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NORTH BAY REGIONAL HEALTH CENTRE  
2013-2014 Annual Report



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## Message from the Board Chair & President and CEO



### Leading Care, Improving Health, Enriching Communities

**A**t the North Bay Regional Health Centre we are driven by our mission to restore and maintain health for mind and body. By working together with our partners, staff, patients and their families we are able to provide the right care in the right place at the right time.

Major changes are happening in healthcare delivery and the way in which hospitals are funded. Each day we are faced with changes taking place across the healthcare system as we continue to find new ways to provide care for our patients today and tomorrow.

No matter how challenging it can be to keep up with changes in technology and funding, NBRHC is energized and excited about the future because we have an effective strategic approach to handle health care system changes. This past year, we developed a Strategic Plan and new mission, vision and values statements. Our Strategic Plan is the bridge that will get us to where we need to be over the next three years.

Our organization's focus during this time will be on these four key strategic directions:

1. Access to the Right Care
2. Partnerships with Purpose
3. Our People Achieving Their Best
4. Wise Choices

This year, our Annual Report brings to life these four strategic directions, by showcasing how each direction plays

an important role in providing the best care to our patients and the communities we serve.

As we begin to implement our new Strategic Plan, we have to learn to work differently and in new and more collaborative ways to help ensure our patients have access to the health services they need, when and where they need them most.

At NBRHC, we believe in being transparent and accountable to our community.

You can view our hospital's Report Card on our website, along with our latest Quality Improvement Plan, all grouped conveniently under a tab called 'Accountability'.

In the next year, we look forward to the implementation of 'More Time To Care', our hospital's system to support continuous improvement and continuing the dialogue with patients and families to enhance the quality of care and services we provide.

On behalf of the Board of Directors and all staff, physicians and volunteers at the North Bay Regional Health Centre, we look forward to serving you and your families when you need us.

Phil Geden  
– Chair

Paul Heinrich  
– President and CEO

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# The Power of a Picture

Renee Baker, Sr. Communications Specialist

## *Access to the Right Care*

**“Through photoVoice  
our patients are able  
to capture and  
communicate a  
message in a way  
that empathetically  
engages people.”**

Many of you have heard the saying, “a picture is worth a thousand words.” What if that picture meant even more? Athena, a patient at the North Bay Regional Health Centre participated in a group called photoVoice. The focus of this photoVoice group was addiction.

Athena was only 15 years old when she gave birth to her son. After eight short months, he was taken away from her. As any parent can imagine, this was the beginning of a very long, painful road. First came depression, then the addiction to alcohol and drugs. After years of struggling with depression and addiction, things escalated and she was convicted of a crime, which ul-

timately lead her to the Mental Health and the Law Division of the North Bay Regional Health Centre.

Mental Health and the Law provides specialized mental health services to both inpatient and outpatients within the criminal justice system and people with a serious mental illness who are involved with the legal system. For those who are found unfit to stand trial or not criminally responsible, treatment and rehabilitation is individualized, focused on recovery and community reintegration and provided by a multi-disciplinary team.

Athena has been an inpatient of this service for eighteen months. During her journey to wellness, Athena was able

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**Editorial Office and North Bay Sales**

191 Booth Road, Unit 2, North Bay, ON P1A 4K3  
tel: (705) 472-6993 fax: (705) 495-1161

North Bay  
**Nipissing News**

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to participate in a photoVoice group offered to NBRHC patients twice yearly.

"Often individuals suffering from a mental illness may not be able to adequately tell their story in words," says Tamara Dube Clarke, photoVoice facilitator. "Through photoVoice our patients are able to capture and communicate a message in a way that empathetically engages people."

In this particular photoVoice: Focus on Addictions, participants gave insights into the darkness they faced, how they conceptualize their circumstances and their hopes for the future. Participants met as a group

for 10 weeks, where they discuss the photographs they had taken, develop narratives for the photos and share amongst each other the pain and joy of their journey.

An important component of the photoVoice group is the public display, aimed to educate and bring awareness to members of the community, family, friends, caregivers and policy makers.

Athena's message is clear. She shared the darkest part of her addiction, capturing a moment in her life she felt lost. The black and white photograph she took was of an empty stroller. The narrative is "because of my addiction,

**"This group has taught me how powerful reconnection is, and how hard I will work to change and maintain my health."**



my son was taken from me. I lost a piece of my heart."

Her moment of recovery was captured by a full colour photograph representing her and her son, who is now 8 years old. She described the photograph as "Found". "Because of my recovery, I am reconnecting with my son, receiving and giving unconditional love. I found a piece of my heart."

For Athena, these photographs are worth much more than a thousand words. They have cost her time with her son, but they are worth everything; being reunited her son, the hope for a brighter future and a commitment to living sober.

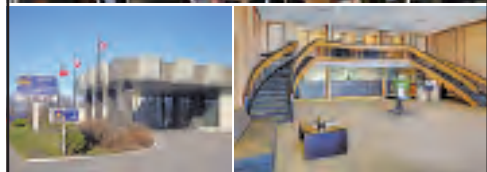
"This group has made me realize that my son is what I am doing this for," says Athena. "It has taught me how powerful reconnection is, and how hard I will work to change and maintain my health." Athena is currently working with her team of



caregivers to become well. The hope is that she will be discharged in the near future, reunited with her son and able to care for herself and him.

photoVoice has been a part of the patient experience at the North Bay Regional Health Centre since 2008. More than 75 participants have used

it to share with caregivers, the community, family and friends the very real and powerful experiences of what living with a mental illness really means. A documentary for each of the photoVoice groups the NBRHC has produced and are available on the NBRHC youtube channel.



