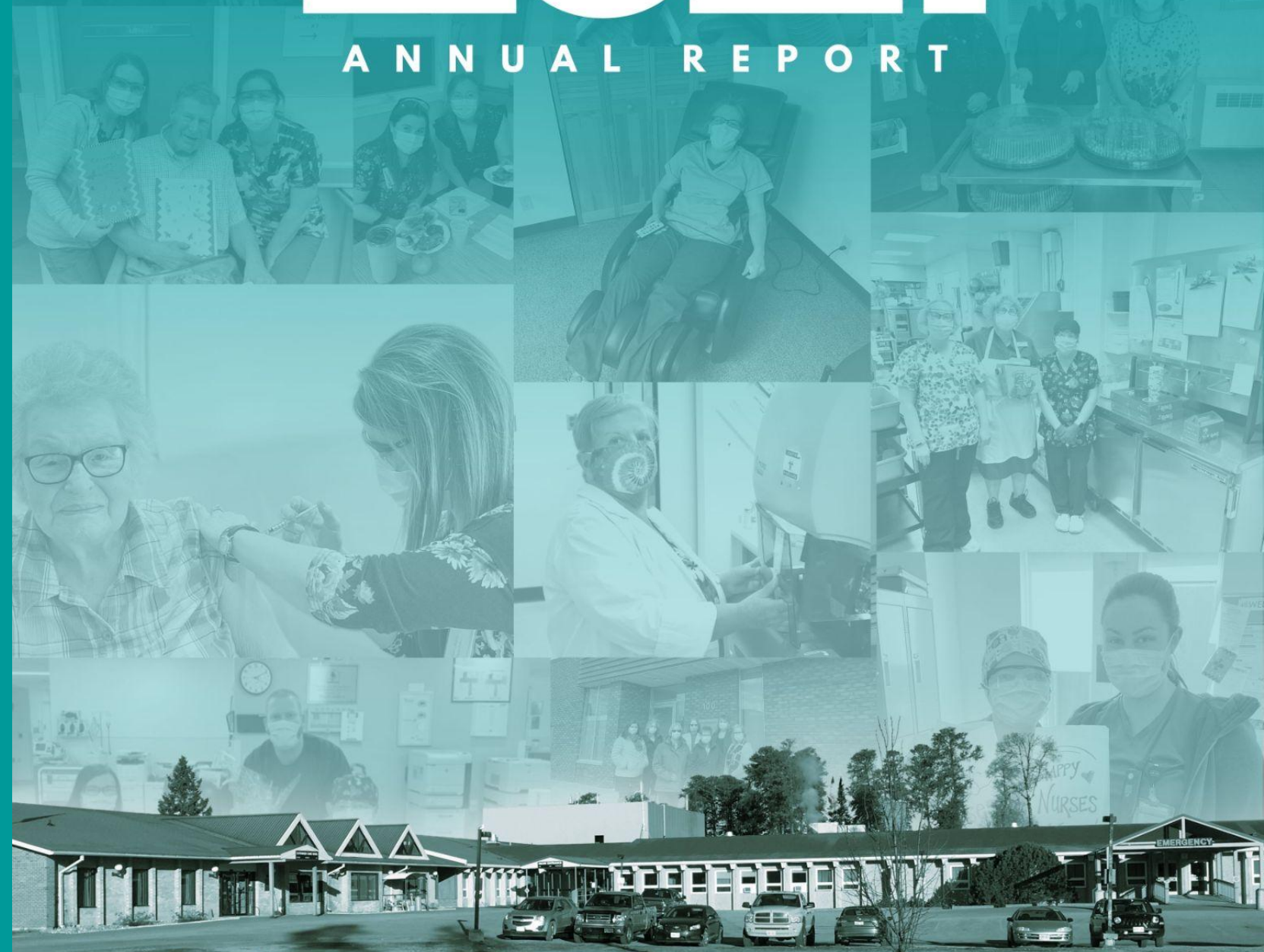




# 2021

# ANNUAL REPORT



# HEALTHIER COMMUNITIES TOGETHER

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At Atikokan General Hospital, we **VALUE**  
**C**ompassion, **A**ccountability and Integrity, **R**espect and Dignity,  
and **E**ducation and Evolution.

