



espanola
regional hospital and health centre
hôpital régional et centre de santé
d'espánola

***“Our Journey Towards Exceptional Care”
Annual Report 2015/2016***



Our Mission , Vision and 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 and 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 your Chief Executive Officer and Board Chair

On behalf of the Board of Directors and the leadership team, we welcome you to the Annual General Meeting where we will highlight all of the exceptional care and services that the Espanola Regional Hospital and Health Centre team strives to provide. It has been a very exciting year, one full of accomplishments, and one where we reached many of our goals, which we are extremely proud of. It is our pleasure to highlight these many accomplishments and we hope you enjoy this report and look forward to your feedback.



As showcased at the front of this report, our new “state of the art” emergency department is a very proud accomplishment. We are very pleased to report that this new space has been very successful in treating the sickest patients in our community. It not only houses an exceptional trauma service, it meets the unique needs of those patients who need emergency care. The team has done an exceptional job in planning and transitioning throughout the construction process. It was a time of change and renovations are never easy, so we thank our team, patients, visitors, volunteers and community for their patience and perseverance throughout the construction.

Quality improvement and patient safety are at the forefront of everything that we do. The team has done an excellent job in developing a collaborative quality improvement plan. This is one plan for our entire health campus. The Hospital, Nursing Home and Family Health Team came together to develop a shared plan that streamlines processes and measures outcomes that matter to us, so that we are able to continuously monitor and improve the care we provide.

Fiscal realities are an ongoing challenge. We unfortunately ended this year in a deficit, which is due to funding inequities for Long Term Care. We continue to subsidize the nursing home as we deem this to be an essential service for our community. We are pleased to report that the hospital did experience a small surplus, but unfortunately was not sufficient to balance all of the services which are provided.

Special recognition must be mentioned for not only our team, but our volunteers. During construction the Auxiliary and Foundation both lost their store fronts while these areas received a new face lift. During this time they did not miss a beat, fundraising efforts continued and remarkably they weathered this storm and continued to be very successful. They provided the much needed funds to ensure we had the equipment needed to support patients in our hospital.

There are so many good and exciting things happening throughout our health campus! We would like to touch on some of the highlights in this report and hope you enjoy reading it. Should you have any questions or concerns, we would like to hear from you! Feedback is essential. We need to know what you think, how we can improve, and what we do well. Please follow us in our “journey towards exceptional healthcare”.

Respectfully,

Janet Whissell
Board Chair

Nicole Haley
Chief Executive Officer

2015-2016 LEADERSHIP TEAM

BOARD OF DIRECTORS

EXECUTIVE COMMITTEE

Janet Whissell, Chairperson
 Dave Pope 1st Vice-Chair
 Jenny Ross, 2nd Vice-Chair
 Maureen Van Alstine, Treasurer
 Nicole Haley, Secretary

VOTING MEMBERS

Deb Merchant
 Louise Laplante
 Ken Duplessis
 Ron Mackenzie
 Brigita Gingras
 Michel Jean
 Marc Samson
 Pat Trudeau

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 transformation, 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, etc. 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.

2016-2017 Corporate Membership

Ken Duplessis	Nicole Haley	Sandra Courtemanche	Jenny Ross	Janet Whissell
Clive Fitzjohn	Judy Landry	Ron McKenzie	Kim Roy	Brigita Gingras
Louise Gamelin	Martin Landry	Deb Merchant	Marc Samson	David Pope
	Louise Laplante	Maureen Van Alstine		

Board of Directors



Left to Right: Kim Roy (CFO), Jane Battistelli (CNO), Ken Duplessis, Nicole Haley (CEO), Emma O'Leary (past member), Ray Hunt (former CEO), Maureen Van Alstine, Brigita Gingras, Janet Whissell, Jenny Ross, David Pope, Ron MacKenzie, Louise Laplante, Deb Merchant and Marc Samson.

Missing: Michel Jean, Pat Trudeau

2015-2016 LEADERSHIP TEAM

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

Tammy Small, Acute Care and Emergency
Janis Bond, Laboratory
Kristy Raby, Food Services/Housekeeping
Chantal Bussieres, Pharmacy
Marlo Desjardins, Human Resources
Monique Gallant, Physiotherapy
Paula Mitroff, Patient Safety & Quality
Phyllis Paradis, Queensway Place
Al Renaud, Maintenance
Ron Renaud, Information Technology
Phil Smith, Diagnostic Imaging
Shelli Fielding Levac, Long Term Care
Liisa Tallon, Health Records and Privacy
Jon Brunetti, Family Health Team
Jodie Graham – Materials Management
Terri Noble – Communications/Foundation

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/economies 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.

