



North Bay and District Hospital
Hôpital de North Bay et du district

Caring for Generations



Annual Report 2007 / 2008

Special thanks to the Doug Oshell family of Powassan, Ontario
for posing for the generational photo used on the cover of this report.

A few months after taking this photo Doug's mother Mrs. Eleanor Oshell-Duncan passed away and we are honoured
that the family felt Mrs. Duncan would be proud to be part of this wonderful photo depicting four generations
of her family and helping us promote our hospital as a place of
Caring for Generations.

Photo by Ed Regan, Front cover by PenneyCooper Designs (both of North Bay)
Annual Report Design and Production by NBGH Public Relations Department

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Chair of the Board, President and CEO and Chief of Staff Report

The 2007/2008 year was most memorable as we broke ground and began construction of the new North Bay Regional Health Centre project. After years of planning and negotiating with the Ministry of Health and Long Term Care we are finally on the road to having a new health centre.

This past year saw changes in the chairmanship of the Joint Executive Committee (JEC) as long-time Chair and NBGH Board member Roger Marleau stepped down after nine years of dedicated volunteer service ensuring this project became a reality. We wish to thank Roger for his leadership and years of service towards this exciting endeavour and look forward to him sharing the podium at opening ceremonies in 2010.

NBGH Board member Murray Green agreed to take on the Chairmanship of the JEC and we thank Murray for his enthusiasm and look forward to continued progress on the project.

Staff leadership for the project has also changed as Glenn Scanlan, Senior Vice President assumed responsibility for managing the project.

This past year, in partnership with the

Northeast Mental Health Centre (NEMHC), we developed a Transition Team that will begin the process of educating staff at both NBGH and NEMHC in preparation for the move to the new facility. Plans include moving to a paperless environment, a new system for pharmacy and food services, along with implementing a plan for purchasing furnishings and equipment.

Mental Health Transition

NBGH and NEMHC have been working towards the transfer of district acute and community mental health services from the Northeast Mental Health Centre to NBGH as directed by the Health Services Restructuring Commission (1999) and confirmed by the Ken White Report (2005). The date for transfer is set for June 30, 2008, which allows a number of things to begin to roll out prior to the move to the new facility. NBGH and NEMHC will continue to work together to ensure high quality programs and services are delivered to patients in this district. It was decided that in order to ensure addiction and mental health services are an integral part of our health system, a new role of Vice President, Addiction and Mental Health has been created and a recruitment process is in progress. We wish to thank Mrs. Nancy Jacko, VP Medicine Care who also managed



Members of the NBGH Board and NBGH staff toured the construction site. The centre is expected to be completed in the summer of 2010 with occupancy by Fall 2010.

the role of VP Addiction and Mental Health for the past 18 months while we determined how best to manage this portfolio.

Health and Safety Initiative

NBGH has been chosen by the Ontario Safety Association for Community and Healthcare (OSACH) as a pilot site for the implementation of CSA Z1000-06 which is the national standard for Occupational Health and Safety Management Systems (HSMS).

NBGH is one of six hospitals in Ontario that will be taking part in this pilot.

The HSMS project will take approximately three years to fully implement and will result in reduced injuries, improved risk management capability as well as a fundamental shift regarding the attitudes surrounding health/safety and wellness in our facility, both from an employee and patient perspective.

Medical Students at NBGH

We have very successfully completed the first year of our affiliation with the Northern Ontario School of Medicine (NOSM). Exceptional feedback reflecting the learning experience offered in our community and hospital was received from the 12 students and NOSM. Comments focused on the commitment of time, energy, and knowledge by our general practice primary preceptors as well as our specialist physicians and community partners.

We await our second group of third-year medical students who will begin their placement year in North Bay and Sturgeon Falls in September.

Medical Staff Recruitment

Medical staff recruitment continued to be successful this past year through the efforts of

our physician recruiter, Kristen Vaughan. We were pleased to welcome Emergency Physicians Murray Meek and Gerhard Uys and Paediatrician, Linsey Mutch to our hospital community.

Mutual Respect in the Workplace

Continued growth and expansion of the Mutual Respect Program coincided with recommendations from a provincial Coroner's Jury, and resulted in the drafting of a Code of Conduct for physicians and staff. This is currently being reviewed by the individual departments and will roll out in 2008.

Developing a Budget and Recovery Plan

The North Bay General Hospital (NBGH) has experienced increasing operating budget challenges over the past several years. If hospital services were consolidated under one roof a savings of \$3.1 Million (\$3.95 Million after inflation to 2010/2011) might be realized. These two-site costs continue to be a challenge for us until we are re-located on one-site.

While the 2006/07 budget ended in a balanced position, in 2007/08, further ALC challenges resulted in bed occupancy rates of

over 100% in some areas and an 07/08 deficit.

Considerable time and effort has been required in negotiating our Hospital Service Accountability Agreement (HSAA) with the NE LHIN. The timing of our recovery plan is heavily influenced by the high number of alternative level of care (ALC) patients and the significant transition issues leading to the new hospital.

Once we have relocated to the new facility and implementation of the LHIN Aging at Home strategies can begin to have an impact on our ALC issue, we hope to submit a balanced budget.