Our **MISSION** is to provide **inclusive, compassionate,**  
**quality care** in order to accomplish our **VISION** of creating  
**healthier communities together.**

---

## *Introducing our team...*

### **Board Members 2020-2021**

**Marlene Davidson**  
**Jeremy Dickson**  
**Beth Fairfield**  
**Lorraine Gauthier Stromberg**  
**Brad Ricci**  
**Sally Burns**  
**Stacey O'Sullivan**  
**Darcey Bailey**  
**Sheron Suutari**

### **COVID-19 Incident Management Team**

**Jorge G. VanSlyke**  
**Stacey Wood**  
**Jennifer Learning**  
**Marie Cornell**  
**Dr. Sara Van Der Loo**  
**Michael Ashbee**

### **Management Team**

**Jorge G. VanSlyke**  
*Chief Executive Officer*  
**Jennifer Learning**  
*Chief Nursing Officer*  
**Dr. Sara Van Der Loo**  
*Chief of Staff*  
**Brittany Beyak-Freamo**  
*Chief Financial & Corporate Services Officer*  
**Stacey Wood**  
*Director of Care*  
**Bridget Davidson**  
*Privacy Officer*  
**Candace Green**  
*CCAS Manager*  
**Jessica Gosselin**  
*Rehabilitation Manager*  
**Kristy Matichuk**  
*Lab Manager*  
**Laura Thibodeau**  
*Dietary Manager*  
**Marie Cornell**  
*Risk Manager*  
**Michael Ashbee**  
*Interim Lab Manager (2020-2021)*  
**Robert Hermann**  
*Diagnostic Imaging Manager*  
**Shane Freamo**  
*Information Systems & Technology Manager*  
**Bonnie Clairmont**  
*Executive Coordinator*





# — HIGHLIGHTS 2020-2021 —

## Finance

- ❖ Wage Grid re-established for non-union / management staff
- ❖ Successful completion of Operational Review
- ❖ Equipment purchased:
  - Cardiac monitor
  - Oxygen concentrator
  - Shockwave machine
  - Pharmacy and lab fridges
  - Solana flu analyzer
  - Centrifuge
  - Maintenance truck
  - Ventilator
  - High pressure oxygen unit



*First maintenance truck purchased for AGH.*



*ER Simulation organized by Dr. Vaghadia.*

## Infrastructure

- ❖ ER ramp fixed
- ❖ Emergency sign replaced
- ❖ Awarded 1.8M to replace the LTC heating, ventilation, and air conditioning (HVAC) system and to complete the sprinkler installation

## Human Resources

- ❖ Successful hiring of Chief Financial and Corporate Services Officer
- ❖ Successful hiring of full-time Information Systems and Technology Manager
- ❖ Created the HR Coordinator role
- ❖ New position at AGH: hired a casual Security Officer
- ❖ Physiotherapy services consistent since September 2020



*Newly replaced ER Ramp.*



## Technology

- Maintenance Care launched: work orders can now be entered and tracked; preventive maintenance work can be pre-booked automatically
- CareQ services: fan-out list will be eliminated with the simultaneous receipt of emergency notification. We get to see in real time how many staff can respond!

## Quality Improvement

- Quality Improvement and Risk Management Program launched
- 100% Performance Appraisal completed
- 97% of job descriptions reviewed
- Community Counseling moved to their new location at 100 Main St.
- Two Senior Management Team members have received their Long Term Care Administrator Certification
- Laboratory services passed accreditation
- Pharmacy services passed accreditation
- Outpatient services combined booking system helps patients go through their appointments in one visit instead of multiple visits
- Patient and Family Advisory Council re-established and are meeting quarterly at this time

## Wellness Initiatives

- Massage Chairs purchased for employee relaxation / stress-reduction
- Mission week and other events



*Tanis Lavallee enjoying 1 of our 3 new massage chairs.*



*Wellness Committee Mission Week BBQ with Minnow Races.*

# REPORTS



## Board Chair Report

*Marlene Davidson, Board Chair*

Our hospital has just spent this past year going through a period of growth and stability like I have never seen in my years of service on this Board. This is so, even as we have worked our way through the COVID Pandemic. We have had a new and ambitious leadership group to guide us—with CEO Jorge VanSlyke at the helm, COS Dr. Sara Van Der Loo, CNO Jennifer Learning, CFO Brittany Beyak-Freamo and ECW Director of Care Stacey Wood.

