Temiskaming Hospital

Annual Report

2012/2013

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NOTE: Financial Statements available separately.

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Foundational Statements

Mission

Temiskaming Hospital will provide quality patient centered health care according to evidence based guidelines and standards.

Vision

Temiskaming Hospital aspires to be a model for rural health care.

Values

Human Dignity: Each person is valued as a unique individual with a right to respect and acceptance.

Excellence: A commitment to strive for the best in our delivery of care.

Compassion: Meaningful actions that demonstrate a presence of caring which fosters healing and wholeness.

Social Responsibility: Actions that promote the just use of resources entrusted to us for the enhancement of human life, both personally and collectively.

Community Partnership: Our people working together with other health care providers in a climate of mutual support that enables the healing and fulfillment of human potential.

Safety: Ensuring a safe environment for all.

A Joint Report from the Board Chair and CEO

In the past year, Temiskaming Hospital received its highest recognition for quality patient care, however, the year also proved to be one of major change and perhaps a little more complex and challenging for its Board of Directors and Administration.

The common theme of our newly established Mission, Vision and Values statements was to strive for instituting a patient centered care approach. The results of implementing this idea surpassed all expectations. This new concept carried through our accreditation process and last May Temiskaming Hospital was awarded the highest recognition by Accreditation Canada - "Accredited with Exemplary Standing". This award is only given to organizations who demonstrate exceptional performance and quality in achieving the majority of the required elements in the accreditation program. It was the first time our Hospital received such recognition and all employees, volunteers and physicians were thanked for their excellent work meeting these high standards. There is no question that our community patients are the primary benefactors of this excellent work.

Complementing this prestigious award, our laboratory department received a 98.3% highly acclaimed rating from the Ontario Laboratory Accreditation (OLA) in June 2012. OLA assesses the ability of laboratories to perform the scope of tests for which we are licensed and provides formal recognition of this competence through Accreditation. Finally, Temiskaming Hospital received 960 of the 960 standards required and achieved 100% on the Work Well Audit.

Temiskaming Hospital was proud to host the Hospital Auxiliaries Association of Ontario (HAAO) provincial conference with great feedback received by all. This year alone, volunteers at Temiskaming Hospital accumulated over 3516 volunteer hours. Thanks to our more than 70 volunteers.

In order to better serve our community patients, Temiskaming Hospital added three visiting specialty surgeons who would not only offer clinics, but were given time in the operating room. These specialists included: Dr. Goldfarb, Urologist; Dr. Gauthier, Gastroenterologist; and Dr. Khodabandaloo, Orthopedic Surgeon. In July, we were also extremely pleased to welcome Dr. Alsharif as our second permanent, full time general surgeon.

In December, Bruce Cunningham, our Chief Executive Officer of five years resigned and our present Director of Clinical Services and Chief Nursing Officer, Sylvie Lavictoire became the Acting President and Chief Executive Officer. A search for a permanent Chief Executive Officer was put on hold pending discussions among the three Temiskaming District Hospitals with respect to the possibility of having an integrated Chief Executive Officer position.

The Board held its first town hall meeting opened to all Hospital employees and local physicians in an effort to enhance communication and clearly demonstrate that we are all part of the same team with the goal of providing excellent patient centred care.

A Joint Report from the Board Chair and CEO (Continued)

In January, a new organizational chart was developed and implemented to address the Administration changes. As a result of the new structure, three administrative positions were eliminated. In addition, many old initiatives were re-launched and new ones created. These initiatives included: updating the MOHLTC's Quality Improvement Plan; establishing a new Hospital website; introducing a paperless system across the Hospital; a third party review of the relationships between the Board of Directors, Administration Management, Medical Staff Leadership and the Medical Staff including roles and responsibilities to promote quality and patient safety; launching a three year quality improvement project in Obstetrics which includes special funding (MORE^{OB}) on June 12th; and a scanning and archiving project in the Health Records department was started where over 40,000 of our patient charts are being prepared to be stored electronically. These initiatives are only a few of many planned for this year.

