



**Temiskaming Hospital**

# **Annual Report**

**2013/2014**

# Annual Report 2013/2014

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**NOTE:** Financial Statements available separately.

# Foundational Statements

## Mission

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

## Vision

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

## Values

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

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

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

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

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

**Safety:** Ensuring a safe environment for all.

# A Joint Report from the Board Chair and CEO

At its Annual Fall Education Session the Board of Directors decided upon a new permanent President and Chief Executive Officer, Margaret Beatty who began her role in November 2013.

Not long thereafter the Hospital and its staff were saddened with the tragic death of Dr. Pace. Margaret and the team worked very hard with our primary care partners and physicians to transition Dr. Pace's patients in obstetrics and family practice to Dr. Currie and a number of physicians in practice in the community or the five Family Health Teams that the Hospital networks with most closely. There is more work to be done and a staff position was created for coordination of physician recruitment.

While conducting her initial assessments, Margaret was asked by the Board to reach out to the communities we serve. We want to better understand what the Hospital is doing well and how can we do things better. We also want to reach out to other Board Chairs, our partners to the north and the south including the NE LHIN to ensure that patients have the best access to system services required to make a difference in patient population health. As a Board, this is one of our governance accountabilities with legislation. A new organizational structure that is smaller and streamlined for our Hospital's needs is underway this summer.

We especially welcome renewed positive relationships moving forward with our partners at Community Cancer Care and the Timiskaming Health Unit and look forward to patient access initiatives with our Health Links partners. With one of our Family Health Teams, we continue to make progress to support their move to the Hospital and hope to leverage their resources and ours to provide improved patient care.

Next steps will be an Open House on June 24, 2014 to let the public know about the Hospital's recent operational review and what is new at our Hospital.

Together we would like to thank all of the staff, medical staff and professional staff, Auxiliary and volunteers who make it possible for our Hospital to provide the quality care we do. A special thanks to our Foundations' volunteers and all the agencies and organizations that have supported the Hospital this past year with their planned events, like the CAT Scan Christmas, Biker's Reunion and Country Fest. I also wish to commend the trustees for their volunteer assistance in making this a fine acute care community Hospital serving Temiskaming communities and some clients from the Timiskaming First Nation in Quebec.

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

Last, we could not have been as successful in raising the best practices bar without our NOSM faculty physicians and professional staff, in addition to our physician teachers who accept NOSM students, interns and residents each year for placements that are rewarding and meaningful . It is well stated by Dr. Roger Strasser, Founding Dean, NOSM in his recent Summer 2014 article that the “NOSM’s faculty inspire future health professionals to pursue rural practice.” We agree and have plans for improving our teaching-learning environment to support professional education and recruitment and retainment of our students once they graduate.

Respectfully submitted,

Ron Scriven,  
Board Chair

Margaret Beatty  
President and Chief Executive Officer

# A Report from the Medical Advisory Committee

First of all I would like to thank all of the Board Members, Committee Members and Hospital Administration Staff for all the work they have done this year.

I'd also like to thank the Board Members and the Administrative Staff, especially Carla Scott, for her patience and assistance guiding me through this role as the first Chief of Staff that I know of with no previous experience that would qualify me for the job.

We have had a few difficult years here I think. We saw a tough negotiation with the LHIN where our Board stood strong believing that a LHIN driven amalgamation with Englehart and Kirkland was not to our Hospitals benefit. I am happy to say that we are now returning to discussions with these Hospitals but they will be on our terms and the terms of the administrators and clinicians of the three Hospitals with the development of an agenda that truly serves the needs of the regions patients. Hopefully we can all benefit from this new approach.

We saw the GNFHT and the Hospital finally come to at least an agreement in principle to have the GNFHT in the building. As I understand, there are just a few hurdles to clear now. This will benefit our community immensely in the years to come as medical students and residents will see our Hospital as a place that values them and places a high priority on medical education. They will now easily be able to engage many exciting learning opportunities that come their way during the work day. They will learn the value and necessity of full scope medical care as it applies to the rural North, and I am confident that Temiskaming Shores will become a prime choice when it comes time for them to put down roots and open a permanent practice.

We have seen major changes in our Administration. This was a challenging time for the Board I know and I am thankful that it did not place the Board at odds with the Physicians who felt strongly that a change was needed. It is great to see that during this time we all continued to work to ensure that there was absolutely no impact on quality patient care and it speaks to the commitment of everyone involved.

The process then of hiring a new CEO began. It was criticized by some employees and people in the community but I think there was simply a lack of understanding of what was going on. There were strong emotions at play and ultimately, I have no doubt that the process was effective and that the Board has chosen well in Margaret Beatty. I look forward to continuing to work with her in the future.