During this past year the format of our meetings has changed as the new CEO has been finding out who we are, where we have come from and the direction that we need to be heading. All that I can say is that it has been great. In spite of the ever-present danger of the COVID-19 virus and the regulations that needed to be put in place to deal with it, we have been steered in a direction to make our patient care, our building and our governance compliant with the ever-changing codes and legislation.

I was able to attend a series of training sessions on, “Governance in a Disruptive Time”, led by Dr. Richard LeBlanc. I had the premise that strategic planning and oversight should take an active and critical part in governing confirmed. At the beginning of this year the Board participated in a strategic planning session that was the best that I have ever been involved in. It was negotiated by the CEO and now it will be up to the Board and Staff to follow through on the directions that were established as important.

During this past year, our Hospital, along with all of the Hospitals in the NorthWest, made significant strides in providing better health care for the people who find themselves in our Hospitals. I sat on the Board Chair Committee along with Board Chairs in the District. It is truly gratifying to see issues that we have had for years being solved and some on the way to positive conclusions. There is more to come. This Regional initiative is pulling us together, including all, and I hope that it is successful.

I would like to thank all of the Staff for the part that they have played in keeping our Hospital safe during this time of the COVID-19 Pandemic. They have worked hard and spent many long hours planning and carrying out the details of the plans that were necessary to keep us safe and move our facility forward in the community, the Region and the Province. The Community is most grateful!

To the Board I would also like to give thanks. There is no harder meeting to lead than a Zoom meeting, especially with a leader, such as me, who is no technical expert. We have all done our best! The CEO has often said to me, “We have your back!”. How true, and to Jorge and Bonnie I say a big “Thank You!”.

The theme of this year’s annual celebration of the nurses was, “We Answer the Call!”. They did that but so did everyone associated with the Hospital. All of the Volunteers, the Board, the Doctors, the Staff, clients and the Community, I say a huge, “Thank You!”.





## President & CEO Report

**Jorge G. VanSlyke, President & CEO**

As of June 16, 2021, 78% of AGH staff have been fully vaccinated. Our region, our whole province, our whole country is starting to loosen restrictions after Wave 3 of COVID. It is summer once again in Northwestern Ontario and the idea of freedom after over a year of riding this roller coaster pandemic wave is exhilarating. People are finally having hope.

If there is one thing that I have learned through all this, it is the importance of meaningful social relationships. Humans cannot live in isolation. Our identity, our joy, our life's meaning, is found in each other.

Last year, I mentioned that I have been AGH's CEO for a month when COVID was declared a pandemic. It was March 11, 2020 and I was having a meeting in Dryden, when all of a sudden, I was getting emails on top of each other, each one with an escalating sense of urgency. Little did I know that it was just the beginning of a worldwide nightmare. I went back to work and I could not make sense of the chaos. I experienced momentary paralysis and panic. I looked at our team and I could see the mounting panic as we faced dire predictions and lack of know-how on how to respond. Personal Protective Equipment shortage, possible influx of sick patients who may need oxygen ventilators, possibly losing staff with the rapid rate of transmission, protecting our seniors – it was overwhelming. I remember wanting to curl under my desk and not move until it was all over.

But then I remembered that leaders don't have the luxury of wallowing in fear when there are people that needed protecting and supporting. With every fiber of my being, clinging to faith and prayers, I pulled our team together and

displayed calmness that I was not feeling. I was faking it, but I knew what our entire team needed. Clarity, direction, goals.

