Board Chair and Chief Executive Officer	3
Message from the Chief of Staff	6
Strategic Plan 2020	7
Board of Directors	8
Quality Improvement	9
Accomplishments	12
Finance	15
Infection Prevention	18
Health & Safety	19
In One Year	21
Our Heartfelt Thanks	22

Message from the Board Chair and Chief Executive Officer

2016/17 has been a very exciting time in the history of Nipigon District Memorial Hospital. This year, we have engaged our communities, staff, physicians, volunteers and partners, to develop a new Strategic Plan for our hospital leading us to 2020. The strategic planning process began in late 2016 beginning with an invitation to our community to work with us to define priorities for our Hospital over the next 3 years. Through our engagement process, we were seeking to better understand the needs and priorities of our communities and the people we serve. This was a critical step to the success of our strategic planning process, and we are grateful to all who helped shape the future of our Hospital.

Together, we have developed 3 strategic directions:



Our new strategic directions provide us with a road map to achieve our *Vision - Partnering for a Healthier Tomorrow*. Our focus on these 3 new directions will help us to build a plan which accomplishes 3 main things: i) the satisfaction of our patients and residents – through an enhanced patient experience; ii) supports the engagement of staff – through our investment in our people, and finally; iii) provides the right care in the right place and time – through building seamless and integrated care.

As an expression of our commitment to the Strategic Plan, we asked our Staff, Volunteers, Physicians and Board Members to **Sign On!** Together, we will advance our Plan.



With our new *Vision*, we have developed a “*Philosophy*” for our Hospital - “**Patients, Residents and their Families are at the centre of everything we do.**” This Philosophy ensures that in all of our workings at the Hospital, we stay true to our mission of *excellence in rural health care*, while remaining grounded in our Values.

In keeping with our Philosophy, we have established a new Patient/Resident, Family Advisory Council to provide advice to our Hospital regarding operations, policy, and planning. We believe that integrating the voice of the Patient/ Resident/Family into our decision making will ensure that we continue in our tradition of Patients First.

With the support of our Local Health Integration Network, we have advanced our plans for integration with the Nipigon District Family Health Team (NDFHT). As an Early Adopter Site under Small Hospital Transformation, NDMH has been supported to set the foundation for integration with the NDFHT through governance integration. Through integration support, we have been able to advance shared phone systems and information systems. Further integration and alignment will support improved systems of care, enable better efficiencies in both clinical and business operations, while enabling more seamless transitions in care and better alignment between organizations, ultimately leading to improved patient and resident experience.

NDMH saw activity remain fairly stable this year, with a few exceptions. We experienced an increase in acute in-patient days at **1,840** in **2016/17** vs. 1,561 in the prior year. Additionally, we saw a reduction in Alternate Level of Care days from 2,152 days in 2015/16 to **1,277** days this year. Overall occupancy dropped to **57%** this year from 68% in the prior year, recognizing significant variation in census throughout the year. Emergency visits remained stable at **5,453** visits in **2016/17** as compared to 5,523 in the prior year, with increases noted in low acuity patients accessing Emergency care.

Quality Improvement is a major area of focus for our Hospital and, as such, we have worked to advance our annual Quality Improvement Plan (QIP) in support of improving the

Patient/Resident experience. This year, we are proud to report that all targeted areas for improved care and outcomes have been achieved by our teams. Our success on our QIP is evidence of our overall efforts to provide the best in rural health care for our patients, and residents, while moving toward the creation of NDMH as a Health Care Hub. Next year, with the support of our partners, we will continue our plans to enhance the quality of care, while improving care coordination and care transitions.

This year, we also saw evidence of improvements in our efforts to collaborate to streamline care. Through improved transitions in care, we have seen our acute care length of stay improve significantly this year from 7.0 days in 2015/16 to **5.7 days** in **2016/17**, while our 30 day readmission rate for select patient case groups also improved.

Thank you to our staff, volunteers, physicians and community partners for your continued dedication and commitment to delivering excellence in rural health care!

