

**Report from the Board Chair and CEO of Pembroke Regional Hospital to the
Catholic Health Sponsors of Ontario / Meeting of the Members of PRH
June 26, 2017
Report for Fiscal Year 2016 – 2017**

We are pleased to submit this report from the Pembroke Regional Hospital to the Members of our Corporation and Sponsor, the Catholic Health Sponsors of Ontario, for the fiscal year ending March 31, 2017. As requested, outlined below are responses to the five seminal questions posed under the strategic themes of Governance and Board Development; Sponsorship, Mission and Quality; and Financial Stewardship.

Governance and Board Development

How our organization identifies and mitigates risk, and prepares for crisis management.

The things we do and the processes we have in place to manage risk at PRH are extensive.

Most of our risks are identified through the hospital's ongoing Senior Leadership review of Strategic Directions, Strategic Drivers, and Strategic Projects/Initiatives. For 2016-2017 our Strategic Drivers were focused on: 1) improving the patient and family experience; 2) reducing the rate of C. Difficile infections; 3) reducing staff absenteeism and 4) reducing readmission rates for patients with Chronic Heart Failure.

These Drivers, as well as an extensive list of Strategic Projects and Initiatives, each with their own inherent risks, are mapped out in our Senior Leadership Team's Lean Strategy Room, along with mitigation strategies. We report on all significant risks to our Board either directly or through the Board's various committees.

For our professional staff, a robust credentialing process is in place, overseen by our Chief of Staff and Medical Affairs office.

Our Risk Incident Management System supports our commitment to a culture of patient safety. It allows all patient incidents, errors and near misses to be electronically reported immediately by all staff allowing for collaboration across departments to investigate, determine root causes and any follow-up education that may be required. A similar non-electronic process is in place for all staff incidents and near misses with an electronic reporting system being introduced in the near future.

In accordance with our Mission, Vision and Values, the organization creates and ensures a safe and secure environment for our patients, visitors, staff, and all persons that enter PRH. Our Emergency Preparedness is done through an Incident Management System which is a framework designed to ensure that those in charge establish quickly and safety, command and control, safety and quality of care, communications, coordination of resources, and supply chain management in an emergency response. We conduct regular emergency exercises, staff orientation and education sessions, periodic tabletop exercises and "Code of the Month" drills.

While we monitor risk on an ongoing basis, we plan to make improvements in the coming year to the way in which we identify and report on issues and associated risks to the PRH Board. Our

insurer, the Health Insurance Reciprocal of Ontario (HIROC), has recently developed an electronic Integrated Risk Management (IRM) system that assists with the identification, assessment, management and reporting of key organizational risks facing health delivery organizations. It is a continuous, proactive, systematic approach to identifying, assessing, understanding, acting upon and communicating risk from an organization-wide, perspective. We anticipate having this system in place by the end of fiscal 2017/18.

Provide a “Gap analysis” of differences between our organization’s current Bylaw and the CHSO Bylaw template, and our plan for a refresh of our organization’s Bylaw based on the CHSO Bylaw template and the Ontario Hospital Association’s Guide to Good Governance.

Our Bylaws are in line with the CHSO Bylaw template, the OHA/OMA Prototype Bylaws and the OHA Guide to Good Governance. No material revisions are required at this time.

Sponsorship, Mission and Quality

What steps does our organization take to understand the broader health needs affecting the community we serve, especially the needs of people who are marginalized or disadvantaged.

At the April 6th CHSO Regional Forum held in Pembroke, the CHSO Board was provided with an overview of how PRH uses socio-economic and demographic information in order to identify and make service changes and improvements in order to meet the needs of our local population. As part of that presentation we highlighted several initiatives underway to address the needs of those at risk in our community including:

Health Links - An innovative service delivery model focused on the 5% of patients with the highest needs, often with multiple, complex conditions. PRH is the lead agency for the North Renfrew County Health Link and 120 patients have received care coordination through the Health links care model to date with another 240 coordinated care plans planned for 2017/18.

Mental Health and Addictions – PRH is the major provider of adult mental health services for the entirety of Renfrew County through our Acute Mental Health Program (15 beds, 600 admissions annually) and our Mental Health Services of Renfrew County (49,000 visits annually, 3,900 individual clients). Services include case management/supportive counselling, crisis team, assertive community treatment team, psychogeriatric team, court diversion, peer support and system navigation.

