




NBRHC Annual Report 2017-18





MESSAGE FROM THE CEO, BOARD CHAIR & CHIEF OF STAFF

Working With You to Be the Best in Health Care

Innovation, compassion, accountability, respect and excellence are evident in the work done every day by our more than 2100 staff, 150 core physicians and 300 volunteers. Their work extends over five sites, with many being 24/7/365 operations.

When preparing this year's report our values of innovation, compassion, accountability, respect and excellence are evident in the work done every day by our more than 2100 staff, 150 core physicians and 300 volunteers. Our work extends over five sites, with most being 24/7/365 operations.

We aren't immune to the system pressures facing hospitals across the province. Hospitals are the backbone and safety net of the health-care system and we are proud of every member of our health care team for pulling together to support each other and continue to provide the best care for our patients when they need us most.

The dramatic increase in patient demands means even with 418 beds currently open, we have never been this busy or provided more services in NBRHC's history. While we have increased our bed compliment, having more patients to serve can still cause over-capacity issues.

As Senior Leaders and Board Members, we are committed to supporting our staff through these challenging times--we continue to advocate for the necessary resources to provide the best care for our patients when they need us most.

In an effort to better support our staff we created an innovative organizational listening program we called "Better Together". In our first cycle, we asked our staff "how might we get better together at health and wellness?" We were amazed to receive more than 200 ideas, which were voted on and used to help shape wellness at our organization. That work is ongoing.

In this report, we wanted to share with you the many ways we are working to be the best in health care.

NBRHC Quick Facts

\$218

MILLION ANNUAL
OPERATING BUDGET

150

CORE PHYSICIANS

2100

STAFF

300

VOLUNTEERS

418

BED FACILITY
(JANUARY 2018)

118,155

INPATIENT DAYS
ANNUALLY

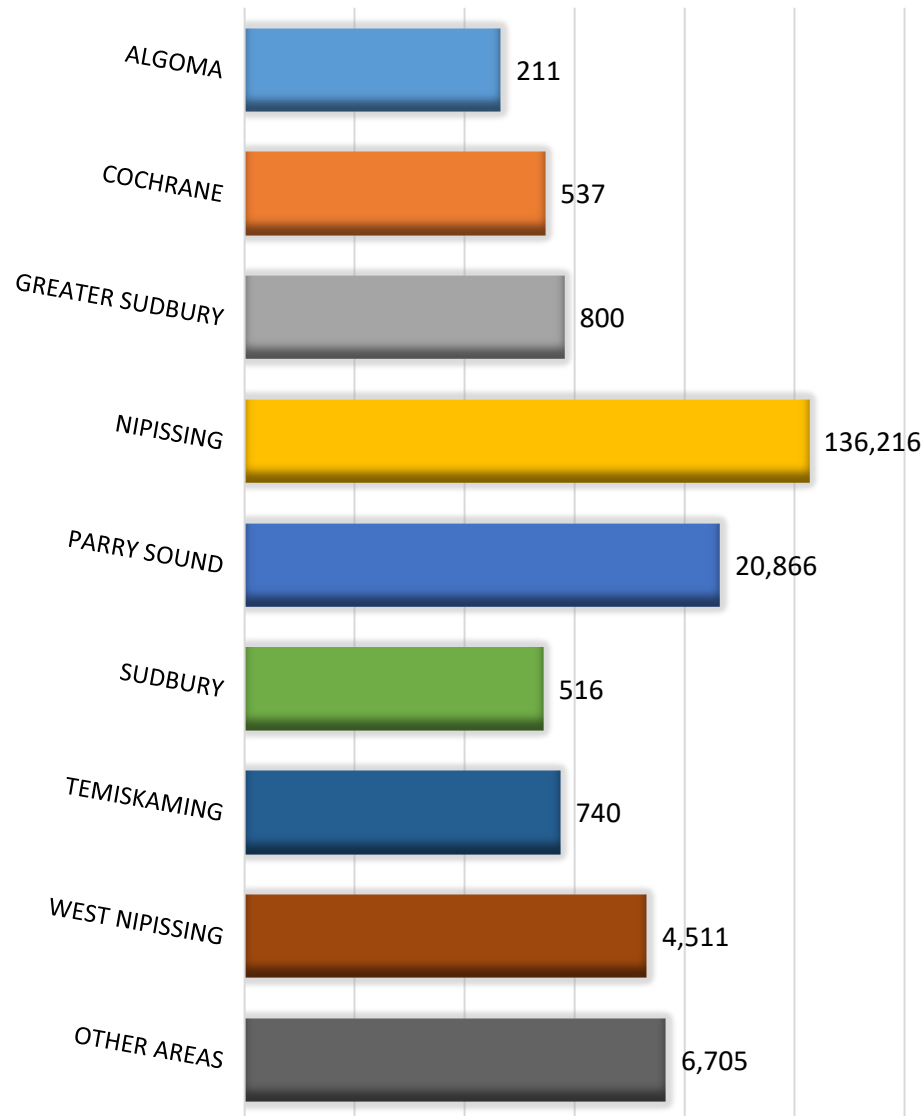
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SITES OFFERING
SERVICES

WE ARE YOUR DISTRICT HOSPITAL

Where our Emergency Patients Come From

The following graph shows where in our district our patients attending the Emergency Department last year came from.