2015-2016 MEDICAL LEADERSHIP

MEDICAL STAFF

LEADERSHIP

Dr. Andre Michon, Chief Of Staff
Dr. Michael Bonin, Medical Director – Lab
Dr. Andy Caruso, Emergency Department Lead
Dr. Hama Salam, Medical Director – Long-Term Care

ACTIVE STAFF

Dr. John Knox
Dr. Kim Perlin
Dr. Liane Villano
Dr. Ray Bertrand
Dr. Lionel Marks de Chabris

HOSPITALISTS

Dr. Sean Mahoney
Dr. Bill McMullen
Dr. Chris Trebb
Dr. Tara Leary

Our physicians must be recognized and commended for their efforts in going above and beyond in providing quality care to the residents of our community. We often take it for granted that doctors are trained to look after every aspect of healthcare needs of its citizens. In many larger/urban communities, doctors have the support of specialists and other medical supports/expertise 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 their large city counterparts. Our physicians are awesome.

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 Centre (ERHHC) my fifth annual report. In the last year we have gained some new members to our team, and said goodbye to a few. We have added resources, branched out to our member communities and service providers. We have upgraded our information technology and improved our pharmaceutical dispensary. We have had significant change in the senior management positions. Throughout it all we have remained steadfast in our commitment to patient care. I would like to thank them for this and welcome them to their new positions. Nicole Haley our new Chief Executive Officer, Jane Battistelli our new Chief Nursing Officer and Tammy Small our new Clinical Nurse Manager.

Our Long-Term Care (LTC) Department continues to be well served by its dedicated team of physicians, nurses and support staff. My gratitude goes out to Dr. John Knox and Dr. Hama Salam for their efforts and dedication to LTC. We bid adieu to Paula Mitroff and thank her for her efforts and wish her well in her new position. At the same time we welcome Shelli Fielding Levac to her new role as director of LTC. As always we benefit from the care coordination of Pat Poikkimaki.

Quality improvements in laboratory investigations have allowed us to expand our pool of available diagnostic tests here at ERHHC. Dr. Mike Bonin has been instrumental in guiding our group of physicians towards more appropriate and relevant testing. This has led to enhancements in diagnosis and ultimately in the quality of care we provide to our patients.

In terms of staffing Dr. Majid Ozgoli and Paulina Gasiorowska have moved on to other locations. We have been bolstered by the additions of Dr. Jeffrey Middaugh in the emergency department and Dr. Jeffrey Stirling in General Surgery consultation. As well Dr. Sean Mahoney has returned to our emergency department rotations. Dr. Hourtovenko, our visiting cardiologist, has continued his excellent work and we look forward to ongoing implementation and improvements in the heart health program. Dr. Liane Vilano has been a welcome addition to our hospitalist staff and we are well served by our in-patient team.

Phil Smith and his dedicated group in Diagnostic Imaging continue to expand and improve the testing available to us. I am pleased to report that we now have accreditation to provide echocardiograms.

We have expanded and improved our information technology. In the last year we have implemented Patient Care System in the acute care setting and soon to be rolled out in the Emergency Department. We have integrated medication ordering and dispensing in the electronic realm. With these changes we continue to move toward a paperless charting system also known as an electronic medical record.

In the course of operations in the last year we have reached out to a number of organizations, including local first nations, Manitoulin - Sudbury District Services Board and community mental health services as well as Community Care Access Centre. It is important that we coordinate our services to continue to improve the quality and excellence in patient care.

Despite all the good news we continue to face challenges. Government funding is limited for us as it is for all institutions. Recently there was concern surrounding the funding of Behavioral Support in the community and the Non Urgent Transfer Service, for the time being these have been extended. They are however not unlimited resources and further solutions must be sought. We have also faced drug shortages, where rationing of medications and borrowing from whom we could was required.

I believe the burden of disease is as high as it has ever been. An aging population, the increased need for psychiatric services and the ongoing daily needs of our catchment area is substantial. Nonetheless, we have and will continue to provide the best care available for our patients as this is the goal that we all share for our community and our hospital.

