

A photograph of three women in a hospital hallway. The woman in the center is an older woman with short dark hair, wearing a black top and a long white beaded necklace. She is using a maroon walker and has a white safety harness around her waist. She is smiling at the camera. To her left is a younger woman with dark hair, wearing a black scrub top and pants, with her hand on the older woman's shoulder. To her right is another younger woman with long dark hair, wearing a colorful patterned dress, also smiling. The hallway has light-colored walls, a red bench on the right, and an exit sign in the background.

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## Care with Courage

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**ON OUR COVER:** NBRHC staff Cari Davis (left) and Tamara Dube-Clarke (right) take time to chat with Louise (patient, centre) in the hallway at NBRHC.

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# MESSAGE FROM

## Paul Heinrich, President and CEO, and Michael Lowe, NBRHC Board Chair

**L**eadership is defined by what we do, not the role we are in. As Board Chair and CEO, we want to reinforce that our organization believes in leadership at all levels, and acknowledge that our entire team is certainly demonstrating courageous leadership during a time of dramatic and disruptive change.

We are in the midst of major health system reform at the provincial level which requires us to perform our work in very different ways. The Ministry of Health and Long Term Care is refocusing the system from full reliance on hospital-based care to an increased role for the community sector and an increased patient focus. This means transferring resources from the hospital to the community, resulting in a need to redesign and develop health services.

We think it is appropriate to openly acknowledge the pressure this is putting on our workforce and the anxiety this is creating within our communities. While challenging, the Board, physicians and

staff at NBRHC have managed to maintain an unfailing commitment to the highest standards of quality and access to care, while being committed to fiscal responsibility. **See page 5 for some of the amazing feats our impressive team has achieved, many which are detailed in the stories in this report.**

### More Time to Care

We are committed to our people achieving their best through the development of More Time to Care, our organization's continuous quality improvement system. This includes a management approach that is more engaging and emphasizes open dialogue and involvement of our staff, physicians and volunteers. It involves partnerships with our patients and their families in the design, delivery and evaluation of services. It also includes leadership development and creativity training. By investing in our outstanding team, we believe that we will become even more resilient and capable of leading major

system transformation.

Despite ongoing shortages in psychiatry, emergency medicine, and primary care, we have made significant inroads in acquiring a new generation of physicians and specialists. Recently we recruited a new general surgeon, an orthopedic surgeon specializing in laparoscopic shoulder surgery, a geriatric psychiatrist, and a general psychiatrist. We are proud to have a vibrant connection with NOSM (Northern Ontario School of Medicine) medical students and residents. Physician leaders have been invested with training in the More Time to Care quality system, have incorporated its tools and are becoming uniquely integrated into the quality processes, the team and its leadership.

Even though the road ahead will be challenging, we remain very confident that the future holds great promise. This confidence is derived from the powerful and innovative team members that we are so fortunate to have in our organization at every level.

“Even though the road ahead  
will be challenging, we remain  
very confident that the future  
holds great promise.”

## Our Achievements

The Board, administration, staff and volunteers of the North Bay Regional Health Centre are proud of the achievements they reached together in the past year and look forward to building on them for new successes into the future.

Major highlights include:

- Provincial leader in low Alternative Level of Care days in our Acute medical and surgical services
- Top 10 performers in emergency department wait times in province
- Operating 16 new mental health transition home beds in Sudbury and North Bay
- The addition of four beds to our forensic mental health transition home and 3 new supportive beds in the community for Acquired Brain Injury patients
- Implementing with community partners the Community Referral from Emergency Medical Services (CREMS), the Mobile Crisis program
- A new breathing clinic to reduce readmissions
- A new model in the Critical Care Unit including the introduction of a Physician Assistant to care for medically complex patients
- Regional sponsor for Northeast Specialized Geriatric Services
- Finalizing restructuring of our medical leadership team
- Developing a Patient and Family partnered care approach to quality improvement and service planning
- A new Patient Flow Navigator role established with an Estimated Date of Discharge program to reduce unnecessary days in hospital
- Becoming a key provider in the province for a highly specialized female forensic mental health unit



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## Reshaping Care at **NBRHC**

### Change

A picture tells a thousand words, and that was the thinking when NBRHC decided to develop a video to speak to the many changes that are happening in the way we deliver our services in the hospital and in the community. The province's new funding model to transfer more money toward community based health care services and away from hospitals has resulted in the need for this change. We have been realigning our services to improve access to care, improve transitions of patients and improve fiscal stewardship.

To simplify how this is happening at NBRHC, a whiteboard drawing video entitled Reshaping Care was released in the fall of 2014. It literally draws an explanation of what the changes are and why they have occurred. The video can be viewed on YouTube or on our website at: [www.nbrhc.on.ca/about-nbrhc/service-realignment/](http://www.nbrhc.on.ca/about-nbrhc/service-realignment/)

"As partners in care we should do what is right for our patients – provide them with the quality care they need, where they want it – at home, in the community or in their setting of choice," says Paul Heinrich, NBRHC President and CEO. "As a team, we have made many positive improvements by increasing community and outpatient services, reducing the need for hospitalization through more ambulatory services, and working with community partners to improve the transition patients make from hospital discharge to community."

### Improved coordination and transitions of care

Because of this improved coordination and transitions of care, we no longer require the same numbers of beds in the health centre as we did in past years and demand on inpatient services is also decreasing. In the past,

the model of care in our mental health program was one of custodial care resulting in excessive lengths of stay. A large number of Alternative Level of Care (ALC) beds exist in regional specialized mental health, some of which have been occupied for 25-30 years. We are closing these beds as successful transitions of care to the community are achieved.

"It is crucial that we clearly define our role as a health care provider to the Northeast region, and this must be done along with key stakeholders," says Heinrich. "We are excited that a review (in 2015) of mental health services in the north east, will allow us to develop a plan of an optimal inpatient/outpatient and community service model to support people with mental health and addictions issues across the region."

Please see "Jane's Story" an example of a mental health patient's transition to the community.



## Successful transition to the Community... **AFTER 43 YEARS!**

“Jane’s Story” is an outstanding example of how self advocacy resulted in a patient moving out of the hospital and back into the community after being institutionalized for 43 years.



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## Forty Three Years in the hospital

Jane was born in 1953 and diagnosed with autism disorder five years later. From then on she was in and out of hospitals where she underwent a series of treatments including experimental therapy for children with schizophrenia. By the time she was 11 years old her parents were advised (as parents often were at that time) to leave Jane in the hospital, as they were not able to provide the supports that she needed.

At age 16 Jane was admitted to the North Bay Psychiatric Hospital. She was placed in an 18 bed locked unit with a curtain for privacy in a 6 bed common ward. During this time Jane was frustrated, angry and sometimes aggressive. She was often medicated and secluded.

## Dual Diagnosis Unit puts emphasis on patient's voice

In 2009 when Jane was in her 50's, the hospital opened a Dual Diagnosis Unit (an inpatient unit that supports the specialized needs of those with intellectual disabilities) and Jane was one of its first patients. With a change in the way mental health services were being delivered the focus was on the patient's voice. Staff heard that Jane did not want to live in the hospital anymore. "We really started to see all that Jane was capable of, and as health care professionals we allowed ourselves to feel for a woman who simply wanted to be heard," said Sharon Chandler, a caseworker at NBRHC.

## Chandler recalls working with Jane:

*Jane even in the beginning had spunk, which more often than not would be misconstrued as defiant. Retrospectively, all she wanted was her basic needs to be met on her terms (like many of us). Later when I joined the Dual Diagnosis unit and worked with Jane there, we used that spunk and asked her what she wanted – and boy did she tell us exactly what, where and how she wanted things done – and surprise, it was*

*all within reasonable parameters for staff to provide it. Things like being permitted to complete a puzzle prior to going to bed regardless if it was 11pm; or having access to water to play in and not being afraid that she was overly ingesting it and becoming weight water intoxicated; or giving her access to her clean laundry so she could put it away in her room instead of making her wait, which increased her anxiety and would ultimately lead to her being secluded, sometimes for days at a time.*

It wasn't an easy task though, to bring Jane to the point of transitioning on. The Dual Diagnosis Unit had to standardize what it calls a "biopsychosocial" approach. They ensured Jane was on the right combination and dose of medications with the least side effects. An individualized support plan was created with the help of Jane to ensure consistency and a "Least Restraints" approach to her care. Some medical issues which on the surface appeared to be "behaviours" were addressed, including giving Jane cataract surgery and as a result she no longer saw "bugs". Once her medical concerns were addressed and a consistent approach to her care was solidified the care team was able to focus on skills building for Jane and participating in the community.

