

SAULT AREA
HOSPITAL

ANNUAL REPORT

Exceptional People • Working Together • Outstanding Care

2017



SAULT AREA
HOSPITAL
HÔPITAL DE
SAULT-SAINTE-MARIE



VISION

MISSION *Values*

Our Vision - We will be recognized as the best hospital in Canada and an active partner in the best community health care system in the country.

Our Mission - Exceptional people working together to provide outstanding care in Algoma.

Our iCare Values - Integrity, Compassion, Collaboration & Partnership, Accountability, Respect, Excellence

Exceptional PEOPLE

We will ensure we have highly-skilled, capable and passionate staff, physicians and volunteers who care for the person (not just the diagnosis) as well as for the success of the team.

EXCEPTIONAL PEOPLE ACCOMPLISHMENTS

Leadership Development Institutes held with key community partners.

Physician Relationship Framework implemented.

Physician Leadership Development supported through a partnership with the Advisory Board Company.

iCare Development Institutes launched, reinforcing key iCare practices.

Over 66,000 hours contributed by our dedicated volunteers to improved patient care.

Canada's Safest Employers Award (Silver) – Wellness Category.



Our People

On February 28, 2017 a carbon monoxide leak at a local arena tested our people and our hospital.

Throughout the event our people supported our community showing integrity, dedication and commitment to providing safe, quality patient care.

Our patients, our health care partners and our community recognized us for providing *safe, quality care.*

3,158

**STAFF, PHYSICIANS,
LEARNERS & VOLUNTEERS**

...I was at the arena with my family, and many other families, watching our 7-10 year old daughters play hockey, cheering during a really close game.

Imagine our surprise when a Sault Fire Services firefighter walked into the arena and told everyone in the stands we needed to evacuate. I then helped get the refs attention and we immediately pulled all the girls off the ice. It could have been chaotic but thanks to the calm demeanor of the firefighter, parents followed suit and kids were evacuated with no issues. Additionally, the rink attendants were also very calm and helpful during the evacuation.

...After the smooth evacuation and directions from the firefighters to seek medical attention for a variety of symptoms if needed, we all went home.

An hour later my 10 year old daughter who doesn't complain about anything was screaming in pain from an excruciating headache. We also received word at that time from coaching staff that we should seek medical attention as a precaution, so our whole family headed to Sault Area Hospital.

Do you know how scary it is to have a screaming child in your car, on the way to the hospital, and you have to keep poking her and talking to her to keep her awake because she just wants to close her eyes and sleep...which you know as a parent you can't let her do? It's absolutely terrifying.

We then spent the next four hours attached to oxygen, having blood drawn and being monitored by hospital staff. I have to commend the staff of Sault Area Hospital as well as the multiple paramedics who met families upon arrival at the hospital and quickly started medical treatment. By minutes, I mean my three kids had oxygen on them, and their vital signs being checked within 60 seconds of arrival. Our oldest, the one who was symptomatic, was triaged and receiving full care within five minutes. It was phenomenal and those teams should be proud of what they did last night...all hospital staff should be as care was flawless...



“We were in the ambulatory care area. I had my 3 year old and my 8 year old kids with me (Kenny and Gracie), while my husband was in another area with our 10 year old. The SAH team suddenly had a cart of toys and books that amazingly kept my very active kids busy for hours.”

- Elissa Plastino

Our Goal

To improve our Employee, Physician, and Volunteer Engagement

2016/2017 ENGAGEMENT RESULTS

EMPLOYEE RESULT 65%	PHYSICIAN RESULT 56%	VOLUNTEER RESULT 98%
TARGET 64%	TARGET 62%	TARGET 98%

How we measure: Engagement survey results for staff, physicians and volunteers

Working TOGETHER

We will create a seamless way for patients to access the right care from one system.

WORKING TOGETHER ACCOMPLISHMENTS

The “ONE” initiative (as know as **One Person. One Record. One System.**) is a regional approach to a new Health Information System that is about improving quality of care and improving the ease of delivering that care for patients.

Working together with the Group Health Centre, ARCH Hospice, other primary care organizations, Community Care Access Centre, community mental health and addictions, Algoma Public Health, the City of Sault Ste. Marie, the Innovation Centre, and Long Term Care organizations, Sault Area Hospital is a member of **Sault Ste. Marie Health Link**. Health Link has the potential to significantly change the face of healthcare delivery by focusing attention on high healthcare-needs individuals in our community. Coordinated Care Plans have been developed for 130 of our community’s most vulnerable.

iCare Co-branding launched by Sault Area Hospital Foundation – ‘I give because iCare’



Our Partners

Nancy's patient story is one of many we hear as we, together with our community health care partners, support patients and their families through their health care journey.