Unfortunately, 2012-2013 represented the first year in several years that the Hospital did not achieve an operating surplus or a minor deficit. The primary reasons resulting in this year's deficit were the Hospital's funding not keeping pace with inflationary increases of our expenses and the impact of the departure of the former CEO. At the time of writing, the Hospital's 2013-2014 funding has yet to be finalized. The level of funding for 2013-2014 will continue to be the key determinant of the Hospital's operating performance for the year.

During this past year, the Timiskaming Health Unit, a long-term tenant of the Hospital, vacated their leased space with approximately seven years remaining on their lease. This space was constructed specifically for the Health Unit and the term of the long-term lease signed by the parties represented the time frame required for the Hospital to recover the construction costs of the new space. The Hospital is working with other parties on new lease agreements to mitigate its losses caused by the Health Unit, however, the Hospital will pursue any losses not recovered.

We are happy to announce that a final resolution was achieved with Community Cancer Care for office space in the Hospital and we are close to getting the final Ministry approvals to establish leases with the Great Northern Family Health Team for the space vacated by the Timiskaming Health Unit. Unfortunately, the legal resolution of Health Unit's breach of their lease is still outstanding.

Along with the other Temiskaming District Hospitals, we participated in a pilot project to study a new service delivery model for non-urgent patient transportation. We were not able to realize the full length of the project, however, we did see the benefits of this new service delivery model. Our patients had access to more timely transfers and we did see savings where nurses were not required for these transfers as was the case under the existing model.

This past March, Temiskaming Hospital pulled out of the NELHIN driven integration process for the three area Hospitals. For months the Hospital was involved in discussions through the Joint Executive Committee which involved members of the three Hospital Boards and the NELHIN. One

A Joint Report from the Board Chair and CEO (Continued)

of the primary goals of the process was to integrate the three Hospitals under one single governance/entity. Temiskaming Hospital did not agree for a number of different reasons and decided to exercise its option under the voluntary integration concept to no longer participate. It is our view that Temiskaming Hospital needs to focus on adhering to the MOHLTC's 2012 Action Plan for Health Care which calls for stronger links to primary care, access to high-quality care as close to home as possible and the expectation that funding will follow the patient through the transition of services. As an Ontario Hospital, we have had a long and proud history of local and independent voluntary governance which has led to a very successful and efficient Hospital.

In 2006, when Local Health Integration Networks (LHIN) were introduced as regional structures, the Government of Ontario made a clear decision to maintain voluntary, independent governance in Hospitals making Ontario the only province in Canada to have such a model. It was a decision that mattered because it further allowed community members to bring a trusted and independent perspective to the Board table. We feel that a critical reason for our success and efficiency is the result of local oversight, local decision making and local accountability to our patients. Our local physicians and specialists also play a key role in making our community Hospital one of the best in the province.

We value our community health care partners and, even with limited resources, we have made it a priority to strengthen and build new partnerships in order to ensure our local patients continue to receive the right care, at the right place, at the right time. This is evident through the Hospital's participation in the many initiatives including the Temiskaming District Collaborative and Health Links. We feel strongly that the vertical integration opportunities being explored by these processes present the biggest opportunities to improve the health care system, especially in meeting our community needs.

Notwithstanding the above, we are most definitely committed to continuing to look for integration opportunities with Englehart and District Hospital and Kirkland and District Hospital on an opportunistic basis, assessing each idea case by case.

Finally, this evening we celebrate our successes for the past year. We would like to thank our administration, management team, front line employees, volunteers and most importantly we would like to thank all professional staff who have taken the time and have committed to making this Hospital worthy of such praise. We truly believe that Temiskaming Hospital has a lot to contribute in making sure that our health care system is here to stay for years and generations to come.

Respectfully submitted,

Georgette Saxton,
Board Chair

Sylvie Lavictoire,
Acting President and Chief Executive Officer

A Report from the Medical Advisory Committee

First of all I would like to thank all of the committees and Hospital Administration for all the work they have done this year. I'd also like to thank the Board Members and Physicians for working cooperatively to ensure continuity of patient care during a most difficult administrative transition.

