ATIKOKAN GENERAL HOSPITAL

2015-16 Annual CommunityReport

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

Change is everywhere you look today in Ontario's health care system, and Atikokan General Hospital - staff, board and management - are all directly involved and affected by that change. We start by offering a look at the changes, and what and who are driving them.

Ministry of Health and Long-term Care

Dr. Eric Hoskins, the Minister of Health and Long Term Care stated in November that the current system is unsustainable and transformation was needed to enable us to care for the citizens of Ontario. It is time to innovate and transform the health care system, he said. "For the well being of patients we need to make structural change to the system of health delivery."

In the Patients First discussion paper issued in December of 2015, the Ministry proposed that structural changes take place by integrating services at the local level. The minister has talked about more resources for home and community care... (and) that perhaps health units, family health teams, primary care, and community home care services be governed by a local board or community hub.

One area he intends to tackle is in closing the health gap among the geographic areas of the province, to ensure equity of access and equity of treatment. He intends to work towards a national pharmacare program.

He referenced the Baker-Price report on primary care which gives recognition to more local governance. He thinks it is time to consider greater integration between the CCAC and the LHINs. He stated: "End-to-end, population based integration across the health care system. That includes public health; it includes primary care; and it includes home and community care."

He endorsed the concept of Rural Health Hubs.

What the changes are all about: Desired Outcomes

- Strong focus on population health and improving health outcomes
- Improving the patient care experience - right care, right time, right place
- High quality care
- Increased accountability and transparency
- Increased communication, partnerships and integration
- System sustainability
- Value for money

He referred to the success of Health Links, which targets the province's most complex patients; 10,000 patients in 82 Health Links have benefitted from care coordinators to improve their well-being.

Ontario Hospital Association

In April, 2015, the government committed to establishing a comprehensive capacity planning framework for the system, after years of OHA advocacy, and increased funding for the home and community care sector. In May, in response to several years of work by the OHA, the government also announced its support for health hub pilot projects in small and rural communities. Last summer, the Ministry also confirmed it would be creating a new governance structure for the review of Health System Funding Reform. Work under this structure has already begun and work-groups have been established. A short- and long-term work plan is being finalized.

There appears to be a heightened awareness that after four years without an inflationary increase that risk is increasing in many organizations across the province. These fiscal challenges have generated new ways of thinking about health system transformation - and many of these got underway this year. In February, the Ministry announced it would be moving forward with the testing of integrated funding models for post-acute care, with hospitals playing a leading role. The OHA has already begun outreach with government on this year's budget and has created a budget advocacy preparedness committee to identify its focus for the year ahead. An inflationary increase for hospitals remains our single most important priority.

Northwest Local Health Network

The North West Local Health Integration Network (LHIN) has a 10-year plan to transform health care in our region, the Health Services Blueprint. It is based on extensive research and leading methodologies from around the world.

The Blueprint is a plan that will help us reshape, strengthen, and sustain the health care system in our region, so we can be sure our children and their children will benefit from the same world class health care that we do. The Blueprint will inform the way we allocate precious health care resources over the next 10 years, in order to ensure the best possible care and best health outcomes for patients.

The Health Services Blueprint contains 44 recommendations for ways of:

- Reducing demand for hospital services
- Lowering the number of emergency department visits
- Improving access to care and delivery of services in the community

The recommendations are varied in nature. However, they all flow from the recommendation for the creation of an integrated health system model.

Through implementation of the integrated service delivery model, services will be organized at three levels within the LHIN: local, district, and regional. Health service providers will focus on improving the patient experience within the health system through a network of organizations that provide or arrange to provide a coordinated continuum of services to the residents of the North West LHIN.

Continued on page 3

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

From page 1

Strategic integration of the system will improve access to health care services, improve quality of health care services and enhance the health of the citizens of Northwestern Ontario through a system model that brings decision-making and accountability closer to the community level. It will also make the system more sustainable, ensuring we have world-class health care today, tomorrow and in the future.

Our North West LHIN is rather unique. We have 2% of the provinces population (231,000) and with 458,010 sq km we have the largest land mass. We have the highest aboriginal population at 21.5% and 3.4% are francophones.

The population health statistics for our LHIN are below. Aside from the fact that 60% of us exercise regularly (vs 54%), the other statistics are not so good. For example, did you know:

- Only 65% of us perceive our mental health as good (the provincial average is 70%)
- 23% of us smoke (Ontario as a whole, 18%)
- 24% drink heavily (vs 17%)
- 65% of us are overweight (vs 53%)
- 60% of us exercise regularly (vs 54%)
- Life expectancy at birth (2007-2009) is 78.6 (vs 81.5)
- Mortality rate (unexpected death before age 75) is 50% higher than the provincial average.

