



Patients First

ANNUAL REPORT 2016/2017



‘Valuing our Collaborative Partnerships’

Mission ~ Vision ~ Values

Vision

A Leader in health care and gateway to services

Mission

To provide excellent health care programs and services to all we serve

Values

- **Patients First**
- **Integrity**
- **Caring/Compassionate**
- **Continuous Quality Improvement**
- **Respect & Dignity**
- **Contribution of all**
- **Culture of Effective Communication**

Strategic Priorities

- **Promoting the value of our people**
- **Broadening our Excellent Health Care**
- **Sustaining our Resources**

A Message from the CEO & Board Chair

Welcome to the 2016/17 annual report of the Espanola Regional Hospital and Health Centre (ERHHC). We are excited to be delivering this report to you that highlight's many of the accomplishments realized over the past year. Aligning with the ERHHC Strategic Plan and Patients First philosophy, the theme of this report is "Valuing Our Collaborative Partnerships" in recognition of the tremendous strides forward to strengthen our health care system. The goal for us and our many partners is to provide the "right care at the right time in the right place" within our health hub model. In order to do this, partnering with our community, patients, families, and providers is essential. Over this past year we have collectively advanced our commitment to excellent health care service delivery with the partnership of all stakeholders.

We are very proud of our existing health hub model that has grown over the years as a result of the foresight and hard work of many individuals and groups. A tremendous support to our collaborative quality initiatives was the announcement made last August by Premier Wynne during her visit to ERHHC. We were both honored and appreciative of the financial investments made by the Ministry of Health and Long Term Care (MOHLTC) to promote and expand our Rural Health Hub Model. With these new funds, a team was formulated to launch extensive engagement efforts to review our existing services, and with all stakeholders' input, identify the gaps. The existing Espanola and Area Health and Community Service Planning Network has played an essential role in providing relevant background and will continue to do so as we move forward. This committee, comprised of representatives from the many health and social services organizations available in our community, is dedicated to developing the necessary formal and informal collaborations and partnerships that will support the patients/clients we all serve.

Additional investments received this past year from the North East Local Health Integration Network (NELHIN) and the MOHLTC included an increase to our base budget and new investments in a hospice care bed. Ongoing commitment for the regional Behavioral Support Clinician was received in recognition of the tremendous value of this program. These additional investments allowed us to expand our services and balance our overall budget which was welcome news as the projected budget at the beginning of the year estimated a significant deficit. We must also recognize the ongoing financial support of our fundraising partners. The Foundation and Hospital Auxiliary have worked tirelessly to improve the quality of life for our patients, residents and families. We are very excited about the new fundraising campaign which will provide a beautiful, safe, gated park for our residents in the Nursing Home. The generous donations and fundraising efforts have been remarkable and so very much needed. We are sincerely thankful for the hard work of these volunteer groups.

This year's Annual Report highlights the exceptional quality care initiatives, collaboration agreements and enhanced services. All of these initiatives have come to fruition as a result of the leadership from our Board and staff and the hard work and dedication of all our stakeholders. We would like to thank our volunteers, staff, physicians, partners, patients, families and communities. The old adage "it takes a village to raise a child" can be said for healthcare; it takes a community to care for each and every one of us.

We hope you enjoy this year in review. We are very proud of our accomplishments and Rural Health Hub model which have been recognized provincially. We take great pride in our collaborative, integrated Quality Improvement Plan that includes the Espanola and Area Family Health Team, Espanola Nursing Home and ERHHC. This plan provides an excellent overview of the many service improvements and initiatives that are in place and being measured. The newly formed Patient Advisory Council will be instrumental as we move forward in ensuring quality and excellence in our service delivery. In a recent visit by the Provincial Patient Ombudsman, she praised our patient engagement efforts and our Patients First philosophy.

We look forward to hearing from you! Your feedback is essential. Please let us know how we rate; what we do well and most importantly what we can improve upon. Please join us in our commitment in building collaborative relationships and partnerships as we strive to deliver the very best care possible.

Respectfully,

Janet Whissell, Board Chair

Nicole Haley, CEO

Leadership Team 2016-2017

Board of Directors

EXECUTIVE COMMITTEE

Janet Whissell, Chair person
Dave Pope, 1st Vice Chair
Ron MacKenzie, 2nd Vice Chair
Maureen VanAlstine, Treasurer
Nicole Haley, Secretary

VOTING MEMBERS

Debora Merchant
Michelle Bois Clark
Clive Fitzjohn
Ken Duplessis
Louise Laplante
Marc Samson
Cynthia Townsend
Patricia Trudeau
Yves Carriere

Our Board of Directors volunteer 100% of their time and do not receive an honorarium or stipend for attendance at Board meetings or functions. Board members are required to review a vast amount of information (i.e. study documents and publications), to gain knowledge of new directions in health care transformations, etc. as it impacts on their decision making in establishing hospital policy, funding allocations and communication.