I believe we should acknowledge our good fortune in recruiting two new surgeons, Dr. Elgadi and Dr. Alsharif as well as Dr. Olokodana and Dr. Smith to our community. I would like to thank Dr. Jeffrey for his many years of service as a skilled surgeon, as chief of surgery and most recently as the President of the Medical Staff. I'd like to thank Stacy Desilets for stepping into that role and for everything she does for our students. I would like to thank Dr. Hutten-Czapski for his recent service as Senior Advisory Physician. Dr. Hurtubise has also taken a step back from his former role as a consulting GP/Geriatrician and deserves a big thank you for his many years of service in this role. And we should thank Dr. Davies for returning to our community to step into Andy's shoes after a year away in the “Big City”.

We are now looking forward to welcoming the GNFHT on site here. This will undoubtedly invigorate our recruiting efforts as well as enhance learning opportunities to the valuable NOSM students as many of them grow to become our future local physicians. I would specifically like to thank again the Board and the GNFHT physicians who, despite the challenges they faced, have been so dedicated to making this happen.

The future of our hospital is not without challenges though. Funding is tightening up and our hospital has had to dip into its cash reserves this year to fund a deficit. This can not continue indefinitely and so efficiencies and or new revenue streams must be actively sought out.

We have stepped back from a LHIN driven integration process involving Englehart and Kirkland Hospitals. Temiskaming Hospital did not agree for a number of different reasons and decided to exercise its option under the voluntary integration concept to no longer participate. However, integration will be discussed on an opportunistic basis, assessing each idea case by case.

To meet these challenges members of our nursing, medical and administrative staff will have to take the lead and demonstrate a positive and cooperative work ethic. It will be imperative that this spreads and thrives in the hospital to include all departments; housekeeping, laboratory, radiology, maintenance, etc. Only once we fully adopt this approach will we be able to mutually acquire our objectives.

Sincerely,

Dr. Mark Churman
Chair of Medical Advisory Committee

A Report from the Healthcare Volunteers

The year 2012 was another very busy and successful year for the Temiskaming Hospital Auxiliary.

The 2012 Spring Conference was held in our Region. Everyone share their knowledge in catering breakfast and lunch, decorating the hall and finding treasures for the silent auction. We welcomed delegates from twelve Regions who came to encourage and support us. Everyone had a great time and was pleased with their weekend and workshops. The conference was a huge success, due mainly to your help and your participation. Thank you again.

After ten years in office, Sue Dukovac felt it was time to move on to other interests. Sue was a very hard working and dedicated president. Over the years, she has put forward her energy and talents for the Auxiliary. Sue is still giving a lot of her time in ER and at different activities as a volunteer member.

In my first year in office as president, I am very thankful for the confidence and support I have received from my colleagues. My main objective is that of the Auxiliary: to help and support our hospital and patients.

In November 2012, six volunteer members attended the HAAO conference at MTC Centre. We were given lots of opportunities to widen our knowledge through different workshops.

Our contribution to the Hospital included a Pediatric Scale for the Emergency Department $2, 290; 3 unit bookshelves and utility cart for Day Medicine $1,394; a Nu Step T4 cross trainer for Cardiac Rehab Program $4,000.

Our most significant contribution to the community this year will be bursaries for post-secondary education in the medical field. Two graduating students from TDSS will receive $1000 each and two graduating students from ESCSM will also receive $1000 each.

For our long term patients, the Activity Program continues to evolve with a variety of activities initiated with input from the patients, family members and staff. The auxiliary has provided the funds for prizes at Bingo games, decorations for special events, flowers for Mother's Day, treats for Valentine and Easter as well as other items required for the activity room.

The gift shop is one of our main sources of fundraising. Our sale of clothing, accessories, décor, gifts and goodies bring in profits on a daily bases. The sale of Nevada tickets is a very important source of revenue. The monthly raffle and the Tree of Light Campaign at Christmas time are also very helpful.

