

Celebrating 25 Years at  
125 Hogan Road

# Annual Report

2017/18

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

---

## TABLE OF CONTENTS

Message from the Board Chair and Chief Executive Officer -----	3
Board of Directors -----	4
Rewind, 25 Years -----	5
Fast Forward, 25 Years Later -----	6
Strategic Plan 2020 -----	7
Quality Improvement -----	8
Finance -----	10
Infection Prevention -----	13
Digital Order Sets -----	14
Workplace Violence Prevention -----	15
In One Year -----	17
2017/18 Achievement -----	18
Our Grateful Thanks -----	21

---

## MESSAGE FROM THE BOARD CHAIR AND CEO

I am pleased to join the Board and Staff of Nipigon Hospital as President and CEO and must begin by acknowledging and congratulating Dr. Rhonda Crocker Ellacott on her achievements during her tenure at NDMH.

As a Champion of Patient Family Centred Care, Rhonda introduced the philosophy when she joined the Nipigon Hospital family in 2015. We include our Long Term Care residents in this philosophy recognizing our work as Patient/Resident and Family Centred. A relatively new approach to health care for us, PRFCC puts patients/residents and families at the centre of everything we do and involves them in medical decisions like never before.

“PRFCC is a journey, not a destination,” says Rhonda, “as we continue on this journey, I am sure we will find more success for our organization, but most importantly, improvements that will be felt by our patients and their families.”



**Kal Pristanski**  
Board Chair



**David G. Murray**  
President and

Of great significance is the work of the Board in its governance integration with the Nipigon District Family Health Team and the establishment of a Shared Services Agreement. For us, as health care consumers, this partnership between Nipigon Hospital and the Family Health Team (FHT) means:

- Improved delivery of health care by better integrating patients with services in the best location - at home, outpatient clinic, or at the hospital
- Improve services to patients as they transition into and out of both acute and homecare settings
- Eliminating duplication of services
- Exemplary safe, quality delivery of health care
- Patient satisfaction
- Build a sustainable, high quality health system
- Demonstration of fiscal responsibility

Our Strategic Plan 2020 philosophy, “patients, residents and their families are at the centre of everything we do”, combined with the achievements of our 2017/18 Quality Improvement Plan is evidence to the commitment of our dedicated staff in the delivery of quality patient and resident care.

Congratulations Nipigon Hospital on 25 years of health care delivery at 125 Hogan Road!

---

## BOARD OF DIRECTORS

On June 20<sup>th</sup> and June 26<sup>th</sup>, 2017 the Nipigon District Memorial Hospital and the Nipigon District Family Health Team respectively approved By Law No. 2 at their Annual General meetings. By Law No. 2 is significant in that it represents a governance integration between the Hospital and the Family Health Team.

## By-Law No. 2 NDMH / NDFHT 2017/18



125 Hogan Road  
Nipigon, ON P0T 2J0  
[www.ndmh.ca](http://www.ndmh.ca)



June 23, 2008  
June 27, 2011  
June 24, 2013  
June 20, 2014  
June 22, 2015  
June 12, 2016  
June 20, 2017  
June 24, 2017

The composition of the Board has changed to reflect By Law No. 2.

The Board Directors of Nipigon District Memorial Hospital / Nipigon District Family Health Team exercise the power vested in them in good faith and honesty in order to further the purposes for which the Hospital / Family Health Team were created. They act in what they consider to be the best interests of the Hospital / Family Health Team each exercising his/her unfettered discretion in decision making.

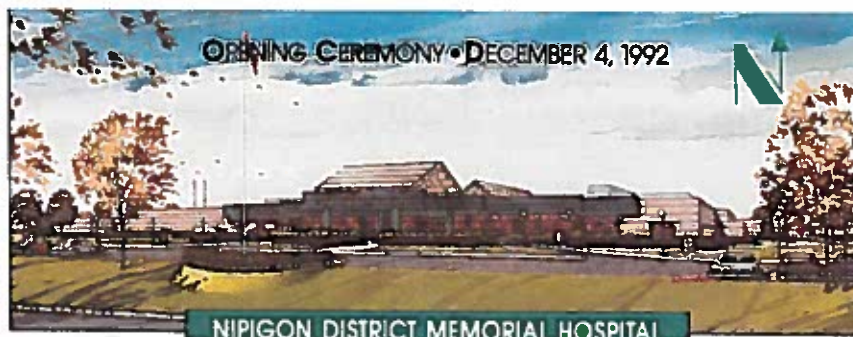
- Kal Pristanski, Chair
- Johan Pothof, Vice Chair
- Edward Wawia, Director
- Nancy Gladun, Director
- Adam O'Connor, Director
- Eric Rutherford, Director
- James Foulds, Director

*Ex-officio* Directors fulfil the same duty to the corporation but do not have the right to exercise a vote.