The North West LHIN's Blue Print aims to deliver better health care outcomes by:

i. Reducing duplication of services
ii. Reducing readmissions to emergency departments for the same sickness within 30 days of discharge.
iii. Improving transitions in care for clients
iv. Reducing high reliance on institutional cares
v. Shifting care from hospitals to communities and homes
vi. Optimizing management of chronic diseases

Integrated District of Rainy River

The North West LHIN is subdivided or organized geographically into five sub-areas. One is called the Rainy River Integrated District Network (Rainy River IDN). It comprises the area of the municipalities of Atikokan, Fort Frances, Emo, Rainy River, and the populations in the nearby surrounding catchment areas. Our IDN will focus on providing equitable access to health care services for the residents in our district. Services will be coordinated to improve health outcomes for our population. One of the major activities of our IDN was the approval and participation in Health Links.

In December 2012, the Ministry of Health and Long-Term Care launched integrated regional patient care networks called 'Health Links', placing primary care providers at the centre of the system to help remove barriers to care.

The North West LHIN will have five Health Links that will correspond to the five Integrated District Network (IDN) areas in the North West LHIN: City of Thunder Bay IDN, District of Thunder Bay IDN, District of Rainy River IDN, District of Kenora IDN, Northern IDN.

The North West LHIN started the implementation of Health Links in April 2013.

What are Health Links?

Health Links are critical to the provincial action plan for transforming health care across Ontario. They will help patients receive the right care, at the right place, from the right provider, at the right time.

Working together in a defined geographical area, health care providers will work across teams to identify patient-centred solutions, provide individualized care plans, and improve transitions in care between and among all health care providers, including family and specialist physicians, acute and long-term care facilities, home care and community support agencies. Health Links will initially focus on high users of the health care system, removing barriers to quality care and improving health outcomes for seniors and complex needs patients. The goal is to improve health outcomes for complex and senior patients, improve access to care as close to home as possible, improve quality of care and provide better value for health care dollars.

All Health Links will have a lead agency such as a Family Health Team (FHT), Community Health Centre (CHC), Community Care Access Centre (CCAC) or hospital. Other members of the Health Link must be willing and able to collaborate in order to better and more quickly coordinate health care services for high-need patients such as seniors and others with complex conditions.

The Integrated District of Rainy River Health Links Steering Committee has progressed to the point where we will begin to prepare our business plan. We are working with over 18 other health service providers, in particular the Rainy River District Social Services Administration Board and its paramedics in the community program.

North West Health Alliance is an all member shared services organization in our LHIN. The organization manages such services as PACS and Meditech. It provides project leadership and business intelligence services to its members. It has been funded for several years from the Small Hospital Transformation Fund which will not continue after April 2016. The CEO is chairing a task force to examine the feasibility of a new governance structure, funding and scope of services.

Atikokan General Hospital Activity

In 2015, we expereinced a 5% increase in emergency room visits, with a total of 3,814.

Tele-health continued a five year trend with an increase in visits, totalling 581, up 3% over last year.

Occupancy in our 11 acute care beds was down to 43.9 % versus a seven year average of 54.27%.

Around 4,100 outpatients visited the Rehabilitation department for occupational or physical therapy, diabetes consultations, and visits with the dietician.

Construction and renovation

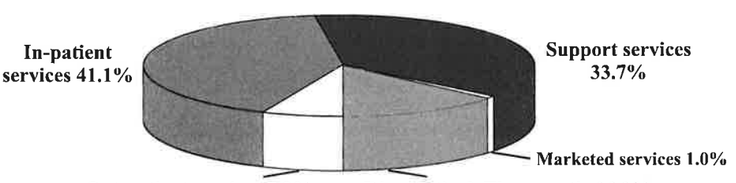
As of the publishing of this annual report, the new acute addition is scheduled for completion and occupancy in October 2016. Once patients are comfortably settled in the new facility, renovations will begin in the old wing. Plans are to construct 10 new single long-term care bedrooms. Along with the existing 16 beds in the old 1985 wing, this total of 26 beds will be an immediate increase of 4 beds over our current capacity. This should help address our wait list for long term care (LTC).

As well we will build three rooms for the Northern Ontario School of Medicine (NOSM). This will offer more support in the hospital for medical students when they visit for their studies. In addition we will renovate four more rooms which will be 'flex' or 'dual purpose' as they could take a LTC resident or an acute care patient.

