



ATIKOKAN GENERAL HOSPITAL 2013-14 Annual Report



Message from the CEO and the Chair of the Board....

The Atikokan General Hospital had another exciting year. We are definitely making progress on providing more services closer to home.

From April 1, 2013 to March 31, 2014, we experienced a nearly 100% increase (from 405 to 954) in our telehealth. This means more Atikokanites can stay in town and do not have to travel for health care services. The major health care treatments that we have been able to support here in Atikokan are: Oncology (155), Dermatology (97), General surgery (89), and the greatest increase was in Cardiology (last year 6, this year 84).

We also experienced nearly a 20% increase in Physiotherapy and Occupational therapy visits. We saw a 1,659 drop in laboratory visits (they were down to 5,107). Our unscheduled emergency room visits remained about the same at 3,583, and that is a good statistic to have.

The Hospital board met one weekend and reviewed and renewed our Strategic Plan for 2014 -2018. We continue to focus on four strategic directions, namely; Quality Care, Integration, Workplace Excellence, and Future plans.

Quality Care

Patient satisfaction surveys were conducted in the clinical areas of the hospital: extended care, acute and the emergency department. Results from all

three show a high degree of patient satisfaction with our service.

Clinical Nutrition: We welcomed a new dietitian, Samantha Holmgren, in June 2013. Her largest project in the last fiscal year was to update the AGH Diet Manual, as the previous update was in 2005.

Diabetes Program: We had some big changes in diabetes as the old Northern Diabetes Health Network was disbanded and we moved under the direction of the North West Local Health Integration Network (NWLHIN). This meant changes in our reporting and statistics, and also in our charting. Our electronic charting system is no longer supported, so we are temporarily switching back to paper charts while we evaluate our options.

Granting Physician Privileges: A new network in our area called the Northwestern Regional eCredentialing System started in November 2013. This process allows the sharing of professional staff credentialing documents among the 12 participating hospitals in our region, reduces time, and

improves the effectiveness of the doctor credentialing process.

The Support house was at full capacity (4) for close to a year (for the first time!). It appears our support house is being recognized as an important service within the community and district.

In our Community Counseling and Addictions Services department, our clients can also take advantage of video and the Ontario Telemedicine Network (OTN) with easy access to tele-psychiatry through the pilot program at the Family Health Team.

The AGH Ethics Committee has been re-established with regular monthly meetings. AGH is now a member of the Lakehead University Centre for Health Care Ethics which provides monthly videoconference education and ethical issues facilitation. Committee members are studying the Handbook for Rural Health Care Ethics and doing case studies, as well as discussing ethical issues in the media and daily worklife.

We now have an ethics toolkit and produce an "ethical value of the month" article for the staff newsletter.

And finally for those of you interested in statistics: we laundered 121,876 lbs (55,441 kgs) of laundry for 2013. Not the most exciting news, but we are proud of our housekeeping and laundry staff! **Integration with Other Health Service Providers (HSPs)**

In Ontario some startling statistics show that a very small proportion of the population consumes a very large portion of the budget. For example, 5% of the whole population in Ontario uses over 66% of the total health care budget.

The obvious strategy is to identify and focus on the high users and ensure they receive the best quality proactive care in the most effective way possible. Although hospitals are the most expensive part of the health care system (and so we want to help people avoid hospitals!), we are only one member of the team. The Ministry of Health and Long Term Care (MoHLTC) and our Northwest Local Health Integration Network (NWLHIN) have taken the leadership to organize HSPs to 'link-up' with community Partners. The Health Links program is just getting started in our District of Rainy River, but already we have formed a network of **over 20 HSPs as we work together to**

Continued on page 4

AGH Board of Directors, 2013-14

Joan McIntosh, Chair. Brent Boyko, Vice-chair. Vic Prokopchuk. Wayne McAndrew. Marlene Davidson. Lorraine Zacharias. Ed Enge. Pat Halwachs. Councillor Marj Lambkin (Town appointee). Doug Moynihan, CEO and President (ex-officio) Secretary-Treasurer of the Board. Dr. Joanne Spencer, Chief of Staff. Esther Richards, Chief Nursing Officer. Dr. Sara Van Der Loo, President of Medical Staff.

