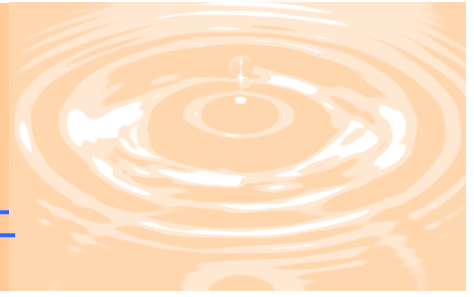


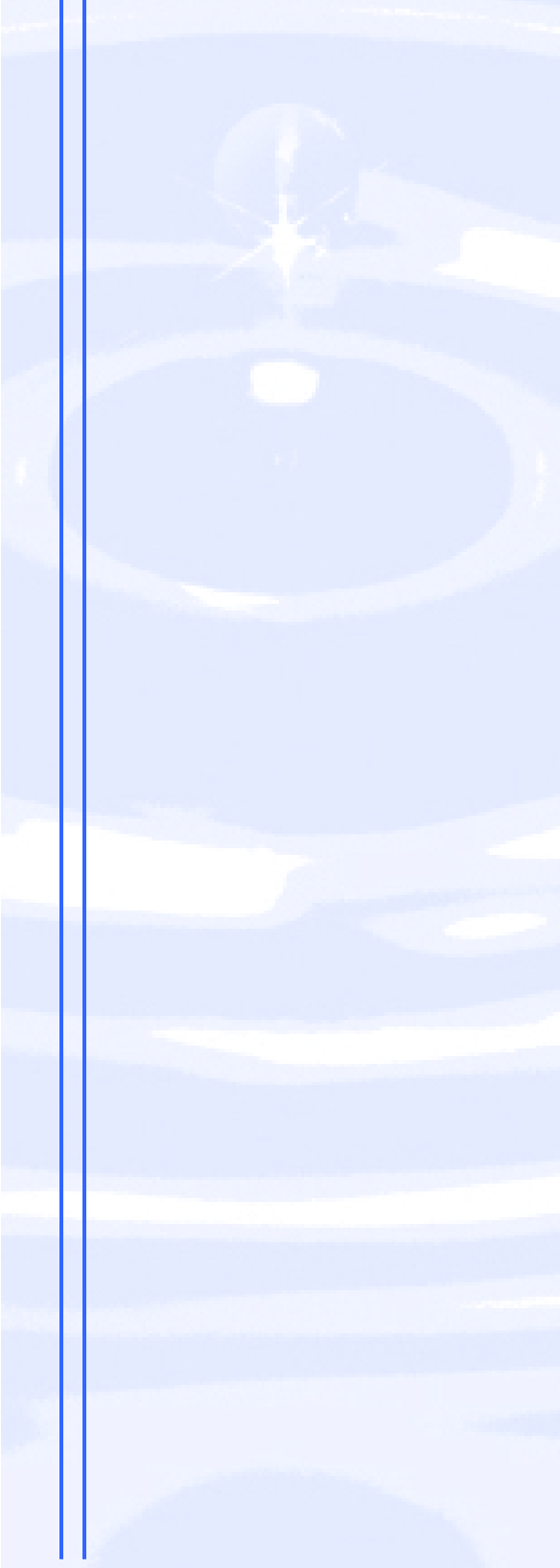


**Temiskaming Hospital**



# **Annual Report**

## **2009/2010**



# Annual Report 2009/10

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**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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# 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

This Annual Report covering the fiscal period April 1, 2009 to March 31, 2010 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.

## **FINANCE AND RESOURCE PLANNING**

The hospital ended the fiscal year with a very minor surplus of \$9,041 (before amortization of plant and property at \$623,698 which is not recognized by the Ministry of Health and Long-Term Care). The volume of services delivered in most areas over the past year continued to be higher than projected and outlined in our accountability agreement with the Northeastern Local Health Integration Network (NELHIN). While funding for 2010-2011 has not been formalized it is known that fiscal resources will be far less than what is required to keep pace with increasing costs.

