



*Thank you to our dedicated staff for your contribution to
Strategic Plan 2020-23*

For more on our Strategic Plan
visit our website at ndmh.ca

Annual Report 2019-20

Message from Board Chair and CEO

The Ontario government is building a connected health care system centred around patients, families and caregivers. These changes will strengthen local services, making it easier for patients to navigate the health care system and transition between providers. One single health agency is preparing to oversee health care delivery, improve clinical guidance and improve support for providers to ensure better quality care for patients.

Ontario Health Teams are being introduced to provide a new way of organizing and delivering care that is more connected to patients in their local communities. Under Ontario Health Teams, health care providers (including hospitals, doctors and home and community care providers) work as one coordinated team - no matter where they provide care.

Once fully realized, the Ontario Health Team will:

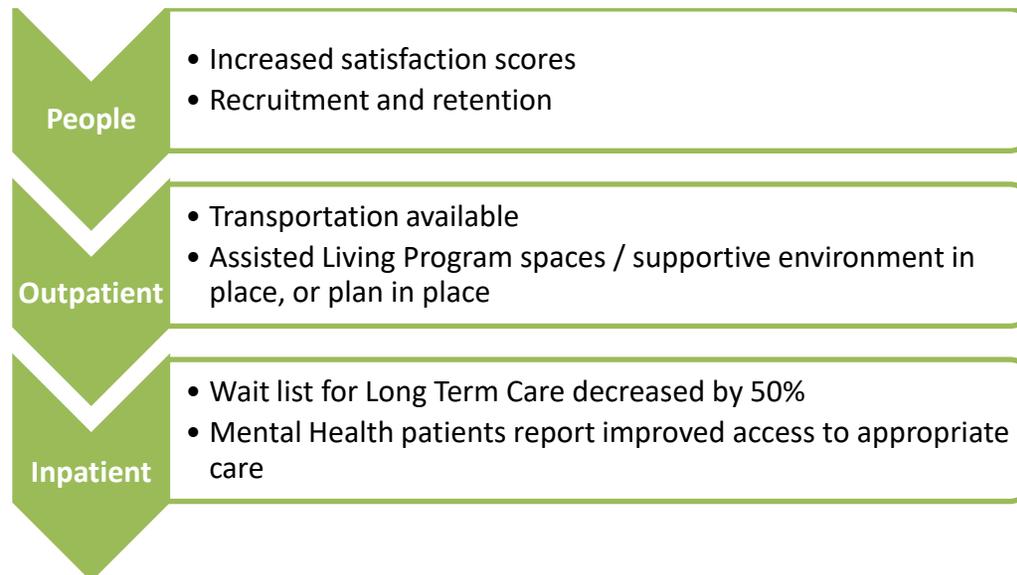
- Build on the same standards of excellence and global recognition developed by many existing agencies across the health care system
- Improve clinical guidance and offer more effective support for providers
- Ensure health care dollars are used more efficiently by removing overlap in infrastructure and administration (for example, accounting, planning and human resources)
- Advance digital first approaches to health care, such as virtual care, and improve integration and efficiency of digital assets across the health system

This transformation will take place over a number of years. It will continue to roll out in carefully planned phases to ensure patient care is not interrupted.

Our new 2020-23 Strategic Plan is focusing on our People, Outpatient care delivery and Inpatient care delivery. More specifically, we will ensure we have sufficient highly trained staff and focus our inpatient care on mental health and long term care while improving and expanding our Assisted Living Program and improve transportation for our aging community.

We will achieve this through information technology, technological advancement, integration and collaboration.

2020-23 Strategic Plan - Success Criteria



We are committed to ensuring patients and residents receive the right care at the right place at the right time. The population is aging and requiring assistance with healthcare in unprecedented numbers. Mental health and addictions rates are higher than we have ever seen with deaths due to overdose and suicide.

We look forward to delivering integrated health care that is centred around patients/residents, families and caregivers in collaboration with our system partners. Our Strategic Plan is responsive to the current needs of Nipigon and district. We are confident that we will make healthy change with a focus on better access, better quality and better value.

We would be remiss not to mention the impact on our health system from the arrival of COVID-19. A worldwide pandemic from a virus we knew very little about in the beginning. Many changes have been implemented to manage care in this changed environment. The Physicians and staff have embraced this challenge with grace and speed. The Board would like to acknowledge this unprecedented incident and extend our sincere gratitude to each and every staff and Physician for their commitment to caring for our community.

