

June 2018

# ANNUAL REPORT 2017/2018

Espanola Regional Hospital & Health Centre

## ‘OUR PEOPLE’



# 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

## *Valuing Our People*

At the Espanola Regional Hospital and Health Centre, we believe that our strength is in “our people”. Promoting the value of “our people” is a key strategic goal which guides our values, priorities and decision making. We believe that people are what really matter. On behalf of the Board of Directors and Leadership Team we are proud and honoured to showcase the accomplishments achieved over the past year. Significant investments have been made to ensure that our teams have the knowledge and tools to provide exceptional care and services.

Providing a safe work environment free of violence has been at the forefront of many improvements made throughout the organization. A facility-wide workplace violence risk assessment was completed, generating an action plan with key investments. Several safety enhancements have been made to areas identified at high or moderate risk in order to ensure safety in the work place. These investments included enhanced video surveillance and panic alarm systems. Education has been provided for front line staff so that they have the tools and skills to know how to act and respond to emergencies and potential acts of violence.

Being ready and prepared for any emergency, whether it is occurring inside the organization or in the community is essential. An extensive Code Orange exercise (external disaster) was completed in partnership with local community emergency service providers such as the Espanola Regional Police, North Shore Search and Rescue, Emergency Medical Services (ambulance) and the Espanola High School. The exercise demonstrated that we are indeed ready and able to respond to a serious crisis. By practising worst case scenarios we are able to evaluate our response protocols and improve upon them.

Education and training is a key investment for all of our team members, making certain that they have the most relevant knowledge and skills to provide the best care and services possible. In recognition of the needs of the teams, resources have been allocated to ensure that team members have the time and tools to receive the education necessary to be effective in their roles. A new and enhanced Learning Management System has been launched, promoting flexibility in completing necessary training and development needs.

We are very appreciative for the support and leadership of the physicians who provide exceptional dedication and services for our patients, residents and community. They are a group of highly talented professionals who persevere at times in difficult situations ensuring patients receive the care that they need. Physician input and leadership has been instrumental in many of the successes realized to date, they are invaluable members of the team, providing mentorship, education and guidance.

Significant facility improvements have been completed due to the Hospital Infrastructure Renewal Fund and the Hospital Energy Efficient Program supported by the Ministry of Health and Long Term Care (MOHLTC) and the North East Local Health Integrated Network (NE LHIN). Improvements to our infrastructure are essential as our facility continues to age, requiring significant investments to ensure it is maintained and free of equipment breakdowns which could be detrimental to those who receive care or live on the health campus. With the rising costs of utilities, finding energy efficient programs and improvements has been beneficial in our ability to control costs. Changing lights to LED bulbs and fixtures has proven to be very effective.

Considerable resources have been allocated this past year to enhance electronic health records and information systems. We are in an ever changing technological world which requires many investments to keep us at the leading edge. Improvements have been realized in many of the clinical areas, including being the first small hospital in the North East to implement an Electronic Medication Administration Record. The success of these projects required the purchase of equipment and the addition of a clinical informatics specialist. The Rural Health Hub Pilot project and the Health Links initiatives created improvements in how the community and our patients receive their care. With the investments in technology and the development of complex coordinated care plans we are well positioned to further improve the health of the community.

Our community is aging, extensive wait lists for housing, assisted living and nursing home services exist. In response to these challenges an application for 64 additional nursing home beds was submitted this fiscal year. We are hopeful for positive results as we continue to advocate tirelessly for the community.

We would like to thank our volunteers who generously donate their time to make our health care complex a better place. Volunteers are essential in providing not only financial support but care and kindness for our patients and residents. The Patient Advisory Committee has been essential in providing guidance and input in service delivery improvements. We are very fortunate to have such a dedicated group of members who truly keep the “Patient” at the forefront of everything that we do.

We are very excited to break ground on the Therapeutic Garden project, which is being led by volunteers, and funded by the generous contributions made through our Foundation. This project is 100% funded by donations, as there are no other funding sources. Our seniors are so excited and look forward to “supervising” the project. In addition to this project, the Hospital Auxiliary continues to work tirelessly to raise funds for essential hospital equipment such as patient and resident mechanical lifts, ensuring safe and effective care.

We are extremely appreciative to the MOHLTC and the NE LHIN for the permanent and additional investments made in Behavior Supports for those residents living with dementia. Due to this permanent funding we have been able to provide regional supports for families and residents requiring care, both in the community and in the Espanola Nursing Home. In addition to these investments we are pleased to report that funding was received to our base budget permitting us to end the year in a positive financial position.

In closing, we thank you for taking the time to read this report. We are very proud of our accomplishments and our people. We look forward to hearing from you - your feedback is essential! Please let us know how we rate, what we do well and how we can improve. We are people taking care of people and our goal is to provide the very best care possible. Please join us in this partnership.

