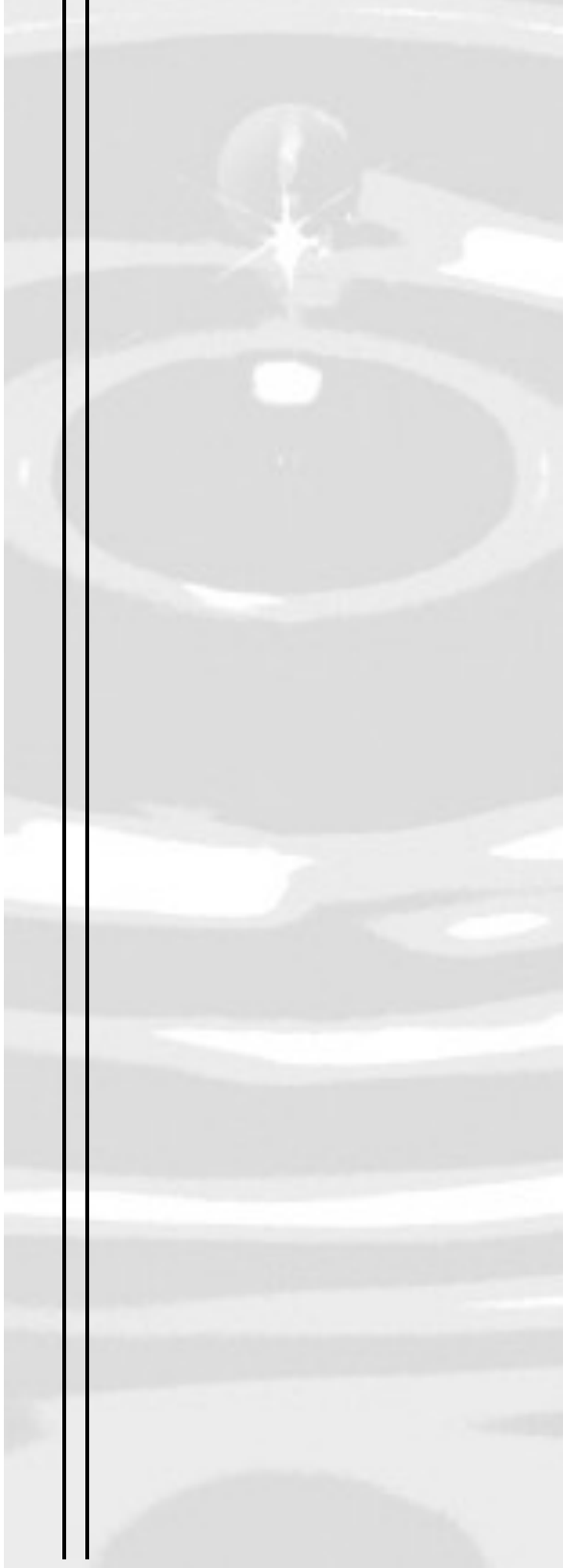




Temiskaming Hospital



Annual Report

2010/2011

Annual Report 2010/11

TABLE OF CONTENTS

Foundational Statements	3
Strategic Initiatives	4
A Report from the Board Chair and Chief Executive Officer	5
A Report from the Medical Advisory Committee	7
A Report from the Auxiliary President	8
Open Board Meetings and Committee Structure	9
Board of Directors	10
Medical Staff	11
Patient Services	12
Statistical Reports	Appendix A

NOTE: Financial Statements available separately.

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.

421 Shepherdson Road, New Liskeard P0J 1P0
Phone: (705) 647-8121, (705) 647-1088 Fax: (705) 647-5800
www.temiskaming-hospital.com

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 Health Care System**

THREE

Discretionary Spending

FOUR

Stable Workforce

FIVE

Learning Organization

SIX

Consumer Expectations

SEVEN

Quality Culture

EIGHT

Risk Avoidance Culture



A Report from the Board Chair and the Chief Executive Officer

Joint Annual Report for the 2010-2011 activities at Temiskaming Hospital.

