

North Bay Regional  
Health Centre



Centre régional  
de santé de North Bay



## 2015-2016 ANNUAL REPORT

The North Bay Regional Health Centre (NBRHC) is a unique healthcare organization with three primary roles.

We provide acute care services to North Bay and surrounding communities.

We are the district referral centre providing specialist services for smaller communities in the area.

We are the the specialized mental health service provider serving all of northeast Ontario.



## A MESSAGE FROM THE CHIEF OF STAFF, CEO AND BOARD CHAIR

This last fiscal year 2015-2016 was a year of significant challenge and transformation—a year that also brought us efficiency, innovation and excellence.

In September 2015 we announced the finalization of our Hospital Improvement Plan (HIP), an iterative plan that outlined how NBRHC will achieve a balanced budget by 2016-2017.

Our goal is to achieve excellence in the quality of care we provide our patients while maintaining efficiency in our performance.

Through the implementation and evolution of HIP initiatives, NBRHC is committed to:

- continuous quality improvement with our existing programs and services
- innovative changes that support the quality, safety and efficiency of our services
- metrics (clinical & non-clinical outcomes) that define the best performing hospitals
- on-going review of services to ensure quality of care

In this Annual Report you'll learn more about:

- Our provision of safe, high quality care
- Our journey toward efficiency
- Innovative practices
- The high quality health service providers who are instrumental in our services
- How we are continuing to place the patient at the center of the work we all do, every day.

We are pleased to share where our transformative journey took us in 2015-2016 and continue our commitment to the efficient delivery of high quality care.

Dr. Donald Fung  
Chief of Staff

Paul Heinrich  
President and CEO

Michael Lowe  
Chair, Board of Directors

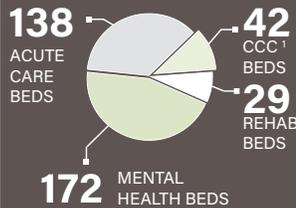


## NORTH BAY REGIONAL HEALTH CENTRE BY THE NUMBERS

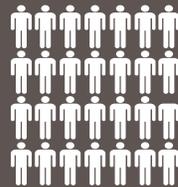
**\$218** Annual Operating Budget  
**Million**

**24,621** Volunteer hours

**381** BEDS TOTAL

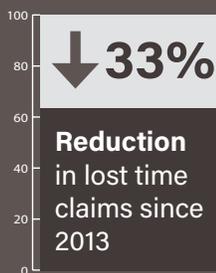


**2100** Employees



**3,600** Orphaned patients will receive access to a family physician in the next two years

**58,764** Emergency Department visits



**54** People received the gift of sight assisted by NBRHC



**100%** Patients received hip replacements in targeted wait time<sup>2</sup>

**\$124,000** Raised by Our Hospital Walk/Run

Annual commitment statement from our CEO for physical and psychological health and safety of staff



**18** New Physicians  
**15** Specialists  
**3** General Practitioners



**Lowest in province** emergency department length of stay for complex patients

**67** Hospital standardized mortality ratio (HSMR)  
Canada avg. 96, Ontario avg. 95  
**LOWEST IN THE PROVINCE**

<sup>1</sup>CCC - Complex continuing care

<sup>2</sup>Q3 data, 2015/16



## SPRING 2015

NBRHC becomes the single provider leading the Ontario-wide work of Behavioural Supports Ontario (BSO) to support older adults with 'responsive' behaviours (i.e. roaming, withdrawing, verbalizations)

NBRHC is one of the provinces' highest performing Emergency Departments for sustaining wait time improvements over the years.

Nipissing EMS pilots Safety Dial Paramedicine program; increasing seniors' safety by inspiring residents to look out for their neighbours.

NBRHC Mammo-Rama Breast Screening Challenge screens 67 women in one day.

Osprey Lodge, NBRHC's new transitional unit, opens to provide treatment and rehabilitation for mental health patients preparing to move to the community.

NBRHC continues to implement a successful health safety management system—a system that uses the Canadian Safety Association standard (CSA Z1000-06) to reduce or prevent injuries, illnesses and fatalities in the workplace.

NBRHC partners with Centre for Addiction & Mental Health (CAMH) in ARTIC's DA VINCI project—an integrated care pathway for patients with both major depressive disorder and alcohol dependence.



## SUMMER 2015

Agreement with North Bay City Council to contribute up to \$175,000 annually (matched by the hospital) for the next three years to family physician recruitment in our community.

