

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

Addition and Redevelopment

The big news from the past year was the completion and occupancy of the new acute addition and the renovated Long Term Care (LTC) rooms. From the sod turning ceremony in July 2015 it has been a busy road filled with challenges and changes. The end result is a world class facility to help care for our residents.

All the staff and board of the hospital want to thank the citizens of Atikokan for their patience and understanding during these renovations. We will soon be installing new signage to ensure family and friends can navigate the new hallways. We also want to thank all the staff for their ability to adapt and accommodate the noise and closed doors. The renovations made the care giving job a little more difficult, but it was all for a good cause which is to improve health care. And finally we want to thank our contractors who organized a charity golf tournament last summer that involved over 12 contract companies. Their workers raised over \$5,000 for our Foundation. Thank you to the contractors. To summarize the activities, a massive logistical task was required by the staff to prepare and move into the new acute wing. Formal weekly meetings occurred so that furnishing, fixtures and equipment could be purchased and/or relocated in a timely fashion. First step was the official

ownership / occupancy permit transferred from the contractor to the hospital. Afterwards we finalized our cleaning and ensured all items like carts and desks, tables and computers were in the right place. We finally occupied the new acute wing on December 12th, 2016. Of interest is that date, the 12th of December, is the same date that we officially dedicated the main hospital building back in 1975. A 41 year anniversary. Our nursing, housekeeping and maintenance staff must be commended for their ability to adapt and be flexible with the disruptions and changes that were happening in the Care gave us a long check list and a requirement to prepare a formal Occupancy Plan. An inspector from the ministry visited along with our Capital Branch senior advisor Maureen Judge to personally inspect the site. Running in parallel to the ministry inspections were check lists from the contractor and inspections from the Chief Building Officer and the engineering / architectural and plumbing inspections. The first resident move started on Friday May 5 then continued throughout the weekend with three or four moving each day, until everything was complete by May 9. Extra staff were be a community celebration of the history of health care in Atikokan. Our goal is to interview ex-staff and residents and working along with the museum and a graphic artist we would create wall hangings or 'interpretive historical murals' recognizing key events and the people who have influenced health care in Atikokan. **Fund Raiser**

In April we had our annual fundraiser Today I'm Working for my Hospital'. This year was more successful than ever. Overall we raised \$ 6,242.80 a 25% increase over last year. An interesting story is that one of our regular contributors donates funds based on the work he does that day completing tax returns. This year we had that huge snow storm forcing many of his clients to wait until Friday April 28th. Due to the inclement weather, AGH benefitted greatly from this persons 'extra' generosity. Also, of particular note was participation from staff. Collectively staff donated \$1,658.18. The most interesting aspect was that eight departments had fun games and draws to collect money which itself contributed \$ 460. Last year we had only one department and raised less than \$50. This is one indication of high moral. **Engaged Employees** Not only have we experienced structural changes in the past year at the hospital but there were also many personnel changes. Continued on page 3

workplace. Our MPP the Honourable Bill Mauro and his Atikokan assistant Sally Burns made a visit to the new area and were very impressed with the progress.

Phase 2 began the day after patients were relocated down the hall into their new spacious rooms. This phase involved hoarding off all the old inpatient rooms in the former acute care wing, demolishing the walls and ceilings and rebuilding 10 long term care private rooms. To plan for phase two an interdisciplinary team of about a dozen staff was formed. Under the leadership of the new LTC Manager, Stacey Wood, they met weekly for 3 months to ensure every aspect of the move was coordinated so that our residents would have a smooth move. Externally the Ministry of Health and Long Term

brought in and worked together as a team to paint and clean rooms and ensure the residents received top notch care.

We also received a timely notice that our operating license was approved to increase the number of residents from 22 to 26. We have now hoarded off another area in the LTC to complete the final stage which is to build a new entrance into the LTC and create 3 new rooms from the old rooms 14 & 15. As well we will build a new public handicap accessible washroom in the front lobby. Final completion is scheduled for mid-July.

Grand Opening

A grand opening ceremony to celebrate the new acute wing and the redeveloped LTC beds is being planned for the fall. It is intended that this would

THANK YOU • THANK YOU •

Dan Whaley

Atikokan General Hospital Foundation gratefully acknowledges the following donations received between April 2016 and March 2017

Donations made in memory of...