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Atikokan General Hospital Foundation gratefully acknowledges the following donations received between April 2013 and March 2014

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Cyndy Ellek	Tami Stinson	Ernest & Mary Ellen St. Pierre	Gayle Dutka	Patti-Ann James
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<u>Barbara Ehelebe</u>	Mary Wasylenki	Pauline Blair	Pat & Sandra Armstrong	Cindy Poirier
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			Frank Covello	

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Message from the Chief of Staff....

This past year has brought us opportunity to celebrate our community hospital, with our programs and dedicated work of everyone, providing health care closer to home.

As medical staff, we as physicians have had the great pleasure of working with our colleagues, Dr. Varty, Dr. Barkman, Dr. Campanaro, and Dr. Fotheringham. We value their dedication and passion in their work, as well as their friendships. Although these physicians are working in different communities, or in different practice formats, we keep in touch and continue to think of their contributions to the Hospital, the Family Health Team and our community.

Brittany Freeman has been working with the community Recruitment and Retention Committee and we thank her. Certainly, the efforts of welcoming locums to Atikokan has ensured that we are able to continue to provide programs at the Atikokan General Hospital so that patients can receive health care closer to home. With Brittany's departure, we welcome Lisa Marusyk, who will continue to work alongside the Committee to recruit physicians to work at the Hospital and Family Health Team.

Our videoconference program, facilitated by the Ontario Telemedicine Program and our local coordinator, Sue Sampson, is a prime example of providing health care closer to home. This program has been available for a few years, but we are seeing increased numbers of consults for patients with allied health professionals and specialist physicians, such as general surgeons, cancer care, wound care and cardiac rehab. These consults are invaluable for the rehab caregivers, nurses, physicians and patients here in Atikokan.

The AGH Foundation is celebrating its 10th year. With the help of the Foundation, our hospital will be able to purchase medical equipment, most recently a new cardiac rhythm monitoring system. Thank you to the Foundation for your many contributions over the years to medical care at our hospital.

Although we are a small rural hospital, we must participate in a number of programs under the umbrella of the Ministry of Health. Examples are Continuous Quality Improvement, Risk Management, and Governance Committees. The work of these committees report to our Hospital Board - we are very fortunate to have dedicated members of our community that take time to learn about these programs and help build relationships with the Local Health Integration Network and other health care organizations.

Thanks to all the staff at the Atikokan General Hospital and my colleagues Dr. Eshay Elia and Dr. Sara Van Der Loo, as we all work as a team to help provide health care to the community that is our home.

*Dr. Joanne Spencer
Chief of Staff*

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- | | |
|-------------------------------|-------------------------------|
| Trish Warren | Harold & Joyce Cunningham |
| Diana White | Megan Fairbairn |
| Stacey Wood | Verlie Green |
| Angel Young | Helen & James Hogan |
| Amy Zacharias | Janice Hopkins |
| Brette Zacharias | Alan & Mary Kerr |
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| Lynn Allan | Janice Matichuk |
| Ivy Angus | Shane McCormack |
| Pat & Sandra Armstrong | Wanda McNally |
| Evelyn Ashford | Vic & Madge Prokopchuk |
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30 YEARS 5 MONTHS 28 DAYS When RN Wayne Smith was hired by Evelyn Ashford in 1982, he turned a few heads (mostly upward) as Atikokan's first male nurse, but that novelty was soon forgotten as he earned respect and appreciation across the health care and broader communities. The hospital staff, and the three generations of Atikokanites he cared for over the years, will remember him for his calm professionalism, his gentleness, and his compassion

Our Vision	Our Mission	Our Values
A community providing health care closer to home.	Atikokan General Hospital is dedicated to excellence in compassionate and supportive health care for those we serve.	Atikokan General Hospital will provide high quality health care that promotes wellness and safety and appropriate health services.