Indigenous Ceremonial Area developed for patients and families.

NBRHC achieves LEED (Leadership in Energy and Environmental Design) certification.

NBRHC partners with Nipissing Mental Health Housing and Support Services to successfully transition eight patients to the community.

NBRHC Seniors' Education Day provides education to seniors and their caregivers about programs and services available at the hospital.

Annual Physician Recognition Event recognizes physicians for the outstanding work they do in hospital and community.



## FALL 2015

NBRHC announces the finalization of its Hospital Improvement Plan. Savings identified; how and where services are delivered, and staffing requirements. NBRHC estimated approximately 150 jobs could be impacted.

President and CEO, Paul Heinrich shares how NBRHC will continue to ensure access to hospital services for those who need it via opinion piece in local newspaper.

Eleven patients enter the CAMH's integrated clinical pathway, a structured, evidence-based approach to care focused on treating aggressive behaviour and symptoms of dementia through Oak Lodge, Kirkwood location (Sudbury).

New volunteer childcare program at the NBRHC Mental Health Clinic (King Street) helps those in our community overcome barriers to accessing care.

NBRHC & North Bay Hydro open the cogeneration project at the Health Centre to ensure a more efficient and independent power supply for years to come (85-90% efficiency range).

NBRHC and the Sisters of St. Joseph of Sault Ste. Marie sign a partnership agreement to provide patients and families an affordable bed and breakfast option.

NBRHC is a community partner in the development of the Nipissing East Parry Sound Health Link to develop processes for complex, high users of our health care system in our district.



## WINTER 2016

New Bronchoscopy Clinic opens at NBRHC as we welcomed the city's first ever Respiriologist.

NBRHC and Health Sciences North partner to review mental health and addiction services in the northeast and develop a Blueprint to help improve care; work collaboratively for better care transitions; and ensure the work is guided by patient and family involvement.

NBRHC physician leadership plays a significant role in quality improvement through enhanced clinical documentation to better capture patient condition and treatment received, and improve opportunities for funding and services.

NBRHC earns Accredited with Commendation from Accreditation Canada.

President and CEO, Paul Heinrich addresses Workplace Safety via opinion piece in local newspaper.

NBRHC hosts International Health Study Tour from Nigeria.

Safewards, an evidence-based best practice model of care proven to reduce conflict is introduced at NBRHC.

25 individual recipients and two departments recognized by NBRHC Foundation through Grateful Family donations and Golden Heart Awards.

The NBRHC Mental Health Clinic (King Street) improves community wait time for individual and group therapy from eight weeks to one week.



## OUR JOURNEY TOWARDS EFFICIENCY

The Canadian Institute for Health Information defines efficiency as 'a health system that avoids waste of equipment, supplies, ideas and energy.' This allows more services to be delivered with fewer resources.

Given the scope of our role, efficient practices are vital to sustainably providing quality, safe patient care.

We have learned over the past few years how important it is to ensure costs are allocated appropriately to each part of our organization.