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Al Albrecht

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

From page 1

We average about 27 departures and additions a year so Human Resources is quite busy recruiting and orienting new staff.

There is evidence to suggest that the eight days of leadership training afforded to sixteen AGH managers and lead hands in the fall of 2016 has begun to deliver dividends for the hospital. For example, attendance is up, overtime is down, the budget is back to balance and more team meetings and huddles are occurring involving important conversations about a team approach to patient and resident care. This, in turn, creates clarity of roles and expectations for each employee. Increased confidence in their leadership team encourages staff to bring forth both workplace issues and solutions.

With strong leadership come engaged, dedicated employees - a positive sign of an evolving, improving organizational culture. In particular the nursing leadership team is now complete with no vacancies and Jennifer Learning, our new Chief Nursing Officer is introducing new practices, training and standards to keep everyone's focus on quality patient care.

Human Resources

In recognition of our changing workforce and the evolution of tasks and responsibilities in the workplace, Human Resources is currently undertaking a classification review of all non-union (exempt) positions. This classification review involves reviewing job descriptions to ensure that they capture the tasks and responsibilities of the role,

Human Resources is proceeding with a new corporate orientation program. The purpose of this program will be to integrate all the elements of orientation under one facilitated presentation, thus providing a more effective and enjoyable experience for new employees. **Smoke-free**

The Smoke Free Ontario Act will prohibit smoking on hospital grounds effective January 1, 2018. Human Resources have partnered with the Chemotherapy / Telemedicine Nurse to create a working group dedicated to

preparing the Atikokan General Hospital for this change.

The Accessibility Committee of the Atikokan General Hospital continues to work towards its 2017 goals: a comprehensive review of all of the hospital's existing accessibility programs and policies in advance of our Dec. 31, 2017 reporting deadline.

The Employee Wellness Committee closed out 2016 with an extravaganza of holidaythemed activities, which included: A free breakfast for all staff, deliveries of festive treats (e.g.: candy canes and hot chocolate), and a door decorating contest.

The Committee is currently preparing a number of exciting activities for Mission Week later in May. The Wellness Committee has also sent out a survey to all employees to solicit input about what they would like from the Committee in 2017.

Key Retirements

Kim Cross and Esther Richards retired last October. Together Kim and Esther had a combined 25 years of service. Esther took over the Chief Nursing role after Wayne Smith retired. She held the leadership role for nine years providing dependable stable leadership during turbulent times requiring attention to

union, staffing, and reorganization issues. Kim's career started out in the finance area but grew into the Vice – President of Corporate Services. When she retired she chaired numerous committees and was accountable for over 8 different departments. As one staff said, ' she exhibited exemplary attitude and behaviour every minute of every day '. Of note, Kim was also instrumental in community fund raising activities such as the hugely successful 'Taste of Atikokan'. Both Kim and Esther will be greatly missed.

Partnerships

1) Working with the Atikokan Family Health Team, the Health Links Project continues to make progress. This value-added program focuses on clients with four or more chronic conditions and high use of health care services like hospital, home care, Family Health Team and ambulance services. The Health Links project under the leadership of Karen Lusignan, the executive director of the Atikokan Family Health Team, is working to identify high users of our health system. Once patients are identified trained personnel meet with the person and create a 'Coordinated Care Plan'.

See '2016-17 CEO-Chair Report', page 4



2016-17 FINANCES Operating expense by type of service Support services **In-patient** 36.7% services 40.8% Marketed services 0.8% **Out-patient services 7.1%** Diagnostic & Therapeutic 14.4% **Financial Statement** 2015/10