Occupancy/ ALC Issue

A significant impact on NBGH is the resource constraints in other sectors of the health care system that cause a backlog of patients in the hospital. This subsequently results in occupancy rates in medical/surgical and emergency department of greater than 100%. This reduces surge capacity for fluctuations in critically ill patients or any type of emergency or seasonal fluctuations such as influenza or tourist seasons. The main challenges for patient flow are ALC patients and mental health patients, as well as

funding issues in surrounding communities within the LHIN.

The Interim Strategies Committee, which has been meeting since 2002, has been active in identifying and recommending solutions to the ALC issues. Data has been collected and submitted to the Ministry and the NE LHIN outlining actual funding dollars and capacity numbers required for alternative care scenarios.

NBGH supports building and funding capacity in the community and LTC homes to resolve this issue. Although the Provincial Aging in the Home strategies will be helpful, additional resources in supportive housing, affordable retirement living, specialized care for dementia and Alzheimers and LTC beds are required. Thirty-four recommendations and proposals have been submitted to and accepted by the NE LHIN in concert with community partners to outline solutions to ALC. Some of these include:

- Acute Ambulatory Nursing Services Joint Proposal from NBGH and CCAC
- Building a Spectrum of Health Care Options in Nipissing and Northern Sections of Northeast Parry Sound
- Funding for Psychiatric Nursing Positions for LTC homes in this region
- Older Adults Living with Mental Illness
- "Made in the North Solutions": Retention of Convalescent Care Funding in the North

Region

- Transportation: Inter-facility Transfers and Other Escorted Transportation Services

Emergency Response

Following the reactivation of the Emergency Response Committee (ERC) two years ago, we have spent most of our recent efforts completing a flipchart and policy/procedure review which will result in a more effective and consistent approach to internal/external emergency management. The new documentation was rolled out in the first quarter of 2008. Once this is complete the Committee will focus its attention on the implementation and continued development of the Incident Management System (IMS). This is another shared initiative we are working on with NEMHC. Similar to our Health and Safety Management System, IMS provides a consistent approach/framework to the management of internal and external emergencies. Some of the potential emergencies we must be prepared to address include: fire, evacuation, missing patient, bomb threat, violent patient, chemical spill and cardiac arrest. The evolution of our security service and involvement in emergency response activities will be an integral part of our quick and efficient response and resolution of these emergencies when they do occur. The improvement of our internal emergency response capabilities and ongoing program development

will ensure that our patients continue to have access to quality, safe, patient-focused care.

Board Activities

We said farewell to long-time Board member Roger Marleau and welcomed three new Board members, Don Curry, Michael Lowe and Huguette Lacey. A complete list of Board members and Board Committees is at the end of this Annual Report.

The Ontario Hospital Association has long supported governance of hospitals. This year OHA President, Tom Closson, while addressing the membership made the following comments about the evolving role of hospital boards: "The obligations of health system governors have never been greater. With the creation of Local Health Integrated Networks (LHIN), health system governors face complex, new leadership responsibilities to advance health system integration and set the pace within their organizations on a wide range of strategic challenges and opportunities, including community engagement, patient safety and accountability."

We wish to thank each and every Board member for their continued dedication and interest in ensuring our hospital is providing the best care possible to our communities.

The Board and senior staff work closely with the NE LHIN and the OHA and will continue to actively participate in NE LHIN initiatives to ensure the best possible health care is available to our patients.

Review of Program Management Model

Since 1995, when St. Joseph's Hospital and the Civic Hospital amalgamated to form the North Bay General Hospital, we have been following a program management model. To ensure that this model is still the best choice today, PricewaterhouseCoopers was hired to review our current system. It found that the current system is working well and made a few recommendations for improvement. In the *Highlights* section of this report we discuss some of the changes made to accommodate these recommendations.

Strategic Planning

The hospital developed a strategic plan in the Fall of 2006 and has been working on achieving the goals set out in this plan. Four directions were set:

- Creating a positive and empowering work environment
- Strengthening and enhancing partnerships within the network.
- Realigning clinical programs and service priorities.
- Managing effective transition strategies [to the new hospital]

Following is an overview of our vision of each direction and a listing of actions that have been taken to achieve each vision and future activities to be completed over the next two years.

We thank all of our staff, physicians, volunteers and donors for their professionalism, care and dedication to ensuring high quality patient care for all of our patients.