Chandler recalls the most telling occurrence that signaled it was time for Jane to move on. "My office used to be on the unit, and I would leave my door open, so Jane would regularly come in to ask questions. One day she came in and asked me when was someone else going to die so she could get a bed in a group home, that she'd been here long enough and wanted to know when it would be her turn. I got goose bumps that day when she said that to me..... Jane was no longer under my radar."

## "I'm home now"

Determined to move out of the hospital, Jane continued her newly established connections with self advocacy groups in the community while enduring the long wait for a home. The wait for provincially funded spots appeared lengthy, so Jane's care team entered new ground and connected with a newly opened private home. There Jane saw everything she wished



for: a front yard, a blue bedroom, and a kitchen where she could help to cook. After spending almost her entire life in hospital, at the age of 60, Jane was discharged into the community. She has since flourished and has told the hospital staff she doesn't need them anymore, because "I'm home now".

In November 2014 Jane received the NADD (National Association of the Dually Diagnosed) Recognition award. The award was presented by Board Member Patti Turcotte, who said Jane received it for "consistently demonstrating hope, perseverance, and self-advocacy; teaching us who have known her about the needs of individuals with a dual diagnosis; teaching us to listen and to never give up".

Written by: Kathy Stackelberg,  
Sr. Communications Specialist

**"I got goose bumps that day when she said that to me..... Jane was no longer under my radar."**

# Peer Support Workers offer Patient Partnership at NBRHC



Sandy and Ron meet with patients in the recovery room at NBRHC

**“The room is for family, friends and community supports to connect with their loved ones and their clients.”**

**T**he peer support team of Ron and Sandy is a perfect example of one of our health centre’s strategic directions: Partnerships with Purpose. In partnership with our mental health patients and the larger team, the peer support specialists offer guidance and support on the recovery journey. They are perfect for this job because they have a unique understanding of the patients, having both struggled with mental health issues in their past.

Ron was diagnosed with bipolar disorder in 1989. He has not had an admission to hospital in twenty-six years. He attributes his success to the support of his family and his friends, in addition to having a meaningful role as a peer support specialist.

Sandy recalls suffering from depression at a very early age. After making some positive life changes in the 1980s, she experienced an improvement in her symptoms; however over the years she has continued to battle the ups and downs of this diagnosis

## **New Recovery Room... a guiding hand**

As part of the strategic directions of the organization to access the right care, Ron and Sandy encouraged the creation of an in-hospital Recovery Room that was set up in early 2015. Comfortable chairs, some tables, a small kitchenette with coffee and cookies, and lots of reading materials are on hand in the recovery room for anyone to enjoy.

“The room is for family, friends and community supports to connect with their loved ones and their clients. It’s a safe space for them to come and be themselves,” says Ron. “The number one topic discussed during the peer drop-in is the patient’s discharge date and when their next One Patient One Plan (OPOP) meeting is and who is part of their team.”

OPOP is a care delivery model that is geared to the specific needs of the

individual patient.

The Recovery Room is also home to the WRAP (Wellness Recovery Action Plan) program. WRAP is a best practice, evidence-based wellness program that helps the patients transfer to the community as part of their recovery and wellness maintenance plan.

“With the assistance of the new and exciting services being made available to the patients, the peer support team highlights the importance of providing hope, choices, and support to encourage our patients to believe that their lives can change for the better,” says Sandy.

Changes in programming at NBRHC recognize that patients need to be given the chance to make changes that will result in positive and meaningful choices in their recovery journey. Peer support is critical in providing support and education to patients with the recognition that as patient awareness and self-knowledge changes, so does the involvement of staff such as Sandy and Ron. The ultimate goal is to guide the patients to move from the hospital on a wellness journey back into the community.

Written by: Kathy Stackelberg,  
Sr. Communications Specialist



Sara Tonks

Dr. Glen Roberts

Gary Jodouin

Jackie Thoms

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Kevin Hutchison

Jean Beckett

Jennifer Valenti

Michael Lowe

Board of Directors

North Bay Regional  
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# NBRHC BOARD OF DIRECTORS

## Dedicated Volunteers...



Paul Heinrich

Dan O'Mara

Frank Roberge

Nancy Jacko

Dr. Robert Renwick

Dr. Donald Fung

Lauri Petz

Sheila Parrish

Missing from photo: Dr. Brian Mitchell and Dr. C. Clayton

Conseil d'administration

Centre régional  
de santé de North Bay

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North Bay Regional Health Centre Board of Directors 2014-2015

**T**he NBRHC Board is a group of dedicated volunteers who do much work to represent the community at the hospital administrative level. The members volunteer their time for at least one 3 year term and can be appointed for up to 3 terms. The members of the board contributed 1,688 volunteer hours in the 2014/15 fiscal year. Our Board represents not only North Bay, we also have representation reflective of our regional and district mandates from Temagami, Parry Sound, Sudbury and Sault Ste Marie.



From left: Ashley Scott, Dr. Allison Halpert and Jessica Lamothe put up the trial scoreboards early on in the process



## SCORECARDS: Measuring the Right Things

### What's that on the walls?

If you walk down the hallways at NBRHC every so often you will see large white boards (8 feet wide and 4 feet high) on the walls with several columns of metrics and colourful lists of numbers, sticky notes, and even cards or notices of congratulations. The “performance scorecards” are part of the More Time to Care quality improvement system introduced to the health centre in 2014, and continues on into 2015-2016. The performance scorecards in each department help staff align their work and projects with the organization’s strategy, and measure how well they are progressing.

### The Outcome of Scorecards

An organization-wide excitement around quality and measurement

has been generated and is enabling a culture of problem solving that positively impacts patients.

“The Performance Scorecard has allowed improved communication within the team and the ability to visually share the work they do with other departments, and with patients and families. The scorecard provides laser focus on organization priorities and ensures everyone is working towards a common goal,” says Sumeet Kumar, Director transformation at the NBRHC. “Problems are not bad; they are opportunities for improvement to deliver quality of care.”

### Let's huddle

At least once a week staff members in each department come together for 15 minutes to “huddle” around their scoreboard to bring forth new ideas, and work together to improve processes that positively impact the patient and

family experience. The team huddle provides staff with an opportunity to seek help from each other, recognize individuals, and celebrate work and successes. The President & CEO, Vice Presidents, Directors and Managers also participate in the huddles.

### Metrics on the Scorecard that Matter

Kathryn McLenaghan, Manager Pharmacy Services at NBRHC says the implementation of an initiative called “medication reconciliation” (Med Rec) comes to mind as an important metric that resulted in fewer errors for the medication given to patients and therefore improved patient safety.

“Med Rec involves compiling accurate lists of patient’s home medications and how they are taking them at the time of admission, and then comparing this list against any admission medication orders to identify and resolve any



From left Tammy Pelland team member, Kathryn McLaren pharmacy manager, and Melissa Diggles, Pharmacy Technician Student review ideas

potential discrepancies,” explains McLaren. “The intent of Med Rec is to prevent medication errors and promote patient safety.”

Compliance with medication reconciliation on admission was included on all the scorecards in the inpatient clinical units, as it requires shared responsibility between patients and families/ caregivers, Pharmacy Technicians, Pharmacists, Nurses and prescribers.

In 2014 Med Rec compliance increased by 10 percent from the first quarter to the last quarter. In the beginning the rate was 73.9% and by the last quarter compliance had risen to 83.7%. The results speak for themselves and the value of the metric.

The NBRHC now celebrates and recognizes experiments undertaken by teams to improve quality of care during monthly “Report Outs.” We invite patients and families, community partners, staff and hospital board members to be a part of the celebration. Ultimately, we know that what gets measured gets done!