Together, we will continue to *Partner for a Healthier Tomorrow*



Kal Pristanski,
Board Chair



Dr. Rhonda Crocker Ellacott, R.N., HBScN., M.A., Ed.D
Chief Executive Officer

Messages from the Chief of Staff

My second year as Chief of Staff has seen some substantial changes with regard to healthcare delivery in our catchment area.

Recruiting has been an issue with the resignation of both Dr. Dimeo and Dr. Janhunen placing substantial burdens on our staff. This combined with the fact that Ontario physicians have been without a contract since 2014, has made recruitment and retention difficult. It is, thus, with great pleasure that I can announce that Nipigon will have a Resident Doctor starting July 1st 2017! Dr. R. Foulds will be starting full time practice in Nipigon and, hopefully, will continue to reside mere seconds from the hospital. I am very excited for this change as having a Resident Physician will substantially ease our recruitment issues, as it is quite daunting to practice medicine in a rural setting.

We have also welcomed two Nurse Practitioners Jen Salomon and Kayley Heppler, who have been job sharing, taking over the role that Susan Powell fulfilled for many years.

I am generally pleased with the improvements to the hospital equipment made in the past year, including new telephone and wireless systems which have gone some ways to modernizing communications in the hospital.

Despite being short staffed, we have been able to attract numerous Residents and Locums, many of whom are repeat customers, which is an indication of the high quality care and stimulating learning environment we provide.

It is with great interest that I continue in my role as Chief of Staff. I look forward to an exciting year of transition.



Dr. Ravinder Dhaliwal, MD, MSc, CCFP

"The need for strategic planning in the health care sector has never been greater. There is no industry today which has experienced such disruptive change and massive growth as health care. Surrounded by all this change and turmoil, the single biggest challenge facing health care leaders is to plan amid chaos, and while doing so, avoiding the costly mistakes that can put lives at risk, send careers spiralling and destroy entire organizations. A solid strategic planning process is therefore absolutely essential for guiding health care organizations from their current state into their uncertain futures."

Excerpt from "The Role of the Board in Health Care and Hospital Strategy" - oha.com

Nipigon District Memorial Hospital

Strategic Plan 2020

The Plan was guided by the NDMH Philosophy that *"patients, residents and their families are at the centre of everything we do"*.

In our Mission Statement, we promise to deliver excellence in rural health care with our partners for all residents in our community.



That commitment is clearly spelled out in our three Strategic Directions: Patient and Resident Experience, People and Partners

Vision:
Partnering for
A Healthier
Tomorrow

Mission:
The Hospital
delivers excellence
in rural healthcare
with our partners
for all residents in
our communities

Values:
Patient and
Resident Centred,
Integrity, Respect,
Responsible

Philosophy:
Patients, residents
and their families
are at the centre
of everything we
do.

Board of Directors

The Board Directors have the critical responsibility to ensure that the vision, mission, values and philosophy of the organization are lived out in the daily practice of the organization.

As a public organization, we are committed to open and full accountability.

Our regular reference to the *Guide to Good Governance, 3rd Edition*, Governance Centre of Excellence (GCE) supports our resourcefulness and commitment to the ongoing changes and improvements in health care, and accountable for quality and transparency.

In March 2016, the Board completed the GCE's Board Self-Assessment Tool to identify opportunities for improving board effectiveness, enhancing organizational performance and strengthening our commitment to effective governance practices.

The Tool is based on the framework of the GCE's *Guide to Good Governance, third edition*, and was developed to complement the *Guide*.

Results

The GCE aggregated and tabulated the results. A formatted report was received which compared the NDMH Board against 4 other Ontario health care boards of similar size.

The average score (aggregated from the 4 other Ontario health care boards) was 240.90.

Congratulations to our Board of Directors! Their score of **244.0** speaks to their dedication and commitment in to achieve the highest standards.

BOARD OF DIRECTORS

- Kal Pristanski, Chair
- Johan Pothof, Vice Chair
- Edward Wawia, Director
- Nancy Gladun, Director
- Adam O'Connor, Director

EX OFFICIO

- Dr. Rhonda Crocker Ellacott, President and CEO
- Dr. Ravinder Dhaliwal, Chief of Medical Staff
- Dot Allen, Chief Nursing Executive

Quality Improvement

Patient / Resident & Family Centred Care

Patient, Resident & Family Centred Care is a philosophy adopted by Nipigon District Memorial Hospital to promote "Patients & Residents First" and to promote strategies to enable care providers to do things *"with"* patient and residents, NOT, to do things *"to"* patients and residents.