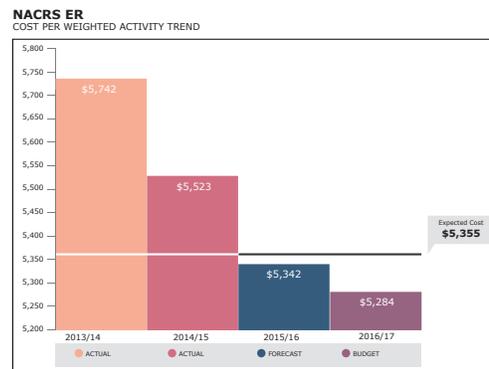
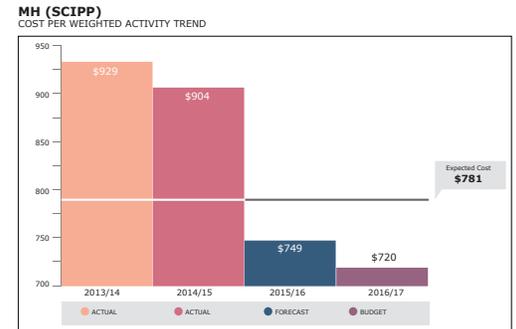
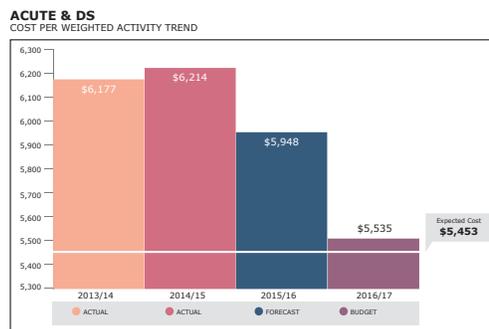
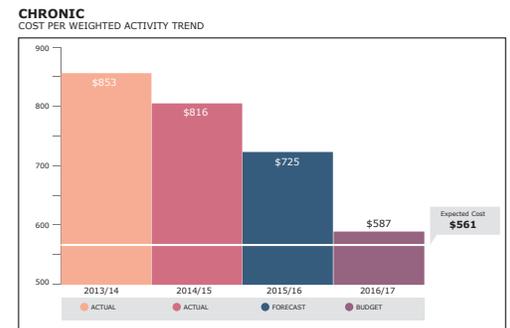
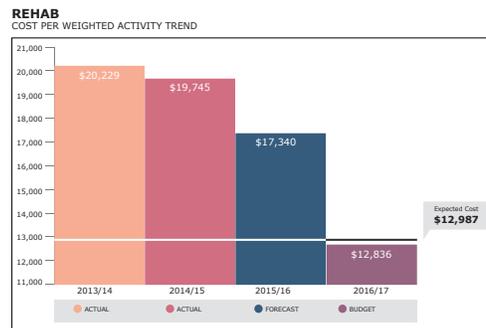
As our work is guided by our patients, the indicator used by the new funding formula over the past three years is to measure the cost associated with caring for a standard patient, also known as 'cost per weighted activity'.

Our goal is to reduce the gap between our actual and expected cost per weighted activity.

What actions are we taking to move toward greater efficiency?

1. reducing our expenses
2. improving documentation so we receive compensation for the care we provide
3. developing a financial forecasting tool to ensure that changes being considered will maintain or enhance our efficiency

### Efficiency Measure Trending: Ministry of Health and Long Term Care (MOHLTC) Funding Formula



Every year the Canadian Institute for Health Information releases data through an interactive tool called Your Health System.

This one-of-a-kind tool offers an array of health system data on hospitals, long-term care facilities and the health of Canadians across the country. Learn more about our Health Centre by visiting [Your Health System online data](#).

# HOSPITAL IMPROVEMENT PLAN IMPROVES PATIENT CARE AT KING STREET CAMPUS



The King Street Campus of the North Bay Regional Health Centre amalgamated and co-located Mental Health and Addiction services at one site. The campus now includes both Assertive Community Treatment Teams (ACTT), the Nipissing Detox and Substance Abuse Program (NDSAP) and the Out Patient Mental Health Clinic (OPMHC).

This move provided the team with the opportunity to rethink the way services were provided. The team looked at how might they provide quality patient care in a way that could better centralize and mobilize their services to maximize resources while ultimately improving access to care and creating an improved experience for patients.

The results are more than impressive – over and above a financial savings of \$750,000, the wait list was completely eliminated (down from six weeks), the documentation back log decreased from four months to just five hours, support for NDSAP by a Registered Nurse (RN) is in place for the first time, and a redesign of the clerical team resulted in one cohesive unit to support the entire campus.

## ASSERTIVE COMMUNITY TREATMENT TEAM (ACTT) IN DEPTH

68 year old Larry is an avid fan of almost every sport. Every sport, he says, except rugby. Every day Larry makes his way over to the corner store to pick up the Toronto Sun, his favourite because, in his opinion, it has the most sports coverage of any other newspaper.

Larry is also a client of the North Bay Regional Health Centre's (NBRHC) Assertive Community Treatment Teams (ACTT).

Manager, Mental Health and Addictions, Claudette Lamothe explains ACTT are interdisciplinary teams of mental health service providers who specialize in providing patient directed, highly individualized treatment, rehabilitation and support to people who live with severe mental illness.

Larry says he was first hospitalized with his illness "sometime around 1983" and has been a client with ACTT for almost two decades—one of the first clients when ACTT started in 1998.

For Larry, the support provided by ACTT to help keep him well and involves things like delivery of his medication, rides to the grocery store and what he says he enjoys the most, the socialization with team members. The support provided by ACTT helps enable Larry to live independently in the community.