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# NBRHC Statement of Operations

(in thousands)

## Revenues

	2015	2014
MOHLTC/NELHIN	\$ 177,973	\$ 200,529
Cancer Care Ontario	6,110	5,499
Patient services	11,755	11,512
Preferred accommodation	2,129	2,380
Other	6,730	7,409
Uniquely funded programs	27,516	27,206
Amortization of deferred equipment contributions	7,096	7,390
	<b>\$ 239,309</b>	<b>\$ 261,925</b>

## Expenses

Salaries and wages	\$ 118,965	\$ 118,404
Benefit contributions	37,195	35,613
Medical staff remuneration	22,016	21,400
Drugs	6,341	6,062
Medical and surgical supplies	7,575	8,009
Amortization - equipment	7,903	8,154
Other supplies and services	33,489	35,272
Uniquely funded programs	27,519	27,206
	<b>\$ 261,003</b>	<b>\$ 260,120</b>

**Surplus (Deficit) for MOHLTC purposes**      **\$ (21,694)**      **\$ 1,805**

Amortization of deferred contributions - building	\$ 10,783	\$ 10,774
Amortization of buildings	\$ (10,987)	\$ (10,973)
Government contribution for interest on other long-term obligations	\$ 20,209	\$ 20,554
Interest on long-term obligations	\$ (21,794)	\$ (22,141)
	<b>\$ (1,789)</b>	<b>\$ (1,786)</b>

**Surplus (deficit) from health care operations**      **\$ (23,483)**      **\$ 19**

Rightsizing review final settlement	\$ 16,248	0
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Working capital relief funding	0	\$ 6,854
--------------------------------	---	----------

**Surplus (deficiency) in revenue over expenses**      **\$ (7,235)**      **\$ 6,873**

**PHYSICIAN RECRUITMENT** New physicians recruited: 10 (2014)  
Medical Learners: 106 (with 45 students)

## HOSPITAL VISITS, SCANS, PROCEDURES

2015

2014

Mental Health And Addictions  
Community Program Visits

**53,566**

**N/A**

Renal Dialysis Visits

**10,091**

**10,040**

Emergency Department Visits

**58,389**

**54,953**

Other Outpatient Visits

**68,319**

**66,269**

CT Scans

**23,236**

**22,395**

MRIs

**7,678**

**6,960**

Radiology Tests

**53,378**

**52,585**

Inpatient Surgeries

**8,126**

**8,771**

Day Surgeries

**2,786**

**2,709**

## VOLUNTEERS IN 2014

Volunteer Hours: 28,951

New volunteers: 73

Total volunteers: 406

## INPATIENT DAYS

### Mental Health



**2015** 59,263  
**2014** 56,746

### Chronic



**2015** 14,535  
**2014** 14,906

### Rehab



**2015** 7,683  
**2014** 8,699

### Acute



**2015** 46,689  
**2014** 49,713

### Total

**2015** 128,170  
**2014** 130,064



## NBRHC Statement of Financial Position

(in thousands)

### Assets

Current Assets:	2015	2014
Cash	\$ 341	\$ 195
Marketable securities	509	509
Accounts receivable	5,422	18,464
Inventories	2,516	2,528
Prepaid expenses	2,364	3,351
Current portion of long-term receivables	1,545	1,630
	<b>\$ 12,697</b>	<b>\$ 26,677</b>

Capital assets	\$ 514,912	\$ 525,623
Long-term receivables	10,859	12,091
	<b>\$ 538,468</b>	<b>\$ 564,391</b>

### Liabilities, Deferred Contributions and Deficiency in Net Assets

#### Current Liabilities:

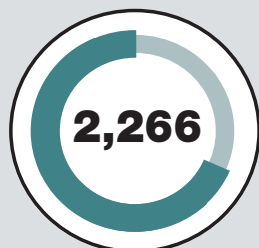
Bank indebtedness	\$ 26,833	\$ 17,070
Accounts payable and accrued liabilities	50,879	40,912
Deferred contributions	1,596	27,083
Current portion of long-term obligations	7,887	7,562
	<b>\$ 87,195</b>	<b>\$ 92,627</b>

Long-term obligations	\$ 385,411	\$ 390,448
Deferred capital contributions	94,713	103,394
Post-retirement benefit obligation	14,264	13,802

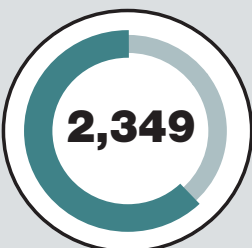
Deficiency in net assets	\$ (43,115)	\$ (35,880)
	<b>\$ 538,468</b>	<b>\$ 564,391</b>

## HOSPITAL STAFF

2015



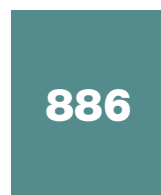
2014



## BIRTHS

2014

2015



**915**

## INPATIENT ADMISSIONS

**11,062**

2015

**11,302**

2014

North Bay Regional  
Health Centre



Centre régional  
de santé North Bay



Liana Ceccanese, a former NBRHC patient now back in her home doing her exercises to keep up her mobility.



NBRHC Patient Flow Navigators

Usually the best bed is your bed at home.

The Home First initiative is based on the philosophy that when a person enters the hospital, everyone works together to get them back home with the right supports in place.

The introduction of **Patient Flow Navigators** at NBRHC now helps patients move through the hospital system. The nurse navigators address barriers and delays for patients allowing for a smoother transition back home.

## Educating the Public on Supports

Knowing the community support services available is key because it could prevent a visit to the hospital altogether.

Sometimes all it takes is a phone call to ensure a person continues to be well. A program called Identifying Seniors at Risk (ISAR) focuses on the elderly who have visited the hospital Emergency Department. Even if not admitted they receive a follow up call from the Social Work Discharge Planning Department

and an information package is sent to their home if necessary.

"But these services are not just for people visiting the emergency department," stresses Mary Schofield-Salmon, Manager, Patient Flow, NBRHC. "Anyone can call or refer to the Community Care Access Centre (CCAC), you don't have to be referred by a doctor."

The NBRHC and CCAC work together with patients and family to improve the coordination of services following hospital discharge.

"We want people to be advocates for their own health, and surround themselves with support at the right time. Getting too sick because they were not aware of the help they could have received is unacceptable. As healthcare workers we need to provide them with this information," points out Schofield-Salmon. She says patients often think they would be safer in the hospital, when in reality there is a greater risk for deconditioning in the hospital setting.

"I thought I needed to stay in bed and get plenty of rest, because that is how I would get better," says 83-

year-old Liana Ceccanese, a former NBRHC patient. During her stay at the hospital Ceccanese often felt too tired to get up, despite always having loved activities such as walking or gardening. Furthermore, mobility has become more difficult as her Parkinson's disease progresses. "It would be easier if I just stayed put," says Ceccanese. "But then it would feel like I'm losing my independence."

## Functional Decline

Functional decline occurs when a person is no longer able to do regular daily activities, leading to loss of strength, bed sores, an increased chance of falling, and potentially a longer recovery time.

"Being in the hospital should not discourage patients from being mobile," says Melissa Hallett, Co-ordinator of the Hospital Elder Life Program. "Up to 50% of older adults are estimated to experience functional decline at the hospital not related to their illness. This is often difficult to reverse, and may lead to loss of independence, social isolation and reduced quality of life,

which can lead to health issues both physically and mentally.”

Patients in the hospital are encouraged to do what they would do at home, such as dressing themselves or walking to the washroom.

## Building a Home Care Plan

“Often patients feel uncertain about performing these tasks independently once back at home. But with the appropriate care plan they can continue to receive the support they need,” says Schofield-Salmon.

While still in hospital, an individually tailored home care plan is developed for the patient by the CCACC Care Coordinator, the healthcare team, the patient and the family. The patient’s Care Coordinator provides support at home and additional information about community support services available and how to navigate the healthcare system.

## Following the right PATH

When ready for discharge, a North East LHIN program called PATH – Priority Assistance to Transition Home – assists people in the Nipissing District (55 years or older). Canadian Red Cross/La Croix-Rouge Canadienne, Transitional Care workers accompany patients home, help with groceries, housekeeping, medical equipment and meal preparation, and may return the next day to ensure all is well. Hospital staff can refer a patient to PATH once a discharge date has been determined.

## Back at Home

Back in her home, a determined Liana Ceccanese does daily walking laps around her dining table for half an hour, waters her plants and pedals on an exercise bike while watching the news.

