

**Temiskaming Hospital**



# Annual Report

2006/2007



# Annual Report 2006/07

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### **The Water Drop Principle**

***When a drop hits the surface of a pond, a series of ripples are dispatched from the point of impact.***

***For our organization to reach its full potential, the surface of the water (i.e. the hospital) must be sufficiently agitated by the initial impact of the drop (i.e. the support of the Board and Managers). The managers, staff, physicians and volunteers do their part to reach our goals, sending ripples to all sides of the pond, to the outer edges, where patients, partners and volunteers are to be found.***

***Energy is the key to ensuring that at each stage of the process, our goals are extended to contacts outside our organization.***

# Foundational Statements

## Mission

Temiskaming Hospital will provide the best health care to our local communities.

## Vision

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

## Values

**Leadership:** In leading, we must all provide a sense of purpose, giving direction and inspiring others to reach for shared goals.

**Accountability:** To be accountable, we need to demonstrate responsibility for our actions, standing behind our efforts as we reach for excellence.

**Teamwork:** To succeed, we need to have faith in each other and believe in the power of our combined and aligned efforts.

**Professionalism:** To be professional, we understand that our mission requires each of us to act in a manner that inspires confidence and trust in our organization.

**Integrity:** Everyone expects us to be honest, ethical and responsible for our actions.

**Communication:** To enhance our performance, information must be effectively given, received and understood by everyone with a right to know, always mindful of our obligations for confidentiality.

**Commitment:** We need to accept responsibility for achieving the goals of our hospital.

**Partnership:** To succeed, we need to work in collaboration with other individuals and organizations, providing a strong network of care, maximizing available services and minimizing gaps within the health care system.



# Strategic Initiatives

**ONE**

**Balanced Budget/Accountability Agreement**

**TWO**

**Alliance Building**

**THREE**

**Discretionary Spending**

**FOUR**

**Stable Workforce**

**FIVE**

**Learning Organization**

**SIX**

**Consumer Expectations**

**SEVEN**

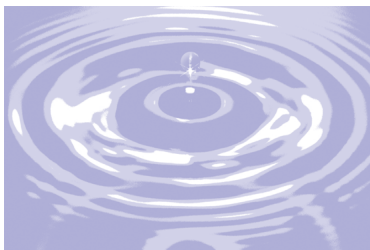
**Quality Culture**

**EIGHT**

**Risk Avoidance Culture**



Temiskaming Hospital  
New Liskeard, ON P0J 1P0



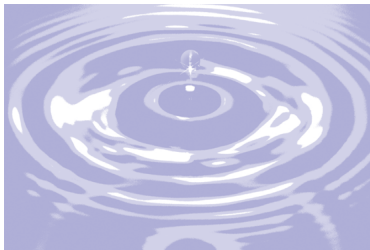
## **A Report from the Board Chairman and Chief Executive Officer**

This Annual Report covering the fiscal period of April 1, 2006 to March 31, 2007 is a joint report prepared by the Chair of the Hospital Board, Mr. John West and the Hospital's Chief Executive Officer, Mr. Bruce Cunningham.

Without a doubt, this past year has been an exciting experience for all of us associated with Temiskaming Hospital. We acknowledge that there were many challenging hurdles; however, our obligation to our community and our keen sense of conviction allowed us to focus our energy on moving toward success.

There have been numerous changes throughout the Hospital, including a number of personnel changes in Administration over the past year. Most notably, in September 2006, after 22 years at Temiskaming Hospital, Wayne Coveyduck resigned as Chief Executive Officer. Wayne moved to Guelph to be closer to his family and accepted the Chief Executive Officer position at the University of Guelph's Veterinary School of Medicine. We thank Wayne for his many years of service, his accomplishments and the visionary leadership that he provided to our hospital as the CEO. In the interim, Anne Marie Beasley accepted the role of Chief Operating Officer until this past February when Bruce Cunningham joined Temiskaming Hospital as our interim Chief Executive Officer, while the hospital pursues potential integration with Kirkland Lake and District Hospital and Englehart and District Hospital.

