

NBGH

North Bay General Hospital

2008/2009

The
'Go Green'
Committee

Volunteers
Donors
Transition Planning
and much more



significant
accomplishments
at NBRHC site

Mission
Vision
Values

NBGH

Caring for
Generations



HÔPITAL GÉNÉRAL DE
NORTH BAY
GENERAL HOSPITAL

moving towards
this new brand



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



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Public Relations Dept. 705.474.8600

Mission Vision Values

Our Mission

Committed to providing compassionate, quality and safe patient-focused care to the people of North Bay and surrounding areas.

Our Vision

Creating a safe, dynamic and responsive healthcare environment for patients and staff, in concert with our partners.

Our Values

Patient-centered care is at the core of everything we do.



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Accreditation

Every three years, as part of the accreditation process, health services organizations take part in a self-assessment followed by a survey visit. The survey itself includes a review of documentation, team interviews, facility tours and focus group meetings with various stakeholders. This accreditation process allows Accreditation Canada and the hospital to evaluate the quality of the organization's services by comparing them to nationally accepted standards.

We thank our staff, patients and community partners for their participation in this accreditation process and as a result are pleased that NBGH received full accreditation (3 years) from Accreditation Canada.

Photo: forefront: Mr. Mark Hurst, President and CEO, centre: Mr. Alain Perron, Chair of the Board, back: Dr. Joseph Madden, Paediatrician and Chief of Staff.

Chairman of the Board, President and CEO and Chief of Staff Report 2008/09

The 2008/09 has been an exceptionally busy year as we continue to run our current operations and prepare for transition to the new North Bay Regional Health Centre.

Preparations for the move to our new health centre are well underway at both the North Bay General Hospital (NBGH) and at the Northeast Mental Health Centre (NEMHC). These two partners in the North Bay Regional Health Centre Project have been working closely together this past year to build a strong staff culture. To ensure maximum efficiency at the new facility, several of the administrative and support services of both organizations are now under the leadership of one manager—Food Services, Facilities Services, Public Relations, Clinical Records, Diagnostic Imaging and Information Systems are examples of departmental integration that we have undertaken over the past couple of years. We continue to work with our partners on further efficiencies and towards a smooth transition to the new facility.

Dedicated Transition Team Approach

In 2008, together with the NEMHC, we developed a Transition Team to assist staff from both organizations with preparations for the upcoming move to the new facility. A separate report of its activities is included in this annual report.

Our Budget and Recovery Plan

The North Bay General Hospital (NBGH) has experienced increasing operating budget challenges over the past several years. Our 2008/09 deficit challenges were budgeted to grow to \$4.2 million per Ministry of Health, based on similar volumes and activity to the previous year. However, volumes and activity were not similar.

Our 2008/09 volumes grew between 2.5% and 10%. Inpatient days grew by more than 2.5% with ALC days growing by almost 10%. Most outpatient and diagnostic programs had similar or greater volume increases. Despite all these increases in activity and taking on numerous mental health programs, we will be within 1% of our annual budgeted deficit.

When we move to the new hospital, by consolidating under one roof, we expect to save over \$4 million annually in two-site costs. Once at the new site, our intention is to submit a balanced budget with the savings from our reduction to only one site as well as

a return to normal operational volumes and occupancy levels. This will require successful reduction of ALC volumes to levels consistent with the plans of our partner, the North East Local Health Integration Network (NE LHIN). The LHIN has committed to such reductions. Working with the LHIN and our community partners will help us to reach this goal.

Safety in the workplace

This past year continued to see many efforts in the area of employee and patient safety including ongoing work and program development on the Health and Safety Management System (HSMS) and many shared initiatives with the Northeast Mental Health Centre (NEMHC).

Transition of Acute and Community Mental Health Services

Of significant importance this year was the transfer of acute and community mental health services from the Northeast Mental Health Centre to the North Bay General Hospital in June, 2008. We welcomed close to 300 staff (both clinical and support staff) in this transfer. The District Mental Health Program will continue to operate at the Northeast Mental Health Centre until we move to the new hospital where it will be located on two areas (pods three and four) of the North Bay and District Hospital. The community mental health programs such as the Claude Ranger Clinic, CHOICES and the two Assertive Community Treatment Teams serving this district, were also part of this transfer and are now managed by NBGH.

