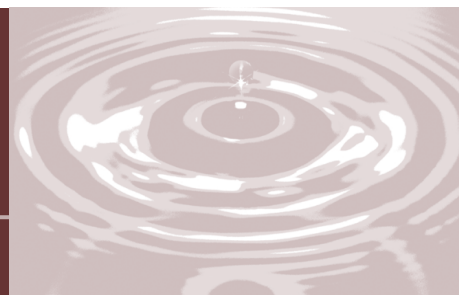


Temiskaming Hospital



Annual Report

2007/2008



Annual Report 2007/08

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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.



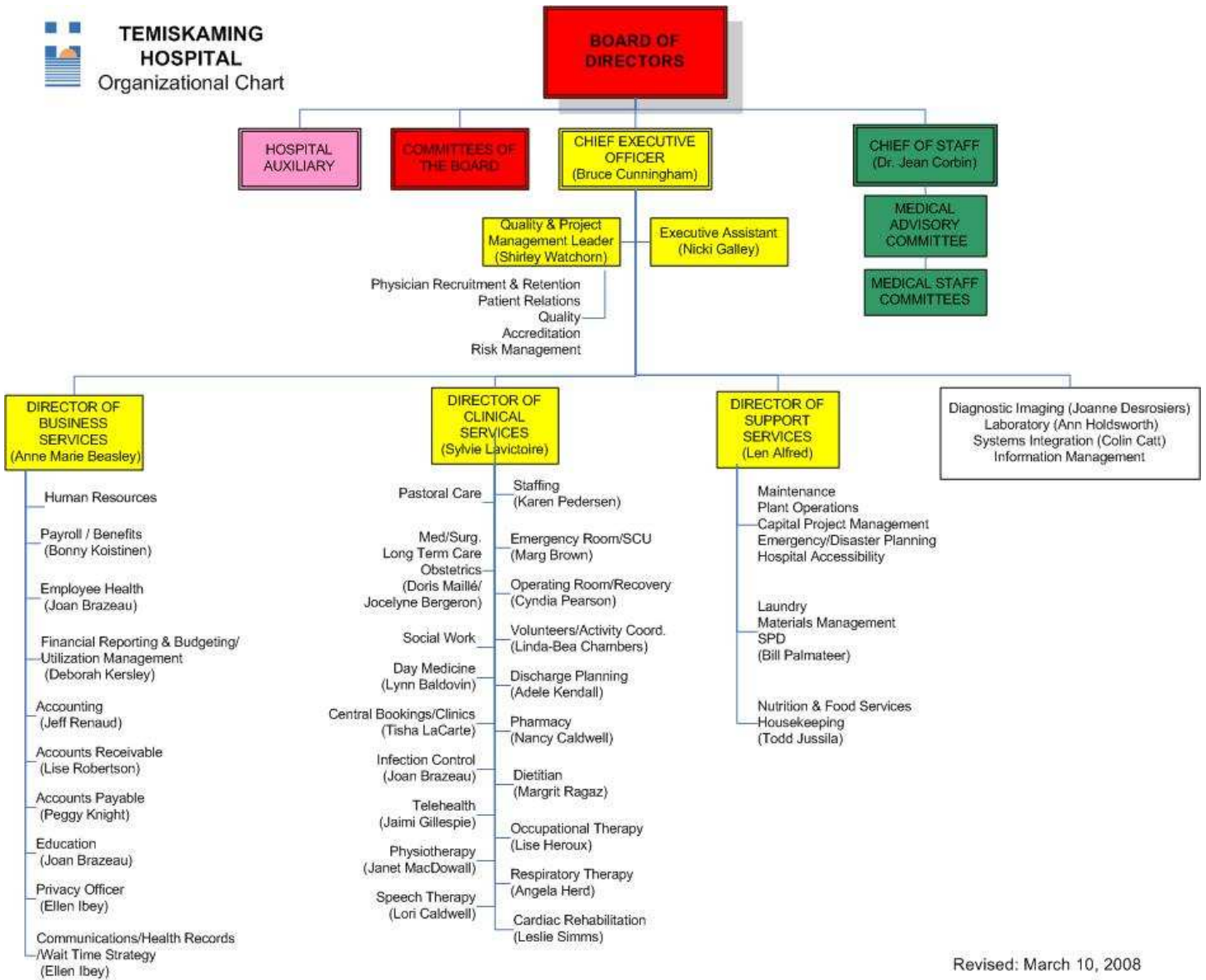
Strategic Initiatives

- ONE** **Balanced Budget/Accountability Agreement**
- TWO** **Participating Responsibly in the Improvement of our Healthcare System**
- 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

