

Life Line



Volume 10, October 2021



Orange Shirt Day
September 30, 2021



ACCREDITATION
CANADA

19 Days until Accreditation 2021

Employee Spotlight Name: *Adrian Thiel*



Department/Job Title: Vice President Corporate Services/Chief Financial Officer

Where did you attend school: Ryerson University, Toronto

Where did you grow up: I was born in Toronto and grew up in Mississauga, spending a lot of time near Parry Sound on weekends and holidays. I've also lived in Germany and Panama.

Family: Wife Myriam, an ex-Ballerina who currently runs her dance school founded by her Mom, an ex-Canada National Ballet Dancer, and two boys Jonathan and Michael who both attend TDSS.

What do you enjoy most about your job: working with a great team of people

Why did you choose New Liskeard: Extremely nice people, small community, and close to nature.

What would be your second career choice: Architect, Soccer Player

Where is your dream vacation: somewhere tropical.

What is your favourite food: Pretty much anything that involves meat, but mostly Schnitzel with potato salad.

Hospital Highlights – Occupancy Rates

2020/2021 Fiscal Year	Occupancy Statistics 2021/2022 Year-To-Date (August)	Month of September 2021
98%	91%	109%

Hospital Highlights – Vaccine Status – Loni Champagne – Occupational Health Nurse

Temiskaming Hospital held COVID-19 Vaccine clinics on March 8, 10, 15 and 17, 2021.

I would like to thank everyone who not only received their vaccine, but to all those who helped make this vaccine clinic process a smooth one! We have received positive feedback from many people who have come through the clinic area.

In total: **632 Moderna vaccines** were given to both internal and external healthcare workers and patients in ALC/rehab (over age 80).

Thank you again for all you are doing to keep our residents and facility staff safe and healthy. Thank you for the sacrifices you make, every day.

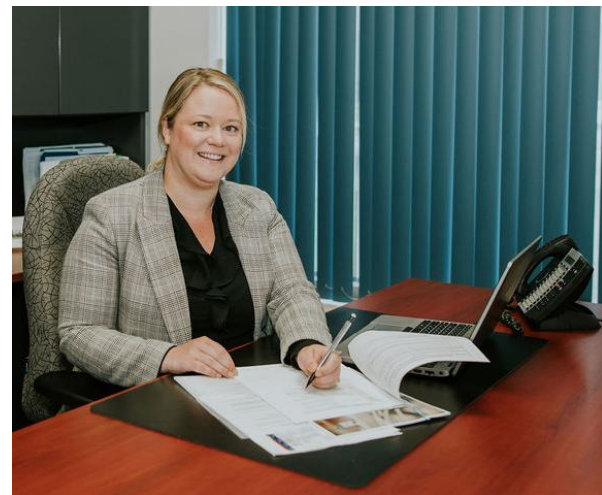
We want you to feel confident in your decision to get vaccinated. We welcome any questions you may have. By getting vaccinated, you can serve as a role model in your community and can positively influence vaccination decisions of coworkers, residents, friends, and family.

Vaccine Statistics
TH Staff/Professional
Staff/Students

93.6%

Mike Baker, President & Chief Executive Officer Report - Farewell to Erin Montgomery

Well October 15th represents a sad day for Temiskaming Hospital as we say goodbye to a dedicated, professional and highly skilled colleague, Erin Montgomery.



Erin has accepted the Executive Director role at the Great Northern Family Health Team, a career development move that is sure to benefit health care in the district. As our Vice President of Patient Services and Chief Nursing Executive, Erin led many significant improvements including the achievement of Accreditation with Exemplary Standing, implementing the Choosing Wisely program, achieving remarkable results in the Quality Improvement Program and raising the performance of the clinical team through the best type of leadership, leading by example.

Although Erin lead a team of very dedicated members, I think they would all agree that Erin's work ethic is second to none. Her proficiency at budgets and the tracking of actual costs would leave some accountants envious.

Erin's work with the Board of Directors was always top quality.

All of these things added up to an employee who deservedly received the respect of all who worked with and for her.

I would like to thank Erin for over 10 years of dedication and congratulate Erin on her new appointment. We wish you well in your new endeavour! You will be amazing!

Volume 10, October 2021

Mike Baker, President & Chief Executive Officer Report

Without a doubt, the two most significant factors impacting the hospital are COVID-19 and our significant occupancy challenges.

