

Annual Report 2018/19

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Message from Board Chair and CEO

We are pleased to be able to share our Strategic Plan update with you. You will find we have achieved great success with the actions of our Strategic Plan.

Patient/Resident and Family Centred Care continues to be a journey we all share a passion for. We have patient, resident and family members on virtually all committees. This brings our patients and residents closer and closer to the centre of everything we do and involved in every decision we make.

The Executive team has entirely changed. I welcome Cathy Covino, Chief Nursing Executive/Chief Operations Officer, Lauren Haskell, Chief Financial Officer, Doug Mangoff, Facilities Manager and Shannon Jean, Executive Director (Nipigon District Family Health Team).

The governance integration has been a learning experience for all of us. We believe this is the first step in further integration under the new

government structure.

The advancement of the Strategic Plan depends to a degree on the political landscape. It is an exciting time to be in healthcare with the government’s move to a new Ontario Health Team. The goal of the new plan for Healthcare is to make Ontario the healthiest place in North America to group up and grow old.

There are areas of focus to make healthy change happen:

1. Better access
2. Better quality
3. Better value

We are committed to ensuring that patients and residents get the right care, at the right place, at the right time. Family health care is at the centre of the system with a focus on our growing senior population staying healthy at home and to shift more procedures out of hospitals into non-profit community based clinics with faster access at less cost.

In the spirit of

engagement we have distributed a survey to seek local input in our strategic plan. We will work with leaders in the system and seek their strategic advice. Our collaboration will continue as we share the established vision with our stakeholders and work together on a roadmap that will bring us together as one integrated service for our patients, residents and families.

Kal Pristanski,
Board Chair

David Murray
President and CEO

Board of Directors

“Healthcare reform and increasing regulatory matters are making healthcare more complex and challenging for Board Directors than ever before.”

Healthcare reform and increasing regulatory matters are making healthcare more complex and challenging for Board Directors than ever before.

Hospital care is changing from volume based care to value based care, which means making major changes to our strategic goals and objectives.

In spite of all of the changes, our Board must continue to focus their top priorities on financial sustainability for the Hospital and quality of care for the patients and residents of Nipigon Hospital.

The Board of Directors are entrusted with the following:

- oversee the best interests of the Hospital
- development and ongoing review of the Hospital’s overall mission and strategy
- guide the long term goals and policies for

the Hospital by making strategic plans and decisions

- assist and support the Chief Executive Officer
- oversee the Hospital’s financial health and sustainability ensuring that the facility makes the best use of its resources
- oversee the highest quality of care

Nipigon District Memorial Hospital and the Nipigon District Family Health Team are pleased to have a full complement of Board Directors who bring a compilation of skills, education and experience to the table. We value their expertise, dedication and commitment.

Our voting members include:

- Kal Pristanski, Board Chair
- Nancy Gladun, Vice Chair

- Edward Wawia, Director
- James Foulds, Director
- Eric Rutherford, Director
- Robert Beatty, Director
- Gordon Mackenzie, Director

Our non voting members include:

- David Murray, President and Chief Executive Officer
- Cathy Covino, Chief Nursing Executive and Chief
- Shannon Jean, Executive Director
- NDFHT Operations Officer
- Dr. Ravi Dhaliwal, Chief of Staff
- Dr. Doug Scott, NDFHT Lead Physician
- Dr. Robert Foulds, President Medical Advisory Committee

Message from Chief of Staff

In January, the medical staff was pleased to welcome Dr. Janine Pintar to our team. Dr. Pintar brings us up to a full complement of five physicians, easing the burden of emergency room coverage as well as outpatient follow-up. Kathryn Bean, has joined the Nipigon Hospital staff. As a nurse practitioner, her working relationship with the physicians and other health care providers has certainly contributed to improving patient outcomes.

We continue to host a variety of locums who provide holiday coverage for our staff.

