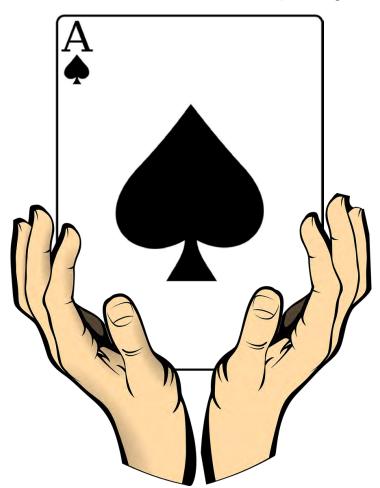


THE ZINGER

Newsletter for the Deep River and District Hospital Four Seasons Lodge and North Renfrew Family Health Team February 2019

LUCKY WINNER CATCHES ACE OF SPADES...AND \$574,252



On February 21, on week 50 of the Foundation's Catch the Ace lottery, the elusive Ace of Spades was caught by Mark McEachen—who will take home \$574,252. The real winner, however, is the DRDH Foundation, who raised around \$785,000 to support the purchase of diagnostic imaging equipment through this lottery!

See page 22 for more...

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MANDATORY EDUCATION—DUE FEBRUARY 28, 2019

In November the Ministry of Health and Long Term Care completed an investigation into Critical Events reported under Mandatory Reporting legislation contained in the Long Term Care Homes Act, 2007. Following the investigation, the organization was issued notices of non-compliance in relation to protection of residents from abuse and neglect. A compliance order was issued to ensure all staff are aware, and can recognize, report, and protect residents from abuse and neglect. A public copy of the Ministry's inspection report is available on our website and is posted in the Home.

As per the Action Plan to address our gaps, new mandatory education modules have been assigned on Surge Learning for all staff, to be completed no later than February 28, 2019. This education relates to all employee's responsibilities to protect Long-Term Care residents from abuse and neglect, and report immediately any incidents where a resident is placed at harm, or at risk of harm.

To ensure all staff of the organization are aware of responsibilities to report and protect residents, the following mandatory education modules have been assigned on Surge Learning:

- Abuse and Neglect Zero Tolerance and Mandatory Reporting Policy Review with Test
- Whistle Blower Policy Review with Test
- Critical Incidents-Parts 1 with Test
- Critical Incidents-Parts 2 with Test
- Critical Incidents-Parts 3 with Test

As an alternative, transcript versions of the Critical Incident courses are available. If you complete the transcript version, please send an email to Michelle Robertson so you are marked as completed.

If you have any questions about mandatory reporting to protect our residents, or require more information before or after completing the courses, please feel free to contact Janna Hotson.

Thank you for your time, effort and dedication to keeping our residents safe.





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STAFF NOMINATIONS NOW OPEN



Nomination Forms are available on PolicyMedical

(Organizational Resources —>

Human Resources —> Ernie Mielke Award)

DEADLINE - MARCH 22, 2019

Please submit Nominations to the CEO Office

STAFF RECOGNIZING STAFF

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EMPLOYEE RECOGNITION NIGHT



SAVE THE DATE for the

Employee Recognition Night

Deep River & District Hospital - Four Seasons Lodge - North Renfrew Family Health Team

2018 Service Awards Ernie Mielke Award

The Bear's Den

3177 Highway 17, Deep River Friday, April 12, 2019 Cocktails (cash bar): 6:00pm Dinner: 6:30pm

This year, the Employee Recognition Night will be held on Friday, April 12 starting at 6:00 pm at The Bear's Den. At the event, we will be recognizing those who celebrated a service milestone as of December 31, 2018 as well as presenting the Ernie Mielke Award.

Don't forget that nominations are now open for the Ernie Mielke Award. Nomination forms are available on PolicyMedical (Organizational Resources —> Human Resources —> Ernie Mielke Award).