A wide-angle photograph of a modern hospital atrium. The space is characterized by large, vertical wooden columns and a high ceiling with recessed lighting. Large glass windows on the right side offer a view of the outside. The floor is covered in light-colored, rectangular tiles. In the foreground, there are several pieces of furniture: a long, low brown sofa, a red leather sofa, and a small, curved grey trash bin. In the background, a signpost provides directions to various hospital departments.

“Hospitals are the backbone and safety net of the health-care system. “

Paul Heinrich, President and CEO - North Bay Regional Health Centre

ACHIEVING EXCELLENCE TOGETHER

Our Amazing Work

MEET MOE - "As Moe's sister, I continue to help Moe & his wife Alice cope with the huge changes in their lives since my brother Moe was diagnosed with severe depression & dementia in February of 2015.

The North East BSO team has been our lifeline throughout this unique journey and our family is forever grateful to Dr. Hayes, Stephanie, Oak & Evergreen Lodges and the entire BSO team as we look forward to new moments that we can now create with my brother."

Yvonne on behalf of the Gregoire Family

OAK LODGE - "Having quality of life is all my sisters and I want for our amazing father. He gave us a great childhood and deserves to spend his older years as content and happy as possible even with dementia slowly taking him away.

We were resistant to sending him to Oak Lodge partly because we struggled accepting our calm and patient father was becoming increasingly aggressive, but also being teachers we were losing our special time with him (the summer), going for walks along the trail we always walk. After backing out once, we finally agreed to have Dad go from his home in Parry Sound to Oak Lodge in Sudbury. My sister and I were devastated as we are both felt like we were losing our special time with dad. Well, we couldn't have been more wrong. Instead, we got our dad back (as much as possible with dementia).

As soon as I met the staff at Oak Lodge I knew dad was where he needed to be. Their patience and understanding of dementia patients was wonderful! They treated him with dignity and respect while helping change behaviours through approaches and med changes...he was someone with dementia; not a dementia person.

Dad still has dementia and will continue to change as the disease progresses, but thanks to the staff at Oak Lodge he is no longer having the horrible hallucinations or living in fear that he is in the war. Thanks for giving one of the most important people in my life back some quality of life."

DR. JOSHUA TEPPER - This February, we were pleased to host Dr. Joshua Tepper, President and CEO of Health Quality Ontario (HQO) at NBRHC.

HQO is the provincial advisor on the quality of health care in Ontario, and we were very excited to share our Health Centre's quality journey with him.

Dr. Tepper was able to attend three huddles during his visit. Huddles are regular, 15 minute unit activities held across our organization for staff to identify, prioritize and action daily improvements linked to organizational priorities. After his tour, Dr. Tepper complimented NBRHC's staff's commitment to better quality care.

WRAPS – WELLNESS RECOVERY ACTION PLAN - Program to support regional mental health patients and prepare them for discharge by promoting WRAPs – Wellness Recovery Action Plan. WRAPs are evidence based, peer led plans to improve recovery outcomes.

Peer Support Specialists are one of the first people patients see upon admission. They support them throughout their treatment journey at NBRHC as they plan for discharge back to their home.

NBRHC IS TOBACCO FREE - We exceeded the provincial mandate of becoming a smoke-free facility by going the extra step to become a Tobacco-Free organization two months ahead of the provincial mandate.

WITHDRAWAL MANAGEMENT SERVICE - On August 30, 2017, the North Bay Regional Health Centre's Withdrawal Management Service beds relocated from our King Street Campus to NBRHC's Acute Inpatient Psychiatry Unit (AIPU) located at our 50 College Drive location.

Withdrawal Management Services provides help for withdrawal from alcohol and/or other addictive substances.

This is a 24-hour service that will help people begin their recovery in a safe and supportive environment.

EMBEDDING PATIENT INVOLVEMENT IN OUR CULTURE - For some organizations, a traditional Patient and Family Advisory Council is an effective way to include the patient and family experience into quality improvement.

The North Bay Regional Health Centre (NBRHC) decided to try something unique to involve the patient voice. And it's working.