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*Our People  
Achieving their Best*

Lindsay Smylie Smith, Communications Specialist

## NICU

### Going above and beyond for our smallest patients

When Kristen Roy's water broke at 34 weeks, she didn't quite believe it.

"I didn't know what to do. I didn't even think that was really what was happening. It was too early!"

Kristen, a supply teacher who was also working at Zedd Customer Solutions, immediately tried to get a hold of her husband Louis. Louis travels for work and often works shift work. He was getting ready to go to

Sudbury for a night shift when Kristen called with the news she thought her water had broken.

Kristen says looking back, she didn't realize the urgency of the situation. "I told Louis to go ahead to work, that I would go to the hospital and get checked out. I thought it was too soon to have the baby, and was sure they would just send me home."

Their son Nolan was born just over three hours later.

## Central Fetal Monitoring System

Currently the North Bay Regional Health Centre Foundation is helping the community raise funds to support the purchase of a Central Fetal Monitoring System for Labour and Delivery. It will provide a vital window into the womb and give valuable medical information to the care team.

The most important thing during labour and delivery is response time when there is a concern. With the ability of obstetricians to be able to view the monitoring remotely we can assess the diagnostics and determine a course of action, even while they are on the way to the hospital. The electronic medical record allows archiving of data, which will allow nurses to spend more time with patients.

The new monitor will provide remote on-line monitoring of every baby's heart rate and the mother's uterine contractions and vital signs. With the "real-time" assessment – physicians can instantly access all data from a smart phone, home or office and make important qualitative diagnostic aid for time-critical, life-saving decisions and interventions.

## Baby makes three

Kristen and Louis met through friends in university. Kristen, originally from Sundridge, was going to Nipissing University and Louis was in Toronto at the time. They had a long-distance relationship for a few years before deciding to move in together in North Bay. Louis proposed in the fall of 2008 and they were married the following July.

When they decided to start a family, Kristen said it happened almost right away and she enjoyed a very healthy pregnancy.

The day she delivered, she said she woke up and wasn't feeling great. Kristen went to work as usual, and actually even stayed an extra hour as she would have to miss work for her first obstetrician appointment the following week.

After work she still was feeling 'off', and then later that evening her water broke. Not convinced it was actually her water breaking, Kristen says didn't think there was a rush to get to the hospital. "I wanted to brush my teeth, change, have a shower," she laughs now.

Kristen didn't know at the time her son would be born a few hours later.

Once at Labour and Delivery the nurses confirmed Kristen's water had broken—Nolan was on his way, exactly six weeks early. Kristen and Louis called his family near Ottawa to tell them the news, and called Kristen's family in Sundridge to come meet them at the hospital.

At 10:58 pm, Nolan Edward Maurice Roy was born at 4 lbs 12 oz and 47 cm long. "The total time from my water breaking to delivery was about three hours and 13 minutes," Kristen explains.

## Neo-Natal Intensive Care Unit

Kristen says she held Nolan briefly before he was brought to the Neo-Natal Intensive Care Unit (NICU). Shortly after, she was able to go see him.

"It was very surreal because everything happened so fast and he was so early—it was amazing that he was here, that he was mine."

Kristen then began wondering how he was. "Is he ok? Can he breathe ok?"

There were concerns about his lungs, but Kristen says they were able to administer an injection of steroids for Nolan's lungs before she delivered.

After the shock wears off, reality sets in.

"Soon you realize you're not going home tomorrow with a 7 lb baby."

The North Bay Regional Health Centre provides an Intensive Care Nursery setting for newborns as early as 30 weeks gestation. Five pediatricians and 15 skilled nurses with specialty Neonatal Intensive Care Nursing education provide intensive nursing for critically ill babies and supportive care for pre-term infants as they develop.

Kim Carter, Manager of Women and Children's Program explains that the family is an important member of the health care team.

The health care team is supported by respiratory therapists, a lactation consultant, a dietician, social workers, pharmacists and pediatric rehabilitation

**"What do you say to the nurses who kept your first born alive for the first month of his life?"**



therapists. The NICU is also a high-risk referral centre for areas surrounding North Bay. Close linkages with Children's Hospital of Eastern Ontario in Ottawa, Hospital for Sick Children in Toronto and local community service agencies compliment the full spectrum of neonatal care.

## Life in the NICU

Kristen says from the beginning the staff were very supportive. "I was discharged from the hospital on my second day. The NICU nurses gave me their number and said I could call anytime day or night. I never did call, but knowing I could was comfort enough."

During the month Nolan spent in the

NICU, Kristen says her days followed a consistent pattern. "I got up and went to hospital first thing in the morning so I was there for his morning feed. We would stay until after lunch, and I would go back in the evenings and stay until after 11. Going at the end of the day worked for me because being with Nolan was the last thing I did before bed, and I knew I would be back first thing in the morning."

During his first few days of life,

Nolan was treated for jaundice with phototherapy and had an IV to hydrate him. For three weeks he received his food through a feeding tube. Nolan also had apnea where he would stop breathing and his heart rate would decrease. When that happened an alarm on the monitor would sound and the nurses would assist him. He received caffeine for a couple of weeks to help stop these apnea "spells" from occurring.

**"It is hard to leave your baby at the hospital, but we were never very upset about it because we knew he was perfectly cared for when we weren't there."**



## Caring for our smallest patients

Kristen says people were always saying to her and Louis how hard it must be to leave your child at the hospital and go home.

“Yes, it is hard, but honestly we were never very upset about it because we knew he was perfectly cared for when we weren’t there.”

In addition to caring for Nolan when his Mommy and Daddy couldn’t – Kristen says the nurses also taught her how to be a mom.