Managing Human Resources

With the transfer of unionized employees from the NEMHC to NBGH in June, the status of the existing bargaining units at the NBGH was brought into question and the Ontario Labour Relations Board (OLRB) was engaged to determine the appropriate bargaining unit membership and to establish a process to conduct a vote to determine post-transfer bargaining unit representation. A hearing before the OLRB took place in the fall, with the hospital and unions arguing their positions regarding the appropriate composition of the bargaining units, with a decision by the OLRB expected in early 2009. Further meetings to establish the voting process will be held this summer.

HR administered an Employee Staff Satisfaction survey in August, 2008. NBGH scored very high in relation to comparable employers throughout the province on all indicators showing high staff satisfaction with NBGH as an

E. coli



In October 2008 the city of North Bay experienced a community wide outbreak of E.Coli 0157. The outbreak that was quickly identified by the Emergency room physician resulted in a significant increase in patients that presented to the Emergency room and were admitted to our facility. With all teams on board not only did the hospital manage this increase in patient activity but were able to prevent the spread of infection among staff and patients. With an illness that averages a 10% spread to others, all staff are commended on the excellent patient care they provided.

employer. This survey has provided NBGH with invaluable information on our strengths and weaknesses and in the fall/winter the hospital's Organizational Development Consultant began to work to address identified areas for improvement.

Medical Staff changes

In 2008/09 four new physicians were recruited to North Bay. We welcomed Dr. Julius (Ade) Agboola, Obstetrics/Gynaecology; Dr. Cheryl Clayton, Paediatrics; Dr. Yasir Khan, Psychiatry and Dr. Tim Percival, Family Medicine/Emergency Medicine.

While Dr. Dave Dellandrea has retired from Family Practice after serving patients from North Bay and its surrounding communities for many years, he continues as the Medical Director for our Maternal Child Care Centre.

Medical staff completed the Code of Conduct for physicians and a similar process is now filtering through the organization for a Code of Conduct for NBGH staff.

Board of Directors

The Board of the North Bay General Hospital was active this year and particularly interested in engaging the community in its activities. A community meeting was conducted around the sites divestment of our current facilities that provided an overview of properties owned by NBGH and discussed the steps currently underway to determine how best these properties might be dispersed. At this time, the Sites Divestment Committee is awaiting a response from the government on a request to conduct a feasibility study of the Scollard Site being used as a long term care facility and conducted its second community meeting this past spring. We expect that sites divestment will continue to be an activity of the Board beyond occupancy of our new facility.

Early in 2009, the Board issued the first of its community report entitled 'Board Talk' available to the media and posted on the hospital's website. 'Board Talk' provides a brief overview of Board committee activities and highlights from the open session of its monthly meeting. The Board also encouraged the public to attend the open session of its monthly meeting which can be arranged by calling the President and CEO's office.

In December, the Board thanked retiring member Del Pigden for 10 years of voluntary service contributing to the Board and the Joint Executive Committee—responsible for planning the new hospital. The Board also embarked on a recruitment process to get new members from the communities served by the hospital.

Public Reporting and Accountability

In February 2008, the Ontario Hospital Association (OHA) advised hospitals of the intention of the Ministry of Health and Long Term Care to pass a regulation in June 2008 that would require all Ontario hospitals to publicly report on a variety of patient safety indicators. At North Bay General Hospital we support this initiative because we believe it will enhance patient safety and strengthen the quality of care we provide.

The first indicator we started to report on in late September was C.difficile infection, a common hospital acquired infection that can be associated with serious illness among our patients.

There is a strong multidisciplinary approach in place to prevent the spread of this infection at our facility and best practices from the Provincial Infectious Disease Advisory Committee for containing and preventing this infection are in place.