Revenue by Source	2016/17		2015/16			
Ministry of Health/LHIN						
funding allocation	\$	7,635,742	75.11%	\$	7,359,515	76.51%
Other programs	\$	804,934	7.92%	\$	743,375	7.31%
Other non-Ministry revenue						
from patient services	\$	643,803	6.33%	\$	582,904	5.73%
Other miscellaneous revenue	\$	776,547	7.64%	\$	668,799	6.58%
Deferred capital contributions	\$	305,664	3.01%	\$	263,810	2.59%
Total Revenues	\$	10,166,690	100%	\$	9,618,403	100%
Expenses by Type						
Salaries & Wages	\$	5,701,660	56.08%	\$	5,489,238	57.07%
Employee benefits	\$	1,422,149	13.99%	\$	1,445,130	15.02%
Medical staff fees	\$	88,298	0.87%	\$	89,860	0.93%
Medical & surgical supplies	\$	147,243	1.45%	\$	119,195	1.24%
Drugs	\$	89,599	0.88%	\$	87,419	0.91%
Supplies & other expenses	\$	1,525,603	15.01%	\$	1,374,426	14.29%
Bad debts	\$	1,188	0.01%	\$	2,802	0.03%
Depreciation	\$	488,198	4.80%	\$	463,857	4.82%
Other programs	\$	795,286	7.82%	\$	743,375	7.73%
Total Expenses	\$	10,259,224	100.91%	\$	9,815,302	102.05%
Surplus/(Deficit)	\$ \$	(92,534)	-0.91%	\$	(196,899)	-1.94%
TOTAL	S	10,166,690	100%	\$	9,618,403	100%

AGH senior management underwent some significant changeover during the year. Kim Cross, chief financial officer and vicepresident, corporate services (left), retired; *Tina Selman joined the team as financial* services manager. Chief nursing officer Esther Richard retired in the fall, and was succeeded by Jennifer Learning (right), who came over after four and a half years heading the Atikokan Family Health Team.



35 Years Krys Bednarski **Bonnie Gouliquer** 30 Years **Heather Desgroseilliers** Susan Hall **Tanis Hampshire Grant Pfeifer** <u> 25 Years</u> MaryAnne MacDonald 20 Years **Bridget Davidson** Sandra McIntyre **10 Years** Sarah Bjorkman **Robert Herrmann** Holly Mosbeck <u>5 Years</u> **Teilor Chumway-Kehler** Laura Gibson **Stacy Steele** John Wright **Amy Zacharias**

GEN HOSPITAL	
FOUNDATION	•

2016-17 Report from the CEO and Board Chair

From page 3

From January 2017 to March 31, 2017 we expect to reach 32 clients. Short-term outcomes, which have been achieved:

a) Client Care Plans done on all 18 clients

b) Transportation assistance given to clients in need to help them reach their goals

c) All clients have identified goals which they would like to start working on d) All clients who want to be on the Relay Health Portal have been invited e) All Atikokan Health Links navigational coaches are meeting once/wk every Thursday to review clients goals and support one another

f) Staff are learning about other services in the community which we could partner with to support our clients

g) The physicians group is aware of Health Links and is on board with supporting our clients

h) Fort Frances and Atikokan Family Health Team's are collaborating and communicating to support one another and create a successful program.

2) The **NWLHIN** (Northwest Local Health Integration Network), is encouraging the furtherance of the 'Blue Print'. The ten-year plan asks us to examine the value of collaborating along the principles expressed in the <u>Patients First</u> paper so that we add value to health care recipients.

3) One example of collaborating was a **Governance to Governance** activity which occurred when we were invited to Fort Frances on December 14. Attended by our chair, vice chair, and CEO, we joined other health care suppliers to discuss opportunities to work together to improve health care delivery.

4) Another example of collaboration is the provincial initiative to introduce **New Accreditation Standards** in pharmacy. The Ontario College of Pharmacy is leading the project. It will focus on staff training on new policies and procedures and new standards for the medication preparation rooms to ensure a safe work environment.

5) Another very successful collaboration occurred with our **Paramedic Services.** A program called Community Paramedicine has successfully improved patient care by making visits to homes and thus avoiding trips to the emergency.

Equitable and Accessible Programs

We are engaged with all the hospitals in our region monitoring the efficiency of repatriating patients from Thunder Bay back to Atikokan.

We are working with Riverside Health Care in Fort Frances to further the goals and aims of the LHIN and of our sub-LHIN, the Rainy River District. For example an Anishinaabe Cultural Engagement session was offered in Atikokan for front line health care providers.

Quality and Timely Services

Ed Enge

Chair, Board of Directors

In our Community Counselling department for Mental Health and Addictions, we hired a new counsellor, Zsuzsa Lako, MSW, RSW. With her Specialization in Gerontology, she is meeting the needs of the residents by providing cognitive assessments (for dementia/Alzheimer) as well as counselling for grief and depression, for them and their families or caregivers. Zsuzsa is also available to counsel individuals from the community at large.