Dr. Andre Michon

Chief of Staff

Espanola Regional Hospital and Health Centre Annual Report 2015/2016

THE AUXILIARY

ESPANOLA GENERAL HOSPITAL,

825 McKINNON DRIVE, ESPANOLA, ONTARIO P8E 1R4

Annual Report 2015-2016



It has been an exciting and challenging year for our Auxiliary. Our Hospital was under the last phases of construction for most of 2015. Our Gift Shop and Craft Room were part of Phase 4 and now we work in a bright new space and enjoy our newly upgraded Gift Shop. We would like to thank our Hospital Board for such a lovely and bright Gift Shop and Craft Room. All of our customers are enjoying it also.

Being closed from May 2015 until the Grand Opening in mid-October meant that we had no work space, but that didn't stop us from working on our handmade and exquisite Christmas tree balls for our 9 foot In Memoriam tree at a volunteer's home during the summer. Needless to say it has been a busy time with various fund raisers such as Soup and Sandwich Luncheons, HELPP tickets sales, Bake Sales, Christmas Tea and Bazaar, sale of our Christmas balls, and hosting a Pumpkin Pancake Breakfast during the Fibre Arts Festival in October. We sold tickets on Christmas and Mother's Day Baskets.

Our volunteer Jocelyn, looks after the comfort bags, which are fabric bags containing essentials for an overnight stay for emergency patients. Members also enjoy making tray favours for 11 special occasions throughout the year. They are quite a treat for patients.

Our Bridge Club is very active and supportive throughout nine months of the year. They have now started a Duplicate Bridge Group, and by way of thanks we host a Bridge Party night for the players in May.

Our Crafty Ladies have made many quilts which have been sold sometimes before they are finished. We have many talented volunteers who knit, crochet and sew so many beautiful articles for our Gift Shop. We appreciate their help immensely. Our Gift Shop workers are beyond compare, greeting visitors with a smile, a cup of coffee or showing them the many items in our Shop, and even giving them directions to the new areas in our Hospital.

In November, the Long Term Care residents look forward to Christmas arriving in their wing and for several years, the Hospital Auxiliary ladies take time to decorate several trees in their lobby, which thrills them every year. Any special family photos are taken in this area. Instead of exchanging Christmas gifts, Auxiliary ladies donate the price of a gift to the Long Term Care so that all residents are able to enjoy Christmas gifts which are personally chosen for them by the staff.

Our donation for last year to the Hospital Foundation totalled \$25,000 to be used towards the purchase of the Holter Monitor reader, so that patients' results are much quicker. We also donate two \$250 Bursaries each year – one for Espanola High School and one for Franco Quest for students who are entering the medical field.

Our Hospital hosted a Volunteer Appreciation Party the week before Christmas for Auxiliary members. Clergy who minister to the patients and Diana and her big dog, Atlas, who visit patients and give them special pleasures. We enjoyed a beautifully catered luncheon which made each of us feel very special to be part of such a vibrant and caring Hospital Family. A sincere thank for such a lovely party.

For our donation this year, we will be presenting the Hospital Board a cheque for \$20,000 for the purchase of an Inolett, (\$20,000), a respiration cart (\$4,000) and a physiotherapy table (\$3,500). 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, Auxiliary President



The Auxiliary hand crafted and sold Christmas Balls that were displayed in the Main Lobby on the Memory Tree.

"When Someone you Love becomes a Memory, the Memory becomes a Treasure".

A Time to Celebrate!



Ontario invested \$4.7 million to expand and modernize the emergency department at Espanola Regional Hospital and Health Centre. This infrastructure investment has improved access to health care in Espanola and area. In addition to the expanded emergency department, the hospital and surrounding communities raised money to make other minor upgrades including updating the registration area and main entrance. Through this project, patients in Espanola and the surrounding communities have benefited from:

- ✓ An expanded and redesigned emergency department with double the patient capacity with 11 treatment rooms compared to the previous 6
- ✓ Increased operational efficiency of the emergency department with improved safety and movement of patients and staff throughout the facility
- ✓ A new medication room in the emergency department area
- ✓ Additional support space in the emergency department including patient waiting areas, a patient registration area and an education and training conference room
- ✓ A new ambulance bay with direct access into the emergency department
- ✓ Improved infection control and patient privacy.

Quality—How do We Measure Up?