Kal Pristanski
Board Chair

David Murray
President & CEO



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The Board's Role in Strategic Planning

There are number of primary functions to be performed by Hospital boards. Approving the strategic goals and directions of an organization is one of its primary functions. Like most organizations, a hospital and the people who work there need a clear sense of the organization's purpose, what it wants to become, and how it intends to get there. This is referred to as **strategic management**. Most not for profit organizations perform this function by developing and updating a Strategic Plan.

The Strategic Plan is a foundation document that provides direction to the organization.

Each hospital needs to chart its own course, recognizing its place in the relevant health system and sector, and the plans of others around it.

This leads to a number of possibilities and questions for the hospital, such as the following:

1. Is our portfolio of clinical programs/services positioned effectively and competitively? Are we the best organization to deliver these services in terms of comparable cost/quality? Can we deliver these sustainably?
2. Are there partnership opportunities which would provide benefits to the system? Are there collaborative efforts underway to consider these opportunities?
3. How comparable and consistent is our hospital's performance with peer hospitals in other regions?
4. Are we aligned with the plans of the larger system?

5. Are we providing input or influencing the plans of other health service providers and the LHIN to reflect our experience and perspective? Are we monitoring developments at the system level to understand impacts on our organization?

In September 2019, Cathy Covino, Chief Nursing Executive led the strategic process for the 2020-23 Strategic Plan. With the input from stakeholders, community partners, patients/residents and staff the Plan was approved by the Board in December 2019.

The **Quadruple Aim**, a framework that describes an approach to optimizing health system performance through the simultaneous pursuit of four dimensions, was identified and includes:

1. Better patient and population health outcomes
2. Better patient and caregiver experience
3. Better value and efficiency
4. Better provider experience

The **Pillars** to a successful Strategic Plan includes:

1. People
2. Outpatient services
3. Inpatient services

The **Goals** of the Strategic Plan are identified as follows:

1. Keep our patients local
2. Right care, at the right place, at the right time, by the right individual
3. Improve access to identified outpatient programs
4. Integration, collaboration and partnership that is fiscally responsible and patient and family centred
5. Invest in our people

Chief of Staff

The past year has been one for the books, with many changes and upheaval.

Earlier in the year we were excited to have secured funding for our **Rapid Access and Addictions Medicine clinic** led by Dr. G. Carfagnini. The program is supported by the Nipigon District Family Health Team with a full time Addictions Coordinator, providing humane accessible care to those in our community who suffer from mental health and addictions issues. This was three years in the making and to see it finally come to fruition with stable funding has been very exciting. The funding is funneled through the Hospital and is part of their Accountability Agreement. This is an excellent example of collaboration.

This accomplishment was immediately overshadowed by the **COVID 19 pandemic**, which forced our Hospital, Family Health Team and staff to pivot at great speed from providing walk in and urgent care with drop-in addictions counseling to running a COVID assessment center and providing telemedicine consultations for the lion's share of our outpatient appointments. Staff worked with incredible dedication to prepare themselves for the worst, including familiarizing themselves with our newly acquired ventilator and high flow oxygen devices, as well as running through many simulations to ensure we were able to provide safe airway care to sick COVID patients. I was extremely proud of the pragmatic and flexible approach that this Hospital, Family Health Team and staff were able to muster when dealing with a threat that was, and continues to be constantly evolving.

From a staffing perspective, Dr. Commisso announced his resignation in April, which has increased demands on the four remaining physicians and part time nurse practitioner. We are once again recruiting, which is proving to be challenging during COVID as few residents are doing placements, and Locum travel, though not impossible, is certainly more difficult.

It cannot be overstated that the hospital and staff have done a terrific job responding the unique challenge that was and is COVID 19, something we all should be proud of.

