NORTH BAY REGIONAL HEALTH CENTRE **ANNUAL REPORT 2011/2012**



Leading through Change







Change [cheynj] verb, changed, chang-ing, noun [verb] (used with object)

- to make the form, nature, content, future course, etc., of
- (something) different from what it is or from what it would be if left alone: to change one's name; to change one's opinion; to change the course of history.

How does one become a butterfly? she asked. You must want to fly so much you are willing to give up being a caterpillar.

-Unknown

This year's theme of **CHANGE** is similar to the change experienced when the caterpillar becomes a butterfly-something entirely different comes from a lot of effort to improve.

The North Bay General Hospital and the Northeast Mental Health Centre have come together in a voluntary amalgamation and changed into a new organization, the North Bay Regional Health Centre, aimed to truly improve the patient experience.



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Phil Geden Board Chair

Mark Hurst President & CEO



Dr. Joseph Madden Chief of Staff



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

For the past three to four decades the change experienced in our health care system has been unprecedented. Ironically, it has been one of the most consistent elements we deal with in the delivery of healthcare services to North Bay and throughout the northeast region.

After moving into the much awaited, newly constructed health centre in January, 2011, which created more change than we had experienced for some time; April 1, 2011, again, changed the course of history for North Bay's hospitals.

Amalgamation

That day, the North Bay General Hospital (NBGH) and the Northeast Mental Health Centre (NEMHC) officially amalgamated bringing together two very different health care providers serving differing needs of patients in distinctly different catchment areas. Yet, even with all these differences, there was a strong sense amongst staff, Board members, and patients and families that amalgamation was the right thing to do. And, if our first year is any indication, it has proved to be true.

This voluntary, organization integration is the first time in Canada that acute health care and specialized mental health care services are being delivered from the same location the North Bay Regional Health Centre (NBRHC). It has created an environment that allows us to treat the whole person including mental and physical health.

It has also created an organization with over 2300 full time employees making NBRHC the largest employer in North Bay. Bringing the two organizational cultures together while continuing to provide high quality patient care in the most efficient and effective way has also created an inordinate amount of work.

One Board of Directors

As a result of the work done by the two very active Boards from the legacy organizations, a new Board for NBRHC was created and officially assumed its duties as of April 1, 2011.

The Board has a complex role. Under the legislation of the province, its main purpose is to oversee the community's interest in the hospital, while the President and CEO's role, as the Board's employee, is to carry out operations in the best interest of the corporation. Fortunately, our main interest is always the same: to provide quality patient care at reasonable cost. We are fortunate in that when differences of opinion develop, we always return to the test of whether the proposal in question affects the quality of patient care in the hospital. The Board always attempts to ensure that it doesn't enter into the operational details, but rather focuses on the oversight role for which it is ultimately responsible.

This year, our voluntary board members spent a lot of time refining Board bylaws and policies. This is absolutely essential work from the governance perspective, because it is those bylaws and policies that set the direction for the hospital.



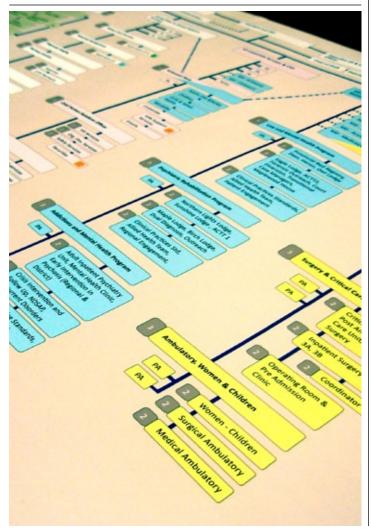
NBRHC provides acute care services to North Bay and its surrounding communities and specialized mental health care to all of northeast Ontario. It also has inpatient services in Sudbury at Kirkwood Place and outpatient and outreach services in both North Bay and Sudbury and throughout the northeast region.

District Hospital:

275 acute care beds58,200 Emergency Room visits annually48,000 Outpatient visits annually

Regional Mental Health Centre:

113 specialized beds in North Bay
43 beds in Sudbury
57,000 outpatient/outreach visits annually (includes acute district mental health stats)



Most of this work is carried out by the main Board committees of Quality, Finance, and Governance, and then brought to the full Board for further discussion and approval.

The NBRHC Board is working to strengthen partnerships within our district with Mattawa and West Nipissing and beyond within the larger HUB group, including Timmins, Sault Ste. Marie and Sudbury. The goal is to work together to ensure we are meeting the needs of patients in the best way possible with existing resources, eliminating duplication where possible and ensuring that together, we continue to serve the area well.

The NBRHC Board includes, as a full complement, 15 volunteer members from North Bay and surrounding area and across northeast Ontario to ensure representation from geographical areas served by NBRHC. The President and CEO, Chief of Staff, Chief Nursing Officer and President of the Medical Staff Association are ex-officio members of the Board. Photos and a listing of the Board members appear at the end of this report.

Medical Services Amalgamation

Chief of Staff, Dr. Joseph Madden, and Deputy Chief of Staff, Dr. Susan Adams, have been instrumental in leading the amalgamation of medical services from our legacy organizations. Consolidation of physicians, dentists, midwives and nurses in the extended class, into one organization has been facilitated by the development and approval of a new Professional Staff Bylaw, which continues to be reviewed to fine tune processes as we settle into our new environment.

Organizational Re-Design

Amalgamation provided us with an opportunity to realign our Senior Leadership Team. This has led to an organizational re-design throughout the management level to ensure that we are running an efficient, effective organization while still providing high quality patient care.

At the time of this report, we have a transitional senior leadership team that will help to balance our budget by fall 2012, and ensure the organizational design changes that have occurred are running as efficiently and effectively as possible. There are currently six Vice Presidents (VPs) and our plan is that through attrition over the next two to three years, those six will become four VP positions with a redistribution of workload once this major organizational design shift settles into place.

Our new organizational design has also provided many opportunities for some of our managers to step into more senior roles that will continue to challenge their professional skills and provide them with job satisfaction as they move forward in their careers. Continuing to invest in our staff and provide a challenging work environment is an important aspect in an organization of this size. Employee satisfaction surveys show that 'job satisfaction' rates highly in our ability to retain and attract staff to NBRHC.

In fall 2011, and after 22 years as President and CEO, Mark Hurst announced his retirement date to the Board to allow time for the Board to begin a recruitment process. Mark's retirement is scheduled for August 31, 2012, and the Board has been working with the recruitment firm *Four Corners* to ensure a new President and CEO is in place for September, 2012. On May 16, 2012 the Board announced the appointment of Paul Heinrich as the new President and CEO effective August 27, 2012. We wish to thank all staff and community members who contributed in early 2012, to the formulation of a profile of the new President and CEO.

Executive Compensation

The NBRHC Board, along with other Ontario hospital Boards, has been working to ensure fair compensation for hospital employees—including executives—to ensure we can attract and retain the health care professionals we need and deserve in our community. Appropriate compensation can only be fair if it is informed by evidence and remains completely transparent.

As part of this effort to create a more expansive culture of transparency, NBRHC, along with all Ontario hospitals, proactively disclosed executive contracts on our website in December, 2011.

The Ontario Hospital Association lead the development of a framework (March 2012) that will help hospital Boards facilitate the use of evidencebased practices and transparency in executive compensation-related decisions. The OHA is recommending that hospital boards:

- Voluntarily implement the framework, which would see hospital CEO compensation based on a complexity matrix that includes budget size, research and teaching intensity, patient volumes, and other factors.
- Voluntarily implement a pay-for-performance scheme that could eventually see up to 30% of hospital executive compensation tied directly to clearly and publicly-articulated provincial and organizational goals.
- Voluntarily extend executives' compensation

freeze until at least 2014. If fully implemented, this freeze would save approximately \$47 million across the whole province over five years.