New Mental Health Initiatives:

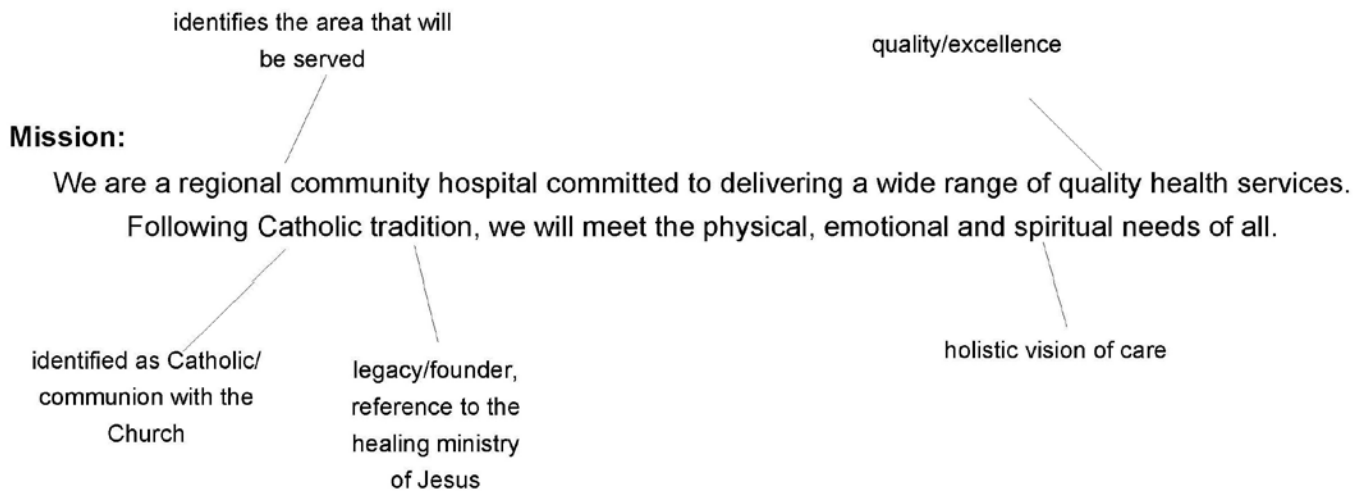
- *Suicide Prevention, Intervention and Postvention* – Partnering to help local students
- *Buried in Treasures* – Supporting those who hoard
- *Access to services* - Working with community partners to strengthen access to mental health through the development of a “walk-in” clinic type of approach.
- *Living with Mental Illness: Powerful Strategies for Recovery* - Close to 200 people attended a free, public presentation on mental illness at Pembroke’s Clarion Hotel March 1, 2017 demonstrating a clear need for information, collaboration, and expanded resources in our region.

Homes for Special Care - In partnership with one of our local service delivery partners, Carefor, we have developed a new housing care model for people in our community who are suffering from serious and persistent mental health challenges. Clearly these are some of the most hard to serve and vulnerable people in our community. The model is being piloted as part of the Ministry's plan to modernize its Homes for Special Care program which provides housing, meals and some support services to persons with serious mental health issues. Initially 10 clients will be housed at the Carefor Mackay Centre (the former Motherhouse of our founding congregation) with supports provided by PRH's Mental Health Services program.

Strengthen Best Practices in Palliative/End of Life Care - PRH brought community and hospital physicians and agencies together for information sharing and education. A Leap (Learning Essential Approaches to Palliative Care) course was held at PRH in March and palliative care meetings are held bimonthly at PRH with our local CCAC and with Marianhill.

How our organization reflects upon and gives expression to the key elements of Catholic Identity, as outlined in the new Guideline Mission Statements and Catholic Identity.

The Hospital's Mission statement, as noted below, clearly reflects our Catholic tradition.



Our Mission, Vision and Values statements are included on our hospital's website, in annual reports and in advertisements for new Board members.

Orientation for new staff and volunteers includes an overview of our Mission, Vision, Values and our Catholic Ministry by the President & CEO.