A Report from the Healthcare Volunteers (continued)

Recently we have put up a bulletin board in the hall way next to the gift shop. This board allows the posting of pictures of items purchased for the Hospital by the members of the Auxiliary. Also posted are thank you notes and notifications of our meetings. These postings will give visitors and staff a better appreciation of the contributions of the Temiskaming Hospital Auxiliary and hopefully will incite new volunteers, men and women, to join us.

Our Volunteer Appreciation Dinner was held on April 24, 2013. All our volunteers were welcomed.

Respectfully submitted,

Diane Chartrand Vachon
President

Board Committee Structure

Committees of the Hospital Board

- Quality & Service Planning Committee
- Finance & Resource Planning Committee
- Executive Committee
- Governance Committee
- Joint Conference Committee
- French Language Health Services Committee

Committees of the Medical Advisory Committee (Reporting to the Board)

- Admission and Discharge Advisory Committee
- Anesthesia Service Committee
- Credentials Committee
- Emergency/Special Care Committee
- Infection Control Committee
- Medical Services Committee
- Mental Health Advisory Committee
- Operating Room Multidisciplinary Committee
- Perinatal Committee
- Pharmacy and Therapeutics Committee
- Quality of Care/Medical Audit, Tissue and Transfusion Committee

Board of Directors 2012/2013

Chair:	Georgette Saxton
First Vice-Chair:	Ron Scriven
Second Vice-Chair:	Cliff Geddes
Treasurer:	Patricia Willard Inglis
Secretary:	Sylvie Lavictoire (Acting President and Chief Executive Officer)
Trustee:	Wayne Green
Trustee:	Dorothy Wight
Trustee:	Carmen Koski
Trustee:	Quen Lee
Trustee:	John Rowsell
Chief of Staff:	Dr. Mark Churman
President of the Medical Staff:	Dr. Stacy Desilets
Vice-President/ Senior Advisory Physician:	Dr. Peter Hutten-Czapski

A TRUSTEE IS -

A Planner
A Policy Maker
A Questioner
An Evaluator
A Decision Maker
A Contributor

Medical Staff 2012/2013

Executive

Chief of Staff:	Dr. Mark Churman
President:	Dr. Stacy Desilets
Vice-President/Senior Advisory Physician:	Dr. Peter Hutten-Czapski

Chiefs of Clinical Services

Anesthesia:	Dr. Chris Blount
Dentistry:	Dr. John Marcassa
Emergency/Special Care:	Dr. Glen Percy
Medicine:	Dr. Colleen Davies
Obstetrics/Gynecology:	Dr. PJ Pace
Surgery:	Dr. Khaled Elgadi

Clinical Advisors

Cardiopulmonary Program:	Dr. Andre Hurtubise
Day Medicine Program:	Dr. Glenn Corneil

Patient Services

Patient Services

Ambulatory Care
- Emergency Services
- Day Medicine
- Day Surgery
- Minor Surgery

Anesthesia
Cardiopulmonary Rehab Program
Clinical Nutrition
Complex Continuing Care
Diagnostic Imaging
- Bone Densitometry
- Cardiac Treadmill Stress Testing
- Carotid and Vascular Doppler

Studies
- CT and PACS
- Echocardiography
- Fluoroscopy
- Holter Testing
- Mammography
- Ontario Breast Screening Program
- Tomography
- Ultrasound

Dialysis
Discharge Planning
General Surgery
Laboratory
Medical/Surgical
Obstetrics
Occupational Therapy
Ontario Telemedicine Network (OTN)
Palliative Care
Pharmacy
Physiotherapy
Respiratory Therapy
Social Work
Special Care
Speech and Language Therapy
Telestroke Program

Specialty Clinics

Cardiology
Dentistry
Dermatology
Nephrology
Neurology
Obstetrics/Gynecology
Ophthalmology
Orthopedics
Otolaryngology (Ear/Nose/Throat)
Pediatrics
Physiatry
Psychiatry
Radiology