Organization Chart





A Report from the Board Chair and Chief Executive Officer

This Annual Report covering the fiscal period April 1, 2007 to March 31, 2008 is a joint report prepared by the Chair of the Hospital Board of Directors, Mrs. Georgette Saxton and the Hospital's Chief Executive Officer, Mr. Bruce Cunningham.

Increase to Base Budget

Financial assistance was gratefully received by the Board of Directors and Administration when David Ramsay, MPP, announced at Temiskaming Hospital on June 8, 2007 an increase of \$1,049,700. A press release explained that this included "\$500,000 to help the Hospital address unique circumstances".

Timiskaming Health Services Study

At the last Annual meeting this report referenced that a few days after the year end the Board of Directors had a joint meeting with the Englehart and District Hospital and the Kirkland and District Hospital to receive the report of the Timiskaming Health Services Study. It was stated that no decisions had been made and that the Board was seeking further details and analysis.

The beginning of the report contained a disclaimer which stated, "The recommendations contained in this report are informative only. Prior to moving forward with the recommendations, a significant amount of effort is required including the development of risk mitigation strategies, cost benefit analysis and human resource planning. This level of detailed analysis is not part of this study, but should follow in subsequent activities to be completed by the hospitals." After carefully reviewing and considering the Timiskaming Health Services Study, the Board of Directors decided that it would not be appropriate at this point in time to pursue the options of a single governance, CEO and Chief of Staff structure for the three hospitals. The Boards have encouraged the three CEOs to look for common areas where co-operative efforts and sharing of services would be of benefit.

Bears

2007 may be noted in northern Ontario history as the summer of nuisance bears. Temiskaming Hospital, like most in the communities we serve, had the pleasure of being visited several times. Presentations and meetings with resource staff from the Ministry of Natural Resources were quite helpful. Changes in our procedures around waste disposal, including such things as the relocation of our garbage containers from outside the front of the hospital to inside the foyer doors were made. A special gate was manufactured and installed to ensure that patients or staff enjoying our courtyard did not have a surprise bear encounter.

A Report from the Board Chair and Chief Executive Officer (Cont'd)

Plenty of humour was generated by the subject and enjoyed by all including management, but the situation was taken quite seriously with policies generated to handle communications to alert patients, staff and visitors when sightings in the area did occur. Recognition of the limited mobility of many patients and visitors on the property dominated the need to ensure that the matter received proper attention.

Strategic Retreat

The Board of Directors annual Strategic Retreat in September commenced with a presentation by our North East Local Health Integration Network (NE LHIN). The Temiskaming Hospital Board and Senior Management appreciated the attendance and interest shown by Mathilde Gravelle Bazinet, Board Chair of the NE LHIN; Rémy Beaudoin, CEO; and Marc Dumont, their Board representative for the District of Timiskaming. The Hospital Board and management are looking forward to working with the LHIN to improve coordination and the delivery of health care services in our area.

At the strategic retreat the Board received a very comprehensive update from the management staff on the operations and challenges facing the hospital. Based on these presentations, work has been on-going by various Board Committees to update the plan and set the priorities for the next few years.

High Occupancy Levels

Extremely high occupancy of the hospital occurred during October, November and part of December. A few times, this 59 bed hospital had over sixty patients to care for. New to our hospital, but regrettably not new to the health care system were patients having to spend the night on a stretcher in the emergency department while waiting for someone to be discharged before they could be admitted. This deterioration of the system was certainly disheartening for our management, staff and physicians to deal with on a day-to-day basis. No one at Temiskaming Hospital wants to see ill patients not receive the best of care in a proper setting. All staff and physicians are to be commended for their extreme efforts in dealing with these high occupancy times and related pressures.