Respectfully submitted,

Alain Perron

Alain Perron
Chairman of the Board

Mark Hurst

Mark Hurst
President and CEO

Dr. Joseph Madden

Dr. Joseph Madden
Chief of Staff

The Strategic Plan

Strategic Direction	What's been done?	Future Actions
<p>1. Creating a Positive and Empowering Work Environment</p> <p>1.1 Evaluate satisfaction regarding all aspects of the organization and act on identified priorities</p> <p>1.2 Encourage, recognize and celebrate staff contributions and success</p> <p>1.3 Create a more supportive, safe and healthy work environment</p> <p>1.4 Promote a learning environment and create opportunities for growth</p> <p>1.5 Continue to implement and improve recruitment and retention plan.</p>	<ul style="list-style-type: none"> - Review of Program Management Model - Mutual Respect Committee - Performance Appraisal Process - Role satisfaction and expansion - Organizational Development staff hired - Renovation of the OR and SPD - Post-operative Pain Program - Critical Care Response Team - Mentorship Program - Individual and Team Awards - Admin Team walkabouts - Newsletter and website Kudos sections - Seasonal and holiday activities - Annual recognition of years of service - Acknowledging volunteers through annual recognition dinner - Coordinator of Safety, Security and Emergency Response; Occupational Health - Joint Health and Safety Committee - Safer Healthcare Now (national initiative) - WSIB audit - Bursary fund and education budgets - Management Development Program - Linkages with Nipissing University and Canadore College - Encourage and support life-long learning and professional development - Completed training on PACs - Work with City to recruit physicians; share management of Healthcare Rocks website - Student Placements - Exit Interviews - Partner with Northern Ontario School of Medicine (NOSM). 	<ul style="list-style-type: none"> ♦ Organizational Development: <ul style="list-style-type: none"> - Staff Satisfaction Survey - Encourage participation in hospital-wide events - Staff Recognition solutions - Improve Orientation Program - New ways to acquire educational funding - Building a culture of continuous learning ♦ Health and Safety: <ul style="list-style-type: none"> - Involve physician group - Create a culture of safety - OSACH Pilot Project ♦ Health Human Resources plan in conjunction with the Provincial HR Plan ♦ Succession Leadership Plan ♦ Anticipate and proactively train all levels of staff to manage challenges expected by the transition of mental health programs and services and move to the new facility ♦ Establish and enhance formal mentorship and NOSM preceptorship program.

<i>Strategic Direction</i>	<i>What's been done?</i>	<i>Future Actions</i>
2. Strengthening and enhancing partnerships within the district and the LHIN 2.1 Demonstrate continued leadership and partnering in integrating patient care and improving health status 2.2 Build and foster strong relationship 2.3 Plan and deliver the most effective and efficient health care programs and services that maximize individual provider strengths and expertise.	<ul style="list-style-type: none"> - Engage partner organizations in strategic planning Initiative - Chair and participate in NE LHIN Wait Times Advisory Panel - Work with partner organizations i.e. Stroke Initiative, Interim Strategies Group (ALC solutions), Accreditation, Northern Ontario Hospital Back Office Systems (NOHBOS) and Pan Northern Ontario PACS Project (PNOPP) i.e. Diagnostic Imaging repository for the electronic health record. - Foster a strong relationship with local municipalities and political leaders - Appointments of senior staff to hospital and local partner organizations i.e. Nipissing University, Canadore College, Blue Sky Health Team, Community Emergency Management Preparedness Committee, etc. - Participate with LHIN in implementation of integrated health plan for NE LHIN. 	<ul style="list-style-type: none"> ♦ Continue to advocate for more permanent solution for Alternate Level of Care (ALC) patients ♦ Investigate other services that can be provided in partnership with smaller community hospitals within the district. ♦ Develop a medical succession plan ♦ Continue to promote data integrity with educational and training sessions as well as auditing of registrations in centralized and decentralized areas ♦ Continue to ensure proper utilization of all hospital beds ♦ Build strong relationships and work to improve NBGH work environment through ideas and partnerships with organizations outside of the healthcare realm, i.e. Cementation, ONR/ONTC, fitness clubs, etc. ♦ Ensure sufficient resources to maintain and/or augment current district hospital role. ♦ Continue to support and partner with small community based hospitals ♦ Define the flow of acute care patient services ♦ Follow-up with NE LHIN for MRI approval and funding

Strategic Direction	What's been done?	Future Actions
<p>3. Realigning clinical programs and service priorities</p> <p>3.1 Plan and realign NBGH clinical programs and service priorities</p> <p>3.2 Reduce the number of ALC patients</p> <p>3.3 Support and participate in the development of the LHIN</p> <p>3.4 Improve education of patients, their families in collaboration with other providers</p>	<ul style="list-style-type: none"> - New Strategic Plan for ALC being developed with partners and NE LHIN. - Work with LHIN through HAPS and HSSA to minimize the deficit created by ALC and implement recovery plan for the new hospital - Work with LHIN and MoHLTC to ensure that the potential opportunity of the exited Scollard site in 2010 is maximized to address ALC issues. - Communication plan implemented to educate and raise awareness of ALC issue and its impact on hospital resources, patients and families. - NBGH Admin Team and Board meet frequently with LHIN representatives to ensure they are aware of issues affecting NBGH. - Work with OHA, MoHLTC and local health unit to incorporate health promotion and disease prevention components - NBGH has extensive communication plan to provide education for patients and families and link patients and families with other community service providers for further education and assistance i.e. diabetic patients, pediatric mental health and rehabilitation services - Participate in Healthy Babies Healthy Children program - NBGH has a long list of partner organizations it works with throughout the district—too long for this table. 	<ul style="list-style-type: none"> ♦ Continue with implementation of Decision Support and introduce Medworxx software ♦ Analyze significance of HSMR ♦ Participate in NE LHIN clinical service reviews e.g. thoracic surgery ♦ Implement Critical Care Response Team ♦ Complete the transfer of community and acute mental health programs from NEMHC to NBGH ♦ Create a vision for community and district addiction and mental health services governed by NBGH ♦ Continue political pressure to ensure solutions are found for ALC issue ♦ Work with partners and NE LHIN to implement ALC solutions funded through LHIN ♦ Continue to provide education and awareness of ALC issue to the Public. ♦ Share plans for aligning programs and services ♦ Identify services/departments suitable for regional integration and participate with partners and the LHIN in implementation of Integrated Services Work Plan. ♦ Continue to implement NBGH Communication Plan ♦ Continue to collaborate with the NBDH Foundation ♦ Continue to collaborate with Healthy Babies Healthy Children in our pursuit to receive the Baby Friendly Initiative designation.