A large focus of our undertakings and time this year have been devoted to activities directed under the *Excellent Care For All* Legislation. While some items were new, other items that were already tracked and reported at the Hospital required reformatting and formal incorporation into the new reports. The details of the Hospital's Quality Improvement Plan are posted on our website.

The Temiskaming Hospital Board of Directors has had a long standing process of annually evaluating the CEO's performance against set goals. Compensation review was linked to this process. Under the *Excellent Care For All Act* Legislation all staff reporting to the CEO and acting in a senior capacity now fall under pay for performance. Our senior staff, as now required in all Hospitals must have a portion of their pay linked to quality indicators. As separate legislation was enacted holding non-union compensation at zero for two years, the pay for performance results affect current pay and is not a bonus for achieving targets. Performance is measured against indicators relating to Safety, Effectiveness, Access and Patient Centered Care.

In an attempt to hold health care costs from rising, the government has indicated that it expects the unionized staff to have their net compensation held at zero for two years following the end of current collective agreements.

Despite these provincial attempts to hold the costs on labour, the finances of the hospital continue to be worrisome for the Board of Directors and Management. At the time of this evening's meeting, the Hospital will be two weeks short of finishing its first quarter of operations and the level of funding for this current year has not yet been finalized. Planning programs and operations is difficult without this key piece of information. The Hospital continues to be financially penalized by the system for being active and providing care. In the province small hospitals continue to be given additional funding resources for which Temiskaming Hospital does not qualify. Hospitals doing slightly less work than Temiskaming received approximately \$80,000 in additional funding to assist with the additional administrative workload caused by the *Excellent Care for All* Legislation while our staff had to absorb the workload without any new resources.

Additional government legislation passed throughout the year is again causing more administrative burden to the Hospital and dollars currently spent on front line resources will have to be redirected to support legislative requirements. The current *Freedom of Information and Protection of Privacy Act* which will impact us on January 1 has great philosophical value to us as a democratic society but when the government admits that it does not have the financial resources to meet current patient care needs and demands, one must wonder if this is the appropriate time to implement such legislation.

A Report from the Board Chair and the Chief Executive Officer (Continued)

A key focus throughout the year continues to be the recruitment of physicians. Return of service agreements with a financial incentive of \$40,000 for four years of service developed by the Hospital in conjunction with the City of Temiskaming Shores, local physicians and some area communities were signed by a student and resident. With additional incentives from the province, a relocating physician is eligible for over \$150,000 in incentives over four years. These individuals should be opening their offices in the next 18 – 30 months. Recruitment for more physicians continues to be a priority for the area.

It was a pleasure to see a Family Health Team designation awarded to the New Liskeard physicians, which is seen by the Board and Administration as another positive step forward in attracting physicians to our area.

A midwifery program was implemented this past year and privileges were granted to Kim Cloutier Holtz.

Annual Quality Improvement Awards for staff were implemented in the categories of Commitment, Innovation, Spirit and Quality Assurance Teamwork this past year. Awards presented at the summer BBQ were given to Janet MacDowall and Kathy Everingham for Commitment; Angela Herd for Innovation; Bonny Koistinen and Simone Lacoursiere for Spirit and a team spirit award went to Diane Address, Kathy Everingham and Janet MacDowall.

Key nursing awards this past year were given by Nursing administration for Nursing Excellence to Debbie O'Brien RN and Martine St-Onge RPN. Nursing Excellence Awards by Peer were presented to Christine Cole RN and Sarah Uttley RPN.

Our patient rooms were painted to match the new privacy drapes and curtains which were installed in December.

Kyle Sinclair joined our Senior Management team as the Director of Finance / Chief Financial Officer for the Hospital. His broad and in-depth experience in accounting is a welcome addition to the management group.

Unfortunately, Maurice Landriault is unable to be here this evening. As Treasurer of the Board he performed his last official duty last evening when he Chaired our Finance & Resource Planning Committee meeting. As Maurice has served the maximum number of terms permitted for a Trustee he will not be returning to the Board of Directors. Trustees and management present last evening personally thanked him for his twelve years of contributions to the Hospital Board. Trustees who also left the Board during the year included Voula Zafiris, Sara Munroe, John van Vliet and the late Hank Lafleur.