Cancellation of Elective Surgeries

The high occupancy rates and lack of available beds on some days even led to the cancellation of elective surgery. These were very difficult decisions but ones that had to be made to ensure that high quality care could be provided to everyone the Hospital serves. While it sounds simple to say that elective surgery is cancelled, staff knew the inconvenience for patients. One man who had arranged with his employer to be off work for two weeks for the necessary convalescence, was taken off a blood thinner medication the week before and drove almost 50 miles in a snow storm only to be told that due to the number of emergency patients admitted overnight that the hospital was past full occupancy and had no bed available for him after his surgery. The surgery just could not take place as proper post-operative care could not be provided for his non-urgent need. Board members, physicians, management and staff all realize the consequences, grief and difficulties that it causes our patients when we cannot deliver the care that they are expecting.

A Report from the Board Chair and Chief Executive Officer (Cont'd)

Development of Alternate Level of Care (ALC) Policy

Many discussions both locally and provincially took place over the fall and early winter regarding the shortcomings of the health care system. Many areas traced the bed shortage problem back to an extremely high number of patients in acute care beds who no longer required the care, but could not be moved to alternate settings due to a lack of available resources. This type of patient is known in the health care system as an Alternative Level of Care patient, or by the acronym, ALC. The person needs care but not to the extent that he or she must be in a hospital setting. Quite often a nursing home would be suitable; however, no bed is available there either.

During our high occupancy crisis the Hospital had, at one point in time, 20 ALC patients. After consultations with the Community Care Access Centre and Temiskaming Home Support the Board endorsed a policy limiting the number of patients that could be accepted to the hospital's ALC service at 13. Arrangements were made with Englehart and District Hospital for its assistance in caring for patients when our limit is reached, provided resources are available there at the time of request. Since the development of the policy, the ALC numbers have continued to decrease and are currently fluctuating between 7 and 9 patients.

Work is underway by the NE LHIN on an Aging at Home Strategy. It is hoped that with the additional resources that will come to the District with this program that another reoccurrence of last year's dilemma will be prevented.

Computed Axial Tomography (CAT) Scan Success

The Hospital Board and I believe the entire community was extremely excited when the CAT Scan Foundation reached its fundraising goal of \$2.3 million at the end of January. Everyone was thrilled when an anonymous donor provided \$48,980.36 so the objective could be met. On behalf of the Hospital Board of Directors a huge thank you is given to CAT Scan Foundation Chair, George Kemp and his team for their diligence and hard work which achieved the \$2.3 million goal.

Wait Time Funding

Temiskaming Hospital continues to participate in provincial initiatives like the Wait Time Strategy. Additional funding was received this year to provide more Computed Axial Tomography (CT) hours and cataract surgeries beyond the established base. This funding was conditional on the Hospital meeting Ministry of Health and Long Term Care criteria for participation in more quality control programs and reporting systems such as the Emergency Department Reporting System. The additional administrative time required to do these tasks is extremely burdening with very little direct benefit to our Hospital. The Ministry should be applauded in its efforts to try to deal with the ambulance offload time delays experienced in larger communities; however, it is not an issue at this hospital and little benefit is going to be derived from all of the additional work that must be done to receive this small amount of funding. The Ministry has stated that it will be providing money to hospitals where the service is poor. Temiskaming Hospital is fortunate to not be categorized as one that is providing poor service; however, the downside is that those providing good service are not financially rewarded.

A Report from the Board Chair and Chief Executive Officer (Cont'd)

Partnerships

Timiskaming Health Unit

The Hospital continues to seek benefits that can be achieved by partnering with community agencies. This past year the Timiskaming Health Unit was added to our list of partners when a contract arrangement was made for the Hospital to provide their financial services. An agreement was also reached with respect to Social Work which has the Hospital purchasing this service from the Health Unit.