See '2015-16 Activity Report', page 4

2015-16 FINANCES

Operating expense by type of service



Financial Statement

Revenue by Source		2015/16			2014/15	
Ministry of Health/LHIN funding allocation	$	7,359,515	76.51%	$	7,233,797	74.62%
Other programs	$	743,375	7.73%	$	817,778	8.50%
Other non-Ministry revenue from patient services	$	582,904	6.06%	$	594,570	6.18%
Other miscellaneous revenue	$	668,799	6.95%	$	822,566	8.55%
Deferred capital contributions	$	263,810	2.74%	$	225,214	2.34%
Total Revenues	**$**	**9,618,403**	**100%**	**$**	**9,693,925**	**100%**
Expenses by Type						
Salaries & Wages	$	5,489,238	57.07%	$	5,340,299	55.09%
Employee benefits	$	1,445,130	15.02%	$	1,398,570	14.43%
Medical staff fees	$	89,860	0.93%	$	104,057	1.07%
Medical & surgical supplies	$	119,195	1.24%	$	111,526	1.15%
Drugs	$	87,419	0.91%	$	105,415	1.09%
Supplies & other expenses	$	1,374,426	14.29%	$	1,391,011	14.35%
Bad debts	$	2,802	0.03%	$	1,602	0.02%
Depreciation	$	463,857	4.82%	$	464,502	4.79%
Other programs	$	743,375	7.73%	$	817,778	8.44%
Total Expenses	$	9,815,302	102.05%	$	9,734,760	100.42%
Surplus/(Deficit)	$	(196,899)	-2.05%	$	(40,835)	-0.42%
TOTAL	**$**	**9,618,403**	**100%**	**$**	**9,693,925**	**100%**

Financial information is based on the twelve month period April 1, 2015 to March 31, 2016.

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2015-16 Activity Report...

From page 3

Finally AGH, with our own funds, will 'shell-in' two more rooms which, if the demand is there, could be furnished and brought into service if required. At the end of the project we will have approximately 17,000 square feet of new and refurbished first class hospital rooms (10,000 acute and 7,000 LTC).

Diagnostic Imaging

We acquired a fully digital mobile X-Ray machine from GE Healthcare in August. Half a year later, we purchased a GE digital X-Ray suite for the department and it is currently being installed. Both of these units use state-of-the-art Direct Radiography wireless technology and replace the Computed Radiography system working since 2004 and a failure-prone X-Ray suite that was installed in 1996. The two GE machines achieve lower radiation doses to the patient, have improved image quality, and reduce exam times. (All made possible through the generous donations of the AGH Foundation).

Activity in Diagnostic Imaging was slightly up over 2014 with a total of 1,265 visits.

Housekeeping and Laundry

In the past year in laundry we installed a new (40 lb capacity) washing machine, and are awaiting a new dryer. The total poundage of linen laundered in 2015 was 123,242 pounds, and average of 10,000 to 11,000 pounds monthly. The housekeeping - lead hand position is now combined with the laundry lead hand. Housekeeping staff are doing a good job maintaining all areas of the hospital during the construction phase. Currently there are 10 staff that are trained for ACT/EXT Housekeeping and Laundry dept. Housekeeping is seven days a week, and Laundry five days a week.

In Dietary, on July 1, we had the malfunction of a relay switch in the walk in freezer. Quick action was needed on both Dietary and Maintenance staff. Maintenance had to identify the problem and then get a part here ASAP. In the meantime Jill Leduchowski, the team lead, made emergency arrangements with Foodland to store all our frozen food and try to save as much as possible. Foodland was awesome in helping us get the food there as quickly as possible, and they also provided help in returning all the food back to the hospital. Also the Sno Ho Club was kind enough to supply us with a chest freezer to keep some items close at hand. We had very minimal loss of food. The whole hospital was great in understanding the major dilemma we were dealing with, that included the menu being totally out of whack and just trying to keep everyone fed and happy. Dietary staff was awesome in just trying to keep everything flowing as normal as possible. Great team work to maintain high quality patient care!!

Starting in March, 2016, the delivery of services in the diabetes program changed. The North West LHIN confirmed it will cease funding the hospital for our .4 FTE (full-time equivalent) nurse. These services will now be provided from the Family Health Team. We will continue to receive funding support for our dietician who will provide services from the Family Health Team outreach location on Zuke Road.

Workforce

Recruitment efforts have resulted in hiring 23 new staff in the fiscal year April 1, 2015 to March 31, 2016, a 77% increase over the 13 staff hired in the previous year; however, there were also 24 terminations, including statistics for temporary staff.

As both our Chief Financial Officer (CFO) and Chief Nursing Officer (CNO) are set to retire in 2016, we are recruiting to replace the irreplaceable. We wish them all the best in their well-deserved retirement.

Sick time hours decreased from 8,707 in 2014/15 to 6,236 in 2015/16, a very positive improvement. The sick time expenses also decreased, from $252,041 to $186,817. This was great to see, as in 2014/15 we had the highest sick dollars per FTE paid within our LHIN ($2,865) (the average was $2,322 per FTE). It would be interesting to note where we stand in 2015/16 when compared to the other small hospitals within our LHIN; however that data will not be readily available until later this summer.