Although COVID-19 has presented greater challenges in the past (waves 2 and 3), it is still ever present. The Delta variant has changed the landscape again with its increased contagiousness. Temiskaming District has had a recent brush with the variant resulting in 8 new cases in a three-day period in late September. Thanks to our continued vigilance combined with relatively high vaccination rates, we have, so far, dodged the potential escalation of cases seen in other parts of Ontario and in other provinces. Remember that there is a two-fold defense to this pandemic, the public health measures (such as frequent hand sanitizing, wearing a mask and keeping physically distanced) and vaccinations. We need both to defeat this pandemic! Provinces like Alberta and Saskatchewan are reeling from the effects of premature easing of restrictions earlier this summer, in some cases, eliminating masking protocols in public places.

Early on in the pandemic, we put in place our universal masking policy and knew we needed a universal vaccination policy to have the highest level of defense against COVID-19 for our staff and patients. Since introduction, several employees have begun their vaccination journey. Thank you! And thank you to all of you that have previously been vaccinated. Your commitment to the health and safety of our fellow team members and to our patients and community members who require our services, some of whom are from vulnerable populations, is appreciated.

Our occupancy continues to challenge us. September represents a high water mark for occupancy, likely in our history. The month will finish with an average occupancy on our original 59 beds of almost 109%, peaking at 120% earlier in the month. With the additional 7 ALC transitional beds that were put into operation last December, that occupancy rate still translates to 97%.

There are two main contributing factors. First, the acute patients we are receiving are much more acute as a result of delays in seeking care, likely because of COVID-19. Second, but most prevalent, is our long time and ongoing Alternative Level of Care (ALC) situation. This is not a problem that will be resolved quickly. Right now, our end of the district has less than 140 beds.

The original 140 beds were reduced due to ward room restriction due to COVID-19. With that, as of August 2021, there were an additional 170 people on the waiting list.

When Jarlette operationalizes an additional 46 beds in the coming year or two, that will help, but it will not address the issue. We have been working with Ontario Health North on this issue. Temporary operational funding and capital funding have been committed to for an additional 3 beds at Temiskaming Hospital. We expect those beds to be operational the beginning of November. We will continue to work with Ontario Health North on longer term solutions.

Finally, congratulations to the 46 employees who celebrated their service anniversaries on September 23rd totaling 600 years. As well, congratulations to the winners of the Excellence awards.

In closing, I would like to thank all of you for the tremendous work you have done this past year and a half in the fight against COVID-19 and a special thank you to those who have, and are, being vaccinated, as well as those who cannot be vaccinated for medical reasons and are following the testing protocols. Your dedication to the safety of our team mates and our community is much appreciated.



Senior Leadership Team, Left to Right: Mike Baker, President & CEO; Carla Porter, Executive Assistant to the President & CEO and Board Liaison; Adrian Thiel, Vice President, Corporate Services & CFO; Erin Montgomery, Vice President, Patient Services & CNE

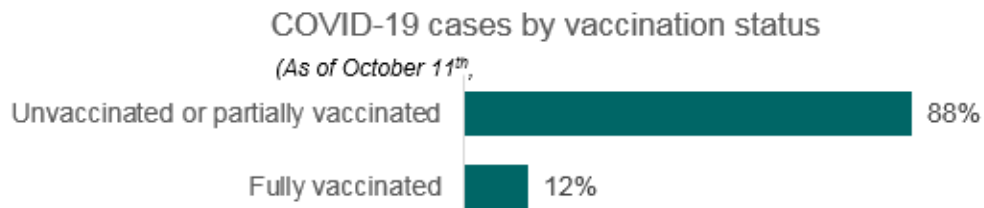
Dr. Glenn Corneil, Acting Chief Medical Officer, Timiskaming Health Unit



COVID-19 in the Timiskaming District

As of October 10, 2021, in Timiskaming, there have been 231 confirmed and 3 probable cases of COVID-19, with 24 cases occurring within the last month. Of these cases, 23 occurred in health care workers, 16 were hospitalized, 4 were admitted to the ICU, and 2 cases succumbed to the illness. Within the last year, the gender distribution of the cases were approximately equal, and most cases occurred in those between the ages of 20 to 39 (37% of all cases). So far, 40% of the cases have occurred in the northern part of Timiskaming, and 33% have occurred in the southern region. Overall, most cases acquired COVID-19 from contact with a known case (60%), followed by being associated with an outbreak (25%), and 12% had no known epidemiological link and is most likely to be community acquired.