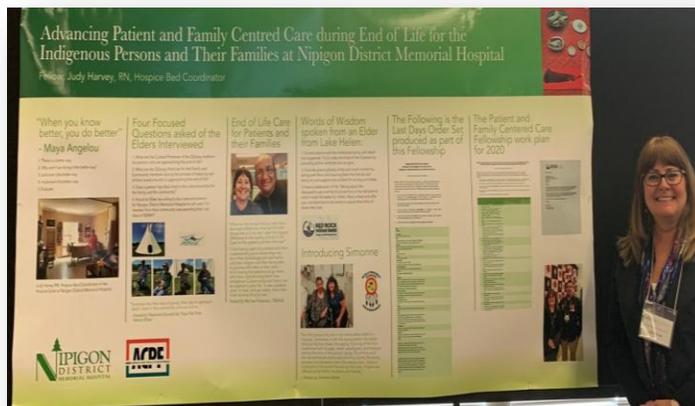
Dr. Ravi Dhaliwal
Chief of Staff

Chief Nursing Executive / Chief Operating Officer

I am pleased to report that we are officially a **Registered Nurses Association Best Practice Spotlight Organization!** We graduated at the Annual General Meeting of the Registered Nurses Association in June. The Best Practice Spotlight Organization® (BPSO®) designation was launched as a key knowledge translation strategy in 2003 and is targeted to support best practice guideline (BPG) implementation, rapid learning and evidence-based practice sustainability at the individual, organizational and health system levels to optimize clinical and health outcomes. BPSOs have been established across Ontario and throughout the world, in all sectors. BPSO designation is an opportunity for health service and academic organizations to formally partner with RNAO over a three-year period to achieve designation. Following this period, the partnership is renewed biannually, based on the achievement of required deliverables. The goal is to create evidence-based practice cultures through systematic implementation and

evaluation of multiple RNAO clinical BPGs. A key part of this journey was to ensure we had one member of our staff apply to the Advanced Clinical Fellowship.

Judy Harvey rose to the occasion and not only applied but was accepted and graduated! Judy is now an Advanced Clinical Fellow.



The 2020-2023 Strategic Plan is supported by the following documents created and revised this year:

- **The Quality Healthcare Framework**
- **Patient/Resident Safety Plan**

These documents provide the structure and outline for success with an obvious focus on quality and safety built on the foundation of patient/ resident and family centred care. Our **quality framework** has defined quality at NDMH as:

Safe: Do no harm

Effective: Use best practice to improve patient/resident outcomes.

Patient/resident and family centred: Respect and respond to individual patient/resident and family preferences, needs and values.

Efficient: Optimize resources to avoid waste.

Timely: Avoid harmful delays.

Equitable: Provide access to fair and appropriate care for all patients/residents

We are unique as we provide care in Long Term Care, Acute care including an Emergency department as well as Community care through our Assisted Living Program. This includes compliance to a wide variety of legislation, standards and Accreditation bodies.

Our commitment to quality and safety is weaved through all of these documents and embedded in our daily practices and our Strategic Plan.

The development of our 3 year Strategic Plan has 3 pillars of focus. They are **people, inpatient** and **outpatient care**. The pillars are based on our population and the needs identified through surveys and engagement.

Measurement of our Plan is identified by the **Quadruple Aim** which includes better patient and population health outcomes, better patient and caregiver experience, better value and efficiency and better provider experience.

2020-23 Strategic Plan - Pillars and Objectives

People	<ul style="list-style-type: none">• Recruitment and retention• Improved staff, patient and physician satisfaction rates
Outpatient	<ul style="list-style-type: none">• Mental Health and Addictions excellence• Increase the number of Long Term Care spaces
Inpatient	<ul style="list-style-type: none">• Improve/expand Assisted Living Program• Improve transportation

An application for 30 more long term care beds has been submitted and this will see long term care be retrofitted and 2 new wings added to our current footprint. The construction will include joining the existing Jackson Hughes Medical Centre to the current hospital site and will further demonstrate our commitment to collaboration and integration by becoming a campus of care.

We will engage our Indigenous partners to explore what would make this renovation most welcoming. Certainly selected area where smudging can occur and other key factors will be considered.

This expansion would of course include many fulltime jobs and the recruitment of healthcare professionals and support staff. The footprint itself would offer many updates to the building and position us for success by upgrading the existing facility and offer office space for the growing family health team and learners.

A renovation has occurred to the observation room in the Emergency Department. It is now a “safe room”. This offers a safe space for patients in a mental health crisis that provides an environment that is barrier free and limits any risk of harm to people that cannot control themselves temporarily. This also offers safety to the staff as they can monitor the patient and assess them without having to come in direct contact with them.

The laboratory has also undergone a significant renovation. The bathroom has been modified to meet accessibility standards, phlebotomy rooms are now open concept and the workspace has been altered to offer a better workflow and brand new stainless steel counter tops. The Manager’s office has been relocated to offer better access to supplies for the staff.