At the senior manager's level, in April 2006 Karen Pearson, Director of Diagnostics and Therapeutics left the senior hospital team. Maurice Goulet joined our senior team in October 2006, to replace Karen. Maurice is also responsible for Utilization, Risk and Quality Management issues in his portfolio. In May 2006, Lenord Alfred joined the senior team as the Manager of Support Services with the introduction of Aramark. In November 2006, Raymond Trowhill, Director of Support Services and Capital Planning retired from Temiskaming Hospital after four years of service. With the departure of these senior administrators, there was the addition of new staff and the shifting of roles and responsibilities in the Administration offices. In August 2006, Shirley Watchorn moved into the newly created Physician Recruitment Coordinator position. This one-year pilot project will be reviewed in the fall of 2007 and has proven to be invaluable in Temiskaming Hospital's efforts to attract more medical professionals to the area. Ellen Ibey moved into the position of Executive Assistant in September 2006 while retaining her responsibilities as Manager of Communications and Health Records as well as Public Relations Representative. Andrea Colbert-DeGeit was hired as the Administrative Assistant in September and has since moved into the Executive Assistant role, in a workload redistribution effort. Deborah Kersley was hired as the Financial Analyst in November 2006.



# A Report from the Board Chairman and Chief Executive Officer

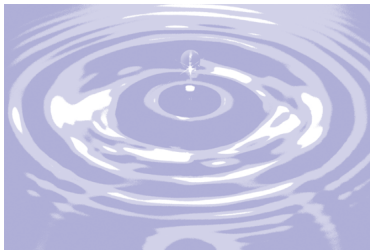
## Accreditation

This past year, Temiskaming Hospital completed Accreditation and received a 3-year award. The final weeks leading up to Accreditation were busy as teams reviewed their documents and attended focus groups. Two surveyors, highlighted our numerous strengths during their site visit. Dr. Sinclair, the lead surveyor, commented that we are the best community hospital that he has surveyed. The trustees who participated in the Leadership and Partnerships Interview with the Accreditors did an exemplary job.

Trustees who attended the wrap-up meeting commented that the surveyors gave high praise to the organization. A letter of thanks was sent out to all staff and physicians with respect to their assistance in creating such a positive outcome with respect to accreditation.

## Challenges

Two major challenges encountered by Temiskaming Hospital this past year were the occupancy level of the hospital, which has been above the budgeted target of 90% for most of the year and the nursing shortage. As the nursing shortage continued throughout the province, the effects were felt in all of the area healthcare organizations. Temiskaming Hospital really felt the nursing shortage this past year. In January and February, the Hospital was short 12 part-time Registered Nurses and was anticipating more retirements over the following months. Despite concerted efforts, the Hospital experienced difficulty attracting part-time nurses. This was due to several factors including the relative shortage of nurses in the local area and the lack of interest in the hospital setting, due to the wording of our collective agreement regarding the distribution of shifts. In addition, the need for nurses had increased in the local area, while the pool of available nurses had continued to decline. This decline was as a result of more programs and positions becoming available for nurses at the Family Health Teams and the local Public Health Unit. The Hospital used every available opportunity to advertise in an attempt to attract more nurses to the Hospital. Unfortunately, the external applicants were only interested in full-time employment. Meanwhile, the Hospital continued to be extremely busy and the nursing staff was putting in a lot of over time hours with burn out becoming a real possibility. The nurses took part in some of the decisions that were made with staffing in a collaborative effort to find a resolution to this province-wide problem. However, with retirements and a reduction in the number of part-time nurses available for call-ins, we had to resort to calling in full-time nurses on their days off.



## A Report from the Board Chairman and Chief Executive Officer

Several different plans and strategies were developed to deal with the stresses in staffing including training Registered Practical Nurses in the scrub nurse role in the Operating Room.