Strategic Direction	What's been done?	Future Actions
<p>4. Managing effective transition strategies</p> <p>4.1 Remain focused on planning for the new hospital</p> <p>4.2 Actively engage the NE LHIN Board and Senior Staff</p> <p>4.3 Develop a short-term strategy to address Northern Ontario School of Medicine (NOSM) expectations and needs</p>	<ul style="list-style-type: none"> - Construction is approximately 21% complete (March 2008) - Change Management Transition Team in place and will lead transition to new facility - Strategic Plan has been widely circulated to staff and patients through brochures and website - Mission, vision and values have been posted throughout the hospital - Currently undertaking the transition to a new medication administration system for the new hospital and in partnership with NEMHC - Continue to foster relationship with the NE LHIN Board and senior staff - NBGH has taken the lead in developing working relationships with hospitals in the district (Northeast Mental Health Centre, West Nipissing, Mattawa, Temiskaming Shores) and continue to pursue other areas of integration and collaboration between these service providers. - NBGH also works closely with other community service providers i.e. long term care, CCAC, Public Health etc. and continues to pursue areas of integration and collaboration of services. - NBGH participates in a monthly meeting with NOSM Academic Council. - NBGH has made accommodations for NOSM students—office space, video-conferencing, classroom, etc. 	<ul style="list-style-type: none"> ♦ Construction completion expected June 2010 with occupancy in Fall of 2010 ♦ Continue to provide updates and regular contact with NE LHIN Board and Senior Staff to ensure they are planning efforts affecting NBGH and the district hospitals. ♦ Continue to support and remain engaged in NE LHIN planning initiatives and offer assistance and leadership on specific initiatives ♦ Continue to share updates to strategic plan with NE LHIN and identify how it aligns with the transformation agenda, NE LHIN priorities and population needs.

Wait Times Implementation Strategy

In the fall of 2006, North Bay General Hospital participated in the rollout of a provincial Wait Time Information System (WTIS) and a provincial Enterprise Master Patient Index (EMPI). Hospital registrations were interfaced to the EMPI, a patient information linking system, contributing to a provincial client registry. Twenty surgeon's offices were set up to use the WTIS for tracking their Joint Replacement, Cataract, and Oncology surgeries.

During 2007/08 these and other access to care initiatives continued to develop at a phenomenal pace. In June of 2007, North Bay General Hospital expanded the use of the WTIS to include CT scans with our Radiology Department adopting provincially standardized priority levels. Wait times are posted publicly and on several occasions, NBGH has been listed as having the shortest wait time in the province for CT scans.

Also in June of 2007 the Colorectal Interim Reporting Tool (CIRT) was introduced to capture provincially standardized indicators, including wait time for colonoscopy procedures. With a focus on patients who have either positive

fecal occult blood test or a family history of colorectal cancer, the program provided funding for over 200 additional colonoscopy procedures to be accommodated in the Endoscopy Unit this past year.

Shorter wait times have been achieved; however it is recognized that the wait time program has had a tremendous impact on the entire facility.

In December 2007, the Critical Care Information System (CCIS) went live. An interface from the hospital's Meditech system allows Critical Care Unit (CCU) staff to enter patient specific clinical indicators into a provincial database. CCIS allows real time and consistent hospital comparisons on Critical Care Unit utilization across the province.

Wait Time Information Expanded

In February 2008, the Wait Time Information System was expanded from Cataracts, Joint Replacements and Oncology to include all

surgeries from the General, Ophthalmology, and Orthopedic services. As a result, over 50 percent of North Bay's surgical cases can now be tracked on the Wait Time system.

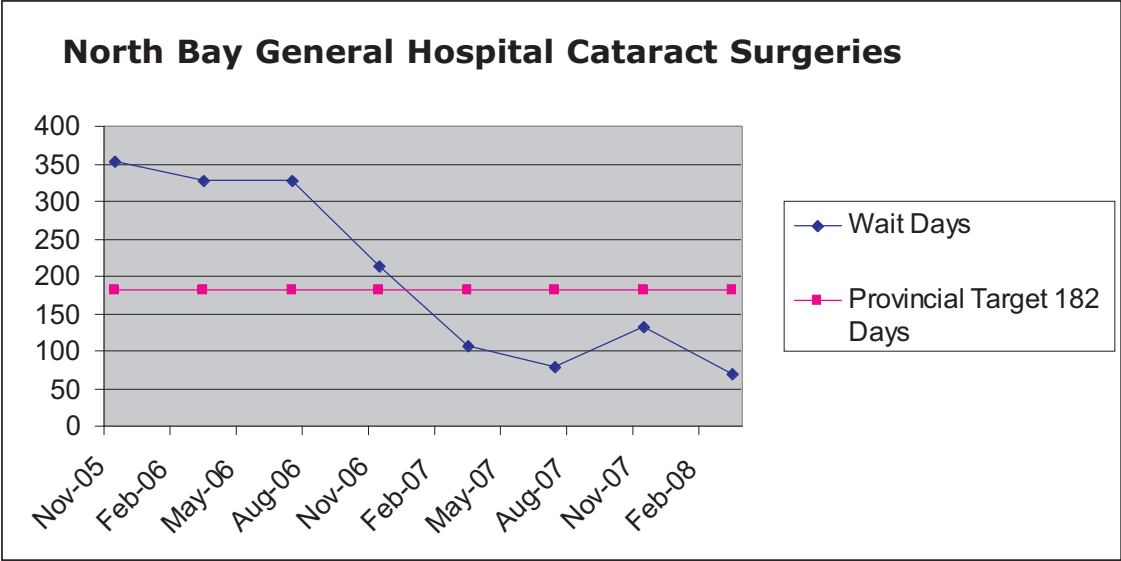
On several occasions over the past year, North Bay General Hospital was listed on the Ministry of Health public website as one of the hospitals with shortest wait times in the province for specific types of Oncology surgeries such as Breast or Prostate cancer.