There have been 48,359 doses administered in Timiskaming, and 79% of Timiskaming residents are fully vaccinated. Since the beginning of August, the large majority (88%) of all cases COVID-19 cases occurred in unvaccinated or partially vaccinated individuals.



Case and contact investigations are conducted very thoroughly in Timiskaming. The number of high risk contacts per case is 3.3, meaning that for every case, there was an average of 3.3 people who were deemed as high risk of contracting COVID-19. In comparison Ontario had an average of 1.8 contacts per case, which may indicate that contact tracing is meticulously conducted in Timiskaming. Most of our high risk contacts, 96%, were reached within one day. Comparably, in Ontario 77% were reached within one day.

Throughout these difficult times, our community has demonstrated how well we work together by creating successful partnerships between organizations to address the danger COVID-19 poses to our community.

Sources

Timiskaming Health Unit internal data, accessed October 7 to 9, 2021

Provincial COVID contact follow up weekly metrics received from the Ministry of Health. Dec 28, 2020 to Sep 25, 2021

Temiskaming Hospital Board Update

Board Retirement:

After serving on the Board for a combined 18 years, we are sending our well wishes to Georgette Saxton who retired from the Board in June. Georgette was elected in October 2017 and previously served from 2002-2016. You may or not be aware but Georgette was employed and retired at Temiskaming Hospital working in Human Resources. Georgette volunteered on the Finance & Resource Committee and Governance Committee and provided invaluable knowledge when it came to administration and was a great source of corporate memory for the Board. Georgette also serves as the Vice-President of the Temiskaming Hospital Foundation and has been on the board since 2006. Her contributions to the Board of Directors will certainly be missed.



Board Appointment:

On June 22nd, 2021, the Temiskaming Hospital Board of Directors appointed Christine Beeson as a director. Christine has a background in government finance and educational background in commerce. She works as a Financial Analysis at the District of Timiskaming Social Services Administration Board. Relatively new to the area, Christine looks forward to giving back to her new community and lending her financial management and leadership skills to what she sees as such a valuable community resource. Please join us all in welcoming Christine to the Board.



To date, The Temiskaming Hospital Foundation-Care Close to Home has raised

\$5,142,393

Thank you to all donors

50

Temiskaming
Hospital
Foundation



Hôpital
Temiskaming
Fondation

50



Care close
to home

To date, our 50/50 has generated

\$635,000!

\$317,500 raised for the Temiskaming Hospital Foundation (THF)
AND we've given away over **\$322,500** in cash in prizes!

**\$100,000 Upgrade for our
Diagnostic Imaging Department
Thanks to our 50/50!**



Temiskaming Hospital will be getting a new Bone Densitometry Unit with funds raised from the Foundation's 50/50. The current one is turning 20 years old!



Our very own Registered Practical Nurse, Shelly Church was our lucky Draw 7 winner!

Phishing Security Test Report ~ Marcel Boisvenue, IT Manager

On August 16, 2021 attackers sent emails to a select group of users within NEON. For the Temiskaming-Englehart-Kirkland Lake (TEK) group, we had 5 targeted accounts.

The IT Department acted swiftly, identifying the email as spear phishing within 48 minutes of delivery. The IT department reached out to all 5 of our targeted users and confirmed that no one clicked the links within the email.

The email was permanently deleted from all mailboxes and the 5 user accounts had to have their passwords changed.

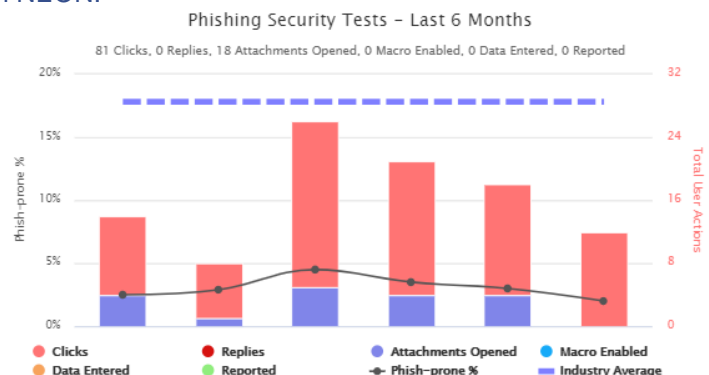
The IT Department also blocked the sender from being able to send emails to anyone in our organization.

Well done to everyone involved! This is just another reminder of how important it is to remain vigilant against email attacks.