“It’s not how you imagine spending your first month with your son. They taught me how to hold him, how to give him a bath, how to breastfeed and how to burp him.”

In her experience, none of the nurses on that unit treat their position like a job.

“Every single nurse treats those children like their own. That is not a job requirement—that is being an amazing person. Each of the nurses celebrated his successes and were obviously proud and excited when he made progress.”

In order to be discharged from the NICU Nolan had to be off the caffeine and not have any spells for seven days. He needed to be gaining weight and had to be feeding by mouth (no tube feeds) for 48 hours.

When it was time to go home, Kristen was able to spend the first night with her son in the “Care by Parent” room. Just like at home Kristen was responsible for his care, but had the comfort in knowing help was just around the corner if she needed it.

## Continued Support

Kristen says leaving the hospital was bitter sweet. “Although we were



Nolan Edward Maurice Roy was born at 4 lbs 12 oz and 47 cm long

excited to have our son home with us, in a way the unit began to feel like home.”

The support from the nurses continued even after she left the NICU – “They told me to call anytime I had concerns. They knew Nolan best and there was times I did call. It was great knowing I had that support, even after we left the hospital.”

Kristen says she thinks we are so lucky to have an amazing department like the NICU with staff like this right here in our community. “They worked long shifts, missed beautiful days outside, worked nights and missed holidays in order to care for my son. Not many people would be willing to make those sacrifices.”

**“None of the nurses treat their position like a job. What they do is not a job requirement – it’s being an amazing person.”**



Shari Cole, RRT with a patient at the North Bay Regional Health Centre's 'Breathing Clinic.'

# New Breathing Clinic at NBRHC

## Treats patients with Chronic Obstructive Pulmonary Disease (COPD)

Lindsay Smylie Smith, Communications Specialist

A new clinic at the North Bay Regional Health Centre (NBRHC) offers support to patients in North Bay and surrounding areas with chronic obstructive pulmonary disease (COPD) while improving their quality of life.

Vice-President of Clinical Services Tiziana Silveri explains that a recent quality review utilizing lean methodology determined that patients suffering from COPD were one of the top five most frequent visitors to the hospital's emergency department.

"The outcome was to develop the 'Breathing Clinic' to allow early diagnosis and intervention for patients, provide the tools for these patients to manage their care, provide support in the community and help reduce the need to be admitted to the hospital," Silveri says.

COPD is a condition caused mainly by exposure to tobacco smoke, and affects 850,000 Ontarians. The symptoms of COPD develop gradually over time and do not usually appear until after the age of 40.

The clinic is physician led and staffed by registered respiratory therapists (RRTs). Physician Lead Dr. Roberto Lavoie, Internal Medicine Specialist, says the clinic will provide patients with accurate diagnosis through spirometry – a simple breathing test. "This clinic also makes sure our patients have the recommended medications and know how to use them, and action plans to help our patients know how to manage their symptoms at home," Dr. Lavoie added.

Shari Cole, RRT says while COPD cannot be 'cured,' treatment and management at any stage can make a difference.

## *Access to the 'Right Care'*

"We teach patients how to avoid flare ups by taking their medications as prescribed, staying smoke free, getting their vaccinations, keeping active, and avoiding triggers," Cole says. She adds that when indicated, tips on managing breathlessness and assessing for home oxygen will also be provided.


Patients access the clinic through a referral by their family physician, primary care provider or walk-in clinic. The clinic enhances the strong partnership with community services, specifically North East Community Care Access Centre (NE CCAC) Rapid Response Nurses and Telehomecare programs.

Since the Breathing Clinic opened in late in 2013, NBRHC has seen a reduction in readmission rate from 13.8% to 8.3% in 2012/13 and further reduced to 6.2% in 2013/2014.





# Unlocking the Door to Better Housing



North Bay  
Residence

Sudbury  
Residence

## *Partnerships with Purpose*

Renee Baker, Sr. Communications Specialist

You wouldn't know it driving down residential Moonlight Avenue, in Sudbury, that there are people living in a group home setting with mental illness. This Road to Recovery Housing Project (RRHP) resulted in a beautiful house that anyone would be proud to call home.

"Like any new surroundings, it will take some time to adjust, but I am very happy here," says Christine, one of six tenants of the home.

This newly adopted concept has taken one large step forward leaving behind the stigmatized antiquated

system of Mental Health Housing we most of us are familiar with.

### **The Project**

The project took close to 18 months to complete, but in June 2013, the Moonlight Avenue residence unlocked its doors to its first two tenants. The house currently has full occupancy, with eight tenants.

This transformational housing project provides supported group living for eight individuals. The home utilizes a Peer Support staffing model. Peer Support Workers are those who

have lived experience of mental illness and who offer recovery-based support using their own experience to provide one-to-one aid. Peer Support Workers will support tenants with skill development and provide recovery awareness opportunities to increase individual independence.

### **Meet Christine**

Ten years ago, Christine, originally from Sudbury, was a full-time midwife, living in Cornwall. She was newly separated and was caring for her two boys, she pictured working very hard





**"I have to appreciate  
what I have right now,  
and learn how to live  
this new life."**

for the next 30 years as a midwife, a profession she adored, when suddenly, everything changed; Christine lost everything.

This was the beginning of a long eight year journey to a final diagnosis of schizophrenia with bi-polar tendencies. For years, Christine had lived a very productive life with no indication that she would one day live with a mental illness. She spent close to a year in hospital receiving treatment for her mental illness in North Bay and Sudbury.