This year we have provided education to our staff to help them understand this new philosophy and one of the initiatives we implemented was "NOD". NOD shows dignity and respect for our patients and residents and allows them the opportunity to participate in their own care when they know what we are doing.

N - Name

Identifying ourselves whenever we interact with patients, residents and families

O - Occupation

Letting our patients, residents and families know what our occupation is, whether we are nurses, physicians, maintenance, housekeeping, etc.

D - Do

Letting our patients, residents and families know what we are doing.
For example, *"I'm here to clean your room"* or *"I have your medication"*, etc.

Our Patient and Resident Advisory Council has been very busy this year. The Council members are reviewing policies and programs that affect our patients and residents and are able to provide us with invaluable insight into the patient and resident's needs. The Council has helped with the development of our Visiting Policy, our Strategic Plan, our Quality Improvement Plan and many more initiatives. Their input provides us with the opportunity to see things through the eyes of the patients, residents and family members and to see how they are affected by what we do.

We are hoping to expand our membership of the Patient and Resident Advisory Council and are more than willing to discuss membership with anyone who may be interested.

Quality Improvement Plan, 2016/17

Accomplishments

Quality improvement is a systemic approach to making changes that lead to improved patient outcomes, enhanced quality of care and increased efficiency.

Each year a new Quality Improvement Plan is developed and specific goals are selected for improving quality of care and to promote excellence as health care providers.

During 2016-2017, *six* indicators for improvement were selected, targets were set and strategies were developed and implemented for these indicators.

We had great success with our strategies and we were able to **meet** our targets for *two* of the indicators and **exceed** our targets for the other *four* indicators. This was as a result of a commitment by our staff, physician group, and volunteers and is reflective of their dedication to our patients and residents and their desire to enhance the quality of care that they deliver each and every day.

Results

- We reduced readmission rates for patients with Chronic Obstructive Pulmonary Disease (COPD) to less than 20 % of COPD patients. **Target MET**
- We reduced the inappropriate use of antipsychotics (without a diagnosis of psychosis) for residents in Long Term Care to less than 15 % of residents. **Target EXCEEDED**
- We implemented Patient, Resident and Family Centred Care through providing education to at least 80 % of all care providers. **Target EXCEEDED**
- We measured Patient and Resident Satisfaction through satisfaction surveys asking the question "*Overall how would you rate the care and services you received?*" Baseline established. **Target MET**
- We were able to reduce the number of residents in Long Term Care who had a recent fall, and reduced falls associated with a critical injury. **Target EXCEEDED**
- We increased the proportion of patients receiving medication reconciliation upon admission. **Target EXCEEDED**

Quality Improvement Plan, 2017/18

A Quality Improvement Plan is a formal, documented set of quality commitments aligned with system and provincial priorities that a health care organization makes to its patients, residents, staff and the community to improve quality through focused targets and actions.

In consultation with our Patient, Resident and Family Advisory Council, the Board's Quality Committee, our Physicians and our Board of Directors we have selected *nine* indicators for this year.

We will be keeping a few of our previous indicators from last year as we feel we have more work to do in these areas and we have added some new indicators that we would like to focus on.

In 2017/18, we have identified the following areas for targeted improvements:

- **Reduce** readmission rates for patients with Chronic Obstructive Pulmonary Disease (COPD)
- **Reduce** readmission rates for patients with Congestive Heart Failure (CHF)
- **Reduce** percentage of residents in Long Term Care who are given antipsychotic medication (without a diagnosis of psychosis)
- We will **review** and **increase** the amount of information provided to patients about what to do if they are worried about their condition or treatment after they leave the hospital
- **Continue** to monitor and look for strategies to improve overall Patient and Resident satisfaction
- **Monitor** and **look for strategies** to improve the overall quality of care and services delivered in the Emergency Department
- **Increase** proportion of patients receiving medication reconciliation upon admission
- **Increase** proportion of patients receiving medication reconciliation upon discharge
- **Increase** proportion of patients receiving medication reconciliation during their visit to the Emergency Department.