To further their education, Board members attend numerous training events, webcasts & information meetings, so they can be prepared to make informed decisions.

We are very fortunate that our Board has much depth in terms of skills and knowledge to ensure our community has access to the best healthcare possible.

Corporate Membership

Michelle Bois Clark	Nicole Haley	Dave Pope	Cynthia Townsend
Yves Carriere	Louise Laplante	Diane Rand	Pat Trudeau
Ken Duplessis	Ron MacKenzie	Kim Roy	Maureen VanAlstine
Clive Fitzjohn	Deb Merchant	Marc Samson	Janet Whissell
Louise Gamelin	Terri Noble	Tammy Tallon	

Board of Directors





Our managers are actually “working” managers in that they also perform front line (direct and indirect) patient care in addition to managing their departments.

This is not unusual in small hospitals, where managers often take on front line functions due to lack of critical mass/economics of scale.

While that can add its challenges it too offers a greater degree of fulfillment and satisfaction as they can experience the direct impact of their teams’ efforts on patients and families.

Administration

SENIOR MANAGEMENT

Nicole Haley, Chief Executive Officer

Kim Roy, Chief Financial Officer

Jane Battistelli, Director of Clinical Services

Tammy Tallon, Executive Assistant

MANAGEMENT TEAM

Janis Bond, Laboratory

Jon Brunetti, Family Health Team

Chantal Bussieres, Pharmacy

Marlo Desjardins, Human Resources

Kristy Desjardins, Food Services/Housekeeping

Monique Gallant, Physiotherapy

Jodie Graham, Materials Management

Paula Mitroff, Patient Safety & Quality

Terri Noble, Public Relations/Foundation

Phyllis Paradis, Queensway Place

Al Renaud, Maintenance

Ron Renaud, Information Technology

Tammy Small, Acute Care/Emergency

Phil Smith, Diagnostic Imaging

Liisa Tallon, Health Records/Privacy

Paul Ainslie, Clinical Informatics

Medical Leadership

LEADERSHIP

Dr. Andre Michon, Chief of Staff

Dr. Michael Bonin, Medical Director - Lab

Dr. Andy Caruso, Emergency Department Medical Director

Dr. Hama Salam, Medical Director- Long Term Care

Dr. John Knox

Dr. Alison McMillan

Dr. Kim Perlin

Dr. Ray Bertrand

Dr. Liane Vilano

Dr. Lionel Marks de Chabris

Our physicians must be recognized and commended for their efforts in going above & beyond in providing quality care to the residents of the communities we serve.

We often take it for granted that the doctors are trained to look after every aspect of the healthcare needs of its citizens. In many larger urban communities, doctors have the support of specialists and other medical supports readily and conveniently available within their hospitals. In small rural communities, like Espanola, our physicians develop an enhanced skill set in order to manage higher levels of complexities of care.

Due to isolation of rural communities, physicians often depend on their own experience, skills and judgement to make a determination on a patient’s care plan as they do not have that same access to other medical supports as the urban counterparts. In short, our physicians are amazing!

Dr. Andre Michon Chief of Staff

It is once again my pleasure to present to the corporate membership of the Espanola Regional Hospital and Health Center (ERHHC) my sixth annual report. From the guidance of the Board of Directors on through senior management, physicians, nurses, allied health care providers and support staff we continue to strive to meet the vision, mission and values of ERHHC. I acknowledge our CEO Nicole Haley, our CNO Jane Battistelli, our Nurse Manager Tammy Small, for their support and input throughout the last year in working towards achieving our collective goals. The following is a summary of some our work in the last year.

In the long-term care (LTC) Department we have endured a challenging year. Numerous viral outbreaks stretched our resources but in the end it was well managed by a dedicated and resourceful team. My thanks go out to all management and staff for their diligent efforts. There is also increasing care requirements of these residents due to their pathologies. We have luckily continued to have BSO resources and Geriatrician support. We also welcome Dr. Allison McMillan, who has joined our physician team in the nursing home. I thank both Dr. Knox and Dr. Salam for their continued efforts and welcome Dr. McMillan to the fold.

Dr. Mike Bonin continues his dedicated management of our laboratory services. Continued education and the streamlining of tests ordered have mitigated the impact on the global budget. We are in turn able to provide greater access to real time bed side tests, benefitting patient care.