Paul Heinrich, President and CEO explains that as an organization with three distinct roles—the regional mental health provider for all of northeastern Ontario, the provider of district acute care services to North Bay and surrounding communities and the district referral centre providing specialist services—they were looking for a way to provide an authentic and meaningful experience for all the patients and families they serve.

“As an organization committed to continuous improvement and creative problem solving the answer was simple,” Heinrich says. “We decided to try something innovative and approach patient and family involvement in a unique way that we haven't seen in other organizations.”

The idea? They decided to seek people who had a recent lived experience with a specific process they were looking to improve. This would help ensure the Health Centre accurately reflected the wide variety of services they provide to communities across such a large region of the province.

Heinrich says NBRHC's approach to patient involvement has become embedded in the Hospital's culture. “It's not uncommon to see our staff talking to patients in our waiting rooms, asking questions on how we might improve something. We seize opportunities everyday as they occur, whether they are positive or negative, to have real-time dialogue with our patients and families.”

Examples of this methodology at work can be found throughout the organization—a stroke survivor and his wife participated in the hospital's Quality Based Procedures Advisory Committee, supported the tPA door to needle time initiative and were advisors on the Road to Recovery Stroke Initiative. A rehabilitation patient led a team huddle on her floor (huddles are regular, 15 minute unit activities held across the organization that lead to quality improvement), giving the team access to patient feedback in real-time. Patients in both the acute care and regional mental health programs have provided critical input into the development of patient whiteboards/care boards that have been implemented to help improve patient involvement in their care and communication with care teams. And staff debrief with families after every Medical Assistance in Dying (MAID) service provided at the Health Centre.

Heinrich says this unique approach has helped staff truly put the patients at the centre of their work. “Our strategic plan has a visual that shows the patients at the centre of the work we do, and I'm proud that this approach is an example of how we are living that in our daily work.”

2017-19 NBRHC STRATEGIC PLAN - We've Updated Our Strategic Plan For 2017-19

SHORTER STAYS, FEWER COMPLICATIONS - Dr. Ravinder Singh believes in borrowing what's working at other hospitals. So, when North Bay Regional Health Centre joined the quality improvement program, he already had a goal in mind: "I'm always thinking what can we do to make patients feel better, get home faster and stay home," the hospital's head of surgery says.

To do that, he looked to the on-call emergency surgeon concept, which has surgeons forego elective procedures like surgery, endoscopy and clinic for a week, dedicating that time to patient rounds in acute care. That concept, first developed at U.S. hospitals, had documented fewer complications and shorter hospital stays there.

Since adding the on-call concept, the overall stay for general surgery patients admitted through emergency has gone down by two days, he says. For appendicitis patients, it's down by more than half a day, and for emergency gall bladder patients, "it's a full day shorter," he says. The sickest patients have benefited the most from the on-call surgeons in emergency, he notes, because the extra attention prevents further complications.

The hospital has also rolled out the Enhanced Recovery After Surgery program, which is meant to empower patients with their own care. When Singh learned of Mount Sinai Hospital's post-surgery patient activity booklet — part of the recovery program, he adopted it for North Bay. Patients are encouraged to fill out the booklet in detail, answering questions like, 'Are you doing deep breathing?', 'What did you eat and drink on day 1? Day 2?' and 'when did the catheter come out?'

Singh thinks the program is revolutionary in its challenge to surgical status quo. "It was developed to question the dogma around how we treat surgical patients," he says.

Adding to those efforts, Singh has inspired others to pursue continuous quality improvement and has promoted surgical site infection prevention steps to other hospitals in the program. "It's all about connecting and learning from each other," he says. "Big or small, academic or non-academic hospital, we're all trying to reach the same goals."

TRILLIUM GIFT OF LIFE NETWORK AWARD - Trillium Gift of Life Network is proud to present a record 36 awards to 29 hospitals and partners for their outstanding work in organ and tissue donation over the last fiscal year (April 1, 2016 – March 31, 2017).

These remarkable hospitals and partners are being recognized across four categories (the complete list of award recipients and Media Release).

Twenty-seven hospitals received the Provincial Conversion Rate Award for meeting or exceeding the target of a 58 per cent conversion rate set by Trillium Gift of Life Network. Conversion rate is the percentage of potential organ donors (a deceased patient identified as having organ donation potential) that went on to become actual donors.

"Ontario has had three consecutive record years of lives saved through transplantation, and such success would not be possible without our dedicated partners", said Ronnie Gavsie, President and CEO, Trillium Gift of Life Network. "The achievement awards reflect how hospitals have embraced and integrated donation into quality end-of-life care".