Accomplishments

Palliative Care

On September 26th, Hospital staff, dignitaries and guests participated in the unveiling of the Hospital's renovated palliative care room named "*The Fireside Room*".

The occasion was marked with a ribbon cutting and greetings from Kal Pristanski (Board Chair), Dr. Rhonda Crocker Ellacott (CEO), Dot Allen (Director of Patient Services), Jill Marcella (NW LHIN), Judy Harvey (Palliative Care Coordinator), and blessings from Chaplain, Lenora Rowsell and Elder, Norma Fawcett.



Strategic Planning Community Engagement Session

On February 8, 2017, twenty nine stakeholders participated in our Strategic Planning community engagement session.

The afternoon was facilitated by Tracie Smith, Senior Director, Communication & Engagement) and C. Freitag (Strategy Director) of Thunder Bay Regional Health Sciences Centre.

Thank you to our participants for sharing their knowledge, expertise and perspective that has led to the development of our strategic directions - **Patients/Residents, People and Partners.**



Registered Nurses' Association of Ontario Best Practice Spotlight Organization Pre-designation

Best Practice Spotlight Organizations (BPSOs) are health-care and academic organizations selected by the Registered Nurses' Association of Ontario (RNAO) through a request for proposals process to implement and evaluate the RNAO's best practice guidelines.

Nipigon District Memorial Hospital is very pleased to now be a partner organization with RNAO in the Best Practice Guidelines Program.

As a Pre-Designate organization, we will work with RNAO over the next 3 years to advance the quality of care at NDMH.

Consistent with our Strategic Plan 2020, NDMH has identified the Patient/Resident Experience as a strategic direction, along with our People and our Partners. Our relationship with RNAO enables us to advance our care in keeping with our priorities.

Best practices are used in healthcare to deliver quality care that promotes optimal outcomes. To achieve our Patient/Resident Experience, we will enhance the quality of care through the implementation of at least one best practice guideline annually.

Over the next three years, we will be implementing the following Best Practice Guidelines –

- 1) Person- and Family-Centred Care
- 2) Assessment and Management of Pain
- 3) Oral Health: Nursing Assessment and Interventions
- 4) Prevention of Constipation in the Older Adult Population

Through successful implementation, our patients and residents should see an improved care experience along with better clinical outcomes as a result of this expansion of evidence based practice.

Becoming a BPSO with the RNAO also enables the support of our people through professional development opportunities in support of quality improvement initiatives.

Together we will partner for a healthier tomorrow . . . with our philosophy of *patients, residents and their families as the centre of everything we do.*

At Nipigon Hospital, we look forward to working together with our teams to advance our care.

Regional Critical Care Response Program

The Regional Critical Care Response (RCCR) Program was developed in the Northwest LHIN in March 2015 to provide the small and rural hospitals of Northwestern Ontario with real time access to critical care medicine using an interprofessional care team.

This program provides resuscitative support, early stabilization of patients, facilitates decreased patient transfer times and supports small and rural hospitals by allowing specific patients to be maintained in home communities with the assistance of clinical experts using telemedicine.

The RCCR Program delivers 24/7 video-conferenced Intensivist led critical care consultation.

The data from RCCR shows improved transport times and packaging times through standardized equipment and protocols.

Nipigon District Memorial Hospital is a proud partner site with Thunder Bay Regional Health Sciences Centre for Regional Critical Care Response.

2016/17 marks the close of our first full year as a RCCR site. This year, we had 10 video consults, 1 telephone consult, transferred 7 patients to ICU (TBRHSC), 3 patients to another facility, while maintaining 4 patients within our hospital.

In the coming year, RCCR will look to expand to support further specialties, while continuing to support standard transport protocols and staff education.