When ACTT moved to the King Street Campus of NBRHC in February 2016,

it further centralized the services for patients using the services of ACTT, Nipissing Detox and Substance Abuse Program (NDSAP) and the Outpatient Mental Health Clinic to one location.

Claudette says the move of the two ACTT teams as part of the King Street Campus resulted not only in a financial savings—but has improved care for the patients using these services.

When we moved the teams, we kept in mind the mandate of their service and designed the new space to allow for staff to be more mobile and better suited to respond to our patients' specific needs in the community," she says. "Our patients have central access to all the services provided at King Street, helping to increase the continuum of care across the entire Campus."

Larry is now able to go to 120 King Street and see his caseworker (also known as 'Prime'), then go over to see his physician Dr. John Seguin, who provides primary care for patients registered with the ACT team. Foot care with ACT team member Marquise Jolicoeur is also provided to Larry, and other ACTT clients at the same location.

ACTT 2 client Ecstasy lives beside her mother Julijana, who is also a client of ACTT. Ecstasy provides a lot of support for her mother, and she says now having the services all located on one campus makes things really convenient for her mom.



"The health care is well-rounded [at King Street]" Ecstasy says.

"If anything comes up I can just call Tara, the Program Secretary, and usually within a few days everything can be resolved—make appointments, refill our prescriptions."

In addition to improving the patient experience, financial savings of \$120,000 per year was realized when the two ACT Teams were moved to become an integral part of the King Street Campus.



## INDIVIDUALS INSTRUMENTAL TO OUR SERVICES

Patients in North Bay, and all of Northern Ontario, are benefitting from the city's first ever Respirologist. Dr. Irfan Khan joined the North Bay Regional Health Centre (NBRHC) Service of Internal Medicine in November 2015.

NBRHC Chief of Staff Dr. Donald Fung explains that with Dr. Khan's arrival in North Bay, the health centre now has a dedicated bronchoscopy clinic that focuses on the diagnosis and treatment of respiratory illnesses. "A bronchoscopy is a procedure used to diagnose and treat specific lung conditions," Dr. Fung explains.

"Having a Respirologist here allows us to offer this procedure more regularly than we could before."

Dr. Khan says each week he performs at least one bronchoscopy, and some weeks even two or three. NBRHC President and CEO Paul Heinrich says because this procedure involves sedation, those travelling for the procedure would have to be accompanied out of town with a companion to drive them. "Providing this procedure in North Bay enables our patients to access health services in our community without the additional burden of having to travel," Heinrich says.

The need for Respirology is so great in Northern Ontario that Dr. Khan has started to see patients one day a week via telemedicine.

"I had one patient drive 8.5 hours to come see me," he recalls. "That's when I felt the need to start doing telemedicine."

In addition to the bronchoscopies, Dr. Khan has taken over the day to day operations of the Health Centre's Breathing Clinic. The Breathing Clinic supports patients with chronic lung diseases such as chronic obstructive pulmonary disease (COPD) with early diagnosis and intervention, and specializes in providing the tools for these patients to manage their care to help reduce the need to be admitted to the hospital. "Dr. Khan has taken a leadership role in the Breathing Clinic, and brought to it a wealth of knowledge and expertise," says Dr. Fung. "Dr. Khan further shares his professional expertise by interpreting all pulmonary function testing and lung function evaluations performed at NBRHC." Dr. Khan also has his office located at 1221 Algonquin where he sees his patients with other types of lung related conditions.

Dr. Khan's past medical training includes Respirology residency in India, and then practiced independently for 4 years in Kuwait before coming to Canada. He then completed an additional year of Clinical Fellowship in Hospitalist Training at Sunnybrook Health Sciences Centre in Toronto, and subsequently joined the Residency Program in Internal Medicine at the University of Toronto, followed by a fellowship in Adult Respirology at the University of Toronto.



## DISCOVERY OF INNOVATIVE PRACTICES

Dr. Ravinder Singh, Chief Department of Surgery, says as the hospital moved toward more laparoscopic (minimally invasive) surgeries, it became clear that the team wasn't using all the medical instruments provided on the surgical trays.

"We identified this as an opportunity to create more efficiency in the Operating Room," Dr. Singh says.

"Having too many instruments wastes time for the staff who sterilize, pick and prepare the trays, and then for the OR nurses who unpack, count prior to the surgery and then count after the surgery is completed."