COVID-19 highjacked many other plans and added a layer of complexity to our ability to deliver quality healthcare. We have demonstrated our resiliency by adapting the environment, policies, equipment and processes. Our Incident Management team provided leadership and guidance by operationalizing the many Directives provided by the Ministry of Health and Long Term Care.

We offer many innovative approaches to keep residents in touch with their families.

Communication in any crisis is imperative and is essential to ensure staff and physicians have a shared understanding of current state and the many changes implemented in a short period of time. Unprecedented times bring about a sense

of inquiry and an opportunity to build strong teams that are supported by equipment, infrastructure and the ability to adapt to a multitude of situations.

We utilized Simulation to practice and improve our processes to care for individuals suspect or confirmed for COVID-19. We grew as a team and refined how to deliver care within the new expectations of this disease. Physicians and nurses practiced how to wear the protective equipment. Residents endured isolation while we awaited test results to ensure the absence of the virus. Our environment was adapted with the additions of Plexiglas and access to service changed to virtual where we would never think of this before. Through it all we changed policies to adhere to the ever changing Directives and ensured training, auditing and adapting was part of our daily work. So proud of this team and our partnerships! You are in good hands.

Cathy Covino
Chief Nursing Executive / Chief Operating Officer



BEARDMORE REGIONAL HEALTH CENTRE

The Beardmore Regional Health Centre is administered by the Nipigon Memorial Hospital and provides primary health care to the residents of Beardmore, MacDiarmid, Rocky Bay, Jellicoe and surrounding area. Primary health care service and health prevention activities such as immunizations are being provided by the Nurse Practitioner (NP), Brenda Goodman. The physician's from the Jackson Hughes Medical Centre are providing a consultative role for the NP.

Patient encounters - 1026

Flu clinic - 83 adult flu vaccines

OTN - 77

Staff - 3

The Beardmore Regional Health Centre continues to strive to provide a diversity of health care options for its community residents in collaboration with community partners such as North of Superior Program, Community Care Access Program, Thunder Bay District Health Unit, Red Rock Branch Office and the Nipigon District Family Health Team. These options include:

- Primary Health Care
- Diabetes Education
- Basic Foot Care
- Phlebotomy service

- Dietician
- Mental Health Counseling and Addiction programs
- Home visits
- Immunizations and vaccinations

The clinic is open to all individuals in the region and this avoids unnecessary visits to the local ER depts. The Beardmore Regional Health Centre's goal is to improve the health of the general population. This goal is completed by focusing on Health Promotion, Disease Prevention, and Health Maintenance, on the part of the individual and provision of emergency services. The NP has agreed to participate with the school invitation JK day. The students at the Beardmore Public School Grades JK- Grade 2 completed a site visit at the Health Center as one of their community excursion.

The Beardmore Regional Health Centre is a fully equip centre with emergency medicine, small stock of antibiotics, defibrillator monitor, and IV equipment on site, if required.

Dispensing of medications specifically antibiotics is accessible at the clinic for the convenience of the patient to avoid unnecessary travel during winter storms. Medications are dispensed for 1-2 days until able to fill their prescriptions.

The population demographics for our community are an aging population dealing with many complex chronic health care conditions. The complexity of the care being provided to the members of this community is rising. The Beardmore clinic provides services to large group of First Nation and Métis population. We continue to

provide services to many of the tourists that visit the area in the spring and summer months.

The clinic remains designated as a bilingual Nursing Clinic with the ability to provide service in both official languages. The Ontario Telemedicine Network (OTN) continues to be a vital service for the patients of Beardmore and surrounding area. In the past years there has been an increase utilization of the services for the area. In 2019-2020 the total number of in a one year period was 77. This videoconference capability allows patients to connect with specialist anywhere in Ontario. This has been an invaluable service added to support our community members for connection with specialist via the OTN. OTN is an asset for the NP to enable distance education and meetings. As of March 16, 2020 - COVID 19 has changed the way medicine is being practiced here at the Beardmore Clinic. Appointments are via telephone, we are practicing social distancing and screening anyone who presents to the clinic for COVID 19 symptoms. Personal protective equipment is worn throughout the day. The NP was invited to attend weekly pandemic meetings and education sessions via Zoom or Teleconference. Only essential patients are seen in clinic, for example - prenatal care, immunization.

