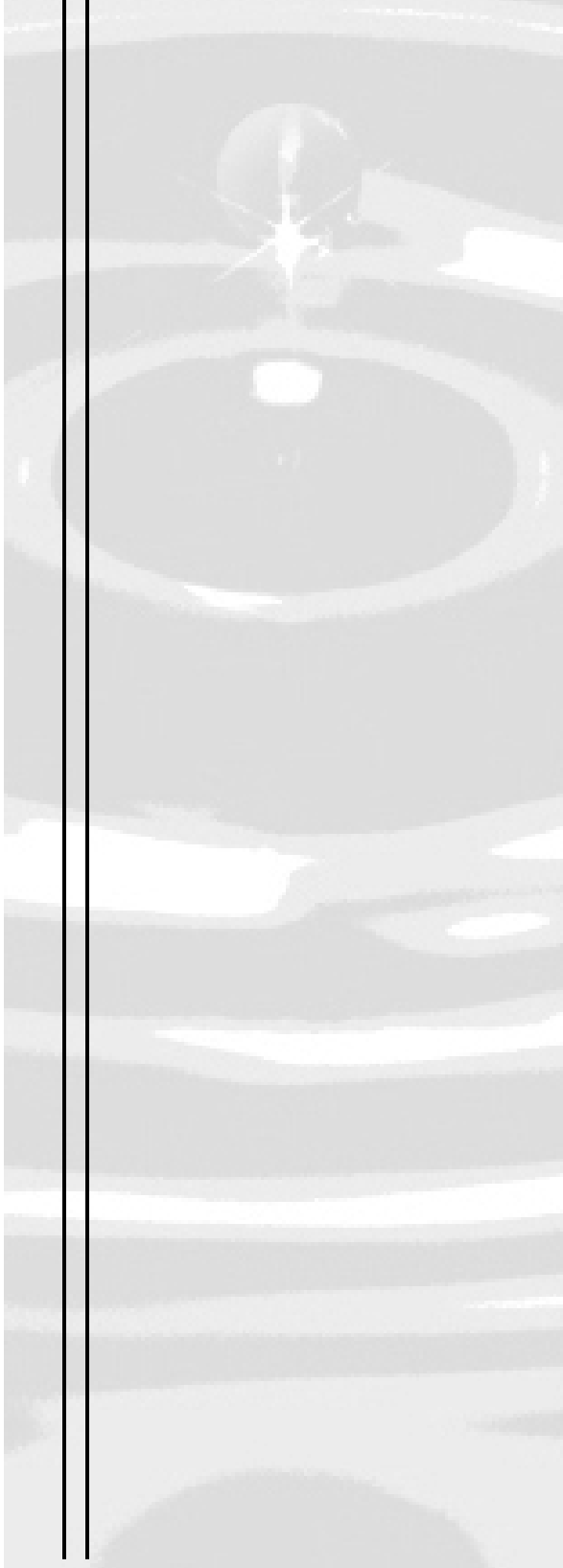
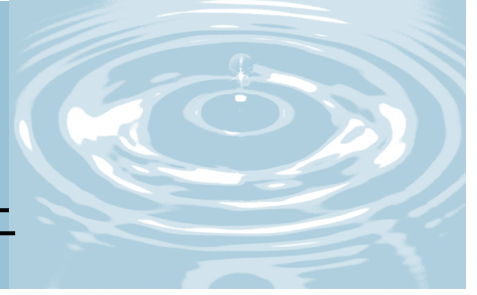




Temiskaming Hospital



Annual Report

2011/2012

Annual Report 2011/12

TABLE OF CONTENTS

Foundational Statements	3
A Joint Report from the Board Chair and CEO	4
A Report from the Medical Advisory Committee	6
A Report from the Auxiliary President.....	7
Board Committee Structure	8
Board of Directors	9
Medical Staff	10
Patient Services	11
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.