Respectfully,

Dave Pope, Board Chair

Nicole Haley, CEO



# Leadership Team 2017–2018

## Board of Directors

### EXECUTIVE COMMITTEE

**Dave Pope**, Chair person

**Ron MacKenzie**, 1st Vice Chair

**Clive Fitzjohn**, 2nd Vice Chair

**Maureen VanAlstine**, Treasurer

**Nicole Haley**, Secretary

### TRUSTEES

**Diane Rand**

**Janet Whissell**

**Louise Laplante**

**Marc Samson**

**Cynthia Townsend**

**Patricia Trudeau**

**Yves Carriere**

**Karen Lalonde**

**Jeremiah Steele**

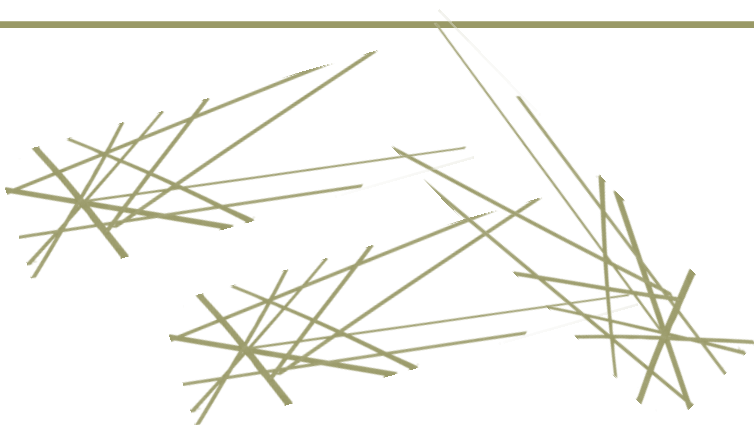


Our Board of Directors volunteer 100% of their time and do not receive an honorarium or stipend for attendance at Board meetings or functions.

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 in-depth skills and knowledge to ensure our community has access to the best healthcare possible.



## 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**, Primary Care  
**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/Social Work  
**Al Renaud**, Maintenance  
**Paul Ainslie**, I.T. / Clinical Informatics  
**Tammy Small**, Acute Care/Emergency/Pharmacy  
**Phil Smith**, Diagnostic Imaging  
**Liisa Tallon**, Health Records/Privacy  
**Lee Turley**, Long Term Care

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

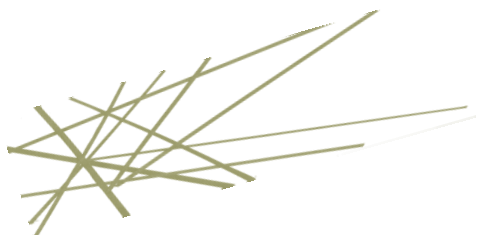
This is not unusual in small hospitals, where managers often take on front line functions due to lack of critical mass/economies of scale.

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.



### Senior Team

**Kim Roy, CFO \* Nicole Haley, CEO \* Jane Battistelli, CNO**



## Medical Leadership

### LEADERSHIP

**Dr. Andre Michon**, Chief of Staff  
**Dr. Min Ye Ngae**, Medical Director - Lab  
**Dr. Jeff Middaugh**, Emergency Department Medical Director  
**Dr. Hama Salam**, Medical Director- Long Term Care

### ACTIVE STAFF

<b>Dr. John Knox</b>	<b>Dr. Alison McMillan</b>
<b>Dr. Kim Perlin</b>	<b>Dr. Lionel Marks de Chabris</b>
<b>Dr. Liane Ainslie</b>	<b>Dr. Steven Bignucolo</b>

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 judgment 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!

# Notes from the Chief of Staff

It is my pleasure to once again present the Chief of Staff's annual report to the corporate membership of the Espanola Regional Hospital and Health Centre (ERHHC). I will take this opportunity to highlight the progress, changes and challenges that are part of the story here at our campus. As always we are committed to provide the utmost quality of care to the patients we serve.

Medical learners continue to pass through our facility as part of our affiliation with Northern Ontario School of Medicine (NOSM). Both learners as well as staff benefit from this interaction. We continue to grow this affiliation with the medical school and have more than doubled the number of learners over the last year.

Our Long-Term Care (LTC) Department has welcomed a new director, Mr. Lee Turley. He brings a wealth of knowledge and experience to LTC. As well, a new Assistant Director of Care, Mr. Dave Adamczak, has recently started and we welcome them both to their new positions. The physician complement of Dr. Knox, Dr. McMillan, and Dr. Salam continue to provide great care for our residents. Together with the other allied health professionals, this challenging and vulnerable population is well looked after. Sadly, despite our efforts, we have as many patients waiting for beds as there are residents in LTC. Furthermore, these patients occasionally require acute care. Once treated, they are sometimes too advanced in their chronic illness to return to their prior living arrangement. They then become Alternate Level of Care (ALC) and often stay for weeks and months awaiting a bed in LTC. This in turn limits bed availability in the hospital, and may impede or limit our ability to care for those suffering from an acute illness. Unless significant funding changes occur this situation is unlikely to change. We are hopeful that the application for 64 new beds be approved, which will provide the capacity in our local health system to provide the care that our community deserves.