"These achievement awards represent the hard work and commitment of our Ontario hospitals to save and enhance lives through organ and tissue donation," said Dr. Eric Hoskins, Ontario's Minister of Health and Long Term Care. "On behalf of the 1,500 people in Ontario currently waiting for a life-saving transplant, we applaud your dedication and we thank you."

WORKING WITH YOU TO BE THE BEST IN HEALTHCARE

Our people, our patients

Thank you to our patients and families who share their stories with us.

REFLECTIONS ON MEDICAL ASSISTANCE IN DYING - FINDING BEAUTY AND PEACE IN DEATH

When the federal government passed Bill C-14 in June 2016, the legislation gave eligible patients the option to request medical assistance to end their lives while also giving doctors and nurse practitioners the legal right to provide this service.

The North Bay Regional Health Centre was proactive in preparation for Medical Assistance in Dying (MAID) by creating policies and procedures to ensure physicians and staff were prepared in the event patients made a request for a physician assisted death. The following is the story of two of the many caregivers within the healthcare team who work together to provide this important option for our patients.

Taylor Peachey describes herself as having a 'passion for palliative care'. Peachey, a Registered Nurse (RN) at the North Bay Regional Health Centre (NBRHC) in North Bay, admits it wasn't where she pictured herself. "I think we all start our nursing profession dreaming of delivering babies or saving lives of medically unstable patients," the 23-year-old says. "For me, it was a little different. I found a passion for gerontology care involving senior retirement care."

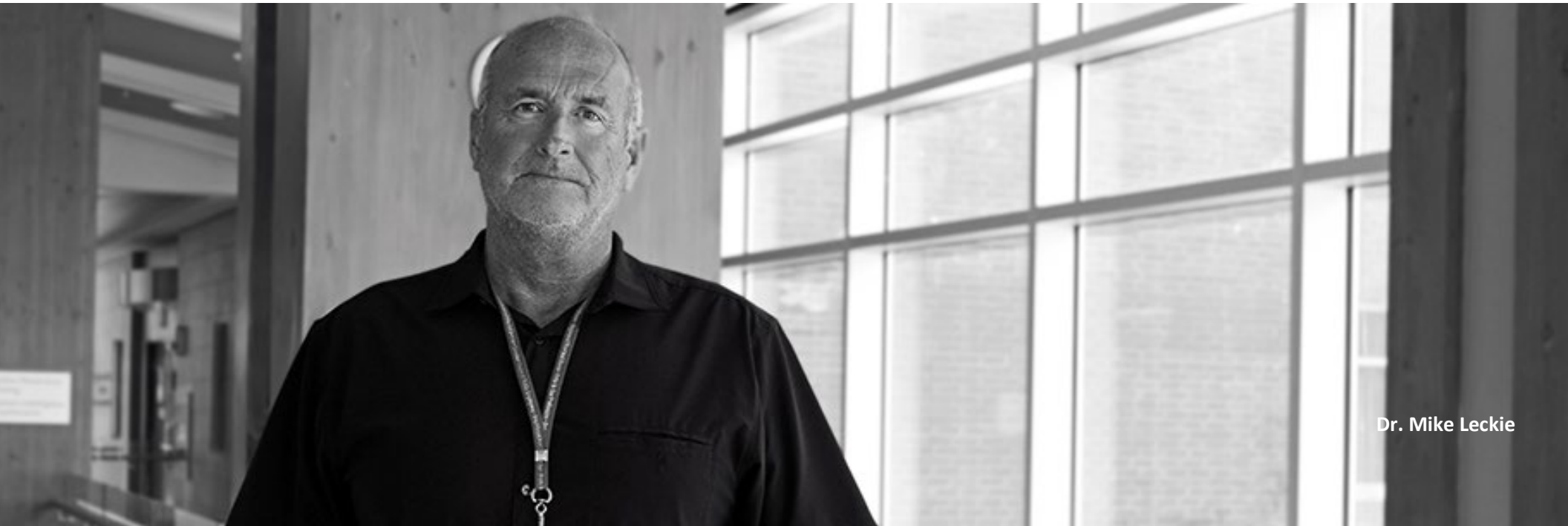


Taylor Peachey

Peachey explains this passion comes from the combination of caring for her patients and supporting their families. “I get sad when my patients die – but I’m happy when I can have a positive impact on someone’s end of life. I don’t want families to leave the hospital and feel like their loved one didn’t get the best possible care.” She says people may not realize how rewarding it is to be a part of something that can be so peaceful and loving.

That is why, when Peachey was approached about participating in a Medical Assistance in Dying (MAID) procedure for a patient on her floor, she accepted. “I don’t think I slept much the two days before,” she remembers. Peachey says her biggest struggle was how she would feel following the procedure. “I literally Googled ‘how do nurses feel after MAID?’ That was my biggest struggle – how could I remain professional and still have feelings?”