Northern Ontario School of Medicine (NOSM)

The Hospital participated in the Northern Ontario School of Medicine (NOSM) program by having three third year students in the community and at the hospital for eight months. Unfortunately, part way through the year one student had to take a leave of absence for family reasons. The two others finished their year, and all three raved about the experience that was provided. Ten members of the medical staff participated in the program by mentoring and teaching the students. The success of this initial year was excellent and has laid a strong foundation to continue forward. It is anticipated that there will be four students next year.

Computer Technology and Infrastructure - Meditech

Our Hospital has been a partner in the North Eastern Ontario Network (NEON) for eight years. NEON is the shared health care information system that provides services to thirteen hospitals throughout our region, and facilitates the sharing of patient information. After eight years of successful operation, NEON felt that it was time to take the knowledge that was gained and prepare the system for the future.

The re-implementation of Meditech, and the creation of regional standards was an eighteen month process. The project provided us with very little benefit in the short term. However, the newly implemented platform will position NEON to be the Health Care Information System (HCIS) for the Local Health Integration Network (LHIN). In addition, this enables us to provide a more robust and standardized platform to build advanced clinical modules on, (Emergency Department Reporting System (EDRS), Patient Care System (PCS), Operating Room Module (ORM) and Medication Administration Record (MAR) and others) bringing us one step closer to a paperless system.

Almost all departments in the Hospital have been working on this project throughout the year. Special mention goes to Colin Catt who has led a successful team through this journey. An incredible amount of staff time has gone into this project. Representatives from every module journeyed to Sudbury on a regular basis for meetings, and training sessions that lasted up to a week at a time. Management and staff are pleased to see this high resource project coming to an end.

The conversion of the system occurred this week with relatively few glitches.

A Report from the Board Chair and Chief Executive Officer (Cont'd)

Physician Electronic Medical Record

While the Hospital is always looking to recruit physicians, a requirement is also necessary to see what can be done to retain physicians. It was with this in mind, that support was given to utilize some Hospital resources (both time and equipment) to assist the physicians with the implementation of an electronic hospital record in their offices. Physician expenses were pooled and equipment purchased and centralized at the Hospital. Physicians benefit with more timely access of results in their offices and the hospital has less paperwork to handle with the reporting of results. It is also felt that the availability of computer records and access will assist in the recruitment of physicians to the area.

Housekeeping Department Uses Latest Technology

The emergence of “super bugs” is a real concern today. The Housekeeping Department has the daunting task of maintaining the Hospital environment so that it not only looks great but also minimizes the spread of the invisible dirt, bacteria and viruses. To achieve this, investments were made in new cleaning tools. This past year the Hospital adopted the use of colour coded, microfiber cleaning cloths, a blend of polyester and polyamide fibers that are 1/100 size of the human hair. The fibers are split to create microscopic “hooks” that scrape up and hold dust, dirt and grime. The positive electromagnetic charge in these microfibers attracts dust.

Another new tool is the microfiber flat mop. This new mop eliminates cross-contamination as no buckets are used and the cleaning solution is never contaminated. The mop heads are replaced after each room, or sooner, when soiled. This new mopping system is great for the staff and the environment too, as they no longer have mop buckets to dump and refill. The mops are much lighter and more effective to move around the room. This multipurpose mop also has superior absorption, which means less chemicals and water needed for each job. It has been estimated that a flat mop will use 95% less water and chemicals than a traditional loop mop. While there is no longer a mop bucket, the new tools are used by pre-wetting the flat mop pads and each mop stick is actually filled with the cleaning solution. This ensures only a fresh solution is used each time the mop stick dispenses more product. It should be noted however, that the new flat mop cannot replace the traditional mop and bucket 100% of the time. Heavy soiling, such as a muddy lobby, will still require the traditional tools.

Temiskaming Hospital is one of the few facilities in the North East to have adopted the use of these latest tools to maintain a clean environment.