We have improved our ability to provide end of life care. Through funding by the NELHIN our facility was able to retrofit one of the acute care beds to create a hospice service. We have seen close to double the need for palliative care than was originally expected. We continue to advocate for additional funding to increase our capacity to provide end of life care.

Our laboratory department has seen the departure of long time director Dr. Bonin. His guidance and input were invaluable to our growth as an organization. He will be greatly missed. We welcome Dr. Min Yi Ngae as the new director and look forward to future collaboration.

From a staffing perspective, Dr. Bignucolo has successfully completed his Emergency Department (ED) mentorship. He is now not only a practicing family physician in the community but, as well, an active member of our hospitalist team and ED staff. He is a very welcome addition to our team. Dr. Aidan Wharton, a Health Science North (HSN) emergency physician has also joined our locum group of ED doctors.

In the ED we benefit from the leadership of Dr. Middaugh. He possesses excellent leadership qualities and emergency medicine experience. He has been instrumental in improving the care and services in the ED, providing leadership in many areas including disaster planning. Despite our recruitment efforts, we continue to lack the physician complement to adequately staff our ED. This is an ongoing challenge. The physician funding envelope/model for the ED has not changed in over 10 years! Again, we continue to advocate for additional resources and funding to help address these gaps.

Improvements have been realized in regards to patient transportation due to the funding received by the NELHIN to provide a Non-Urgent Transfer service. This is a pilot project which a permanent solution is yet to be realized. We are hopeful that a sustainable service delivery model will be forthcoming. Transportation is not our only challenge as we experience increased patient acuity (sicker patients) often requiring specialized care which we are not resourced to deliver. Furthermore, information technology gaps, mental health and addictions disease burden and standardization requirements add to the strain of front line providers. With this comes a greater chance for error. We need and will implement a blame free and nonjudgmental culture to mitigate these risks. We strive to provide the very best of care for each of our patients, doing our best to meet expectations and demographic need.

The barriers to care remain significant. Our community is aging resulting in high demands on our health care system. We strive to fill the gaps to meet the needs of our patients. We have identified many areas where system improvements are required we continue to advocate to make positive changes a reality. Despite these challenges the resiliency of our group, physicians, nurses and our allied health professionals is astounding. They respond to patient needs with the utmost in compassion and excellence in care that you could ask for. It is my hope and wish that the support goes to where it is required so that the quality of care we give can continue.

Dr. Andre Michon

Chief of Staff



# THE AUXILIARY

## ESPANOLA REGIONAL HOSPITAL

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Annual Report 2017-2018

This past year has been a busy one as usual. Actually it has been busier than usual as we are able to donate \$27,000.00 towards the new ultrasound equipment.

Sales in the gift shop are going strong, we are our own best customers haha, and the Nevada tickets are selling so well that Deb has had to purchase an extra box of one thousand tickets to keep up with the demand. People enjoy playing this and it is their way of supporting the hospital.

Our fundraisers throughout the year included Bake Sales, Soup and Sandwich Days which are well appreciated by the staff and many residents. We try to make this a fun and social experience for everyone. Our last soup and sandwich netted us \$590.00 ...the best ever and we thank everyone for their support.

Our other fundraisers include the Mother's Day Raffle, the Pumpkin Pancake Breakfast which is very popular, and our Christmas Tea and Bazaar. We have also had fundraisers and bake sales at the mall and during the car show in May.

This year we are setting up at the Massey Fair as a new venture. Our homemade butter tarts and red pepper jelly are one of our best sellers during these events. We also sell many of our crafts then to.

The Auxiliary members set up and decorate the Christmas trees for the residents of the Queensway Place and is much appreciated by everyone there. Staying with the Christmas theme we continue to make and sell Christmas balls for the In-Memoriam Tree placed in the hospital lobby during the Christmas season. The balls have become so popular that many are sold as home decorations or gifts. These are a very successful fundraiser.

The Bridge Club continues with their support and we thank them with an annual tea and luncheon at the close of their season, which is well enjoyed. There are currently 36 members.

This year we are holding an in-house membership drive. It is getting a good response. We are making sure that anyone can join, even if in name only, The more support we get the better.

We look forward to another busy and productive year and continue in our endeavours to support the Espanola Regional Hospital in any way we can.