Ceccanese is grateful for the support she has received but knows that she too plays a big role. “The nurses told me if I wanted to stay in my home I needed to keep moving, so I am doing exactly that. Never give up, and keep moving!”

Written by: Heather Cobbledick,  
Communications Specialist



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## MORE TIME TO CARE:

### A different kind of tool in the Operating Room

**Engaging front line staff is critical to making changes at the patient level.**

There are many tools used in the Operating Room for medical purposes. But the Perioperative\* Department has been vigorously implementing tools of another kind: tools to improve the way it does business. This is being done through the hospital's More Time to Care quality improvement system. This department accepted the challenge of being a pilot test area in 2014. The following is a summary by the staff of their More Time to Care journey.

#### Staff Involvement

About 120 people work in the Perioperative areas including nurses, clerks, room based attendants, surgeons and anaesthetists.

Engaging front line staff is critical to making changes at the patient level. To begin this change two frontline staff were sent to ThedaCare a hospital in Wisconsin, U.S.A., a leader in using established methods to improve healthcare delivery (referred to as Lean



Daily status meeting in the Perioperative Department

management). Our staff saw first-hand what to expect.

Tina, a clerk working in the Preadmission clinic stated: "I felt honoured that I was valued enough to be invested in. Witnessing ThedaCare's journey and listening to their experiences, gave me hope. The More Time to Care philosophy (based on Thedacare's Lean management system) is allowing me to use my problem solving skills and actually see results! What I like the most is that I am strongly encouraged to do this."



**"I now see process improvement initiatives as a positive, where both staff and patients benefit in the end."**

Upon returning from ThedaCare, the group had a sense of urgency to hit the ground running. The next steps were to review our patient's surgical journey. We involved front line nursing staff and surgeons, and most importantly, a previous patient to offer the "patient voice." The exercise began with the patient describing her experiences, which was used as a reference point. Although we were commended on many aspects of our processes, our patient voice also provided valuable input, which coupled with our own observations, highlighted areas for improvements. Bringing about these improvements has been our focus ever since.

## **Staff Education, the tools, and Improvement Projects**

Frontline staff has been educated on the various tools associated with quality improvement, such as "Standard Work" which has us doing the routine part of our work the same way every time to ensure efficiency, safety and reliability.

In addition, several staff members have enrolled in advanced education called Greenbelt Training, which provides details on the More Time to Care tools that participants will use to implement a quality improvement project.

A project currently underway aims to ensure emergency surgeries are completed in a timely fashion (as set by the provinces' priority timeframe) and that staff and operating room resources are used wisely.

Dr. Kevin Gagne, Medical Director of Surgery says, "The More Time to Care quality improvement program allows us to review our core business, ask relevant questions, correctly measure the appropriate variables and then make measurable changes which lead to safer and improved patient care at a reasonable cost to the system. I firmly believe that the current Green Belt projects ongoing within the department of surgery are going to help streamline patient care and reduce morbidity."

Melissa Parker identified some benefits of the training: "Greenbelt training has allowed me to gain a better understanding of how the tools are used to



engage, motivate, and collaborate with our front line staff, and how they can create meaningful work environments. I now see process improvement initiatives as a positive, where both staff and patients benefit in the end."

Projects are chosen on their merit to add value to patient care and to remove waste from the process. Many of these projects have been longstanding issues being tackled as a team using the tools acquired through More Time to Care.

## Daily Status Meetings

Of the many tools implemented, the teams have benefited from using Daily Status Meetings – a daily meeting between the manager/coordinator and staff leads from the various areas. This short meeting (5 to 15 minutes) allows for a discussion about the activities of the unit for that day and isolates potential issues that may arise. An example of a typical question: "What are the potential flow issues on your unit today?"

Petrina Cameron, a Unit Leader in the Operating Room states, "The daily status report has helped develop my leadership skills. Meeting with the unit leaders and our management has helped us key in on potential issues related to patient care and flow for that

day, as well as recognizing staff that may need some support or encouragement in their work. Preparing for these meetings challenges me to be more proactive in my problem solving rather than reactive, which had sometimes been the case in the past."

"Our Journey as early adopters, idea testers and change agents will be ongoing until June of 2016. We are in it for the duration and look forward to the learned opportunities and to creating a smooth path for our colleagues as they incorporate the More Time to Care tools in their daily activities

going forward," says Chantal Gagne, Perioperative Manager.

*\*Perioperative Services include: the Preadmission Clinic where patients meet with a nurse and/or anesthetist who review their medical history and order any tests that may be needed; Day Surgery where they are admitted on the day of surgery and prepared for the procedure; the Operating Room where the procedure occurs; and the Post Anesthetic Care Unit where the patient is monitored as the effects of anesthesia wear off.*

Written by: NBRHC Perioperative Staff





Orthopaedic surgeon Dr. Michael Creech conducting arthroscopic shoulder surgery.

## Arthroscopic Shoulder Surgery Now Available at NBRHC

Residents of the North Bay-Nipissing region in need of arthroscopic shoulder surgery (for joint repair) no longer need to pack their bags and head out of town to receive the procedure. The North Bay Regional Health Centre's Orthopaedic department has undergone exciting changes in the past year, including the addition of a specialized orthopaedic surgeon and the equipment needed to conduct minimally invasive arthroscopic surgery for shoulder repairs.

Shoulder arthroscopy examines or repairs tissues in or around the shoulder. Injury, overuse and age-related wear and tear are responsible for most shoulder problems.

The surgery is completed by the

department's newest Orthopaedic surgeon, Dr. Michael Creech, a North Bay native.

"Arthroscopy is used to diagnose and reconstruct pathology inside the shoulder and knee joints," explains Dr. Creech. "A camera is placed within the joint and sterile water is used to expand and flush."

Once the camera is inserted, the doctor has a clear picture of the inside of the joint, displayed on an attached video monitor in which both video and photographs can be taken.

Common arthroscopic shoulder surgery procedures include rotator cuff repairs, instability decompressions, bicep tendon repairs and labral repairs.

"Because it is a minimally invasive

approach, it minimizes blood loss, decreases infection rates, decreases post-operative pain and is a cosmetically appealing alternative," says Dr. Creech. "The surgery has excellent healing rates and functional outcomes."

In addition to the shoulder surgery, Dr. Creech also specializes in arthroscopic reconstruction of the knee, allowing for procedures like anterior cruciate ligament (ACL) repairs.

"Because the surgery is done with very small incisions, recovery is faster," says Tiziana Silveri, Vice President Clinical & Chief Nursing Executive. "This allows patients to return home within the same day as the procedure. We at NBRHC are delighted that the North Bay community now has access to this care, closer to home."



## Physician RECRUITMENT

Meet The Physicians: A group photo of six of NBRHC's 2014 physician recruits.

**T**he North Bay Regional Health Centre was able to attract ten new physicians through its recruitment efforts in 2014. The new recruits include: three psychiatrists, two surgeons, a family physician, a paediatrician, a nephrologist, a radiologist and an emergency medicine physician. With the ten new recruits, NBRHC Medical Affairs is setting its sights on recruiting family physicians, a high priority for the hospital and the community.

**"I grew up in North Bay, and knew it was a wonderful place to live, and the health centre is a great place to work. I am glad I can provide care for people closer to their home."**

### Much Success Owed to Community Partner Program and NOSM

Through ongoing dedication in business sessions, events and financial contributions, the NBRHC Community Partner Program has given the health centre the opportunity to expose physicians to the hospital, North Bay, and its medical community. Since 2008, the Community Partner Program has helped recruit 52 new physicians to North Bay, and in the 2013/2014 academic year, trained 106 medical students in both specialty and family medicine.

Two big opportunities were hosting the Northern Ontario School of Medicine (NOSM) East Family Medicine Academic Rounds in October 2014, and the January 2015 Regional Meeting.

Hospital staff, community partners

and physicians provided lectures to 95 medical learners. These rounds showcased NBRHC as a leader in education and training, as well as promoting the city as a desirable community to live and practice in.

### Meet the Health Centre's New Doctors

Dr. Pawan Kumar, the North Bay Regional Health Centre's newest General Surgeon, came to Canada from India in 2005 to pursue a fellowship and advanced training in cardiac surgery.