We work together with our community partners to ensure we are an active partner in the best community health care system.

My Journey up to today has been overwhelming, and enlightening, and extremely stressful and scary, yet at the same time comforting.

Starting off, in October, at the Group Health Centre with my yearly mammogram, and the team there, who always makes me feel comfortable. Then heading to the Sault Area Hospital for an ultra sound, which lead to a biopsy. Dr. Chow took his time "to make sure" as he would say, to get what he needed for my test. This leading to finding my tumor, which was cancerous. My family doctor, Dr. Poitavan then sent the referral to Dr. Taylor, who I must say was very, very compassionate and caring in my care and giving me the full information to help me make my decision to what would happen next.

Dr. Taylor and her team and all the nurses before and after my surgery, made me feel as calm as I guess I could be in the circumstances for my surgery. Dr Taylor's had great information to lead me to decisions that must be made. She was extremely thorough with everything and extremely compassionate. The care I received was nothing less than extraordinary.

Now off to another team. Dr. Carlson and Dr. Voutsadakis, and their teams, as to what was on for my next leg of the journey. They were extremely thorough and compassionate and caring. They eased my concerns with good and complete information to make yet other decisions. CT Scans, Blood Work, Bone Density Scans, all I can say is Wow!

Now off to another team. The radiation department, Dave, Shannon, Sheila, and Nadine and a complete and awesome and caring group of individuals I cannot say enough about. I was extremely nervous of the unknown, but they made me feel very comfortable, very fast. They have an upbeat attitude everyday in an extremely difficult position. I thank you from the bottom of my heart for everything you do. I say that the hospital ICARE... means to you, WE CARE!

I know the road for the next couple of years could change, but for now, I am a cancer survivor because of all the wonderful Doctors and Nurses, technicians, therapist, clerks and our wonderful technology that has come a long way. I can only image the number of people behind the scenes, for just me, one person.

...I hope this letter reaches everyone involved, because sometimes you just need to know, YOU MAKE A DIFFERENCE! THANK YOU!

10,350
TOTAL ADMISSIONS TO
SAULT AREA HOSPITAL



“My heart is full, my cancer is gone, and I cannot thank you all personally, so the only way I know is to let you know that I have a big heart felt thank you for what you do every day. I appreciate it very much.”

- Nancy Lafave

Our Goal

To improve our Unplanned Readmission Rates

UNPLANNED READMISSION RATES

2016/2017

RESULT 16.5%*

TARGET 15.5%

* Results may change due to final submission

How we measure: There are 8 Health Based Allocation Model (HBAM) inpatient groups (HIGs) that are measured. Success is measured by how many times we avoid a patient with one of these Case Mix Groups (CMGs) from being readmitted to any hospital within 30 days, by ensuring all of the appropriate services and care are in place. The 8 HIGs are – Cardiac, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Stroke, Acute Myocardial Infarction, Diabetes Mellitus, Gastrointestinal and Pneumonia.

Outstanding CARE

We will provide our patients with access to the highest quality care as close to home as possible and will respect their decisions.

OUTSTANDING CARE ACCOMPLISHMENTS

Patient and Family Advisors have grown to 40, including advisors representing ADCP, Renal, Mental Health and Addictions, and Corporate Councils

Senior-Friendly strategy developed that focuses on falls prevention, Alternate Level of Care (ALC) avoidance, rehabilitative care, collaborative partnerships and cultural diversity

Management and Board are evolving a framework to guide decisions around **leveraging our assets**

Care is being transformed through our patient-centered flow efforts

Balanced (surplus) financial results for six years in a row.



Our Care

It's all about Jack. Jack's story epitomizes what is possible for our patients when we come together as dedicated health care professionals providing outstanding care.

Our care teams work together with our patients, their families, and our community partners to achieve best outcomes for our patients.

January 2017, Sault Area Hospital (SAH) opened 2A, a 25-bed restorative care unit with the goal of reducing discharges to the Emergency Department, ensuring the right patient is in the right bed at the right time and improving overall patient flow and care throughout our hospital.