Among a number of other infections being reported (i.e. VRE, MRSA, and Surgical Site Infections Prevention), hand hygiene compliance is the final indicator hospitals will begin to publicly report through the Ministry of Health Long Term Care commencing April 30, 2009. Hand hygiene is recognized as being the single most important measure individuals can practice to prevent the spread of infection but studies have shown most health care providers clean their hands less than 50% of when they should. Our Infection Control Program strongly recognizes the importance of hand hygiene and the barriers present that facilitate non-compliance and has been actively working with staff to improve this practice. In addition, a Hand Hygiene Committee with representation from a number of departments was started to review the many different factors that contribute to non-compliance and address staff concerns. This past year our Infection Control Program has also provided a number of educational sessions on hand hygiene for health care workers and we are very happy to report that over 400 front line staff attended these sessions.

Alternate Level of Care

Patients requiring an alternate level of care (ALC) continue to be an issue for our hospital. On average, 55 beds are occupied by ALC patients daily at our hospital throughout the year—that's almost one-third of our beds! Not having these beds available to deal with acute care patients requiring hospitalization means patients wait much longer in the Emergency Department and ER staff spend time not only looking after the Emergency Room but also managing patients who have been admitted to beds in the halls of the Emergency Department. On the inpatient units this also necessitates the use of hall beds to accommodate this overflow of patients. Finding solutions to our ALC situation has been a major focus of the Board and in the fall of 2008 an ALC Task Force of the Board was struck. The task force is setting up meetings with our partner hospitals in West Nipissing and Mattawa and with local community leaders to help find solutions to this community problem.

North Bay
Centre régional de santé de



Funds transferred from NEMHC to NBGH as part of the transfer of employees provided our Human Resources (HR) Department with the budget to establish a new Recruitment & Retention Consultant role. This role was filled by Lucie Laperrière towards the end of 2008 and will initially focus on developing an HR recruitment strategy to ensure that we have the right people with the right skills at the right time to meet staffing needs during this transition period. Taking into account the increased capacity at our new hospital, NBGH will be staffing approximately 235 new positions!

Recruitment

In December 2008, NBGH received \$108,000 to put towards 'Wrap Around Services' in an effort to reduce the number of ALC patients awaiting community services. Through liaison with partners like the Community Care Access Centre (CCAC), the Empire Living Centre, PHARA and Community Support Services we have been able to support several patients in the transition from hospital to home or to other accommodations while awaiting alternate housing options. Additional funding of \$148,000 was received before year end for further 'Wrap Around Services' for our patients and any residual funds will be kept for the 2009/10 fiscal year to continue this service.

A full time social worker was also hired to assist with ISAR—Identifying Seniors at Risk—part of the Ministry of Health and Long Term Care's Aging at Home Strategy. This risk assessment is for patients 70-years-of-age and older who present in the ER Department and helps to ensure patients are safely supported in their homes and prevents health crises or returns to the Emergency Room.

Wait Times

The Wait Time Information system (WTIS) was expanded in March resulting in a mandate to monitor all surgical waits. Over 20 surgeons' offices were connected, trained, and converted from a manual paper booking system to an electronic booking system in 2008/09. This project, which is being supported and funded by the LHIN, will result in a real time interface between the hospital's Meditech system and the WTIS. The goal is an interactive surgical triage waitlist shared by Operating Room bookings and surgeons' offices for wait time tracking and transparency.

NBGH continues to perform well in Wait Times and in fact, leads the province in many procedures.

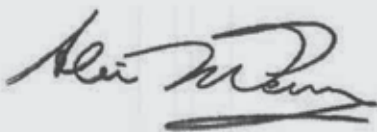
Also under the Access to Care umbrella, the hospital went live with the Emergency Department Reporting System (EDRS) in the past year. The capture of indicators such as Ambulance Offload, Physician Assessment, Decision to Admit, and ER Departure Time will be used to quantify access to the Emergency Department.

A major factor contributing to ER Wait Times is the high level of Alternate Level of Care (ALC) patients occupying acute care beds and the EDRS captures preliminary ALC data. Public reporting of Emergency Department Wait Times can now be seen at www.OntarioWaittimes.com

A Special Thanks

As we approach a very exciting year, we wish to take this opportunity to thank our staff, physicians and volunteers—including our hard working Board members—for their dedication to patient care and to ensuring we will have a safe, highly organized transition to our new state-of-the-art facility in late 2010. We look forward to another successful year!