Applying alongside eight other potential recruits, he worked his locum at the health centre for three months before completing a panel interview.

It was during this time he discovered all that North Bay and its medical community has to offer and knew this would be the place he would call home.

"It is a safe place to raise a family,



NOSM students take part in a work shop in North Bay.



Regional Meeting: NOSM students Erin Froom and Natalie Fraser learning how to cast from Orthopedic Surgeon, Dr. Tom Wallace.

and a very well equipped hospital with healthcare workers eager to provide care," says Dr. Kumar. "It is not just going above and beyond, but our duty as healthcare providers to give the best possible care to every patient, and a place with that mindset is where I want to be."

Dr. Michael Creech was also welcomed to the health centre in the summer of 2014. "During my fourth

year of residency in 2011, I completed an elective through the Northern Ontario School of Medicine at the North Bay Regional Health Centre, which provided me the ability to learn and grow within the orthopaedic sector while in North Bay," says Dr. Creech.

His training allows for new procedures such as arthroscopic surgery to diagnose and reconstruct pathology inside shoulder and knee

joints. Before Dr. Creech's arrival, these surgeries would have required people to travel outside of the city.

"I grew up in North Bay, and knew it was a wonderful place to live, and the health centre is a great place to work. I am glad I can provide care for people closer to their home."

Written by: Heather Cobbledick,  
Communications Specialist



# VOLUNTEERS NEEDED

## DISASTER MANAGEMENT

The Disaster Management team provides services locally to those who have been displaced from their homes due to personal disaster. The Red Cross Personal Disaster Assistance team provides food, clothing, shelter, and other basic necessities for the first 72 hours after the disaster. Abroad, volunteers are deployed in response to conflict or disaster and provide humanitarian assistance as well as family reunification services during these times.

## FIRST AID & INJURY PREVENTION

Comprehensive courses offering first aid, AED and cardiopulmonary resuscitation (CPR) skills for those who need training due to work requirements or who want more knowledge to respond to emergencies at home. Babysitter course offers basic first aid and caregiving skills for youth 11-15 years old. Participants learn how to provide care to younger children in a variety of age groups, and how to prevent and respond to emergencies.



## PRIORITY ASSISTANCE TO TRANSITION HOME (P.A.T.H.)

The PATH Program assists seniors in their transition from hospital to home. Clients receive services such as transportation home, assistance with acquiring prescriptions, settling in at home, meals, housekeeping, and referrals to community support services. This program is available to those being discharged from inpatient units or emergency departments.

## SENIORS' TRANSPORTATION

Seniors Transportation Program allows seniors to maintain their independence by providing door to door service within the Nipissing District. The service is available to those who are 60+, not currently living in a Long Term Care facility, unable to access typical public transportation, and must be able to transfer themselves in and out of the vehicle.

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# EMERGENCY DEPARTMENT

## Top 15 High Performing Sites in Province

NBRHC staff celebrates the news of achieving a significant milestone, as the Hospital was named one of the province's top fifteen sites for wait time improvements. The NBRHC's best practices will be shared with other hospitals across the province. New wait time figures ranked the Hospital in the

top ten for the months of January and February, 2015. Tiz Silveri, Vice President Clinical and Chief Nursing Executive, says that the results speak volumes to the great teamwork between hospital staff/programs, physicians, administration and organizational wide support.

# MOBILE CRISIS SERVICE

## launched in 2014

People in our community who suffer from a mental health crisis or addiction issue can end up in jail because they did not receive the right service from the right provider at the right time and in the right place. To help address this the Mobile Crisis Service was launched in the fall of 2014. It has specially trained North Bay Regional Health Centre mental health nurses John St. Jacques and Marion Rupp-Koch, and North Bay Police Service Constable Erin Honeysett working together as a team. The partnership has improved the focus on providing the appropriate form of mental health care when police are called. The mobile crisis team had more than 100 registered face-to-face calls during its first six months of operation.





Hector Belanger

## A Green Light for Laser Therapy at **NBRHC**

**H**ector Belanger finally feels free. In North Bay alone, hundreds of male patients aged 50 and older complain of symptoms related to an enlarged prostate. For more than a decade of his life, Belanger was one of them.

While the prostate continues to grow during most of a man's life, the enlargement generally does not cause problems until later on. This is referred to as Benign Prostatic Hyperplasia (BPH), with common complaints being a weak urinary stream, difficulty initiating voiding and waking at night to urinate.

"My bladder never felt completely empty and I was in constant pain," Belanger says. "I eventually could no longer go to the bathroom and was permanently attached to a catheter."

### Green Light for New Surgery

With the GreenLight Laser Therapy now available at the North Bay Regional Health Centre, surgery can be done at the speed of light.

Dr. Bernard Goldfarb, who performs the surgery, is thrilled that this ad-

vanced technology has been available to those in the Nipissing District since January 2014, and more than 100 men have already been treated.

"The laser is delivered through a thin and flexible fiber. The fiber carries laser energy which quickly vaporizes the prostate, eliminating the obstruction to urine flow," explains Dr. Goldfarb. "There is minimal bleeding and few complications."

The previous procedure included surgical removal of prostate tissue after which the patient would require constant irrigation through a catheter. Only when the urologist was certain the patient would not form clots and blockage would the catheter be removed. This would require a multiday hospital stay for recovery, whereas Belanger spent only one day in hospital.

"This was my last hope for a normal life," Belanger says. "The pain is gone, and it feels like freedom."

### Back to Normal Life

Because of the decreased risk of bleeding, patients can

leave the hospital the day of surgery to recover in the comfort of their home.

"Patients do not require a hospital inpatient bed, which allows for an increase in number of patients treated and a decrease in wait times," says Dr. Goldfarb.

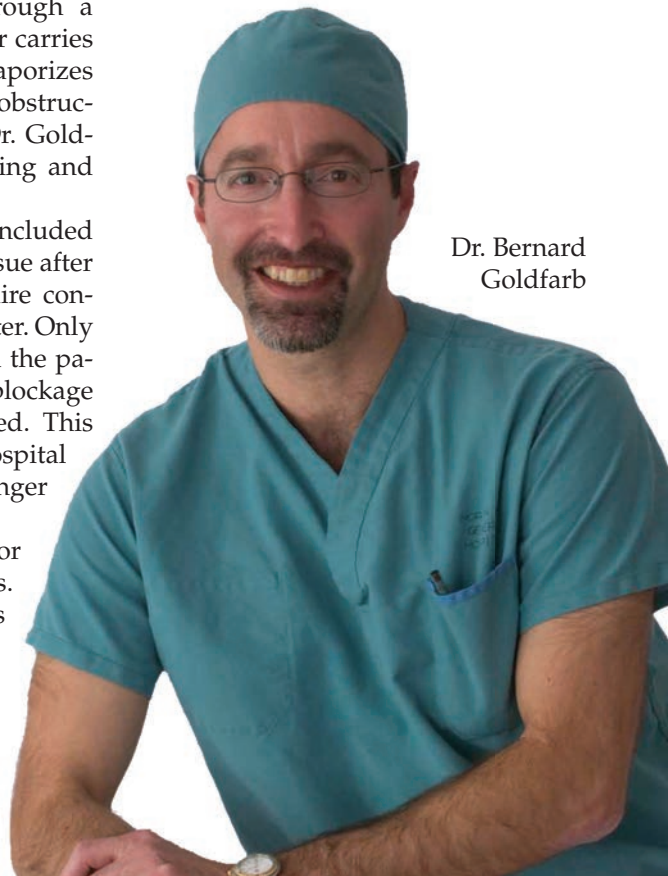
It also allows for the men of the Nipissing community, like Fernand Bois, to return to the activities he enjoys, such as spending time with his family.

"I experienced sensitivity for a few days, and then suddenly there was no more pain," says Bois. "My life is back to normal, I have no problems at all. I would recommend this procedure to anyone."

With a specially negotiated purchase agreement and the help of the community, the North Bay Regional Health Centre Foundation continues to raise the funds needed for the program. The total cost of the GreenLight Laser (PVP machine) and urethral scopes is \$190,000.

For more information about how you can donate to the GreenLight Laser, visit the Foundation website or call 705-495-8125.