- Chief Executive Officer
- Chief Nursing Executive
- Chief of Staff
- FHT Physician Lead
- Director, Family Health Team / Community Services

Nipigon District Memorial Hospital and the Nipigon District Family Health Team benefit every day from the dedicated energies and time devoted by the members of our Board. We recognize their contributions reflect a year round commitment and we are very fortunate to have such thoughtful and dedicated community members guiding and supporting our organization.

## REWIND 25 YEARS . . .



### PROGRAMME

---

O CANADA

Fay Boudreau & Fawn McAllen

#### Speakers

Master of Ceremonies

MR. ERIC RUTHERFORD

*Board Member, Beardmore Reeve*

MR. KAL PRISTANSKI

*Chairman of the Board of Governors*

THE HONOURABLE GILLES POULIOT

*Minister of Transportation and Francophone Affairs*

THE HONOURABLE SHELLY MARTEL

*Minister of Northern Development and Mines*

MR. JOE COMUZZI

*M.P.P.*

MRS. LYN MCLEOD

*M.P.P.*

MRS. ELINOR CAPLAN

*M.P.P.*

REPRESENTATIVE

*Ministry of Emergency Health Services*

REEVE GERRY BRENNEN

*Representative of Municipalities*

DR. M.L. JACKSON-HUGHES

*Chief of Staff*

### DEDICATION CEREMONY

---

#### RIBBON CUTTING

RECEPTION

TOURS

Within the Hospital, Ambulance Centre  
and Medical Centre; 2:30 – 5:00

LOCAL ENTERTAINMENT

### PRESENT BOARD

---

#### OF GOVERNORS – 1992

CHAIRMAN

Mr. Kal Pristanski, *Township of Red Rock*

VICE CHAIRPERSON

Mrs. Beth Harding, *Township of Nipigon*

TREASURER

Mrs. Doreen Hessian, *Township of Red Rock*

CHIEF OF STAFF

Dr. M. L. Jackson-Hughes

Mr. Scott Atkinson, *Township of Nipigon*

Mrs. Shelley Earl, *Township of Red Rock*

Mrs. Phyllis Gauvin, *Township of Nipigon*

Mrs. Margaret Harris, *Township of Red Rock*

Mrs., Lois Jordan, *Township of Red Rock*

Mrs. Myrna McKerracher, *Township of Nipigon*

Mr. Lorne Morrow, *Township of Red Rock*

Mr. Mike Parkinson, *Township of Nipigon*

Mr. Eric Rutherford, *Township of Beardmore*

Mrs. Bonnie Salminen, *Township of Red Rock*

Mr. Milton Wawia,

*Robinson Superior Treaty Organization*

Mr. John Zechner, *Township of Nipigon*

### ORIGINAL BOARD

---

#### OF GOVERNORS – 1948

PRESIDENT - Mr. E. E. Cornier

VICE PRESIDENT - Mr. A. B. Mamson

SECRETARY-TREASURER - Mrs. C. F. McInnis

Mr. R. J. Collins

Mr. G. A. O'Neill

Mr. J. Dampier

Mr. H. Swain

Mrs. E. C. Everett

Mrs. H. Swain

Mr. W. Kirkpatrick

Rec. D. E. Tansley

Mr. W. Korvisto

Mrs. S. West

Rec. C. Large

Mrs. R. F. Williams



---

**FAST FORWARD, 25 YEARS LATER . . .**



On Monday, December 4, 2017 the Board of Directors hosted cake and refreshments in celebration of 25 years at 125 Hogan Road.