## **QUALITY AND SERVICE PLANNING**

Temiskaming Hospital through its Board Quality and Service Planning Committee; the medical staff Quality Care/Medical Audit, Tissue and Transfusion Committee; and the management Quality and Safety Integration Team continues to address patient issues of quality and safety. Educational material continues to be forthcoming and utilized from international, national and provincial resources. A new software program was purchased and implemented to assist with the reporting and trending of hospital issues that should be dealt with to improve the quality and safety of care.

## **ACTIVITIES AND CONCERNS THROUGHOUT THE YEAR**

The 2009 year began with an Accreditation survey on April 6, 7 and 8. The tremendous work of the staff, physicians, and trustees brought forth very pleasing results. The purpose of this voluntary survey and external review is to ensure that the hospital is meeting current standards and to look for areas of improvement.

The number of alternative level of care (ALC) patients continues to be a concern. While some progress has been made in the NELHIN in the four urban areas, the smaller hospitals continue to have issues.

The hospital hosted a luncheon with local health care agencies to discuss opportunities for improved coordination of health care activities. The need was identified to work on a Timiskaming District plan which is awaiting action from the NELHIN.

The Chair of the Board and administrative staff have participated in meetings coordinated by the NELHIN with the hospitals in the Nipissing District to look at potential opportunities for efficiencies and improved patient care.

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

The shortage of health human resources is still a predominant issue. Human Resources continue to work on succession plans and the forecasting of upcoming needs. Medical staff recruitment is a major concern as there is a shortage in many communities and competition is stiff. Our area requires a number of family physicians, a surgeon and a family physician/anaesthetist. Despite the development of a financial incentive package with our physicians and community, there was no success in the recruitment of physicians this year.

Work continues at the departmental level on the Hospital's Quality of Work Life Initiative.

The Sharon O'Shaughnessy memorial fund was utilized to purchase digital mammography equipment. The purchase of this superior diagnostic equipment would not have been possible without the fundraising efforts put forth by Sharon before her passing of cancer in 2002.

The ultimate use of the CAT Scanner was realized when the hospital joined the province's telestroke project this year. Patients within the District who meet the clinical protocols are brought immediately to Temiskaming Hospital and after undergoing a CT Scan are connected with a neurologist via videoconferencing equipment to determine if certain therapeutic treatments and drugs will minimize the potential adverse consequences of a stroke. This fantastic program would not have been possible without the compassion and work of Dr. Céline Léger-Nolet. Dr. Céline we can not thank you enough for getting this important program for the District of Timiskaming.

## **MEDICAL STAFF**

We would like to thank and acknowledge the contributions of our Medical Staff in the care of our patients. In particular Dr. Jean Corbin for his exemplary leadership in his role as Chief of Staff. On behalf of both the Board of Directors and the Administration I would like to extend a huge thank you. Jean, you certainly raised the standards bar for this role and have left huge shoes for your successor to fill.

## **AUXILIARY AND VOLUNTEERS**

No annual report could be complete without acknowledging the efforts of our Auxiliary and volunteers. We would like to thank each of those special individuals who give their time to make such a positive difference in the care we provide. A section on the Auxiliaries work this past year is provided in your package.

## **THANK YOU**

Gratitude goes out to the Senior Team of Len Alfred, Mike Baker, Sylvie Lavictoire and Shirley Watchorn for their assistance in the day to day management of the hospital. Carla Scott is very much appreciated by both the management staff and the Board in the duties she fulfills as Executive Assistant.

Lastly, we would like to thank the Board of Directors who volunteer their time and expertise. As Board Chair, I would like to thank my team for their work in governing the hospital.

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

The role of Trustee is a difficult one, and requires plenty of volunteer time to not only attend meetings but to continually learn and understand the issues. The healthcare system along with the role, function and financing of hospitals continues to rapidly change.

Jeff Laferriere left the Board part way through the year and I would like to thank Jeff for the years he served.

Anne Wilson is finishing her 12 years on the Board of Directors this evening. Anne has been an extremely dedicated and effective trustee. Her insight, input and experience will be greatly missed. I would like to thank Anne for her contributions over the years, and especially for her help with our Governance Committee which she has Chaired.

Anne, we know how much you support our Hospital Foundation and thank you for your continued work as a Director on it. A donation to the Temiskaming Hospital Foundation has been made in your name to thank you for your volunteer service and 12 years of contributions to the Hospital Board. As well, I would ask that you please come forward so that I may present you with this token of our appreciation.