The Espanola Regional Hospital and Health Centre (ERHHC) campus is unique as it incorporates a variety of health care service levels and facilities on the one site. These include: Emergency, Acute Care, Long-Term Care, Family Health Team (FHT), Telemedicine, Visiting Specialist's Clinics, Sleep Lab, Pulmonary Function Lab, Outpatient Physiotherapy, Lab and Diagnostic Imaging, Senior's Apartments, and Assisted Living. Across the Continuum of Care our health campus has been a leader in bridging primary, acute and long-term care. All sectors are continually working together in order to maintain continuity of care for patients regardless of where they enter into the system.

Over the past year we have continued to pursue excellence in patient/resident care and worked collectively to weave our "Patients/Residents First" philosophy into all aspects of care. The integration and coordination of care in pursuit of better patient/resident outcomes has allowed us to offer more supportive care in the community and within our organizations. We have supported the well-being of patients at each step of their life's journey and actively cared for, promoted, advocated and educated those accessing any type of care across the continuum. Quality Care, Patient Engagement, Staff Education and Integration of Technology have been key priorities in providing, maintaining and developing a strong and cohesive team to deliver excellent care. We have accomplished much in a demanding environment and strive to continually improve as we are challenged with change.

We have focused on process change and the integration of primary care, acute care and long-term care in order to provide access to the right care, in the right place and the right time. Our Quality Improvement Plan has been developed in compliance with the Excellent Care for All Act, to ensure that we have identified key objectives that are relevant to our organization and clients. We have partnered with patients/clients and caregivers to bolster our patient engagement process and utilize key messages from their stories to improve access to care and the services we provide. The patient/resident voice has been instrumental to help guide us to further enhance the quality and delivery of health care in our community and has been a driver in identifying new opportunities and objectives for our organizations. Staff at each level of the organization have been cognizant of the importance of patient experience, feedback, and outcomes. Staff engagement has identified improvements and ways to work with each other to promote the well-being of each patient/resident through collaboration and sharing of best-practices and resources.

Collaboration with community providers such as Community Care Access Centre (CCAC), Community Mental Health, Behavioural Support Ontario, and Sagamok First Nations, has allowed us to enhance coordination of services and improve the quality of care. Several initiatives in mental health, palliative care support, chronic disease management and geriatric care have been the outcome of community and acute care providers working together. We have streamlined processes for acute care and primary care patients accessing various services. We have worked with the Behavioural Support Ontario Team to improve the quality of life for residents/patients living in LTC, Hospital and Community. We have teamed with the Community Mental Health providers to improve access to programs and counseling, as well as, developed a palliative care resource guide for families caring for loved ones at the end of life.

We have made improvements in several areas of our QIP over the past year and reached or exceeded our targets in colorectal screening, hand hygiene and resident falls. Our patient satisfaction scores are extremely positive. Ninety-eight percent of our patient and resident population would recommend our facility to family or friends. It is the dedication of the entire team across the continuum of care, and pride in the care we provide, that allows us to be seen so favourably in the eyes of our community.

Quality—How do We Measure Up?

Pharmacy Department



Our Pharmacy was successful in being Accredited by the Ontario College of Pharmacists. This is a new accreditation process implemented in 2015.

We purchased an automated tablet packaging unit in order to be compliant with medication packaging standards.

Radiology and Cardiac Testing Department



The Diagnostic Imaging Department underwent for the first time, Accreditation for their ECHO Department. They were successful in meeting all of the standards set out and will be receiving a certificate of Accreditation.

The department performed 6,275 x-rays and 4,638 ultrasounds and echocardiogram throughout the 2015/16 fiscal year.

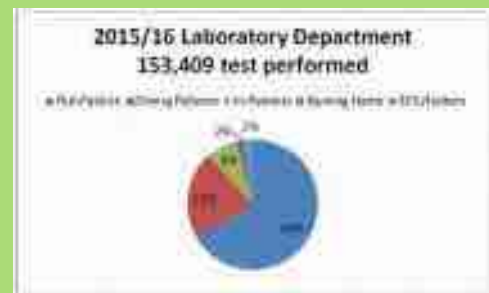
Laboratory Department

The lab staff performed 153,409 patient test this fiscal year, providing out-patient, emergency department, in-patient and Nursing Home collection service and timely results. They ensure blood products are ready and available in times of need and their attention to safe practice and quality control is exceptional. The lab is concentrating on proper utilization of tests and have added tests to their menu of services in order to improve patient care.