 Review organizational policies regarding car allowances to ensure they are consistent with the spirit and letter of the Broader Public Sector Accountability Act's Perquisites Directive, and ensure that without-cause severance arrangements adhere to common law principles.

The NBRHC Board's analysis indicates that our current compensation package aligns quite well within the recommended structure for executive compensation plans. By ensuring these principles are reflected, our Board joins other hospitals in the province working to enhance public confidence in our leaders and the important work they do.

Freedom of Information and Privacy Protection Act (FIPPA)

On January 1, 2012, Ontario hospitals were added to the list of institutions that fall under the Freedom of Information and Protection of Privacy Act (FIPPA). NBRHC has embraced this legislation that supports transparency while protecting the privacy rights of our patients, staff, visitors and other individuals with whom we interact.

Personal Health Information Protection Act (PHIPA)—Protecting Your Privacy

NBRHC experienced a major privacy breach in 2011, discovered when conducting a privacy audit. As a result of further investigation, it was determined that an employee of the hospital accessed health information for persons other than those with whom the employee was involved in providing care, dating back to 2004. Over 5,800 patients were affected. The results of the investigation lead us to believe that the information inappropriately accessed by this employee was not released to other staff or beyond the hospital however, the actions of the individual were a violation of the law on privacy and hospital policy.

At the time of the breach, the hospital expressed its sincere regrets for the situation and assured everyone that patient care was never negatively affected as a result of this incident.

NBRHC takes its role of safeguarding personal health information very seriously and as a result of this

FIPPA applies to records that came into the custody or control of the health centre on or after January 1, 2007. Upon request, certain records must be made available, in accordance with the Act.



incident has improved the security of access to personal health information and provides additional education to employees regarding the protection and privacy of personal health information. More rigorous audits to detect attempts to inappropriately access health care information have also been implemented.

It is the health centre's goal to ensure that necessary health information is readily available to appropriate caregivers to ensure patient safety and quality of care, but that it is not disclosed beyond the circle of care-givers.

Financial

The first full year in our new facility, and as an amalgamated organization, was a successful year as we continued our planned progression to a balanced operating position. In accordance with our Hospital Improvement Plan approved by the NE LHIN (North East Local Health Integration Network), we were able to end the year on target achieving a reduction in the operating deficit by 50%. The operational efficiencies realized as a result of our new facility, administrative and program efficiencies resulted in expenditure savings of \$8.8M. At the same time, the non-Ministry revenue realized from retail operations and out-of-province billing was higher than planned and as a result contributed favourably to the bottom line.

As a result of the increased capital spending required to relocate services in 2011, the capital program approved for the year 2011/12 focused only on the mandatory programs and capital purchases required to stabilize operations in the new locations. The 2011/12 capital program provided a \$7.5M investment in facility, equipment and information system projects.

The second phase of the planned bed and volume growth associated with the new facility was implemented. The opening of services has enabled the hospital to achieve performance improvements in both wait time strategies and patient flow. The final phase of growth is planned for our next fiscal year to support increased program capacity.

Fiscal Advisory Committee

Building on the foundation of the predecessor organizations' committee structures, the inaugural NBRHC Fiscal Advisory Committee (FAC) meeting was held. The FAC's role is to advise the North Bay Regional Health Centre Board and make recommendations with respect to the planning and utilization of resources, systems, and efficient operations, promoting a safe environment for patients and staff and the achievement of long-term fiscal sustainability. The committee membership was structured giving consideration to the diversity of programs, disciplines, and physical locations within the organization.

Property Sales and Divestment

The sale of the previous properties owned by the North Bay General Hospital was a major goal for 2011/12. We are pleased that the sale of all properties was completed in winter 2012. The Nipissing Building and Cooper House were sold to a local businessman and the Scollard and McLaren sites were sold



to an established northern developer. We've stated in the past that any funds received from the sale would go towards the local share requirements of the new facility. While we anticipated breaking even financially on the sales of these properties, we are pleased that the sales have actually provided over \$1M towards that goal.

The Board and Senior Leadership Team engaged in discussions with the local neighbours of the old NBGH sites several times to ensure they were aware of the process underway to sell the properties. In January, 2012, a meeting was held where the purchasers of the properties were introduced and neighbours heard about the buyers' options for the sites.

Should this sale not have occurred, NBRHC would have had to begin the process of demolishing the buildings at a possible cost of between \$3M and \$4M from its operating budget.

The North Bay property occupied by the Northeast Mental Health Centre (previously the North Bay Psychiatric Hospital) is owned by the Ontario Government and is under its management.

NEMHC's Sudbury campus however, was owned by the NEMHC and post amalgamation belongs to NBRHC. The site has been re-named Kirkwood Place and includes regional specialized inpatient, outpatient and outreach mental health services. We also rent portions of Kirkwood Place to Health Sciences North (previously Hôpital regional Sudbury Regional Hospital) for operation of some of its acute mental health services.



OUR HOSPITAL'S FIRST BABY

Born early at 28 weeks and weighing only 2lbs, 12 oz; Patience made history on January 30, 2011 as the first baby born at the North Bay Regional Health Centre (NBRHC). Jennie, Patience's mom, is happy to report that Patience's doctors are pleased with her progress and there are no major concerns at this point.







McLaren Site

Scollard Site

NORTH EAST JOINT ASSESMENT CENTRE (NEJAC) Patients in North Bay and District requiring hip or knee replacements have seen wait times for surgery decrease. Tonia (left) works out of the NEJAC, and met with George (right) for a comprehensive assessment. Tonia also reviewed George's x-ray findings with him, and provided education about his management options, including surgery.



Kirkwood Place, Sudbury

In January, 2011, the Regional Seniors' Dementia Care Program (Oak Lodge) and the Specialized Rehabilitation and Transitional Service (Nickel Lodge), both inpatient services (31 beds), relocated from North Bay to Sudbury and joined the existing Regional Children's Psychiatric Centre (RCPC—12 beds) at Kirkwood Place.

For transferred patients it meant a new home and new beginnings; for many staff a new organization and new colleagues; for existing staff it was an opportunity to embrace new activity on campus. Amid all of the change however, one thing remains certain: staff were focused and driven to provide the best care possible to our patients. This was reflected in many aspects throughout the year from the modifications within the building to increase safety, to providing patients with dynamic programming both onsite and in the community.

The staff worked with many community partners and organizations to develop relationships that would benefit our patients. From athletic groups to live entertainment, chaplaincy to vocational services, our patients were presented with opportunities to achieve their highest level of success. A shining example of the relationships that have been formed with community partners is the renewal of the greenhouse at Kirkwood Place. Allied staff from both NBRHC and Health Sciences North along with members of the non-profit organization NISA (Northern Initiative for Social Action), and the Sudbury Horticultural Society have worked diligently to re-open the greenhouse, establish programming, and develop education and training opportunities for staff and community partners to learn about horticultural therapy. With the space in full operation, patients have reaped the benefits of the calming atmosphere, learned how to care for plants, and will partake in a multitude of specialized workshops that are designed to meet their needs and interests.

Through the leadership of our site Medical Director, the clinical staff at Kirkwood Place, saw a reduction in one-to-one supervision of patients in 2011. This can be attributed to detailed behavioural planning, team coordination and patient collaboration. The decrease in one-to-one supervision has resulted in increased patient autonomy, quality of life, and progression toward discharge goal attainment.