North Bay General Hospital has seen a dramatic increase in the number of Hip & Knee joint replacements performed in the past year (50% more than two years ago). The wait for joint replacements remains high reflecting an aging population and a growing demand. NBGH continues to respond to this demand, working cooperatively with other hospitals in the north and by taking an active role in the LHIN Wait Times Advisory Panel--chaired by Tiziana Silveri, VP Maternal Child and Surgery Care Centres at NBGH.

Cataract Surgeries have shown the most dramatic wait time change at North Bay General Hospital with a decrease of over 75% since the program began.

Shorter wait times have been achieved; however it is recognized that the wait time program has had a tremendous impact on the entire facility. Initiatives for the upcoming year include the Emergency Department Reporting System (EDRS) and a further expansion of surgical wait times.

Visit the MoHLTC Wait Times website at:
www.ontariowaittimes.com.



On several occasions over the past year, North Bay General Hospital was listed on the Ministry of Health public website as one of the hospitals with shortest wait times in the province for specific types of Oncology surgeries such as Breast or Prostate cancer.

Infection Prevention and Control

Health care acquired infections are the ninth leading cause of death in Canada. The Infection Prevention & Control Department continues to be dedicated to preventing these infections and improving overall patient safety.

Just Clean Your Hands Campaign

Recognizing the importance of hand hygiene, the Infection Prevention & Control Department engaged in a hand hygiene campaign this past year to improve overall compliance of handwashing among our health care workers, patients and visitors.

Handwashing has long been identified as the cornerstone of Infection Prevention Control and studies show effective hand hygiene by healthcare workers is associated with reducing healthcare associated infections.

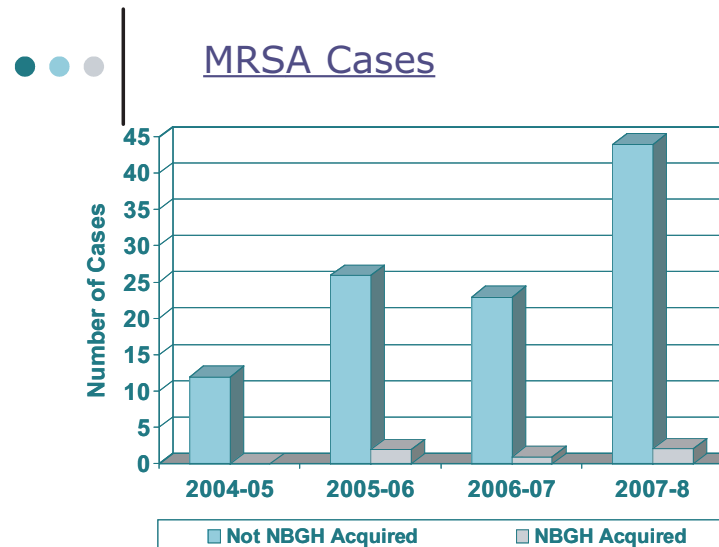
Included in this campaign, was education for staff and family on the importance of hand hygiene, having a second alcohol hand rinse trialed in two departments and monthly edition on hand hygiene facts in hospital's newsletter the Heartbeat. With the Ministry of Health Long Term

Care in conjunction with the Ontario Hospital Association developing the "**Just Clean Your Hands**" program for all Ontario hospitals, we look forward to continuing to improved hand hygiene among our health care workers.

Managing MRSA

Methicillin Resistant Staph Aureus (MRSA), a type of resistant organism that continues to be on the

increase throughout Canada. At NBGH, the number of health care acquired MRSA infections remains consistent, however, we have seen an increase in patients coming to our facility with MRSA. The graph below demonstrates the increase in MRSA cases that are occurring in the community and from other facilities.



Clostridium difficile (C-diff)

Clostridium difficile (c-Diff) is a common hospital acquired infection that can be associated with serious illness among our patients. To prevent and contain this infection a number of measures are in place and recommendations from the provincial Infectious Disease Advisory Committee are followed. Canadian studies show average rates of Clostridium difficile range from 35 to 95 per 100, 000 patient days. The graph shows that this past year NBGH's rate of Clostridium difficile infection was the lowest it has been in four years at 31.9 per 100, 000 patient days.