What's the difference between phishing and spear phishing?

Phishing emails are sent to very large numbers of recipients, more or less at random, with the expectation that only a small percentage will respond. For example, an apparently official email from a well-known delivery company might arrive, saying that "Your package has been delayed, click here for details."

Spear phishing emails are carefully designed to get a single recipient to respond. Criminals select specific targets within an organization, using public information and craft a fake email tailored for that person.



Welcome Announcement:

Over the past few months, we have welcomed new faces to our team.

Registered Practical Nurse (RPN)

Agnesa Shabani
Alisha MacMaster
Alyssa Wood
Ashton Hawryluk
James Turner
Megan Lafleur
Melissa Palmateer
Rajwinder Brar
William Bigras

Registered Nurse (RN)

Barb Ashe
Brittney Peddie
Katie Regimbal
Kayla Wong
Melinda Bigelow
Tanya Wilson – Team Leader

Corporate Services

Adrian Thiel, CFO
Darren Blay, Maintenance
Len Gauthier, Facilities Manager
Natalie Mackenzie, Cook/Porter
Paige Breault, Receptionist
Ryan Sloggett, Screener
Steven L'Heureux, Technical Analyst
Wendy Perry, HR Manager

Students

Claudia Duke, Social Work Student
Eric Ethier, TDSS Coop Student
Julia Cole, RN Student
Justin Roberts, DI Student
Kianna Audette, RN Student / Screener

Medical Students

Eva Bruketa, UGY3 NOSM
Kristen Wright, UGY4 NOSM

Patient Care Services

Casandra Hearn, PSW
Darlene Hearn, Sonography
Emilie Runnalls, Clinical Manager
Gavin Posch, Respiratory Therapist
Jordan Chenier, Ward Clerk
Keisha Giroux, PSW
Michelle Phillips, Transcriptionist
Reem Raza, Dietitian
Shelly Stochmal-Kant, Lab Technologist

Housekeeping Department

Hannah Slaght
Leah Bradley
Nathalie Milot
Rebecca Williams
Sandra Belanger

Pharmacy Department

Lynda Charette, Pharmacy Tech
Melanie Courchesne, Pharmacy Tech
Sandy Solomon, Pharmacist

Adrian Thiel, Vice President, Corporate Services & Chief Financial Officer Report

Integrated Risk Management

Temiskaming Hospitals Risk Management Program was developed to support an overall framework to ensure actual and potential risks within the organization are identified and action(s) are taken to eliminate or reduce the potential impact of harm to our patients, visitors, staff, physicians, volunteers, and our organization as a whole. We all have an important role to play in the success of this program, risks within our facility can be identified by anyone. Risk can be brought to the attention of any Manager / Supervisor, our Risk Manager (Loni Champagne) or reported in rL Solutions.

Currently, 79 risks have been identified and mitigation strategies have been completed for 51 of the identified risks. An additional 10 are pending final review while the remaining mitigation plans are being assessed by the respective Leadership Team member. We classify risks as High (Red), Medium (Yellow) or Low (Green). Currently 8 risks are classified as High, 32 Medium and 39 Low as illustrated in the table below:

The risks which are currently classified as High (Red) are as follows:

1. Patient falls
2. Failure to provide adequate discharge/follow-up instructions
3. Failure to appreciate status changes/deteriorating patients
4. Inadequate triage assessment/reassessment
5. Misinterpretation of laboratory/diagnostic imaging
6. Failure to perform/communicate critical test results
7. Workplace violence- working in isolated areas such as interview/counselling/treatment rooms
8. Workplace violence - staff working in isolated areas or with patients alone

Probability Rating	Impact Rating			
	Catastrophic	Critical	Minor	Negligible
Highly Likely				
Likely	8			
Possible		32		
Unlikely				
Highly Unlikely		39		

PocketHealth ~ Natalie Rivet

As of June 28th 2021, Temiskaming Hospital, and its North Eastern Health Services Alliance (NEHSA) partner sites, will be offering an online platform for patients and providers to access Diagnostic Imaging studies and reports from Temiskaming Hospital and NEHSA partner sites - through a partnership with Pocket Health.