Invitations have been sent to those who are receiving a service award. Once their RSVPs are received, the event will be opened up to **all staff** on March 4. At that time, spaces will be available on a first come, first serve basis. Employees will be welcome to attend free of charge, and may bring a guest for \$30.

thank you for your service

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When it comes to privacy, be exemplary, not the example!

Recently, the Belleville General Hospital (BGH) fired a nurse for accessing hundreds of patient records without authorization. In the media, the President and Chief Executive Officer of BGH noted that staff only have the right to access a chart if they are

providing care directly to that patient. We take the same position.

Our health information systems should only be used for authorized purposes. That means you should only access records related to your job, not for personal reasons.

For example, if your spouse has blood work done and you use the Ontario Laboratory Information System (OLIS) as part of your job, don't look up the results, even if your spouse asks you to. It's a breach of privacy to look at information for any purpose other than for carrying out your job duties.

The Ontario government passed legislation, the Health Information Protection Act, 2016, that strengthens existing privacy rules. It also makes it easier to prosecute offenders and increases fines.

The BGH case has been referred to the local police, the College of Nurses of Ontario and the Information and Privacy Commissioner of Ontario for further review.

Please don't let this happen to you. When it comes to privacy, be exemplary, not the example! Only access these systems in the course of your job duties. If you want to access your own information, contact Medical Records.

For more information, please contact the Privacy Officer at ext. 7150 or by email at cara.mcguire@drdh.org.

WANT TO WIN A TIM CARD?

Consider the following scenario: A Resident is missing for less than three hours and returns to the home with no injury or adverse change in condition. Within what time-frame will this incident be reported to the Ministry of Health and Long Term Care?

- a) Immediately
- b) Within one business day
- c) Does not need to be reported

Email the correct answer to Amy at amy.joyce@drdh.org before **March 15** to be entered in a draw to win a Tim Card!

The Zinger

STAFFING UPDATES



relcome

Patricia Leach

Rebeccah McNeil



Melissa Avis

We are pleased to welcome three new staff members to our team this month. Patricia and Rebeccah, pictured above, will both be working in housekeeping and Melissa, pictured to the right, is a PSW.

Please join us in welcoming Patricia, Rebeccah and Melissa!

FINANCIAL POSITION

Financial Position Based on Agreement with the LHIN as of December 31, 2018:

surplus of \$ 2,151

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Choose a SMART Resolution!

For many of us, the New Year is the perfect time to start improving our lives by, exercising more, quitting smoking, becoming vegetarian, volunteering, or other resolutions. Unfortunately, 80 percent of us will fail by February.

Resolutions are hard to keep at any time of the year if they involve unrealistic or vague goals. To be successful, we need a SMART approach.

Being SMART

The SMART approach refers to goals that are Specific, Measurable, Achievable, Relevant and Timely. For example,

applying the SMART approach to one the most popular New Year's resolutions – losing weight – would look like this:

Specific – It's not enough to say you will lose weight. You need to be specific: "I will lose 25 pounds."

Measurable – Now you've set a specific goal, you need a way to measure your progress as you move toward a larger goal. For example, "I will weigh myself once a week."

Attainable – Can you achieve this goal? Setting a goal of losing 15 pounds a month is not only unrealistic but unhealthy -- and will result in you giving up or getting frustrated when the scale does not cooperate. Aim for an attainable goal of two to four pounds a month.

Relevant – How is your resolution relevant to your life? Your answer may be "Type 2 diabetes runs in my family. Losing 25 pounds will reduce my risks of developing this disease."

Timely – Give yourself a time frame for your goal. Do you aim to lose 25 over six months? A year?

So your SMART New Year's weight loss resolution would be, "Because I want to reduce my risk of developing type 2 diabetes, I will lose two pounds a month for the next 12 months. I will weigh myself once a week to measure my progress."

Focus on one thing at a time. Don't set yourself up for frustration and failure with too many resolutions. Concentrate on your number one priority. The rest will come in time.

Take small steps. Make a step-by-step plan. For example, instead of becoming overwhelmed by the prospect of losing a large amount of weight, take it five pounds at a time. Taking small steps will help you stay focussed and on track – and feel a sense of accomplishment.