This home for Christine is the beginning of a new chapter. "I have to appreciate what I have right now, and learn how to live this new life." While in hospital, the ability to be independent is not as easy as you might think. Many things are scheduled such as meals, outings, activities and appointments, often times leaving the decision making and critical thinking involved with planning a day to others. This home, leaves Christine to make decisions

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In the last year, 8 individuals have left hospital for some type of community housing through the Road to Recovery Housing Project (RRHP)

when it comes to personal health care, budget, meal preparation, and recreation. Although independent in many aspects of her daily living, there is always support available. "The dream of having your own means never goes away, no matter how sick you are."

## Living for Today

"My hope is always to live on my own, but in the meantime, this home makes me feel proud to say I live here." Something she thought she would never say. Christine sees this as an opportunity to let others know that a mental illness is not something to be ashamed of. Statistics prove that one

in four people in northern Ontario will experience mental illness at one point in their lives.

Her family visits her regularly in her new surroundings and find comfort in knowing she is in a beautiful home, with the support she needs and a model of care that will contribute to building her life over again.

Christine shared one of her favourite quotes originally in French by Renaud, singer/songwriter.

"La souffrance c'est très rassurant ; ça n'arrive qu'aux vivants."

"Suffering is very reassuring, it only happens to the living."

## Tomorrow

"No one can reassure me that I will not lose everything again. I will always be sick." People living with a mental illness need to manage this every day of their lives. A diagnosis that is

sometimes hard to deal with. "A mental illness does not declare its arrival, it has no warning signs, and for those reasons, I can't see myself practicing midwifery and putting others at risk." For now, Christine is taking everyday as it comes. She's focusing on learning to live this new life, with a mental illness. Her priority for today is becoming the healthiest person she can be.

## Percy Place

In September, a seven bedroom Road to Recovery Housing Project (RRHP) was ready to accept new tenants in North Bay. The home, similar to Moonlight Avenue in, welcomes individuals who are working towards independent living. It is unique because it offers separate apartments on the second floor to assist graduates of the group living on the main level with decreasing levels of support prior to independent living.

## Meet Kathy

Kathy, who is one of the first tenants to live at Percy Place, had been hospitalized for two years before moving to Percy Place. "Living here, I am able to do the things I want to do, like go downtown, bake, cook and paint," says Kathy. Her goal is to live independently one day. "I would like a place to call home, where I can live for years."

While in hospital, there are many therapeutic activities that are part of treatment. Kathy participated in inde-

**"My hope is always to live on my own, but in the meantime, this home makes me feel proud to say I live here."**

**~ Christine**



Sudbury residence kitchen





Kathy from Percy Place in North Bay.

pendent living activities and groups to prepare her for living in the community. Percy Place also offers peer support, like Moonlight Ave. in Sudbury. "The support I receive from the Peer Support worker is great, I feel like they would do anything for me," continues Kathy.

## Partnerships with Purpose

The North Bay Regional Health Centre is partners with the Canadian Mental Health Association- Sudbury/ Manitoulin and Northern Initiative for Social Action in providing new and sustainable housing to mental health consumers. In North Bay, NBRHC partners with Nipissing Mental Health & Housing Support Services (NMHHSS) and People for Equal Partnership in Mental Health (PEP) in providing transitional support towards independent living for mental health consumers.

Currently, there are three additional partnerships in various stages of development in Timmins, Sault Ste Marie and Parry Sound. The hope is to be able to bring this new model of housing to other areas within the northeast region so that everyone in the communities we serve can benefit from this new innovative way of caring for those with a mental illness who are ready to live in the community with the support of peers.



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# North Bay Regional Health Centre

## by the Numbers

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CT Scans

**26,937**

Ultrasounds

**238,685**

Outpatient  
Visits

**52,585**

Radiology  
Exams

**915**

Births

**11,904**

Day Surgeries

**27,896**

Volunteer  
Hours

**350**

Volunteers





**138**  
New Hires

**2,357**  
Staff

**6,960**  
MRI's

**\$262M**  
2013/14 Annual  
Revenue

**101**  
Medical  
Learners


**54,953**  
Emergency  
Department  
Visits

**12,812**  
Inpatient  
Discharges

**3,153**  
Inpatient  
Surgeries

**8**  
New Physicians  
Recruited





# Staff Lead **RECYCLING** Improvements at NBRHC

*Our People Achieving their Best*

Lindsay Smylie Smith, Communications Specialist

Staff at the North Bay Regional Health Centre (NBRHC) have been recycling for over a decade – but the hospital’s Go Green Committee knew they could do better.

“We were very proud of the fact our hospital has been recycling pretty successfully in most of our departments,” explains Kari Loach, NBRHC’s Go Green Committee Chair. “But we also identified some opportunities to expand our recycling program and include more.”

NBRHC’s Go Green Committee is a multi-disciplinary committee that meets on a regular basis to identify, evaluate and recommend green/eco-friendly initiatives and improvements for the facility.

The committee came up with the idea of a Recycling Matrix to improve recycling at the facility. Loach says the committee recognized one of the challenges to recycling at work was helping staff understand exactly what could be recycled.

“We had to educate people about the everyday items at work that we are capable of recycling – it’s definitely a shift from household recycling. We focused specifically on hospital waste.”

The committee created posters using real pictures of everyday items at the hospital that could be recycled, and included information about exceptions and preparation. Loach says members of the committee posted close to 150 copies of the posters in all areas of the

hospital, and went unit-to-unit educating staff.

“The feedback we received was great,” she says. “Staff were surprised at the amount of items they were throwing out on a daily basis that could actually be recycled.”

Another change around the same time was the shift from small recycling bins on the units to ‘totes’. The totes were much larger, and because of an arrangement with the company providing them, staff didn’t need to separate the recyclables. Loach says they trialed these recycling totes in some of the high-volume areas and saw incredible results.