2013-14

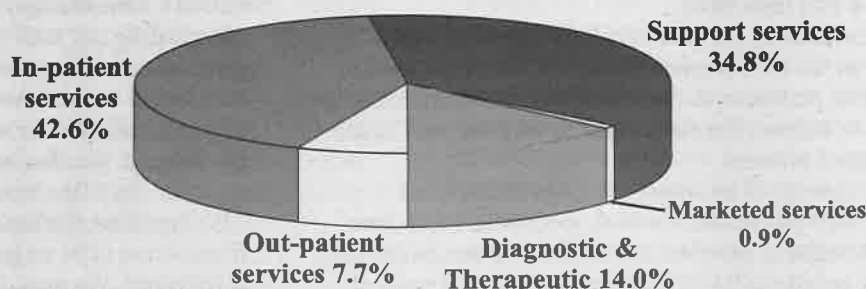
FINANCES

Financial Statement

	2013/14		2012/13	
Revenue by Source				
Ministry of Health/LHIN funding allocation	\$ 7,278,279	75.79%	\$ 7,123,503	78.12%
Other programs	\$ 784,868	8.17%	\$ 837,075	8.72%
Other non-Ministry revenue from patient services	\$ 533,119	5.55%	\$ 437,764	4.56%
Other miscellaneous revenue	\$ 801,864	8.35%	\$ 514,459	5.36%
Deferred capital contributions	\$ 204,552	2.13%	\$ 205,382	2.14%
Total Revenues	\$ 9,602,682	100%	\$ 9,253,970	100%
Expenses by Type				
Salaries & Wages	\$ 5,235,097	54.52%	\$ 5,147,324	56.45%
Employee benefits	\$ 1,538,655	16.02%	\$ 1,214,409	13.32%
Medical staff fees	\$ 104,185	1.08%	\$ 113,910	1.25%
Medical & surgical supplies	\$ 131,253	1.37%	\$ 127,799	1.40%
Drugs	\$ 77,794	0.81%	\$ 98,988	1.09%
Supplies & other expenses	\$ 1,364,231	14.21%	\$ 1,168,861	12.82%
Bad debts	\$ 12,322	0.13%	\$ 2,894	0.03%
Depreciation	\$ 424,425	4.42%	\$ 399,172	4.38%
Other programs	\$ 784,868	8.17%	\$ 837,074	9.18%
Total Expenses	\$ 9,672,830	100.73%	\$ 9,118,183	99.91%
Surplus/(Deficit)	\$ (70,148)	-0.73%	\$ 7,752	0.08%
TOTAL	\$ 9,602,682	100%	\$ 9,118,183	100%

**This financial information is based on the twelve month period April 1, 2013 to March 31, 2014.

Operating expense by type of service



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On-line donations may be made on the hospital website www.aghospital.on.ca by clicking on DONATE NOW

From the Atikokan General Hospital Foundation...

Wow, how time flies! Another year has passed and once again I am excited to be writing this report. Our year started off with our 7th annual *Today I'm Working for My Hospital* campaign. This year through the generosity of our community we raised \$6,289.95. There were 13 businesses and organizations that participated and 21 AGH staff. The AGH staff had fun running six individual events. The funds raised allowed AGH to purchase an Acute Care Unit alarm bed for falls prevention.

In November the Foundation received a letter from Esther Richards, Chief Nursing Officer, requesting funds to support the purchase of two pieces of equipment that were urgently required by the nursing and laboratory departments. We were delighted to provide \$71,895 to allow the purchase of a Cardiac Monitoring system.

Our annual Celebration of Friends gathering was held on December 10, 2013. We were delighted to be entertained by The Singing Friends. All of the residents and guests enjoyed the sing-a-long and I'm sure the songs brought back wonderful memories of Christmases gone by. The event raised \$6,740.