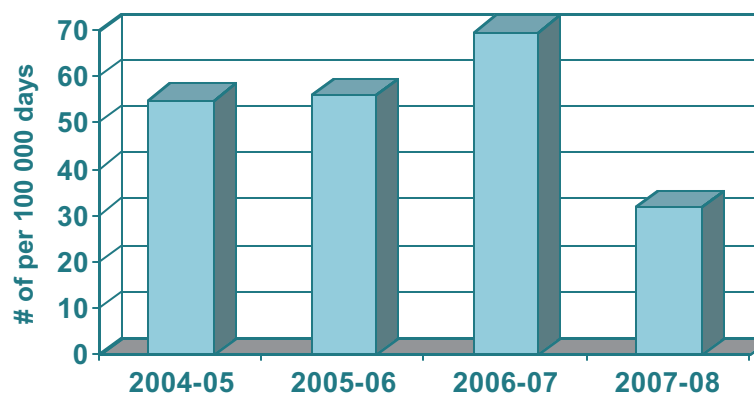
To continue to improve on quality in the hospital team, the Infection Control Department, along with the Quality Improvement Department and Surgical Care Centre joined the *Safer Healthcare Now!* campaign this past year. *Safer Healthcare Now!* is a national campaign supporting Canadian healthcare organizations to improve patient safety by using quality improvement methods to integrate evidence and best practices in patient care delivery. The first practice that will be looked at is surgical site infections in patients undergoing total knee replacement. Surgical site infections are the

second most common type of adverse event occurring in hospitalized patients in the United States. By being a part of this campaign, it is our hope that we will continue building on our current best practices and reduce our overall surgical site infections.

We anticipate a growing emphasis on disclosure and reporting of key infection control indicators in the coming year.

This past year NBGH's rate of Clostridium difficile infection was the lowest it has been in four years at 31.9 per 100, 000 patient days.

Clostridium difficile Rate of Infection



Hospital Highlights 2007 / 2008

Decision Support

This year NBGH instituted a Decision Support Program but unfortunately lost our coordinator. However, this has presented opportunities to combine the program with Quality Initiatives/Risk Management and partner with the Northeast Mental Health Centre.

Despite this setback, the team was able to implement the Medworxx utilization module and is presently in the pilot phase on inpatient medicine.

Falls Prevention Program

NBGH facilitated a Falls Prevention Program and lead the development of the protocols for the initiative to prevent deep vein thrombus.

We have continued membership / participation in the Community Falls Coalition and were involved in the organization of the Falls Prevention Workshop held in October 2007 for healthcare workers. NBGH's Falls Prevention Trials held in 2005 / 06 were highlighted in a display at this workshop.

Picture Archiving

Communications System (PACS)

We have completed our upgrade to PACS 3.5 giving us some increased features and a more stable platform.

PACS has allowed reporting by radiology partners in other locations, which has extended our ability to access specialist's opinions for better medical coverage.

Viewing of our PACS images has been extended to out-of-area specialists including the Sudbury Cancer Centre. This has resulted in better patient care without the need to have patients transport a CD of their images.

Pharmacy

The past fiscal year has been a year of preparation for the myriad of changes that Pharmacy expects to implement in the next few years in anticipation of the move to the new hospital.

Automation features prominently in Pharmacy's future as a means of optimizing

patient safety. October 2007 saw a team comprised of members from both NBGH and the Northeast Mental Health Centre (NEMHC) visit two southern Ontario hospitals to assess their automated dispensing cabinets (ADCs) and unit dose packaging machines. Through an elaborate RFP submittal and scoring process, a decision was made by a multidisciplinary team with representation from both NBGH and NEMHC to name *Omnicell* as the successful vendor for the ADCs; similarly a decision was made to name *Automed* as the successful vendor for the packaging machine. A purchase order has been issued for the packaging machine (*Automed FastPak EXP*). The purchase of the ADCs has been bumped to the next fiscal year, awaiting a decision on the computer platform that NBGH and NEMHC will share. Work cannot begin on implementation of the new technologies until this decision has been finalized.

Healthtech consultants have assisted us in our decision-making process with respect to the technologies. *Healthtech* was also contracted to update our Medication Management System and road map to implement changes. The final

version of their report is expected very soon, and much of the content hinges on the computer platform decision.

Human Resources

In response to the recommendations made by PricewaterhouseCoopers in its Spring 2007 evaluation of NBGH's organizational structure, changes were made to the Human Resources Department to broaden and strengthen the Human Resources function.

The Human Resources function is now part of the Administration portfolio, with the Chief Human Resources Officer (CHRO) reporting directly to the President and CEO as an active member of the senior administration team.

In addition to this change in reporting relationship, a Manager of Human Resources was hired to oversee the day-to-day operations of Human Resources, allowing the CHRO to focus on transition issues as NBGH prepares for its move to the new hospital.

As well, an Organizational Development Consultant position was created to manage all

aspects of change within the hospital and to address staff morale/human resource issues. In order to enhance hospital-wide education and training, the Education function has been brought into the Human Resources portfolio and will fall directly under the responsibility of the Organizational Development Consultant.

Maternal Child Program

Plans to implement an infant/child abduction security system on Peds/Gyne and enhance the Birthing Area/NICU are proceeding. A vendor has been selected and the system has been purchased.

As of January 31, 2008, the data collection portion of the Shaken Baby Syndrome Project was complete. NBGH will continue to provide patient education to our post-partum patients and their families on shaken baby syndrome.