We would like to thank all of the staff, medical staff and volunteers who make it possible for the Hospital to provide the quality care we do.

Respectfully submitted,

Georgette Saxton,
Board Chair

Bruce Cunningham,
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. There has been a lot of work put into designing the Quality Improvement Plan for the Hospital that is part of the *Excellent Care For All Act*. The design is the first stage of this Plan and we look forward to improving the quality of care at Temiskaming Hospital and being able to track these changes. These programs will also enable us to benchmark with other hospitals across the province.

There are several other projects which are also being initiated. The MRP (Most Responsible Physician) Project is geared to improving the quality of inpatient care. The Emergency Department is also in the process of developing a Process Improvement Program.

Along with the Credentials Committee we are looking to streamline the credentialing process and will hopefully be able to come up with a standardized process for our region or LHIN to decrease some of the paperwork locally.

I would like to thank the hospital administration and Dr. Percy for all the work they have done in securing locum emergency coverage for every 4th week-end over the last 10 months.

Finally, I would like to thank Steve Goddard for the work that he has done as Senior Advisory Physician over the last 2 years.

Thank you,

Dr. Steve Sears



A Report from the Hospital Auxiliary

The Temiskaming Hospital Auxiliary had another busy year.

Our gift shop and break open tickets are our source of revenue. The Volunteers that do the buying, go to Toronto in August to the large gift show. They always come back with interesting items.

In April the Hospital provided a volunteer appreciation dinner for 65 members.

We provide the long-term care patients with Christmas gifts, Valentine's Day flowers and other things that are needed.

A service that is provided by the volunteers that patients enjoy is the hairdressing once a week. The patients feel much better after their hair is done.

This year we bought the following items and equipment; large television, television stand, drapes and chairs for patient rooms, and a phototherapy lamp. We also provided the long-term group with over a \$1000. We also supplied two student bursaries of \$1000 each to deserving students going into the healthcare field.

We are preparing and looking forward to hosting the North Central Regional Conference on April 13-14-15, 2012.

P.S. There are several new faces this year that are volunteering in the gift shop and activity room. Great to see.

Respectfully submitted,

Sue Dukovac,
Auxiliary President



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/Medical Audit, Tissue and Transfusion Committee
- Utilization Review/Management Committee



Board of Directors 2010/2011

Chair:	Georgette Saxton (Cobalt/Coleman)
First Vice-Chair:	Carmen Koski (Latchford/TemagamiHaileybury)
Second Vice-Chair:	Cliff Geddes (Haileybury)
Treasurer:	Maurice Landriault (New Liskeard)
Secretary:	Bruce Cunningham (Chief Executive Officer)
Trustee:	Wayne Green (Haileybury)
Trustee:	Patricia Willard-Inglis (New Liskeard)
Trustee:	Dorothy Wight (Armstrong, Casey, Brethour, Harley, Hilliard and Thornloe)
Trustee:	Roger Doré (Haileybury)
Trustee:	Ron Scriven (Hudson/James/Kerns)
Trustee:	Vacant (Dymond/Harris)
Trustee:	Vacant (Cobalt/Coleman)
Trustee:	Vacant (New Liskeard)
Chief of Staff:	Dr. Steve Sears
President, Medical Staff:	Dr. Raymond Rahn
Vice-President, Senior Advisory Physician:	Dr. Steve Goddard

A Trustee is -

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



Medical Staff 2010/2011

Executive

Chief of Staff:	Dr. Steve Sears
President:	Dr. Raymond Rahn
Vice-President, Senior Advisory Physician:	Dr. Steve Goddard
Secretary:	Vacant

Chiefs of Clinical Services

Anesthesia:	Dr. Chris Blount
Dentistry:	Dr. John Marcassa
Emergency/Special Care:	Dr. Glen Percy
Medicine:	Dr. Tom McDermott
Obstetrics/Gynecology:	Dr. Glenn Corneil
Surgery:	Dr. Raymond Rahn