To further fulfill the mandate of Nickel Lodge, a project was launched in collaboration with the NE LHIN, Ministry of Health and Long



Quote from patient at Nickel Lodge, Kirkwood Place:

"I enjoy the activities on Nickel Lodge. I participate in bowling, swimming, walking and health boundaries group. I also go out to dances, out for lunch and see my girlfriend when I can. The staff also helps me to cook, this will all help me move into a group home someday!" ~ DG

Term Care, Canadian Mental Health Association Sudbury & Manitoulin, and NISA to establish a transition house off property that would allow patients who are preparing to move back into the community the opportunity to live in a residential setting. The environment of the home will be based on recovery principles focusing on the benefits of peer support, empowerment and opportunity for growth in many areas: attention to personal care and health care needs, decision-making regarding menu planning and meal preparation, maintaining a clean, organized living space, personal budgeting, and education and vocational goals.

With our new organizational structure in place, the focus for the clinical teams at Kirkwood Place will shift to further specializing each patient's wellness plan by maximizing individual potentials, reducing behavioural challenges, teaching new skills to optimize function, improve relationships and enhance the quality of life that will be necessary to return patients to the community, whether to their home, a supervised living arrangement, or a long term care facility.

In 2011, members of the NBRHC Board of Directors worked with local neighbours of Kirkwood Place to minimize the effects of the implementation of the hospital's smoke free policy and parking fees on the neighbouring properties. The community is very supportive of Kirkwood Place and we wish to continue this positive relationship with our Sudbury neighbours.

Kirkwood Place has received invaluable financial support through the Sudbury Manitoulin District Mental Health Fund Committee, which is responsible for making recommendations with respect to the former Network North Foundation assets. Funding received through the committee has been utilized to leverage Ministry of Health infrastructure dollars in support of capital projects at the Sudbury site. In addition, the committee has recently re-introduced a professional development allocation to support Sudbury Manitoulin staff in becoming experts in their field. The renewal of our physical environment and the investment in our human resources positively impacts patient care and goes a long way in building staff morale.

Community Programs and Services

Some of our community programs and services also underwent a great deal of change in 2011.

In June, the Mental Health Clinic (previously the Claude Ranger Clinic) moved into newly constructed quarters at 120 King Street in North Bay, alongside two existing NBRHC acute care services: the Nipissing Detox and Substance Abuse Centre and the Nipissing Diabetes Centre.

Our **Regional Outreach Services** (specialized mental health) were consolidated in a newly renovated space on Devonshire Avenue in North Bay. Thirteen outreach teams provide sub-specialty mental health services to over 13 communities in the six districts throughout the catchment area.

CHOICES (Consumers Having Options In Choosing Employment) located in North Bay on Jane Street, is a vocational program providing services to NBRHC. Vocational testing and supports are provided and individuals can obtain experience through community placements. A job club, job placement services and employment supports are available.

Through a partnership with the Near North District School Board, academic upgrading (to Grade 12) and work preparation training (eg: WHMIS certification) are also available.

Wordplay/Jeux de mots program, located downtown at 10 Elm Street, Sudbury (with a satellite office in Espanola), provides three distinct early intervention programs for young children: Preschool Speech and Language Services Sudbury/ Manitoulin; Northeast Ontario Infant Hearing Program and Northeast Ontario Blind Low Vision Early Intervention Program.

NBRHC has lease agreements with local landlords for its community programs and services.

More about these community programs and services can be found on our website at: www.nbrhc.on.ca

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"The care provided on Oak Lodge is awesome. I have dropped in on the unit unannounced on a few occasions and have always been *impressed with the care* provided to my husband by all staff. When I visit my husband, his appearance is always neat and clean and he seems so comfortable and relaxed.Thank you for the care you provided, it makes me feel at peace!"

> -Jean McKinnon, Family member



Alternate Level of Care (ALC)

An Alternate Level of Care (ALC) patient is one whose care needs are such that they would be better served in some other setting, but remain in hospital because of lack of suitable placements in the community. The cost of care in the hospital is generally considerably higher than that in other locations, and of course, the care received in the hospital, though excellent, cannot meet the complete needs of most ALC patients.

The hospital remains challenged by patients requiring alternate level of care in all mental health and acute services. However, with the addition of 31 beds to the Complex Continuing Care and Rehabilitation areas post move to the new facility, the number of ALC patients in the district hospital has decreased to 27.04% from 37.5%. A new program, Assess and Restore, has been initiated on the inpatient Rehabilitation Unit with the purpose of providing focused therapies and supports to allow patients to recover and transition back to the community. An outpatient day program has also been established for the elderly to bridge care between the inpatient setting and the community. The goal is to prevent hospital admission and to enhance independence.

NBRHC has been working with the NE LHIN and community partners to develop programs and strategies to ensure patients are in the right place at the right time receiving the right services. A North Bay ALC Plan as well as a specialized geriatric review has been undertaken to provide a blueprint for the development of future programs. In the past year, the NE LHIN recognized the ALC challenges and allocated \$1M for three initiatives: Mobile Behavioural Response Team (\$0.5M), two additional beds at PHARA to assist patients to transition home (\$150,000), and additional assisted living funding allocated to Cassellholme and PHARA community support services (\$350,000). The benefit from these initiatives has not been fully realized and as a result occupancy continues to be a pressure.

Members of our regional mental health and the district hospital teams successfully completed a project of real time reporting of alternate level of care data to the provincial Wait Time Information System (WTIS). The information reported will serve to identify issues surrounding barriers to care, inform performance improvement strategies, and ultimately facilitate better access to care in Ontario.

Quality Improvement Plan

The importance of providing high quality, safe care in the hospital was emphasized in 2011, when the Excellent Care for All Act (ECFAA) was introduced by the government. This new Act calls for full participation by the Board of Directors in monitoring quality of care. ECFAA requires that hospitals have a Quality Committee of the Board. Our Committee includes Board directors, clinicians, and community representatives who meet monthly. It reports to the Board and ensures that presentations on quality issues are a regular feature for the education of all directors. The key role for the committee is to develop a Quality Improvement Plan (QIP) each year for approval by the Board.



We are committed to providing safe, high quality patient care in a caring manner and the QIP is a tool to affirm our pursuit of improvement by focusing on key priorities. This year's priorities included a focus on patient safety and access to care within the realms of cost-effectiveness and consistently meeting or exceeding the needs of our patients. Specific focus and resources were applied to staff hand hygiene practices, as this is a core element in preventing health-care associated infections and the spread of antimicrobial resistance.

Regular updates to the quality initiatives outlined in the QIP have been made to the Quality Committee. The progress made to date reflects the efforts made at all levels of the organization and the support of the NE LHIN in our quality initiatives. Data is available to successfully report on some of the plan's goals and targets. It should also be noted that we were able to attain the following achievements while moving to the new site, amalgamating two organizations and embarking on the process of a new organizational structure:

- The percent of ALC beds within the hospital has been reduced from 39% in March, 2011, to 27% by the end of September, 2011. This was achieved by working consistently and regularly with our community partners and stakeholders to achieve prompt access to community services and by improving patient flow within the hospital.
- Our financial health has improved dramatically by surpassing our goal of -6 % and reducing our total margin from -12% to -1.9% by the end of December, 2011. The amalgamation and the reduction of ALC days have helped to create efficiencies.
- Over an 11-month period, the average amount of time most of our patients waited in the Emergency Department to be admitted into the hospital has decreased from a high of 12.5 hours in 2008, to 12.2 hours. We already rate highly on this indicator provincially, so small gains are enormous steps towards improvement. We have improved patient flow in the Emergency Department and other areas using provincial improvement tools.

Quality improvement work is continuous and NBRHC provides ongoing quarterly updates on our website as progress is made in the QIP.



STROKE PREVENTION The North Bay Regional Health Centre is one of five hospitals in northeastern Ontario equipped to provide the 'clot-busting drug' (known as tPA) to stroke patients meeting the criteria for the treatment. Without it, Lucie Owen (bottom left) wouldn't be here today.