Sincerely on behalf of all volunteers,

***Diane Rand***

Diane Rand, President



Last year the Auxiliary donated funds for the purchase of a Neonatal Transport Incubator



# Financial Report



## News from the Finance Team

Did you know that the each year ERHHC's Finance Team is responsible for:

Financial and statistical reporting for the Hospital, Nursing Home, Foundation, Queensway Place, Family Health Team and Non-Profit Housing;

Invoicing 8,500 claims to the Ontario Health Insurance Plan (OHIP), 1,300 resident and tenant billings, 1,000 ambulance co-payment fees and 750 other patient related charges;

Maintaining 5,700 general ledger accounts;

Issuing 3,200 cheques to vendors; and

Recording 1,100 manual journal entries?

## Statement of Financial Position

March 31, 2018 with comparative figures for 2017

	2018 \$	2017 \$
<b>Assets</b>		
<b>Current assets</b>		
Cash	1,386,613	1,420,465
Accounts receivable	1,019,563	682,180
Inventories	271,240	276,231
Prepaid expenses	179,052	203,601
	2,856,468	2,582,477
<b>Portfolio investments (note 3)</b>	4,072,534	3,801,367
<b>Capital assets (note 4)</b>	15,129,728	15,274,859
<b>Capital expenditures for projects in progress</b>	207,599	352,856
	22,266,329	22,011,559
<b>Liabilities and Net Assets</b>		
<b>Current liabilities</b>		
Accounts payable and accrued liabilities (note 5)	2,408,750	2,235,940
<b>Deferred contributions for capital assets (note 6)</b>	9,828,132	9,805,884
<b>Post-employment benefits (note 7)</b>	725,991	702,388
	12,962,873	12,744,212
<b>Net Assets</b>		
Invested in capital assets (note 8)	5,509,195	5,821,831
Internally restricted for the acquisition of capital assets	335,994	394,624
Unrestricted	3,578,727	3,055,484
	9,423,916	9,271,939
<b>Accumulated remeasurement losses</b>	(120,460)	(4,592)
<b>Total net assets</b>	9,303,456	9,267,347
	22,266,329	22,011,559



# Statement of Operations

Year ended March 31, 2018 with comparative figures for 2017

	2018	2017
<b>Revenues</b>		
Ministry of Health and Long-Term Care / North East LHIN:		
Hospital operations	11,883,401	11,539,829
Emergency on call coverage	1,906,407	1,849,023
<b>Sources other than Ministry of Health and Long-Term Care / North East LHIN:</b>		
Other patient revenue	1,282,526	1,298,636
Preferred accommodations	103,349	102,951
Chronic care co-payment	631,897	596,672
Recoveries and other revenues	1,859,762	1,756,570
Gain (loss) on disposal of capital assets	(312)	(8,296)
Amortization of deferred contributions for allowable capital assets	105,945	110,969
	<b>17,772,975</b>	<b>17,246,354</b>
<b>Expenses</b>		
Salaries and wages	8,150,172	7,701,572
Supplies and services	3,403,403	3,362,390
Medical staff remuneration	2,425,395	2,410,746
Employee benefits	2,485,695	2,384,139
Amortization of allowable capital assets	322,853	349,478
Drugs and medical gases	151,067	177,191
Medical and surgical supplies	143,218	180,276
Bad debts	22,775	18,486
	<b>17,104,578</b>	<b>16,584,278</b>
<b>Excess of revenues over expenses before undernoted items</b>	<b>668,397</b>	<b>662,076</b>
<b>Other Revenues</b>		
Long-term care program (schedule 1)	2,346,673	2,381,681
Realized investment income on portfolio investments internally restricted for the acquisition of capital assets (note 12)	150,720	195,470
Other votes and programs (note 9)	4,650	4,650
Amortization of deferred contributions for non-allowable capital assets	386,554	359,439
	<b>2,888,597</b>	<b>2,941,240</b>
<b>Other Expenses</b>		
Long-term care program (schedule 1)	2,804,463	2,910,837
Other votes and programs (note 9)	4,650	4,650
Amortization of non-allowable capital assets	595,904	563,275
	<b>3,405,017</b>	<b>3,478,762</b>
<b>Excess of revenues over expenses</b>	<b>151,977</b>	<b>124,554</b>

# ERHHC Team 2017 - 2018

## Laboratory



We have been very busy serving Espanola and the surrounding communities. We would like to welcome our new Lab Director, Dr. Min Yi Ngae.

In June of 2017 the Lab went through accreditation with only 5 minor non-conformities and 98.8% compliant.