“Our Renal unit is a real success story. They used to have 14 bags of





“Staff were surprised at the amount of items they were throwing out on a daily basis that could actually be recycled.”

garbage in a 24-hour period. After introducing the totes, and some education through the Recycling Matrix, they were able to reduce that number to two bags and two large recycling totes in 24 hours,” Loach says. The majority of the recycling on the Renal unit is acid bath jugs that are used on the dialysis machines.



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# A first for NBRHC:

## **NBRHC**

### Partners with NOSM and Canadore College to remove barriers for inspiring Medical Student

Lindsay Smylie Smith, Communications Specialist

**T**his January saw a first for the Operating Room (OR) staff at the North Bay Regional Health Centre (NBRHC). It was the first time a medical student assisted with surgeries from a wheelchair.

"The staff in North Bay have been great in helping to identify and work around any obstacles while I am at the hospital," third year medical student Steven Daniel says.

Daniel's success that day in the OR, and during his other rotations throughout the hospital and community, are the result of planning and partnership by the NBRHC Medical Affairs Department staff, together with both internal and external partners.

"Steven surgically assisted both Drs. Yadav and Wallace," says Medical Affairs Program Assistant Ashley Turcotte. "These experiences would not have been possible without Melissa Parker, RN Clinical Nurse Educator for the OR together with the teamwork of all the OR staff. Their efforts have not only benefited Steven's learning but also future students in wheelchairs," Turcotte says.

"Everyone has worked together to make sure Steven is successful during his time here in North Bay. We couldn't be happier with how all the planning and collaboration has paid off for Steven, and our hospital as well," says NBRHC President & CEO Paul Heinrich.

### **From the Military to Medical School**

Daniel didn't have a traditional path to medical school. He grew up north of Sudbury, and joined the military at 19. He served for 14 years in the Royal Canadian Regiment, including tours in Croatia, Bosnia and Afghanistan.

It was during a routine skydive jump as a paratrooper in 2005 when his life took a dramatic turn. "While participating in a military freefall training exercise, I misjudged my landing—resulting in a burst fracture of my T11 vertebrae," Daniel says. "I suffered a spinal cord injury that left me paralyzed from the waist down."

"It was very traumatic," he remembers. The husband and father of a then







**“I thought, this is incredible. If I can do this,  
the possibilities of what I can accomplish are endless”**

two-year-old, Daniel began thinking about his future. “I knew that as part of my new life after the military I wanted to go back to school, re-educate myself and find a job to support my family.”

Daniel ended up moving back to the Sudbury area to start over. He soon got into adaptive sports including basketball, skiing and eventually rowing – which would take him all the way to the 2008 Paralympic Games in Beijing where he competed and came 11th.

It was in Beijing that Daniel met the one person who he says was really influential in steering him toward medicine.

“At the opening ceremony I sat across from a lady who was a wheelchair racer

for the American team and we were chatting. When I got back to Canada I saw her on TV. It turned out she was a doctor and an accessibility advocate.” He contacted her about his interest in medicine, particularly being a person with a disability. She provided him with info and ideas about technology she uses to do her job as a physician.

## **Recovery and Inspiration through Sport**

At the time, Daniel had been studying business. He went on to complete a degree in Health Promotion

at Laurentian University and was accepted to the Northern Ontario School of Medicine in 2011.

He credits the people he met through sport in helping him to succeed in his path to medicine. A friend from the military started a program called Soldier On, for injured retired and serving members of the Canadian Forces. It was this friend who introduced Daniel to adapted downhill skiing, which he says was a pivotal moment in his recovery.

“It was a great experience. By the end of the week I was skiing down Mt. Washington independently on a sit ski. “I thought, this is incredible. If I can





do this, the possibilities of what I can accomplish are endless”

He credits sport for keeping him healthy and fit and allowing him to accomplish all the things he has—including going to medical school and the physical demands of his rotations.

## Accessibility at NBRHC

Daniel says throughout his time at medical school, NOSM has provided all the supports he has needed to make sure he is able to successful, including partnering with organizations like Spinal Cord Injury Ontario and hospitals like NBRHC.

Spinal Cord Injury Ontario and NOSM reached out to physicians all over North America and Great Britain to put together a document with anecdotes from various practising doctors with disabilities. “That was a great document to have,” Daniels says. “These were physicians who either went to medical school in a wheelchair

or were injured post-medical school. I didn’t have a lot of people to turn to about how to tackle certain barriers like manoeuvring in an operating room or emergency department.” He says having the document was reassuring to know there were practicing doctors in wheelchairs out there.

Before arriving at the hospital in North Bay for his Comprehensive Community Clerkship, NBRHC Medical Affairs Program Assistant Ashley Turcotte says they worked closely to NOSM to identify any potential obstacles or barriers Daniel might face.

She explains one barrier was housing accommodations, which required some creative partnerships. “We were not able to find accessible housing for Steven,” Turcotte says. “We ended up reaching out to Canadore College and they were able to help provide him with a place to live in the one of the residences. It is perfect because it is close to the hospital and completely accessible.”

NBRHC opened their brand new





state of the art facility in January of 2011. Daniel says because it is so new, everything has been built to code. "In terms of my day-to-day getting around, parking, navigating, a lot of the obstacles I encounter at other hospitals haven't been an issue here with the new, universally designed hospital."

He says he has really enjoyed his time in North Bay. He has been practicing with Dr. Paul Preston in his family practice in the community, and has had the opportunity to do rotations at the hospital in areas such as paediatrics, psychiatry and the operating room (OR) the emergency department (ED).