In conclusion, the Beardmore Regional Health Centre is available to provide primary care Mon - Fri with hours of operation from 8:30 to 4:30 daily. The patients of the region are able to access same day appointments with the NP and she is available after hours for emergency care. The Beardmore Clinic plays a vital role in our region and it makes convenient for patient to access local health care resources and access to health services.

Brenda Goodman
RN BScN NP (PHC), Charge Nurse BRHC

Finance / Maintenance

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 \$264,569 compared to an operating deficit of \$89,611 in the prior year. The Hospital continues to face operating pressures related to the maintenance of an aging facility, increased regulatory demands, and general inflation in all expense categories. In addition to measures we took internally, we received one-time funding from Ontario Health North to address some of these operating pressures. The following activity and financial chart demonstrates comparative financial, patient and staff activity indicators for 2017/18, 2018/19, and 2019/20.

Capital projects were completed due to funding from the Health Infrastructure Renewal Fund (HIRF). HIRF funding enabled the Hospital to replace the medical vacuum system that now provides constant suction primarily to the Acute and Emergency Departments. This new vacuum system has replaced the original unit and brought the system up to current standards. Honeywell was also able to connect the vacuum system



BEFORE



AFTER

system to the building automation system for monitoring.

The second project completed was **replacement of all exterior lighting**. The new lighting will allow for energy efficiencies as all outside lighting will now be LED.

In support of our Strategic Plan to deliver improved access to mental health and our journey to excellence in mental health care delivery, we were successful in securing one-time funding to renovate the existing observation room to a safe room. The new safe room will minimize risk to patients that may be a danger to themselves or others. It has dual swinging locked doors on either side and is monitored by video that can be viewed in 3 locations.



BEFORE



AFTER

With our focus on outpatient services in our Strategic Plan, we began **phase one of the Lab renovation** is complete which includes new stainless steel countertops. This upgrade ensures we are meeting occupational health and safety requirements as the previous countertops were an infection control risk. The layout of the department was also changed to improve staff workflow in accordance with lean principles.



In addition, the Maintenance Department continued doing room **renovations to patient/resident rooms** as the rooms became available for felt removal.

The Long Term Care nursing station had a small renovation removing the grated ceiling and replacing it with ceiling tiles and updating the lighting.

Lastly, the **public washroom at the Beardmore Regional Health Centre** was made accessible with new automatic doors.

These initiatives align with our quality dimensions - safe, effective, patient/resident and family centred, efficient, timely and equitable.

Select Financial & Activity Indicators

Financial Activity

	2019/20	2018/19	2017/18
Operating Revenue	9,446,821	9,087,478	8,902,575
Operating Expenses	9,182,252	9,177,089	8,696,542
Operating Surplus (Deficit)	264,569	(89,611)	206,033
Surplus / (Deficit) Including Net Building Amortization	135,039	(218,129)	89,296
Operating Margin %	2.80%	-0.99%	2.31%
Current Ratio	1.40	1.28	1.35
Working Capital	\$541,351	\$365,425	\$441,628