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Phone: (705) 647-8121, (705) 647-1088 Fax: (705) 647-5800
www.temiskaming-hospital.com

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 vertical graphic on the left side of the page features a series of water droplets falling into a pool, creating ripples. The top of the graphic is in a blue gradient, matching the header, and the rest is in a light grey gradient. The droplets are positioned at various heights, with the most prominent one near the top left.

A Joint Report from the Board Chair and CEO - 2011-2012

At its Annual Fall Education Session the Board of Directors were presented with an excellent overview on Patient Centered Care by Sylvie Lavictoire, Director of Clinical Services and Chief Nursing Officer. The discussion following the presentation led to the Board of Directors passing a motion to formally adopt a Patient Centered Care focus.

Following this a review of the Mission, Vision and Values was undertaken. Changes were suggested and the new principles are in your package with our newly revised Strategic Plan. The staff felt that the Values were very worthwhile to keep as an internal set of Value statements relating to staff expectations when interacting with each other. There was an agreement that the Values needed to be changed to be reflective of patient needs.

As I mentioned there is an updated Strategic Plan in your package. This was completed after our fiscal year end but is being reported and presented at this meeting.

Quality Care Activities continue to be driven by the *Excellent Care For All* Legislation which the Board of Directors supports and endorses. The Hospital's Quality Improvement Plan is posted on our website. Performance goals are set and monitored by the Board of Directors for our Senior Management Team.

I am pleased to report that the Hospital finished its fiscal year end with a slight surplus of \$62,218 prior to taking into account building depreciation. The increases in hospital funding are not keeping pace with the inflationary increases of our expenses; however, our administration team has not let patient care be affected by this.

Changing legislation and standards are adding more administrative expenses to the hospital. New positions were created to address Freedom of Information as well as a Safety Officer.

A major project with the replacement of the hospital boilers has been underway. The project is progressing well and when finished a building automation system will have been incorporated allowing us better control for comfort and also a potential for energy savings.

A Joint Report from the Board Chair and CEO - 2011-2012 (Continued)

It was extremely pleasing to see Dr. Khaled Elgadi join our medical staff in March as a full-time general surgeon. Dr. Elgadi's experience and expertise is a wonderful addition to our hospital team.

Annual Quality Improvement Awards were presented to Dr. Céline Léger-Nolet, Linda Bea Chambers, Natalie Rivet and Shawn Adams for Commitment; Janet MacDowall for Spirit and the Quality Assurance Teamwork award went to Dr. Céline Léger-Nolet, Lucie Regan, Jennifer Farr and Angela Herd.

Key nursing awards were given by Nursing administration for Nursing Excellence to Dominique Beaubien RN and Mona Black RPN.

It has been a continued year of activity at the hospital and our statistics are included in your package.

Dr. Steve Sears finished his term as Chief of Staff and although he is not present tonight, Bruce and I both want to thank him for his diligence in fulfilling this senior medical staff leadership role.

Superb praise is given to Sue Dukovac who has given countless hours to the hospital for many years in both volunteer service and in her role as President of the Hospital Auxiliary. Sue is stepping down from this role for a very well deserved break. On behalf of everyone Sue we thank you for your leadership and as always look forward to you brightening our days as we pass you in the corridors while you do your volunteer work.

In this joint report, Bruce would like to single out his Senior Staff and praise Kyle, Len and Sylvie for their major contributions and assistance to him each day. Thanks are also given to Stephanie for her help with the office and Board of Directors activities.

Together we would like to thank all of the staff, medical staff, Auxiliary and volunteers who make it possible for the Hospital to provide the quality care we do. I also wish to commend the trustees for their volunteer assistance in making this the wonderful hospital that it is.