Clinical Advisors

Cardiopulmonary Program:	Dr. Brenda Hardie
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

Well Women



Statistical Reports

Temiskaming Hospital Clinical Activity and Patient Services As at March 31, 2011

Category	MOH 10/11 Performance Target	MOH 10/11 Performance Standard	10/11 Budget	Actual to Mar 11	Budget to Mar 11	YTD Variance
Total Weighted Cases	2,400	2,100 - 2,500	2,400	2,662	2,400	262
Medical Surgical						
Patient Days			14,000	14,550	14,000	550
Separations			1,600	1,495	1,600	(105)
Intensive Care						
Patient Days			600	701	600	101
Obstetrics						
Patient Days - Adult			760	820	760	60
Patient Days - Newborn			640	701	640	61
Separations - Adult			280	327	280	47
Separations - Newborn			270	311	270	41
Chronic Care						
Patient Days (RUG days)	1,100	> 1,000	1,100	1,057	1,100	(43)
OR						
Inpatient Cases			500	467	500	(33)
Outpatient Cases			1,700	1,594	1,700	(106)
Ambulatory Care						
Emergency Visits	22,000	> 20,000	22,000	22,219	22,000	219
*** Chemo Visits			1,200	1,719	1,200	519
*** Clinic Visits	4,500	> 4,300	3,300	3,516	3,300	216

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



Statistical Reports (Continued)

Temiskaming Hospital Workload Statistics

<u>Number of Tests</u>	<u>2010/2011</u>	<u>2009/2010</u>	
Laboratory			
Inpatient	114,525	60,616	
Chronic	1,703	593	
Outpatient	144,791	87,261	
Referred In	253,225	193,035	
X-Rays			
Inpatient	1,730	1,706	
Chronic	3	9	
Outpatient	4,959	4,824	
Emergency	3,457	3,435	
Referred In	61	26	
Mammography			
Inpatient	5	5	
Outpatient	542	591	
Emergency	0	0	
Cat Scan			
Inpatient	544	440	
Chronic	0	0	
Outpatient	2,377	2,301	
Emergency	238	171	
Ultrasound			
Inpatient	525	367	
Chronic	0	0	
Outpatient	6,377	5,132	
Emergency	157	140	
Bone Densitometry			
Inpatient	0	0	
Outpatient	810	913	
Echocardiograph			
Inpatient	111	102	
Outpatient	809	640	
Respiratory			
Inpatient	- Diagnostic Tests	530	378
	- Routine Tests	1,937	1,487
Outpatient	- Diagnostic Tests	1,711	1,624
	- Routine Tests	72	94



Statistical Reports (Continued)

Workload Statistics (continued)

<u>Number of Tests</u>	<u>2010/2011</u>	<u>2009/2010</u>	
Clinical Nutrition			
Attendance Days	- Inpatient	869	865
	- Chronic	63	64
	- Outpatient	110	121
New Referrals	- Inpatient	606	630
	- Chronic	14	15
	- Outpatient	108	110
Active Carryovers	- Inpatient	60	51
	- Chronic	38	37
	- Outpatient	6	19
Physiotherapy			
Attendance Days	- Inpatient	1,591	1,704
	- Chronic	0	81
	- Outpatient	738	883
New Referrals	- Inpatient	409	381
	- Chronic	0	1
	- Outpatient	80	109
Active Carryovers	- Inpatient	156	142
	- Chronic	0	0
	- Outpatient	224	270
Occupational Therapy			
Attendance Days	- Inpatient	2,511	1,815
	- Chronic	59	12
	- Outpatient	873	558
New Referrals	- Inpatient	315	260
	- Chronic	0	1
	- Outpatient	55	55
Active Carryovers	- Inpatient	171	97
	- Chronic	31	5
	- Outpatient	66	89
Speech Language			
Attendance Days	- Inpatient	235	214
	- Chronic	16	10
	- Outpatient	515	331
New Referrals	- Inpatient	37	35
	- Outpatient	36	32
Active Carryovers	- Inpatient	27	31
	- Chronic	7	7
	- Outpatient	248	136