I also knew that timely communication would be required. We set up different ways to relay the updates to staff. We pulled community partners together. Despite our fear, we forged ahead and started tackling logistics one at a time. Before long, the beautiful strength of the AGH team started to emerge. Despite the ever-changing directions, people were cooperating, people were communicating back. Our leadership team took on various roles without complaints. Our frontline staff gritted their teeth and came to work despite worries about personal safety and their families—some with young kids, some with vulnerable family members. I have never seen true warriors in action until this past year.

It makes me emotional reflecting on this but I believe it is important to honour the unbelievable courage that our entire team – all of AGH staff – has displayed all throughout. I will also be remiss if I do not mention the astounding support that we received from our Governance Board, our Foundation, our residents and their family members, our physicians, our partners, our ENTIRE community. The support that we received fueled our sagging spirits, encouraging us to continue serving day in and day out.

On behalf of AGH, #WeGotThis.

*“Speed trumps perfection. Perfection is the enemy of good when it comes to emergency responses.”*

*- Dr. Mike Ryan of World Health Organization*



## Chief of Staff Report

*Dr. Sara Van Der Loo, Chief of Staff*

Although this year at AGH continued to be coloured by the ongoing COVID pandemic, we have been able to gradually resume some sense of normalcy and continue to provide care to the community. All of our services are being offered in COVID-safe ways, with an increased focus on virtual options for care when available and appropriate.

We continue to hold regular Medical Advisory Committee meetings virtually and these have been effective to keep things running smoothly.

This year we have begun holding Morbidity and Mortality rounds with the medical staff. These will continue on a quarterly basis. We expect these to lead to suggestions for quality improvement. Practice simulations and learning with the clinical team will continue.

Collaboration with Thunder Bay Regional Health Sciences Centre and other regional Hospitals has continued, and in fact has been strengthened by the challenges of the pandemic. All Regional hospitals continue to work together to share resources and information to improve patient care and access. An ongoing example of this is the Regional Critical Care Response Team which allows physicians to link up by video with ICU physicians in Thunder Bay to discuss and manage critically ill patients. It was especially reassuring to know that this option was available to us during the pandemic should a critical patient with COVID require emergency care. The Chiefs of Staff of all the regional hospitals met virtually every 2-4 weeks during the last year and continue to meet monthly with a focus on regional collaboration. This has been greatly enhanced by the work of Jessica Logozzo, the Executive Vice President

of Regional Transformation and Integration, and I am excited about this ongoing collaboration.

Thank you to all the staff and physicians at AGH for another great year. I look forward to a summer where we can all start to get together with our loved ones and friends again as COVID restrictions ease. If I may warp a common expression, “the road to normal is paved with vaccinations”. If you have already received your COVID vaccine, I thank you. If you have not yet received it, you can continue to book an appointment or speak with your health care provider if you have questions or concerns. We are all in this together!!



*Physicians practicing skills during Simulation organized by Dr. Vaghadia.*



# At Atikokan General Hospital, we care about our patients, staff, and community.



# SERVICES

## Acute Care, Emergency, Telemedicine

*Jennifer Learning, Chief Nursing Officer*

*We had a total of 3,365 emergency department visits.*

There were many changes to the emergency room (ER) to prepare for a COVID-19 surge and a lot of anxiety about what could possibly happen. We tried to reduce the anxiety by providing regular updates and huddles to keep everybody aware of all the changes on an ongoing basis. The cooperation between the physicians, the nurses, the support staff and administration enabled everyone to work well together and create solid plans that would keep patients and staff as safe as possible during a surge.

We had to put telemedicine on hold for several months, but then opened it back up again in August. Patients are now very comfortable doing virtual appointments in their homes so the utilization of this service has noticeably decreased over the past year. Telemedicine also relocated to a different office. The move has been well received by patients as it is a lot brighter and welcoming. The setup is also much cleaner and efficient.

*A total of 278 patrons received virtual care.*

As the Chief Nursing Officer directly managing Acute Care and ER, I knew that staff engagement would be key especially this past year when changes were happening constantly. I started having one-to-one meetings with each of the nursing staff as often as possible and posting any issues or concerns that came up on the huddle board. I was able to complete performance appraisals on all the nursing staff between January and March 2021. I started to post graphs showing the various incidents such as medication incidents from month to month so staff could see how many actual incidents were taking place each month in their department.