We welcome Dr. Jeffrey Middaugh to the position of ED Medical Director (EDMD) and look forward to his leadership and input. We thank Dr. Andy Caruso for his valued contributions in his tenure as EDMD. Dr. Clyde Hourtovenko has expanded his cardiovascular clinic at ERHHC, significantly improving our local cardiology care. We also benefit from numerous visiting physicians. Notably, Dr. Lionel Marks De Chabris contributions from a pain care perspective and information sessions to our group have improved our understanding, care and management of opioids.

We have a dedicated diagnostic imaging team led by Dr. Sloan and the Sudbury Radiology group who continue to provide a valuable and expansive service. They are much appreciated.

Information technology (IT) has continued to improve and the slow march toward paperless electronic medical records goes on. In the last year we have gone ahead with implementation of electronic order sets. Going forward IT will play an increasingly greater role in improving care and coordination of patient care. Establishing clinical practice standards will be paramount as we move forward.

Continued outreach to our colleagues and partners is ongoing. We have had numerous interactions with Manitoulin-Sudbury District Social Services Administration Board and our jointly working towards finding improvements and solutions to patient transfer issues. The demands on mental Health care and coordination continue to increase. We are working with our partners throughout our catchment area to increase access to care. As with every other community, our ageing population requires heightened services from the medical community. We have developed a business case to institute a "Health-Links" program in an attempt to identify and enhance the care provided to those with elevated frailty and health issues who are repeated and frequent users of our services.

We have built upon our relationship with the Northern Ontario School of Medicine (NOSM). The number of medical learners coming to ERHHC continues to increase as do the students requesting to come to Espanola for rotations. In the last year our ED department took part in the mentorship of a graduated physician in partnership with the Ministry of Health and Long-Term Care (MOHLTC). Dr. Michael Galic is now a member of our ED department and Dr. Sean Mahoney has returned to our schedule. A big welcome to both.

The hospitalist group remains stable and a high performing. We receive many requests to be a part of this group. As well, our physicians are very complimentary of the performance of the nursing and allied health professionals affiliated with our acute care unit.

Our ED department continues to benefit from the excellent care provided by our locum physicians. This group has risen to the occasion repeatedly when scheduling shortages occur. I wish to express my appreciation and thanks to all of our valued ED doctors. We are currently and diligently attempting to recruit more physicians to our roster.

On a brighter note, at the beginning of my tenure as Chief of Staff (COS) we were nearing 700 incomplete charts. Through the diligent work of our medical records department and all of the participating physicians we have brought this number just recently to just slightly over 50. I applaud your efforts and accomplishment.

With the numerous matters discussed in this report it is apparent that there are multiple challenges to meet and overcome. As always, we continue to strive for excellence in health care delivery to those we serve. I extend my sincerest gratitude and appreciation to all participants and providers at ERHHC in working towards our Mission.

Dr. Andre Michon
Chief of Staff



THE AUXILIARY

ESPANOLA GENERAL HOSPITAL,

Annual Report 2016-2017

First and foremost, I would like to thank the Board for their support and guidance throughout the year. Our new President is Dianne Rand who is looking forward to her two year term of office and she will be the board representative for the Auxiliary.

This past year has been a very busy one for our 27 active members. Our Gift Shop continues to be very popular and we have many talented ladies who knit, crochet, quilt and craft. They also do custom orders and make wonderful garments for our Shop. We have been stocking handmade items for Canada's 150th birthday which have been flying off the shelves.

Our fundraisers throughout the year include soup and sandwich lunches which are enjoyed by staff and residents. We host the Pumpkin Pancake Breakfast during the Fibre Festival and the Christmas Tea and Bazaar and Bake Sale which are both very popular endeavours. Our handmade unique Christmas balls are sold and placed on our In Memorial Tree outside the Shop. Purchasers are encouraged to pick them up before Christmas for their own tree. We sold our wares at the Espanola Car Show last May which is also an excellent opportunity to sell butter tarts which are always popular.

Our Auxiliary members along with Quilt Guild members have made beautiful little wall quilts for the Hospice Room which are chosen by the patient and they will go to their family when their loved one has passed.

Our Bridge Convenor who looks after the year's activities, has done a great job as always. We have a night of bridge and goodies for them to close the season. We thank all who are part of this fundraiser.

Our Christmas and Mother's Day raffles are always popular. We are very thankful for the many businesses in town who support us with gift certificates and many other donations for our activities. We are especially proud of our gifted Auxiliary members who make beautiful items for the raffles and donate their time as members and Executive to our Auxiliary.

For our donation this year, we will be presenting the Hospital Board a cheque for \$25,000. It always gives our members a lot of pleasure to be able to help in this way.