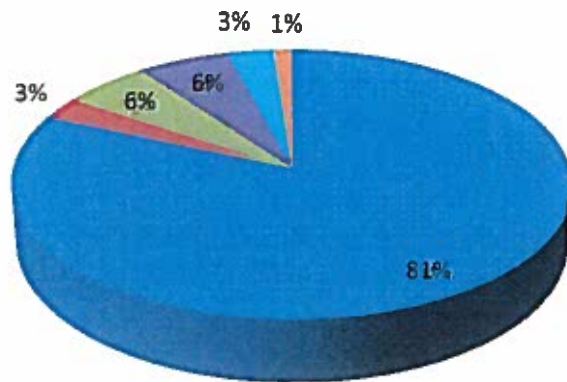
Finance

The Hospital finished the year with a deficit of \$10,075 compared with an operating deficit of \$95,609 in the prior year. A base funding increase of 2% contributed to this outcome as well as operating pressure relief funding of \$325,000 from the LHIN. We are experiencing cost pressures related to increasing hydro rates, the maintenance of an aging facility, increased regulatory demands, and general inflation in all expense categories. The following activity and financial chart demonstrates comparative financial, patient and staff activity indicators for 2015/16 and 2016/17. It highlights the almost balanced operating result and a stable financial position. Patient activity is also relatively consistent except for a drop in Alternate Level of Care (ALC) days and physio attendance days due to a staffing vacancy. Additionally, Hospital staffing has increased slightly, while there was a decrease in paid sick time.

A number of large capital projects were completed during the past year. The Health Infrastructure Renewal Fund (HIRF) enabled the Hospital to repair bricks on the exterior of the building and to purchase a new nurse call/paging system, and oxygen system. Funds received from the Small Hospital Transformation fund were used to further integration efforts between the Nipigon District Family Health Team and the Clinic by installing a common phone and wireless systems on the campus.

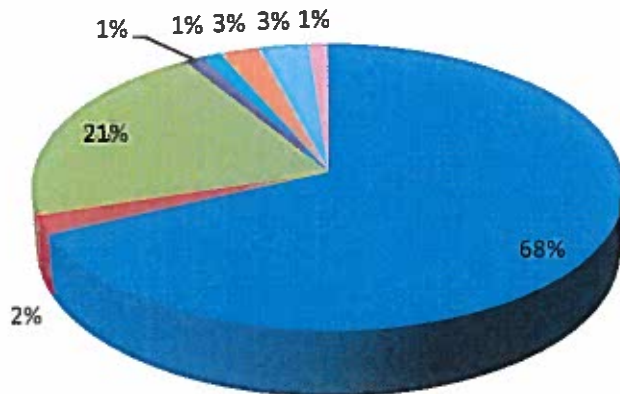
Select Financial & Activity Indicators	2016/17	2015/16
Financial Activity		
Operating Revenue	8,788,568	8,593,858
Operating Expenses	8,798,643	8,689,467
Operating Surplus / (Deficit)	(10,075)	(95,609)
Surplus / (Deficit) Including Net Building Amortization	(116,377)	(199,336)
Operating Margin %	-0.1%	-1.1%
Current Ratio	1.30	1.30
Working Capital	\$ 532,028	\$ 404,606
Patient Activity		
Acute Care Admissions	238	220
Acute Patient Days	1,840	1,561
ALC Days	1,277	2,152
Acute % Occupancy	57%	68%
Average Length of Stay	5.7 days	7.0 days
LTC/CCC Patient Days	7,685	7,956
LTC/CC % Occupancy	96%	99%
Emergency Visits	5,453	5,523
Physiotherapy Attendance Days	2,523	3,411
Diagnostic Imaging Exams	4,121	4,002
Staff Activity		
Full-time Equivalents all funds	76.4	76.1
% Paid Sick Time of full-time hrs (Q3)	5.0%	5.9%
% Paid Overtime of all hours (Q3)	2.0%	1.5%

STATEMENT OF OPERATIONS - REVENUES



- MOHLTC and LHIN - \$7,163,370
- Patient services - \$239,664
- Preferred accommodation and co-payments - \$497,376
- Other revenue - \$527,646
- Beardmore Regional Health Centre - \$257,343
- Assisted Living Program - \$103,169

STATEMENT OF OPERATIONS - EXPENSES



- Salaries, wages and employee benefits - \$5,982,482
- Medical staff remuneration - \$191,559
- Supplies and expenses - \$1,849,372
- Medical and surgical supplies - \$97,251
- Drugs and medical gases - \$103,574
- Amortization of major equipment - \$212,724
- Beardmore Regional Health Care - \$258,512
- Assisted Living Program - \$103,169

Infection Prevention

Hand Hygiene

Practicing hand hygiene is a simple yet effective way to prevent infections. Cleaning our hands can prevent the spread of germs, including those that are resistant to antibiotics and are becoming difficult, if not impossible, to treat.