Out-Patient Tests 101,199
Emergency Dept. Tests 34,166
In-Patient Tests 11,721
Nursing Home Tests 3,493
ECG/Holter Monitor Test 2,830

The lab sent out 11,913 test to HSN that are not available at our site.



Physiotherapy Department

The Physiotherapy Department offers inpatient and outpatient therapy and is also part of the community "Stand Up" initiative. Their work takes them into all areas of care as they assist patients with acute injury or illness, post-operative care, cardiac rehabilitation, restorative care and health promotion and prevention.

They are a small but mighty team who touch the lives of 392 patients, residents and community members this year!



Laundry Department

There are approximately 11,500 kg of laundry done monthly at ERHHC! That is 25,353 pounds and 400 loads washed, dried and folded!



Quality—How do We Measure Up?



Family Health Team

The FHT continues to lead the way in primary care as they focus on health promotion and disease prevention. The specialized team of practitioners and support staff ensure the best health outcomes for the community they serve.

The Family Health Team is working closely with the Hospital and community organizations to streamline care and services for patients who are discharged from hospital to the community.

Initiatives for mental health, seniors health, chronic disease management, and a Nurse Practitioner led clinic for unattached patients are just a few of the ways they are making a difference!

Human Resources Team

We have 248 employees that are serviced by the HR team.

The Human Resources Department is instrumental in the recruitment and retention of our exceptional staff.

We often have an influx of learners (medical, nursing, allied services and co-op students) as welcomed additions to our team. HR ensures they have all the requirements in place to start on their placements with various departments.



Information Technology

We are heading into times of advanced health care software systems that provide health care practitioners with information at the click of a mouse. With this technology comes a host of new challenges for the IT Team.



The computerized Electronic Medical Record (EMR) is becoming the new patient chart and paper is being replaced with technology. IT is working hand in hand with the Clinical Departments to support these advancements in patient care.

Patient Care System (PCS) is the latest accomplishment which enables nurses, physicians, physiotherapists and the discharge planner to document on their admitted patients in the electronic record. Improved continuity of care and the sharing of patient information within the circle of care allows for better patient outcomes.

Nursing at the Bedside

With the implementation of PCS nurses are bringing care closer to the patient. Mobile carts equipped with computer, monitor and bins containing the patients medications allow safer and efficient care.



Nurses in the ED have received training on a life saving piece of equipment. The Rapid Infuser delivers warmed IV fluid or blood products in minutes in order to stabilize patients.

Patient / Resident / Client Engagement

Patients, Residents and Caregivers are an essential part of quality improvement. Patient insight and ideas influence change in process and identify areas that the organization has to focus its efforts in order to better meet the needs of the community.

Surveys are utilized by the Hospital, Long Term Care and Family Health Team as a source of information to measure patient/resident satisfaction in various aspects of care. Feedback is requested on the services provided, as well as the manner in which they are provided, and the level of respect and professionalism the patient/resident experiences by the provider.

Patient/Resident/Client Engagement has been sought in the review of the organizational surveys to ensure the questions are seeking responses that are relative to the patient experience.

We have taken feedback from agencies that we collaborate with to find improvements to the way we coordinate and provide care. Improvements to the system and flow of patients through various levels of care can only occur with openness for change and streamlining services for better patient outcomes.

It is our goal to integrate the perspectives of the patients, family members and caregivers into solutions that will lead to improve services, better patient experiences, higher quality care, lower costs and increase satisfaction amongst healthcare providers. By taking this inclusive and pro-active approach we see many opportunities ahead to create the highest standard of care within our facility.

Emergency Department

97% of patients would recommend our Emergency Department to their Family and Friends!



Acute Care Unit

97% of our admitted patients rate the care they received while in hospital as Excellent!



Long Term Care Home

100% of Residents responded that they would recommend our nursing home to others!!