Critical Care Unit

Staffing has been added in the Critical Care Unit to meet demands. Even with this increase, the hospital is still closed to Critical 41% of the time

as care is given to increasingly complex patients.

In addition, the mandated CCIC (Critical Care Information System) is being implemented.

NBGH is also a demonstration site for a nurse/respiratory therapist led Critical Care Response Team providing critical care response to meet patient needs throughout the hospital.

LHON Partnerships

With the ever changing requirements for patient data, the Mattawa General Hospital has partnered with the NBGH in the area of Hospital Information Systems, Radiology Information Systems and PACS. NBGH will be providing Mattawa with the technical information systems support for these applications.

These are just a few of the highlights of the activities and initiatives under taken by staff at NBGH. Staff is commended for continued dedication to our patients ensuring a high level of quality care and service.

Financials and Statistics 2007 / 2008

Summary Operating Statement

Operating Revenue

MOHLTC	\$	88,310,262
Insurance and PT revenues	\$	9,569,695
Other Revenues	\$	6,515,084
Administered Programs	\$	9,126,226
	\$	113,521,267

Operating Expenses

Salaries and Benefits	\$	79,062,780
Medical & Surgical	\$	6,149,909
Drugs	\$	3,899,741
Other Supplies & Expenses	\$	14,015,971
Amortization - Furniture & Equipment	\$	3,769,838
Administered Programs	\$	9,126,226
	\$	116,024,465

Excess of Expenses Over Revenues per Ministry of Health	\$	2,503,198
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Amortization of Deferred Contributions - Buildings	\$	435,549
Amortization - Buildings	\$	(922,959)

Excess of Expenses Over Revenues	\$	2,990,608
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Hospital Activity

2007/08

Births	967
Inpatient Admissions	10,118
Inpatient Days	66,038
Renal Dialysis Visits	7,086
Radiology Tests	50,158
CT Scans	17,509
Emergency Visits	46,093
Surgical Procedures	10,166
Medical Staff	128

STAFF

Full Time	685
Part Time	487
Total Staff	1172

Report from the NBGH Volunteer Association

This past year has again made us very proud of two of our volunteer members, Diane Hunter and Rita Morel who received their life membership awards at the Hospital Auxiliary Associations of Ontario (HAAO) conference last fall.

Our quarterly newsletter, *Volunteer Vitality*, continues to be very popular among the members. Volunteer members are highlighted in every issue along with other pertinent information which keeps our membership abreast of many activities and news.

The NBGH Volunteer Association now has catering services at both the McLaren and Scollard sites. A rotation of caterers offers a wide variety of food items. This project brings a good portion of our annual profits and is well supported by hospital staff, patients, and visitors.

Our Tuck Shops at both sites have been very busy and recently introduced a new coffee which has proven to be very popular reflecting an increase in sales.

At our Annual General Meeting in December a monetary presentation of \$100,000 was made to the NBDH Foundation. These funds marked the Association's sixth instalment towards

our \$1,000,000 pledge to the new hospital. Following the AGM a catered lunch was offered to the attending volunteers as well as to the hospital board and various department managers.

The H E L L P tickets at both the McLaren and Scollard sites continue to be lucrative. A devoted team of volunteers spend many hours preparing, balancing and selling these tickets.

This year marked the Association's sixth instalment towards its \$1,000,000 pledge to the new hospital.

We occasionally have raffles from items donated by patients and visitors. These are appreciated as they bring in additional funds for the Foundation.

Three Garage Sales of old and obsolete hospital equipment raised several dollars towards our new hospital.

In appreciation of the extensive support from the staff at both sites, the Association provided a free holiday breakfast to all employees. Complete with yuletide music and festive attire worn by the volunteers. We wish to acknowledge the support of a local grocer who

offered a 50% reduction on purchases for this great event.

Valentine's day was another opportunity to show gratitude to our supportive staff. One of our volunteers handed out chocolate hearts with each meal at the catered lunch.

The Volunteer Association will be participating at the Walk/Run event scheduled for October 19th and have pledged \$200.

The Association has also made a pledge of \$25,000 towards the Foundation's new cardiac and stroke campaign.

I must take a moment to express my pride in the members of the Volunteer Association. They make a humming, vibrant undercurrent, brimming with discretion, always there to support patients and staff.

Warmest regards,

Bob Mantha

President, Volunteer Association

Report of the North Bay and District Hospital Foundation

Community Celebrates Start of New Hospital With Record Giving ...

Throughout the 2007-2008 fiscal year, the North Bay and District Hospital Foundation received unprecedented support. Through generous gifts and the efforts of our volunteers, the Foundation was able to provide \$2,190,120 in support of the building fund for the new hospital and for the purchase of much needed medical equipment. Two new-generation colonoscopes and an argon plasma coagulator are now ready to fight colorectal cancer; and a new sterilizer, an advanced drug distribution system and a new ECG machine are now in use. The Ophthalmology Clinic has a new state-of-the-art angiography digital imaging camera and soon an upgraded YAG laser for eye care. Over a \$100,000 has been raised to help equip a Women's Clinic for the investigation of cervical cancer.

The Foundation, a public registered charity, aims to rally and direct support to provide for more advanced levels of care at the North Bay and District Hospital.