NDMH continues to be a site for academic medicine welcoming several learners both at the undergraduate and postgraduate levels. This year we were pleased to provide mentorship to an impressive 12 learners for various clinical rotations.

In September we were pleased to host the CARE course, (Comprehensive Approaches to Rural

Emergencies) which was an intensive two day rural trauma / emergency course. This course brought together physicians, nurses and paramedics putting us through several emergency scenarios with the goal of enhancing team work and communication.

With the support of the Doctor's Group, the Family Health Team continues to grow and expand its services. Our most recent collaborative initiative is an Urgent Care Clinic which provides same day health care to patients who receive the right care in the right place at the right time.

Communicating health care information between the Hospital, Urgent Care and the Clinic continues to be a challenge. We are keen to realize unified technology that presents real time data across healthcare entities to streamline communication and close any potential information gaps. This solution must be

accessible to teams across all departments, health systems and networks. With a unified, coordinated communication network, teams can focus on the patient journey from start to end without disruptions. We look forward to integration opportunities with our system partners.

The Doctors' Group was very excited to see the Hospital purchase an ultrasound machine for use in ER. The device allows physicians to provide immediate ultrasound assessments.



“In September we were pleased to host a CARE course, which was an intensive two day rural trauma / emergency course.”



Cathy Covino

“Being part of a best practice spotlight organization means the care received meets the highest standards. Its the right thing to do.”

As a Best Practice Spotlight Organization we have moved towards evidence based care in the areas of Patient/Resident and Family Centred Care, Assessment and Management of Pain, Constipation and Oral Care. This means better care for our patients and residents. Being part of a Best Practice Spotlight Organization means the care received meets the highest standards. It’s the right thing to do.

Patient/Resident and Family Centred Care

NDMH has adopted a patient/resident centered care philosophy that places the patient, resident and family at the centre of care. We involve patients, residents and families in all aspects of planning, implementation and evaluation of health services. This facilitates collaborative partnerships between and among patients, residents, families, staff, physicians, professionals

Chief Nursing Executive / Chief Operating Officer

and volunteers. The goal of Patient/Resident and Family Centered Care is to create partnerships among patients, residents, families and the multi- disciplinary team.

Bedside white boards have been proven to be a tool that enhances the patient and family experience.

Placed near each patient bedside, its purpose is to support communication between the care team, the patient and their family/ care partners.

Ensuring consistent updating and sharing of information with our patients and families/ care partners allows patients to become active participants in their own plan of care.

Assessment and Management of Pain

The Hospital’s interdisciplinary team approach to pain

management provides the patient/resident with optimal comfort, dignity and quality of life.

Our Pain Management Program focuses on:

- communication and assessment methods for patients and residents who are unable to communicate their pain, or who are cognitively impaired
- strategies to manage pain including non-pharmacologic interventions, equipment, supplies, devices and assistive aids, and comfort care measures
- the monitoring of patient/resident responses to, and the effectiveness of, the pain management strategies.

Pain level is also communicated on the bedside whiteboard.

Oral Care

This Best Practice Guideline assists our staff in providing evidence based oral health care to our vulnerable resident population. The Oral Care Program focuses on screening, planning appropriate interventions, implementing evidence based oral care practices, and referral to dental specialists. The focus of oral care management is to:

- ensure that oral care is provided twice daily, at a minimum
- early identification of change in oral health status and strategies to manage and heal oral health problems
- development and regularly update of individual oral care plans that meet preferences and abilities of each resident including the option of an annual oral health assessment

The Hospital provides a variety oral care products to meet the

individual needs of each of our residents.

Constipation

The purpose of this Best Practice is to reduce the frequency and severity of constipation ensuring the best quality of life for our residents.

As a means to maintaining a pattern of normal bowel elimination to prevent constipation and the use of laxative, our Long Term Care staff work diligently to ensure:

- adequate hydration and dietary fibre
- regular, consistent toileting
- regular physical activity



Lauren Haskell

“Nipigon District Memorial Hospital continues to administer health care resources effectively and responsibly”

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.