The Pocket Health platform is simple to use and does not require any installation of an application or software. It is accessed directly through your web browser. It is a fully supported platform with dedicated support services that can be reached by phone, email or web chat. (all support contacts listed on their website)

Pocket Health is divided into two services:

1. Patient access

- For a fee – the patient creates a pocket health account to access their Diagnostic Imaging files and reports from any hospital in the NEHSA group.
- With this sharing – the patient initiates the request by accessing the online pocket health portal directly
- Pamphlets with web address and QR scan codes are available in the DI department at Temiskaming Hospital
- This type of access is patient driven

2. Provider to Provider sharing (this service replaces the CD burns that the Diagnostic Imaging department used to perform – to share imaging files with providers from outside of the NEHSA and the NORrad groups - as well as facilities not linked to our EI PACS).

- With this sharing – communication occurs between the provider or provider office and Temiskaming Hospital Diagnostic Imaging Department.

➤ Provider initiating the transfer of Diagnostic Imaging files contacts the Diagnostic Imaging Department at 705-647-1088 ext. 2287

➤ The following information will be required to perform the transfer/generation of an access code:

- ✓ Patient Name
- ✓ Patient DOB
- ✓ Imaging studies to include in the transfer/access code
- ✓ Name and Fax number of the receiving provider

Introducing PocketHealth

**Get your
diagnostic
images
online today!**

PocketHealth



POCKET HEALTH

Secure online platform that allows medical centres and hospitals to instantly and securely share medical imaging studies with patients or other providers following obtention of proper patient consent.

PATIENT SHARING

Patient Driven - patient visits pocket health webpage to register and access their Diagnostic imaging files.
Following proper consent and verification of identity - (by creating a secure account) - the patient submits a \$5 fee to pocket health and gains access to all of their imaging studies and reports for studies performed at NEHSA sites or other sites connected to Pocket Health across Canada.
The patient can also share their imaging studies and reports with providers of their choice through email, fax or printed link or CD/USB.

PROVIDER TO PROVIDER SHARING

DI staff members from the NEHSA hospitals can share imaging directly (digitally) with other healthcare providers, replacing CD burning entirely. This sharing of images is done through a secure web service that allows medical imaging departments to share imaging studies electronically with any recipient within the circle of care for the patient, instead of burning a CD.
(there is no cost to the patient or provider for provider to provider sharing)

Erin Montgomery, Vice President, Patient Services & Chief Nursing Executive Report continued

As of September 21, 2021, there are 28 patients designated as Alternate Level of Care (ALC) (21 awaiting long-term care home placement).

- Due to the Ministry of Health's Directive #3 for long-term care homes and the large number of patients in the community who are currently receiving maximum community service supports, availability of long-term care home beds remains a significant challenge for the Temiskaming area.

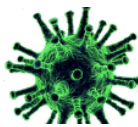
Since 2019, Temiskaming Hospital has implemented strategies to assist with increased patient volumes such as additional staffing in a number of departments and the addition of 7 new bed spaces in the Medical/Surgical department:

- Conversion of Chapel to a semi-private room (403-1 and 403-2)
- Conversion of the "Round Table Room" into a private room (500)
- Creation of a semi-private room (509-1 and 509-2)
- More frequent utilization of unfunded beds (negative pressure rooms 401/402)

Ongoing bed pressures, steady ALC rates, patient acuity and care needs have increased our resource requirement, which led to an application for a 10-bed funding increase in December 2020 for the above mentioned 7 beds, and an additional 3 beds. The Hospital has been successful in securing funding for this fiscal year for this bed expansion. As a result, the following additional permanent staffing resources will be implemented to support this expanded bed model:

- 1 RPN 24 /7 – Medical Surgical/CCC Department
- PSW – 8 hours increased per day: additional 4 hours for acute inpatients and 4 hours to ALC cart assignment Occupational Therapist increase to full-time hours (5 days/week commencing October 4, 2021)
- Recruitment of 1 Full-Time Recreation/Restorative Care Therapist

The Medical-Surgical/CCC Department will now have 56 beds (excluding 401/402) once the 3-bed expansion project is completed.