We perform:

156,142 in house tests

12,533 referred out tests

2,832 ECG's/holters

23,897 patients collected

The Physiotherapy department continues to provide services at all levels of care within the health care continuum of ERHHC. Staff is involved in providing outpatient services, treatment in acute care and even sometimes in the emergency department, Nursing Home, Cardiac Rehabilitation, and community fitness initiatives. Fiscal year 2017 - 2018 saw approximately 5500 patient visits through the department and 350 new patient assessments - not including our activity in Long Term Care, ten CPR classes delivered for staff, approximately 256 000 steps taken while urban poling, and miles of treadmill hours logged, tons of weights lifted and lots of body parts pushed, prodded and encouraged into new and wonderful positions! We have overhauled our supply of mobility equipment to ensure it is safe and that we can accommodate a variety of shapes and sizes and connected it with a maintenance program for upkeep. We have been involved in staff return to work, ergonomics, crutch/equipment recycling through ED where needed, and a myriad of other odds and ends. We are a jack of all trades and continue to do a little bit of everything here at ERHHC.

## Physiotherapy



## 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 **39,032** outpatients and **588** 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.

# Diagnostic Imaging / Cardiology



**Diagnostic Imaging Manager  
Phil Smith**

## CARDIOLOGY

### Echocardiography

September 2017 ERHHC received a 3 year accreditation from Corhealth for our Echocardiograms (Ultrasound of the heart). We were one of the first in the north to be accredited and remain one of only a few. Corhealth is an organization Partnering with facilities to find improvement opportunities by providing a six-step certification process to ensure that facilities that chose to participate align with the Standards for Provision of Echocardiography in Ontario. These provisions are guidelines that were reviewed by a geographically and professionally diverse group of individuals involved in the practice of echocardiography, addressing all components of service delivery and were intended to ensure the utility, reliability and safety of echocardiography examinations. This was a process that involved a lot of work setting up protocols, policies and optimizing our equipment settings and routines. Espanola Regional is lucky to have a dedicated and experienced sonographer, Marilyn Laing and a supportive Cardiologist, Dr C. Hourtovenko so that these accomplishments could be achieved effectively and efficiently. This is a huge win for cardiac patients in our community. This accreditation is a process and even though we are now accredited, the work continues and we already have our sights set on further goals and enhancements to the program leading into the 2020 accreditation.

### Cardiac Clinics

Doctor Hourtovenko continues to provide us 2 clinic days per month this year. There has been a positive improvement on wait times, however, demand is very high and wait times still exist. Rest assured all referrals are vetted and prioritized by Dr Hourtovenko upon receiving them. Often he orders testing ahead, which is quickly accommodated with results being sent to him expediently, aiding further prioritization. Patients requiring urgent attention are fit in to see him. On occasion, ERHHC patients may be seen at Dr Hourtovenko's office to facilitate more urgent cases. Joanna Hearn RN has been assigned to work with Dr. Hourtovenko during the cardiac clinics which provides consistency and improves continuity of care. Joanna, in many cases, is familiar with the patients because she also works in primary care at the Family Health Team as the main lead for the Heart Health Program. She is currently specializing for these roles in Cardiac Care and Rehab, by taking Cardiac Nursing on-line from MacEwan University.

### Heart Health Program

Espanola Regional Hospital and Health Centre along with the Espanola and Area Family Health Team have assembled a multidisciplinary team to aid in the treatment and management of cardiac disease. This consists of exercise programming, smoking cessation, registered dietician, social worker, certified diabetic educator, physiotherapy rehab, hypertension management, medication review, cardiac education sessions, cardiology consultations and diagnostic testing. Once a patient is referred, a case manager will then do a thorough intake assessment and coordinate their appointments with the appropriate health care professionals to assist with lifestyle modifications for optimal cardiac health and wellness. This provides a more complete health/social history for individuals enabling a more focused assessment which ensures the patients are getting the resources that they need.

## DIAGNOSTIC IMAGING

We continue to offer a wide variety of services here at ERHHC. While many other small sites no longer offer Gastrointestinal studies, ERHHC has managed to maintain this service. With our visiting specialist, Dr Sloan, we perform these as well as some other procedures such as joint injections weekly. Very rare for a small hospital, we also provide a full range of noninvasive vascular testing. Along with our general ultrasound and Xray as the backbones of the department, we continue to be busy with just under 12,000 studies last year. We also partner with College Boreal by providing training for Xray students.

We need to thank the auxiliary for their aid in raising funds for our new vascular ultrasound unit. This effort is ongoing. The equipment is very expensive and the local support is key to keeping state of the art equipment in our community hospital.

# Emergency / Acute Care

## ACUTE CARE:

Total # of admissions: 558  
Average length of stay: 6 days  
Total Patient Days: 4577

ERHHC is motivated to incorporate innovative technology enhancements for continual improvement that will benefit patients and clinical staff.