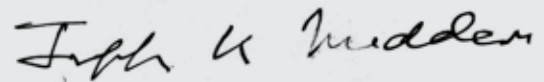
Respectfully submitted,



Alain Perron
Chair of the Board



Mark Hurst
President and CEO



Dr. Joseph Madden
Chief of Staff

Hospital Highlights

NBGH is registered

for a third consecutive year of participation in the OHA sponsored Safety Group which works on common elements of Health and Safety Systems and financially rewards those who have successfully completed these by year end. Last year's participation resulted in a rebate cheque issued to the NBGH in the amount of \$18,000.

In collaboration

with the Ontario Safety Association, NBGH was chosen as one of six Ontario hospitals to participate in a pilot project to develop and implement a Health and Safety Management System based upon the new CSA Z-1000 standard but geared towards a healthcare environment—an effort we had already begun but were more than happy to leverage additional assistance, collaboration and provincial peer best practice as part of this pilot group. Due to our participation NBGH was included in a group nomination by the Canadian College of Health Service Executives 2009 Health Care Safety Award. This nomination recognized our successful participation in the Health and Safety Management System Pilot Project and the commitment to organizational health and wellness that we have demonstrated.

Our Security

program, G4S, continues to evolve and benefit from investment in a recruitment and formalized placement agreement with Canadore College and Nipissing University. This agreement ensures that the NBGH and G4S continue to have access to the Law and Security program students on a priority basis. The attraction of these trained Security professionals has allowed us to continue to evolve their vital role from one which had historically and primarily been access/egress control and basic patrol activities to one of key stakeholders within our Emergency Response Program. A visible presence and response to/and development of Emergency Code staff training and scheduling as well as premise and content security, and incident investigations allow our staff to provide the very best in patient care in a secure and safe environment.

It has been one year

since our laundry service was transferred to the Sudbury Hospital Services. To reduce the handling of soiled linen we purchased the following equipment: step-on soiled linen hampers with flip-top lids and blue cages on wheels. All clinical areas now dress in the OR green scrub uniforms and all service staff (Facilities) dress in teal uniforms. This was implemented to allow for easier identification purposes for staff, patients and visitors alike.

Peritoneal dialysis

uses a filtration process similar to hemodialysis, but the blood is cleaned inside your body rather than in a machine. This therapy allows the patient to do their treatment at home at their convenience. Providing treatment options for some patients on dialysis greatly improves their quality of life. In April 2008 six patients were using PD and by March 2009 the number of PD patients increased to 10. We added a part time Registered Nurse to keep up with increased volumes and there are up to 20 patients in the queue for 2009/2010.





This February NBGH injected a little humour and welcomed Dottie, the hospital's first 'caring clown'. Retired NBGH nurse Diane Szewczyk began making the rounds at the hospital with a wand spreading her special type of cheer to patients, families and staff at NBGH.



The North Bay General Hospital Volunteer Association was giving like Santa at their December General Meeting, surprising the Hospital Foundation with an additional \$25,000 cheque towards Cardiac and Stroke care. This was in addition to the 7th \$100,000 payment made on their \$1 million pledge to the Caring for Generations Campaign for the new hospital. Three very special volunteers were honoured during the meeting—Lottie Frenssen was recognized for 40 years of volunteering at NBGH. Vera Frechette was recognized for receiving the award of Lifetime Member with the Hospital Auxiliaries Association of Ontario (HAAO) and Noreen Barker was recognized for her long volunteer service with the NBGH volunteer association.

FLU

Staff & Physicians took their best shot this season, with a 90 percent vaccine compliance rate resulting in no influenza outbreaks.

Pictured:

Occupational Health Staff Clara O'Reilly (left) and Angela Kleinboeck (far right) give paediatricians (seated on bed l-r) Shakeela Ahmed, Mary Grisé, Joseph Madden, Linsey Mutch and Cheryl Clayton their flu shots in November. Dr. Mary Grisé explains why getting their flu shot is so important. "As paediatricians, we have all looked after children who have become critically ill from influenza. We get our flu shot to protect our patients."





Maude Mills, mother of retired obstetrical nurse Glenna Gowan, has been knitting bonnets for babies in the NICU for more than 15 years. Pictured: Maude puts one of her blue knitted bonnets on three-day-old baby Tyler, who is held by mom Mandy.