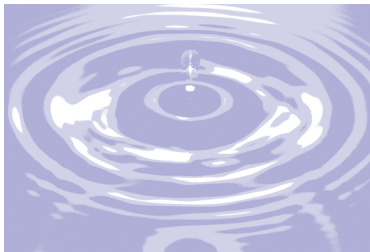
The occupancy rates became increasingly difficult to manage in the latter part of 2006 and into 2007. The incidence of the number of occupancy days reaching greater than 90% had risen dramatically since November of 2006. This high occupancy rate meant that there was little flexibility to accommodate other patients who came to the hospital through our Emergency Room. Given the nursing shortage, the high occupancy rate has been very taxing on the nursing teams over the past year.

Our occupancy rate has been dramatically affected by patients waiting in the hospital to be transferred to long-term care homes or other supportive care facilities. The hospital has only a limited number of beds to support alternate level of care (ALC) patients and a high level can significantly affect our ability to manage occupancy levels and as noted earlier, impacts on the availability of hospital beds for acutely ill patients.

The Ontario-wide average for ALC patients represents 18.5% of acute beds (not including obstetrics). The average ALC rate in this hospital over this past year was at 24%; however, this is calculated as a percentage for all patients. When we take the complex continuing care and obstetrics patients out of the mix, the ALC average rate for the year is 29%.

### **Finances**

The Board of Directors must always manage the hospital in a fiscally responsible way. From our auditors you will hear that we ended the year with a good surplus. Despite this year's good financial status, these gains were one time, and did not provide us with the ability to proceed with normal operations into the 2007-08 fiscal year without a projected deficit. Positive negotiations were completed with the Ministry of Health after April 1, 2007 which allowed for an additional adjustment to our base budget of \$500,000. The Hospital's Accountability Agreement for the year 2007-08 has now been signed with the Ministry and there were opportunities to increase our Nursing Staff and hire a Social Worker as well as a part-time Activities Coordinator. With this on-going additional funding we have been able to hire more nurses from outside the area for full-time nursing positions and believe that this will go a long way to addressing the nursing challenges that we faced this past year.



# A Report from the Board Chairman and Chief Executive Officer

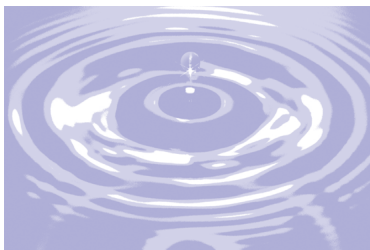
## Health Services Integration Study

In May 2006, one-time funding of \$150,000 was received by the three hospitals in the District of Timiskaming. The purpose of the funds was to conduct a study looking at possible ways to integrate the three hospitals. Any savings that result from the integration or merger of the three hospitals or programs will be applied to documented unmet needs throughout the respective communities. A few days after our year end, the Board of Directors of the hospitals had a joint meeting to receive the report of the study. At this point in time, no decisions have been made with respect to the study. Our Board is seeking further details and analysis.

## NOSM Medical Students

Over the past year, Temiskaming Hospital has been working with the Northern Ontario School of Medicine (NOSM) to solidify a partnership between the two institutions which will allow NOSM students to gain valuable hands-on practical experience in our community. In September 2007, four third-year medical students will begin Comprehensive Community Clerkships at Temiskaming Hospital. We firmly believe that this partnership affords this Hospital the best opportunity for the recruitment of new doctors to our community. These student doctors will live in our community for a 10-month period, learning a wide array of procedures and services available in our Hospital, while enjoying the amenities of our beautiful community.





# **A Report from the Board Chairman and Chief Executive Officer**

## **Recruitment of Dr. John Pariag, General Surgeon**

Dr. John Pariag relocated to our community and opened his practice at Temiskaming Hospital in October 2007. We are very happy to have him and welcome him into our community to provide general surgery services.

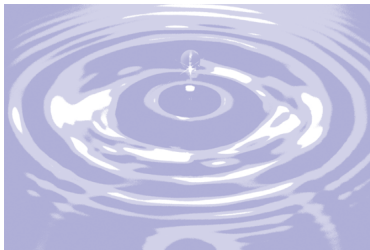
## **Infection Control**

The year was a very busy time for the Infection Control Committee.