Three managers received the benefit of leadership training from executive leadership coach Gwen Dubois-Wing of Thunder Bay, a unique and valuable development opportunity.

AGH has been collaborating with Riverside Health Care in Fort Frances to establish a framework within which Human Resource (HR) processes will continually to be refined. Integration efforts are further enhanced through participation in a regional HR Network where all hospitals participate in group benefits and from information sharing and a mutual desire to increase efficiencies.

Sixty-eight AGH staff (about 60%) participated in an organizational culture inventory from Human Synergistics International in November 2015. This survey was facilitated by the Behavioural Sciences Center at St. Joseph's Care Group in Thunder Bay. This is an inventory that compares existing behavioural norms and expectations that reflect common values and beliefs against norms self-identified as 'ideal'. Gaps between the two provide data with which to develop long-term plans to increase organizational culture effectiveness. Results were shared with participants and debriefing sessions were held, with feedback on those results being heard from across the organization. A training and development action will be started in the spring of 2016 to address culture change. Activities will commence in June, and they represent an opportunity for everyone at AGH to play an active role in the creation of a positive 'ideal' culture.

Atikokan Community Counselling

We are participating in the North West LHIN's addictions assessment tool implementation process. Twelve individuals in the region are being trained as trainers. In the future, any addictions counsellors conducting assessments must be certified in the use of this new tool.

Discussions around the implementation of the Ontario Perception of Care (OPOC) tool for mental health assessments have taken place; however, training on the OPOC is anticipated to start in fall 2016.

The Supportive House is currently at 75% capacity, with recent inquiries that will likely elevate us to 100% this summer. We continue to support individuals in our community and around the region with mental illness and addictions issues so they may regain and maintain their independence.

Doug Moynihan, BA, MBA, CHRL
President and Chief Executive Officer
Ed Enge, Chair, Board of Directors

FIRST ROOM DEDICATION One of the new private rooms in the developed Atikokan General Hospital will be named in honour of the late Ellen Hill, thanks to a gift of $5,000 from Don Hill, her husband of 55 years. The Hill family has long had strong connections to AGH: Ellen was an ambulance attendant with the Atikokan Volunteer Ambulance Service, Don served seven years on the AGH board, and was chair of the board when the extended care wing was built and opened in 1985-86, and daughter Donna Mallard served as an RN at AGH for 25 years, retiring in 2014. Pictured with them here is AGH Foundation board chair Cheryl Fairbairn (left).

From the AGH Foundation...

As I sit down to write this annual report and look back at the past year, I am amazed at the generosity of our community. Our foundation would not exist without the continued support from our citizens and businesses. This past year the Foundation provided AGH with $60,000 to purchase three cardiac defibrillators and $100,000 for a new X-ray suite.

This year is a very exciting time for AGH as the expansion we have long been waiting for has now begun and our foundation will work alongside AGH to outfit the new patient rooms.

To recap the last year, the annual Celebration of Friends in December had over 75 friends join in an old fashion sing-along with The Singing Friends. During the evening we introduced our Guardian Angel Program which gives patients or their family members a way to honour an employee who has went above and beyond the call of duty.

In March we enjoyed a Wine and Cheese Gala to introduce our new and improved website and a new room naming program. With a donation of $5,000 a donor can choose a patient room in the new wing which will have a plaque recognizing their contribution.

Our 10th annual *Today I'm Working for My Hospital* campaign was held on April 29, 2016 . In the 10 years since this campaign has been running the participating businesses and AGH staff have raised $42,258.80.

Throughout the 2015/2016 year our Foundation received $204,927 in donations and bequests. These generous donations from community organizations, groups, and individuals allow our Foundation to continue to meet our mission: "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."

On October 1, 2016, our foundation is planning an event called *A Taste of Atikokan*. Mark this date in your calendar as it will be an evening you won't want to miss!

Cheryl Fairbairn
AGH Foundation Chair

AGH Foundation Board of Directors 2014-2015

Cheryl Fairbairn, Chair; Kim Cross, CFO/VP-Corporate Services; Linda Lindsay; Joan McIntosh; Shirley Rasinaho; Pat Halwachs; Donna Doucette

AGH Board of Directors, 2015-16

Seated: Brent Boyko, Vice-chair; Ed Enge, Chair
Standing: Joan McIntosh, Pat Halwachs, Doug Moynihan, President, Secretary-Treasurer, and CEO (non-voting ex-officio member), Marj Lambkin, Town appointee, Sheron Suutari, Marlene Davidson
Other non-voting ex-officio members: Dr. Joanne Spencer, Chief of Staff; Esther Richards, Chief Nursing Officer; Dr. Sara Van Der Loo, President of Medical Staff