The Hospital finished the year with a deficit of \$89,611 compared to an operating surplus of \$206,033 in the prior year. We are experiencing cost pressures related to the maintenance of an aging facility, increased regulatory demands, and general inflation in all expense categories. There was also a wage increase of 1.4% during this fiscal year.

The following activity and financial chart demonstrates comparative financial, patient and staff activity indicators for 2016/17, 2017/18, and 2018/19. It highlights the operating deficit and a stable financial position.

Patient activity is also relatively consistent

except for a decrease in acute care admissions due to normal fluctuations.

Physiotherapy also experienced a decrease in attendance days due to staff vacancy. The average length of stay has also increased significantly from 6.4 days to 9.8 days.

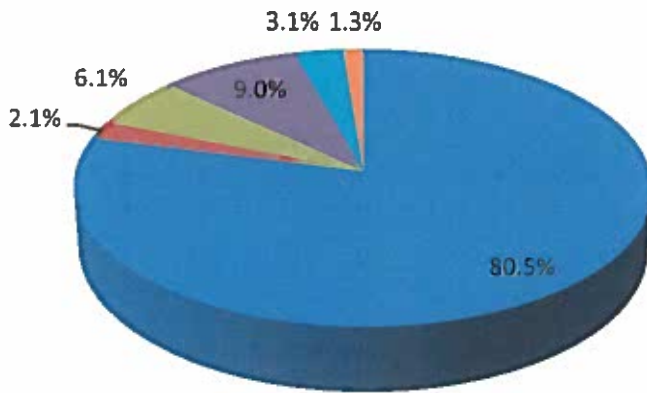
Additionally, Hospital staffing has increased slightly, as well as an increase in paid sick time.

2018-2019 is the last year of operating pressure relief funding of \$325,000 from the LHIN.

Management is focusing on decreasing sick time, over time and closely monitoring expenses to help with this funding decrease.

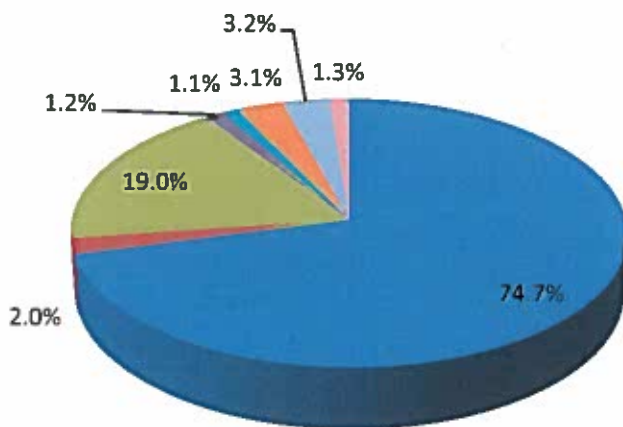
Select Financial & Activity Indicators	2018/19	2017/18	2016/17
Financial Activity			
Operating Revenue	9,087,478	8,902,575	8,788,568
Operating Expenses	9,177,089	8,696,542	8,798,643
Operating Surplus / (Deficit)	(89,611)	206,033	(10,075)
Surplus / (Deficit) Including Net Building Amortization	(218,129)	89,296	(116,377)
Operating Margin %	-0.99%	2.31%	-0.1%
Current Ratio	1.28	1.35	1.30
Working Capital	\$365,425	\$ 441,628	\$ 532,028
Patient Activity			
Acute Care Admissions	169	239	238
Acute Patient Days	1,596	1,767	1,840
ALC Days	1,993	1,791	1,277
Acute % Occupancy	66%	65%	57%
Average Length of Stay (excluding ALC)	9.8 days	6.4 days	5.7 days
LTC/CC Patient Days	7,714	7,552	7,685
LTC/CC % Occupancy	97%	99%	96%
Emergency Visits	5,042	5,222	5,453
Physiotherapy Attendance Days	1,504	2,409	2,523
Diagnostic Imaging Exams	3,461	3,420	4,121
Staff Activity			
Full-time Equivalents all funds	78.4	77.4	76.4
% Paid Sick Time of full-time hrs	4.5%	4.0%	3.19%
% Paid Overtime of all hours	2.8%	2.8%	1.85%