The commitment of our employees to effective hand hygiene is demonstrated through our consistent compliance rate of **96% before initial patient contact, and after contact with the patient environment.**

Patient Safety Indicators

Health care-associated infections occur everywhere. Prevention and control of these infections in hospitals is a priority for Health Quality Ontario as well as our organization. This focus is key to keeping patients safe. The Health Quality Ontario (HQO) website reports to the public about patient safety in Ontario hospitals. Public reporting is a way of encouraging transparency and accountability in our publicly funded health care system. By making data available to the public, HQO can help Ontarians stay informed about the quality of care that is provided to hospital patients.

As part of the Ontario government's public reporting of patient safety indicators, all hospitals are required to publicly report on their infection rates. At NDMH, we report monthly on 4 indicators related to patient safety at Ontario hospitals.

- **Clostridium difficile (*C. difficile*) infection rates**

2016/17 = <5
2015/16 = <5

- **Vancomycin-resistant Enterococci (VRE) infection rates**

2016/17 = 0
2015/16 = 0

- **Methicillin-Resistant Staphylococcus aureus infection rates**

2016/17 = 0
2015/16 = 0

Health & Safety

At Nipigon Hospital, we believe that the well-being of our patients, residents and their families requires a robust health and safety program in support of our work force. Our Internal Responsibility System (IRS) ensures that everyone is directly responsible for health and safety as an essential part of his or her job.

It is a personal responsibility of the Board of Directors and Management of Nipigon District Memorial Hospital to ensure that the entire system of direct responsibility is established, promoted and continuously improved resulting in a successful Internal Responsibility System with progressively longer intervals between accidents and work related illnesses.

The Hospital promises that, recognizing that the welfare of each and every worker is of utmost importance, it will take every precaution reasonable in the circumstances for the protection of the worker, and in turn, the worker will use the protective measures instated by the employer, recognizing that no job is to be regarded so urgent that time cannot be taken to do so in a safe manner.

Highlights

Under the leadership of the Occupational Health Nurse, a complete refresh of the **Occupational Health Program** has taken place.

Health assessments are being completed on all new employees by the Health Nurse. Immunization screening is being performed on all new employees and the immunization status of employees hired prior to 2016 has been reviewed and updated.

Similarly, a complete review of the TB surveillance program has been undertaken.

Two employees have been trained in N95 fit testing and testing is being scheduled on an ongoing basis.



The Ministry of Labour's *Code of Practice to Address Workplace Harassment* under Ontario's Occupational Health and Safety Act, issued in August 2016 necessitated a review of our Workplace Violence Prevention Program.

With the assistance of a Joint Health & Safety sub committee, the program and its documents were reviewed and revised to ensure our workers are protected from workplace harassment employees have received education.



A review and revision to the Hospital's Emergency Management Plans has been completed. We introduced *Code Silver* (Person with a Weapon), exercised our *Code Red* (Fire) and Fire Safety Plan and provided education and mock drills to our employees in order to practice and prepare for the unforeseen.

We are grateful to the Nipigon Fire Chief, Jim Keay, and volunteer fire fighters for providing their ongoing expertise and support to Nipigon Hospital.