Family, friends and co-workers gathered on Wednesday, May 7th, 2008, for the launch of the Louise Houle Leadership Library. The library has been developed as an incentive for leadership growth and appreciation and offers resources that encourage an empowering work environment. The library was dedicated to Louise, who was a unit leader on 4 West Scollard Site. She was an instrumental part of many hospital initiatives, including the Palliative Care Program, and earned the respect of her fellow nurses, patients, physicians and administrators. She was an inspiration stressing the importance of teamwork and continually motivated those around her to achieve greatness.



June 30th marked the beginning of a new era for district mental health services in the area served by NBGH as the transfer of acute inpatient and outpatient/community services from the Northeast Mental Health Centre (NEMHC) to NBGH became official. The hospital welcomed 260 FTE (full time equivalent) employees to its roster. With the transfer, NBGH is now a hospital with a psychiatric unit for acute episodes of mental illness and has the community programs and services to support individuals upon discharge.



Kevin Carey, Security Site supervisor reviews the new and improved Emergency Response Flipchart system with Darlene Peterson, R.N. The flip charts were the result of extensive development and review by the Emergency Response Committee, who simplified and updated the content for quicker reference and identification of personnel delegations and responsibilities when a code arises.



In April 2008, 16 NBGH nurses completed the pain resource nurse training program. PRN's are new to the hospital, and have been instrumental in helping to provide the best pain management for patients at the hospital. PRN's are registered nurses who work as both a resource and change agent in the providing evidence-based information throughout the organization, working with nurses, physicians and families to facilitate quality pain management.

Roger Marleau, (left) long-time NBGH Board member and Chair of the Joint Executive Committee (JEC) responsible for building the new health centre received a gift from Board Chair Alain Perron in recognition of his 12 years of service to NBGH Board.





Women's Clinic



November 28th was the first day for the 'Women's Clinic' at NBGH which offers outpatient gynaecological procedures. The Clinic was made possible thanks to the fundraising efforts of the community, which helped to acquire the Colposcope and loop electrosurgical excision procedure (LEEP) equipment. These procedures are minimally invasive, so patients only require local anesthetic, expediting the time they must spend at the hospital.

On March 31st 2008, North Bay General Hospital's Critical Care team started offering the services of a Rapid Assessment of Critical Events team, better known as a RACE team. This team, comprised of registered nurses and registered respiratory therapists, is part of a pilot project for the Ministry of Health and brings specialized knowledge and skills from the critical care unit directly to the bedside on a 24/7 basis. The RACE Team works collaboratively with hospital ward staff to identify assess and respond to the needs of seriously ill patients prior to the development of progressive and irreversible deterioration. Since its start, this team has responded to over 110 calls from the medical and surgical units, providing urgent transfer to the Critical Care Unit if needed, or helping to stabilize the patient so he or she can remain on the nursing unit.



West Ferris Secondary Students (left) Emily Perrin (daughter of Bridget Perrin) and Brittany Blumson (daughter of Denise Blumson) learn to take and read blood pressure during Take Our Kids to Work Day held November 5, 2008

NBGGH Volunteers

Report from the president of the NBGH Volunteer Association:

Thank you for allowing me to be President for the past two years. The executive has accomplished a great deal and I have listed our highlights;

- Honored and celebrated our long term volunteers
- Improved our tuck shops with better quality and additional merchandise....i.e. coffee, variety of breads for toast, pizza at McLaren,
- Set goals for our Tuck Shop Manager improving sales considerably.
- Participated in our first the walk/run event with 18 walkers and our donation of \$ 500 to the foundation.
- Obtained a show case at Scollard site for awards received
- Will be adding vending machines in the Emergency area and Cafeteria for accessibility to our staff and visitors after hours and they will be filled with healthy foods
- Coming soon: additional lunch for staff & visitors on Mondays at the Scollard site and will be served by our Tuck Shop employees.
- Attended conferences
- Continue our ticket sales at both sites
- Collected sales receipts from Sobey's grocery in order to collect additional funds
- Held garage sales of hospital used equipment i.e. desks, chairs, beds
- Our bookkeeper now has a safe to store cheques and important documents.
- Christmas staff breakfast for supporting our Tuck Shops and ticket sales
- Distributed chocolates at Valentine catering lunch
- Celebrated our donations to hospital, \$100,000 & \$25,000 with a packed house while gaining publicity in our city and surrounding area.