Written by: Heather Cobbledick,  
Communications Specialist



Dr. Bernard Goldfarb



The Chirgwin family (wife, daughter, grand-daughter) and Patient Family Partnered Care Coordinator Tamara Dube-Clarke visit with patient Andy at NBRHC

## **PATIENT'S VOICE:**

### **Family Partnered Care Recognized at NBRHC**

**The story of how the Chirgwin family partnered with our hospital is one that continues to be inspirational, and teach our caregivers and our community partners.**

#### **Change Champions**

NBRHC is focused on family partnered care as we move forward under our More Time to Care quality improvement system. Our emphasis on family-partnered care was recognized in 2014 when the family of one of our patients was presented with the Healthy Change Champions Award, by the North East Local Health Integration Network (NE LHIN). The award is generally presented to a health care provider for making the health care system more patient-focused. This time it went to the Chirgwin family of North Bay.

Kathy Chirgwin's husband Andy was an Alzheimer's disease patient at

NBRHC for more than four years who passed away at the Health Centre in January of 2015, at the age of 69.

The story of how the Chirgwin family partnered with our hospital is one that continues to be inspirational, and teach our caregivers and our community partners.

Kathy Chirgwin explains how soon after Andy was admitted to the hospital she was sitting holding her husband's hand, feeling lost and tearful about how she couldn't care for him any longer and how no one would know what a wonderful person he was. Tamara Dube-Clarke, Patient and Family Partnered Care Coordinator saw the couple sitting together, sensed Kathy's anxiety and approached her, offering to help.

"Kathy wanted to somehow show the caregivers the person her husband used to be, someone who loved his family very much, so that they would better understand him. So we decided to work together to create a video of Andy's life story to introduce him to his caregivers as a former policeman, a husband, father and grandfather, a wonderful man everyone loved," says Dube-Clarke.

## The Patient's Voice: Empathy and Understanding

Andy's daughter Leslie Stickle says the video connected caregivers with her father.

"He went through an aggressive stage as part of this illness. Even though he was my father, I was afraid of him and the disease, so a video telling his story would certainly help make a caregiver feel more comfortable with him."

The video helped hospital staff have empathy for Andy as a patient and as a person. Stickle says it also helped Andy and his family members re-connect because they had not been able to communicate with him.

The video is a teaching tool for NBRHC staff working on the Dementia and Seniors' Mental Health units and is used across the organization to teach person-centred care. It has been shared with the Mental Health Commission of Canada, and the Gerontological Nursing Association, and has been viewed extensively on YouTube.

Recognized provincially as one of Ontario's 20 Faces of Change

In March, 2015, Tamara Dube-Clarke and the Chirgwin Family were selected by the Change Foundation as one of Ontario's 20 Faces of Change! The Change Foundation in a letter to NBRHC stated: "We are extremely excited to shine a light on your achievements as a leader in patient engagement and family-focused change in the province's health care system at The Change Foundation's 20 Faces of Change Awards. It is our honour to celebrate your demonstrated commitment to improving the system for patients and families."

Written by: Kathy Stackelberg



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# New services in **MENTAL HEALTH** and the **LAW**

## Forensic mental health unit for women

The NBRHC is developing a new forensic mental health unit for women, to open in late 2016. Funding for this provincial service was announced by the NE LHIN in March, 2015 after determining this type of service is lacking in Ontario's current service continuum. This highly specialized inpatient unit will respond to the distinct needs of women.

"In Ontario we are seeing an increase in the number of women with mental health issues in the court system," says Hélène Philbin Wilkinson, Director, Dual Diagnosis and Mental Health & the Law at NBRHC. "Women referred to our service will likely have had complicated lives, failed treatments and negative clinical experiences. The current system does not fully take into account the differences in the offending, medical and psychiatric profiles of women. As such, our long term goal will be to foster an internal change process within patients in a trusting, therapeutic and gender informed environment, while facilitating continuity of care planning with our referring hospitals. We will work with our partners to ensure safe and successful transitions back to their referring hospital or home community."



NBRHC President and CEO Paul Heinrich, and NBRHC Board Chair Michael Lowe (4th and 5th from left) celebrate mental health funding announcement with community partners

The 8-bed forensic unit will accommodate adult women found Unfit to Stand Trial or Not Criminally Responsible due to mental disorder and are subject to Disposition Orders of the Ontario Review Board (ORB) under the Criminal Code of Canada.\*

The women's unit will focus on patients returning to or developing new role functioning in the community. This combined with our One Patient One Plan care model will result in a service

that is patient directed and focuses on ensuring the patient and family voice. It will involve a care model that is based on both published and practice evidence.

"We will require a highly trained team that understands how women in the forensic mental health system differ from men. As a result, the new service will have an important research focus ensuring the knowledge we develop will benefit women and clinicians in

**Two major announcements made in 2014-2015 will improve the care the North Bay Regional Health Centre provides youth and women in the Mental Health and the Law program.**



New women's unit will be located in a mental health lodge at NBRHC

other parts of our program and in other jurisdictions," says Philbin Wilkinson.

## Forensic Assessment Service for Youth... access to the right care, in the right place, at the right time

In 2014, NBRHC was selected to develop and provide a youth assessment service for young people ages 12 to 18 across the northeast. The youth assessments inform the courts about the influence of mental illness on a young person's conflict with the law. The service was launched in January of 2015.

"Although young people may be

reluctant to get help for their illness and may find themselves in contact with the law, our service is aimed at pinpointing the mental health problem early so that the judicial and/or correctional system can be avoided. We want to alter the young person's pathway toward one of wellness," says Philbin Wilkinson.

The service will result in more and better services closer to home, addressing emerging mental health care needs of young people. It is intended to minimize disruption in the young person's life, promote stability, and optimize social inclusion. Children and youth will have their forensic assessment completed by a multi-disciplinary team, including both Forensic and Child and Adolescent Psychiatrists.

**\*Unfit to Stand Trial:** Because of a mental illness a person cannot understand the nature or consequences of what happens in court, or is unable to communicate with and instruct their lawyer. A judge may order the individual be treated with medication to make them Fit, in order that they may be able to return to court to face their charges.

**Not Criminally Responsible (NCR):** If the person did not understand what they were doing or did not know it was wrong because of mental illness, that person could be found NCR.

**Ontario Review Board (ORB):** A panel with the ORB is responsible for making ongoing decisions about the Unfit or NCR individual and will issue a disposition order. The panel reviews each person at an annual hearing.

# NBRHC Awarded Prestigious **LEED® Green Building Certification**



Dave Smits, VP Corporate NBRHC, speaks during Co-generation announcement

## **Energy Efficient Building**

North Bay Regional Health Centre is a green building! With energy efficient operations in place NBRHC has been awarded LEED® certification.

LEED stands for Leadership in Energy and Environmental Design. It's an International program setting high standards to support and certify successful green building design, construction and operations.

By using less energy and water, LEED certified buildings save money, reduce greenhouse gas emissions, and contribute to a healthier environment for residents, workers and the larger community.

## **Construction Company thinks Green**

From the start of construction, NBRHC had its goal set on LEED

certification. The construction company PCL Constructors had to consider and track several measures to reach LEED status – for example: recycled content, the amount of local building materials used, and construction waste management.

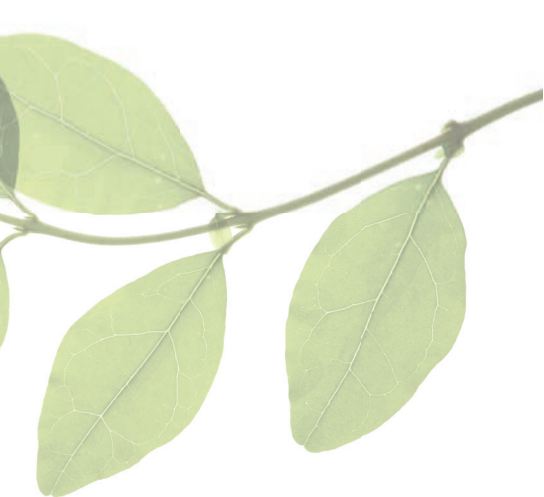
Furthermore, PCL managed to divert about 75% of waste material from the landfill (leftover brick, drywall etc.) by sending it to recycling centres. Additional LEED points were also gained by using low emitting materials for painting, flooring and furniture.