ARAMARK

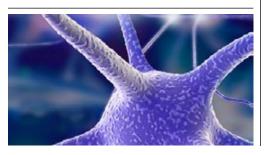
Aramark has done something they've never done before. They teamed up with Vocational Services to provide work training to an inpatient looking to gain some new skills. After a few months, Aramark offered Darcy full-time employment.

Research

NBRHC inherited a Research Department from the Northeast Mental Health Centre that is specific to, but not exclusively related to mental health. NBRHC, led and supported by our Research Department, has engaged the consultancy firm of *SHI Inc*. to facilitate the development of a regional Academic Health Science Research Network to better address the unique needs of the north and overcome barriers that impact academic health care.

Specifically, the Network will encourage the strategic alignment of academic, healthcare, and community-based organizations in conducting research; provide educational and informational tools to build frontline research capacity; foster the development of cross-sector, inter-professional research collaborations; and promote the translation of knowledge into innovative healthcare solutions for both the NBRHC community and our external partners. Stage II of this process was initiated in 2011, and is nearing completion; with the identification of a multi-year, phased-in, strategic approach to develop this network. Collaborative local and regional partners continue to be engaged in this process.

> The NBRHC Research Department actively pursues a variety of research topics and over the past year has lead 14 different projects. Research findings are typically submitted for publication in peerreviewed journals and presented at various local, provincial and national conferences.



Physician Recruitment – By the Numbers (Numbers are approx from January 2011 – February 2012)

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11 Physician Recruits **includes new recruits and return to service*

→ 1 Family/Emergency Medicine Recruit



4 Family Medicine recruits - **3** on return to service, expect start dates fall 2012 & 2013



1 Gastroenterology/General Internal Medicine



→ 1 Orthopedic Surgeon

Physician Recruitment

Physician recruitment continues to be an important endeavour at NBRHC. We are pleased to report that 11 new physicians were recruited to our community.

Our connection with the Northern Ontario School of Medicine (NOSM) continues to be an important aspect in physician recruitment. In 2010/2011, 99 Medical Residents and Medical Students trained at the North Bay Regional Health Centre in the majority of our medical services.

Each year, North Bay has four homebased, residency training spots for Family Medicine, and in our recent Canadian Residency Matching Service (CaRMS) our city/hospital filled all four spots with an additional International Medical Graduate (IMG) match. In total, starting July 2012, we will have eight Family Medicine Residents training in our community.

French Language Services

The North Bay Regional Health Centre is seeking designation under the French Language Services Act as a bilingual facility by March 31, 2013. We are committed to providing services in both official languages to ensure we are providing the highest quality care possible to our entire catchment area. NBRHC will work closely with the NE LHIN to ensure adherence to the French Language Services Act.

New Recruits

Approximately 175 new staff joined the NBRHC in 2011, with 54 of them being nursing staff (RN and RPN). The new state-of-the-art facility has attracted many healthcare professionals from across the province as openings in specialized areas were definitely an area of interest. The fact that the NBRHC is the first facility of its kind in Ontario/Canada with both acute hospital care and specialized mental health services at one location also plays an important role in attracting talent from across Canada to our community. Target for 2012-2013 Physician Recruitment:

Awards and Recognition

Several of NBRHC's individual staff and teams earned awards and recognition this year from their professional bodies and affiliations and/ or internally from NBRHC. We congratulate our staff on their continued pursuit of best practices and achieving these awards.

Of particular mention is our Emergency Department (ED) that won a Leading Practice Award from the Ontario Hospital Association in November. Due to its success, the entry entitled Speed Sensitive Physician Staffing in the Emergency Room has received a lot of attention from hospitals across the province looking to use a similar approach.

When asked about the Physician-Speed Sensitive Schedule, the ED physicians reported that the new department is 'more pleasant' to work in; doctors felt they are not as rushed; they see patients that have been waiting a reasonable amount of time; and their shift ends on time with almost no hand-off of patients to next shift physicians. We expect that our ED will continue to work towards further improvement in patient flow and staff satisfaction.

Peer recognition programs are in place at NBRHC for both individuals and teams living the values of NBRHC. Instituted in 2011, this program is being well received by staff, physicians and volunteers.



Otolaryngologist (ENT) Surgeon
 Obstetrician/Gynaecologist Surgeon
 Emergency Department Physicians
 Anesthesiologist
 General Internal Medicine Specialist

10 Family Physicians over the next 3 years, as part of our strategy to recruit 20 new physicians from 2011-2015
2 General Psychiatrists
1 Geriatric Psychiatrist

2011/12 Awards and Recognition



NBRHC CARE Award (quarterly): Dr Talarico, Renée Baker Mary Appe Lamothe, A

Derrick Tremblay



NBRHC Team Award: Operating Room/Post Anesthetic Care Unit/Day Surgery Team



Ontario Hospital Association's Health Achieve Leading Practice for Innovation Award, sponsored by IBM: for Speed Sensitive Scheduling in the Emergency Department to Les Blackwell, Nancy Jacko and Dr. Scott Daley; project contributors include: Ann Loyst, Liz Hummel and Drs. Cheryl Riley and James Truong.



Ontario Hospital Association: Leading Practice in Patient Experience, for Photovoice; published in February, 2012

Mental Health Commission of Canada, Anti Stigma Conference invited Photovoice as a presenter, March 2012



International Association of Business Communicators, Toronto Chapter, Ovation Award for Special Events to the Public Relations and Foundation Teams for the NBRHC Open House

International Association of Business Communicators, Gold Quill Merit Award for Multi-Media to the Public Relations Team for *Goodbye Dance Video*



Northern Ontario Business: Influential Woman Award 2011 to Nancy Jacko, VP Clinical Integration and Chief Nursing Officer



EFFECTIVENESS AND PERFORMANCE

Volunteer Engagement

Volunteers continue to be an integral part of our organization providing assistance and patient comfort services and are a major contributor to our Foundation. We thank them very much for their dedication and contribution to our health centre. Last year we recruited an additional 200 volunteers and now have over 400 serving patients in our facility in many roles from assisting with patient comfort to guiding people through the hospital to assisting with administrative roles. To learn more about becoming a volunteer visit our website at www.nbrhc.on.ca.

We are very pleased to see that the Volunteer Associations of the two legacy organizations have come together and in 2012, will officially amalgamate and become known as the North Bay Regional Health Centre Volunteer Association.

Donors

We would like to thank our donors who have contributed to the NBRHC Foundation's Seeing More Clearly campaign to raise \$6M towards the cost of the MRI and other diagnostic imaging equipment. The success of the campaign to date once again shows the generosity of our citizens and the importance our community puts on having health care services close to home. An annual overview from the Foundation appears at the end of this report.

NBRHC Arts Association: ArtsHealth North Bay

We are very pleased to have members of the local art community involved in our health centre. When we were preparing for the move, we invited them to help us relocate the existing art from both NBGH and NEMHC. They have been instrumental in helping us install pieces and actually create the NBRHC Permanent Art Collection of some of the more valuable pieces. The collectors and we have become the recipient of several donations of Canadian contemporary art;

MRI statistics for 2011/12

MRI Funding is based on hours of operation. For 2011/12 the NBRHC MRI received:





70 Hrs High Risk Breast Funding returned for general MRI

For a total of 3,376 funded hours of operation.

The MRI hours of operation for 2011/2012—excluding maintenance, repair and training—totaled **3,382** hours; six hours more than the available funding.

With these hours of operation,



were able to have an MRI in North Bay—avoiding considerable expense in travel to other parts of the province and shortening the wait time for those who travel here from the surrounding district. adding to our permanent collection, and helping us to create a more healing environment.

Considering the hospital does not fund the Arts Association they have been very resourceful in applying for and receiving grants. With the assistance of a two-year grant from the Ontario Arts Council the ArtsHealth North Residency has now had five artists from across Canada and abroad as on-site artistsin-residence. We were also fortunate to receive a Northern Ontario Heritage Fund Internship grant to hire a full time Art Coordinator for one year, a position that has been instrumental in ensuring the success of the efforts of the Arts Association.

