



# ROTARY CLUB OF NORTH BAY

OCTOBER 28, 2013

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**Paul Heinrich**, President & CEO

NORTH BAY REGIONAL HEALTH CENTRE

## ENRICHING COMMUNITIES

# THANK YOU

In 2003 the **Rotary Club of North Bay & Rotary Club of North Bay – Nipissing** partnered to make a major commitment to our communities.

- Your partnership made a \$500,000 pledge to the building of the new Health Centre.
- This commitment was completed in April 2008 through community fundraising events and member contributions.



- The NICU is named for Rotary, recognizing your effort and dedication to our community's health care.
- Rotarians have provided their support to the Physician Recruitment & Retention program by hosting events for medical learners and supporting the department with member's networking and resources.



# NBRHC SERVICE AREAS



## District Hospital

- District referral centre with specialists' services for smaller community hospitals: Mattawa, West Nipissing, Temiskaming, Englehart, Kirkland Lake
- Acute (schedule one) mental health and addictions services

## Regional Mental Health

- Provides specialized mental health services to northeast Ontario: inpatient services in North Bay and Sudbury, outpatient and outreach services across the region.
- Work closely with Schedule One hospitals in the region: Timmins, Sault Ste. Marie, Sudbury, NB

# NBRHC FACTS

• Health Centre Budget	\$232M
• Number of employees	2300
• Number of inpatient days	130,095
• Number of acute beds	163
• Number of non-acute beds	257
• Total beds	420



# FINANCIAL CHALLENGES



- Overall Working Capital Deficit - \$76M
- Total 2013/14 Hospital Budget - \$232M
- Total Budget Cuts over the past 3 years—  
25M (11%)

# FINANCIAL STEWARDSHIP STRATEGIES

Work efforts focused with our voluntary *Operational Review* and updated *Strategic Plan*

Our strategy includes **further budget reduction** through revenue generating opportunities, cost of supplies and organizational restructuring.

Some recent saving strategies include:

- June 2013 parking increased by \$1 to \$3/hr, max of \$6/day
- Reduction in management staff
- Matching staff to demand, staff reassignment
- Managing inpatient population
  - Reducing Alternate Level of Care patients by 33% in past year
  - Reducing Number of Patients awaiting Long Term Care by 36% in past year
  - Length of stay for 70% of medical patients is equal to or better than the provincial average
  - Reducing occupancy rates from 100%+ in acute beds to 85%



# STRATEGIC PLAN | 2013-2016



**MISSION:**

As partners in care, we restore and maintain health for mind and body.

**VISION:**

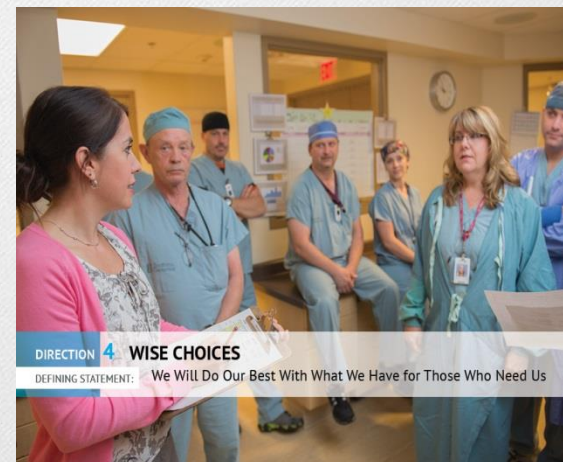
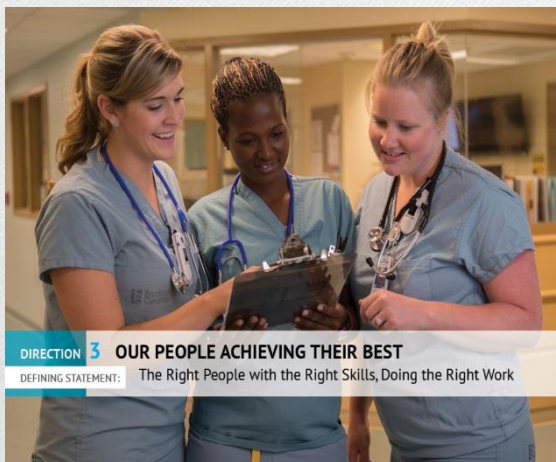
Leading Care, Improving Health, Enriching Communities