Statement of Operations - Revenues



- MOHLTC and LHIN - \$7,164,069
- Patient Services - \$187,958
- Preferred Accomodation and Co-Payments - \$542,724
- Other Revenue - \$800,591
- Beardmore Regional Health Centre - \$276,114
- Assisted Living Program - \$116,022

Statement of Operations - Expenses



- Salaries, wages, and employee benefits - \$6,492,013
- Medical staff remuneration - \$171,356
- Supplies and expenses - \$1,652,294
- Medical and surgical supplies - \$102,376
- Drugs, and medical gases - \$94,780
- Amortization of major equipment - \$272,134
- Beardmore Regional Health Care - \$276,114
- Assisted Living Program - \$116,022

Facilities Manager

A number of organizational improvements were completed during the 2018/19 fiscal year with careful capital planning and budgeting.

In March, we said good bye to our wonderful little Tuck Shop. It has served us well over the past 25 years and we are grateful for the ongoing support of the Hospital Auxiliary.

Our main foyer has been renovated and furnished with our patients and residents in mind.

The total cost of renovating the main foyer was \$36,000.



Douglas Mangoff

“The Hospital celebrated its 25th birthday last year and we are showing our age!

With funds from a successful application for Health Infrastructure Renewal Fund (HIRF) we were able to complete much needed updates”

In the Lab, a new microscope was purchased at a cost of \$10,000.



Also purchased for the Lab was a centrifuge at a cost of \$6,000.



A portable ultrasound machine was purchased for use in the Emergency Department at a price tag of \$37,700.



In January 2019, as part of the Hospital’s Business Continuity Plan, NDMH entered into a contract with ON2 Solutions enabling the Hospital to produce its own oxygen. The overall system is less expensive than what the Hospital previously paid for oxygen delivery and after 10 years the contract has a \$1.00 buyout. The lifespan of these concentrators is estimated to be 25-30 years.

The Hospital expects to realize a savings of \$355 per month.



The two pumps used in our sewer lift station, required replacement. The pumps move the Hospital's waste from its lower elevation to a higher elevation into the Township's sewer system. \$22,600 was spent on the replacement of these essential pieces of equipment.

Our security system has been substantially enhanced at a cost of \$39,000. This enhancement provides greater assurance that our staff and vulnerable occupants are safer.

Prior to this year, the Hospital's water distribution system was original to the facility. The purpose of the system is to deliver water throughout the facility with appropriate quality, quantity, temperature and pressure. The Hospital spent \$81,500 on the replacement of this system.



In recent years, the Hospital sterilized its own instruments. As a result of stricter regulations, sterilization has been outsourced for a number of years. Today the department does not require the space it previously occupied.

A complete renovation was undertaken reducing the department in size to accommodate the disinfection and packaging process performed in preparation for shipping.

This much needed renovation, completed by our maintenance staff had a price tag of \$37,500.



Strategic Plan 2020

VISION

Partnering for a healthier tomorrow

MISSION

The Hospital delivers excellence in rural health care 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.

In April 2017, Nipigon District Memorial Hospital, together with its Board of Directors and community partners, launched its new Strategic Plan built on the philosophy of Patient/Resident and Family Centred Care.

Patient/Resident and Family Centered Care is the practice of caring for patients, residents and their families in ways that are meaningful and valuable to the individual patient/resident. It places the patient, resident and family at the centre of care. It involves patients, residents and families in all aspects of planning, implementation and evaluation of health services, and facilitates collaborative partnerships between and among patients, residents, families, staff, physicians, professionals and volunteers.