We had several nursing simulations that the nurses ran through each night shift in order to practice different scenarios and to enhance their skills in coping with various medical issues that came into the ER. The staff practiced the simulations and also practiced how they would handle their personal protective equipment (PPE) and what they would wear for the various situations.

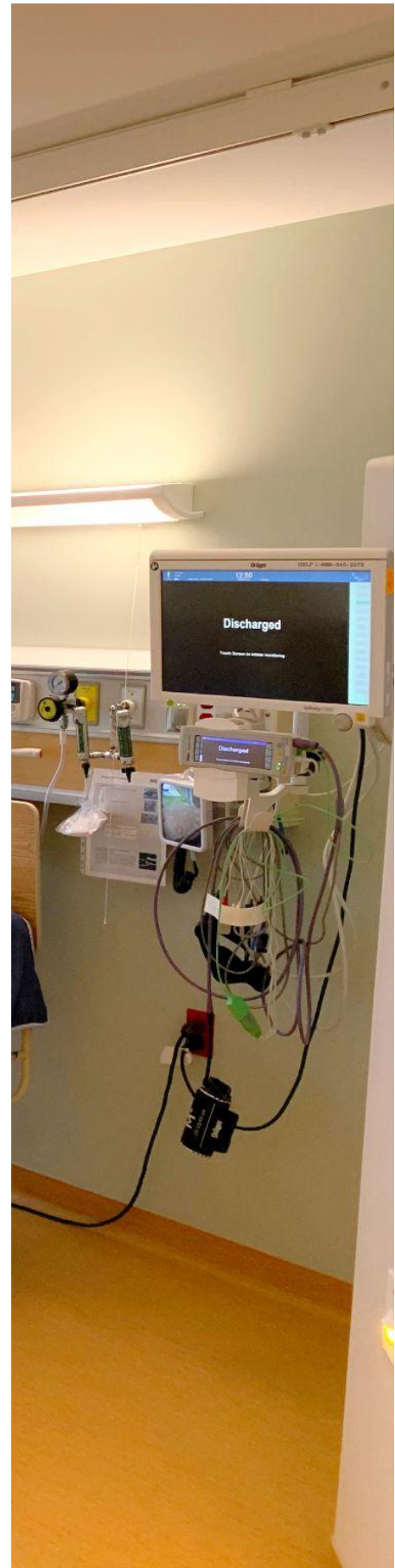
We had the Regional Critical Care Response Program come here in November to train the doctors and nurses in practicing with various equipment for different scenarios that may arise. The staff also were given the opportunity to have Canadian Triage and Acuity Scale (CTAS) training in February and also training on how to read electrocardiograms (ECGs) properly. The ER received a new cardiac monitor from Ontario Power Generation and the training on how to use this particular machine took place virtually in May.

We had to change up our visitor policy several times in order to meet the mandates from the Ministry. We are now following the same guidelines that Thunder Bay Regional hospital uses for their visitors which allows us to adapt to the various levels as they change due to COVID-19 numbers in our area.

Our hospital accepted three patients from Thunder Bay Regional Hospital that were scheduled to return to Lake of the Woods hospital but it was closed to repatriations due to a COVID-19 outbreak. AGH is a willing partner to help out as much as possible with taking patients from the region when necessary.

We are currently building a safe room that will enable mental health patients who need a quiet space to go and decompress without hurting anyone. This has been an ongoing project since last year but was put on hold when the ER had to be completely rearranged. We expect it to be complete this summer. We also hired a casual security guard to help out when we have patients exhibiting aggressive behaviors coming into the ER, which has made the staff feel safer when difficult situations arise.

The hospital was asked to take on home care services when the primary home care provider ran into staffing issues in December 2020. We worked with them and the Atikokan Medical Clinic to figure out how best to offer home care services while also doing our regular work. We were able to see many home care patients and provide services such as dressing changes, picc line changes, and injections through the ER and also at the clinic.



# AGH Foundation

*Kim Cross, AGH Foundation Chair*

Over **\$85,700**  
in revenue this year!