We look forward to supporting the NBRHC Arts Association with its future endeavours.

If we look back to the beginning of our report where change is defined as: "making the form, nature, content, future course, etc., of (something) different from what it is or from what it would be if left alone;" it is safe to say NBRHC has been under significant change in 2011/2012. It has been an exciting year filled with the expected and unexpected impacts of change as we settled into our new health centre.

We look forward to continued positive outcomes as we endeavour to meet the requirements of a demanding health care system within the confines of our financial allocations and with the goal of providing high quality patient care.

Phil Geden NBRHC Board Chairman

Mark Hurst President and CEO

Jeph & hudden

Dr. Joseph Madden Chief of Staff

Board of Directors



Phil Geden Board Chair









Gary Jodouin Treasurer

Lauri Petz



Dan O'Mara



David Youmans



Sheila Parrish



Keith Pacey



Jean Beckett



Dr. Brian Mitchell

Process is currently underway to fill two vacant positions



Leann Whitney

Ex-Officio Directors



Mark Hurst President & CEO



Nancy Jacko Chief Nursing Executive



Association



Dr. Joseph Madden President, Medical Staff Chief of Staff





Financial

The first full year in our new facility, and as an amalgamated organization, was a successful year as we continued our planned progression to a balanced operating position. In accordance with our Hospital Improvement Plan approved by the NE LHIN (North East Local Health Integration Network), we were able to end the year on target achieving a reduction in the operating deficit by 50%. The operational efficiencies realized as a result of our new facility, administrative and program efficiencies resulted in expenditure savings of \$8.8M. At the same time, the non-Ministry revenue realized from retail operations and out-ofprovince billing was higher than planned and as a result contributed favourably to the bottom line.

As a result of the increased capital spending required to relocate services in 2011, the capital program approved for the year 2011/12 focused only on the mandatory programs and capital purchases required to stabilize operations in the new locations. The 2011/12 capital program provided a \$7.5M investment in facility, equipment and information system projects.

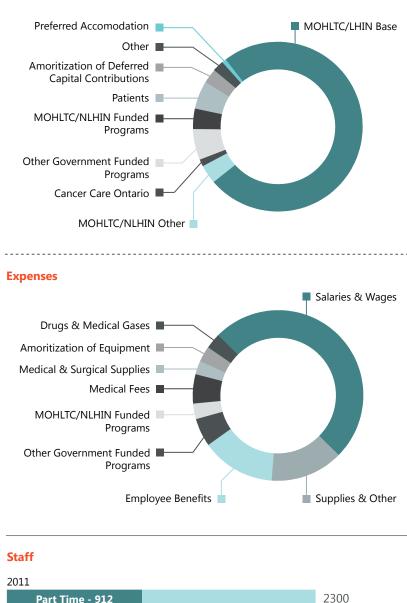
The second phase of the planned bed and volume growth associated with the new facility was implemented. The opening of services has enabled the hospital to achieve performance improvements in both wait time strategies and patient flow. The final phase of growth is planned for our next fiscal year to support increased program capacity.

NBRHC Statement of Operations

Revenues

Revenues				
MOHLTC/LHIN *		2012		2011
Base	\$	181,440,638	\$	168,482,375
Other	\$	9,948,316	\$	5,289,957
Cancer Care Ontario	\$	2,695,941	\$	1,932,257
Other votes:				
Other government funded programs	\$	14,327,663	\$	16,710,579
MOHLTC/NLHIN funded programs	\$	9,824,184	\$	9,371,431
Patients	\$	10,843,877	\$	8,229,656
Amortization of deferred capital				
contributions	\$	7,026,091	\$	1,932,389
Other	\$	6,836,683	\$	7,468,579
Preferred accommodation	\$	1,951,837	\$	2,045,263
	\$	244,895,230	\$	221,462,486
Expenses				
- Salaries and wages	\$	124,128,190	\$	113,557,729
Supplies and other	\$	35,113,795	\$	32,505,488
Employee benefits	\$	32,831,282	\$	29,807,316
Other votes:				
Other government funded programs	\$	14,327,663	\$	16,710,579
MOHLTC/NLHIN funded programs	\$	9,824,184	\$	9,371,431
Medical fees	\$	11,768,896	\$	9,136,056
Medical and surgical supplies	\$	8,546,587	\$	7,783,160
Amortization of Equipment	\$	7,642,326	\$	4,644,835
Drugs and medical gases	\$	5,536,416	\$	6,020,976
	\$	249,719,339	\$	229,537,570
Deficiency of revenue over expenses before the undernoted	\$	(4,824,109)	\$	(8,075,084)
Amortization of deferred contributions - building Amortization of buildings	\$ \$	10,308,781 (10,913,161)	\$ \$	2,749,122 (6,365,846)
Government contribution for interest on long term debt	\$	21,244,746	\$	16,983,608
Interest on long term debt	\$	(22,884,410)	\$	(18,294,450)
Government transition funding	\$	2,599,158	\$	11,110,057
Transition costs	\$	(3,076,768)	\$	(11,599,331)
	\$	(2,721,654)	\$	(5,416,840)
Deficiency of revenue over expenses	\$	(7,545,763)	\$	(13,491,924)

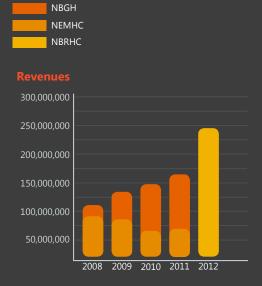
*Ministry of Health and Long Term Care / Local Health Integration Network



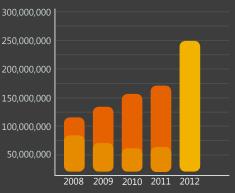
Revenues

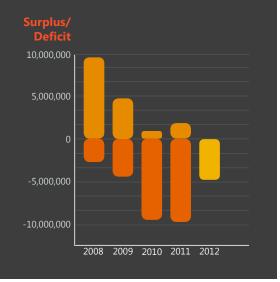


Statement of Operations 5 Year Summary (NBGH & NEMHC)



Expenses



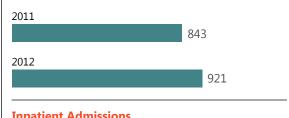


NBRHC Statement of Financial Position

Assets		2012		2011
Current Assets		2012		2011
Cash and short term investments	\$	1,765,787	\$	28,212,179
Marketable securities	\$	11,455,874	\$	22,291,608
Accounts receivable	\$	6,653,250	\$	16,895,189
Inventories	\$	2,399,120	\$	2,386,227
Prepaid expenses	\$	2,509,104	\$	1,598,586
Current portion of long-term receivables	\$	1,666,307	\$	1,604,423
	\$	26,449,442	\$	72,988,212
Capital assets	\$	556,761,140	\$	568,464,836
Capital assets held for sale	\$	-	\$	824,112
Long term receivables	\$	13,951,200	\$	14,893,753
	\$	597,161,782	\$	657,170,913
Liabilities, Deferred Contributions and Net Assets				
Current Liabilities				
Bank indebtedness	\$	5,844,000	\$	20,728,619
Accounts payable and accrued liabilities	\$	35,813,876	\$	37,366,472
Deferred contributions	\$	27,942,485	\$	26,560,443
Current portion of long term obligations	\$	6,908,975	\$	6,316,678
	\$	76,509,336	\$	90,972,212
Long term obligations	\$	403,956,506	\$	409,556,777
Deferred capital contributions	\$	120,388,432	\$	154,137,353
Post-employment benefit obligation	\$	7,570,900	\$	6,222,200
Deficiency in net assets				
Internally restricted	\$	10,994,444	\$	11,447,005
Invested in capital assets	\$	27,955,290	\$	26,408,900
Unrestricted	\$	(50,213,126)	\$	(41,573,534)
	\$	(11,263,392)	\$	(3,717,629)
	\$	597,161,782	\$	657,170,913