As a Hospital, Long Term Care Home, and Family Health Team challenges to patient/resident centred care at a system level includes integration and

access.

Despite uncertainty in our political landscape, we are working diligently with our partners to ensure that when a patient/resident moves from one part of the health care system to another whether it is from patient moves hospital to home or to another facility, from home to long-term care, from long-term care to hospital, or from general practitioner to specialist, we are successful in meeting the needs of those we care for.

Nipigon District Memorial Hospital and the Nipigon District Family Health Team, together with our dedicated staff, are committed to Patient/Resident and Family Centred Care.

Measuring our Progress

Our success is measured by our patient /residents and their families and our staff satisfaction. We have changed our patient relations process to include more

opportunities to receive feedback, this input will guide us in our improvement strategies. We will acknowledge the concerns within 3 days when an email or mailing address is provided. This is in compliance with the Excellent Care for All Act.

Staff have told us what is important to them. The data from the Worklife Pulse survey from Accreditation Canada and a survey from the new senior team asking their opinion has provided us with what matters to staff and what they believe will provide a positive and healthy workplace.

Annually we focus on key priorities through our Quality Improvement Plan. We engage physicians, staff, patients, residents and families in selecting which indicators to focus on. We collaborate with our partners to ensure success in meeting our targets.

Harm is defined as “any non trivial injury, complication, or adverse consequence sustained by the patient in the course of health care treatment.”

Another measure is enterprise risk and addressing key risk areas. This is new to Nipigon Hospital and we have developed actions plans to address key risks.

Patient and Resident Experience

Enhance the patient and resident experience

1. Grow and develop Patient, Resident and Family Centred Care.
 - a) Educate staff, physicians and volunteers ✓
 - b) Expand the Patient/Resident and Family Advisory Council ✓
 - c) Integrate Patient/Resident and Family advisors into Hospital operations ✓
 - d) Implement key clinical tactics ✓

2. Enhance the quality of care.
 - a) Develop a quality guideline to change behaviour and practice ✓
 - b) Implement at least once Registered Nurses Association of Ontario (RNAO) Best Practice Duideline annually ✓
 - c) Expand Best Practice Order Set adoption ✓

3. Enhance the transitions in care on discharge.
 - a) Complex discharge planning tool development ✓
 - b) Provide enough information on discharge ✓

Success Criteria

- Our patients and residents are satisfied
- Our patients report receiving enough information related to their discharge
- Our patients have not experienced a “harmful” event

“We are working diligently with our partners to ensure that when a patient/resident moves from one part of the health care system to another”

People

Invest in our People

1. Support professional development to enhance the experience of care.
 - a) Educate and support staff to adopt best practices ✓
 - b) Develop staff through annual professional goal setting ✓
 - c) Integrate simulation as a learning tool
Simulation as a learning tool has not been fully realized as of yet. The Regional Critical Care Response Team has been on site with mannequins for practicing of life saving measures however this is only one example.

2. Engage and support staff in organizational transformation.
 - a) Staff to participate in the design of transformation activities ✓
 - b) Develop shared understanding of vision for integration of services ✓
 - c) Educate and prepare staff ✓

3. Enhance the environment to promote health, safety and wellbeing.
 - a) Develop a safer work environment ✓
 - b) Organization commitment to wellness
 - c) **Accreditation Canada’s “Worklife Pulse” and the senior team’s “Your Opinion Matters” are surveys that are administered to our employees. These results provide the senior team and supervisors with a road map to organizational wellness - a healthy and successful workplace - one where employees are engaged, satisfied, productive and effective, and the organization accomplishes its goals.**

Success Criteria

- Professional development activities are patient and resident centred
- Staff are engaged

Partners

Build seamless transitions and provide integrated care

1. Integrate the Hospital and Family Health Team as part of organizational transformation.
 - a) Design integrated governance ✓
 - b) Develop service agreements ✓

2. Coordinate seamless delivery of care between the Family Health Team and Clinic.

- a) Build relationships ✓
- b) Reorganize physical flow ✓
- c) Facilitate shared access to patient information

Facilitating shared access to patient information is a difficult strategy. We have worked around the issues by having dual access however the efficiency of this is not practical as multiple sign-ons are required and the current bandwidth with multiple users is not permitting the access that is required.