Reward yourself for small success. Don't wait until your goal is reached to give yourself a pat on the back. If your New Year's resolution is to lose 25 pounds in 12 months, reward yourself when you reach the five, 10, 15 and 20 pound marks.

Be kind to yourself. You're only human and things will happen – holidays, family celebrations, weddings and social events – that will temporarily derail you. Learn from the situation, shrug it off and focus on tomorrow.

Create a support system. It's easier to go to the gym on a regular basis if you have someone waiting there for you or lose weight when the whole family is eating healthier.

Article adapted from our Employee and Family Assistance Provider: https://www.workhealthlife.com/Article/Read/choose-a-smart-resolution



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PATIENT FEEDBACK

Below are some patient comments that were received between July and December of 2018:

"Lucky to have this department"

"It was first time having been admitted for heart failure flare I was very scared as I had six lbs extra fluid. All the staff were awesome to me & my husband they gave documents to send to my cardiologist thank you!"

"It upsets me when people with children who come in long after an adult client get in first.

Just because they are children they go first illness is illness adults feel it the same it should be who is first there not by age unless they are bleeding etc - not cold symptoms non emerg not at this visit but happens often"

"Best ER in comparison to larger hospitals. Just a 'number' there"

"I appreciate the new triage, however patients are confused to the "who's next" type of line.

We were in before anyone else but I could hear other complaining"

"The doctor and the entire staff were very accommodating and professional"

"Overall pleased with the doctors and services provided" (Family Health Team)

"Expand working hours past 5pm and maybe on the weekends" (Family Health Team)

PATIENT SAFETY INFORMATION BROCHURES LAUNCHED

Patient brochures have been created to provide patients with information about what to expect and how to stay safe during their time in either the Emergency Department, on the Medical Floor or in the Long-Term Care.

It is hoped that these brochures will help educate our patients on topics such as the triage process and address concerns, such as those expressed in the third and fifth comments received above.



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Sunday, February 17 was Family Fun Day for our staff, families, and friends at the Laurentian Valley Skating Trail in Pembroke. Even with the frigid temperatures, it was a great event and a ton of fun was had by all! Thank you to everyone who helped out.

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CHARGE NURSE ROLES AND RESPONSIBILITIES

Throughout the month of January, our Charge Nurses participated in education to support their important role in the organization. The Charge Nurses has varied roles depending on the time of day, and the other supports available.

During the day, the Charge Nurse supports emergency response and acts as the Incident Commander for codes such as Code Red and Code White. Further, the Charge Nurse has responsibility for patient assignment and allocation, as well as infection prevention and control.

After hours, the Charge Nurse is responsible to liaise with Admin-on-Call in relation to scheduling, building security, facility infrastructure, incident reporting, as well as occupational health and safety.



WHAT SHOULD I BE REPORTING TO THE CHARGE NURSE?

The role of the Charge Nurse extends beyond nursing. Below is a list of items that staff should be reporting to the Charge Nurse:

- Safety issues
- Workplace injuries
- Changes in planned staffing
- Suspected or alleged abuse or neglect
- Infection Prevention and Control issues
- Infrastructure failure or equipment malfunction
- Incidents of workplace violence or safety risks
- Changes in patient needs or patient/resident concerns
- Critical Incidents such as a medication errors that cause harm or death
- Change in regular or expected operations such as the need for additional resources
- Times when you will be in the building outside of your normal working hours
- Surge Incident Reports that require immediate attention, such as patient/staff incidents that result in injury

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CHARGE NURSE RESOURCES



For additional information on Charge Nurse roles and responsibilities, see the Charge Nurse education binders on the Medical Floor or in the Emergency Department.

POLICY UPDATES

Respectful Workplace

Code Testing Policy

Code Debriefing Form

REMEMBER TO SIGN IN

REMINDER FOR ALL STAFF

After a Code Red fire drill, all staff present are required to sign the back of the drill observation form to track attendance. This is mandatory!