Hospital Statistics

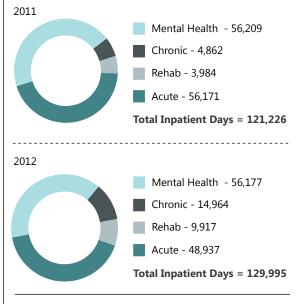
Births



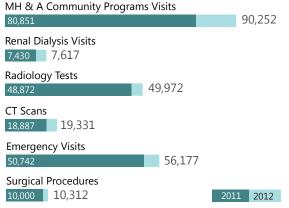
Inpatient Admissions



Inpatient Days



Hospital Visits, Scans, and Procedures



18 | NBRHC

Volunteer Association Report

The amalgamation of the North Bay General Hospital and the Northeast Mental Health Centre in April, 2011, has lead the two Volunteer Associations to also work towards amalgamation. We are unofficially operating as one Association with the plan to officially join as the North Bay Regional Health Centre Volunteer Association at the 2012 Annual General Meeting in June.



Our first year in the new North Bay Regional Health Centre (NBRHC) has been a year of change for the Association and for our volunteers as we settled into our new facility.

Seventeen volunteers were honoured with life time memberships to the Hospital Auxiliaries Association of Ontario (HAAO) in 2011. Previously, this honour was presented to volunteers in Toronto at the annual Ontario Hospital Association Convention. However, due to the high number of recipients, we decided it would be better to honour these volunteers at a dinner held here in the cafeteria. This provided an opportunity for many more of our volunteers to participate and we are happy to say that 88 volunteers and their families attended the festivities. We plan to do a repeat performance next year.

We bid a fond farewell to three of our long standing volunteers who passed in 2011/2012; Alan Simpson, Flo Bucknell and Doris Hawkins. They will be sadly missed.

The shift to the new health centre meant a change in the way we raise funds for the hospital. Our new Gift Shop is our main fundraising activity and during 2011/2012 we have seen sales double. We signed on with local florist *From the Heart* who has been providing our customers with lovely small plants



Recipients of the Hospital Auxiliaries Association of Ontario (HAAO) award in 2011.

Barbara Bain Kay Brock Shirley Carfagnini Lorne Cutts Jeannette Dominico Robert Franklin Edna Geden Elizabeth Gibson Joan Horne Kathy Lerouche Eunice Lazarou Nancy Lourie Joyce Lyons Pat MacIntyre Carla Murphy Betty Piper **Stanley Schiavone**

Lifetime membership is achieved after 15 years of service

This year, the North Bay General Hospital Volunteer Association *Celebrated 80 Years of Service.*



and bouquets. Our Regional Mental Health Centre volunteers ran several raffles to help raise funds for patient programs and services.

Our major fundraiser this year was a draw for a pair of diamond earrings valued at \$11,500. Ticket sales soared as the February 16th draw date drew near and over 2000 tickets were sold bringing in over \$21,000. Special thanks to local Jeweller, P.J. Walsh, for his donation of the earrings and our community partners who helped us to increase ticket sales and surpass our \$20,000 goal.

This year the Volunteer Association was able to provide NBRHC Foundation with \$30,000: \$500 towards the Walk Run event and \$29,500 towards the Association's commitment to the *Caring for Generations Campaign*.

The addition of over 200 new volunteers to the health centre has made a noticeable difference in our ability to assist patients on a daily basis. The Ambassador Program, one of our newer services, is a definite asset in directing patients to all areas and has provided a calming effect for patients and visitors who appear anxious about finding their way around the new health centre.

On behalf of the Executive, I wish to thank all volunteers for their dedication and time and look forward to working together as we build a strong Volunteer Association of the North Bay Regional Health Centre. I anticipate another wonderful year of providing service to patients and their families.

one Cut

Lorne Cutts





Barbara Wellard

Lois Krause

Breast Cancer Survivors (Picture Above)

These nine courageous women asked the community to support the purchase of the new state-of-the-art diagnostic imaging mammography unit. Early intervention saves lives!

NBRHC Foundation Report Donors Support the Diagnostic Imaging Needs of the District *Closing our community's health care gap*

In fiscal 2011- 2012, the Foundation officially changed its name to the North Bay Regional Health Centre Foundation. Through an application to the Charities Directorate, the Foundation was approved to raise and accept funds for all programs of the health centre including regional mental health care needs.

Through generous gifts and the efforts of our volunteers, the Foundation was able to provide \$2.39M in support of building the new Hospital and the purchase of urgently needed medical equipment which includes state-of-the-art diagnostic imaging equipment. The Foundation raises district and regional support through direct mail letters, personal solicitation, memorial gifts, a staff lottery, Friends of the Foundation: monthly giving program, third party events, planned gifts, named endowments and *Our Hospital Walk/Run* event.

The *Seeing More Clearly Campaign, for an MRI and more*, dominated the Foundation's fundraising activities. The campaign, led by Honourary Co-Chairs Barbara Minogue, Ted Hargreaves and Steve Omischl, and managed by Campaign Co-chairs Ted Thomson and Al McDonald, were joined by 40 committed community leaders from our district.

The campaign launched its community phase on May 3, 2011 giving everyone in the district

an opportunity to participate. This phase also included a health centre family campaign giving hospital staff a chance to donate. As a result of the generosity of people in our area and beyond, the campaign reached its \$6M target. The district now has an MRI, digital mammography, X-ray, fluoroscopy, angiography and a SPECT/CT for nuclear medicine. Resulting in access to the best diagnostic care possible. On behalf of our patients our sincere thanks.

This past year, the Foundation sent two letters to the community seeking urgent support. In the spring of 2011 campaign Co-Chairs AI MacDonald and Ted Thomson asked loyal Foundation donors to consider a pledge to the *Seeing More Clearly* campaign. In the fall, 40,000 district residents were asked by AI and Ted to support the diagnostic imaging needs of area communities. Individuals responded generously to both appeals, raising more than \$177,065.

The community supported more than 15 special events hosted by service organizations, businesses and individuals in support of the Foundation.

The 5th annual *Our Hospital Walk/Run* grew, reaching all targets. A new 6km trail run and an 8km hill run were added while keeping the very popular 5km Walk/Run, the Hospital Mile and April & Friend's. Sponsorship of *Our Hospital Walk/Run* helped us attract a record number of participants. Thank you! Together, 789 participants and volunteers, 42 sponsors and community pledges raised over \$100,000.

In its 12th year, the Foundation felt it was timely to undertake an operational audit to benchmark its result against other peer foundations and to develop a five-year strategic plan to ensure it continues as a bestpractice organization.

The Foundation and the NBRHC Public Relations Department received an Ovation Award from the Toronto Chapter of the IABC (International Association of Business Communicators) for their collective planning and execution of the Grand Opening Celebrations for the new Health Centre.

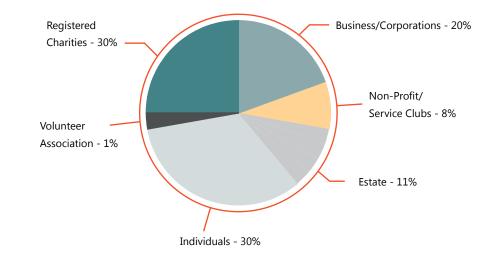
Lois C. Kause

Lois Krause NBRHCF Executive Director

Barbara Wellard Committee Chair



Breakdown of Revenues by Donors 2011 - 2012



Ways to Give | There are many ways you can make a donation:

Online

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

By Mail

Mail your donation to: North Bay Regional Health Centre Foundation PO Box 2500 North Bay ON P1B 5A4

By Telephone

Call the Foundation Office at 705-495-8125 to donate with your Visa or MasterCard.