We look forward to another busy and productive year.

Yours in volunteering,

Sandra Courtemanche, Past President

A Year at a Glance

Premier Kathleen Wynne Visits ERHHC



On Sunday August 7, 2016, we were host to Premier Kathleen Wynne. The Premier brought some fabulous news for Espanola Regional Hospital & Health Centre.



Ontario Launching Pilot Project for Rural Health Hubs

As part of her week-long visit to more than a dozen Northern Ontario communities, Premier Kathleen Wynne made an announcement at Espanola Regional Hospital and Health Centre, one of five sites chosen for the pilot project. Ontario will provide \$2.5 million in funding over three years for the five hubs.

The funding will enhance service integration at the five health care locations to help them become fully integrated health hubs that better meet the unique needs of rural communities, and that provide high-quality care for patients. They will connect modern services and coordinate transitions between caregivers and doctors -- and make it easier for patients and their families to understand and access their health care choices.

Along with community partners, the five health care centres participating in the pilot project are:

- Espanola Regional Hospital and Health Centre
- Dryden Regional Health Centre
- Manitowadge General Hospital
- North Shore Health Centre -- formerly Blind River District Health Centre
- Haliburton Highlands Health Services.



In collaboration with community partners, each site will support health system transformation and improve care, access and outcomes for patients in remote areas of the province. It is expected that the hubs will evolve into fully integrated health care delivery systems by 2017-18. They will then provide care that is integrated from end to end -- public health, primary care, mental health care, chronic disease management, acute care, home and community care, long-term care and palliative care.

Finding new and better ways to deliver health care to patients in rural Ontario is part of the government's plan to build a better Ontario through its Patients First: Action Plan for Health Care, which provides patients with faster access to the right care; better home and community care; the information they need to live healthy; and a health care system that is sustainable for generations to come.



Stellar Award



Award to ERHHC for unwavering support of the Co-operative Education Program at the Espanola High School. The hospital has always fostered an atmosphere of professionalism and team work, which has encouraged the ongoing learning of EHS students



Hospice Care



Late August 2016 ERHHC was notified that 17 small hospitals across the NELHIN would be funded for a 1 bed Hospice suite. With this funding along with private donations the designated room was renovated with new paint and cabinets as well, the Acute Care kitchenette and family room received a facelift with new paint, cabinets, furniture and appliances. ERHHC Ladies Auxiliary has donated quilts for the Hospice room bed which give the room the added "home" like touch. Additional funding dollars were used to provide palliative/end of life care education to Physicians, Nurse Practitioners, Nursing staff and Social Work. On January 30th, 2017 ERHHC opened their renovated Hospice room and to date 9 patients and families have received end of life care in the hospice room.



Family Health Team Award

The Family Health Team has received the 2016 AFHTO Bright Lights Award for our participation in the *Stay on Your Feet* falls prevention screening. We were one of 0 FHTs recognized in the pilot project which includes From Soup to Tomatoes as one of the interventions. This initiative is now being rolled out to an additional 16 FHTs this year, and provincially by the end of 2018!



association of family
health teams of ontario

Patient Ombudsman Christine Elliott

Ontario's First-Ever Patient Ombudsman to visit Espanola

Ontario's First Patient Ombudsman, Christine Elliott, arrived in Espanola on March 30, 2017 to speak about her role in attempting to resolve and investigating patient complaints, and where she will learn about patient-centred innovations in the region. She met with the LHIN, patients and families, and health service providers.

Christine Elliott was appointed as the First-Ever Patient Ombudsman on July 1, 2016. As a champion for fairness, the Patient Ombudsman facilitates resolutions and investigates complaints about patient care and health care experiences in Ontario.

The Patient Ombudsman has jurisdiction over hospitals, CCACs and long-term care homes.



Soup to Tomatoes



Healthy eating and exercise are foundations necessary for living a fulfilling life. *From Soup to Tomatoes* is a unique armchair-based exercise program that's helping real people achieve health and fitness goals they never thought possible. But don't just take our word for it. Check it out at www.fromsouptotomatoes.com



Sagamok Anishnawbek & ERHHC – Collaborative Protocol



In August 2015, a number of community concerns were raised concerning the care experience received (and perceived) by Sagamok Anishnawbek community members who presented at the Espanola Regional Hospital and Health Centre.

The concerns were categorized in the following theme areas:

- Accessibility
- Communication
- Primary Care and Treatment
- Trust
- Culture and Language
- Cultural sensitivity and competency
- Discharge Planning
- Hospital Relationship with Sagamok Anishnawbek

Both Sagamok Anishnawbek and ERHHC have agreed to institute a process to not only clarify and resolve these concerns but to establish a platform for a positive and productive partnership for the longer term.