Health Links became a frequently heard term over the past two years. At first, I wasn't sure exactly what it was. I did endeavour to gather an understanding and to assist in developing the concept for our community by studying discharge planning in our Hospital and ensuring that we took full advantage of what the Health Link concept had to offer. Unfortunately, there were other pressing issues and each time I looked into my discharge planning concept, I discovered that these initiatives were already beginning to happen around us as the involved organizations and our own hospital committees were somehow working towards the same goals.

Oh well, I seemed to be busy enough...

# A Report from the Medical Advisory Committee (Continued)

We lost two good clinicians this term. Dr. Rahn died of stomach cancer and Dr. Pace, under truly tragic circumstances. It is during this time that I felt a real sense of community especially with other Physicians but also with many Board Members and even the Administration. Margaret was the first one to personally offer her condolences to me and I believe that she was acknowledging a Physician's loss of a close colleague. Board Members offered the same genre of condolence, and I saw the Administration, the Board, the Physicians and the community come together to ensure that our patients continued to receive care as they transitioned to their new physicians.

Finally, I'd like to thank past Chiefs of Staff for their guidance. It is invaluable knowing you have someone to go to for advice. And to Dr. Elgadi, the incoming Chief of Staff, best of luck.

Sincerely,

Dr. Mark Churman  
Chair of Medical Advisory Committee

# A Report from the Healthcare Volunteers

Again 2013 was a busy and successful year for the Temiskaming Hospital Auxiliary.

In November 2013, 4 delegates attended the HAAO Convention at M.T.C.C. in Toronto. Our guest speaker, Chris Hadfield, was a real inspiration for all of us. His presentation included interesting guidelines, for instance on how to achieve our goals, on the importance to visualize when planning and organizing: " Visualize Success, he tells us, but also failure", so that as a team we learn how to deal with difficult situations... and lastly he adds the importance to celebrate every small success. Many interesting workshops were held, giving each and every one of us, excellent opportunities to broaden our knowledge.

Our contribution to the Hospital this year, included 2 lead aprons and collars for radiology: \$2, 000; one bariatric chair for medical/surgical unit: \$2,000; one scale bed for special care unit: \$6,750; one blanket warmer for OB: \$6,000; one glide scope for OR: \$10,000; one gyne examination light on wheel for ER: \$1,550; waiting room chairs for ER: \$8,886. Our total contribution to the Hospital was \$37,186.

Our most significant contribution to the community this year was four \$1,000 bursaries for post-secondary education in the medical field. Two graduating students from both secondary schools: Temiskaming District Secondary School and École Secondaire Sainte-Marie, each received a \$1,000 bursary.

For our long term patients, the Auxiliary has provided funds for prizes given out in different activities, decorations for special events, flowers for Mother's Day, treats for Valentine and Easter as well as other items required for the activity room.

The gift shop is one of our main sources of fundraising. Our unique gifts, décor and accessories are becoming quite well known by staff and visitors. The sale of Nevada tickets as well as our annual raffles is also an important source of revenue.

Our Volunteer Appreciation Dinner was held on April 29. Without the generous support from our volunteers, we would not be able to achieve our main objective, which is to help and support our Hospital and patients.

Six delegates were in attendance at this year's Spring Conference in Mattawa. A summary of the Conference was given to our members at our monthly meeting. New ideas are always welcomed.

Respectfully submitted,

Diane Chartrand Vachon  
President



# Board Committee Structure

## Committees of the Hospital Board

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

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

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

# Board of Directors 2013/2014

<b>Chair:</b>	Ron Scriven
<b>Immediate Past-Chair:</b>	Georgette Saxton
<b>First Vice-Chair:</b>	John Rowsell
<b>Treasurer and Second Vice-Chair:</b>	Patricia Willard Inglis
<b>Secretary:</b>	Margaret Beatty (President and CEO)
<b>Trustee:</b>	Carmen Koski
<b>Trustee:</b>	Quen Lee
<b>Trustee:</b>	Dorothy Wight
<b>Trustee:</b>	Maurice Landriault
<b>Trustee:</b>	Christine Harrison
<b>Trustee:</b>	Susan Cavanagh
<b>Trustee:</b>	Bruce Hawkins
<b>Trustee:</b>	John Bernstein
<b>Chief of Staff:</b>	Dr. Mark Churman
<b>President of the Professional Staff:</b>	Dr. Khaled Elgadi
<b>Vice-President/Senior Advisory Physician:</b>	Dr. Andre Hurtubise
<b>Interim Chief Nurse:</b>	Erin Montgomery

## A TRUSTEE IS -

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

# Professional Staff 2013/2014

## Executive

<b>Chief of Staff:</b>	Dr. Mark Churman
<b>President:</b>	Dr. Khaled Elgadi
<b>Vice-President/Senior Advisory Physician:</b>	Dr. Andre Hurtubise
<b>Secretary:</b>	Dr. Femi Olokodana