For all those accomplishments and many others not mentioned, I salute you and sincerely thank you!

R. Mantha

President of the NBGH Volunteer Association



Transition

2008 marked good progress with our Transition Planning efforts. Some of our significant accomplishments are as follows:

- A Functional Program review was completed with each department to ensure that the new facility was equipped to provide the services offered. Issues were identified and resolved as appropriate
- In February 2009, a Master Schedule was established for the entire organization. It identifies the tasks that need to be completed along with the sequencing and timeframe to complete them in. The Transition Team will update the plan on a go-forward basis and monitor its implementation.
- Department-specific plans were developed identifying the required changes in each area to allow for a successful transition to the new hospital.
- A major transition initiative is being undertaken by the Patient Food Services department. They are working towards a decentralized model of food service delivery meaning that the new Health Centre will have a dietary department in every unit allowing patients to receive specific food, according to the kind of care they receive. Food trays will continue to be used but many patients will enjoy sitting in a dining room and choosing their own menu instead. Some food will continue to be purchased from outside sources such as Cerca Food Services in Sturgeon Falls, but much of it will be prepared in-house.



Planning

Given the timeframe left until the move, the hospital must begin hiring with this current year's graduating class in Nursing so that these new staff members can be trained and proficient in their jobs prior to the move. These additional staff will also allow for the flexibility of freeing up existing staff for the required training on all the new systems/work practices associated with the new hospital.

Work is underway for a review of clinical and nonclinical multiskillers. This position will be reviewed for the potential role they may play in clinical/nonclinical teams.

Health Care Relocations has been awarded the contract to move the North Bay General Hospital and the Northeast Mental health Centre to the new site. They are a Peterborough based company that specializes in moving hospitals and have 15 years of experience completing successful hospital relocations across North America. It's expected that the hospital move will take 14 to 21 days to complete for both the NBGH and NEMHC, and patients are generally all moved on a Sunday. HCR President Pat Moriarty states "Our role is to work together with your hospital care providers to ensure that each patient is relocated in a safe and respectful manner That is our number one priority."

A detailed review of the Capital Equipment required for the new hospital has been completed. Equipment will be purchased through a series of RFP's and RFQ's between now and early next year.

Completed negotiations with Johnson Controls to allow for an Early Services Agreement in order that they may provide us with immediate management support and begin the process for the transfer of Plant Maintenance staff.



Financials &

Unaudited Operating Statement

(Audited Report is available at www.nbgh.on.ca)

	2008/09	2007/08
Operating Revenue		
MOHLTC/LHIN*	\$ 95,646,935	\$ 88,310,262
Insurance and patient revenues	\$ 9,721,381	\$ 9,676,125
Other revenues	\$ 18,619,138	\$ 6,408,654
Administered programs	\$ 11,358,604	\$ 9,126,226
	<hr/>	<hr/>
	\$ 135,346,058	\$ 113,521,267
	<hr/>	<hr/>
Operating Expenses		
Salaries and benefits	\$ 94,684,937	\$ 79,062,780
Medical & surgical supplies	\$ 6,658,539	\$ 6,149,909
Drugs	\$ 4,753,005	\$ 3,899,741
Other supplies & expenses	\$ 18,221,032	\$ 14,015,971
Amortization - furniture & equipment	\$ 4,239,618	\$ 3,769,838
Administered programs	\$ 11,358,604	\$ 9,126,226
	<hr/>	<hr/>
	\$ 139,915,735	\$ 116,024,465
	<hr/>	<hr/>
Excess of Expenses over Revenues per Ministry of Health	\$ (4,569,677)	\$ (2,503,198)
	<hr/>	<hr/>
Amortization of deferred contributions - buildings	\$ 486,563	\$ 435,549
Amortization - buildings	\$ (1,261,069)	\$ (922,959)
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	\$ (774,506)	\$ (487,410)
	<hr/>	<hr/>
Excess of Expenses over Revenues before other items	\$ (5,344,183)	\$ (2,990,608)
	<hr/>	<hr/>
Transition costs	\$ (2,142,727)	
Recovery of transition costs	\$ 647,640	
	<hr/>	<hr/>
	\$ (1,495,087)	\$ 0
	<hr/>	<hr/>
Excess of Expenses over Revenues for the year	\$ (6,839,270)	\$ (2,990,608)
	<hr/>	<hr/>