In 2016 the Acute Care unit transitioned smoothly from paper to electronic patient care documentation. In 2017 we set out to evolve to electronic documentation of medication administration (eMAR). Unlike the electronic documentation for patient care which had been implemented in many of the North Eastern Ontario Network (NEON) hospitals the electronic medication documentation had not been implemented in any of our thirty NEON partner hospitals.

ERHHC was the pioneer for this innovation which meant that many processes and procedures on utilization were required to be investigated and worked through. After extensive testing and development of the processes/procedures, eMAR was successfully launched in December 2017.

In these first few months since launching eMAR we have identified areas of efficiencies as well as process changes and employee education to ensure that we continue to meet the Ontario College of Pharmacists (OCP) standards for safe medication practices.

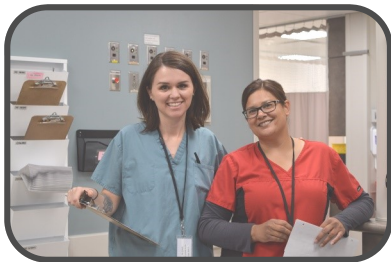
## EMERGENCY DEPARTMENT:

Total # of visits: 13,896  
Average Length of Stay for Complex patients: 2.72 hours, ERH is well below the provincial target of 8 hours  
Average Length of Stay for Non Complex patients: 1.54 hours is well below the provincial target of 4 hours

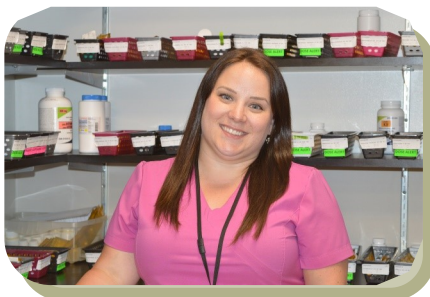
ERHHC now has a trained instructor for Nonviolent Crisis Intervention (NVCI) who has educated 75% of our ED & Acute Care clinical staff on early intervention and nonphysical methods for preventing and managing disruptive behavior as well as methods of least restraint or holding skills that are taught as a last resort when an individual becomes an immediate danger to self or others. The goal is that 100% of ED & Acute Care clinical staff will have received NVCI training by the end of 2018 and will be recertified every two years moving forward.

## HOSPICE:

2017/18 was Espanola Regional Hospital's Hospice first full year of operation where 32 patients and families were provided End of Life Care. When the NELHIN first approached ERHHC with the funding for a 1 bed Hospice suite, they indicated that approximately 18 patients and families would receive this specialized care during their end of life journey, this number has been exceeded which indicates the need for this service in our community. ERHHC is working with our community partners on growing and strengthening a Community Palliative Care program.



## Pharmacy

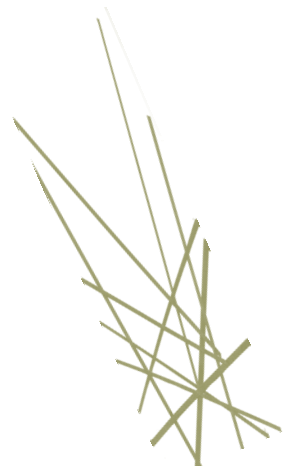


**Pharmacy Technician**  
**Angie Scheel**

## PHARMACY:

The Ontario College of Pharmacists (OCP) returned in the Fall of 2017 for an inspection of the hospital pharmacy which resulted in ERHHC receiving a Certificate of Accreditation.

ERHHC pharmacy staff continues to make improvements in process changes to ensure that the evolving standards set by the OCP for safe medication practices are being met.





# Quality Improvement

The Quality Improvement Plan (QIP) for the Hospital, FHT and LTC requires much data gathering and planning. The 2018/19 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.