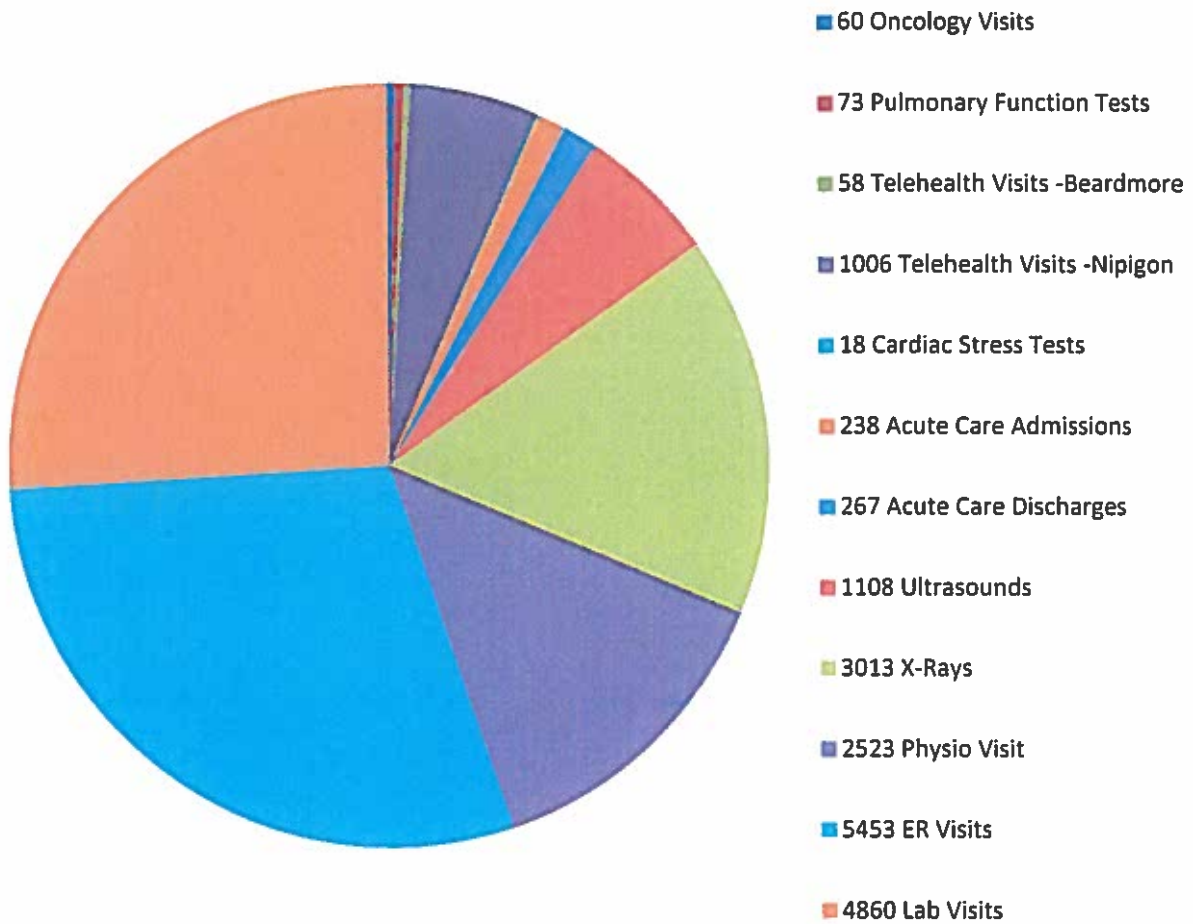
In March 2017, the **Ministry of Labour** visited Nipigon Hospital. The Inspectors evaluated our Internal Responsibility System (IRS) and compliance with the Occupational Health and Safety Awareness and Training Regulation.



Evaluation of our processes for the **five most serious occupational hazards in health care** were reviewed. These include -

- Musculoskeletal disorders (MSDs)
- Exposures to hazardous biological, chemical and physical agents
- Slips, trips and falls
- Contact with/struck by injuries
- Workplace violence

In One Year . . .



Our Heartfelt Thanks

Nipigon District Memorial Hospital sincerely appreciates the ongoing generosity and dedication of our partners, service clubs, patients and individuals who support the delivery of quality healthcare to our communities through donations.

In 2017 the Hospital began directing all donations to capital purchases. A foundation account has been established to track donations and related purchases. Financial support in the amount of \$149,181 during the year has enabled the replacement of critical equipment and the purchase of new diagnostic equipment.

In 2016/17, your financial support has enabled us to purchase the following equipment.

- Cardiac Monitors
- Telemetry
- Defibrillator
- Dermalite
- Vital signs machines

*Thank
you*