Recycling

In fulfilling its role as a good corporate citizen, the Hospital embarked upon an expanded waste recycling program. Although recycling does cost more, as an advocate for better health it is important that the Hospital find ways to participate in improving the environment which links to better health for the population. One small example of the impact of our program is the disposable plastic water bottle. By recycling these, we will divert over 5,000 per year from the local land fill waste site. A Green Team Committee has also been established to find further improvements.

A Report from the Board Chair and Chief Executive Officer (Cont'd)

Recruitment Concerns

Recruitment concerns are still a large worry to the Hospital and community at large. We are fortunate to have a community group that is working together to try and attract physicians to the area. In speaking with Board members from other hospitals at conferences and meetings, recruitment is a major issue in most communities. There is not just a shortage of physicians, but also nurses and other health care providers. The Hospital is a partner in trying to recruit physicians and recognizes that there is a lot of competition out there.

Quality of Work Life Initiative

At the very end of the year, the Board approved a request by the CEO to hire an external consultant to review the Quality of Work Life at Temiskaming Hospital with a goal of improving it for staff. This five phase initiative involves at the first phase, meetings with staff to identify issues. A second phase, involves the validation of the issues through a survey and research. In the third phase, action plans will be set by a committee involving staff members to address the issues and improve the workplace. A fourth phase involves the measurement of the action plans to determine if the desired results are being achieved. A fifth phase will involve more research and an in-depth survey in two years to determine if the results were achieved and maintained as well as to identify potential new areas for improvement.

Phase 1 of the process was completed in April, Phase 2 will occur this summer, Phase 3 in the early fall, Phase 4 will be done in the late fall and early winter, with Phase 5 culminating in approximately two years.

Thank you

We would like to thank and acknowledge the contributions of our Medical Staff Leaders. Dr. Glenn Corneil for his work as Chief of Staff; Dr. Jean Corbin who was President of the Medical Staff and has now assumed the role of Chief of Staff; and Dr. Glen Percy who was our Senior Physician Advisor.

The Board of Directors volunteer their time and expertise to govern the Hospital. At times this is not an easy task, but each find it rewarding in their own way and continue to deal with the issues as they arise without complaint.

In closing thanks and praise are given to each member for their contributions, and an extended thanks is given to those whose terms have finished, but will be returning to provide more community service as a volunteer Director on this Hospital Board.

Respectfully submitted,

Georgette Saxton,
Board Chair

Bruce Cunningham,
Chief Executive Officer



A Report from the Chief of Staff

It has been my pleasure to serve as Chief of Staff for Temiskaming Hospital over the past two years. This has been the culmination of seven years serving in some capacity on the Medical Advisory Committee. I have served on a multitude of committees as per the previous year with a focus on recruitment and retention. I have enjoyed working with the Board of Temiskaming Hospital and I feel that the community is very well represented by these individuals.

At the Board level, the Hospital is in much better financial shape than it has been in recent years. The Ministry of Health is more appropriately funding our hospital which has led to expansion of programs rather than the cut backs that were such a challenge a few years ago. There is much provincial pressure and information coming with respect to Quality Care and Sentinel Event processing. Shirley Watchorn is spearheading this initiative locally and there is an enormous amount of hospital wide work to be done. I hope these changes will help identify Near Misses and Sentinel Events allowing us to improve our already high level of patient care in a blameless and education based culture.

Recruitment and retention has been a focus of mine as Chief of Staff. Our inaugural year as 3rd year teachers with the Northern Ontario Medical School went extremely well thanks to the many preceptors, the administrative efforts of Dr. Don Davies and Shirley and especially as Nicole, Brigitte and Steve were such a pleasure to work with. My best wishes to them as they continue on their career path. I am hopeful that we will shortly receive official word that Dr. Stacy Desilets will be setting up practice in one of our local communities. Shirley's work as hospital lead has greatly improved our visibility and she is a key communication link. The Recruitment Committee is actively working on various initiatives including getting a Family Health Team designation for New Liskeard. There is finally municipal awareness of our medical manpower issues. Hopefully this council will actively and financially help reverse our shortage as the deficiencies in the municipally owned medical building in New Liskeard continues to be one of the largest recruitment obstacles. The nursing shortage will also be an ongoing issue especially with respect to the lack of part-time nurses.