A Norwalk-like outbreak was declared on March 23, 2007 on the Medical/Surgical Unit, which affected both patients and hospital employees. Symptoms included a sudden onset of vomiting and/or watery diarrhea, nausea, and general malaise. To add more urgency to the situation at Temiskaming Hospital, there were four confirmed cases of community-acquired *Clostridium Difficile*. C-difficile is a bacterium that causes diarrhea and more serious intestinal conditions. Both of these highly contagious conditions forced the hospital to close to all visitors for a period of one week. This measure was necessary to protect not only the patients and staff, but also the community as these conditions can prove fatal to children, the elderly, and the infirm. As an exception to the policy, the visitor restrictions do not apply to a patient that is identified as palliative. We began practicing more stringent infection control, better surveillance, and health education for all staff, patients, and family members. The housekeeping staff was instrumental in assisting with the reduction of the transmission of these illnesses through the meticulous cleaning of all rooms, especially those under isolation precautions. Temiskaming Hospital has worked very closely with the Temiskaming Health Unit's Infection Control division over the past year.

## **NEON (North Eastern Ontario Network) Standards project**

Since December, the hospital has been involved in a regional information management process standardization project with our computer system. This joint project involving many northern Ontario hospitals has been initiated to provide and expand the information technology infrastructure to align our strategies with regional, provincial, and national e-Health initiatives and optimize funding opportunities.



## A Report from the Board Chairman and Chief Executive Officer

The benefits of this integrated and standardized approach is the creation of a regional Electronic Health Record (EHR) that can provide real time clinical and financial information when and where it is needed.

The standardization process (phase 1) began in January 2007 and was expected to take six months. The rollout of the project is to be made over a period of twelve months following the standardization. In order to provide as seamless a process as possible, the “Go Live” date occurs only after all sites have completed the verification and validation process. This date is expected to be in April 2008.

### **Our Gratitude**

In closing, I would like to thank the talented, dedicated, and hard-working employees of Temiskaming Hospital. Without you, this hospital cannot run as efficiently as it does and would not be the best community hospital the accreditors have encountered. The credit goes to you, our employees.

Our Medical Staff Executive this past year was headed up by some new members to the Board, including our new Chief of Staff, Dr. Glenn Corneil. Our new President of the Medical Staff was Dr. Jean Corbin and our new Senior Advisory Physician was Dr. Glen Percy. These three talented physicians have the respect of the Board, the Hospital employees, and the community. We would like to express our sincere gratitude to all of the medical staff at Temiskaming Hospital for your contribution over the past year.

Our Temiskaming Hospital Auxiliary has always been the best. From their thousands of hours of volunteering and their considerable financial support, this hospital is far better off. Your contributions make this hospital what it is. Thank you.

To the volunteers of the Temiskaming Hospital Board of Directors, I, on behalf of this entire community, would like to thank you for your hard work, dedication, and commitment to making this hospital one that is the envy of the province.

Respectfully submitted,

John West,  
Board Chair

Bruce Cunningham,  
Chief Executive Officer

# A Report from the Chief of Staff

This past year was my first serving as Chief of Staff and it has been an honour for me to fill this important position. I greatly appreciate the support I've received from the Hospital Board Trustees as well as the Hospital's Administrative team. Over the last year, I have chaired the Medical Advisory Committee as well as serving on Resource Planning Committee, Executive Committee, Joint Conference Committee, Quality Committee, Physician Recruitment Committee, Quality Care Committee and as Clinical Advisor of Day Medicine.

This past year has been one of change at the administrative level. With the retirement of Wayne Coveyduck in September, Anne Marie Beasley filled in as Chief Operating Officer and I appreciate the administrative help she provided to the MAC while filling this interim position. Bruce Cunningham's hiring in February as the temporary Chief Executive Officer has been a very positive development. I have enjoyed working with Bruce over the last number of months and I believe he has been an excellent addition to the hospital during this time of uncertainty as we move towards implementing the recommendations from the Timiskaming Health Services Study. Most recently, Andrea Colbert-DeGeit has moved into the position of Executive Assistant. I believe that the teamwork Andrea Colbert-DeGeit, Ellen Ibey and Shirley Watchorn will be able to accomplish together in their different roles will be an asset to the hospital and I look forward to continuing to work with all three.