**VALUES:**

CARE with Courage

Compassion | Accountability | Respect | Excellence | Courage

# STRATEGIC PLAN | 2013-2016





# ACCESS TO THE RIGHT CARE

## ***We will provide access to appropriate care***

- We often assume the hospital is the right place for a patient.  
The hospital **can be** the right place if the patient requires:
  - acute care
  - specialized treatment
  - active rehabilitation following an acute illness or surgery
  - or when the patient is too complex to be cared for on an ongoing basis in another environment.
- The hospital's role is to assist the patient to recover as soon as possible and to be discharged safely home.
- 'Home' may be a retirement home, assisted living, supportive housing, group home or elsewhere in the community
- Additional funding invested in the community and new Community Care Access Centre (CCAC) programs (Telehomecare and Rapid Response Nurses) help keep patients in the community.

# ACCESS TO THE RIGHT CARE



- Patients waiting for long term care in hospital wait **longer** than those in the community.
- Last year 63% of patients we discharged home with additional CCAC services remained at home instead of progressing to long term care
- Elderly patients who remain in hospital demonstrate a functional decline of 2.5- 5% per day. This may never be fully regained.



# WISE CHOICES

***We will define, defend and maintain our core business***

## Master Program For NBRHC

- Reviewing the services the hospital provides over the next 5-10-20 years
- Completed by end of the fiscal year (March 31, 2014)



# LEAN ORGANIZATION

*Improve continuously towards perfection **by** identifying and removing waste **while** practising respect for people*

- **Focuses on patients** (not the hospital or staff) and designs care around them.
- **Identifies value** for the patient and gets rid of everything else as much as possible (waste).
- **Minimizes time** to treatment and through its course.

*Source: "On the Mend" by John Toussaint, MD and Roger Gerard, PhD*



# OUR PEOPLE ACHIEVING THEIR BEST

***We will implement the ‘More Time To Care’ system to support continuous improvement***



**More Time To Care System:**  
*A set of management behaviours  
and tools*

- Employed in every department
- Makes continuous improvement (CI) a way of life
- Sustains the gains from CI

# PARTNERSHIPS WITH PURPOSE

***We will support the activities of the NBRHC Foundation***

## **NBRHC Pediatric Unit:**

- NBRHC will relocate four specialized pediatric mental health care beds from the Kirkwood campus in Sudbury
- Part of a move to decentralize pediatric mental health beds to hub hospitals
- Four specialized beds will be joined with the two existing acute care mental health beds to form a six bed child/adolescent mental health unit.

**NBRHC Pediatric Unit: \$1.7M**

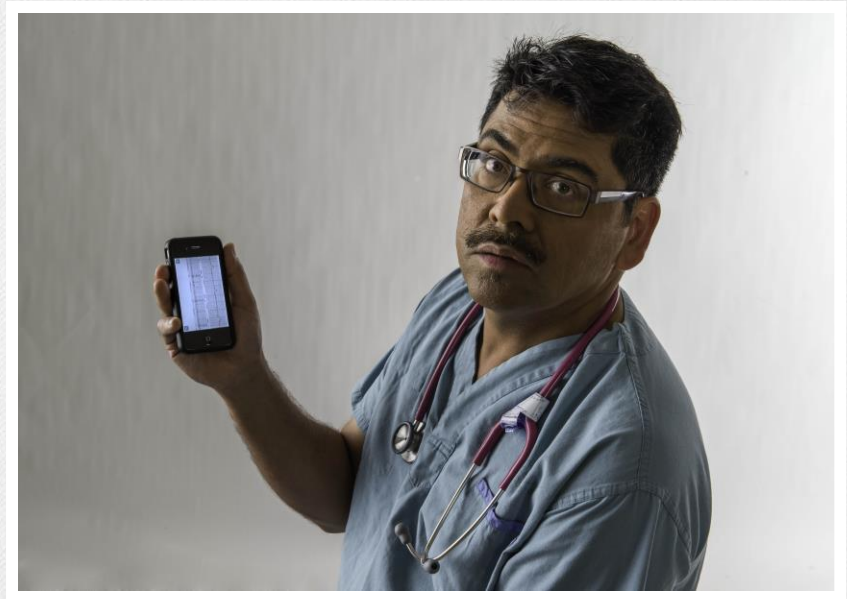




# PARTNERSHIPS WITH PURPOSE

## Central Fetal Monitoring System

- “Real-time” assessment: monitoring 8 moms and babies, simultaneously, centrally, at any given moment.
- Gives comprehensive medical information so that time-critical, life-saving decisions and interventions are made.



**Central Fetal Monitoring System: \$1.25 million**



# QUESTIONS