Dr. Mike Leckie has been a physician in North Bay for 35 years and in that time he says he has seen people die very poorly, and people die well. He says he’s always felt there was a place for physician assisted death in Canada –but wasn’t sure it would ever be available in his lifetime.



Dr. Mike Leckie

“Even with great palliative care, sometimes people have intractable pain; breathing issues; loss of dignity, no control over their personal bodily functions. It’s sad to watch people suffer for weeks or months with these sorts of problems,” he says.

What he says he’s learned from both his professional and personal experiences is what most patients want is control. “Most times these patients have lost control over a lot of aspects of their life and MAID gives it back to them.”

The day of the MAID procedure, Peachey spent the day with her patient, preparing him for the procedure. “He was very emotionally ready,” she says. “He knew he was terminal and he didn’t want to end his life gasping for air.”

Peachey says something he said will stick with her for the rest of her career and though any other assisted deaths she may participate in. “He called it the ‘gift of life’,” she recalls. “It truly is the gift of life- he didn’t want to suffer anymore. It was beautiful.”

Working in palliative care, Peachey recalls seeing patients bedridden for days and weeks, with the family resigned to waiting for their loved one to die. “It can be one of the most difficult experiences for families to go through.”

Both Dr. Leckie and Peachey see MAID as an opportunity for patients to experience the end of their life without the suffering sometimes experienced by others.

“We talk a lot about beginning new life at hospitals and those beautiful moments of life; but death can also be a beautiful moment of life,” Peachey says. “In order to accept MAID, we have to accept death. “

INTEGRATED STROKE UNIT OPENS AT NBRHC

Sue Turgeon was preparing to start a new job. She decided to call her husband René to meet her for lunch.

When there was no answer, Sue tried again.

And again. Still no answer. When René finally answered his phone Sue asked “where are you?”

“On the floor,” he replied. René had had a stroke.

First Critical Moments

René, who drove truck for over 30 years, happily spent some of his retirement years travelling with Sue for work as they enjoyed life in their adopted community of Mattawa. “We love the scenery—it’s a gorgeous place,” René says. The couple has been married for more than three decades, and when they are together you can see how Sue still smiles and laughs easily at René’s many jokes and clever nicknames for those around him.



The day of his stroke René was home alone. He had a stroke when he was in the family room and had fallen. “I tried to get up and couldn’t,” he remembers. Hearing the phone ringing, René crawled on his back to the bedroom where he knew his phone was.

The next time Sue called René was able to pick up the phone. “It was a relief when I heard her on the phone,” he remembers.

Shelley Hawton, C1 Inpatient Rehab/ISU & District Stroke Coordinator at the North Bay Regional Health Centre (NBRHC) explains that since René was within 3.5 hours from the beginning of his stroke symptoms, the paramedics bypassed his local hospital straight to NBRHC. “Here he went through the Emergency Department’s Stroke Protocol, which ensures these patients receive timely interventions, including a CT scan—which René had 11 minutes after arriving.”

The Turgeon’s then had a consultation with the Telestroke neurologist, who indicated René wasn’t a candidate for the clot busting drug (tPA or tissue plasminogen activator) because it would put him at risk for bleeding due to the location of the clot and previous history of stroke.

René says he was conscious the whole time, and felt very apprehensive. “I was worried because I didn’t know what was happening,” he says. René was admitted from the ED right to the Health Centre’s new Integrated Stroke Unit (ISU) where he would spend the next six weeks recovering and rehabilitating.

Recovery and Rehabilitation

April 2017 marked an exciting time for stroke care at the Health Centre with the opening of the ISU located on C1. The goal of specialized units like this is simple: better patient outcomes. Some research shows that receiving care on a stroke unit can reduce the likelihood of death and disability by as much as 30 percent.

In a year, NBRHC sees 165 stroke and TIA (transient ischemic attack or mini stroke) patients. Hawton explains that the ISU has staff dedicated to the care of stroke & TIA patients – providing both acute and rehab care on the same unit. “Following patients through their entire journey in hospital not only lets staff get to know their patients but it also builds an expertise in stroke care,” she says.

Sue remembers the first few days in the ISU being very intensive, and her biggest fear at the time was the unknown. “We didn’t know what his recovery would look like,” she says. Hawton says this is very common—how much one will recover and the speed at which it will happen varies from person to person; not knowing where you will be at down the road can be a terrifying experience.

Once he was stabilized, René began therapy right away. The stroke had left him paralyzed on his right side. “I couldn’t stand,” he remembers. “I had no grip.” René’s care team worked with him in stages. “They began by propping him into a wheelchair, and got him scooting around,” Sue explains.