The Timiskaming Health Services Study is now complete and the District hospitals are debating what to do with the consultant's recommendations. I feel that Temiskaming Hospital was very well medically represented during this study. Hopefully, we are starting a process that will reap positive changes for the district. I am encouraged by the progress already seen simply by improving communication between the partners.

This past year has shown occupancy rates consistently above the 90% range and a number of times we have been at or over full capacity which has unfortunately led to the cancellation of elective surgery for the first time. Our occupancy and ALC issues, compounded by the ongoing problem with the nursing shortage, will continue to pose a great challenge over the next year. I hope that the increase we have recently received in base budget funding will allow re-implementation of some of the services that were lost in the previous two years.

# A Report from the Chief of Staff

The Board, led by Maurice Goulet and Shirley Watchorn, has taken on the substantial initiative to try to improve Quality Management throughout Temiskaming Hospital. Over the next year, the different medical committees will be supported in improving the identification and management of sentinel events while contributing ideas for quality initiatives. I continue to be impressed by the great work done by our medical committees.

I think one of the most significant changes that happened over the last year is the creation of the Recruitment and Retention administration position and the hiring of Shirley Watchorn in this role. She has brought thoroughness and energy to this position which I feel is essential if we are to alleviate our chronic medical manpower shortage. The Physician Recruitment Committee is also starting to move forward with creative ideas. An essential partnership between the hospital, city and Chamber of Commerce has finally been established. Efforts continue to obtain a Family Health Team for New Liskeard, an important development needed prior to renovating or rebuilding the New Liskeard Medical Centre. Furthermore, 2007 will be a ground breaking year with respect to medical education and our relationship with the Northern Ontario School of Medicine. Four third year medical students will be annually spending eight months here and hopefully their experience will reflect positively on our hospital and be the key for long-term medical recruitment and retention. We have also seen the very welcome addition of Dr. John Pariag as our new general surgeon.

I continue to firmly believe that the Medical Staff of Temiskaming Hospital is one of the hospital's greatest assets. I am very appreciative of the assistance and advice that continues to be provided by Glen Percy, Jean Corbin and Steve Sears via their different MAC positions. Special thanks to Glen who has agreed to stay on as Senior Advisory Physician for one more year during this period of uncertainty and change.

Respectfully submitted,

Dr. Glenn Corneil  
Chief of Staff

# A Report from the Auxiliary President

The Temiskaming Hospital Auxiliary had another busy year.

In January, the Hospital was closed for two weeks due to an influenza outbreak. The Hospital had purchased a CAT Scan machine which went into use at the end of January.

At our February meeting, we increased the amount of the two bursaries we give to the students going into Health Sciences from \$500 to \$1000.

Sue Dukovac went to Toronto for the conference on “Preparedness” which was very informative.

The Hospital Board and some volunteers were busy preparing the Strategic Plan—mission, vision, and values for Accreditation in April.

The Hospital underwent renovations in the Emergency Room and area. It is much easier to work in. The Auxiliary provided the greenery for the waiting room.

We had one of our physiotherapists come and explain the changes that took place in that department. They entered into a partnership with “Rehab Health”, which operates in eleven hospitals in the province.

Our Infection Control Nurse explained how the Hospital and the community is preparing for a pandemic.

Two of our members made a home visit to present 94-year-old, Bertha McFarlane, with a life membership for her years of support.

We also purchased two extra-wide wheelchairs.

The auxiliarians and volunteers were treated to a delicious meal provided and served by the Hospital Board.

Our Annual Meeting was held on May 29, 2006. All is going well. We will be looking for new executive members.

# A Report from the Auxiliary President

Our Director of Nursing came and gave an update on the CAT Scan machine and how useful it has been. We are not classified as a “stroke” hospital, but we are working towards the program.

The Auxiliary provided prizes and judged for the pumpkin decorating contest. There were 22 creative entries.

Visiting hours were changed to help family members come earlier to help feed or visit at noon. It has also helped with increased sales in the Gift Shop.

The Auxiliary approved the purchase of two stretchers for the operating room, as we now have three surgeons.