The Zinger

AUXILIARY NEWS—UPCOMING SALE!



MARK YOUR CALENDARS FOR MAY 18

Coming up on Saturday, **May 18**, the Deep River Hospital **Auxiliary** (Whistle Stop) is hosting a sale of diverse quality items ranging from jewelry, art, linens, quilts, unique hats, artisan surprises to one-off specialty items. The event will take place in the Deep River **Library Program Room** (downstairs).

All funds raised will be donated to the Four Seasons Lodge Long-Term Care to enhance the living space. This is an important project for the benefit of the Residents, their families and the staff providing caring for the comfort and well-being of our seniors.

With community support, who knows what can be achieved!

A request will be going out in the near future for the donation of quality items to support the sale. More information will be shared as we move ahead with plans for this special event.

For more information, please feel free to contact:

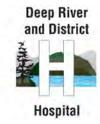
Jenny Ward at 613-584-3049 or

Aliya Ebraham at 613-584-2525



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ACCREDITATION 2019 COUNTDOWN







9 MONTHS TO GO!



ACCREDITATION CANADA

WHAT IS ACCREDITATION?

Accreditation is an ongoing process of assessing health services organizations against standards of excellence to identify what is being done well and what needs to be improved

It allows you to understand how to make better use of your resources, increase efficiency, enhance quality and safety, and reduce risk.

WHAT HAS BEEN ACCOMPLISHED SO FAR:

- Worklife Pulse Survey and Fall Prevention Program completed in November 2018
- Do Not Use Abbreviation Audit completed on all pre-printed forms and chart review in December 2018
- High Alert Medication Program and Audit initiated in December 2018
- Code Grey policy and program updated in January 2019
- Updated admission packages launched on Medical and Four Season Lodge in February 2019
- Abuse, Neglect, Violence and Whistleblowing Protection

WHAT IS COMING UP IN MARCH:

- Suicide Screening and Prevention Program to be launched
- Review of Code Green Policy and Program



OUR MISSION: Caring of every person like a loved one, within an integrated health system.

OUR VISION: An excellent, compassionate health care experience, every time.

OUR VALUES: Caring | Excellence | Safety | Integrity | Partnering | Innovation

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THE AUXILIARY SUPPORT OUR RESIDENTS



The Auxiliary recently provided the Four Seasons Lodge with a gift of \$12,000 for the purchase of new mattresses. The donation enabled the organization to replace the mattresses in every room to ensure our Residents are sleeping on safe and quality beds.

Pictured here with the new mattresses, from left to right, are Janna Hotson—Administrator, Megann Tudor—PSW, Eileen Burke—Auxiliary President, Veronica Stewart—Auxiliary Member and Tracy Govereau—Housekeeping Lead.



EVERYONE IS TIDYING UP WITH MARIE KONDO

The Whistle Stop is doing very well right now thanks to the popularity of the "KonMari" method of tidying that has gained rapid popularity from a new show on Netflix.

Marie Kondo is keeping the volunteers very busy!



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WHAT IS THE WHISTLE STOP?

By: Mike Ward

It all began in the mid 1970s and was initiated by the Rev. Ted Siverns, then Minister at the Community Church, who floated the idea for a second hand store—mainly for used clothing. It was intended for the less well off in the area to maintain dignity by purchases at an affordable price. Ellen Sills had learned at an HAAO meeting of some Hospital Auxiliaries in the province having success with used/second hand clothing stores. It was thought to be a great idea and would meet a need in the



community. Ted Siverns offered the use of part of the CEC basement. The concept was presented to the Hospital Auxiliary and approval to go ahead was given. It was also regarded as a way to raise funds for the DRD Hospital from any profit. Heather Pettipas, a resident at that time, became involved and she organized a rummage sale in the CEC basement. There was good response; a lot of donated clothes were sold, and some money made for start up costs. Heather's husband Wayne made hanging racks and shelves and old tables were scrounged, and the venture was in business. The store was duly opened in the basement of the CEC.