As part of this endeavour, Sagamok Anishnawbek submitted a proposal jointly with Espanola Regional Hospital and Health Centre to Health Canada for funding under the Health Services Integration Fund to support closer collaboration and coordination with ERHHC over a two year period. Part of this funding will support the development of a collaborative agreement or protocol as well as the establishment of a Working Group to plan for and implement specific collaborative activities and approaches. Both Sagamok Anishnawbek and Espanola Regional Hospital and Health Centre have committed to sustaining the Working Group beyond its original two year time frame.

The purpose of this agreement is to outline how Sagamok Anishnawbek Community Wellness Department and Espanola Regional Hospital and Health Centre will work in partnership to ensure that Sagamok community members who present as patients or visitors to the hospital receive a positive and quality care experience.



FINANCIAL REPORT

ESPANOLA GENERAL HOSPITAL
Statement of Financial Position
March 31, 2017 with comparative figures for 2016

	2017 \$	2016 \$
Assets		
Current		
Cash	1,420,465	441,694
Accounts receivable	682,180	962,342
Inventories	276,231	321,162
Prepaid expenses	203,601	228,156
	2,582,477	1,953,354
Portfolio investments (note 3)	3,801,367	3,649,035
Capital assets (note 4)	15,274,859	15,589,960
Capital expenditures for projects in progress	352,836	407,218
	22,011,559	21,599,567
Liabilities and Net Assets		
Current liabilities		
Accounts payable and accrued liabilities (note 5)	2,235,940	2,710,529
Deferred contributions for capital assets (note 6)	9,805,884	9,781,278
Post-employment benefits (note 7)	702,388	649,024
	12,744,212	12,640,831
Net Assets		
Invested in capital assets (note 8)	5,821,831	6,215,900
Internally restricted for the acquisition of capital assets	394,624	402,990
Unrestricted	3,055,484	2,528,495
	9,271,939	9,147,385
Accumulated remeasurement losses	(4,392)	(188,649)
Total net assets	9,267,347	8,958,736
	22,011,559	21,599,567

News from the Finance Team

Updated technology and reporting changes kept the ERHHC's Finance Team on the move in 2016/17 as they managed the finances for the Hospital, Long Term Care, Queensway Place, Family Health Team and Non-Profit Housing. This year some of the changes included the introduction of new budgeting software for managers, the requirement to transmit physiotherapy stats to the Ministry of Health and Long-term Care using the Accounts Receivable program and the first steps were taken in the transition from paper cheques to electronic fund transfers.



ESPANOLA GENERAL HOSPITAL**Statement of Operations**

Year ended March 31, 2017 with comparative figures for 2016

	2017	2016
	\$	\$
Revenues		
Ministry of Health and Long-Term Care / North East LHIN:		
Hospital Operations	11,539,829	10,992,517
Emergency On Call Coverage	1,849,023	1,814,453
Sources other than Ministry of Health and Long-Term Care / North East LHIN:		
Other patient revenue	1,298,636	1,162,886
Preferred accommodations	102,951	100,214
Chronic care co-payment	596,672	614,821
Recoveries and other revenues	1,756,570	1,747,495
Gain (loss) on disposal of capital assets	(8,296)	9,170
Amortization of deferred contributions for allowable capital assets	110,969	105,943
	17,246,354	16,547,499
Expenses		
Salaries and wages	7,701,572	7,689,558
Supplies and services	3,362,390	3,269,215
Medical staff remuneration	2,410,746	2,380,023
Employee benefits	2,384,139	2,340,779
Amortization of allowable capital assets	349,478	348,221
Drugs and medical gases	177,191	162,507
Medical and surgical supplies	180,276	145,016
Bad debts	18,486	8,712
	16,584,278	16,344,031
Excess of revenues over expenses before undernoted items	662,076	203,468
Other Revenues		
Long-term care program (schedule 1)	2,381,681	2,196,675
Realized investment income on portfolio investments internally restricted for the acquisition of capital assets (note 12)	195,470	146,050
Other votes and programs (note 9)	4,650	4,650
Amortization of deferred contributions for non-allowable capital assets	349,439	355,138
	2,941,240	2,702,513
Other Expenses		
Long-term care program (schedule 1)	2,910,837	2,724,021
Other votes and programs (note 9)	4,650	4,650
Amortization of non-allowable capital assets	563,275	537,660
	3,478,762	3,266,331
Excess (deficiency) of revenues over expenses	124,554	(360,350)

ERHHC Team 2016-2017

Health Records/Registration



The Health Records Department is responsible for the collection, use, security and disclosure of your personal health information (your health chart). We do the transcription for many Consultations, Clinics, Emergency patients and Acute Care patients. We also submit all diagnosis and statistical information from Emergency and Acute Care visits to a central registry called CIHI and to the Ministry of Health.