Bill 41, the <u>Patients First Act</u>, is providing some helpful direction for future planning of health services. The essence of the Act is that patients and local care providers with expertise should be more widely consulted for the purposes of healthcare decision-making. In a February 8, 2017 news release from the MOHLTC it was reported that Patients First initiatives should create a sustainable, "equitable, high-performing and recovery-oriented" system that ensures "mental illness is treated like any other chronic disease". Further, the intent is to:

1) Develop a structured psychotherapy program that uses evidence-based therapies;

2) Create up to nine youth (ages 12-25) hubs for "walk-in, one-stop access to mental health and addictions services, as well as other health, social and employment supports under one roof" and

3) Provide "Up to 1,150 additional supportive housing units across Ontario for people living with mental illness and addictions, especially those who are homeless or at risk of becoming homeless."

"Ontario is investing \$140 million over three years to support these initiatives, which will be followed by a sustained increase in funding of \$50 million annually. This investment is in addition to the \$3.7 billion Ontario invested in mental health and addictions services in 2015-2016."

Health Canada put out an alert about the first detections of Carfentanil in Ontario. Carfentanil, a synthetic opioid (narcotic) used as a large animal



A Taste of Atikokan produced over \$10,000 for the Atikokan General Hospital Foundation, and sent 123 people home happy and satisfied October 2. Fifteen Atikokan restaurants and food suppliers donated to the event, and celebrity chef Garry McKinnon (serving here), the ladies of the Atikokan Legion, and a group of Foundation volunteers turned those donations into a tencourse gourmet feast.

From the AGH Foundation...

Greetings to everyone in our community, What an exciting year AGH has had! As the major redevelopment - redesign of our hospital is close to completion, our foundation members were given a tour of the new wing and we were able to see firsthand how the changes will have a very positive impact on patients, residents and staff.

This past year our foundation received over \$138,000 in donations which enables us to continue to support AGH. So as always a "Big Thank You" goes out to all who have donated to the Foundation this past year.

Along with our annual fundraising activities, Celebration of Friends, Today I'm Working for My hospital, and Guardian Angel program, the foundation hosted an event called 'A Taste of Atikokan'. The evening consisted of a fabulous dinner and silent auction. The event was a huge success thanks to all of the merchants, restaurants, and volunteers. Over

Greetings to everyone in our community, What an exciting year AGH has had! As the jor redevelopment - redesign of our hospital sevent. \$10,000 was raised. With such positive feedback we may have to make this an annual event.

> This past year we were able to update and revamp our foundation website. I encourage everyone to visit

www.AGHospitalFoundation.org. Our site has links to various programs and events, our blog, and hospital equipment needs. Also the ability to donate directly to the foundation by clicking the 'Donate Now' tab.

As always I like to quote our foundation mission statement:

"To help support AGH in meeting the health care needs of the community by providing financial support for hospital medical equipment and/ or improvements to the facility".

Wishing everyone a safe and healthy summer, see you all in September. Cheryl Fairbairn

AGH Foundation Chair

AGH Foundation Board of Directors 2016 - 2017

Cheryl Fairbairn, Chair; Tina Selman, Financial Services Manager; Kim Cross, Linda Lindsay, Joan McIntosh, Shirley Rasinaho, Donna Doucette, Robin Johnson, Marlene Davidson



(elephants, moose) tranquilizer, has been detected in street drugs. Reportedly 100 times stronger than fentanyl (an opioid analgesic) and 10,000 times more potent that morphine, a grain of the drug can be fatal (no deaths in Ontario; 15 deaths in Alberta) (CBC News, 2017). Police and First Responders are at risk, as exposure through skin, inhalation, and contact with clothing can be dangerous. Naloxone - an antidote for opioid overdoses - may not counteract the effects. Police reportedly use Ebola masks when responding to an overdose call, as they initially have no information on the source of the overdose.

AGH Board of Directors, 2016-17

Seated: President and CEO Doug Moynihan, Chair Ed Enge, Vice-chair Jeremy Dickson, Jeff Lehman

http://AGHospital.on.ca/

Doug Moynihan, BA, MBA, CHRL

President and Chief Executive Officer

www.AGHospitalFoundation.org

Standing: Karen Lusignan, Chief Nursing Officer Jennifer Learning, Darcey Bailey, Sheron Suutari, Marlene Davidson

<u>Other non-voting ex-officio members:</u> Dr. Joanne Spencer, Chief of Staff; Dr. Sara Van Der Loo, President of Medical Staff