It soon outgrew the available space and was moved to the Community Centre. Even then space was still rather tight, but subsequent expansion into a former Café and Voyageur Bus stop brings it to its' present size. However space is still rather tight. The Community Centre building is owned by the Town of Deep River and is leased to the Community Association, with 3 tenants: namely the Potters' Guild, the Bowling Congress and the Whistle Stop. The 3 tenants share the costs of running the building on a pro rata basis according to square footage. Some specific costs are charged to the particular tenant.

The Whistle Stop [WS] is part of the Deep River Hospital Auxiliary, and its' purpose is to raise funds to support the local community hospital. It is also identified as "The New To You" store on the exterior of the Deep River Community Centre building. The Deep River and District Hospital [DRDH] has to raise funds from the stakeholder communities for the purchase of capital equipment and infrastructure improvements. The Hospital Auxiliary and the DRDH Foundation currently raise most of these funds. Each organization operates independently, and in different ways. While the Auxiliary has many other projects within it, the WS is by far the largest and is a major fund- raiser for the Hospital. Since it's inception in 1972 the Auxiliary pre-dated the Foundation and has raised approximately \$1.4 million for the Hospital.

Some examples of the capital and infrastructure items that [generally] have to be funded by donations:

- IT: printers, computers, servers
- Building Assets: Controllers, Windows, Window-Coverings.
- Patient Care Equipment: Commodes, Lifts. Linens etc.
- Furniture: Waiting Room Chairs, Patient Beds, Over Bed Tables.
- Medical Equipment: Ventilators, Blood Pressure Cuffs & Medical Imaging Equipment
- Safety & Security: Fire -Extinguishers, Fire Panel Sprinkler Systems & Bedside Nurse Call Systems

Continued on next page...

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The WS is operated by a group of dedicated volunteers who put in thousands of hours per annum to ensure that the store is well stocked, attractive and welcoming. It also goes without saying that the tremendous amount of donations from the public, and community support is what makes the venture highly successful. From modest beginnings thousands of dollars have been raised each year of its' existence. Typically in current years, approx. \$80k to \$100K is donated to the Hospital for capital purchases and including \$10K each year for a Speech Therapy programme.

The enterprise is run by six or seven coordinators who take turns at 'being in charge' for a week or, by choice, two consecutive weeks. They can put in 40 to 50 hours in a seven-day week. And are not paid! The duty coordinator oversees the sorting, stocking, pricing, account book-keeping and banking of the funds raised. As many as six other women volunteers will spend each of three scheduled mornings of the week sorting donations, under the direction of the coordinator on duty. There are different volunteers each morning and they attend according to a pre-determined schedule. There are approximately 70 of these volunteers The amount of donations is such that most times it is required to sort seven days a week. Then some of the volunteers attend the other days --when asked, or just because of recognizing the need.

The items that are too worn or dirty and maybe do not work are discarded. This is often an unpleasant task, though lightened with much joking around and social chatter. The participants would, however, appreciate having only to deal with clean garments. In some cases the donated clothes are worth taking home to be washed. The donations from the public are so extensive, that often there are too many items to store or sell. Items, mostly clothing, that do not sell or have been discarded in the sorting session, are passed on and collected once a week by the Canadian Diabetes Association. They, in turn sell on to raise funds for themselves.

In addition there are approximately 30 or more lady volunteers who open the store & staff the desk five afternoons and one evening a week. A number of men are co-opted to identify, test and maybe repair

donations, mostly after taking them home from the store.

Place on the shelves is found for cutlery, crockery, small appliances and table lamps and knick-knacks. There is often considerable discussion among the sorters as to the possible uses of the weird gadgets that turn up from time-to-time, while many are fairly obvious some can only be described as "gadget for undetermined use".

Continued on next page...