*Shock Wave Therapy device.*

These funds were used to purchase the following items:

- ❖ Patio set for ECW courtyard
- ❖ Emergency Department sign
- ❖ Bariatric lift
- ❖ Shock Wave Therapy device for Rehabilitation
- ❖ X-Ray patient chair
- ❖ OTN vital signs machine
- ❖ Airbed mattress
- ❖ Donor Board track lighting.

2020/21 was an interesting year for the AGH Foundation as we had to find new ways of operating and fundraising due to the COVID pandemic.

This year's committee meetings were all held on Zoom and although we were unable to host our Annual Celebration of Friends in December, our mailout campaign was very successful. We also put a lot of effort into getting our 50/50 lottery license from AGCO and the first of the 2021 draws was held in February with the winner taking home a cash prize of \$10,300. Funds raised from the sale of lottery tickets will be used to purchase an analyzer for the laboratory.

*During this fiscal year the AGH Foundation has reported over **\$85,700** in revenue from our generous donors and fundraising.*

The Foundation Board has also approved and set aside over **\$30,000** in funds for Extended Care Wing's (ECW) tub and lift and for a new stove for the ECW. We also received **\$20,000** from Ontario Power Generation for a second cardiac monitor.

These purchases would not be possible without the generosity of our local citizens and a huge thank you goes out to each and every donor.

At this time we would like to announce that Shirley Rasinaho will be leaving our Board and we thank her for her many years of service to this committee. Shirley joined the AGH Foundation Board in 2009 and we wish her well in the future.

In closing, I would like to thank our Board of Directors (Marlene Davidson, Robin Johnson, Pat Martin, Jody Labossiere, Megan Zacharias, Brittany Beyak-Freamo) for all the valuable work they do to ensure that AGH has funds to purchase vital medical equipment for our community. Special thanks go out to Bonnie Clairmont for keeping us all organized.



# Atikokan Community Counselling & Addictions Services

*Candace Green, Manager of CCAS*

## Did you know?

Community Counselling & Addictions served

**259 clients**

in the last fiscal year.

**3 clients**

were in supportive housing last year. COVID-19 impacted the number of clients we could accommodate this fiscal year.

Time between referral to first available appointment is

**1-3 days.**



*Bathroom in the new CCAS location that meets the accessibility standards.*

## General Information

**Address:** Moved to **100 Main Street** - increases accessibility, extra space for groups/meeting, open and inviting space.

### Contact information:

Phone: (807) 597-2724; Fax: (807) 597-4679

**Hours of Service:** Monday to Friday: 8:30 am - 4:30 pm

## What's New?

- Counsellors providing mental health/addiction services at the Ontario Addiction Treatment Centre (OATC) every Tuesday from 8 am to 1 pm.
- Offering smoking cessation program (STOP) for the community.
- **Additional support:** providing on-call services to ER after hours.

## Services Offered Regularly

- ❖ Supportive Housing
- ❖ Counselling
- ❖ Mental Health
- ❖ Addiction Services
- ❖ Case Management



*CCAS staff outside their new office.*

“ ... A lot more open and welcoming...  
...Really like the convenience of the new location...”

—Feedback from clients about the new space.



*The main lobby of the new CCAS office.*

## Business Office

*Brittany Beyak-Freamo, Chief Financial and Corporate Services Officer*

### Donation Statistics

We received donations from  
**275 individuals** and  
**18 organizations.**

We received  
**\$92,056**  
in donations and  
**\$42,475**  
in online lottery revenue.

This year, as with all departments, the business office had to adapt to the ever-changing COVID-19 rules and guidelines. Due to lockdowns and other COVID-19 restrictions, there were times this year when only one staff member was in the office at a time. The office was also closed to foot traffic and had to adjust doing business virtually for a period of time.

The office has two full time staff members, Cyndy Ellek and Wendy Kempf. Our new Chief Financial Officer (CFO), Brittany Beyak-Freamo, also started working full-time in August 2020. Additionally, we were successful in recruiting a finance intern, Tei Kho, who will be with us full-time until next summer. Her position is made possible through the Northern Ontario Heritage Fund.