In Person

Visit the Foundation Office at 50 College Drive to deliver your donation in person.

Donations of \$20 or more will automatically receive an official charitable tax receipt.



North Bay Regional Health Centre Foundation Board of Directors 2011/2012

(Left -Right) Katherine Eckler, Bernard Goldfarb, md, Claude Fortier, Micheal Lowe, Mark Hurst, NBRHC President & CEO, Lachlan McLachlan, Vice Chair, Guido Verrillo, Susan Larmer, Brian Chute, Michael Valenti, Lois Krause, NBRHCF Executive Director, Luc Lalonde, Barbara Wellard, Chair, Nancy Birtch, Treasurer, Earl Graham, Eric Thompson, Lloyd Burke, Linda Karam, Beverly Martin, Lottie Frenssen.

The Foundation relies heavily on over 140 extraordinary volunteers. This includes those who volunteer to serve on the board, help in the office and volunteer at special events.

Executive Committee:

Committee Chair: Barbara Morland Wellard Lachlan McLachlan, Vice Chair Nancy Birtch, Treasurer Guido Verrillo, Chair Planned Giving Kathrine Eckler, Chair Mental Health Care Linda Karam, Chair Annual Giving Lois Krause, Secretary

Investment Review Sub-Committee

Sub-Committee Chair: Luc Lalonde Eric Thomson, Board Trustee Shawn Flindall, Community Volunteer Peter Greco, Community Volunteer Robert Martyn, Community Volunteer

Annual Giving Committee

Committee Chair: Linda Karam Beverly Martin, Board Trustee Donna Baker, Community Volunteer Leslie Burn, Community Volunteer Ron Driscoll, Community Volunteer Joël Lamoureux, Community Volunteer Lynn Larondeau, Community Volunteer Tami Price-Fry, Community Volunteer Kathy Stackelberg, Community Volunteer Pat Stephens, Community Volunteer Vicki Tyler, Community Volunteer Laurie Ypya, Community Volunteer

Finance and Investment Committee

Committee Chair: Nancy Birtch Lloyd Burke, Board Trustee Earl Graham, Board Trustee Luc Lalonde, Board Trustee Michael Valenti, Board Trustee Claude Fortier, Board Trustee

Planned Giving Committee

Committee Chair: Guido Verrillo Eric Thomson, Board Trustee Barbara Morland Wellard, Board Chair John Balfe, Community Volunteer Sally Colvin, Community Volunteer Shawn Flindall, Community Volunteer

Mental Health Care Committee

Committee Chair: Kathrine Eckler Liz Brooks, Community Volunteer Karen Carmichael, Community Volunteer Tricia Hartley, Community Volunteer Kenneth Tregenza, Community Volunteer David Youmans, Community Volunteer Karen Bennett, Resource Bob Cunningham, Resource Tamara Dubé-Clarke, Resource Donors listed made these cash gifts, pledge payments and gifts-in-kind from April 1, 2011 to March 31, 2012

\$100,000 to \$249,999

Edna Davis G. Raymond Chang Foundation Krembil Foundation

\$50,000 to \$99,999

Ronald Carmichael William Holland CTV J.P. Bickell Foundation Physicians' Services Incorporated Foundation Terry McKerrow CAT Scan Operating Fund

\$25,000 to \$49,999

Claude & Maria Fortier James M. Grant and Family Joe & Heather Guido Paul & Chris Lamont Angela H. Pedley (Charity) Trust J.S. Redpath Limited North Bay & District Dental Association North Bay Regional Health Centre Volunteer Association Pedersen Construction Inc. R.S. Brown Holdings Limited RBC Royal Bank & RBC Foundation The Stockfish Family Foundation Tim Hortons of North Bay

\$10,000 to \$24,999

John & Livia Hachkowski George & Lynne Hutchison and Family Valentine (Ali) Jackson Kurt & Ruth Neubig William & Helen Trussler Gordon & Phyllis Yardley Bishop Alexander Carter Foundation Canadian Imperial Bank of Commerce Comsatec Inc. **Designed Roofing** G & P Welding & Ironworks Jim Moore Petroleum & Moore Propane K Kars Shriners Knights of Columbus - Chevalier de Colomb Lions Club - North Bay Multiple Sclerosis Society of Canada North Bay Elks Lodge #25 North Bay Hydro Distribution & North Bay Hydro Social Club Northern Ontario Heritage Fund Corporation



Stockfish Family Foundation | \$100,000 pledge

In 2009, inspired by a desire to contribute to the quality of life in their community, George and Lynne Stockfish owners of Stockfish Ford Sales established their family foundation. Supporting health, education and sports, the foundation is overseen and administered by daughter Jayne Stockfish-Irwin and son Michael Stockfish (pictured in photo).



Papa Joe Lefebvre Family & Friends PJ Walsh Master Goldsmith Royal Canadian Legion Branch #23 Shoppers Drug Mart Cassells, Josephine & Lakeshore Sisters of St. Joseph of Sault Ste. Marie

\$5,000 to \$9,999

Chancey & Kathleen Armstrong Dr. Blair Bowker Margaret Roynon Hughes Dr. Cameron & Florence Hunter Mark & Mary Hurst Honourable Justice Norman & Linda Karam Dr. Azaad Kassam Dr. Katarzyna Lukomska & Walter Sitkowski Nicole Neff & Family Larry & Lucie Owens Oscar & Sandra Poloni Robert Richardson Family Fred & Mary Ann Routery Glenn Sheridan Alexander S. Speirs & Elizabeth Campbell Speirs John & Barbara Wellard Bonfield & District Lions Club Farm Credit Canada George Stockfish Ford Sales Ltd. Gold Fleet Subaru J. G. Fitzgerald & Sons Ltd. JP Investments Ltd. Kiwanis Club of North Bay Leon's Furniture Lions Club - Ferris Lions Club - Temagami Lions Club - Widdifield Miller McAsphalt Neddy's North Bay Hyundai Nipissing First Nation North Bay Royal Purple Lodge #170 Northern Credit Union **Ontario Electrical Construction Company Limited** Piotrowski Consultants Ltd. Royal Canadian Legion Branch #599 Royal Canadian Legion Ontario Provincial Command Branches and Ladies' Auxiliaries Charitable Foundation Stradwick's Carpet One Strategic Charitable Giving Foundation The Mortgage Centre True North Chevrolet Cadillac Ltd. West Ferris Minor Sports Association

\$1,000 to \$4,999

Terry & Marilyn Ablett Dr. Susan Adams Richard Allen Barbara Bain Campbell & Kathleen Barrington Gerhard & Margaret Beckert

Don & Dr. Victorine Beddage C. Nancy Birtch Ross & Clementine Blyth Paulette Breault Herbert & Geetie Brown Bill & Doris-Rae Brownlee Dr. Brian & Janet Buckley David Butti Wayne & Michelle Causton Stephen Cerisano Lewis & Mary Clarke Rodney Coles & Karen Carmichael Ewen & Donna Cornick Robert & Anne Cowper Lee & Carolyn Crawford Fernand Crépeau Robert & Sharon Cunningham Ralph & Doreen Currie Dean & Vicki Decaire Dr. Dave & Carol Dellandrea Dr. Bruce & Cathy Demers Ab & Betty Dennis Jean Dockendorff Patricia Donev Ollie & Norman Edmunds Robert & Rita Frair Gerald & Margaret Gaiser Rose Gelineau Dr. Bernard & Lisa Goldfarb Earl Graham Ted & Sharon Hargreaves John Henry & Kathleen Bain Dr. Emilia Hlusek Dr. & Mrs. Scott Houghton Keith & Marjorie Howe Vance & Huguette Hull Bill, Nancy & Hiliary Jacko Beth Jackson Michael & Pamela Jackson Ted & Norma Josefowich Dr. Scott Kerrigan & Family Bruce & Lois Krause & Family Joseph & Joanne Laplante Marie Leblanc Donna & Roger Liddle Joyce L. Lindsay Loukidelis Family Pat & Joyce Lyons Eleanor Mackey Nicholas Maille Bryan & Ellen Manson James & Margaret Mason Don & Cathy McCallum Peter McCann Alma McCubbin Lachlan & Laurie McLachlan Marilyn McLaughlin Dr. Edward & Jane McLean Victor & Frances Merriman