Respectfully submitted,

Georgette Saxton,  
Board Chair

Bruce Cunningham,  
Chief Executive Officer





# A Report from the Chief of Staff

Dear Board Members, Administrative Staff, and colleagues,

I would like to thank Mr. Bruce Cunningham and his staff, for the support and hard work during my two years as Chief of Staff of the Temiskaming Hospital. I certainly appreciated their involvement at the committees level and their dedication to improve the performance of the hospital.

In the last 2 years, we have made efforts to improve the quality of care delivered not only by physicians, but all allied health care workers in the hospital. With our new *no blame culture*, new electronic reporting system, and team approach care, the patient is the main focus.

We have revamped the Quality Care Committee to review and improve the care towards patients. This committee looks at all aspect of the hospital; from visits to the ER, to surgical patients, to the inpatient ward including obstetrical care.

A new challenge that we have faced for the last 2 years is recruitment and retention. It has become a very serious item on our agenda. We are actively seeking new ways to recruit physicians in all departments of the hospital. We need family physicians for the Temiskaming Shores area, surgeon and anaesthetist, and ER physicians. This will be a difficult task as many communities in Ontario are also faced with a similar situation. I would like to thank the administration in their efforts at finding locums to relieve the pressure on our physicians. We have some leads on new physicians; I hope this will materialized soon.

Finally, I would like to wish my successor the best of luck with his new position and new challenges. I know that Dr. Sears will have a very positive impact on the hospital as he is very well respected from his patients, hospital staff and his colleagues. I would also like to thank Drs. Goddard and Rahn for their involvement in the medical advisory committee and other medical and board committees.

Yours truly,

Jean M. Corbin MD





# A Report from the Hospital Auxiliary

The Temiskaming Hospital Auxiliary and Volunteers were treated to a delicious dinner last April provided by the Hospital. There were about 60 people who attended which was a good turnout. Our hospital physiotherapist spoke to us about balance and how to protect ourselves from falls.

In May, we held our Annual Meeting. It is difficult to attract new members to take executive positions.

The Fall arrived and our area hosted the International Plowing Match which attracted approximately 80,000 people to our beautiful area. We tried to take advantage and had a sale at the Temiskaming Mall that week; we didn't do as well as we had hoped but we will try again.

In November, four members attended the HAAO Convention. We had two new volunteers attend and they were very impressed. One member, Florence Krick received her Provincial Life Membership.

The Auxiliary had been asked to help purchase a portable ultrasound machine for the emergency department and \$25,000 was donated towards the purchase. The machine has been well used.

Many changes have taken place due to infection control. There are no magazines in waiting areas and more cleaning in emergency department.

The Auxiliary donated craft supplies, gifts for bingos, and Christmas goodies to the long-term care patients. A mini rose plant was given to each of the long-term care patients on Valentines Day and they enjoyed the plant very much. We also decorated the hospital at Christmas.

The Auxiliary and volunteers help out with other duties when asked by the hospital staff members.

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 2009/2010

**Chair:** Georgette Saxton (Cobalt/Coleman)  
**First Vice-Chair:** Wayne Green (Haileybury)  
**Second Vice-Chair:** Carmen Koski (Latchford/Temagami)  
**Treasurer:** Maurice Landriault (New Liskeard)  
**Secretary:** Bruce Cunningham (Chief Executive Officer)

Trustee: Patricia Willard-Inglis (New Liskeard)  
Trustee: Anne Wilson (Cobalt/Coleman)  
Trustee: Sara Munroe (Armstrong, Casey, Brethour, Harley, Hilliard and Thornloe)  
Trustee: Cliff Geddes (Haileybury)  
Trustee: Roger Doré (Haileybury)  
Trustee: Voula Zafiris (Dymond/Harris)  
Trustee: Vacant (Hudson/James/Kerns)  
Trustee: Vacant (New Liskeard)

Chief of Staff: Dr. Jean Corbin

President,  
Medical Staff: Dr. Steve Sears

Vice-President,  
Senior Advisory  
Physician: Dr. Steve Goddard

**A Trustee is -**

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



# Medical Staff 2009/2010

## Executive

<b>Chief of Staff:</b>	Dr. Jean Corbin
<b>President:</b>	Dr. Steve Sears
<b>Vice-President, Senior Advisory Physician:</b>	Dr. Steve Goddard
<b>Secretary:</b>	Dr. Raymond Rahn