Respectfully submitted,

Georgette Saxton,
Board Chair

Bruce Cunningham,
Chief Executive Officer

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A Report from the Medical Advisory Committee

It has been a busy year at MAC and the Board. There have been a lot of changes in legislation from the government. These changes are aimed at improving the quality of care in the hospital environment. This has been our second year working with the Quality Improvement Plan which has some mandatory reporting requirements as well as goals that we set for our own institution. Hand hygiene is one of the mandatory data fields that has to be reported and I believe is the only one that we have not met our target. I would appreciate if everyone could continually work on improving this as it is reported on our website. The rates certainly improved toward the end of the year and I thank everyone for responding to the “challenges” from those in charge of infection control. The MRP project looking at rates of VTE prophylaxis moved forward and the standard order sets were implemented. I have received feedback from many of you and will be looking at this over the next few weeks. If you have not given me your feedback but would still like to give me some constructive feedback it is not too late.

I would like to thank all of the committees for the work that they have done over the last few years. Our LHIN has also started to become more active and we have recently had some local engagement sessions. It was interesting to listen to their perspective and we had an opportunity to give our input. Dr. Tim Zmijowskj zeemouse@hotmail.com is the Primary Care Lead for the NE LHIN and his priority is to provide a conduit for information between the primary care physicians and the LHIN leadership. I would encourage everyone to become involved at this stage to improve the access to care for our local patients and to improve the quality of care that we provide.

The recruitment of some new physicians over the past couple of years has been a relief and we look forward to having several more join us over the next few years. The ongoing support of the hospital and Board in providing locum ER coverage for every 4th weekend has also been greatly appreciated. Thank you to Dr. Percy for all of your work regarding the locum coverage and on the ER/SCU committee.

This will be my last report as Chair of MAC and I would like to thank all of you for your support over the last few years.

Sincerely,

Dr. Steve Sears
Chair of Medical Advisory Committee



A Report from the Hospital Auxiliary

The Temiskaming Hospital Auxiliary had another busy year.

In April we sent 6 volunteers to Blind River for the 2011 Spring Conference. We had our note pads out taking notes to help us organize the 2012 North Central Spring Conference. We have been busy since.

During volunteer week in April, the Temiskaming Hospital Auxiliary hosted the annual appreciation dinner for the volunteers. It was well attended and enjoyed.

The auxiliary provides support to the Activity Coordinator. We provide Christmas gifts, Valentine plants and other items that are needed. The volunteers also decorate the hospital for Christmas. We provide help in the ER and physiotherapy departments. We also provide two \$1000 bursaries to the local high schools for students going into the health care field.

This year, we have not been asked for financial support in purchasing equipment for the hospital.

Like most volunteer groups, we could use more people. Our main fundraising is our gift shop. This year we did some renovations to the shop. It is brighter and easier to display our wonderful items. We have draws throughout the year.

I would like to thank all the volunteers for a rewarding year.

Respectfully submitted,

Sue Dukovac,
Auxiliary 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 2011/2012

Chair: Georgette Saxton
First Vice-Chair: Carmen Koski
Second Vice-Chair: Cliff Geddes
Treasurer: Patricia Willard Inglis
Secretary: Bruce Cunningham (Chief Executive Officer)

Trustee: Wayne Green
Trustee: Roger Doré
Trustee: Dorothy Wight
Trustee: Ron Scriven
Trustee: Quen Lee
Trustee: Crystal Hynes

Chief of Staff: Dr. Steve Sears

President,
Medical Staff: Dr. Jake Jeffery

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 2011/2012

Executive

Chief of Staff: Dr. Steve Sears
President: Dr. Jake Jeffery
Vice-President, Senior Advisory Physician: Dr. Peter Hutten-Czapski

Chiefs of Clinical Services

Anesthesia: Dr. Glen Percy
Dentistry: Dr. John Marcassa
Emergency/Special Care: Dr. Glen Percy
Medicine: Dr. Steve Goddard
Obstetrics/Gynecology: Dr. Stacy Desilets
Surgery: Dr. Jake Jeffery