Throughout the 2013/2014 year, our Foundation received over \$52,000 in donations. It is these generous donations from community organizations, groups, and individuals that allow our Foundation to continue to meet our mission which is "To support Atikokan General Hospital in meeting the health care needs of the community by providing financial support for hospital medical equipment or improvements to the facility."

Cheryl Fairbairn
AGH Foundation Board Chair

AGH Foundation Board of Directors 2013-14

Cheryl Fairbairn, Chair. Linda Lindsay. Kim Cross.
Joan McIntosh. Shirley Rasinaho. Pat Halwachs.
Donna Doucette.



BIG CHEQUE The AGH Foundation made its annual major gift to the hospital during the Celebration of Friends on December 10. The \$71,895 will be used to fund the purchase of a new cardiac monitor. Foundation board members Donna Doucette, Cheryl Fairbairn (chair), Shirley Rasinaho, Pat Halwachs and Kim Cross (missing are Linda Lindsay and Joan McIntosh) made the presentation to hospital CEO Doug Moynihan.

Fairbairn also saluted the major 2013 donors to the Foundation: gold level sponsors OPG employees and pensioners and Dr. Roberto Campanaro; silver level Walter Beyak, James Williams, Dr. Walter Kristjanson, Down Wash Holdings Ltd., AGH employees, and the Royal Bank of Canada; bronze level Owen Boland, Joerg Bartsch, Louise Clement, Harold and Joyce Cunningham, Herbet Humphreys, Lorena Jaman, Elsa Latell, Shane McCormack, Wanda McNally, Doug Moynihan, St. Pat's Parish CWL, Nite Club Restaurant, and TD-Canada Trust.

AGH Service Awards 2013

40 Years Pauline Blair	20 Years Susan Girard	10 Years Greg Armstrong	10 Years Shelley Hrynuk
30 Years Linda Angus	Wendy Kempf	Carol Coulson	5 Years Krystal Bain
25 Years Cathy Barnard	15 Years Val Bolen	Mindy Cross	Sarah Howells
Donna Mallard	Linda Morelli	Melissa Caron	Jackie Kerr
		Amanda Dickson	
		Patricia Dunnet	

From the CEO and the Chair of the Board of Directors...

From page 1

improve health care delivery in our region.

Another initiative from the MoHLTC and the NWLHIN is Community Paramedicine. The aim of this project is to partner with the Emergency Medical Services (EMS, land ambulance) when they are not responding to emergency 911 calls to organize some home visits. Our local EMS have taken the lead to apply for MoHLTC funds to collaborate with other health care providers to support staff to visit people in their homes.

Physician Shortage in Atikokan

With the loss of doctors last year and this spring, Atikokan has found itself with a doctor shortage. Currently there are only 2.5 full time equivalent doctors left to service the community. Physicians here perform work in our 24-hour emergency department, at the Atikokan Medical clinic (walk-in and appointments), and they care for residents in our extended care facility and patients in our acute beds. The shortage may cause some temporary increase in wait times for some people as the physicians will be focusing on the most ill and injured. The situation is expected to continue through the summer.

This unexpected shortage required us to work with a committee, the Health Professionals Recruitment and Retention Committee. With membership from the community the committee decided to hire a special recruiter. Funding was needed in order to provide incentives to physicians interested in coming to Atikokan, whether on a full-time basis or a temporary locum. The Town of Atikokan and Atikokan General Hospital donated generously to the cause, both contributing \$40,000. Special contributions were also received from Ontario Power Generation, Atikokan Pharmacy, Resolute Forest Products, Aecon and the TD Bank. A physician recruiter was hired and she worked closely with the physicians and staff at the Clinic to bring in locum or temporary physicians and a new full time physician. We are fortunate to have hired Dr. Eshay Elia on a full time basis.