## Chiefs of Clinical Services

<b>Anesthesia:</b>	Dr. Glen Percy
<b>Dentistry:</b>	Dr. John Marcassa
<b>Emergency/Special Care:</b>	Dr. Glen Percy
<b>Medicine:</b>	Dr. Tom McDermott
<b>Obstetrics/Gynecology:</b>	Dr. Steve Sears
<b>Surgery:</b>	Dr. Raymond Rahn

## Clinical Advisors

<b>Cardiopulmonary Program:</b>	Dr. Brenda Hardie
<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 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 March 31, 2010

Category	Actual 2009-2010	Actual 2008-2009
<b>Total Weighted Cases</b>	2,765	3,090
<b>Medical Surgical</b>		
Patient Days	15,114	14,339
Separations	1,522	1,663
<b>Intensive Care</b>		
Patient Days	571	642
<b>Obstetrics</b>		
Patient Days - Adult	820	738
Patient Days - Newborn	678	629
Separations - Adult	314	276
Separations - Newborn	299	262
<b>Chronic Care</b>		
Patient Days	1,487	1,471
<b>Operating Room</b>		
Inpatient Cases	497	635
Outpatient Cases	1,655	1,995
<b>Ambulatory Care</b>		
Emergency Visits	22,997	22,658
Chemo Visits	1,273	1,020
Day Surgery Visits	351	548
Clinic Visits	3,215	2,869



# Statistical Reports (Continued)

## Temiskaming Hospital Workload Statistics

<u>Number of Tests</u>	<u>2009/2010</u>	<u>2008/2009</u>
Laboratory		
Inpatient	60,616	65,622
Chronic	593	1,150
Outpatient	87,261	76,562
Referred In	193,035	161,201
X-Rays		
Inpatient	1,706	2,153
Chronic	9	85
Outpatient	4,824	5,620
Emergency	3,435	3,615
Referred In	26	92
Mammography		
Inpatient	5	1
Outpatient	591	584
Emergency	0	1
Cat Scan		
Inpatient	440	478
Chronic	0	18
Outpatient	2,301	2,323
Emergency	171	156
Ultrasound		
Inpatient	367	440
Chronic	0	16
Outpatient	5,132	4,687
Emergency	140	169
Bone Densitometry		
Inpatient	0	0
Outpatient	913	971
Echocardiograph		
Inpatient	102	101
Outpatient	640	751
Respiratory		
Inpatient		
- Diagnostic Tests	378	943
- Routine Tests	1,487	1,610
Outpatient		
- Diagnostic Tests	1,624	1,268
- Routine Tests	94	158





# Statistical Reports (Continued)

## Workload Statistics (continued)

<u>Number of Tests</u>	<u>2009/2010</u>	<u>2008/2009</u>
<b>Clinical Nutrition</b>		
Attendance Days - Inpatient	865	752
- Chronic	64	69
- Outpatient	121	128
New Referrals - Inpatient	630	544
- Chronic	15	14
- Outpatient	110	114
Active Carryovers - Inpatient	51	40
- Chronic	37	33
- Outpatient	19	13
<b>Physiotherapy</b>		
Attendance Days - Inpatient	1,704	1,870
- Chronic	81	3
- Outpatient	883	448
New Referrals - Inpatient	381	468
- Chronic	1	0
- Outpatient	109	149
Active Carryovers - Inpatient	142	222
- Chronic	0	1
- Outpatient	270	130
<b>Occupational Therapy</b>		
Attendance Days - Inpatient	1,815	1,200
- Chronic	12	93
- Outpatient	558	409
New Referrals - Inpatient	260	169
- Chronic	1	5
- Outpatient	55	48
Active Carryovers - Inpatient	97	74
- Chronic	5	11
- Outpatient	89	84
<b>Speech Language</b>		
Attendance Days - Inpatient	214	225
- Chronic	10	17
- Outpatient	331	186
New Referrals - Inpatient	35	44
- Outpatient	32	20
Active Carryovers - Inpatient	31	33
- Chronic	7	6
- Outpatient	136	98