Statistical Reports

Temiskaming Hospital
Clinical Activity and Patient Services
As at March 31, 2013

Category	Actual 11/12	MOH 12/13 Performance Target (Budget)	MOH 12/13 Performance Standard	Budget to Mar 13	Actual to Mar 13	YTD Variance
Total Weighted Cases	2,779	2,779	2,501 - 3,057	2,779	2,634	(145)
Medical Surgical						
Patient Days	14,656	N/A	N/A	14,656	15,200	544
Separations	1,537	N/A	N/A	1,537	1,577	40
Intensive Care						
Patient Days	617	N/A	N/A	617	749	132
Obstetrics						
Patient Days - Adult	697	N/A	N/A	697	742	45
Patient Days - Newborn	573	N/A	N/A	573	610	37
Separations - Adult	271	N/A	N/A	271	300	29
Separations - Newborn	253	N/A	N/A	253	276	23
Chronic Care						
Patient Days (RUG days)	908	700	>= 595	908	754	(154)
OR						
Inpatient Cases	417	N/A	N/A	460	373	(87)
Outpatient Cases	1,683	N/A	N/A	1,850	1,883	33
Ambulatory Care						
Emergency Visits	21,236	N/A	N/A	21,236	20,573	(663)
*** Chemo Visits	1,617	N/A	N/A	1,617	1,935	318
*** Clinic Visits	4,029	5,294	> 3,971	3,677	3,825	148

*** The MOH Negotiated Target and the Performance Standard amounts are for the Chemo Visits and Clinic Visits combined.

Temiskaming Hospital
Performance Indicators
As at March 31, 2013

	Actual 11/12	MOH 12/13 Performance Target (Budget)	MOH 12/13 Performance Standard	Actual to Mar 13
Year End Total Margin	0.46%	>=-2.20%	-2.20%	-2.94%
Current Ratio	1.92	0.823 - 1.006	0.91	1.02

Statistical Reports (Continued)

Temiskaming Hospital
Workload Statistics

Number of Tests	2012/2013	2011/2012
Laboratory		
Inpatient	150,139	131,918
Chronic	1,065	1,459
Outpatient	169,470	152,801
Referred In	12,902	16,055
X-Rays		
Inpatient	2,004	1,927
Chronic	2	10
Outpatient	5,214	5,453
Emergency	3,600	3,348
Referred In	18	27
Mammography		
Inpatient	3	6
Outpatient	739	633
Cat Scan		
Inpatient	656	619
Chronic	1	0
Outpatient	3,116	2,925
Emergency	311	298
Ultrasound		
Inpatient	641	439
Chronic	3	7
Outpatient	6,470	6,613
Emergency	209	140
Bone Densitometry		
Inpatient	15	11
Outpatient	606	738
Echocardiograph		
Inpatient	131	100
Outpatient	769	636

Statistical Reports (Continued)

Workload Statistics (continued)

Number of Tests		2012/2013	2011/2012
Respiratory			
Inpatient	- Diagnostic Tests	406	448
	- Routine Tests	2,347	2,261
Outpatient	- Diagnostic Tests	1,309	2,122
	- Routine Tests	114	299
Clinical Nutrition			
Attendance Days	- Inpatient	678	490
	- Chronic	2	30
	- Outpatient	18	61
New Referrals	- Inpatient	204	287
	- Outpatient	18	60
Active Carryovers	- Inpatient	48	24
	- Chronic	26	18
	- Outpatient	3	1
Physiotherapy			
Attendance Days	- Inpatient	1,470	1,763
	- Outpatient	884	914
New Referrals	- Inpatient	481	445
	- Outpatient	102	92
Active Carryovers	- Inpatient	137	157
	- Outpatient	319	257
Occupational Therapy			
Attendance Days	- Inpatient	2,416	2,444
	- Chronic	71	35
	- Outpatient	422	497
New Referrals	- Inpatient	403	450
	- Outpatient	59	51
Active Carryovers	- Inpatient	209	236
	- Chronic	10	5
	- Outpatient	86	111
Speech Language			
Attendance Days	- Inpatient	217	226
	- Outpatient	210	241
New Referrals	- Inpatient	50	47
	- Outpatient	52	44
Active Carryovers	- Inpatient	23	33
	- Outpatient	136	159