---

## STRATEGIC PLAN 2020



Our Strategic Plan 2020 was launched on  
April 10, 2017

“Our Strategic Plan is a road map to achieving our Vision: *Partnering for a Healthier Tomorrow*. Understanding the needs and priorities of the people we serve - the people of our community - was critical in the development of this Strategic Plan. I am grateful to those who provided their valuable input to help shape the future of our Hospital”

Dr. Rhonda Crocker Ellacott  
President and CEO



“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 to 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.”



Kal Pristanski  
Board Chair





## 2018/19 Quality Improvement Plan

By measuring progress made toward targets, by carefully studying which changes worked and which didn't, and by identifying lessons learned regarding measurement and implementation during the year, we have selected indicators and submitted the 2018/19 QIP.

This process is undertaken by our Chief Nursing Executive. The selection of indicators requires the review of Health Quality Ontario's mandatory and recommended indicators, and fiscal year end results of the previous quality improvement plan.

Once indicators are selected, a presentation is made to each of the following committees who provide their recommendations.

- Senior Management Team
- Medical Advisory Committee
- Patient, Family & Resident Advisory Council
- Quality Committee



The Board of Directors receives the final presentation with recommendations. The following Quality Improvement Plan was approved by the Board of Directors prior to submission to Health Quality Ontario.

### Recommended and Approved Priorities for 2018/19

<b>Effective</b>	<p>Patients receiving enough information on discharge and information is relevant to their current condition</p> <p style="text-align: center;">Current Value – 91% <span style="float: right;">Proposed Target – 95%</span></p>
	<p>30 Day all cause readmission rate for patients with Congestive Heart Failure (CHF)</p> <p style="text-align: center;">Current Value – 0% <span style="float: right;">Stay Under – 15% (Provincial Average)</span></p>
	<p>30 Day all cause readmission rate for patients with Chronic Obstructive Pulmonary Disease (COPD)</p> <p style="text-align: center;">Current Value – 0% <span style="float: right;">Stay Under – 20% (Provincial Average)</span></p>
<b>Safe</b>	<p>Reporting of Workplace Violence incidents – verbal and physical</p> <p style="text-align: center;">Current Value – 85% <span style="float: right;">Proposed Target – Increase in reporting of incidents</span></p>
<b>Timely</b>	<p>Emergency Department Length of Stay for Non Admitted patients with a CTAS score I-III (1, 2, 3) (high acuity)</p> <p style="text-align: center;">Current Value – 10.7 hours <span style="float: right;">Proposed Target – 7.7 hours LHIN Performance Standard</span></p>
	<p>Emergency Department Length of Stay for Non Admitted patients with a CTAS score IV-V (4,5) (low acuity)</p> <p style="text-align: center;">Current Value – 3.2 hours <span style="float: right;">Proposed Target – 3.1 hours LHIN Performance Standard</span></p>

---

## FINANCE

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.

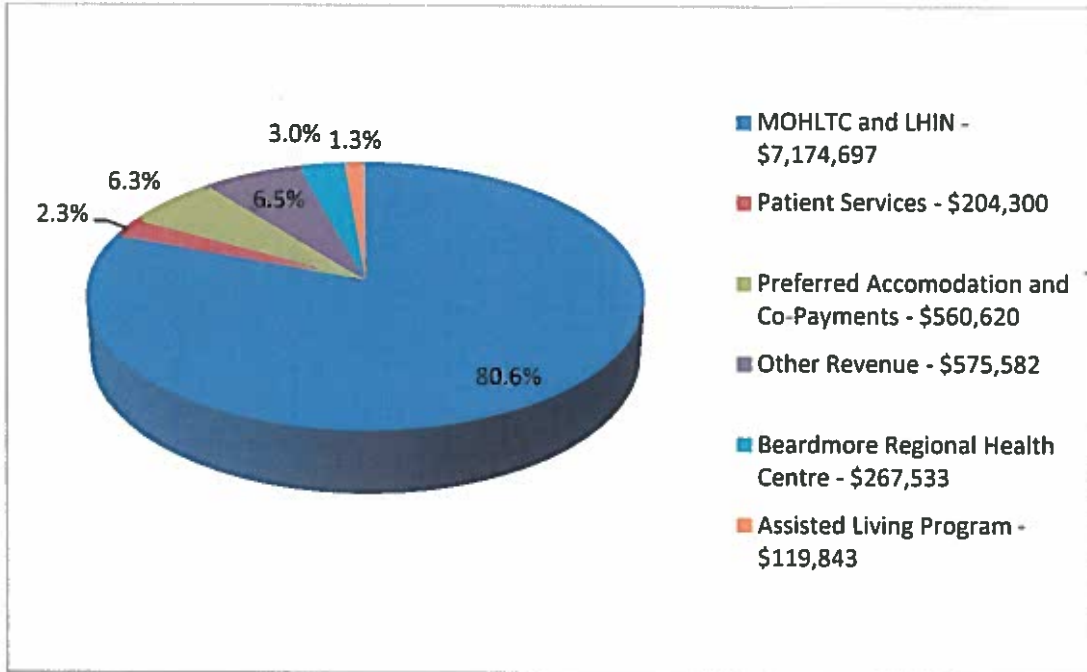
The Hospital finished the year with a surplus of \$89,296 compared with an operating deficit of \$116,377 in the prior year. A base funding increase of 2% contributed to this outcome as well as operating pressure relief funding of \$325,000 from the NW LHIN.