It is in those last two areas Daniel has used his specialized stand up wheelchair. "The stand up wheelchair allows me to be upright in smaller places like the ED or if I need to be up higher like at the bedside during a surgery," he explains. Staff in the OR helped prepare his wheelchair to enter the sterile environment and also helped get him into position after he had scrubbed in.

Daniel says everyone at NBRHC has been so supportive of him—from Medical Affairs, front line staff, physicians right up to the President & CEO. "It has been a wonderful experience."

Daniel returned to his family in Sudbury where he will finish his fourth year of medical school. When he is finished he hopes to pursue Family Medicine in the North.

**"We couldn't be happier with how all the planning and collaboration has paid off for Steven, and our hospital as well,"**

~ NBRHC President & CEO  
Paul Heinrich





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# Hospitalized Seniors benefit from new program

Lindsay Smylie Smith, Communications Specialist

For the last two years, elderly patients at the North Bay Regional Health Centre (NBRHC) have been benefiting from a new program aimed at preventing functional and cognitive decline in hospitalized seniors.

Melissa Hallett is the Elder Life Specialist with NBRHC's Hospital Elder Life Program (HELP), and says their program targets seniors 70 and older who are at risk for delirium and physical deterioration. "We know that being in the hospital can upset the normal routines of mental and physical activity just at the time a person is coping with illness. Hospitalization can be a pivotal point in the life of an older adult, with loss of independence and institutionalization being frequent and unfortunate outcomes.

"Specially trained HELP volunteers

work with older adults to keep the mind and body as active as possible in spite of illness, benefitting the patient and promoting recovery."

Delirium, or acute confusion, is surprisingly common but under-recognized in older adults. Hallett explains this is best recognized by family members who will often say, "this is not my mother/father" when bringing them into the hospital.

Hallett explains that HELP volunteers work in conjunction with a skilled interdisciplinary team who implement activities to meet the special needs of each patient in the program.

Brenda Holbein is a volunteer with HELP, and says for her, it has been very rewarding.

"The seniors are so appreciative. It could be bringing a warm blanket and hearing them say, 'Oh, that feels wonderful' or taking them for a walk and

hearing them say, 'It is so good to get out of my room'," Holbein says. "The patients have so many stories to tell and are so happy that someone takes the time to listen to them, show them how to use the phone and TV, bring them a magazine or read to them. It is not a big time commitment and it makes me feel good that I have been able to bring some joy and caring to our senior population."

HELP at NBRHC has volunteers from all walks of life including high school and post-secondary students, retired professionals and anyone looking to gain hands-on experience helping seniors in a hospital setting. Hallett says to date, 565 patients have benefitted from the program.

HELP Volunteer Jill Shields says for her, being a volunteer in the HELP and contributing to a patient's recovery is always rewarding.

"All it takes is a willingness to share a few hours of your time a week with patients who are carefully selected to participate in the program. Flexible volunteer hours, a thorough orientation and continued support is provided to all volunteers to ensure the best possible outcomes for the patient, as well as much satisfaction for the volunteer."

Volunteers are still being accepted for this exciting and rewarding opportunity. Volunteers go through six hours of classroom training and 12 hours of mentorship with an experienced volunteer. Hallett says they ask for a six month commitment, and at least one three-hour shift per week.

For more information please contact Melissa Hallett 705-474-8600, Ext 3955 [Melissa.Hallett@nbrhc.on.ca](mailto:Melissa.Hallett@nbrhc.on.ca).

Volunteer Brenda Holbein with Gord, a 92-year old patient.





## Supportive Approach for Smoking Cessation at NBRHC

Lindsay Smylie Smith, Communications Specialist

Colette Therriault says she started smoking when she was 11 years old. “My brother and I were sitting on a dock and he wanted me to have a cigarette with him,” the mother of four says. “I remember coughing, but I also remember really liking it.”


Colette started smoking that day, and smoked a half-a-pack a day (or more) until recently when she was an inpatient at the North Bay Regional Health Centre (NBRHC).

Admitted to the hospital for other health problems, Colette says quitting smoking was not a priority for her at the time. But that was before she was visited by Respiratory Therapist Shari Cole, NBRHC’s Tobacco Intervention Clinical Coordinator. Shari visited Colette to perform a brief tobacco assessment as part of the hospital’s Tobacco Intervention Program.

“Patients who smoke, regardless of reason for admission or desire to quit, are visited by a Registered Respiratory Therapist (RRT) who has been trained in cessation,” Shari explains.

First the patient is offered some nicotine replacement therapy to help with their cravings.

“Depending on the patient’s feelings



Colette and Shari review some of the supports available for patients interested in quitting smoking

**“Being in the hospital can be a time of motivation for someone to make a quit attempt.”**

*~ Respiratory Therapist Shari Cole*



about their tobacco use, we can offer counseling, quit advice, and follow up through community links or Smokers Helpline,” Shari says. “Being in the hospital can be a time of motivation for someone to make a quit attempt.”

Shari says the majority of patients do not mind being asked about their tobacco use when it’s done in a non-judgmental, supportive way.

“Even patients who have no desire to stop smoking appreciate being offered nicotine replacements to help them stay comfortable,” she continues. “Sometimes, even the most dedicated smokers will change their minds after receiving the program supports.”

The NBRHC is unique because the RRTs, who are on duty 24/7, have been trained in cessation. Shari says this means the RRTs are able to assess the patient’s tobacco use, order the nicotine replacement and start the patient on the nicotine replacement all

in the same visit.

“This not only allows the patient access to replacement sooner, but also gives the opportunity to educate the patient more on the products and how they work.”