COVID-19: NOT IN OUR HOUSE

A post about breakthrough cases of COVID ~ Dr. Stacy Desilets

1. Vaccines are never 100% effective, there will always be breakthrough cases of every disease that we vaccinate for
2. You are not considered Fully Vaccinated until 2 weeks after your second vaccine
3. There is good evidence that antibodies generated by the vaccine will wane over time - which means less protection BUT you will still have memory T cells in your immune system that remember the vaccine, and if you are exposed to COVID those T cells will kick into action and your immune system will start making anti-COVID antibodies to help you fight the infection. This happens WAY faster if you have been vaccinated than if you have not.
4. The number of breakthrough cases across Canada remains small compared to the number of non-immunized infections.
5. Fully vaccinated people with breakthrough cases of COVID-19 are far less likely to need hospitalization or to die.
6. Most breakthrough cases leading to hospitalization or death are seen in adults over age 65 with other underlying medical conditions. These are our vulnerable family members and friends. We still need to protect them.
7. Most experts agree that COVID-19 WILL become an ENDEMIC disease. Just like influenza, this means it will never go away or be eradicated. At least not in our lifetime. There will always be low level circulating virus that will attack our weak and vulnerable AND anyone not vaccinated. If you do not get a vaccine then at some point in your life you will be exposed to COVID and you will likely contract it.
8. All experts agree that the vaccines offered in Canada are still highly effective against the Delta variant and are safer than contracting COVID. If someone is disagreeing with this, they are not an expert in infectious diseases or public health. FULL STOP.

Service Awards Ceremony and Staff Appreciation Luncheon

On Thursday, September 23rd, Temiskaming Hospital held its 2020/2021 Service Awards Ceremony and Staff Appreciation Luncheon. Due to COVID-19, last year's ceremony was postponed and staff celebrating milestones or receiving awards in 2020 were recognized this year.

Each year we thank our staff for their tremendous efforts throughout the year, and this past year, or rather 18 months, has been exceptionally challenging with COVID-19.

This year, 46 employees received service awards totaling 600 years of service to our patients. We thank each and every one of you for your commitment to making our hospital one of the best.

The service award recognizes a career milestone and is given in thanks for time dedicated to Temiskaming Hospital. Each person being recognized today, and each of you, plays a role in achieving our mission and goals. Working at the hospital is more than just a job. The work we do here directly impacts our community and our families. The successful operation of our hospital is the direct result of you, our valued employees. Your dedication and commitment serve as a vital link in the chain which drives our success. In recognition of that commitment, we are pleased to celebrate you all today.

In addition to the Service Awards, we also held our 2021 Excellence Awards Ceremony.

Awards Ceremony

The Spirit Award recognizes an individual or group that contributes to improving hospital morale.

The Spirit Award goes to: *Devin Little, Stacey Chartier and Sally Aitchison.*

The Safety Award recognizes an individual or group that has contributed to safety awareness and promoted safety awareness among employees.

The Safety Award goes to: *Occupational Health Nurse, Loni Champagne and our Pharmacy Team.*

The Commitment Award recognizes an individual or group that has demonstrated ongoing commitment to our mission, vision and values.

The Commitment Award goes to: *Ashton Duhn and Sheldon West.*

The Innovation Award recognizes an individual or group that has contributed to new process to improve our quality of work.

The Innovation Award goes to: *our Mental Health Team which includes Tania Osborne, Kristin Either, Kathy Demarce and Dr. Stacy Desilets.*

This Quality Assurance Award recognizes an individual or group that has demonstrated commitment to quality assurance through their ongoing quality improvement initiatives.

The Quality Assurance Award goes to: *the Operating Room Nurses.*

A special thank you is extended to our Nutrition and Food Services Staff for preparing the beautiful lunch and all those involved in putting together this year's awards ceremony.



Left to right, Marcel Boisvenue, Ashton Duhn



Left to right, Catherine Trudel, Angela Blay, Kyle Action

National Day of Truth and Reconciliation September 30th Orange Shirt Day – Kathy Demarce, Social Worker/Employee Wellness Coordinator



National Day of Truth and Reconciliation, September 30th Orange Shirt Day

This day honours the lost children and survivors of residential schools, their families and communities. Public commemoration of the tragic and painful history and ongoing impacts of residential schools is a vital component of the reconciliation process.

Orange Shirt Day was a reflection of the tragic legacy of residential schools, and to honour the survivors.

At Temiskaming Hospital, we honoured our Indigenous community/friends, by wearing orange or white t-shirts with Every Child Matters on the front, and/or wore a button, generously donated by the Temiskaming Speaker with the same logo on it.

In the morning of September 30th, hospital and professional staff were invited and encouraged to attend a smudge outside of Mino M'shki-ki Health Center where we gathered in a circle.

Georgie McMartin, residential school survivor, told the group of his times in residential school and how he has moved forward in life to forgive and box the memories.