We are experiencing cost pressures related to 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 2016/17 and 2017/18. It highlights the operating surplus and a stable financial position. Patient activity is also relatively consistent except for an increase in Alternate Level of Care (ALC) days which is in line with prior years excluding 2016/17, while diagnostic imaging exams experienced a decrease due to normal fluctuations. Additionally, Hospital staffing has increased slightly, as well as an increase in paid sick time and paid overtime.

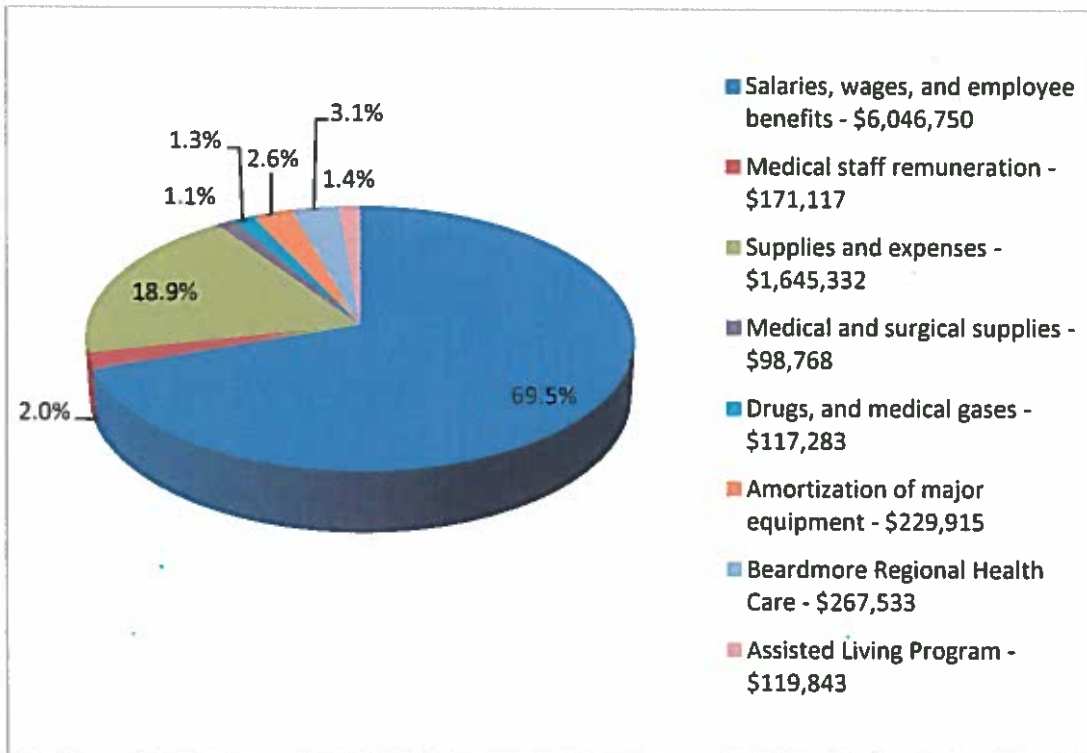
A number of large capital projects were completed during the past year. The Health Infrastructure Renewal Fund (HIRF) enabled the Hospital to repair the parking lot and the Hospital Energy Efficiency Program (HEEP) enabled the Hospital to update the heating, ventilation and air conditioning (HVAC) system from pneumatic to electronic control. Funds received from the Small Hospital Transformation Fund were used to further our integration efforts between the Nipigon District Family Health Team and the Clinic by updating payroll software, renovating the NDFHT, and purchasing necessary equipment for the integration. In addition, all the T8 light bulbs were replaced with T8 LED bulbs at all of our facilities saving us approximately \$30,000 a year in hydro costs.