Unfortunately the recruiter left her job to start a family, so we are reviewing whether or not we need to hire a new person to do the recruiting, and exploring the option to support the clinic staff to take the lead in the recruitment process.

The strategy is to attract recent graduates and experienced physicians for both locums and full-time duty. We need to promote the benefits of the community, friendly people, outdoor activities, and a safe place to

raise a family. This is a team task. We are working with the Ministry of Health's Health Force Ontario (HFO), and the Rural Physician Association of Ontario. We are building relationships with the Northern Ontario School of Medicine (NOSM) in Thunder Bay.

The demand is greater than the supply of doctors. We know it is frustrating. It is a big change from a year or two ago when your wait time was much less. Please be assured the physicians and staff at the clinic and the Family Health Team are doing everything they can to see as many people as possible every day.

Again this year Atikokan General Hospital was the host for the P.A.R.T.Y. (Prevent Alcohol And Risk Related Trauma In Youth) program involving grade ten students from the community. The goal of the P.A.R.T.Y. program is to provide young people with information about injury (trauma) that will enable them to: recognize potential injury producing situations, make prevention-oriented choices, and adopt behaviours that minimize unnecessary risk.

This program is vital to the community in an effort to reduce death and injury in alcohol and risk-related accidents and other incidents. This year over 35 grade 10 students took part in the program. The program gives students a scenario that involves drinking and trauma. Students follow the course of injury from occurrence, through transportation to the hospital, treatment, rehabilitation and community re-integration phases. The students participating were able to interact with a team of emergency response and health professionals including a nurse, paramedic, police officer, and fire chief.

Workplace Excellence

We have been investing in our staff and our facility. For example, a new position was created entitled Chief Financial Officer/Vice President of Corporate Services. Foot care is provided to our in-patients by one of our own certified nursing staff members and we now have a certified Chemotherapy Nurse.

Regarding our staff educational programs, all registered nurses have completed the Trauma Nursing Core Course and Advanced Cardiac Life Support course. Congratulations to our nurses as this is quite an achievement. We also hosted a Culturally Safe Care course for front line workers.

We replaced our entire outdated network server infrastructure (10+ years old) with the latest hardware and software. We went from a tape back-up system to a

more robust and secure disk based back-up system and moved to a fully integrated, onsite Microsoft Exchange Server, giving us a more capable system for all employees even when they are away from the hospital.

During our fiscal year 2013/14, we had four retirements (Lorraine Calder, Wayne Smith, Linda McCormack and Sandra Mosley). We hired 22 new staff, some for short periods like the summer, and at the end of the year we had a net gain of six staff to bring our total to 119.

A staff survey was conducted in 2013 and the detailed results are on our website. Two key items identified by staff were stress management training and more performance reviews. Both actions are underway. Overall, staff members are satisfied with their working conditions. The survey is part of our preparation for the next Accreditation which will occur in 2015.

We recently participated in an Inter-Hospital Fitness Challenge. This was the first year the Atikokan General Hospital has taken part and it was a great success with over half the staff involved. There were eight teams which consisted of over 50 employees who competed against each other as well as against other hospitals from around Ontario. AGH finished the competition in 9th out of 13 competing hospitals. Participants were scored based on mental health breaks, sleep hours, water servings, fruit and vegetable servings, and exercise minutes. Let's hope we can continue the healthy lifestyle trend into June and going forward into next year!

Finally, one obvious improvement many citizens have noticed is that last fall we got a major portion of the parking lot resurfaced. This should smooth out the route for wheel chairs and walkers as they enter the hospital.

Future Plans

The Master Plan for the AGH is coming closer to reality. The first stage is to finalize the plans for a new 11 acute bed addition. After transferring patients into the new beds, we plan to renovate the old rooms and open up more long-term care beds. Many activities still need to be organized and approved. For example, we recently installed a new six-inch water main, a back-flow protection and sump pumps. These plumbing changes will help prepare us for the new addition.

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