## **Green Practice will extend into the future**

NBRHC is designed to have above standard energy performance. A system known as 'best practice commissioning' ensures the efficiency of the building is maintained at its optimum level for years. That includes energy efficiency. For example, the temperature in the building is controlled by a central computerized system with air

Construction of NBRHC in 2008





handling units providing consistent fresh air exchange. Keeping in mind “sick building syndrome,” NBRHC developed an indoor air quality management plan for consistent fresh air exchange in all patient rooms, offices and throughout the building.

In an effort to boost energy cost savings and available standby power a co-generation plant was approved for the site in the fall of 2014. The plant is expected to be operational by the fall of 2015.

“NBRHC is committed to energy conservation through ongoing evaluation and management of its energy usage. Initiatives to identify areas of potential energy reduction and cost savings through energy benchmarking and monitoring are always underway,” says Dave Smits, VP Corporate. “Any changes or renovations must consider the possible implications to the building energy performance and longevity of the fixtures and finishes from a durability perspective. This philosophy of striving to minimize our environmental footprint is applied to all of the NBRHC facilities.”

Smits points out that each year updates are made to the building’s energy conservation and demand management plan.

“Building operations are nearly 40% of the solution to the global climate change challenge,” says Rick Fedrizzi, President, CEO & Founding Chair, U.S. Green Building Council (USGBC). “While climate change is a global problem, innovative companies like the North Bay Regional Health Centre are addressing it through local solutions.”

LEED was established by the USGBC and verified by the Green Building Certification Institute.

Written by: Kathy Stackelberg



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**PHILIPS**

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## Access to **THE RIGHT CARE**

**M**et Susan, a 75-year-old wife, mother, grandmother, former figure skating coach and foster parent. She enjoyed gardening, caring for her family and volunteering at her church. In her later years, she started exhibiting changed behaviours that were unfamiliar to her family and friends, and was diagnosed with dementia. Susan attended an Alzheimer's day program and her family provided care in her home during evenings and on weekends. As her dementia progressed, she was admitted to a long term care home (LTCH) in her community for additional support. When Susan began exhibiting increased 'responsive behaviours,' such as acting out, withdrawing or grabbing onto people, her safety and the safety of her co-residents became a primary concern.

**Susan's journey also demonstrates what it means to establish and maintain Partnerships with Purpose within our North East Region.**

## **Bringing the Behavioural Supports Team on Board**

Susan's family and the LTCH reached out to the home's internal Behavioural Supports Ontario team. From there they connected with North East Behavioural Supports Ontario (NEBSO) for consultation and assessment regarding Susan's behaviours, care plan and medical review.

NEBSO provides specialized services for older adults with or at risk of complex responsive behaviours, and offers enhanced support and coaching for their caregivers.

After initial assessment and behavioural interventions were trialed with Susan, the BSO team advised she may benefit from an admission to the North Bay Regional Health Centre's Regional Specialized Dementia Care Unit (also known as Oak Lodge at Kirkwood Place in Sudbury) for a 60-day assessment.

## **Specialized Care Plan at Oak Lodge meets patient's needs**

Prior to admission, Oak Lodge's inter-disciplinary team gathered information from Susan, her family and care partners to develop her specialized care plan. This is referred to as 'personhood.' It allows care providers to get to know the patient from a past and present holistic perspective. This assists in establishing appropriate personal approaches, behavioural interventions and meaningful individualized care. A patient's personhood would include: likes and dislikes for food, clothing, hair style, music, hobbies, family history etc.

While Susan's behavioural care plan was developed, her medications were also reviewed. Throughout her provision of care each of the care providing partners stayed in close contact to discuss Susan's progress, behavioural approaches and medication trials.

## **Transitioning back to Long Term Care Home**

As her dementia progressed and her responsive behaviours decreased, (as is often the case with dementia) plans began for Susan to be successfully transitioned back to the LTCH. Oak Lodge staff and Susan's family accompanied her to trial her care plan and behavioural interventions in her new setting. The visits were a success and Susan was discharged from Oak Lodge and transitioned back to the LTCH.

Susan's daughter was pleased with her mother's transition and the care she received throughout.

"Our experience at Kirkwood was a feeling of overwhelming relief to know that she transitioned into an environment where the end goal was for her to have as much quality of life as she is able. From having behavioural challenges on a daily basis, to being happy and functioning was an amazing thing to see. The staff has compassion and treated my mother as an individual and that made a world of difference in her care."

## **Access to the Right Care and Partnerships with Purpose**

Access to the right care allowed Susan to successfully transition back to her community with the right medical and behavioural care plan in place for her individual needs. Susan's journey also demonstrates what it means to establish and maintain Partnerships with Purpose within our North East Region. By keeping all partners involved in Susan's care and coordinating in-reach and outreach visits with our staff and the LTCH staff, we ensure a seamless transition of care for the patient.

Written by: Carolyn Hepting, Interim Coordinator,  
Oak and Nickel Lodge, Kirkwood Place



# VOLUNTEERS ENHANCE overall patient experience

WRITTEN BY: Heather Cobbletick, Communications Specialist



Ron Walsh volunteers on the Complex Continuing Care unit by playing guitar for the patients.

People recovering from physical injuries are more optimistic about their rehabilitation if they are physically and socially active. Older adults report a 'sharper mind' when in a higher level of social involvement. People with mental illness are more likely to report a reduction of their symptoms, fewer feelings of stigma and a higher level of confidence when physically and socially active.

At the North Bay Regional Health Centre, volunteers are enhancing the overall patient experience by assisting Recreation Therapists with the facilitation of therapeutic programs and activities for individuals with illnesses or disabling conditions. By reducing isolation, decreasing anxiety and providing positive companionship, volunteers are helping improve quality of life and promote recovery.

Take Ron Walsh, for example, who has been volunteering weekly at the hospital for the past three years playing guitar on the Complex Continuing Care unit.

"Music is in everyone," Ron says with smile. "It is important to get patients out of their room interacting with

others and participating in a positive activity."

Music therapy can ease anxiety and provides an opportunity for social interaction. At the hospital, patients come together and are encouraged to participate by singing along. "You Are My Sunshine is often a favourite, as we can all sing that one together," says Ron.

Nicky Poulin has also been volunteering with the hospital through Recreation Therapy; however, it is for a very different program.

Every Monday morning for the past three years, Nicky has been instructing Yoga & Wellness program for mental health patients in the hospital gym.

Nicky teaches patients basic yoga poses and different breathing techniques to relieve pain, stress, and anxiety. "Yoga is not just a physical activity, it is about balancing out the body and mind," says Nicky. "When someone is stressed, their body tenses. If they are angry, they clench their fists. If we can help teach the body to relax, the mind is connected and will relax too."

Even though Nicky is the teacher



Nicky Poulin instructing her Yoga & Wellness program in the NBRHC gymnasium.

of these classes, she feels through this program she is the person who has learned the most.

"You learn so much about people and their life experiences when you volunteer. By giving my time and knowledge, I receive a gift in return – gaining such a rewarding experience."

Colleen Harrison, Recreational Therapist at the North Bay Regional Health Centre, is grateful for the help volunteers provide.

"It is because of these volunteers dedicating their time and sharing their gifts with our patients, that we are able

**Even though Nicky is the teacher of these classes, she feels through this program she is the person who has learned the most.**

to continue to offer and expand on these unique programs," says Harrison. "It is easy to feel low when suffering from an illness, so these enjoyable therapeutic activities are important."

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Foundation Board Chair Guido Verrillo, and Foundation President and CEO Tammy Morison.

# Closing our communities' **HEALTH CARE GAP!**

In fiscal 2014/2015 your community and the Foundation continued to raise significant community support to help provide more advanced levels of care.

While making progress on the Child and Adolescent Mental Health Unit and the Central Fetal Monitoring System for Labour and Delivery, community need resulted in the Foundation adding another initiative for men's health. For your husbands, brothers, fathers and sons, the Foundation is raising community support for the GreenLight Laser to treat enlarged prostate.

On behalf of our patients and your community, we thank you for supporting these needs. Through your generosity and the efforts of many volunteers, the Foundation was able to provide \$2,870,268 million to support urgently needed medical equipment and programs.