* Ministry of Health and Long Term Care / Local Health Integration Network

Statistics



2008/09 2007/08

Hospital Activity

Births	890	967
Inpatient Admissions	10 079	10 118
Inpatient Days	67 913	66 038
Renal Dialysis Visits	6 795	7 086
Radiology Tests	52 045	50 158
CT Scans	19 005	17 509
Emergency Visits	45 359	46 093
Surgical Procedures	10 611	10 166
Medical Staff	130	128

STAFF

Full Time	905	685
Part Time	568	487
Total Staff	1473	1172



North Bay and District Hospital
FOUNDATION ♥ **FONDATION**
de l'Hôpital de North Bay et du district

Community Provides for More Advanced Level of Care at the Hospital

Throughout the 2008-2009 fiscal year the North Bay and District Hospital Foundation received substantial support. Through generous gifts and the efforts of our volunteers, the Foundation was able to provide \$1,004,759 in support for the building of the new Hospital and for the purchase of much needed medical equipment.

A new state-of-the-art cardiac monitor for the critical care unit and a modern ECG machine for cardio-respiratory care are now available. In use soon will be an upgraded cardiac monitor and a new BiPAP breathing machine for the emergency department. The Ophthalmology clinic received unprecedented support and was able to purchase an improved YAG laser and new technology in a Heidelberg Spectralis Camera. The only other available unit in Ontario is in Ottawa. Other new equipment included a Unit Dose Drug Distribution System, Bone Densitometer, Renal Dialysis machine and a Hysteroscope for the Women's Clinic.

All Ontario Hospitals have Foundations to help direct support to provide for more advanced levels. Some have up to a fifty-year history. The North Bay and District Hospital Foundation has a nine-year history that began with the Caring for Generations campaign to raise the community's share for the building of the new North Bay General Hospital.

The Foundation surpassed its financial budgeted target of \$1.7M. Better than ever expected pledge collection in the Capital Campaign was from donors who completely paid off their pledges ahead of schedule. We were significantly under budget in expenses by about \$110,000.

The number of donors has increased by 8%, growing from 10,650 to 11,500.

For the past year the Foundation has focused its fundraising effort on Hospital Cardiac and Stroke Care.



Barbara Morland Wellard
Chair, NBDHF Board

Lois Krause
Executive Director,
NBDH Foundation

The Foundation is aiming to raise \$1.25M to help the Hospital purchase \$4M in medical equipment and education needs. 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 heart attack and stroke. Saving lives in an emergency and diagnosing medical complications that lead to heart attack and stroke is part of the Hospital's district role. The community today has successfully raised more than \$700,000 of the \$1.2M needed.

This past year the Foundation sent two letters to the community seeking urgent support. In the spring of 2008 Dr. Blair Bowker, internal medicine, asked donors to help fund the purchase of a new PiPAP breathing machine. BiPAP therapy lowers mortality rates in acute chronic obstructive pulmonary disease by 12%. It reduces the need to insert a breathing tube into the lungs by a third and decreases hospital stays by almost a week. The patient requires no sedation and is able to speak.

The fall 2008 appeal letter was signed by Dr. John Andrews, internal medicine, seeking funds for the purchase of the most up-to-date cardiac monitors for the emergency department. Advanced diagnostic equipment enables fast assessment of the patient's condition and quickly determines the best action to save lives. The community responded generously to both of these appeals raising more than \$152,423.

The community responded generously to more than 21 special events hosted by service organizations, businesses and individuals in support of the Foundation.

More than 1,771 people made memorial gifts and 84 families asked friends and relatives to celebrate the life of a loved one by making a donation.

NBDH Foundation

Nineteen lawyers are participating in the *Give and Get* Program that encourages their clients to leave a gift in their wills. In appreciation, the lawyers are reducing their will preparation fee.