Grandma Marilyn, her spiritual name is, Kishkatekwe Dishnika Mandodem (Moonlight Woman of the Clan of the Loon), from Timiskaming First Nation, a day school survivor, spoke of her trying times, and how she too, has moved forward in life.

Grandma Marilyn led the group in song, and walk around the hospital grounds.

I believe that those in the circle were enthralled by the teachings of the Indigenous People, and how we all can move forward in life in a more positive way. It takes time to heal, however, with each step comes resilience.

Thank you to our Social Work student, Claudia Duke, who put this display together at the front of the hospital showcasing some items from Mino M'shki-ki Health Center and the Indigenous Culture.



Left to right, Georgie McMartin-Residential School Survivor, Nathan McMartin-son



Grandma Marilyn



Indigenous Crisis Support

1-855-242-3310 <https://www.lifevoice.ca/crisis-supports/indigenous-crisis-supports>

<https://www.irsss.ca/faqs/how-do-i-reach-the-24-hour-crisis-line>

Residential School Survivors and Family

<https://www.talk4healing.com/> 1-855-554-HEAL

<https://www.hopeforwellness.ca/>



Software Integration in the Kitchen – Ian Dodds, Nutrition and Food Services Manager

Over the last few weeks, Temiskaming Hospital has been reviewing Menu Management systems to compare the functionality they offer versus our current system. Some of the key considerations in this review include: Patient Focus and Safety, Food Cost Control, Software Integration and User Efficiency.

From a Patient Focus and Safety perspective some of the benefits being evaluated are the following:

1. Recognize patient allergies/dislikes and automatically remove menu items containing said allergens/dislikes;
2. Create menus for combination diets and textures (cardiac/diabetic/soft dental);
3. Real time nutritional values for all menu items;
4. Menu items can easily be substituted to suit each patient's individual preference/need;
5. Access to hundreds of preloaded recipes for efficient, accurate and on demand menu revision.

Currently, these functions are done manually or not at all (nutritional values) which increases the potential of human error.

Another benefit worthy of mention is Food Cost Control. The ability to interface with food suppliers software, would enable real time \$cost/patient meals, automatic food ordering based on current usage (occupancy) and accurate allocation of food costs to separate accounts, to name a few.



Volume 10, October 2021



Departmental Highlights – Social Work – Erin Montgomery – Vice President, Patient Services & Chief Nursing Executive

Temiskaming Hospital has recently updated the roles of our discharge planning/transitions of care, mental health & addictions and social work. The focus of the roles remains to enhance smooth transitions of care, focus on early supported discharge planning and individuated care planning.

Kristin Ethier - Integrated Mental Health and Addictions Navigator focusing on the Emergency Department for Mental Health and Addictions patients as well as In-Patient CMHA Discharge Planning.

Tania Osborne - Social Work / Transitions of Care Coordinator for the Medical/Surgical Department (Acute, Rehabilitation, Mental Health), Special Care Unit, and Emergency Department

Kathy Demarce - Social Work / Transitions of Care Coordinator, Employee Wellness, and Onboarding for the Medical/Surgical Department (ALC, Palliative Care; End of Life) and Obstetrics Department.

These social workers are an amazing team that continues to work together in the best interests of our patients and staff well-being.

Departmental Highlights – Smart Beds – Emilie Runnalls – Clinical Nurse Manager

The hospital is in the process of replacing older inpatient beds with the new Centrella Smart+ Beds by Hill-Rom. The Special Care Unit has fully upgraded to the new beds, and the Medical/Surgical department is well on its way with an additional 5 beds arriving this fall. These beds improve communication between patients and staff through the recently implemented Hill-Rom nurse call system.

They also provide advanced and more reliable fall prevention monitoring such as indicator lights for fall risk patients and alarms that signal to Vocera badges when patients are at the edge of the bed. The mattresses are also designed to reduce the risk of pressure injuries. We are hopeful that these beds will continue to provide additional safety and satisfaction for both patients and staff alike.

Take your Clinical Manager to Work Day! – Emilie Runnalls, Clinical Nurse Manager

Throughout the months of August and September, Clinical Nurse Managers Emilie, Jessica and Rikki had the opportunity to shadow their staff for a day to see firsthand how their departments functioned. This provided them with an immense appreciation for the challenges staff face daily in regards to workflow, patient flow and clinical processes while allowing staff to share feedback on potential areas of improvement.