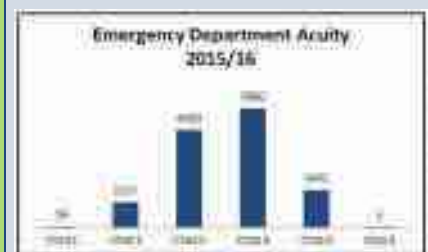
100% of Residents responded that they can voice their opinions without fear of consequences

Statistical Report

STATISTICAL REPORT For the Year Ended: March 31, 2016 with comparative figures for March 31, 2015

	<u>2015</u>	<u>2016</u>
ACUTE CARE:		
Beds	15	15
Separations	614	527
Patient Days	4,150	3,796
Occupancy Rate	75.80%	69.10%
Discharge Days	4,104	4,033
Average Length of Stay	6.7 days	7.7 days
LONG-TERM CARE:		
Beds	64	64
Separations	24	22
Patient Days	23,221	23,236
Occupancy Rate	99.4%	99.5%
Discharge Days	20,593	16,939
Average Length of Stay	858.0 days	770.0 days
AMBULATORY CARE AND SUPPORT SERVICES:		
Emergency Visits	13,808	13,746
Clinics/Daycare Programs	2,723	2,981
Radiology Units of Service	225,394	240,717
Ultrasound Units of Service	132,865	150,976
Laboratory Units of Service	420,303	403,672
Kilograms of Laundry	141,836	130,689
Number of Meal Days	35,854	35,638

The Emergency Department (ED) saw 13,746 patients for the 2015/16 fiscal year. Our ED continues to be a busy place as higher acuity patient presentations accounted for 44% of the ED visits this year. These higher acuity patients require more nursing care as well as resources, such as lab work, diagnostic tests, IV therapy, IV medications, invasive procedures and possible transfers to Health Sciences North (HSN) for CT scanning or specialist consultation. In the last quarter, there were a total 69 Emergency Department and 14 Acute Care patients transfers admitted to HSN for a higher level of care. The nursing unit admitted 522 patients with an average length of stay of 7.7 days. Approximately 30% of our patients required homecare or the nursing services of CCAC set up on discharge. The efforts of the ED Physicians, Physician Hospitalist Team, Nursing staff, physio, lab, DI, discharge planner and all the supporting departments need to be recognized as our satisfaction rate for excellent care is at 97%!!



CTAS—Canadian Triage Acuity Scale

CTAS 1—Resuscitation

CTAS 2—Emergent

CTAS 3—Urgent

CTAS 4—Less Urgent

CTAS 5—Non-Urgent

CTAS 9—not completed on chart

Financial Report

ESPANOLA GENERAL HOSPITAL
Statement of Financial Position
March 31, 2016 with comparative figures for 2015

	2016 \$	2015 \$
Assets		
Current		
Cash	441,694	2,713,971
Accounts receivable	962,342	803,938
Inventories	321,162	342,898
Prepaid expenses	228,156	189,127
	1,953,354	4,049,934
Portfolio investments (note 3)	3,649,035	3,895,426
Capital assets (note 4)	15,589,960	14,882,845
Capital expenditures for projects in progress	407,218	146,725
	21,599,567	22,974,930
Liabilities and Net Assets		
Current liabilities		
Accounts payable and accrued liabilities (note 5)	2,210,529	3,070,831
Deferred contributions for capital assets (note 6)	9,781,278	9,713,132
Post-employment benefits (note 7)	649,024	656,247
	12,640,831	13,440,210
Net Assets		
Invested in capital assets (note 8)	6,215,900	5,316,438
Internally restricted for the acquisition of capital assets	402,900	439,462
Unrestricted	2,528,495	3,751,835
	9,147,385	9,507,735
Accumulated rereasurement gains (losses)	(188,649)	26,985
Total net assets	8,958,736	9,534,720
	21,599,567	22,974,930



Finance Team

The Finance Team puts many hours into managing the many funding agreements the hospital is accountable for .

They also oversee the financial operations of Long Term Care, Queensway Place, Family Health Team and the Seniors Apartments.