We hosted a Christmas Social for about 40 volunteers and Board members. We presented \$5000 to the CAT Scan Foundation for a Grand Total of \$35,000.

A Good Year!

Respectfully submitted,

Sue Dukovac,  
Auxiliary President

We search  
On our journey  
For a self to be,  
For other selves  
To love,  
And for work to do.

Frederic Buechne  
“The Sacred Journey”

# Open Board Meetings and Committee Structure

Each Board Meeting begins with a Closed Meeting to deal with confidential matters followed by an **Open Meeting** at which the Public, Staff and Media are welcome.

Applications to address the Board should be made to Chief Executive Officer seven days before the meeting.

## **Committees of the Hospital Board**

- Service Planning Committee
- Resource Planning Committee
- Executive Committee
- Governance Committee
- Quality 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
- Education & Library 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 Care Committee
- Utilization Review/Management Committee

# Board of Directors—2006/2007

<b>Chair:</b>	John West (Haileybury)
<b>Vice-Chair:</b>	Georgette Saxton (Cobalt/Coleman)
<b>Treasurer:</b>	Jeff Laferriere (Haileybury)
<b>Secretary:</b>	Wayne Coveyduck (Chief Executive Officer) * Bruce Cunningham (Chief Executive Officer)
Trustee:	Maurice Landriault (New Liskeard)
Trustee:	Linda Campbell (New Liskeard)
Trustee:	Nonie Hamilton (New Liskeard)
Trustee:	Anne Wilson (Cobalt/Coleman)
Trustee:	Vacant (Armstrong, Casey, Brethour, Harley, Hilliard and Thornloe)
Trustee:	Evelyn Davies (Latchford/Temagami) *
Trustee:	Voula Zafiris (Dymond/Harris)
Trustee:	Wayne Green (Haileybury)
Trustee:	Vacant (Hudson/James/Kerns)
Chief of Staff:	Dr. Glenn Corneil
President, Medical Staff:	Dr. Jean Corbin
Vice-President, Senior Advisory Physician:	Dr. Glen Percy
Auxiliary President:	Sue Dukovac

\* resigned mid-year

**A Trustee is -**

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

# Medical Staff

## Executive—2006/2007

**Chief of Staff:**

Dr. Glenn Corneil

**President:**

Dr. Jean Corbin

**Vice-President, Senior Advisory Physician:**

Dr. Glen Percy

**Secretary:**

Dr. Steve Sears

## Chiefs of Clinical Services—2006/2007

**Anesthesia:**

Dr. Glen Percy

**Dentistry:**

Dr. John Marcassa

**Emergency/Special Care:**

Dr. Brenda Hardie

**Medicine:**

Dr. Céline Léger-Nolet

**Obstetrics/Gynecology:**

Dr. Steve Sears

**Surgery:**

Dr. Raymond Rahn

## Clinical Advisors—2006/2007

**Cardiopulmonary Program:**

Dr. Brenda Hardie

**Day Medicine Program:**

Dr. Glenn Corneil



# Patient Services

## Specialty Clinics

Obstetrics/Gynecology  
Radiology  
Well Women  
Ophthalmology

Psychiatry  
Pediatrics  
Neurology  
Nephrology

## Patient Services

### Ambulatory Care

- Emergency Services
- Day Medicine
- Minor Surgery
- Day Surgery

Cardiopulmonary Rehab Program

Laboratory

Discharge Planning

General Surgery

Obstetrics

Anesthesia

Special Care

Palliative Care

Complex Continuing Care

Ontario Telemedicine Network (OTN)

Ontario Breast Screening Program

### Radiology

- Ultrasound
- Mammography
- Ontario Breast Screening Program
- Carotid and Vascular Doppler Studies
- Echocardiography
- Bone Densitometry
- CT and PACS
- Fluoroscopy
- Tomography
- Holter Testing
- Cardiac Treadmill Stress Testing

Physiotherapy

Occupational Therapy

Clinical Nutrition

Respiratory Therapy

Speech and Language Therapy

Pharmacy

Dialysis