The third annual *let's run with it*, at Lee Park attracted 500 participants, 60 volunteers and 45 sponsors raising over \$84,000 in cash and gifts-in-kind.

The family of Floyd and Ruby MacMillan set up the Foundation's first named endowment in memory of their daughter Maria.

The Foundation has made it easier for you to give. You can now donate online by going to the Hospital's website www.nbgh.on.ca, click on the Foundation page and click the *Donate Now* button.

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

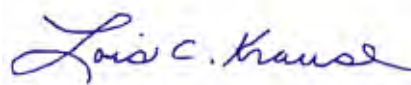
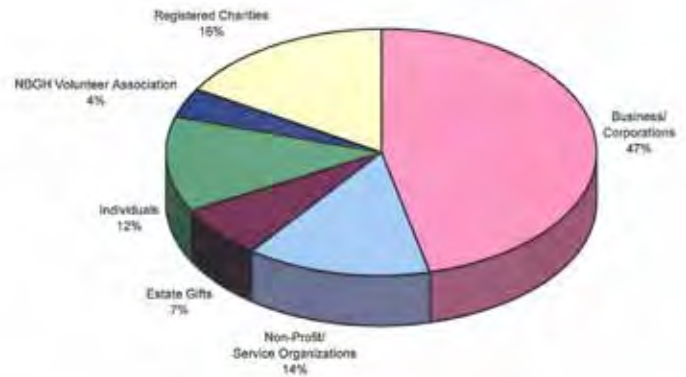
Each donation helps finance the acquisition of much-needed medical equipment. There are no small gifts. We are closing our community's healthcare gap.

Respectfully submitted,



Barbara Morland Wellard
Chair,
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Breakdown of Revenues by Donors 2008/09



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NBDH Foundation



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Missing from photo: Tim Bremner

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Donors listed in this report made these cash gifts, pledge payments and gifts-in-kind from April 1, 2008 to March 31, 2009

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\$5,000-\$9,999

Chancey & Kathleen Armstrong
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 Fedeli Corporation
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 Dr. Cameron & Florence Hunter
 Estate of Mrs. Lorna Raafaub
 Smith Family, Marthe, Joseph, Paul &
 Monique (MPP)
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Angela H. Pedley (Charity) Trust
 Cutsey Family
 Dean's Pharmasave
 Ed Eng Photography
 Knox Insurance Brokers Ltd
 KPMG LLP
 Lafarge Canada Inc.
 Lakeview Tim-BR Mart
 L'Alliance des caisses populaires de
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 North Bay Toyota Ltd
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 Command Branches
 South River Lions Club
 Stan and Miriam Higgs Memorial Fund
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 True North Chevrolet Cadillac Ltd
 Twiggs Coffee Roasters
 Wal-Mart - North Bay
 ZW Group

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 Tim Hortons of North Bay
 TWG Communications

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Estate of Flora Rowlandson
Estate of Rhea Urwin
CTV
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J.S. Redpath Limited
North Bay Lions Club
Rotacan

\$250,000-\$499,000

Rotary Club of North Bay
Terry McKerrow CAT Scan Operating Fund Inc.

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Estate of George Bird
North Bay General Hospital Volunteer Association
The Pace Family
Rotary Club of North Bay - Nipissing

**At their request, donors who have chosen to remain anonymous are not listed*

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A special thank you to the families who requested donations to the Hospital as expression of sympathy for their loved one.

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The Foundation gratefully acknowledges the following funeral homes for their work and dedication to the families they serve and for the impact they have on helping with the community's healthcare needs:

Martyn Funeral Home
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North Bay General Hospital Board of Directors 2008/09



Left to right: Dr. Paul Preston, Dr. Darren Saunders, Mr. Michael Lowe, Mrs. Margaret Hughes, Mr. Del Pigden, Mr. Ernie Marasco, Ms Diane Hebert, Mr. Don Curry, Mr. Mark Hurst, Mr. Murray Green, Mr. Phil Geden, Mr. Gary Jodouin, Mr. Alain Perron, Mrs. Sheila Parrish, Mr. Robert Mantha, Ms Lauri Petz, Mr. Keith Pacey, Dr. Joseph Madden.

Missing from photo: Mrs. Huguette Leacy



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

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