Financial Report

ESPANOLA GENERAL HOSPITAL

Statement of Operations

Year ended March 31, 2016 with comparative figures for 2015

	2016	2015
	\$	\$
Revenues		
Ministry of Health and Long-Term Care / North East LHIN:		
Hospital Operations	10,992,517	11,141,018
Emergency On Call Coverage	1,814,453	1,819,034
Sources other than Ministry of Health and Long-Term Care / North east LHIN:		
Other patient revenue	1,162,886	1,100,370
Preferred accommodations	100,214	104,136
Chronic care co-payment	614,821	607,602
Recoveries and other revenues	1,747,495	1,955,531
Gain on disposal of equipment	9,170	-
Amortization of deferred contributions for allowable capital assets	105,943	96,064
	<u>16,547,499</u>	<u>16,823,755</u>
Expenses		
Salaries and wages	7,689,558	7,630,310
Supplies and services	3,269,215	3,572,790
Medical staff remuneration	2,380,023	2,412,474
Employee benefits	2,340,779	2,368,996
Amortization of allowable capital assets	348,221	407,549
Drugs and medical gases	162,507	176,436
Medical and surgical supplies	145,016	140,525
Bad debts	8,712	21,965
	<u>16,344,031</u>	<u>16,731,045</u>
Excess of revenues over expenses before undernoted items	<u>203,468</u>	<u>92,710</u>
Other Revenues		
Long-term care program (schedule 1)	2,196,675	2,171,440
Realized investment income on portfolio investments internally restricted for the acquisition of capital assets (note 12)	146,050	326,124
Other votes and programs (note 9)	4,650	4,650
Amortization of deferred contributions for non-allowable capital assets	355,138	343,462
	<u>2,702,513</u>	<u>2,845,676</u>
Other Expenses		
Long-term care program (schedule 1)	2,724,021	2,623,192
Other votes and programs (note 9)	4,650	4,650
Amortization of non-allowable capital assets	537,660	497,181
	<u>3,266,331</u>	<u>3,124,023</u>
Deficiency of revenues over expenses	<u>(360,350)</u>	<u>(185,637)</u>

Seniors Living Well in our Long Term Care Home and at Queensway Place



Live music and entertainment was provided by our awesome volunteers 125 times during the last year!!

Long-Term Care Nursing Home

- Our nursing home is second to none, our residents are our family!
- We have an excellent reputation, as noted by our wait list which is now up to 75.
- Our team and volunteers provide amazing programs and services, such as; music, restorative care, exercise/physiotherapy, spiritual services... the list is endless!
- We celebrated an amazing compliance inspection, with no unmet standards!!
- Very active family and resident councils, not only provide advocacy, they are very successful in fundraising and providing the extra's enhancing the quality of life for our residents.

Queensway Place



Sacred Heart Grade One Students walked 26,668 steps and raised 1,788 food items, plus \$2,020 in cash and gift cards on behalf of adopted grandparents, for our local food bank!!

The current waitlist for the QWP Assisted Living Units is 50.

This speaks to the exceptional service and reputation of the facility.

Residents are involved in many social and wellness activities to maintain their current state of health.

Shelley Lafortune RSW and Bernice Pleta NP from the Family Health Team provided Relaxation Sessions for Queensway Place Residents starting January 2016 to promote Senior Mental Health!

“Many hands make light work”.....

We have a fantastic team at ERHHC who dedicate themselves to caring for the community everyday!

CSR Department

Central Supply /Receiving (CSR) has a total of 1742 different items in stock for a grand total of 25,508 individual items!

We reprocess and sterilize approximately 6000 items per year which includes suture trays, foot care tools, wash basins, bedpans and urinals!

Our team of 3 work extremely hard at managing inventory and ordering what is needed for our organization to run.



Dietary Staff

The kitchen staff prepared and served 35,638 meals to patients and residents of the LTC Home and Queensway Place!



Putting our Patients and Residents First!



HSN's Virtual Critical Care Program shares Provincial Health Award with Emergency Department Staff

Virtual Critical Care uses the latest video conferencing technology and electronic medical record sharing to connect to Health Sciences North Intensive Care Unit physicians, specially trained nurses and respiratory therapists. They are available for around the clock consultations with Espanola ED physicians and nurses to assist in the management critically ill patients in our Emergency Department.

Espanola ED implemented this technology in January 2015 and we have utilized the technology numerous times for critical patients in our Emergency Department. Transfer of care to the Intensive Care Unit at HSN and continuity of patient care are enhanced by the collaboration of both teams for the best possible patient outcome.



Pictured left to right:

Gilles Carriere PA, Anna Love, HSN ICU Manager, Renee Fillier, VCC Clinical Coordinator, Tammy Small ED Manager, Dr. Andre Michon Chief of Staff, Teal Bouwmeester RN and Michelle Parker RN

Patients First Awards 2015

Team Award - Dietary Department



For being effective in providing positive results for patients & residents

Leadership Award

Adam Page

For leading to the enhancement or reinforcement of one or more ERHHC core values.