## Chiefs of Service

<b>Anesthesia:</b>	Dr. Glen Percy
<b>Dentistry:</b>	Dr. John Marcassa
<b>Emergency/Special Care:</b>	Dr. Glen Percy
<b>Medicine:</b>	Dr. Colleen Davies
<b>Obstetrics/Gynecology:</b>	Dr. PJ Pace / Dr. Glenn Corneil
<b>Surgery:</b>	Dr. Khaled Elgadi

## Clinical Advisors

<b>Cardiopulmonary Program:</b>	Dr. Andre Hurtubise
<b>Day Medicine Program:</b>	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
- CT and PACS
- Echocardiography
- Fluoroscopy
- Holter Testing
- Mammography
- Ontario Breast Screening Program
- Tomography
- Ultrasound

### Dialysis

### Discharge Planning

### General Surgery

### Laboratory

### Medical/Surgical

### Obstetrics and Nursery

### Occupational Therapy

### Ontario Telemedicine Network (OTN)

### Pharmacy

### Physiotherapy

### Respiratory Therapy

### Social Work

### Special Care

### Speech Language Therapy

### Telestroke Program

## Specialty Clinics

### Cardiology

### Dentistry

### Dermatology

### Nephrology

### Neurology

### Obstetrics/Gynecology

### Ophthalmology

### Orthopedics

### Otolaryngology (Ear/Nose/Throat)

### Pediatrics

### Physiatry

### Psychiatry

# Statistical Reports

## Temiskaming Hospital Clinical Activity and Patient Services As at March 31, 2014

Category	Actual 12/13	Actual to March 2014	YTD Variance
<b>Total Weighted Cases</b>	2,631	2,622	(9)
<b>Medical Surgical</b>			
Patient Days	16,143	15,616	(527)
Separations	1,579	1,489	(90)
<b>Intensive Care</b>			
Patient Days	746	768	22
<b>Obstetrics</b>			
Patient Days - Adult	737	782	45
Patient Days - Newborn	609	668	59
Separations - Adult	301	339	38
Separations - Newborn	276	315	39
<b>Chronic Care</b>			
Patient Days (RUG days)			
<b>Operating Room</b>			
Inpatient Cases	373	449	76
Outpatient Cases	1,883	2,187	304
<b>Ambulatory Care</b>			
Emergency Visits	20,573	19,460	(1,113)
***Chemo Visits	1,935	1,743	(192)
***Clinic Visits		3,143	3,143

\*\*\* 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, 2014

	Actual 12/13	Actual to March 2014
Year End Total Margin	-2.4%	-3.8%
Current Ratio	1.02	0.80

# Statistical Reports (Continued)

## Temiskaming Hospital Workload Statistics

<u>Number of Tests</u>	<u>2013/2014</u>	<u>2012/2013</u>
Laboratory		
Inpatient	142,125	150,139
Chronic	1,397	1,065
Outpatient	171,113	169,470
Referred In	14,463	12,902
X-Rays		
Inpatient	1,883	2,004
Chronic	12	2
Outpatient	5,131	5,214
Emergency	3,439	3,600
Referred In	0	18
Mammography		
Inpatient	2	3
Outpatient	2,091	739
Cat Scan		
Inpatient	711	656
Chronic	3	1
Outpatient	3,581	3,116
Emergency	399	311
Ultrasound		
Inpatient	585	641
Chronic	0	3
Outpatient	6,963	6,470
Emergency	292	209
Bone Densitometry		
Inpatient	0	15
Outpatient	647	606
Echocardiograph		
Inpatient	123	131
Outpatient	262	769
Respiratory		
Inpatient	- Diagnostic Tests	406
	- Routine Tests	2,347
Outpatient	- Diagnostic Tests	1,309
	- Routine Tests	114

# Statistical Reports (Continued)

## Workload Statistics (continued)

<u>Number of Tests</u>		<u>2013/2014</u>	<u>2012/2013</u>
Clinical Nutrition			
Attendance Days	- Inpatient	934	678
	- Chronic	1	2
	- Outpatient	6	18
New Referrals	- Inpatient	247	204
	- Chronic	7	18
Active Carryovers	- Inpatient	35	48
	- Chronic	38	26
	- Outpatient	0	3
Physiotherapy			
Attendance Days	- Inpatient	1,593	1,470
	- Outpatient	728	884
New Referrals	- Inpatient	445	481
	- Outpatient	79	102
Active Carryovers	- Inpatient	153	137
	- Outpatient	500	319
Occupational Therapy			
Attendance Days	- Inpatient	2,147	2,416
	- Chronic	148	71
	- Outpatient	246	422
New Referrals	- Inpatient	411	403
	- Outpatient	60	59
Active Carryovers	- Inpatient	198	209
	- Chronic	37	10
	- Outpatient	61	86
Speech Language			
Attendance Days	- Inpatient	300	217
	- Outpatient	390	210
New Referrals	- Inpatient	43	50
	- Outpatient	49	52
Active Carryovers	- Inpatient	0	23
	- Outpatient	225	136