Select Financial & Activity Indicators	2017/18	2016/17
<b>Financial Activity</b>		
Operating Revenue	8,902,575	8,788,568
Operating Expenses	8,696,542	8,798,643
Operating Surplus / (Deficit)	206,033	(10,075)
Surplus / (Deficit) Including Net Building Amortization	89,296	(116,377)
Operating Margin %	2.31%	-0.1%
Current Ratio	1.35	1.30
Working Capital	\$ 441,628	\$ 532,028
<b>Patient Activity</b>		
Acute Care Admissions	239	238
Acute Patient Days	1,767	1,840
ALC Days	1,791	1,277
Acute % Occupancy	65%	57%
Average Length of Stay	6.4 days	5.7 days
LTC/CC Patient Days	7,552	7,685
LTC/CC % Occupancy	99%	96%
Emergency Visits	5,222	5,453
Physiotherapy Attendance Days	2,409	2,523
Diagnostic Imaging Exams	3,420	4,121
<b>Staff Activity</b>		
Full-time Equivalent all funds	77.4	76.4
% Paid Sick Time of full-time hrs	4.0%	3.19%
% Paid Overtime of all hours	2.8%	1.85%

## STATEMENT OF OPERATIONS - REVENUES



## STATEMENT OF OPERATIONS - EXPENSES



## INFECTION PREVENTION

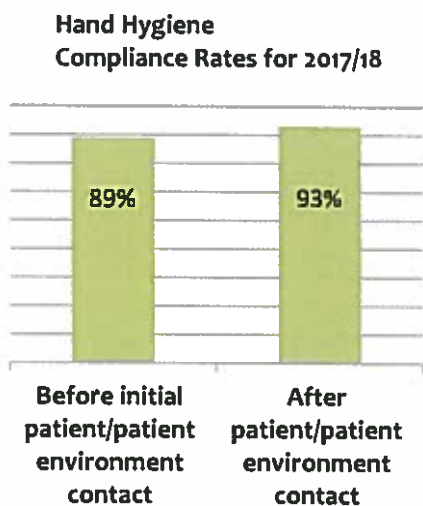
**Hand hygiene** is an effective strategy to prevent health care-associated infections and limit the transmission of microorganisms, including antibiotic-resistant organisms. It is a required practice for all health care providers, and is a basic expectation of patients and their families.

The hands of health care providers are the most common vehicle for the transmission of microorganisms from patient/resident to patient/resident, from patient/resident to equipment and the environment, and from equipment and the environment to the patient/resident.

During the delivery of health care, the health care provider's hands continuously touch surfaces and substances including inanimate objects, patient/resident's intact or non-intact skin, mucous membranes, food, waste, body fluids and the health care provider's own body. The total number of hand exposures in a health care facility might reach as many as several tens of thousands per day. With each hand-to-surface exposure a bi-directional exchange of microorganisms between hands and the touched object occurs and the transient hand carried flora is thus continuously changing. In this way, microorganisms can spread throughout a health care environment within a few hours.

In Ontario, staff hand hygiene rates have been reportable annually as a mandatory patient safety indicator since 2009.

For more information about Health Quality Ontario and public reporting, visit: <http://www.hqontario.ca/public-reporting>.



*“Hand hygiene is the most important and effective infection prevention and control measure to prevent the spread of microorganisms causing health care associated infections.*”



---

## DIGITAL ORDER SETS

When you are admitted to Nipigon Hospital, the next steps in your health care journey are identified and recorded. This system, called Order Sets, ensures everyone involved in your care team is informed and follows the same instructions.