The Registration Department is your central registration and information source. Last fiscal year we registered 38,104 outpatients and 508 inpatients. A very busy department who also receives most of the phone calls and assists the Emergency Department and the Health Records Department.

Patients and their families have the right to trust their privacy will be protected by the health care providers upon whom they depend. We take this very seriously and do our very best to protect your privacy and your information. We conduct regular audits and have policies and procedures in place should there be a breach of your personal health information. Every employee also signs a confidentiality contract.

Maintenance

The Maintenance Department had a very busy year. The ventilation system was completely replaced at the Family Health Team. The old system consisted of 6 air handling units controlled by 6 thermostats. This system was replaced with a "zoned system" consisting of 52 thermostats all logically controlled. Electronic dampers were installed to all exam rooms and offices. The Hospice Room was renovated as well as the Acute Care family room and kitchenette. Curbs and sidewalks were replaced and a new hot water boiler was installed. And in an effort to lower our energy costs, all of the parking lot lights were upgraded to LED. All of this and much more was accomplished while doing our regular maintenance of the building and grounds!



Executive Assistant



Our Executive Assistant Tammy Tallon runs a very busy office, not only is she Senior Managements' right hand woman, she keeps all managers up to date!

Laboratory



Physicians depend on the results of lab tests to aid them in the diagnosis and selection of appropriate treatment. The equipment in the lab is modern and up to date, assuring the quality of results.

Our Laboratory staff have performed more than 150,000 tests in house and 11,152 referred out tests.

Diagnostic Imaging

We offer an exceptional list of diagnostic testing for a small rural hospital. Along with all the testing that you would expect at a facility this size such as general Xray and Ultrasound, we also offer a full vascular ultrasound service, weekly radiologist visits at which time we perform gastrointestinal studies and some special procedures, a 3 day per week echocardiography service, our own holter monitor service which includes up to 14 day full disclosure and weekly exercise stress testing. They are all booked at (705)869-1420 extension 3500. Elective appointments are accommodated within 2 weeks and less for some modalities with report turn around time within 3 days.

Cardiology

Dr C. Hourtovenko will now support Espanola Regional Hospital and community by increasing his availability for the ERHHC cardiology clinics to 2 days per month. This will greatly **reduce wait times and access** to this service.

Diagnostic Imaging



Physiotherapy



What happens in Physio, Inpatients, outpatients, cardiac rehabilitation, nursing home, WSIB, Community Clinic Program, community exercise programming, and staff CPR instruction! Last year approximately 421 clients received service in the department accounting for over 5000 visits! Look what's trending - of this group a whopping 72 clients were seen following total joint replacements! This activity does not include time contracted out to the nursing home either. Beyond patient care, we were also host to several COOP students from Espanola High School and a summer kinesiology internship from Laurentian University. Of note in the past year was also the start of a community poling program to encourage physical activity.

Information Technology



The IT Department Looks after 3 sites which include Blind River and Manitoulin Island. The IT department looks after all the day to day needs at all locations.

We now offer Free WIFI to all patients at ERHHC.

Another upgrade in the last fiscal year was the combination of new Family Health Team telephone system to our ERHHC existing telephone system.

Central Supply/Receiving

Central Supply and Receiving has a total of over 1750 different types of items stocked in our inventory. Last fiscal year, we created and received more than 1300 purchase orders and supplied more than 675,000 individual items to all areas throughout the facility. We also cleaned, disinfected and sterilized more than 1100 sets of foot care instruments, over 1000 suture and specialty trays as well as countless instruments, bedpans and basins. Our small team of 3 employees work extremely hard to manage the inventory in order to ensure that no department goes without supplies, keeping the organization running from day to day.



Dietary



The Dietary Team prepared and served **33,865** meals in 2016/2017! Meals are served in Acute Care as well as the Espanola Nursing Home.

Laundry / Housekeeping



Our laundry department washed, dried and folded **120,288 kgs (265,189 lbs)** of laundry!!