René quickly moved through each stage—first with a two wheeled walker, then a cane—all important steps toward his ultimate goal of walking unassisted.

Patty Byers, Manager of Rehab and District Stoke says early into the rehab phase of care, goals are set with patient input to give them things to strive for while they are on the rehab unit. “For example, a patient may want to walk independently. These goals are reviewed weekly by the entire interdisciplinary team to determine at what stage the patient is at in meeting their goals and what is needed to try and get them there.” Byers explains the interdisciplinary team supporting the patients on the ISU includes physiotherapy, occupational therapy, speech language pathology, recreational therapy, nursing, social work, pharmacy, personal support workers, rehab assistants and key community partners.

The Turgeons came back to the hospital to thank some of the care team members in person following René’s recovery.



When you meet with the Surgeon's it would appear that René's recovery has moved at incredible speed. But according to René, when you are the one going through the recovery process, it can feel very slow. He says the mental aspect of his recovery was as hard as the physical part, together with the frustration of not being able to do what you were able to do before. "I was depressed for a while," René reflects. "You think 'is this the end of my life?' You're not quite sure what's ahead for you."

Post stroke depression is very common; research has shown that approximately one third of individuals who have had a stroke will experience symptoms of depression; majority within the first three months of their stroke.

The Surgeons agree the communication from staff to the patient, and Sue as the family, was key to their experience. "They were great about talking to me, as the spouse," Sue says. This is significant because family support and involvement is extremely important when it comes to recovering from a stroke.

Outpatient Care

Rene was a patient in the ISU for six weeks and has since 'graduated' to outpatient status, attending the hospital twice a week for 2 hours to participate in Physiotherapy and Occupational Therapy.

Bill O'Donnell, Coordinator and Physiotherapist at NBRHC says after patients are discharged from the ISU, often it is recommended they attend an outpatient program to continue their recovery. O'Donnell says patients can receive Physiotherapy, Occupational and Speech therapy in the Neuro Day Program. "This program allows patients to leave the hospital knowing there is a place to go to continue their recovery. They continue to work toward the goals that are set by the patient and the therapy team, and will be instructed on how to help themselves achieve a better recovery."

René says the plan is to continue with therapy for a year and then assess what it might look like going forward.

"It's going way to slow for me," René says, "my energy is coming back but not as fast as I'd like." The Surgeons both credit Rene's success to his willingness and determination to work hard at his recovery. "I think the drive of the patient, as well as the care of the team, helps the progress move along," Sue says, with Rene adding 'they can only help you as much as you want to be helped.'

Sue says the care team knew when to push Rene to work a little harder—and when to back off. "They knew when to push him—just that little bit every single time," she says. "Stand up straight! Push your bum in!" René says with a laugh.

Sue says they also recognize when he is having his bad days and let him have those too.

Research shows post-stroke fatigue is a common side effect, frequently occurring in anywhere from one third to two thirds of individuals following their stroke. Time and time again, the most impressive recoveries in those with the drive, determination, and last but not least a positive outlook.

When Sue talks about their experience in the ISU, she says the care they received here in Northern Ontario is different, because of the people providing the care. "I was born and raised in Southern Ontario and yes, there are lots of great hospitals and specialists down there, and I'm sure they are all very caring people....but you don't get the same care you get here. It's more personable."

GAINING THE PATIENT PERSPECTIVE THROUGH AGE RELATED TRAINING

For most of us, getting dressed, paying for items at a store or following instructions can be done without much thought. As we age, various conditions can make these everyday tasks much more difficult.

Steven Hodge, Clinical Nurse Educator at the North Bay Regional Health Centre's (NBRHC) Kirkwood Campus had the opportunity to experience for himself exactly how difficult it can be. Wearing special glasses to blur his vision, plastic gloves with tissue in the finger tips and headsets with static background noises, Hodge tried to follow simple instructions like buttoning a shirt, counting money and opening commonly found items on a patient meal tray. "It was a really eye opening experience," he says. "I was trying to manipulate the activities the best I could, but all I could think about was how difficult it really was."

That was exactly the point. The frailty simulation was part of the Health Centre's Senior Friendly Care (SFC) Advocate Program—an educational opportunity for staff to increase their knowledge and expertise in providing quality care to older adults.



Felix Miteo, Registered Nurse, Steven Hodge, Clinical Nurse Educator and Melissa Hallett, Elder Life Coordinator perform everyday tasks with simulated impairments.

Melissa Hallett, Elder Life Coordinator at NBRHC explains the exercise Hodge and other staff participated in was designed to allow health care providers to walk a mile in the shoes of many of the seniors in their care: the glasses simulated various eye conditions such as glaucoma, the gloves limited dexterity and the headphones reduced hearing.