There are a number of challenges Temiskaming Hospital faces over the next few years. Luckily we will be facing these challenges together on a foundation of excellent patient care. Despite pressures in nursing and medical manpower, the care provided to our local community is exemplary. There continues to be an enormous amount of work done at the different committee levels which allows for very up to date medical care. The Board support of continued medical education at the Hospital is much appreciated. As our manpower continues to be stretched the importance of open and trusting communication in our institution will be of paramount importance. Occupancy issues will continue to be a challenge for the Board, Administration and front line staff.

A Report from the Chief of Staff (Cont'd)

I would like to very warmly pass on my best wishes to Dr. Jean Corbin as he takes over the important position of Chief of Staff of Temiskaming Hospital. It has been a pleasure to work closely with Jean over the last 4 years on MAC and I know the Hospital will be in very skilled hands with Jean as their Chief of Staff. My sincere thanks to Jean, Dr. Steven Sears as Secretary of Medical Staff and especially Dr. Glen Percy who has very ably filled the position of Senior Advisory Physician one last year. My best wishes to the new Medical Advisory Committee members, Administration and the Board as they continue to grapple with the many issues they will face in this upcoming year.

Respectfully submitted,

Dr. Glenn Corneil

Chief of Staff



A Report from the Auxiliary President

The Temiskaming Hospital Auxiliary had another busy year.

The Auxiliary provides the volunteers for the gift shop which is open two hours in the morning, afternoon and evenings five days a week. On Saturday it is open from 2:00—4:00 p.m. and 6:00—8:00 p.m., and on Sunday it is open in the afternoon.

The Auxiliary also provides volunteers in the Emergency Department five mornings a week. It is an interesting department to volunteer in as each day is different. We fold the sheets, stock the linen containers and warming oven. We take patients to the X-ray department and to the lab.

At our March meeting we welcomed our new CEO, Bruce Cunningham to our meeting. We had four Auxilians attend the HAAO Region 10 Spring Conference in Sault Ste. Marie. It was a interesting conference.

During Volunteer Week the hospital board served a delicious meal to about 60 hospital volunteers and Auxilians.

The Auxiliary bought a Fetal Fibronex Assay for the OB department. We donated two \$1000 bursaries to the local high schools for a deserving student entering the medical field.

The Auxiliary decorates the hospital for Christmas. We have four Christmas trees that we decorate. We also provide Christmas plants for the long term patients.

The Auxiliary bought a new medicine cart for the Special Care Unit.

We donated another \$5,000 to the CAT Scan Foundation and issued a challenge to other organizations to meet or beat the challenge. It proved successful as we were able to raise the last \$50,000 to pay off the CAT Scan.

A Report from the Auxiliary President (Cont'd)

The Auxiliary bought a 42" wall mounted television set for the patients that use the Day Medicine Room.

We are still looking for new members and executive for the Auxiliary.

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

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

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 Care Committee
- Utilization Review/Management Committee

Board of Directors—2007/08

Chair: Georgette Saxton (Cobalt/Coleman)
Past Chair: John West (Haileybury)
First Vice-Chair: Wayne Green (Haileybury)
Second Vice-Chair: Maurice Landriault (New Liskeard)
Treasurer: Jeff Laferriere (Haileybury)
Secretary: Bruce Cunningham (Chief Executive Officer)

Trustee: Richard Beauchamp (New Liskeard)
Trustee: Vacant (New Liskeard)
Trustee: Anne Wilson (Cobalt/Coleman)
Trustee: Vacant (Armstrong, Casey, Brethour, Harley, Hilliard and Thornloe)
Trustee: Carmen Koski (Latchford/Temagami)
Trustee: Voula Zafiris (Dymond/Harris)
Trustee: Jim Graydon (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

A Trustee is -
A Planner
A Policy Maker
A Questioner
An Evaluator
A Decision Maker

Medical Staff

Executive—2007/2008

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—2007/2008

Anesthesia:	Dr. Joel Ward
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—2007/2008

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

Social Work