Family Health Team



- Retention of all allied health professionals, recruitment of an RPN, and receptionist
- Recruitment of a new physicians (Dr. Stephen Bignucolo)
- AFHTO Bright Lights Award (Collaboration Across Interprofessional Teams to Foster Improvement)
- Expansion of OTN Respiriologist Program
- Creation of Cardiac Rehab Program
- Expanded use of EMR (Increased use of Ocean tablets)
- New Palliative program, and Grief Support Group
- "From Soup to Tomatoes" DVD series supported by the LHIN, and new YouTube Channel
- MOHLTC increase to Base funding for staff salary/benefits
- Negotiated ONA contract



Espanola Nursing Home



Resident Survey

100% "You are always treated with respect and dignity"
"Feel secure and safe in the home" "You would recommend our home"

Average age of residents just over 81



Residents are actively involved in fundraising for our new park, including attending Lobsterfest, serving breakfast to staff and bagging groceries at Freshco.

Queensway Place

Fred Bright turns '100'

ESPANOLA'S OWN FRED BRIGHT CELEBRATES AN AWESOME 100TH BIRTHDAY: His wish came true and it is thanks to you. Fred Bright, a resident at Espanola's Queensway Place for the last 17 years celebrated his 100th birthday on March 17, 2017.

Fred had asked for 100 birthday cards, and he got that and more ... around 1,000, thanks to school children from the local schools, the general public, as well as family and friends made it a 100th birthday he won't soon forget.

Four generations of family came together to celebrate with cake, a sing along, tributes and a huge family birthday dinner.

Born in England, he fought in the Second World War, married his war bride from Scotland, Helen Hamilton Hunter, raised four children and worked at CP Rail for many years, following that with being a groundskeeper at a couple of golf courses.



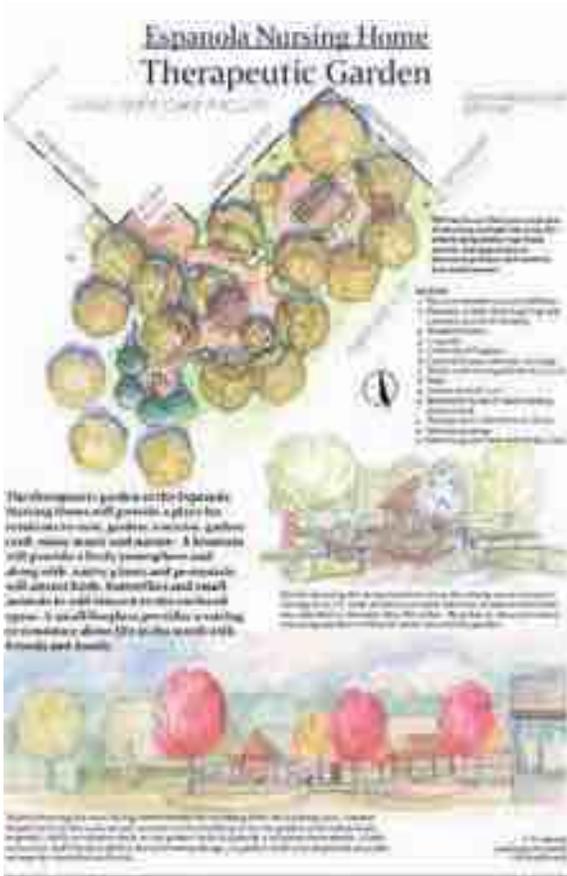
50% of tenants are 90+ years young!!!



Foundation

NURSING HOME PARK PROJECT

‘A Breath of Fresh Air’



Benefits of Outdoor Space for Seniors

- Δ Increased Socialization
- Δ Environmental Stimulation
- Δ Increased Exposure to Sunlight
- Δ Better Sleep Patterns
- Δ Decreased Agitation & Aggressive Behavior
- Δ Increased Exercise
- Δ Helps Reduce Stress for Family Members



Clinical Informatics



The Clinical Informatics Team is responsible for maintenance and coordination of the Clinical Information Systems and its impact on the hospital clinician workflow.

Clinical Informatics attempts to bridge the gap between clinicians and technology in the hospital, and uses a broad spectrum of skills. By engaging Clinical Informatics, the healthcare end users are able to ensure that they are creating systems that are embedding those data collection processes properly within the healthcare information systems. By adhering to best practices that support integration between partners and create the opportunity for effective data analysis and trending, the healthcare end users are able to move beyond capturing required data to using systems data to support clinical decision-making.

Quality Improvement



The Quality Improvement Plan (QIP) for the Hospital, FHT and LTC requires much data gathering and planning. The 2017/18 integrated QIP was completed under the leadership and guidance of Paula Mitroff. Participation from the ED/Acute Clinical Manager, FHT Manager, Director of LTC and two members of their frontline staff have been instrumental in developing the Quality Improvement Plan for the upcoming year. As a team, we are looking at ways to collaborate, find efficiencies and create new programs that will further enhance the care and services we offer the patients, residents and caregivers in our community.