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Where does the stock come from? Most of it is donated by local people, who have either grown out of it, or their children have. Grown tired of it, or it has "done its' thing". Wedding dresses have been donated. An English expression says: "everything but the Kitchen sink". Betty Andercheck, one of the original volunteers and still doing so, indicates that years ago one was donated and sold. Left over items of fabric, wool and yarn are sorted and bagged so customers can perhaps find that metre of dress fabric, or that ball of wool to finish projects. Christmas and Halloween and other seasonal items donated after the events,



are boxed and stored to be displayed for sale before the event in the coming year—maybe multiple times. Donations do tend to come according to the season. Many of the donations come from house and estate clearance. The Internet has become a useful tool to identify and determine the value of donations. Some prove to be of such value that other means are found for selling on for appropriate value.

A thank you to the community at large for all the generous donations, without which the operation would not be so successful in raising needed funds.

The WS is a busy store with customers regularly coming from all over the DRDH stakeholder area; and even further afield. Some visit often enough to be known by the staff as regular shoppers, others for regularly messing up the shelves, and sadly a few as regular shop-lifters. There are some who will change or remove the price and claim the price to be much lower. The volunteers regret those losses if not caught, but say there are only a few who do so, though very annoying to the people who work hard to run the store and raise money for a very worthwhile cause. We are all lucky to have and be able to use the local hospital.

The funds raised by the store are paid into the Auxiliary account and invested until required. There is a monthly outgoing of expenses for heat, light and air-conditioning etc. A "wish list" is obtained from the Hospital, explained, considered and discussed. Sometimes the money is saved for special larger expenditures for re-furbishing or improving the Hospital infrastructure. For example the Auxiliary recently contributed \$200K: two thirds of the substantial funds needed for the cost of building the new Emergency entrance.

The coordinator ladies of the WS are thankful for the help they receive from the many unsung volunteers and hope that the enthusiasm and dedication will continue; and hope that others will join as people retire or move on. The stakeholder community should be thankful that this group of volunteers is dedicated to the Hospital that the North Renfrew community is lucky to have. If the Hospital has a good volunteer organization it is an indication to the Government that the community wants to keep it.

Where does the term "Whistle Stop" originate? At the beginning in the CEC, three of the original lady volunteers: Ellen Sills, Pam Fowlie, and Heather Pettipas decided that the new business needed a name Their kids at the time watched "Mr. Dress Up" on TV, and the term was often used. On a shopping trip to and from Ottawa they were discussing various ideas for a name. They passed though Chalk River, could see the railway station, and the term "Whistle Stop" from the TV programme was suggested, discussed and adopted.

Acknowledgement to Sheila Blore [NRT Article February 1997]

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JOIN THE BOARD

YOU CAN CHANGE THE FUTURE OF HEALTH CARE

For people looking to contribute to their community, serving as a member of a health care board can be an incredibly rich, rewarding, and meaningful experience. To ensure that health care organizations meet the needs of their stakeholders, they need guidance and direction from the communities they serve. The guidance and direction provided by volunteer boards is an integral part of a properly functioning healthcare system. Boards provide oversight to support management in discharging their accountabilities as well as assist in establishing strategic goals which help the organization uphold its mission, vision and values.

The Board which governs the Deep River and District Hospital, the North Renfrew Family Health Team and the Four Seasons Lodge Long-Term Care is looking to appoint Board Members with complimentary skills and expertise to act on behalf of our communities and be ambassadors for the organization.

There are opportunities for individuals to join as Board Members, or as Community Members on a Board Committee. The Board Committees seeking Community Member representatives are the Strategic Planning and Partnership Committee, the Resource and Audit Committee, and the Quality and Patient Safety Committee.

The Strategic Planning and Partnership Committee is responsible for ensuring a strategic plan and goals are in place with planning into the future. The Committee monitors external factors that affect healthcare at the local, regional, provincial and national levels as well as oversees the development of relationships and partnerships with stakeholders to address strategic directions.

Continued on next page...

JOIN THE BOARD (continued...)

The Resource and Audit Committee oversees the effective use of resources of the hospital (financial, capital, and Human Resources) and apprises the Board on financial issues/risks and recommends appropriate actions for maintaining financial viability of the organization.