Patient Activity

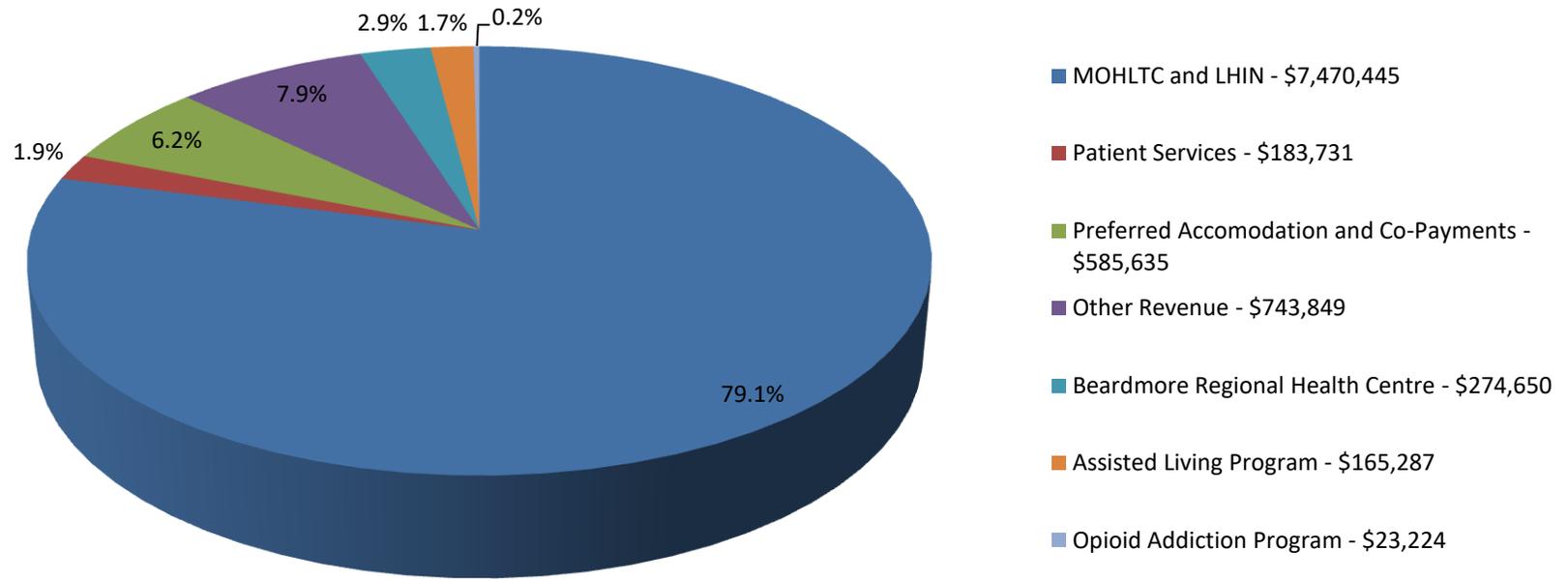
	2019/20	2018/19	2017/18
Acute Care Admissions	180	169	239
Acute Patient Days	1,153	1,596	1,767
Alternate Level of Care (ALC) Days	2,044	1,993	1,791
Acute % Occupancy	58%	66%	65%
Average Length of Stay (excluding ALC)	7.0 days	9.8 days	6.4 days
Long Term Care / Chronic Care Patient Days	7,587	7,714	7,552
Long Term Care / Chronic Care % Occupancy	99%	97%	99%
Emergency Visits	5,080	5,042	5,222
Physiotherapy Attendance Days	2,623	1,504	2,409
Diagnostic Imaging Exams	3,609	3,461	3,420

Staff Activity

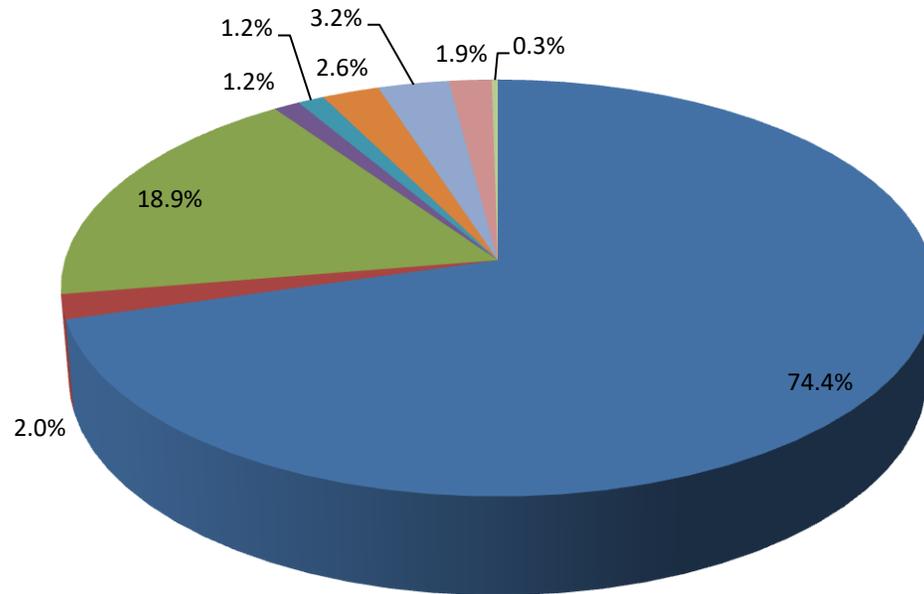
	2019/20	2018/19	2017/18
Full time equivalent all funds	77.7	78.4	77.4
% Paid sick time of full time hours	3.1%	4.5%	4.0%
% Paid Overtime of all hours	3.0%	2.8%	2.8%

Statements of Operations

Revenues



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
- Opioid Addiction Program - \$23,224