“Geriatric patients often have more complex medical conditions that are different from younger people, with other factors that need to be considered,” explains Hallett. “As health care providers, it’s important to understand these unique health care needs to enable seniors to maintain optimal health and function while they are hospitalized, so that they can transition successfully home or to the next appropriate level of care.”

The SFC Advocate Program encourages staff to identify quality improvements opportunities to positively impact the experience and well-being of older adults. The curriculum requirements draw from online resources such as the Nurses Improving Care for Healthsystem Elders (NICHE) program and Change Foundation, and are tailored to suit the specific duties of different service providers.

“Seniors are the most frequent users of hospital services and also stay longer once admitted to hospital. As the population ages, the number of people needing support is expected to grow,” Debbie Hewitt Colborne, Registered Nurse and chair of the Senior Friendly Hospital Committee at the NBRHC. “Older adults receive care throughout the entire hospital, so it’s important to ensure all staff are equipped with the knowledge and understanding needed to meet the current and future health care needs of our older patients.”

The SFC Advocate Program was designed to build capacity in staff who were interested in adding to their skills and knowledge in providing quality care to older adults at the Health Centre. “This voluntary program allows participants to tailor their own learning around the core curriculum focused on delirium, functional decline and senior sensitivity,” Hewitt Colborne says. “It’s not only about gaining knowledge and skill, but also about participants applying their learning within their work setting and acting as a resource to peers.” In the first year over 90 staff members graduated from the program from across the organization and disciplines.

As a registered nurse (RN) in the Health Centre’s emergency department (ED), Kayla Budd knew it was important to take the program—seniors make up as much as 30 percent of the patients seen in ED, more than any other age group.

“Through the program I learned ways I could better approach the care I provide as a bedside nurse,” explains Budd. “For example, at one point I thought it was better to have lights dim so it wasn’t hard on their eyes, but in reality it was shown through the course that older adults need that extra light to properly see my face and read my facial expressions.”

The SFC Advocate Program is offered mainly online and runs twice a year with three months provided to complete the program requirements. Budd credits this flexibility and the easy to follow modules for increasing her interest in the program.

“I work in the ED, I also have a part-time job with the university teaching on the medical floor and I am also currently working on my masters, so I’m pretty busy. The ability to learn from home or during down time was very helpful,” says Budd. “The program reinforced those little things we sometimes forget when we nurse, and I am now able to teach my students to increase the knowledge of the whole discipline.”

Hodge too found the SFC Advocate Program better prepared him to work with staff and identify quality improvement opportunities in his area.

“For me the reality of not being able to understand what was being said, and not being able to hear or see properly hit home during the frailty simulation. It showed me how important it is to have empathy and patience,” says Hodge. “It helped me recognize that while I want to make sure our senior patients remain as independent as possible, it might mean modifying my behaviour or their physical environment so they can reach their maximum potential.”

OUR PARTNERSHIPS

North Bay Regional Pharmacy


Full-service community pharmacy conveniently located inside NBRHC.



OUR PARTNERSHIPS

SportMED+

Our region's only rehabilitation clinic with both sport medicine physicians & physiotherapists providing assessment and treatment.

A close-up photograph of several hands of different skin tones stacked together in a circle, with fingers pointing towards the center. The hands are positioned in a way that suggests a group hug or a gesture of solidarity. The background is a light, neutral color, possibly a wall or a floor, which is slightly out of focus. The overall tone of the image is warm and supportive.

**“Partnering in Care, we restore and maintain
health for mind and body. ”**

UNDERSTANDING CAPACITY AT YOUR HEALTH CENTRE

How NBRHC works to provide quality care while faced with extraordinary bed pressures

WHAT IS A SURGE?



A 'bed surge' or 'patient flow crisis' is a situation where the health centre sees an increase of patients coming in through our Emergency Department (ED) with no available beds to admit them.

Surges are common in health care and typically last anywhere from a few days to a few weeks.

OUR CURRENT SITUATION IS

UNIQUE

AS WE HAVE BEEN DEALING WITH CONSTANT AND SUBSTANTIAL PRESSURE FOR MANY MONTHS.

What are some of the factors?

Closure of the 66-bed Lady Isabelle Nursing Home. Flu season. Patients not being able to access the care they need in the community. Inability for some to afford retirement living. Increase in patients with complex needs.

TO OPEN A HOSPITAL BED



requires numerous supports to provide care to the patient in the bed

Physician, nursing, allied health professionals, dietary, environmental services, laundry, medical supplies and much more.



why don't you just add



MORE BEDS?