The biggest project the business office has every year is the audit. Due to COVID restrictions, for the second year, the audit had to be 100% virtual. This meant everything from discussions to the inventory count were done through Zoom! Though it was an odd structure for an audit, we felt that it went quite smoothly.





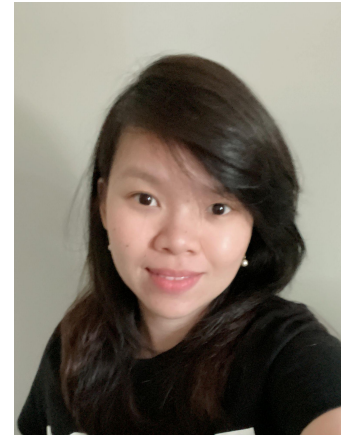
Wendy Kempf



Cyndy Ellek



Brittany Beyak-Freamo



Tei Kho

## Chief Financial & Corporate Services Officer

Throughout this year, amidst the constraints that the pandemic put on hospitals financially, AGH was able to really analyze its spending and purchasing processes and adjust to stay within our budget while meeting the needs of our staff and patients. I am pleased to say that for the first time since 2013, we are in a **surplus** position! We were also able to drastically improve our cash flows by collecting nearly \$600,000 of outstanding receivables. This additional cash flow (along with the generous donations of the AGH Foundation) aided us in being able to purchase many new capital items.

In April 2021, we received notification that our application for the Investing In Canada Infrastructure Project was approved. This funding will allow us to upgrade our sprinkler system and the HVAC system in the Extended Care Wing. The total funding approved was \$1.86 million and both projects will begin in the summer 2021.

Due to the hardships that COVID-19 has placed on hospitals, the Ministry of Health began reimbursing various programs to better support hospitals and front line workers. Various programs that AGH was reimbursed for included COVID-19 incremental operating expenses, COVID-19 capital expenses, Pandemic Pay (for front line staff), PSW Temporary Wage Enhancement, Temporary Physician Compensation and Infection Prevention and Control in Long-Term Care.



- COVID-19 Incremental Operating (PPE, Additional Staffing) - 45%
- Pandemic Pay (for front line workers) - 30%
- Temporary Physician Compensation - 6%
- PSW Temporary Wage Enhancement - 2%
- COVID-19 Capital Expenditures - 16%
- Infection Prevention and Control in LTC - 1%

For the first time  
since 2013, we  
are in a  
**SURPLUS**  
position!

## Some of the bigger purchases this year included:

- ❖ Oxygen Concentrator - \$90,902
- ❖ Shockwave Machine - \$14,722
- ❖ Lab Fridge - \$1,739
- ❖ Two Pharmacy Fridges - \$5,251
- ❖ Solana Flu Analyzer - \$3,187
- ❖ Laboratory Centrifuge - \$7,471
- ❖ Maintenance Truck - \$73,643
- ❖ Ventilator - \$14,260
- ❖ High Pressure Oxygen Unit - \$3,633

## Atikokan General Hospital - Statement of Operations

For the year ended March 31	2021	2020
<b>Revenue</b>		
Ministry of Health Based Allocation	\$ 8,282,748	\$ 8,122,548
Ministry of Health One-Time Payments (Note 19)	1,059,614	71,340
Hospital On-Call Coverage	93,894	90,680
Visiting Specialist Funding	21,512	-
Other Revenue (Schedule 1)	1,518,644	1,460,838
Amortization of Equipment Grants/Donations	113,461	122,905
Provision for Recoveries	(63,939)	-
<b>Total Revenue</b>	<b>11,025,934</b>	<b>9,868,311</b>
<b>Expenses</b>		
Salaries and Wages (Schedule 2)	6,258,685	5,701,253
Employee Benefits (Schedule 3)	1,577,326	1,619,976
Employee Benefits Future Costs (Note 13)	(5,800)	(2,500)
Medical Staff Remuneration (Schedule 4)	134,662	233,388
Supplies and Other Expenses (Schedule 5)	1,875,313	1,797,900
Drugs and Medical Gases	63,395	61,276
Medical and surgical Supplies	443,416	207,810
Bad Debts	8,864	2,113
Amortization of Software Licenses	68,324	-
Amortization of Equipment	250,258	308,014
<b>Total Expenses</b>	<b>10,674,443</b>	<b>9,929,230</b>
<b>Surplus (Deficiency) of Revenue over Expenses from Hospital Operations</b>	<b>351,491</b>	<b>(60,919)</b>
<b>Other Items</b>		
Amortization of Building Grants/Donations	411,295	392,404
Amortization of Land Improvements and Building	(484,810)	(473,373)
Loss on Disposal of Capital Asset	(829)	(1,445)
	<b>(74,334)</b>	<b>(82,416)</b>
Other Votes and Programs - Revenues (Schedule 6)	669,400	786,032
Other Votes and Programs - Expenses (Schedule 6)	(748,892)	(801,291)
	<b>(79,492)</b>	<b>(15,259)</b>
<b>Surplus (Deficiency) of Revenue over Expenses for the Year</b>	<b>\$ 197,655</b>	<b>\$ (158,594)</b>