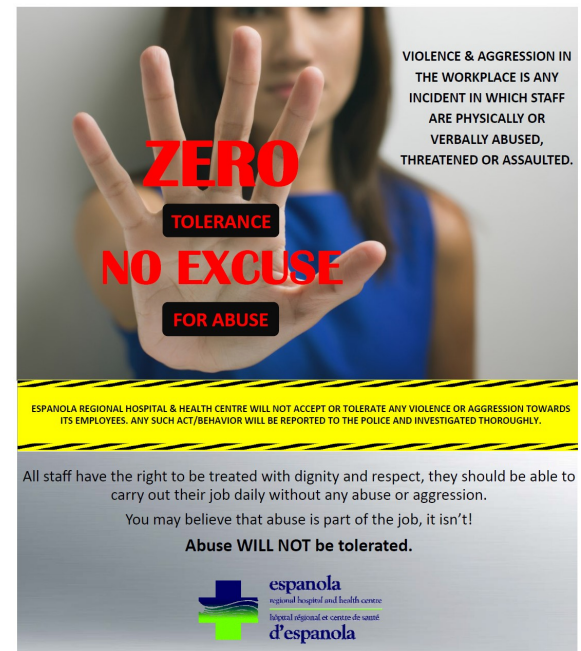


**Quality Improvement Manager**  
**Paula Mitroff**

## Prevention of Workplace Violence

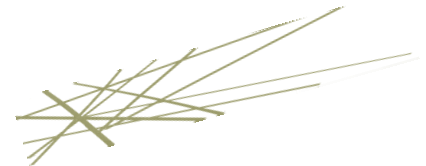
Espanola Regional Hospital and Health Centre strongly supports the philosophy that embraces all staff have the right to work in a safe, healthy environment. Significant priority has been placed on implementing measures to assist staff with managing incidents of violence should they arise. In January of 2018 we conducted a facility wide workplace violence risk assessment which has led to the identification of risks within our organization. Mock Code White (*violent person*) and Code Silver (*threatening weapon*) Drills are performed annually which also helped to identify gaps in our processes. Several strategies have been executed to address these risks throughout the organization.

- Enhancements were made to existing camera system to improve picture quality and distance. In other areas of the hospital cameras were installed to expand visuals
- Panic Alarms were installed & if activated local police are dispatched and respond immediately to assist with dangerous situations
- Wearable Personal Alarms were purchased for staff to use during high risk times when working alone
- Salto locks, our internal security locks, were installed in several areas within the building and door bells were mounted so only staff would have access
- 75% of staff in Acute & Emerge have attended Nonviolent Crisis Intervention (NVC) on how to manage violent behavior & learn strategies to de-escalate aggressive persons



## Patient Engagement

Patient Engagement is to be highlighted as one of the greatest accomplishments over this past year. Our Patient Advisory Council (PAC) was established in June of 2016 and has grown this past year to 7 advisors who are passionate advocates for quality care in the services we provide, ensuring a patient / family quality perspective. For a small rural community there is exceptional engagement and support from the patients and families in our community who are participating in the PAC. ERHHC's Continuous Quality Improvement Manager leads the PAC and engages the members to obtain input and suggestions from a patient and family perspective on the initiatives and improvements that impact Acute Care, Long-term Care and Primary Care. The goal of our organization is to foster a culture of empathy that recognizes patient, family and public feedback as the center of making effective change. With patients, families and health care providers actively collaborating to improve our local health care system, there is an opportunity for improvements not only in programs and services, but a strengthening of the relationship between the hospital and community.



## Laundry / Housekeeping



Housekeeping did 116, 218kg laundry last fiscal year.

## Dietary

Dietary prepares 111, 525 meals/ year.

Espanola Nursing Home - 64 residents per meal x 3/day = 192 x 365 = 70,080

Acute Care - 15 patients /day x 3meals = 45 X 365 = 16,425

Queensway Place - 20 residents x 3 meals/day = 60 X 365 = 21,900

Meals on Wheels - 20 meals 3x a week = 60 x 52 weeks per year = 3,120



## Information Technology / Clinical Informatics

In the past year, the position of 'Clinical Informatics Specialist' was created and filled by Sheryl Flynn. This position, shared between Espanola and North Shore, is responsible to provide support for all aspects of implementation, planning and evaluation with our Health Information Systems and Electronic Medical Record.

Luc Pelland, joined us in June as the new IT Tier II Technician, and comes with experience from positions at Health Sciences North and Eastlink.

The wireless network throughout the hospital has been replaced with a more modern system that gives wider range of coverage to eliminate some dead zones we had previously. Staff use the wireless network to provide patient care using mobile devices in all areas of the hospital, for example during medication administration in Acute Care, point of care laboratory testing in the Emergency Dept. or PSW care documentation in LTC. The wireless network also provides access for patients and visitors to access the internet from the common areas, patient rooms, and meeting rooms around the building.

In the past year the department completed 3241 support requests from staff members, and has replaced 33 new pcs, and introduced 12 new iPads.

## Central Supply / Receiving

CSR has undergone many new improvements this year. In preparation for accreditation, our sterilization room underwent a transformation to replace existing shelving and cabinets with new stainless steel work tables and shelving units. Our store room also saw several new upgrades including new gravity fed iv carts which help ensure a safe workflow. We also received a security camera system as part of the workplace violence assessment which now gives us access to view who we are allowing into the facility when accepting deliveries. New electric receiving bay doors as well as hydraulic loading docks were among the other investments within the department that have all contributed to a much safer working environment so that our small team.



## Queensway Place

QWP focus this year was about safety. On two separate occasions, QWP residents engaged in a mock fire drill one that took place during the day and another overnight. One of the drills included an evacuation. Following the mock drill, residents were invited to attend a debriefing meeting. In May, Espanola police held a in-service about fraud. Information was provided to residents including the Canadian Anti-Fraud hotline ( 1-888-495-8501) to inquire about scams and to report a concern.