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



Statistical Reports

Temiskaming Hospital Clinical Activity and Patient Services As at March 31, 2012

Category	MOH 11/12 Performance Target	MOH 11/12 Performance Standard	11/12 Budget	Actual to Mar 12	Budget to Mar 12	YTD Variance
Total Weighted Cases	2,400	2,100 - 2,500	2,400	2,779	2,400	379
Medical Surgical						
Patient Days			14,000	14,656	14,000	656
Separations			1,600	1,537	1,600	(63)
Intensive Care						
Patient Days			600	617	600	17
Obstetrics						
Patient Days - Adult			760	697	760	(63)
Patient Days - Newborn			640	573	640	(67)
Separations - Adult			280	271	280	(9)
Separations - Newborn			270	253	270	(17)
Chronic Care						
Patient Days (RUG days)	1,100	> 1,000	1,100	908	1,100	(192)
OR						
Inpatient Cases			500	417	500	(83)
Outpatient Cases			1,700	1,683	1,700	(17)
Ambulatory Care						
Emergency Visits	22,000	> 20,000	22,000	21,236	22,000	(764)
*** Chemo Visits			1,200	1,617	1,200	417
*** Clinic Visits	4,500	> 4,300	3,300	3,677	3,300	377

*** 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, 2012

	MOH 11/12 Performance Target	MOH 11/12 Performance Standard	Actual to Mar 12
Year End Total Margin	0.00%	0.00%	0.25%
Current Ratio	2.00	0.80 - 2.00	1.86



Statistical Reports (Continued)

Temiskaming Hospital Workload Statistics

<u>Number of Tests</u>	<u>2011/2012</u>	<u>2010/2011</u>
Laboratory		
Inpatient	131,918	114,525
Chronic	1,459	1,703
Outpatient	152,801	144,791
Referred In	16,055	253,225
X-Rays		
Inpatient	1,927	1,730
Chronic	10	3
Outpatient	5,453	4,959
Emergency	3,348	3,457
Referred In	27	61
Mammography		
Inpatient	6	5
Outpatient	632	542
Emergency	1	0
Cat Scan		
Inpatient	619	544
Chronic	0	0
Outpatient	2,925	2,377
Emergency	298	238
Ultrasound		
Inpatient	439	525
Chronic	7	0
Outpatient	6,613	6,377
Emergency	140	157
Bone Densitometry		
Inpatient	11	0
Outpatient	738	810
Echocardiograph		
Inpatient	100	111
Outpatient	636	809
Respiratory		
Inpatient	- Diagnostic Tests	530
	- Routine Tests	1,937
Outpatient	- Diagnostic Tests	1,711
	- Routine Tests	72



Statistical Reports (Continued)

Workload Statistics (continued)

<u>Number of Tests</u>		<u>2011/2012</u>	<u>2010/2011</u>
Clinical Nutrition			
Attendance Days	- Inpatient	490	869
	- Chronic	30	63
	- Outpatient	61	110
New Referrals	- Inpatient	281	606
	- Chronic	6	14
	- Outpatient	60	108
Active Carryovers	- Inpatient	24	60
	- Chronic	18	38
	- Outpatient	1	6
Physiotherapy			
Attendance Days	- Inpatient	1,759	1,591
	- Chronic	4	0
	- Outpatient	914	738
New Referrals	- Inpatient	445	409
	- Chronic	0	0
	- Outpatient	92	80
Active Carryovers	- Inpatient	155	156
	- Chronic	2	0
	- Outpatient	257	224
Occupational Therapy			
Attendance Days	- Inpatient	2,444	2,511
	- Chronic	35	59
	- Outpatient	497	873
New Referrals	- Inpatient	447	315
	- Chronic	3	0
	- Outpatient	51	55
Active Carryovers	- Inpatient	236	171
	- Chronic	5	31
	- Outpatient	111	66
Speech Language			
Attendance Days	- Inpatient	219	235
	- Chronic	7	16
	- Outpatient	241	515
New Referrals	- Inpatient	47	37
	- Outpatient	44	36
Active Carryovers	- Inpatient	28	27
	- Chronic	5	7
	- Outpatient	159	248