Coordination with community providers has provided us the opportunity to streamline the transition of care from hospital to home. The team has also implemented processes and pathways to refer patients to the appropriate community supports from ED, Acute and Primary Care so patients can be connected to the right provider and the right care when they need it. This year has seen the addition of a Cardiac Program and a Palliative Care Program with a Hospice Suite. Integration with the FHT has been taken to a new level and members of their primary care team have joined hospital providers to enhance continuity of care and hand off between sectors. We have made and continue to move forward with improvements in access to mental health services for the adult and youth population, as well as in geriatric services for seniors. The integrated QIP embodies the mission and vision of the organization, as well as supports the mandate of the Rural Health Hub Pilot Project. The QIP narrative and work plan details the accomplishments of last year and our plan for the year ahead, both can be found on our website.

Quality and Patient Safety

Over the past year several improvements have been made to our Emergency Preparedness Protocols which have included participation from all hospital staff. Emergency Preparedness encompasses the facility's ability to respond to emergency situations effectively and safely. Emergency situations are categorized by colours in order to help staff distinguish between the different types of emergencies. In order to ensure staff are well prepared and comfortable dealing with events of this magnitude, mock drills are held on a regular basis.

Code Red (how to respond to a fire) drills are conducted twice a month whereby the entire facility enacts the fire procedure in their department. Roles and responsibilities are executed during the drill which enhances staff knowledge and level of comfort with the Code Red response.

A **Code Green** (evacuation) drill was performed in April and is done on an annual basis. The drill was completed in the Acute Care department which led to the evacuation of 15 patients. The staff conducting the drill had 75 minutes to safely evacuate all 15 patients to the emergency department (staging area) but were able to safely do this in 11 minutes. The Code Green procedure was followed accurately, therefore facilitated an efficient and organized drill. The Espanola Fire Department assisted/observed with this drill to ensure staff were evacuating in a safe, correct fashion.

Code Yellow (missing person) drills were completed in both the Long Term Care Department and in the Acute Care Department. These drills consisted of enacting both our internal and external search team responses. Designated staff performed these searches as per our Code Yellow protocol. These drills reinforce staff awareness and knowledge of their duties during an emergency of this nature.

Code White (Violent/Behavioural Situation) drills were also executed in the Emergency Department and in Long Term Care. It is essential to implement drills of this nature to ensure the staff are equipped to deal with a situation of this type. Our Code White procedure includes several resources for the staff to access during a circumstance of this kind. During the drills staff utilized all resources available to them in a timely safe method. These drills are also performed on a yearly basis.

Code Silver (Threatening Weapon) was a newly developed Emergency Code in 2016. Unfortunately, emergencies of this type are becoming more prevalent in our society therefore it is imperative to maintain staff and patient safety and instill preparedness for a disaster of this severity. Drills were performed in the Emergency Department and in the Long Term Care Department. The Espanola Police Department assisted with these drills and participated in the debrief meeting to ensure correct process was established.

Our hospital prides itself in the practice we maintain by continually monitoring areas for improvements through our Quality Assurance and Patient Safety Committee. This committee meets every two months to review Hospital, Long Term Care and Family Health Team indicators. These indicators have established targets and benchmarks that are examined closely for adherence. We have met or exceeded many targets during the last year, some of which include: Urinary Tract Infection Rate in Long Term Care, Avoidable Emergency Department Visits from Long Term Care and Patient and Resident Satisfaction Rates and Hospital Acquired Infections.

Emergency/Acute Care



Through partnership with the Virtual Critical Care program at HSN, educational opportunities are being offered to ERHHC Emergency Department staff to ensure that we are providing with best practice care in critical care patients. Most recently an RN and PA attended a Critical Care Concepts course at HSN's simulation lab which provided them with critical care case scenarios that the staff would have to work through under the guidance of the HSN Intensivist, Respiratory Therapist and Critical Response Nurse. In the future, more ED nursing staff will be attending Critical Care Concepts course.



Acute Care

Admissions	492
Length of Stay	6.9
Patient Days	3,335



Emergency

Visits	13,612
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Pharmacy



Last year our pharmacy received a Certificate of Accreditation from the Ontario College of Pharmacists. This accreditation is determined by matters relating to the operation of community pharmacies in Ontario.

These matters include operational requirements, ownership, supervision and the distribution of drugs in the pharmacy.

Work Hard & Have Fun



Halloween 2016



Team ED

Service Awards



Canada 150 Mural



Radiothon 2016

ERHHC Carolers