One common misconception about NBRHC is there is a vast number of closed beds we can simply reopen. This is NOT the case. A hospital bed is more than just the physical bed.

What does this mean

FOR PATIENTS?



Bed pressures impact the flow across the entire organization.

Some patients may be placed in an unconventional bed. Some patients may be moved or discharged. And some elective surgeries may be delayed or cancelled.

FINANCIALS

Audited Financial Statements

[View the Audited Financial Statements](#)

We are pleased to provide you with the NBRHC Financial/Operating Statements.



MESSAGE OF THANKS FROM THE FOUNDATION, ON BEHALF OF PATIENTS AND THEIR FAMILIES...

The North Bay Regional Health Centre Foundation



Thanks to your generosity, this year the Foundation was able to provide more than \$2.18 million to the Health Centre for urgently needed medical equipment and programs to serve our communities.

Your generous gifts are also having an impact on patient experiences through providing over \$71,000 in gifts-in-kind, including establishing two palliative care family suites. Thank you.

The Foundation does not accomplish this impact on its own. We thanked and recognized our more than 100 Foundation volunteers, along with our patients and families who inspire our community by sharing their personal and compelling experiences.

Thank you to two special people who shared their impactful stories and helped raise more than \$70,000. Jim Hall authored our spring community letter while Shawna Roy authored our fall community letter.

Thank you to Our Hospital Walk/Run participants, volunteers and sponsors. More than 700 people gathered at the North Bay Regional Health Centre (NBRHC) to celebrate the 11th anniversary of our annual Our Hospital Walk/Run. Themed in celebration of Canada's 150th birthday, our walkers and runners marked the provinces and territories around the 'ring road'. Our community raised more than \$126,000 to help support the purchase of advanced medical equipment to serve our communities. Mark your calendars for the 12th Our Hospital Walk/Run on October 14th! www.ourhospitalwalkrun.ca

Thank you to hospital staff who partner with us and nurture our culture of philanthropy. Philanthropy is made possible through authentic and meaningful collaboration with donors, patients, staff, volunteers and community groups. This year we worked closely with hospital staff who hosted 9 successful fundraising initiatives such as: Poinsettia Sale, Pansy Sale, Gift Basket Raffles, Yuk Yuk's Comedy Night and another Rain Barrel Sale. See our past events.

It is an honour to recognize our physicians who support the Foundation through philanthropy. This year the Foundation presented its third Dr. A. Murray Pace Crystal Heart Award for Philanthropy to Dr. Lukmaan Waja, OB GYN and Physician Representative on the Foundation's Board of Trustees.

Thank you to all NBRHC staff for being top-notch caregivers as well as gracious hosts during community and donor tours and presentations. You bring perspective and authenticity to the amazing care you provide to the people in our district and region.

Thank you to patients and families who shared their appreciation through our Grateful Family Program, that provides a meaningful way to express gratitude through a donation, for the care you or a loved one received. It is inspiring to share that more than 32 employees and physicians were recognized with Golden Heart Awards for their impact on a patient or family experience at the Health Centre.

Thank you to more than 1600 subscribers who received one of last year's three e-appeals and helped celebrate Mother's Day, Father's Day and Giving Tuesday through a tribute donation.

Our community supported more than 25 special events! Thank you! Caring individuals and service clubs hosted events, large and small, from golf and comedy shows to gift-wrapping and motorcycle rallies.

Thank you to everyone who was part of the initiatives to raise funds and awareness around mental health. McHappy Day, Osprey Links Charity Golf Gala, Homes4Hospital and Bell Let's Talk Day highlight our partnerships with community organizations and donors to bring awareness to mental health and break down stigma.

Thank you to our new community partner PADDLE (Providing Adults with Developmental Disabilities Life Experiences) who along with the Foundation, co-hosted 2018's Festival of Trees, raising more than \$20,000 and supporting the purchase of a dental X-Ray to serve our community.

May 2017 we launched 'Day 1' of our community campaign for Cancer Care Close to Home. With twenty-five community leaders volunteering on the Campaign Cabinet, we are predicting great success.

Thank you for your spirit of generosity and giving. As the Cancer Care Close to Home campaign becomes more public, we look forward to sharing how you can get involved in making a difference in your community and your Health Centre.

Luc Lalonde
Chair, Board of Trustees
North Bay Regional Health Centre Foundation

Tammy Morison
President and CEO
North Bay Regional Health Centre Foundation

Donors listed in this report made these cash gifts, pledge payments and gift-in-kind from April 1, 2017 to March 31, 2018.

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The following donors supported Our Hospital Walk/Run 2017 and the Health Centre through sponsorship gifts from April 1, 2017 to March 31, 2018.

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