Following a patient diagnosis, an order set or sets are approved and assigned by a physician. Order sets guide standard procedures and patient care plans from admission to discharge and include steps for care such as the types of medical tests and diagnostics required, or medications to be prescribed. Order sets are research based and standardized to support high quality, safe health care.

Traditionally, order sets are printed out on paper and hand signed by the primary physician. To improve the process, our Hospital is saying farewell to paper and adopting digital order sets. This improves patient care and is part of the Hospital's commitment to adopt standardized processes, tools, templates and resources that support quality care.

Digital and customizable order sets will support patient centred care and promote a culture of quality and safety. Digital order sets find the right balance between efficiency and accessibility. Physicians having increased and convenient access to standardized, evidence based order sets will help improve patient safety.

The adoption and implementation of the digital, quality based procedure order sets was sponsored by the Ministry of Health and Long Term Care. Think Research has overseen the provincial effort to digitalize the Quality Based Order Set inventory that is specific to NDMH.

Using a standardized, digital approach to order sets is a significant process improvement that supports the quality improvement initiatives and enhances outcomes for patients. Standardizing practice through common order sets reduces clinical variability and allows for quality patient care ordered in a consistent and reliable manner. Access to evidence based guidelines at the bedside supports clinical decision making and reduces the potential duplication of medical orders. Going digital also enables real time data analytics that can help inform and guide continuous quality improvement in key areas of cost, readmissions, safety and length of stay.

---

## WORKPLACE VIOLENCE PREVENTION

Workplace violence in our health care sector is a growing matter. Nipigon District Memorial Hospital is committed to addressing the increase in the frequency and severity of incidents of workplace violence in our Hospital, mainly experienced by nurses.

Nurses play an integral role in providing care to our patients/residents and, because of their level of interaction with patients/residents they are the primary victims of workplace violence. That is unacceptable. Every worker at Nipigon Hospital should expect a safe and healthy workplace.

Our health care sector represents 11.7% of Ontario's labour market and is the largest sector impacted by violence in the workplace.

Violence against our health care workers affects us all. It impacts our families and our communities.

We are taking concrete steps to change attitudes, provide support for prevention, and contributing to making our workplace safer and more responsive to incidents of violence.

We believe that everyone has direct responsibility for health and safety as an essential part of his or her job no matter where you work or what you do. We count on our employees to take initiative on health and safety issues by utilizing the safety measures provided, reporting incidents of workplace harassment/violence, participating in problem solving and make improvements on an on-going basis.

The Ministry of Labour's *Workplace Violence Prevention in Health Care Progress Report* aims to make hospitals safer, reduce incidents of workplace violence, and improve attitudes and workplace safety culture.

The recommendations also include system enhancements, such as:

- including workplace violence policies in hospital Quality Improvement Plans going forward
- increased supports for patients with known aggressive or violent behaviours
- patient/resident, family and staff input into triggers, behaviours and interventions
- creating reporting systems for workplace violence incidents



In 2017/18 we have enhanced our Workplace Violence Prevention Program to include the following additional measures:

- **Installation of a Real Time Locating System** Real-time locating systems are local systems for the identification and tracking of the location of staff in real or near-real-time. Specialized wireless badges are provided to each staff member and periodically transmits their identification and location. The benefits of the real time locating system in response to an emergency are significant.
- **Flagging Process for Patients Exhibiting Acting Out Behaviour**
- **Violence Prevention: A Guide for Patient and Family Pamphlet**
- **Engaging Patients and Families in Workplace Violence Prevention Pamphlet**
- **Non Violent Crisis Intervention**  
A registered nurse participated and received certification in Nonviolent Crisis Intervention training which is a holistic behaviour management system based on the philosophy of providing the best Care, Welfare, Safety, and Security for staff and those in their care, even during the most violent moments. The program focuses on preventing disruptive behaviour by communicating with individuals respectfully and with concern for their well-being. The program teaches physical interventions only as a last resort, when an individual presents an imminent danger to self or others, and all physical interventions taught are designed to be non-harmful, non-invasive, and to maintain the individual's dignity. Staff will be trained using the strategies of this program.
- **Workplace Violence Risk Assessment**  
In October 2017, the Joint Health and Safety Committee completed the Public Services Health and Safety Association's *Assessing Workplace Violence in the Healthcare Sector Risk Assessment Tool*.