Instruments needed by surgeons performing surgery are prepped by staff in the Medical Device Reprocessing Department (MDRD). MDRD staff are responsible for the decontamination, inspection, maintenance, and sterilization of medical devices at the hospital.

"We decided on a pilot," Dr. Singh explains "where we tracked the actual instruments we used over a few months and the results showed the surgeons weren't using more than 60% of the instruments sent."

This led to a change in the way the instruments are packaged for surgeons for laparoscopic general surgery cases, ultimately leading to less waste. The original tray had 64 instruments with a combined assembly and decontamination time of 17 minutes. Following the pilot, this was reduced to 24 instruments and only 8 minutes combined decontamination and assembly time.

"This is an example of how a small quality improvement change between programs can add significant value without compromising quality," Dr. Singh says. "We are hoping to adopt this across all our surgical specialties. "



## A BLUEPRINT FOR MENTAL HEALTH & ADDICTIONS

A joint review (NBRHC & Health Sciences North) of adult mental health and addiction services in the northeast region.

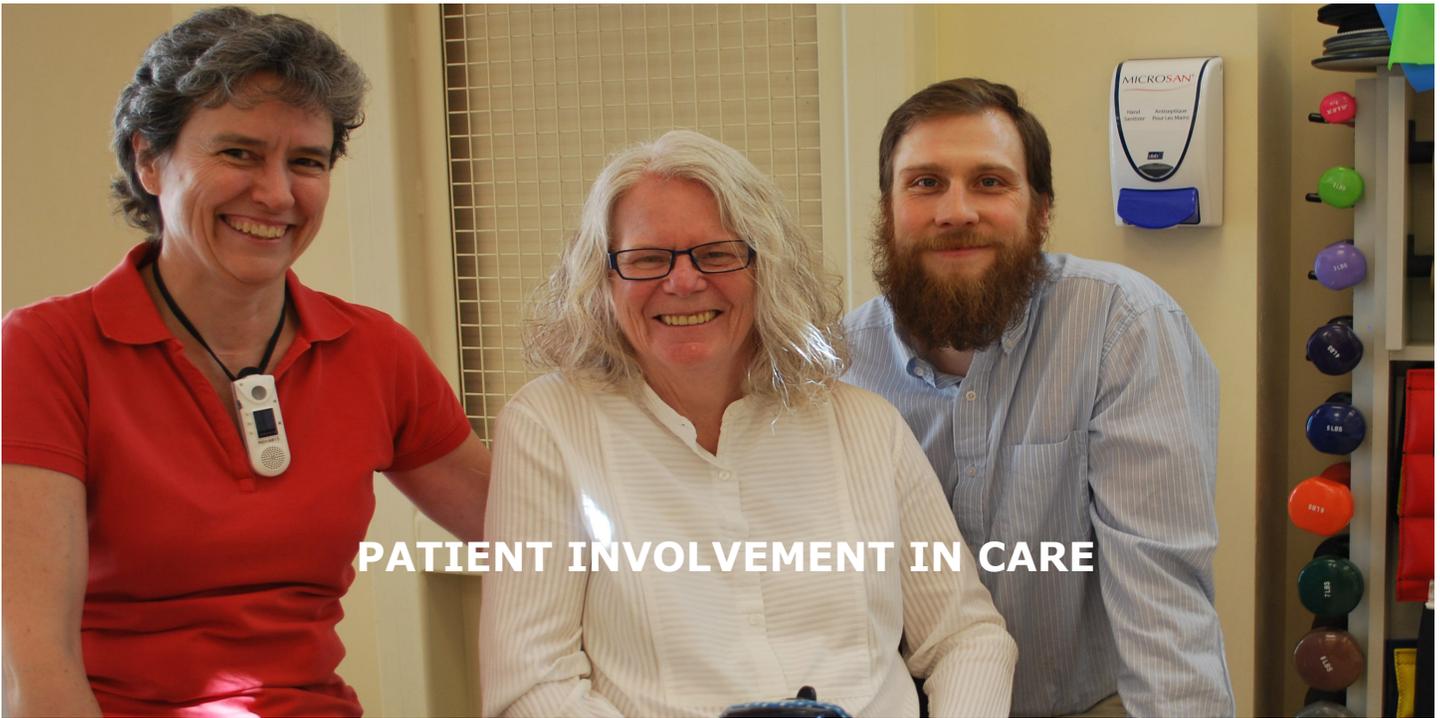
280+ voices reflected: system leaders and funders, health provider organizations, (LHIN funded and non-LHIN funded), non-health organizations, advocacy groups, clients and families.