The Foundation raises support for regional and district needs through:

- |                             |   |
|-----------------------------|---|
| 💖 Letters to Your Community | 💖 Third Party Events                    |
| 💖 One-on-One fundraising    | 💖 Gifts in Wills                        |
| 💖 Memorial Donations        | 💖 Appreciated Securities (stock, bonds) |
| 💖 Monthly Giving Program    | 💖 Our Hospital Walk/Run                 |



### **Our Hospital Walk/Run**

The 8th annual *Our Hospital Walk/Run* attracted over 720 participants and volunteers. Sixty sponsors plus community pledges raised over \$110,000. The next Walk/Run is Sunday, October 18, 2015.

### **Community Partnerships for Mental Health**

The Foundation in partnership with CMHA-Nipissing, hosted two significant events for mental health, the Celebrity Speakers event and *Clara's Big Ride for Bell Let's Talk*. Catherine and Valerie Pringle shared their family's experience with mental illness during the 2014 Celebrity Speakers event inspiring and engaging the audience in a discussion on mental health at the Capitol Centre.

Six-time Olympian Clara Hughes returned to North Bay, part of her coast to coast to coast tour, *Clara's Big Ride for Bell Let's Talk*. Clara and her crew engaged in three events during the *North Bay Championship Weekend*; a community welcome, gala fundraising dinner and youth breakfast.

### **Grateful Family Program**

Supporting our culture of philanthropy, the Foundation launched the *Grateful Family Program* to give patients and their families an opportunity to thank hospital staff and volunteers for their care. Those recognized through a donation are honoured with a *Golden Heart Award* and recognized among their peers and hospital community. Families are also encouraged to write a personal message.



### **The Foundation Online**

E-communications now helps us express the impact your support has on the health of your community and keep you informed on our fundraising activities and progress. A monthly e-newsletter *At the Heart of it...* is now published, as well as emails to supplement letters sent to your community. You can sign up for the monthly e-newsletter by emailing [foundation-news@nbrhc.on.ca](mailto:foundation-news@nbrhc.on.ca).

### **Letters in Your Community**

In the spring you may have received a letter seeking your urgent support for the GreenLight Laser for prostate surgery. Authored by Dr. Bernard Goldfarb, Head, Service of Urology, this letter was mailed to 17,600 households. An email version was also sent to 1,223 donors, raising a combined total of \$46,622.

Karen Cook, Birthing Unit Leader sent a special letter in the fall asking you to consider supporting for the Central Fetal Monitoring Systems for moms and babies. An email was also sent to 22,400, the combined total raised was \$41,402.



### **One Big Win for Your Healthcare**

Your Hospital Lottery expanded this year and was promoted across your district. With 104 cash draws and four bonus draws, including trips, the lottery helps purchase urgently needed medical equipment.

### **Third Party Events**

Your community supported more than 17 special events. They ranged in size and included golf tournaments, gift wrapping and student collections. Often they are hosted by service organizations, businesses and individuals in support of the community's healthcare needs.

### **Leaving a Legacy to Your Community**

Thirty donors were recognized last year for their future gift during the 2nd Annual *Legacy Society Luncheon* with Paul Heinrich.

Notifying us of your future gift allows us to recognize and express appreciation during your lifetime. If you intend to leave the North Bay Regional Health Centre Foundation in your Will, please call us at 705-495-8125.



# KAY AND CHAN'S LEGACY

## to a community they loved

Like so many, Kay and Chan Armstrong were proud to call North Bay home. Similar to many who live in the city, Kay and Chan were passionate about their community and contributed regularly. A nurse by profession, Kay had a strong interest and enthusiasm for helping the ill, providing compassionate care and volunteering with the Cancer Clinic for more than 30 years. Chan served as City CAO. Very private in their personal

lives, the couple took pleasure in quietly giving back to the community through volunteer work and annual donations.

True to their kind nature, Kay and Chan had the inspiring foresight to help ensure a strong future for their community. By leaving bequests to several organizations they held close to their heart, they will have a lasting legacy beyond their lifetime. The Armstrong's included the NBRHC Foundation in their Will, shaping

healthcare in North Bay for years to come.

Like many others, Kay and Chan chose to dedicate their bequest to the healthcare needs of their community, ensuring that people in their region will continue to have access to quality hospital care. They join a long list of generous donors on the *Celebrating Life Memorial Wall*, recognizing the contributions of community members who have passed.

## How does GIFT PLANNING fit with your FINANCIAL PLAN?



Seeing your stock, bond, mutual fund or RRSP grow is a good thing and helps build your financial stability. But what happens when you're gone?

When you pass away, your executor must file a final return for you to report

income and capital gains up to the date of death. Any remaining funds in your RRSPs or RRIF become fully taxable. The final tax bill is paid with funds from your estate. Proper tax planning can reduce taxes and leave more assets for your loved ones.

"Death is a terrible thing, but it's amazing when something good can come out of it for those left behind. I know when I'm gone my gift will have an impact on the healthcare services in my community, leaving a lasting legacy."

C. Nancy Birtch  
Partner, KPMG LLP  
Former NBRHC Foundation  
Board Member

There are diverse tax-smart and strategic ways to make a planned donation in your Will that will not only

be directed to a cause meaningful to you, but will also help reduce the tax burden on your estate.

In the last 15 years, the North Bay Regional Health Centre Foundation has received more than \$1.1 million through Wills, helping provide advanced levels of care to you, your family, friends and community.

For further information regarding a gift in your Will, a gift of life insurance or a gift of securities to the NBRHC Foundation, please contact Kendra Clarke at 705.495.8129 or [kendra.clarke@nbrhc.on.ca](mailto:kendra.clarke@nbrhc.on.ca).

This information is not intended as nor does it constitute tax or legal advice. Please consult your lawyer, accountant or other professional advisor when planning your estate or donation strategy.

# LEGACY

## Society

We recognize and thank the following honorary members who have made provisions for future gifts through their Will, life insurance, annuities or trust arrangement.

C. Nancy Birtch  
 Tim Bremner  
 Richard Labelle & Annie Brousseau  
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 James & Margaret Souter  
 Brad & Vicky Sutherland  
 Bob & Frankie Syme  
 Charles & Sheila Taylor  
 Mary Vassbotn  
 Guido Verrillo  
 John & Barbara Wellard

The Legacy Society pays tribute and expresses gratitude to you for remembering the NBRHC Foundation in your Will or through another form of planned gift.

Once your planned gift is realized (received), your name is listed on the main donor wall.



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# North Bay Regional Health Centre



# Centre régional de santé North Bay

Donors listed in this report made these cash gifts,  
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## #Points4Paul

Mental illness hits close to home for Battalion forward Nick Paul. After losing a close friend to suicide during high school, the future Ottawa Senator and former World Junior player, decided to take action. Nick partnered with the Foundation to create #Points4Paul to raise funds for the Child and Adolescent Mental Health Unit at NBRHC.

Since opening April 1, 2014, the Child and Adolescent Mental Health Unit has cared for more than 110 children from Temiskaming, Parry Sound, Muskoka and Nipissing Districts.

"#Points4Paul is making a difference for youth," says Nick. "I want my fans and followers to celebrate with me each time I score a point by making a donation to the Child and Adolescent Mental Health Unit."



## Dolly Shaw & Family

Dolly and Merlin Shaw began their life together in 1939 in Noranda. After a stint in the Royal Canadian Air Force, Mel started his career as an assayer. Six children followed – Terry, Harry, Trudy, Cindy, Patrick, and Michael. Avid curlers and golfers, Dolly and Mel were both highly active in their community.

Mel passed away in the Palliative Care Unit in 2013. In his memory, the family chose to make a donation dedicating a room in Palliative Care in honour of a beloved husband, father and grandfather. The Shaw Family's gift was designated to the Child & Adolescent Mental Health Unit, ensuring children have access to this care, close to home.

## McDonald's Restaurants The Haines Family

Owners of four McDonald's restaurants in North Bay and Sturgeon Falls, Brad and Joanne Haines, inspire others to be involved in our vibrant community. McDonald's sponsored the Foundation during *Clara's Big Ride for Bell Let's Talk*, hosting a youth breakfast during *North Bay Championship Weekend*.

With proceeds from the annual McHappy Day, McDonald's and the Haines Family are committed to supporting the Child and Adolescent Mental Health Unit.





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