The inpatient units on the second floor (2A, 2B and 2C) are now dedicated to providing safe, quality care and better serving the patient population requiring either restorative or rehabilitative care. Patients requiring rehabilitative/restorative care will move through the units as they progress with the ultimate goal of returning to their home in the community.

One of our first patients transferred from 2C to 2A was Jack, a patient who had complex care needs and was deemed unsuitable for discharge to a Long-Term Care facility. "When Jack was first admitted, he was wheelchair bound," says Leslie Burtch, Patient Care Manager. "He required a great amount of care and we initially thought that Jack would never leave the hospital." After 2A opened, he was transferred to this unit for restorative care.

Over the course of 3 to 4 months, a great amount of work was done to restore Jack's health. "It was all about Jack," says Leslie. "We changed all processes, we tailored all care treatment to Jack, we applied PDCA (Plan, Do Check, Act) philosophy and we moved him through our units as necessary," she says. Through the tireless work of the entire team – from recreational therapy, to physiotherapy and a multitude of services in between, Jack was recently discharged to an apartment with assisted living support. "We thank the entire nursing staff, the allied health team, support staff and case managers for their tireless efforts in creating a safe discharge plan for Jack.

This is indeed, a shining example of teamwork, collaboration and putting our patients first... "Regardless of whether patients are going home, many will benefit from restorative care and this important work we are doing will also help to reduce readmissions to the Emergency Department."

A total of 5 patients, including Jack, have been successfully moved off of the long term care and complex continuing placement destinations and have been safely placed in the community. We salute our dedicated team at SAH and our community partners for putting patients like Jack first!

89,226

INPATIENT DAYS



“Not only has our entire team been involved in this success, but our community partners have been engaged and supportive in the changes we are making,”

- Sue Roger, SAH Director of Clinical Programs

Our Goal

To improve our Admitted Patient Wait Time

ADMITTED PATIENT WAIT TIME (90TH PERCENTILE)

2016/2017
RESULT 27.7 HOURS

A **62%** IMPROVEMENT FROM OUR HIGHEST MONTH OF NOVEMBER 2016.

TARGET 24 HOURS

How we measure: ED Length of Stay for admitted patients is defined as the time from triage or registration (whichever comes first) to the time patient leaves the ED for admission to another unit. (90th percentile - the maximum length of time in which 9 out of 10 patients have completed their ED visit.)

i@care

AWARD RECIPIENTS
2016



Larry demonstrated integrity through his unwavering commitment to ensuring the patient/family voice was heard through all of his interactions and through his strong commitment to his role within the organization.

Lawrence Conway (Posthumously) - Volunteer

Lawrence (Larry) served as a patient advisor on the Sault Area Hospital Patient and Family Advisory Council from October 2014 until his passing in February, 2016. Larry had a humble nature, soft spirit, a positive attitude and a wonderful sense of humour. Despite Larry's many health issues, he contributed greatly to improving patient care at Sault Area Hospital. Whenever there was an opportunity for patient engagement, Larry was one of the first advisors to participate. Larry demonstrated integrity through his unwavering commitment to ensuring the patient/family voice was heard through all of his interactions and through his strong commitment to his role within the organization. He was involved in a number of activities which required many hours of Larry's time. He was quick to embrace the iCcare values and bring them to life in his relationships with both internal and external partners. Larry always ensured that the patient voice was at the centre of discussions and interactions. His presence allowed for candid discussions and he had an ability to de-escalate tense situations to best deliver constructive and meaningful feedback. Larry took great pride in his role as a patient and family advisor and would have been extremely humbled and honored to be recognized as the successful recipient of this award.



Shauna embodies all the iCcare values, having been instrumental in leading “Our iCcare Way” and ensuring that our values are embedded in all interactions across the hospital.

Shauna Hynna - Employee

Shauna is the Director of Transformation and has been instrumental in leading positive change at Sault Area Hospital. She is friendly, compassionate, respectful, and truly listens to her colleagues. Shauna has a contagious energy that exudes positivity and this is quickly evident in all her interactions with patients, staff, physicians and volunteers. She leads by example and during her time at Sault Area Hospital, she has become a role model and mentor of those she works with. Shauna embodies all the iCcare values, having been instrumental in leading “Our iCcare Way” and ensuring that our values are embedded in all interactions across the hospital. Shauna has led Sault Area Hospital’s Lean efforts, a foundational tool used to ensure that the values of iCcare are alive and well. She believes that those who do the work can change the work and is committed to sharing these successes across the hospital. She has a deep commitment to patient care and demonstrates our iCcare values in all facets of her work. Although she does not provide direct patient care, Shauna is often seen in our corridors interacting with patients and their families. Shauna is a dedicated leader, often going above and beyond her role. She works tirelessly with the ultimate goal of improving patient care and realizing Sault Area Hospital’s vision of “best”.