The Quality and Patient Safety Committee is responsible for monitoring and reporting on quality performance of the organization to ensure that the quality of care and safety are at their highest achievable levels.

All Committees of the Board meet quarterly or at the call of the Chair, and the Board typically meets monthly – except for July and August. Board Members are elected for volunteer terms of up to three years. Board Members sit on at least one Committee in addition to the Board itself. Community Members appointed to Board Committees are appointed annually, and joining the Board as a Community Member can be a great way to learn about the functioning of the Board before joining as a Board Member.

Join the Board to help ensure we achieve our vision of an excellent, compassionate health care experience, every time. Those with a deep interest in health care, a passion for patients and an openness to learn are invited to apply. Applications can be accessed on the DRDH website (www.drdh.org) or by calling 613-584-3333 x 7100. Kindly submit your application to Amy Joyce before Monday, April 15, 2019.



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CATCH THE ACE FEVER!

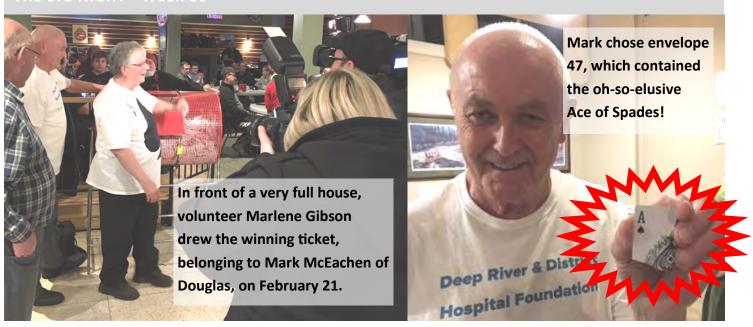




Can you believe this lottery began on March 14, 2018? The support and participation by so many volunteers made this fundraising journey a delightful, entertaining event. We are ever thankful to everyone who gave freely of their time, their energy and their enthusiasm. The lottery has awakened in our communities the importance of our Hospital and the crucial issue of fundraising for capital equipment.

PS—for those itching to buy tickets again, the next lottery will begin in about a month!

THE BIG NIGHT—WEEK 50



The **total net revenues** received by the Foundation from this amazing long-running lottery are **\$785,000** (*subject to a few final expenses*). Catch the Ace has been a fantastic opportunity to make a significant dent in the Foundation's Focused on You campaign goal of raising 1.75 million for the replacement of diagnostic imaging equipment. In addition to the weekly prize of **\$65,574** (\$1/ticket sold), Mark also received the progressive jackpot that with the week 50 contribution (\$1.50/ticket sold) amounted to **\$508,678.50**. The DRDH Foundation will be pleased to present a cheque to Mark for **\$574,252.50**.

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FOUNDATION IN THE NEWS

'Catch the Ace' lottery continues in Deep River



CC

The Ace may have been tricky to catch, but we sure caught the attention of CTV News! If you haven't been watching, the Foundation's Catch the Ace has been featured on the evening news every Thursday for the past several weeks!

If you didn't catch the 6 o'clock news live, here are a couple of the clips:

https://ottawa.ctvnews.ca/video? clipId=1612637

■× 01:26 / 02:02

https://ottawa.ctvnews.ca/catch-theace-lottery-continues-in-deep-river-1.4277759

https://ottawa.ctvnews.ca/video? clipId=1617988



TIM CARD WINNER



Congratulations to Jeremy Palmer for correctly answering the question in the January Zinger and winning a Tim Card!

Jeremy correctly answered that the four pillars of our new Strategic Plan are:

- (1) People
- (2) Sustainability
- (3) Integration
- (4) Seniors

For your chance to win this month, see page 5!



Is there something you would like to see appear in the next issue of the Zinger? Please submit photos and information to amy.joyce@drdh.org.

The Deep River and District Hospital receives funding from the Champlain Local Health Integration Network (LHIN).

The opinions expressed in this publication do not necessarily represent the views of the Champlain Local Health Integration Network.