Being the only hospital in the community, our team works very hard to demonstrate inclusiveness, and sensitivity to all.

Some of the other ways our organization gives expression to the key elements of Catholic identity are:

- Pastoral Care Services offers a pastoral presence to patients, families, and also offers support to staff, physicians and volunteers respecting the religious affiliations and beliefs of those served.
- There is a sacred space, our Chapel, which is used for official ceremonies, private prayer and celebrations of Mass or other liturgies. The Chapel holds up to 50 people and is open 24 hours a day, seven days a week. Patients, families and staff of all denominations are encouraged to use this sacred space. Clergy are encouraged to use the Chapel for prayer services or consultation with their parishioners.
- Pastoral Care Services provides for the needs of those who are rooted in a sacramental faith tradition through pastoral visiting daily. This is supported by a strong volunteer visiting program.
- Since the Hospital provides care and service to the Algonquins of Pikwakanagan, linkages between the Hospital, Pastoral Care Services and the Algonquins of Pikwakanagan is maintained.
- The organization honours and remembers those who have died in our care at a bi-annual Ecumenical Memorial Service. Family members and staff are invited to attend. To accommodate the large number of family members and friends attending our Memorial Services, they are held offsite at Our Lady of Lourdes Church. Fellowship and refreshments follow the service. Local clergy preside at these services and various faith communities provide music ministry.
- Other religious services are held for special occasions (e.g. Celebration of our foundress, Saint Marguerite d'Youville, Volunteer Appreciation Service, Celebration of Mission Awareness Week, Ash Wednesday, Advent Wreath Celebration and Mass). The World Day of Prayer is celebrated with Mass. A special laying-on of hands and blessing is given to each patient in attendance.
- Under special circumstances funerals, baptisms and marriages have been conducted in the Chapel.
- A 10-week Pastoral Care Volunteer Visitors' Education Program was developed and is delivered when the need arises.
- It is an ongoing goal of the Hospital and the Pastoral Care Services to welcome clergy from all faith-based traditions. There is an excellent relationship with local clergy. Staff recognizes the importance of the clergy as vital members of the health care team.
- Patients receive a pamphlet from Pastoral Care Volunteer Visitors within 24 to 48 hours after admission outlining the services provided. The pamphlet includes the religious symbols, information and prayers of the five faith traditions most frequently experienced at the Hospital.
- There is an agenda of Chapel activities outside the Chapel entrance.
- The Hospital is a member of the Pembroke and Area Clergy Association, with the Pastoral Care Coordinator serving as an active committee member. The Pastoral Care Coordinator is

an ad-hoc member of the Community Palliative Care Committee. She also participates and is an active member of the Hospital's multidisciplinary Palliative Care Rounds, Board Ethics and the Ethics Integration Leadership Team.

Financial Stewardship

Our organization's plans for development, including any plans to acquire property in the next five years and whether there is any contemplation of changes to the type of services being provided.

There are no plans to acquire property in the next five years.

There are no plans to change the type of services being provided.

Our next significant capital project, valued at approximately \$10 million, is the redevelopment of our day surgery and inpatient areas and associated facilities. We have recently secured Stage 1 approval under the Ministry of Health and Long-Term Care's Capital Planning Framework and we have recently submitted Stage 2 documentation. We expect to go to tender for this project within about a year's time.

The original hospital building (Tower A), in which our day surgery and inpatient surgical area is housed, was constructed in 1954 and no longer affords our patients with the modern space and privacy they expect and deserve. This area is the only remaining patient care space within our facility that has not been modernized.

Through the planned upgrades, our community hospital will have a new Surgical Day Care area with 12 recovery stations, new ambulatory procedures suites, four new private inpatient suites along with upgrades to existing rooms and a new family lounge, as well as other space and infrastructure improvements.

In terms of funding for the project, 90% of approved construction costs will be paid for by the Ministry of Health and Long-Term Care with the remaining 10%, along with the cost of furniture and equipment, to be covered by the Hospital through a \$2.5 million community-based fundraising effort headed by our Foundation.

As outlined in the members reserved powers, the project will exceed two per cent of our annual budget and we will therefore be submitting appropriate documentation and a request for approval to the CHSO, likely within the next few months.