Dr. Spadafora has been very instrumental in implementing innovative practices, pursuing staff development opportunities and assisting with physician recruitment at Sault Area Hospital.

Dr. Silvana Spadafora - Physician

Dr. Spadafora is a Medical Oncologist and the Medical Director for the Algoma District Cancer Program (ADCP). She is also an Assistant Professor for Northern Ontario School of Medicine and Regional Quality Lead. She has been described by patients as someone who works tirelessly to ensure that they receive the best care during their difficult journey. Dr. Spadafora has a great ability to communicate with her patients and their families. She is a mentor for students, an inspiration to her colleagues and a positive influence for her patients and their families. Dr. Spadafora is an admirable physician leader and there is great harmony in the ADCP largely due to her integrity and genuineness. She is a role model and both physicians and staff have great respect for her as a leader and a colleague. She leads by example and has inspired her staff to do the same. The ADCP, with the strong support and leadership of Dr. Spadafora established the inaugural Patient and Family Advisory Council (PFAC) at Sault Area Hospital. It has been a great success and has led to the establishment of two other PFACs, with more planned. In addition, Dr. Spadafora has been very instrumental in implementing innovative practices, pursuing staff development opportunities and assisting with physician recruitment at Sault Area Hospital. Dr. Spadafora truly exemplifies Sault Area Hospital's iCcare values and we are fortunate to have this truly amazing physician among us.

PAST **iCare** AWARD RECIPIENTS

Volunteer

2012	Bill Kerr
2013	Arlene Pearce
2014	Jim Aquino
2015	Velma McClelland

Employee

2012	Cathy Hallaert
2013	Marsha DeFrancesco
2014	Wayne Marion
2015	Franca Iachetta

Physician

2012	Dr. David Berry
2013	Dr. Joseph Reich
2014	Dr. Sharon Beuhner
2015	Dr. Michael D'Agostino

Dr. William Hutchinson

AWARD

Dr. Sharon Buehner



Dr. Sharon Buehner was instrumental in the development of a palliative care program for the residents of Algoma. It was through her vision, passion and perseverance that our community now has access to a multi-disciplinary team which provides outpatient, home, hospice, clinic, and hospital-based palliative care services.

Dr. Buehner provided exceptional palliative care long before the development of an organized palliative care team or program. Under her guidance, the palliative program in Algoma has expanded and flourished. She has worked tirelessly since the late 1990's to improve palliative care in our region. She began caring for Algoma Residential Community Hospice (ARCH) residents and their families when it first opened in September 2008. In fact, her involvement preceded this, as she was involved in the planning stages of the residential hospice.

In addition to providing care to residents at ARCH, Dr. Buehner is ARCH's Medical Advisor, serving on their Board of Directors and the Quality Committee. Dr. Buehner has developed case-based learning for ARCH nursing staff, operates an outpatient palliative clinic and is involved in the annual fundraising events, not to mention the work she does at a regional level. Dr. Buehner is an Associate Professor of Medicine with the Northern Ontario School of Medicine. She is an excellent preceptor for medical learners of all levels in both Emergency Medicine and Palliative Care and an outstanding mentor for her colleagues, having fostered the education of physicians, nurses and staff to provide exceptional care.

For the past two years, Dr. Buehner has continued to advocate for enhancements in palliative care service. She was instrumental in the current implementation of a palliative outreach service, which aims to assist people to stay in their preferred area of care until end-of-life, and ensure quality supports are in place during this time.

In 2014, Dr. Buehner was the recipient of the Sault Area Hospital Physician iCcare Award. Regionally, Dr. Buehner's vision was recognized by the NE LHIN. Her Palliative Shared Care Model proposal resulted in funding for the development of a dedicated palliative database. This achievement is a direct result of Dr. Buehner's hard work and it supports her vision for continued expansion and growth of palliative care services within the community.

Dr. Buehner is a true champion of palliative care services in Algoma and her vision and commitment are unwavering. Her outstanding dedication to excellence and quality is evident in all facets of her work, consistently going above and beyond the requirements of her role. She demonstrates passion, commitment and advocacy, along with a deep sense of caring and genuine kindness toward others.