Queensway Place  
Assisted Living



# Espanola Nursing Home

**Director of Care**  
**Lee Turley**

**Assistant Director of Care**  
**David Adameczak**

What a year for Long Term Care, with many investments to improve the flow of care for our residents!

We have implemented a new Point of Care (POC) documentation system for our front line staff to utilize, which in turn improves the coordinated care plans for our Residents. This real time documentation system, allows staff the ability to document as they go and flow information into our Point Click Care system for efficient quarterly assessments.

All of our Personal Support Workers (PSW) and Registered Practical Nurses (RPN) were provided education on the new POC system and the integration of the system into our daily routines. The RPN's were also provided education in January for our Point Click Care system and Resident Care Planning to ensure that our assessments and care plans are current with relevant information specific to their care needs.

With our Maintenance Team and funding provided by the North East Local Health Integration Network (NELHIN), we were able to develop a new Regional Behaviour Supports of Ontario (BSO) office. This new space will provide our BSO team with an area needed to ensure proper collaboration to facilitate timely individual assessments. We were also provided with permanent funding for our Regional BSO Clinician, Jennifer Savicky. Jennifer will continue to be based out of our Long Term Care BSO Office as she provides services to our local and surrounding communities.





# Maintenance

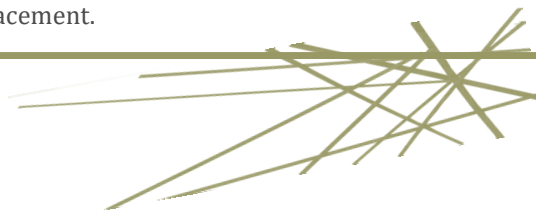


It has been a busy year in the maintenance department. Our biggest project has been the replacement of our chiller plant, controls, circulating pumps and piping. The chiller plant keeps the hospital cool in the summer. Our old chiller was original to the hospital and was due to be replaced. We have successfully replaced our old inefficient chiller plant with a brand new energy efficient unit. This will keep all of the patients, residents and hospital staff comfortable during the summer months. We are also completing other energy efficiency projects. We replaced 52 inefficient roof top exhaust fans with new variable speed units. We replaced 2 garage doors in our CSR department as well as 2 in our maintenance shop. During the winter months this will help keep the warm air in the hospital and the cold air out. We are also in the midst of upgrading the hospital to LED lights. We have completed phase 1. Phase 1 was the replacement of the front parking lot lights to LED as well as the install of 1600 LED tubes to replace our fluorescent tubes throughout the facility. Since these lights have been upgraded we have seen a significant decline in our hydro use. We are now in phase 2 of the LED upgrade. We will be upgrading more of our lights to LED including the kitchen and employee parking lot.

# Family Health Team

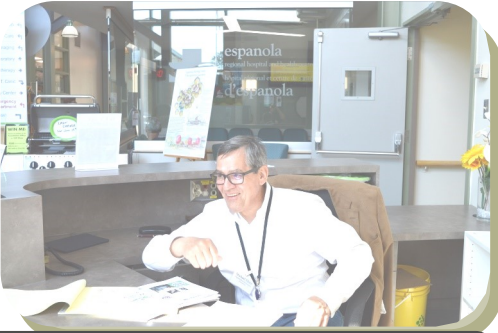


The FHT has undergone some positive change this past year that includes adding an additional Primary Care practitioner Dr. Stephen Bignucolo, and a full-time Social Worker Becky Songhurst. We are extremely pleased with how well the new staff members have integrated into our team, and look forward to providing primary care to a greater number of patients. Currently we are developing new and innovative Stress and Well-Being programming. As a result of the new team members we have undergone construction to provide new office and clinical space. Additional construction at the FHT included a new ventilation system, and roof replacement.





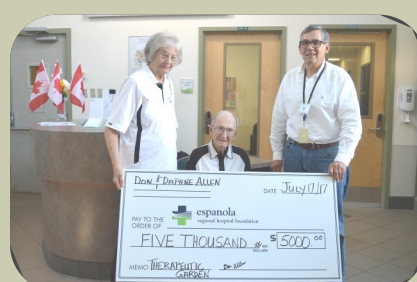
# Espanola Regional Hospital Foundation



**Foundation Board Chair**  
**Michael Dunn**

We would like to thank everyone who has donated to the Foundation over the past year. With your generous donations we will be able to make dreams come true for our Nursing Home residents, with their Therapeutic Garden. We have also been able to purchase some new equipment for the hospital. None of this would be possible without you!

**A few of our generous donors! THANK YOU**





# espanola

regional hospital and health centre

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hôpital régional et centre de santé

# d'espanola

**825 McKinnon Dr.,  
Espanola, ON P5E1R4**

**705-869-1420**

**[www.erhhc.on.ca](http://www.erhhc.on.ca)**