3. Identify key partnerships to fulfill organizational transformation.

- a) Identify operating position ✓
- b) Explore potential partners ✓
- c) Develop partnership agreement

Success Criteria

- Right care in the right place at the right time
- Organizational sustainability

Beardmore Regional Health Centre



Brenda Goodman

“The Beardmore Regional Health Centre provides primary health care to the residents of Beardmore and area.”

The Beardmore Regional Health Centre is administered by the Nipigon District Memorial Hospital and provides primary health care to the residents of Beardmore and area. Primary health care services are provided by Brenda. The Doctor’s Group provide a consultative role for the Nurse Practitioner.

The Beardmore Regional Health Centre continues to strive to provide a diversity of health care options for its community residents. These options include Primary Health Care, Diabetes Education, Basic Foot Care, Phlebotomy service, Dietician, Mental Health Counseling, Flu clinic, Immunization and Addiction programs. These health care options are available to all individuals who are unable to travel and to those seasonal residents who visit the area starting in the early spring. The clinic is open to all individuals in the region and this prevents unnecessary visits to the ER Department.

The clinic works in collaboration with many community agencies to provide safe, effective and the promotion of health to all community members.

The Beardmore Regional Health Centre’s goal is to improve the health of the general population. This is completed by focusing on Health Promotion Disease Prevention Health Maintenance on the part of the individual and the provision of emergency services.

The Nipigon District Family Health Team welcomes the following consultations to the clinic:

- Sandra Jordan, Diabetes Educator
- Liane Malette, Dietician
- Deana Renaud , Social Worker
- Alicia Haskell, RPN, Foot Care

The Beardmore Regional Health Centre had 1962 encounters last year.

The clinic remains designated as a bilingual nursing clinic with the ability to provide service in both official languages. The clinic is able to provide the following:

- Emergency medicine
- Antibiotics
- Defibrillator monitor
- IV administration
- Laboratory services
- Ontario Telemedicine Network (OTN) 129 visits 2018-19
- Vaccinations to Grade 7 and 8 students

The population demographics for our community are an aging population dealing with many complex chronic health care conditions. The complexity of care required is rising. The primary diagnosis seen at the Beardmore Regional Health Centre include Diabetes, Mental Health, Prenatal Care, Asthma, Hypertension(high blood pressure), Cardiac conditions, Chronic



The Health Centre received its new High/Low Exam Table.

The table offers many features to meet the demands of today's patient populations.

The new examination chair/table was purchased for \$10,300.

infections, Well Women, Prescription Renewals, Wound Care, Cancer Care Support and specialist referrals.

The Beardmore Regional Health Centre is available to provide primary care Monday to Thursday with hours of operation from 8:30 to 4:30. The patients of the region are able to access same day appointments with the Nurse Practitioner and after hours for emergency care if required.

The Beardmore Clinic plays a vital role in our region providing care close to home.

Our Amazing Staff

“Our employees are dedicated to the patients and residents they care for, and committed to the delivery of exemplary health care. Without a doubt, our employees are one of our greatest resources.”



Our Amazing Volunteers

Jim McCullough and Odilon Drapeau, together with Jim Henriksson in recent years, have entertained the residents of Nipigon Hospital's Long Term Care home for a long time.

"I think its been 15 years anyway," says Jim McMullough.

Jim, Odilon and Jim retired in December 2018.

On behalf of the many, many residents you have entertained over the years.
thank you!

"We make a living by what we get, but we make a life by what we give."

Winston Churchill



October 2015