PAST *Dr. William Hutchinson* AWARD RECIPIENTS

1982	Dr. F. C. Hamill	2000	Mrs. Doreen Deluzio
1983	Dr. Frances Mesaglio	2001	Mr. Anthony van den Bosch
1984	Mrs. June Bauer	2002	Mrs. Linda Watts
1985	Mr. P. Edgar Buchan	2003	Ms. Marilyn Billings
1986	Mr. Harold S. MacLellan	2004	Dr. Hui Lee
1987	Mrs. Joyce Forman	2005	Dr. John Kenneth Mohamed & Mrs. Cathy Shunock
1988	Miss Joan O'Leary	2006	Dr. David Walde
1989	Mr. Fred Griffith	2007	Mr. John Hollingsworth
1990	Dr. William Robertson	2008	Dr. Sam (Sante) Fratesi
1991	Mr. Mario Bergeron	2009	Mrs. Helen Ross
1992	Dr. David Gould	2010	Dr. Dominic Tang
1993	Mrs. Hilda Syrette & Dr. Thompson A. Ferrier	2011	Dr. Kwok-Lock Lam
1994	Dr. Harold & Mrs. Beth Trefry	2012	Dr. Susan Febbraro
1995	Ms. Rosemary O'Connor	2013	Ms. Elaine S. Pitcher
1996	Mrs. Kim Sitzes	2014	Dr. Janice Willett
1999	Dr. Patrick Fyfe & Shannon McLeod	2015	Dr. Hopgood

Operational **EFFICIENCY**

Financial Report

Condensed Statement of Financial Position

As at March 31, 2017 with comparative figures for 2016

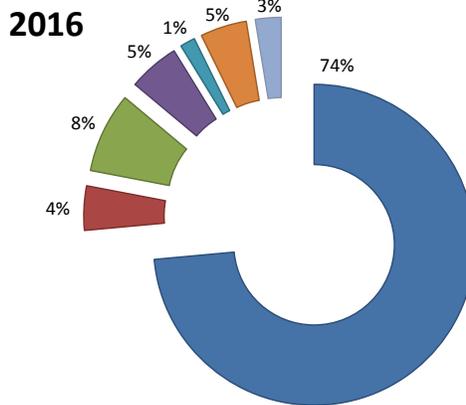
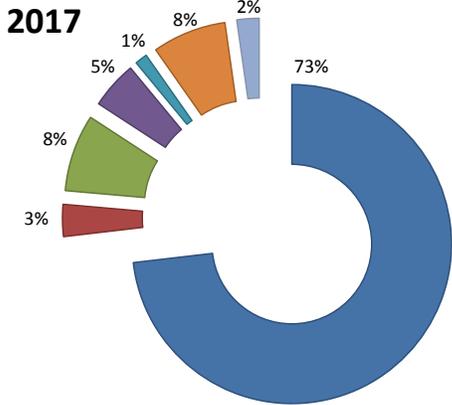
	2017	2016
Assets		
Current assets	\$21,855,904	\$26,903,259
Long-term receivables and restricted cash	0	100,000
Capital assets	292,630,881	303,967,451
	<u>\$314,486,785</u>	<u>\$330,970,710</u>
Liabilities, Deferred Contributions and Net Assets		
Current liabilities	\$35,490,623	\$39,597,597
Long-term liabilities and deferred contributions	316,101,191	324,898,184
Net assets	(37,105,029)	(33,525,071)
	<u>\$314,486,785</u>	<u>\$330,970,710</u>