96% of providers think the system needs transformation.

57% of clients and families think the system needs transformation to provide us with key areas of focus that will help us improve the care we provide; work more collaboratively for better care transitions; and better ensure the work is guided by patient and family involvement.

Follow this link to read the blueprint

<http://www.nbrhc.on.ca/wp-content/uploads/2016/01/NE-Ontario-Mental-Health-and-Addictions-Blueprint-Final-Report-December-18-2015.pdf>



## PATIENT INVOLVEMENT IN CARE

Patients are involved in 94% of NBRHC's quality improvement initiatives.

Our approach is unique in the way we match patient/family representatives to activities and projects in "real-time" rather than the traditional patient council model.

The shorter time commitment and matching to recent hospital experiences helps keep patients and families involved in their care.

When Laurie McBride came to the North Bay Regional Health Centre (NBRHC) in January 2016 she had a goal in mind—she wanted to stand again.

The 59 year-old New Liskeard resident has been living with Multiple Sclerosis for 15 years. A fall a few months earlier left her with a broken hip, which resulted in surgery.

McBride explains that laying flat on her back for three months while recovering from the surgery greatly affected her core strength. "My ability to sit up independently, my ability to roll over, comb my hair, brush my teeth—all those things were gone," she says. "I couldn't even pick up a small cup of coffee to drink it."

To work at getting back her core strength, McBride was transferred to the inpatient rehabilitation program at NBRHC.

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## INPATIENT REHABILITATION UNIT

The Inpatient Rehabilitation Unit at NBRHC consists of 29 designated Rehabilitation beds. Manager Patty Byers says a team approach is used so that in addition to nursing, therapy services are conveniently located on the unit and consist of occupational therapy, physiotherapy, recreation therapy, speech language pathology and social work. "The goal of the Rehabilitation Program is to assist the patient to achieve their optimal level of independence through a collaborative multidisciplinary team process in preparation for discharge," Byers says.

McBride says when she arrived at the hospital, she wasn't sure what rehabilitation, or even success, was going to look like for her. "I knew I wanted to get back to where I was before I fell," she says. For her, that included sitting up independently and, hopefully, standing up. "I had no idea how long it would take or what it would entail. All I knew was I needed to gain my independence back."

Almost right away McBride had a difficult decision to make—her doctors weren't sure of the extent of damage to her bones from her osteoporosis. There was concern that returning to standing following her three month recovery from the previous surgery might prove to be too much, and she risked re-fracturing her bones by simply bearing weight on them.

"I had to ask myself: was it worth the risk of re-injuring myself and facing another recovery of three or four months in bed just to stand?"



## PATIENT INVOLVEMENT IN QUALITY IMPROVEMENTS

McBride and her care team pressed on. Her days consisted of physiotherapy sessions and what McBride describes as 'stalking the halls'.

"What I used to do out of sheer boredom is in between my physio appointments I would get on my scooter and ride around the hospital; I would go to the cafeteria, go upstairs, just ride around everywhere really."

It was one of these times that McBride was 'stalking the halls' and she happened upon what is known in the Health Centre as a 'huddle'. "I came around the corner and there was a bunch of people standing together around a white board," she remembers.

Byers explains huddles are regular, 15 minute unit activities held across the organization that lead to quality improvement.

"Huddles provide an opportunity for staff to identify, prioritize and action daily improvements linked to organizational priorities." Byers, who was leading that day's huddle, invited McBride to participate and lead the remainder of the huddle.

McBride says one of the problem solving conversations she was involved with that day was actually something she had personal experience with while a patient at NBRHC. Most mornings her physiotherapy sessions were scheduled for 8:30 am. McBride says there were a few times her Personal Support Worker (PSW) was coming to her room to get her ready at 8:15 am. "I move very slowly, so 15 minutes wasn't enough for either of us," McBride explains.

Byers explains that following the conversation at the huddle Mike Scott, a Registered Nurse (RN) on the team saw an opportunity to share a more effective tool he created to help schedule the morning needs of the patients.

Through the huddle, McBride heard all sides of the problem which helped give her perspective. "I got to see the background and I understood it was a bigger problem than I was seeing at the bedside. I realized everyone was struggling to be on time for a number of reasons."