Outstanding Performance Award



LeeAnn Thibeault

Demonstrating leadership, devotion & commitment to ERHHC.

Individual Award

Bernice Pleta

For showing model behavior in putting patients first.



Espanola Regional Hospital Foundation

Foundation Development/Public Relations

Over the past year the Foundation has executed several very successful fundraising events including a Voluntary Road Toll and a very rewarding Radio-thon! These events aide us in purchasing much needed equipment for our hospital. Our Board is comprised of a group of very energetic volunteers, who give their time to ERHHC.

We want to keep the lines of communication open between the hospital and the communities we serve. In order to accomplish this we produce several newsletters which are distributed throughout the communities, internally and to the Espanola Nursing Home. Our website, Facebook page and info screens are also instrumental to our communication goals.

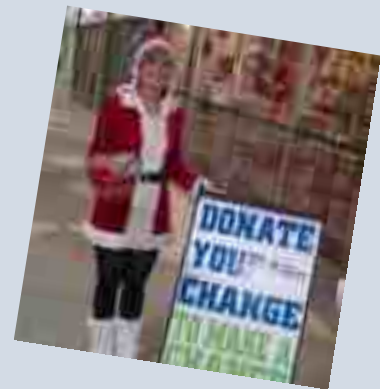


Terri Noble

Public Affairs & Communications Coordinator

The Foundation works tirelessly to raise funds for the enhancement and evolution of healthcare services for the residents of our community.

The Annual Christmas Radio-Thon raised \$16,680 in 12 hours!!



Money raised has gone toward the purchase of Bi-PAP machines which are life-saving pieces of equipment for patients in respiratory distress. This equipment is used in both the Emergency Department and on the Acute Care Unit.

Committed to the Health of Our Community

Environmental Services



The Environmental Services Department had a busy year. The Nursing Home corridors and Lab hallway has been repainted.

The renovation of the Physician's house is complete and the audiology booth was relocated to the FHT basement. The hospital grounds have been updated with directional signage and new interior signage has also been hung. Helipad lighting has been upgraded and a new fuel tank for the generators was added as well. The Environmental Services department continues to monitor, perform preventative maintenance, repair and replace what is needed to keep our facility in top shape.

Health Records and Registration



The Health records Department is responsible for the collection, use, security and disclosure of your personal health information (your chart). The new registration area has streamlined the admitting process significantly. There were 36,839 outpatients registered, 544 inpatients registered and 549 discharges. This is a very busy department!!

!!!!As summer approaches and we reflect on the accomplishments of the past year and all the change that have gone on in various departments it is truly a remarkable journey. There have been additions of new staff, many new processes, advancements in technology and transformations of work space. Accreditation for both Pharmacy and Diagnostic Imaging ECHO program were positive and soon preparations will begin for 2018 Hospital Accreditation. From the Emergency Department settling into its space, changes to the registration area, the transformation of the main entrance and the addition of the foundation desk; we have seen people navigate and become accustomed to our new space, with many compliments and appreciation of the hard work that went into all aspects of this change.

The organization is bustling with employees who truly care for better outcomes for patients and take pride in their workplace. They are continuously looking for ways to improve care, find opportunities for patients to access programs, be more efficient in their work, spruce up their work areas and pitch in when the going gets tough. The Clinical Departments are finding ways to integrate care and break down barriers between Hospital and Primary Care so patients feel supported as they journey from one phase of care to the next.

The supporting departments work in tandem with the patient care areas to support the ever changing landscape of health care. Health Records, Information Systems, Human Resources, Finance, Central Supply and Receiving, Housekeeping, Laundry, Dietary and Environmental Services are equally as dedicated in pursuit of our "Patient's First" Philosophy.

On the Horizon is hopefully a summer to catch our breath and plan for what is in store. We will be pursuing the NELHIN for funding for our Emergency Department Management meditech module so our ED charts will be created and captured all on the Electronic Medical Record. We are looking at an Electronic Medication Administration Record and Bedside Medication Verification as well, where nurses would administer meds at the bedside using barcode technology on the patients armband and medication packages. This would lead to safer medication administration and is inline with care at the bedside. We will prepare for further integration of care and seek out opportunities with our community partners to build a health care system that will support those in need. WE are truly amazed at all the great things this organization does.

Our Leadership Team