On August 26, Emilie shadowed the Personal Support Workers, and through many consultation opportunities, has received feedback regarding scheduling and different ways to work collaboratively with the broader healthcare team to provide excellent patient care. Jessica shadowed Medical Device Reprocessing Department staff prior to her shadow day in the Operating Room on September 14 to expand insights into reprocessing procedures, staff requirement fluctuations and overall patient care pathway from pre to post-operative designation. Rikki shadowed the Emergency Department on September 23 and gained a keen understanding of the intricacies of patient flow and the challenges staff encounter on a daily basis. The Clinical Managers are so thankful for the opportunity to shadow and hope to continue this throughout the year with the goal of gaining further insight into their staff's daily roles and challenges.

Professional Staff Spotlight



Name: *Spencer Wilson*

Department/Job Title: *Family Physician*

Years of service: *Less than a year*

Where did you attend school: *Western University, McMaster University, Northern Ontario School of Medicine*

Top 3 things you do in your job: *Working at the clinic at the Great Northern Family Health Team, caring for inpatients admitted to the hospital and working in the ED*

What do you enjoy most about your job: *I enjoy the opportunity to help people and the challenge of trying to figure out the correct diagnosis. I also enjoy the cookies in the cupboard in the ED.*

Why did you choose New Liskeard: *I was born and raised here. I love the area and community. I always planned on coming back home.*

What would be your second career choice: *4th line center for the Toronto Maple Leafs.*

Dream vacation destination: *A Yukon moose trip*

Favourite food: *Buffalo chicken strips at 28 on the Lake*



We all have a role in protecting each other, get your flu vaccine this year!

Volume 10, October 2021

Erin Montgomery, Vice President, Patient Services & Chief Nursing Executive Ontario Regional Blood Coordinating Network and Canadian Blood Service

On August 26, 2021, representatives from the Ontario Regional Blood Coordinating Network (ORBCoN) and Canadian Blood Service (CBS) met virtually with our Laboratory transfusion team to review the hospital's transfusion service with a focus on blood utilization and inventory management. Highlights of improvement made include:

- The Laboratory Department only outdated 28 units of red blood cells (7%) for the last 12 months which is a reduction and improvement of 43% compared to the previous 12 months. The improving outdate rate demonstrates continued efforts to improve the management of the red cell inventory;
- The Laboratory Department participates in the provincial program for redistribution of plasma protein products and was able to prevent the wastage due to outdating of product with a value of \$2,226;
- Over 85 % of nursing staff have completed an annual competency assessment tool 'Blood Easy.' Additionally this has been extended to Professional Staff.
- A new Massive Hemorrhage Protocol has been implemented which ensured alignment with the provincial recommendation for the management of patients with massive hemorrhage. This was a multi-department (Operating Room, Obstetrics, Emergency Department/Critical Care, Pharmacy and Laboratory) and interdisciplinary initiative.



Temiskaming Hospital continues to be committed to ensuring better patient outcomes through both appropriate and evidence-based use of blood and blood products while applying these practices in inventory management. Within the Hospital Choosing Wisely Level 2 designation work, using blood wisely to reduce inappropriate red blood cell transitions is one of three initiatives.

Adrian Thiel, Vice President, Corporate Services & Chief Financial Officer Report

2021-22 Capital Program

This year we have planned for a number of capital initiatives with an investment totaling approximately \$1.0M, investments which include approximately \$0.4M in funding from the Ministry to assist in the opening of 3 additional ALC Transitional beds, and \$0.2M in funding for Infrastructure Renewal investments, in particular the resurfacing of our Helipad.

To date we have advanced on and are reviewing various initiatives, a few items to highlight include i) Four Easy Heat control panels which control our heating system and were recently replaced, ii) the purchase of an ultrasonic cleaner in Medical Device Reprocessing Department, iii) the resurfacing of the Helipad which will take place at the end of October, as well as others that are under review, namely a Security Camera System upgrade, installation of a Biomedical walk-in freezer, installation of a kitchen walk-in freezer, as well as various IT related investments.

The initiatives mentioned require coordination and team effort to ensure they are implemented successfully. I'd like to thank all those who have participated in these initiatives which ultimately help us serve our community better.

Newsletter Editorial Team

Mike Baker

Carla Porter

Lesley Langford

Jackie Holtz

Suggestions and comments are welcomed, please email jholtz@temiskaming-hospital.com



421 SHEPHERDSON ROAD
NEW LISKEARD ON P0J 1P0

TEL: 705-647-8121 BUS. LINE: 705-647-1088 FAX: 705-647-4154