The end result for McBride was that when the new tool was implemented, her PSW came at 7:30 am to get her ready. She says that small change made a big difference for her day and her ability to participate in her rehab sessions. "I was ready and able to eat breakfast and feel more prepared compared to when I was rushing and gulping down something fast to eat and get to my appointment as quick as I can."

Byers says that was the first time they have involved a patient in the team's Huddle, but hope to incorporate more patients and families in the future.

"Laurie's involvement was impactful for all of us. We do surveys and have other ways of listening to our patients, but it was great for us to have feedback from a patient in real time," she says.

McBride says being involved in the huddle was a great experience for her. "I always have something to say about my care, and being involved in the huddle reinforced that because I felt like as a patient, I had a say on the issues that came up and how they affect the patients on the unit."



## SHARING HER STORY

Having successfully met her goal of returning to her pre-fall abilities, and actually succeeding in standing once again, McBride decided to be discharged and continue her physiotherapy from her home in New Liskeard through the support of the Community Care Access Centre.

Then in March, Byers invited McBride to attend one of the Health Centre's Report Outs.

"Report Outs are monthly opportunities for staff to celebrate learning, successes and quality improvements from the unit level with the organization. I knew this was a story we had to share," Byers says.

McBride made the nearly two hour drive to come and share her personal success story, and to talk about the impact participating in the huddle had on her experience as a patient.

Most of Laurie's care team members were in attendance when she spoke. "I was excited to see them there and that they were that interested in what I had to say. The support from them continued – it didn't end the day I was discharged. That's really special."

## CELEBRATING SUCCESSES

As McBride made progress with her rehabilitation, her Care Team found a bed that was able to elevate her into a standing position slowly and gradually bear weight on her fragile bones. "It was quite exciting to look at the world from up there again!" she says. She did that twice.

From there, they decided to try having her stand on her own legs, with three of her Care Team members supporting her. "It was amazing. I was only supposed to do it once a day but I usually tried to squeeze in three times a day," McBride recalls.

"The care I received from all the members of my Care Team while I was a patient was amazing. What I love most is they listen to what you say – how you say it, and what lies behind it. They aren't afraid to ask you questions."

McBride says the PSW's played a big role in helping to make her stay comfortable. "Having somebody take care of your basic needs, with a sense of humour as gently and efficiently as they did for me is very important. What ever little bit of dignity I had left they took very good care of it," she laughs.

"When I stood up on the lift board they were all there to see it; when I stood up on my own they were all there to see it. Even the staff who weren't working with me that day came to see. They all knew it was my goal – so it became their goal."



## MESSAGE FROM THE FOUNDATION

The 2015-2016 fiscal year was about gratitude. Gratitude for how our patients and families shared their journeys of healing and recovery to inspire our community.

Although words can never truly express our gratitude for the generosity of our donors and volunteers, we are proud to report that through your support the Foundation was able to provide \$3,593,136 for urgently needed medical equipment and programs to serve our community.

This year your community fundraising efforts helped us in three main areas:

- Central Fetal Monitor for labour and delivery
- GreenLight Laser to treat enlarged prostates
- Child and Adolescent Mental Health Unit (CAMHU)

As part of our expression of gratitude, we thank all of you for your participation.

Thank you to Our Hospital Walk/Run participants, volunteers and sponsors for our most successful year to date. Over 700 people gathered at the Health Centre to take part in the 9th annual Our Hospital Walk/Run. Our community raised over \$124,000 to help support the purchase of advanced medical equipment and programming at NBRHC. Mark your calendars for the 10th anniversary of Our Hospital Walk/Run on October 16th. Whether its running, walking, sponsoring or volunteering, we're looking for our community's support in helping raise our millionth dollar for this celebration.

Thank you to patients and families who shared your appreciation through our Grateful Family Program, a program that provides a meaningful way to express your gratitude for the care you or a family member received through a

donation. It is humbling to share that over 113 employees and physicians were recognized with Golden Heart Awards for their impact on a patient or family experience at the Hospital.

Thank you to three special families that shared their stories and helped us raise more than \$72,000. Our spring community letter was authored by Gislain Ouellette, while the James and Tremblay families authored our fall community letter.

Thank you to the 1900 subscribers who received one of last year's three e-appeals and helped celebrate Mother's Day, Father's Day and Giving Tuesday through a tribute donation.