## Tobacco Intervention Program

After a brief pilot at the old North Bay General Hospital, the Tobacco Intervention Program has been offered on the Medicine, Surgery, Critical Care Unit, Pediatrics, and Long Term Care/Long Term Rehabilitation units since the move to the new hospital site in 2011.

The NBRHC program follows the “Ottawa Model” – providing brief, best practice supports to patients who smoke, using a systematic, standardized approach. This involves identifying patients who use tobacco, and

offering them nicotine replacement, information and resources.

“Even though it is a short intervention, this process has been shown to increase quit rates by over 10%,” Shari explains.

The first few days Colette was in the hospital she had been too sick to smoke. After her assessment, Colette was offered nicotine replacement in the form of patches and inhalers.

Colette had never tried using nicotine replacement before this program. “Right away I felt it was effective. The inhaler was very helpful for the hand to mouth part of the habit.”

While Colette had tried to quit before, she had never tried to quit with the use of nicotine replacements before the program. The Ontario Medical Association recommends that any person attempting to quit smoking be offered stop smoking medications because these medications are shown to double



cutting through complexity

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Former patient Colette Therriault, who successfully quit smoking through NBRHC's Tobacco Intervention Program

a person's likelihood of staying smoke free over the long term.

Colette continued with the nicotine replacements during the two weeks she was an inpatient at NBRHC and she was able to abstain from smoking that whole time.

However, she was worried about returning home after she was discharged.

"I thought when I got back home that I would want to have a cigarette," she says. Coping strategies she learned through the Tobacco Intervention Program to deal with the cravings and changing some behaviors made the transition easier.

"It was important for me to keep a routine, but a new positive routine. Drinking cold water, crocheting and



the delay method worked for me."

Shari says while the nicotine replacement is helpful for people as they work on quitting smoking, it is only a part of the process.

"Colette, and people like her who are successful in quitting have a lot of work to do when it comes to managing cravings and overcoming the patterns

that have been established from years of smoking."

### Supportive Approach

"We no longer just tell people they should quit smoking," Shari says. "We give them the tools they need to help them be successful. It could be answering questions, providing recommended





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**“We no longer just tell people they should quit smoking, we give them the tools they need to help them be successful.”**

*~ Respiratory Therapist  
Shari Cole*

medications, or links to community resources. Stopping smoking is hard, and often takes more than one attempt or multiple supports.”

It was the supportive approach that Colette credits with her success in quitting smoking.

“Shari really made me feel like this was something I could do. She never made me feel bad for being a smoker. She told me she had some tools to help me stop smoking if that was something I wanted.”

Colette has seen temptations on her quit journey, but says the key is to not get too upset if you have a slip.

“You have to just look at it like it was a mistake, you’re only human and remind yourself you still want to quit. I feel very happy with how things have gone and I am looking forward to the day when I can call myself a non-smoker.”

Shari is quick to point out to Colette that she already is a non-smoker. “Smoke from a cigarette contains some 4,000 chemicals that Colette has not been exposed to since her last puff.”

One of the best parts about quitting smoking for Colette is how proud her family is. The mother of four also has five grandchildren, one great-grandchild and another on the way. She has been keeping cravings at bay by crocheting, and is working on a baby blanket for the newest addition to their family.

“It’s an ongoing battle, it doesn’t really ever stop, not for me anyway.” But for Colette, it’s a battle that is worth the fight.

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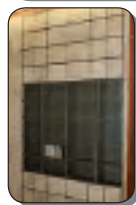
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# Putting a Lid on Hot, Fresh Food

Renee Baker, Sr. Communications Specialist

When it comes to asking patients about their experience while in hospital, it's no secret that hospital food has had a bad reputation. The goal at NBRHC is to serve hot, fresh food that is nutritionally balanced, appealing to most, cost effective and easy to assemble.

## New Building, New Food Service Delivery

When the doors to the new state-of-the-art facility opened its doors in 2011, a new way of serving food was also introduced at that time.

NBRHC Director of Facilities Shirley Strood explains Regional Mental Health patients were treated to a dining room service, which is a decentralized model of delivery. "With this delivery model, the patients are able to choose their meals at meal time rather than filling out menus a week in advance. Most of the mental health units also have assisted daily living kitchens which are used with clinical staff as a way to involve patients in meal preparation, portion selection and clean-up," Strood says. This exercise can be a therapeutic way for patients to remain involved in daily activities.

Alternatively, acute care patients in complex continuing care and certain medical units were offered dining room service, with a locally assembled tray service.

"A locally assembled tray service is a small version of a kitchen that is located directly on the unit," Strood explains. "Food is delivered from the central

kitchen to the unit-based kitchen where it is prepared and served to patients, in some instances in a dining room and in others via tray service," she says.

This process also involves collecting trays and washing them directly on the unit. For patients who are unable to attend a dining room for meal service, tray service is always available and provided.

"Since this was a new model for our facility, it was important for our department to review this new decentralized model to ensure we were meeting our patient's needs," Strood explains. She says through discussions with front-line staff and supervisors, they discovered that the decentralized method posed some challenges. These included increased food costs (due to food waste), and a higher number of centrally assembled trays than anticipated in certain areas such as Complex Continuing Care and Inpatient Rehabilitation.

The team, consisting of Clinical and Patient Food Services Staff worked together to identify gaps in the service and through this process were able to identify ways to make meal time a better process for patients and staff.

For example, it was identified that some patients on certain units may be too acutely ill to make use of a dining room service, and really needed time to recover from their illness so a tray service would be most appropriate. Also, the nature of the locally assembled kitchen can be disruptive to some patients because the food preparation and cleaning can be a noisy process.