Ontario's skilled and compassionate health care workers are our health care system's greatest asset. By tackling violence in our health care sector we'll be creating safer environments for our workers and improving patient care.

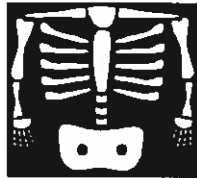
---

**IN ONE YEAR . . .**



**4,376**  
Lab Visits

**2,569**  
X-Rays



**851**  
Diagnostic  
Ultrasounds

**2409**  
Physio Visits



**92**  
Pulmonary  
Function Tests

**5,222**  
ER Visits



**212**  
Acute Care  
Admissions

Telemedicine Visits  
Nipigon  
**896**



Telemedicine Visits  
Beardmore  
**56**

---

## 2017/18 ACHIEVEMENTS

A picture is worth a thousand words . . .

### INSIDE

Renovations and upgrades are also taking place inside the facility and being completed by our Maintenance Staff. The removal of felt, plastering and repainting of walls has been completed in the Acute Care patient area. The Maintenance staff plan to move throughout the facility with the refresh project.



### and OUT

The Health Infrastructure Renewal Fund provides funds to supplement a hospital's existing capital renewal program and help address renewal needs (e.g., roofing systems, boilers, windows) on a priority basis.

Under this program, hospitals can receive a grant for eligible projects regardless of their own ability to raise a local share of the project costs. There is no cost-sharing requirement and 100% of the grant can be used on a single project.

Nipigon Hospital made application to, and received funding from the Hospital Infrastructure Renewal Fund to re-pave the aged parking lot and repair the sidewalk concrete. In addition, the island at the main entrance was reduced permitting easier access for vehicle traffic. The project took approximately 6 weeks.





## Urgent Care Clinic Relocates

The Urgent Care Clinic has relocated to the Family Health Team office, but not before a significant renovation to the Family Health Team's office spaces was undertaken and completed by Maintenance staff.

## Energy Efficiency Upgrade

Nipigon Hospital also made application to the Hospital Energy Efficiency Program (HEEP). We received funding of approximately \$307,000 to remove air pressured thermostats, actuators and valves and replaced with electronic thermostats, actuators and valves to ensure more efficient and accurate temperature control making a more comfortable temperature regulated facility for patients, residents and staff.



## Resources



One of the most important roles nursing staff have today is to educate patients, residents and families so that they participate responsibly in their care.

Patients, residents and families are empowered when they receive accurate, timely and complete information about health conditions, treatments and disease prevention.

Well-educated patients, residents and families have better health outcomes.

## Advancements in Ultrasound Examination at NDMH

Only the best image quality allows a diagnosis to happen quickly and with confidence. Our new ultrasound equipment, Aplio 300, has unique imaging technology that provides better image quality by reducing noise, strengthening signal and improving visualization.

Aplio's revolutionary High Density Beamformer uses the most advanced digital signal processing to control the ultrasonic beams more precisely and flexibly than any other system.

For the patient, this means early detection and treatment.





Accreditation Canada surveyors visited Nipigon District Memorial Hospital for a planned on site survey from April 24<sup>th</sup> to 27<sup>th</sup>, 2017. The Hospital is committed to this regular independent, third party assessment of our organization using standards built upon best practices used and validated by health care organizations around the world.

An Accreditation survey involves all members of the organization, from our Board of Directors to frontline staff as well as members of our community including patients/residents and families and our community partners. It allows us to understand how to make better use of our resources, increase efficiency, enhance quality and safety and reduce risk.

In April, 2017 the Accreditation surveyors evaluated how well we are meeting standards and provided recommendations which guide in the development of our safety and quality improvement action plans.

Nipigon Hospital is recognized as an accredited health care facility. To learn more, visit [www.accreditation.ca](http://www.accreditation.ca)

---

## OUR GRATEFUL THANKS . . .

There are always so many people and organizations to thank! An act of kindness, a visit, an expression of concern, any donation of time, talent or one of monetary value - whether big or small, helps shape what we are today as a health care facility!

It humbles us as to how generous you have been over the years, and continue to be . . . even in these difficult economic times, and given the aging population of our communities.

In 2017/18 we received \$32,358.37 in donations!



***"Giving is not just about making a donation.  
It is about making a difference."***