Thank you to our community for supporting more than 16 special events—caring individuals and service clubs hosted both large and small events, from golf and bowling tournaments to gift wrapping and pie throwing.

Thank you to everyone who was part of several initiatives to raise funds and awareness around mental health. McHappy Day, Osprey Links Bell Charity Golf Gala, Points 4 Paul, Light Up Purple – North Bay for World Mental Health Day, Bell Let's Talk and CombatStigma with the North Bay Battalion, all highlight our partnerships with community organizations and donors to impact mental health and break down stigma.

Thank you to our partners who help us nurture a culture of philanthropy. Philanthropy is made possible through authentic and meaningful collaboration with our partners: donors, patients, staff, volunteers and community groups. Specifically, this year we worked closely with Hospital staff, hosting successful fundraising initiatives including Pie A Doc, Sharp's FundRazor, CAMHU Collection for Cooking.

Thank you to our community for helping recognize our physicians. In June, the Foundation presented the first Dr. A. Murray Pace Crystal Heart Award for Philanthropy to Dr. Cameron Hunter at the Asclepius Awards.. Then in December, Drs. Hunter and Wallace hosted the Honouring Our Heritage reception for physicians with over 100 physicians and family members celebrating the contrasting decades of practicing medicine.

Thank you to NBRHC staff for helping us share the incredible work they do every day. The Foundation hosted two Inspiring Leaders events where they provided tours of the Neonatal Intensive Care Unit (NICU) and the High Risk C-Section Operating Room, facilitated by Birthing Unit staff and Dr. Waja.

Finally, thank you to everyone for your continued support of the North Bay Regional Health Centre Foundation. This upcoming year we are embarking on a new capital campaign and we look forward to sharing how you can get involved in making a difference in your community and Health Centre.



Guido Verrillo  
Chair, Board of Directors



Tammy Morison  
President and CEO

# Donors listed in this report made these cash gifts, pledge payments and gift-in-kind from April 1, 2015 to March 31, 2016

## \$100,000 to \$249,999

Terry McKerrow CAT Scan Operating Fund

## \$50,000 to \$99,999

Claude & Maria Fortier  
J.S. Redpath Limited

## \$25,000 to \$49,999

Angela H. Pedley (Charity) Trust  
CTV  
Friends of NBRHC-Volunteer Association  
Northern Ontario Heritage Fund  
Corporation

## \$10,000 to \$24,999

Emmette Busch  
Estate of Edna Davis  
Marielle Drouin-Taylor  
Dr. William & Pat Hodge & Family  
Margaret Roynon Hughes  
Dr. Cameron & Florence Hunter  
George & Lynne Hutchison & Family  
Valentine (Ali) Jackson  
Fred Routery  
BMO Bank of Montreal  
Canadian Imperial Bank of Commerce  
Moose 106.3 FM (CFXN)  
North Bay Chrysler Golf Tournament  
Osprey Links Golf Course  
Scotiabank  
Tembec Inc.  
TransCanada Corporation

## \$5,000 to \$9,999

Sharon & Bob Cunningham  
Mark & Mary Hurst  
Floyd & Ruby MacMillan  
Algonquin Pharmsave  
City Centre Collision ~ CSN  
Evans Bertrand Hill Wheeler Architecture  
Inc.  
George Stockfish Ford Sales Ltd.  
Gold Fleet Subaru  
J. G. Fitzgerald & Sons Ltd.  
Lafarge Canada Inc.  
Manitoulin Transport  
McDonald's Restaurants - Haines Family  
Nipissing First Nation  
Pfizer Canada Inc.  
Rotaract Club of North Bay-Nipissing  
Shoppers Drug Mart - Cassells, Josephine  
& Lakeshore  
Signature Authentics Inc.  
TD Commercial Banking & TD  
Waterhouse  
True North Chevrolet Cadillac Ltd.

## \$1,000 to \$4,999

Dr. Kenneth & Mary Jane Asselstine  
Bill & Lea Bale  
Donald Benoit  
Chantal Bois  
Dr. Blair Bowker  
Paulette Breault  
Bill & Doris-Rae Brownlee  
Christopher Burtchall  
Estate of Lillian Caldarelli  
Lewis Clarke  
Russell & Sally Colvin  
Ewen & Donna Cornick  
Cheryl Cowden  
Fernand & Hélène Crépeau  
Dean Decaire  
Frank & Eileen Dottori  
Ollie Edmunds  
Shirley Elliott  
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