Strood says the hope is that by centralizing food preparation in these



areas, we will improve the quality of the food served to our patients.

Food Services staff are supportive of these changes. The decentralized model requires additional staffing levels as compared to a centralized food service model, because team members often work individually on a unit kitchen as opposed to an assembly line.

"The idea of returning to a centralized kitchen for meal preparation excites me," says Brenda Balog, Food Service Worker. "I miss working along side my coworkers and working as a team."

The North Bay Regional Health Centre patient meal service provides 345,000 meals in one year with about 190 diet restrictions per meal time.

**"Since this was a new model for our facility, it was important for our department to review this new decentralized model to ensure we were meeting our patient's needs."**



# Foundation Focused on District needs of Children

## Closing our communities' health care gap

In fiscal 2013 -2014 a full year following the successful completion of the \$6 million Seeing More Clearly campaign for an MRI and more, the Board of Trustees approved raising funds for a new child and adolescent specialized mental health program, which includes a six bed unit. Also efforts continued to raise needed capital for the Central Fetal Monitor System for Labour and Delivery.

On behalf of our patients, our sincere thanks to those who have supported these needs.

Through generous gifts and the efforts of our volunteers, the Foundation was able to provide \$3.2 million in support for the building of the new hospital and the purchase of urgently needed medical equipment, which

included state-of-the-art diagnostic imaging equipment. The Foundation raises district and regional support through direct mail letters, personal solicitation, memorial/tribute gifts, lottery, Friends of the Foundation - monthly giving program, third party events, planned gifts, named endowments, and Our Hospital Walk/Run event.

With a new focus on regional mental health care needs, the Foundation initiated an inaugural mental health signature event "Celebrity Speakers Series", in partnership with the Canadian Mental Health Association Nipissing Regional Branch.

Six-time Olympian, Clara Hughes shared her own mental health struggles and the event was a tremendous



success. Also in support of mental health care a Mental Health Research Endowment Fund was created.

The iGive Family Campaign was initiated in 2013 to align with the Health Centre's strategic direction, Partnerships with Purpose. Its core concept is: we have partnerships that foster a culture of philanthropy and volunteerism.



Peter Minogue, President, Osprey Links Golf Club, left, Peter Dilworth, Vice President of Finance and Chief Procurement Officer, Bell Aliant, Paul Heinrich, President & CEO, NBRHC, Mike Harris, Honourary Chair, Bell Charity Golf Gala at the 2013 event.





**Tammy Morison**

After a nationwide recruitment process, the Board of Trustees appointed, North Bay-area resident Tammy Morison to the position of President and CEO of the Foundation, replacing Lois Krause who retired on April 30, 2014. Ms. Morison is a professional fundraiser with 15 years experience; she has been with our Foundation for more than a decade.

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

#### **Board Members:**

Lachlan McLachlan, Board Chair; Guido Verrillo, Board Vice-Chair, Planned Giving Committee Chair; Nancy Birtch, Treasurer; Kathrine Eckler, Mental Health Committee Chair; Jean Jamieson, Major Gift Committee Chair; Paul Waqué, Annual Giving Committee Chair; Dr. Blair Bowker, Medical Staff; Brian Chute; Shawn Flindall; Claude Fortier; Peter Greco; Paul Heinrich, NBRHC President & CEO; Marg Hughes; Gerry Kolz, NBRHC Volunteer Assoc.; Lois Krause, Foundation President & CEO; Luc Lalonde; Michael Lowe, NBRHC Board Rep; Jackie Thoms, NBRHC Board Rep; Eric Thomson; Michael Valenti.



**Lois Krause**



**Lachlan McLachlan**

In June 2014 after 10 years of exemplary service and leadership, Lachlan McLachlan will be stepping down as Board Chair. Guido Verrillo will lead the Board as Chair effective June 16, following the AGM.



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The Foundation adopted the Association of Health Care Philanthropy Performance Benchmarking Program to create a dashboard of measurements to compare our performance against our peers and to demonstrate transparency and accountability.

This past year, the Foundation sent a letter to district communities seeking urgent support for our children and their families who need child and adolescent inpatient mental health care close to home. The program includes a new specialized six-bed inpatient unit. This program provides services to the Temiskaming, Parry Sound, Muskoka and Nipissing Districts.

Our appeal letter, signed by Kathrine

Eckler, Chair of the Mental Health Committee, was mailed to 22,000 households and raised more than \$41,000.

The community supported more than 11 special events hosted by service organizations, businesses and individuals in support of the communities' health care needs.

The Foundation encourages donors to make planned gifts such as a gift in a will, a gift of property or a gift of life insurance. The Foundation's Legacy Society was formed to recognize and engage these donors.

The first recognition reception was held in April 2013 to acknowledge the 33 donors who notified the Foundation of their planned gifts.

The seventh annual Our Hospital Walk/Run again its new record for participants by attracting 850 runners/walkers and volunteers. Sixty-six sponsors and community pledges raised an historical high of \$118,500.





## Ways to Give

There are many ways you can make a donation:

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Manitoulin Transport began their operations in 1960 on Manitoulin Island. Over the years, they have grown to become a national carrier with 47 terminals from coast-to-coast-to-coast (Inuvik). Like other major donor partnerships to the NBRHC, Manitoulin Transport realizes the importance of having quality local healthcare. Manitoulin Transport has made a new pledge of \$25,000 toward the central fetal monitoring system for labour and deliver. Pictured above are Dave Richmond, left, Francis Lipp, Debbie Weir, Terry Bond and Dave Clark.

Donors listed in this report made these cash gifts, pledge payments and gifts-in-kind from  
April 1, 2013 to March 31, 2014

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