Condensed Statement of Operations

As at March 31, 2017 with comparative figures for 2016

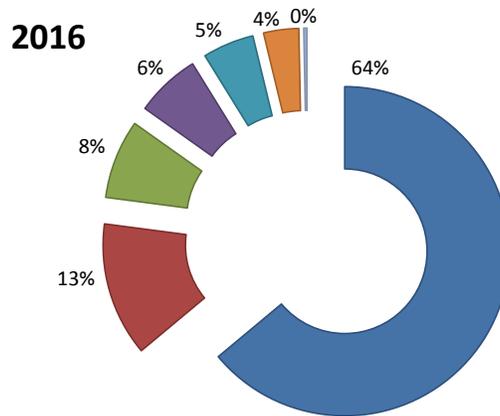
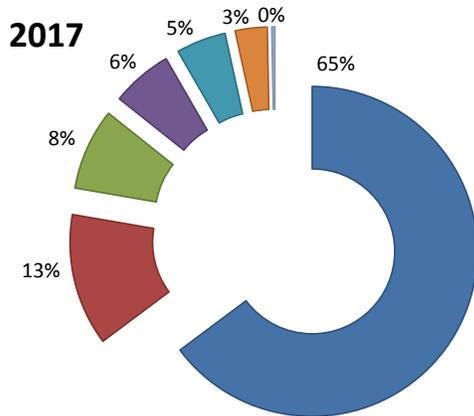
Revenues		
Ministry of Health and Long-Term Care and Local Health Integration Network	\$161,224,183	\$160,509,187
Other	30,243,487	25,943,965
	<u>\$191,467,670</u>	<u>\$186,453,152</u>
Expenses		
Compensation and benefits	\$123,867,204	\$118,484,966
Other	67,333,844	66,852,774
	<u>\$191,201,048</u>	<u>\$185,337,740</u>
Excess (deficiency) of revenues over expenses	<u>\$266,622</u>	<u>\$1,115,412</u>

REVENUES (%)



- LHIN based allocation
- One-time hospital grants
- Cancer Care Ontario funding
- Patient revenue
- Differential and co-payment
- Recoveries and miscellaneous
- Amortization of deferred capital contributions - equipment

EXPENSES (%)



- Compensation and benefits
- Supplies and other
- Medical staff remuneration
- Medical and surgical supplies
- Drugs and medical gases
- Amortization of capital assets - equipment
- Rental and lease of equipment, Interest and Bad Debit

Our Goal

To achieve our planned annual budget.

OPERATING MARGIN

2016/2017

RESULT \$0.3M

TARGET \$0M

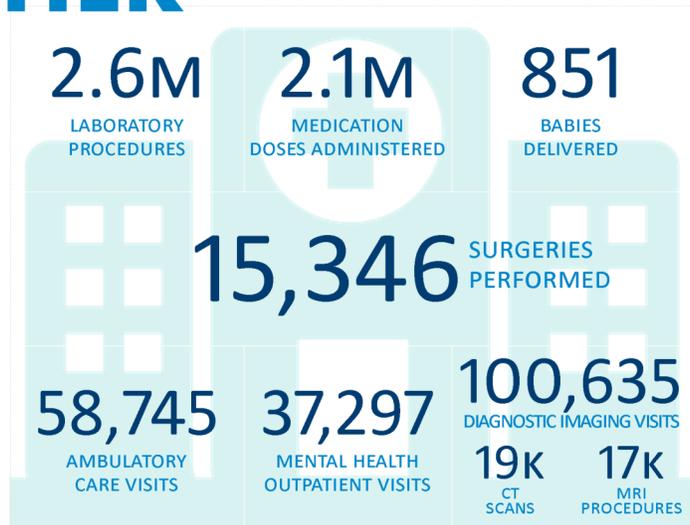
How we measure: Total Revenue from Hospital Operation less Total Expenses from Hospital Operations as calculated in monthly financial statements. Items excluded: Amortization of Deferred Capital Contributions, Amortization of Building and Service Equipment, Net Annual Service Payments, Net Other Votes Funding, and Net Other Funding Sources.

SAH BY THE NUMBERS 2017

Exceptional
PEOPLE 

1,652 ACTIVE EMPLOYEES	50 ALLIED HEALTH LEARNERS
423 CREDENTIALLED PHYSICIANS	278 CLINICAL LEARNERS
634 VOLUNTEERS	6 NON HEALTH CARE LEARNERS
	105 MEDICAL LEARNERS
	38 PATIENT ADVISORS

Working **TOGETHER**



Outstanding **CARE**

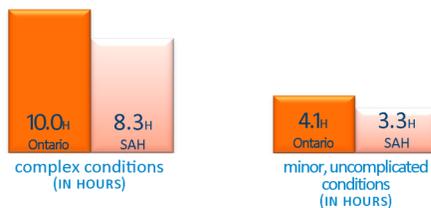
EMERGENCY DEPARTMENT VISITS

57,275

2016 TOTAL ED VISITS 56,516

EMERGENCY DEPARTMENT WAIT TIMES

Total Time (hours) Spent in ED [90th Percentile]



SURGICAL WAIT TIMES ORTHOPAEDIC



MRI WAIT TIME (MAGNETIC RESONANCE IMAGING)