Dan & Brenda Muto Patrick Moore Tammy, Don & Summer Morison Dr. L. Mutch Walpurga Omischl Norman & Joan Promane Marguerite Pugliese Dr. Keith Quirk John & Mary Rawn Theodore & Isla Reed Honourable Justice Greg Rodgers Donald & Mary Rolfe Peter Rutland Marguerite Savoie Renzo & Tiziana Silveri & Family Joe & Mary Sinclair David & Lynda Smits Dr. Jon & Donna Spencer Harry & Freda Stephenson Gary & Lori Stillar Betty D. Thompson Tom Thomson & Ellie Thomson Terry & Bonnie Tweedle Dr. Bryan Wolfe DC Gary & Heather Wood John & Vera Wright Malcolm & Donna Yetman David & Sadie Youmans Atlas Copco Exploration Products Beta Sigma Phi Beta Upsilon Masters Beta Sigma Phi Lambda Master Chapter Boston Pizza - Michael Gibb Caisse Populaire North Bay Limitée Callander Lions Club Cercles d'amitié de Sts-Anges CFB North Bay / 22nd Wing CIBC Wood Gundy CN Employees' and Pensioners' Community Fund Delorme's RV **Diggles Fraser Family** Ed Eng Photography Eli Lilly Canada Inc. Gardewine North **Giant Tiger** Hock Shop - Boucher Family IAMGOLD Corporation Investors Group Financial Services Inc. IODE - Manitou Chapter IODE Dr. Herbert A. Bruce Chapter Janssen Inc. Kemp Pirie Law Office Knights of Columbus Sacré Coeur **KRB** Mechanical Lincluden Management Limited LIVING FIT from the INSIDE-OUT Lundbeck Canada Inc. Mayne Travel Services Limited Mitchell Architects Inc.



Nipissing Junction Gospel Hall Nipissing Orthopaedic Laboratory Inc. North Bay Tax Services Peak Fitness RCAFA 406 Squadron Rock N' Country Dance Royal Canadian Legion Branch #408 Royal Canadian Legion Branch #467 Sandvik Sim Jim Treats SRP Building Products Inc. Stantec Consulting Ltd STO & GO 24/7 Self Storage Sundridge Lions Club **Symetrics** Tremblay Chevrolet-Buick-GMC Trout Lake Senior Club True-Centre Muffler & Brakes U-NEED-A-CAB Vivian Family Wingate Charities

\$100 to \$999

Ahmed Abuebaid Myrtle Acland Frances Agius Peter Alexander Ruth Alexander Gaetan & Liette Allaire Deanna Allan Charlotte Ames

Clem & Lise Amyotte Cheryl Anderson James & Karen Anderson Art & Elizabeth Appleton Jacline Archambault Jacques & Huguette Archambault Yoland & Suzanne Archambault Jeff Archambeault & Joan Martin Lloyd & Lorraine Argo Douglas & Dianne Armatage Bob & Sherry Lee Armstrong Richard & Mary Lynn Armstrong Dr. Kenneth & Mary Jane Asselstine Margaret Atkins Albert Attema Gerald Aubin Patricia Audette Barry & Barbara Aulbrook John & Sharon Aultman Ella Avery Alan & Kathy Aylett Ron & Giselle Ayotte Dr. Max Back Ida Bagno Jennifer Baker Edward & Dorothy Bale Robert & Patricia Ballentyne Nicole Bamford Helen Bannerman Girard & Beatrice Barbe Albert & Arlene Barber

Brand Barber John & Trudy Barber Mary Barber Sandra Barbieri Bonnie Barker D. Wayne & Linda Barker Buck & Patricia Barnhardt Ione Barré Doris Bautz Norman Baxter Joshua Beaton & Pauline Lang Ethel Beatty Harold & Linda Beatty Rodger & Dianne Beauchamp Jean & Lucille Beauseigle Geraldine Bégin Glenda Beilhartz Leora Bekesi Robert & Barbara Belanger Hélène Bélanger Jean (Pugliese) Belec Lvnn Bell Don & Diane Bellaire Dennis Belmore Karen Bennett Real & Dolores Benoit Teresa Berghamer Ruth Bernache Paul & Marilyn Bertils André Bessette Ronald & Nora Best Christopher & Leslie Bethune David & Laurie Betz Roger & Marilyn Betz Neil & Verna Bielby Gwyneth Birch Judith Blahut Rebecca Blais Ronald & Pauline Blais Bill & Joan Blumsom **Ronald Bogart** Margaret Bogensberger Ovila & Edna Boileau Ruth Bolan Dr. Larry & Marilyn Boland Dr. Douglas & Bonnie Bolger James & Jacinthe Bondy Helen Boody John Booth Bryan Boothe & Marlene Gillis Cornelius & Aly Bos John & Madeleine Bos Marc Bouchard Laurette Boucher Paul & Helen Bourdon Angus & Janet Bourgeau Robert & Helen Bower

J.S. Redpath Limited | Pledge of \$250,000

Celebrating their 50th year, J.S. Redpath Limited, a company that defines North Bay, is a leader in mining contracting and engineering. J.S. Redpath has supported our district's heath care for many years with major leadership donations. They continue to inspire and motivate others in the mining industry to support the North Bay Regional Health Centre. *Photo: George B. Flumerfelt,*

President and C.E.O; Martin A. Hunka, Chief Financial Officer, Americas; Barbara Minogue Honourary Campaign Co-Chair; and Al McDonald Campaign Co-chair



Gilbert & Nancy Bowness Alice Bover Lvall & Annabelle Braden John & Lillian Bradford Donald & Jean Brawley Wendy Brawley Gertrude Brennan Ross & Noreen Brewer Bryon & Susan Brideau Grace Briggs Louis Brisson Donald & Alice Brose Frances Brouse Jeffrey & Margaret Brouse Annie Brousseau & Richard Labelle Rita Brousseau Gary & Donna Brown Marty & Helena Brown Claude & Natalie Brunette Ellen Bryanton Michael & Shirley Bubnich Orest & Janet Bucci David & Marilyn Buchanan Lawrence & Doreen Buchanan John & Anne Buckle Marcel & Claudette Buckner **Orville & Madeline Buffett** Ronald Buffett Sue Bullard Gloria Bullett Lloyd & Anne Burke Peter Burns & Carolyn Kennedy Christopher Burtchall Munroe & Eva Burton Paul & Janice Burton Cameron & Gail Busch

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Tim Hortons of North Bay, through their Smile Cookie campaign supported the purchase of a mobile X-Ray Unit for the Women & Children's Care Centre.

John McLellan, District Sales Manager and all the Tim Hortons restaurant owners; Ken & Stephanie Coughlin, Peter, Cheryl & Brandon Moffat, Ralph & Carrie Lynn Closs, Len Hummel and Lorne Breckles, were all part of this successful *Smile Cookie Campaign*.

Photo: John McLellan, District Sales manager; Jane Capstick, Mother, Teddy Capstick, spokesperson; and Al McDonald Campaign Co-Chair.

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