Each year, doctors, nurses, and

healthcare professionals at the hospital identify equipment needs. This list tops \$5 million. The hospital budgets approximately \$2 million and must rely on donations to purchase some of the equipment.

*The number of donors has increased
by 9% growing from 9,747 to 10,650.*

The Foundation surpassed its budgeted financial target of \$2.2 million and was significantly under budget in expenses by approximately \$138,000. All programs performed as well as or better than expected. The number of donors has increased by 9% growing from 9,747 to 10,650.

For the past two years the Foundation has focused its fundraising effort on *Operating Rooms of the Future*. The community successfully raised over \$1 million making it possible to purchase advanced surgical equipment having a huge impact on the surgical program.

In the spring of 2007, Billi Onley, RN and Clinical Leader for the Ophthalmology Clinic asked

donors to support the purchase of a new advanced YAG laser. The laser is used in the treatment of glaucoma and post cataract surgery.

Cardiac and Stroke Care campaign

The Foundation is aiming to raise \$1.2M for hospital cardiac and stroke care. Heart disease is one of the leading causes of premature death in our area. Our hospital is recognized as a leader and a centre of excellence in the treatment of stroke and heart disease. Saving lives in an emergency and diagnosing medical complications that lead to cardiac and stroke is part of the hospital's district role.

This past year the Foundation produced two direct mail pieces to the community seeking urgent support. The fall/winter appeal letter was written by Dr. Jim Chirico, seeking funds for the purchase of cardiac monitors. Dr. Chirico shared his family's struggle with heart disease. "With today's technology we have hope" says Dr. Chirico.

The community responded generously to both of these appeals raising over \$102,000.

This fiscal year the Foundation is undertaking the collection of the municipal and town contributions towards the local share costs of the new hospital.

The community responded generously to over 20 special events hosted by service organizations, businesses and individuals.

More than 1467 donors made memorial gifts and 47 families asked friends and relatives

to celebrate the life of a loved one.

Thirty-two lawyers, accountants and wealth advisors attended a seminar *Using Trusts in Will Planning and other Estate Planning Tips*. This presentation provided an opportunity to inform participants of the importance of planned gifts to charities.

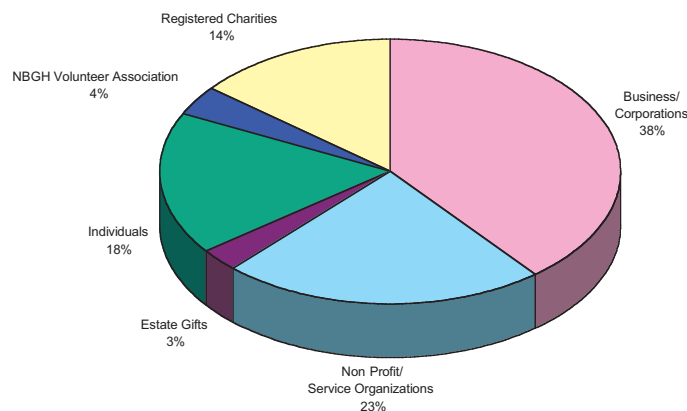
The second annual *Let's run with it*, at Lee Park attracted 340 participants, 60 volunteers and 28 sponsors raising over \$40,200 in cash and gifts-in-kind.

exercise to develop its blueprint for the future. The Foundation sees its fundamental role as: *Closing Our Community's Healthcare Gap*.

The Foundation relies heavily on 91 special individuals. This includes those who volunteer to serve on the Board, help in the office and at special events.

We were very pleased this past year to have received a Northern Ontario Heritage Fund Internship Grant that allowed the Foundation to hire James Loeffen, as a Development Associate.

Breakdown of Revenues by Donors
Apr. 01/07 to Feb 28/08



An Endowment program was approved by the Board of Trustees. A donor can create a named endowment fund or make a contribution to the general Endowment Fund. The donation is held in perpetuity and the interest earned is distributed to the hospital annually for the donor's intended purpose therefore creating a legacy gift.

The Board of Trustees undertook a strategic planning

Each donation helps finance the acquisition of much-needed medical equipment. There are no small gifts. As many donations come together, great things happen to save lives.

Respectfully submitted,

Grant Schultz
Chairman, NBDH Foundation Board

Lois Krause
Executive Director, NBDH Foundation

North Bay and District Hospital Foundation Board of Trustees

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Sally Colvin, Community Volunteer
Shawn Flindall, Community Volunteer
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NBDH Foundation Donor List 2007 / 2008

Donors listed in this report made these cash gifts, pledge payments and gifts-in-kind from April 1, 2007 to March 31, 2008

\$100 to \$999

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North Bay and District Hospital Foundation Annual Report 2007 / 2008

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Demarco's Minor Sports Association - March 1993
 Dynea Canada Ltd.
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 Jocko Beaucage Community Services Inc.
 Kendall Sinclair Finch Pigden Cowper & Daigle
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 Kinsmen Club of North Bay
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 Mining Technologies International Inc.
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 Sewing Friends From Creation Unique
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 Soeurs De L'Assomption de la Sainte Vierge
 St. Joseph's School of Nursing Classes
 Sully's Auto Spa
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1999 - 2002



Barry Bertrand
2002 - 2006



Alain Perron
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North Bay General Hospital

Mailing address:

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P1B 5A4

Main Switchboard:

705-474-8600

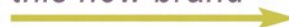
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