# COVID-19 Response Highlights

## Summary of Response

- ❖ Implemented active screening with temperature check
- ❖ Regular surveillance testing for all AGH employees during the first few months
- ❖ Partnered with St. Joe's Healthcare to enable electronic app for staff screening
- ❖ Added at least 25 more acute care spaces in the event of surge
- ❖ Created a parking lot system for ER surge
- ❖ Created "hot" and "cold" sections in the ER
- ❖ Increased housekeeping shifts
- ❖ Partnered with the Medical Clinic and then the Family Health Team to provide assessment centre services
- ❖ Procured biofire with two modules to allow for onsite processing of COVID-19 swabs
- ❖ Through the Foundation's support, procured and installed an Oxygen Concentrator and a secondary transport ventilator
- ❖ Work from home was enabled for those who are able
- ❖ Procured additional laptops to support the work from home
- ❖ Co-shared Zoom cost with AFHT for secure virtual meetings
- ❖ Moved laboratory, diagnostic imaging, rehabilitation, and telemedicine to a centralized appointment booking system to avoid hallway congregation
- ❖ Hired a pool of casual employees and trained them for ward clerk / runner / screener roles
- ❖ Long Term Care continued to adapt to the numerous changes as per Ministry directives
  - Limiting visitors – guidelines went through numerous changes in response to COVID-19 data
  - Creatively re-designed dining to follow distancing rules
  - Implemented rapid testing
- ❖ Food services switched to disposables
- ❖ Dealt with one outbreak
- ❖ Complied with centralized statistical reporting as directed by the Ministry
- ❖ Aggressively procured personal protective equipment (PPE) and managed to stock up to 3 months' worth of PPE
- ❖ Went through PPE shortage, PPE conservation, PPE training and audit
- ❖ Heightened communication and engagement with daily huddles, community partners' meeting, written memos / updates
- ❖ Created the COVID-19 Incident Management Team
- ❖ Initially moved lab services to rehab to reduce foot traffic in the main building
- ❖ Procured devices for residents and acute care patients to talk to families and friends virtually
- ❖ Increased internet capacity to support virtual meetings and online training
- ❖ Partnered with Riverside Healthcare to have specimens picked up and transported to Thunder Bay

**2,624** staff surveillance swabs.

**1,558** community COVID-19 swabs.



*Drive-through assessment centre at the Family Health Team.*

# Diagnostic Imaging

*Robert Herrmann, Diagnostic Imaging Manager*

## Staffing



**Robert Herrmann**

X-ray/Ultrasound

Full-time

**Katrina Grainger**

X-ray

Full-time



**Amanda DeCorte**

X-ray/Ultrasound

Part-time



**Emily Butts**

X-ray

Part-time



## Challenges

- ❖ Portable X-ray wireless has not been functioning since February
- ❖ Establishment of VPN tunnel for remote troubleshooting hindered
- ❖ Recent six-week ultrasound service interruption – backlogged exams
- ❖ Air-conditioning required in Ultrasound room
- ❖ Scheduling our patients to coincide with Lab appointments

## Quality Initiatives

- ❖ Keeping track of the time verbal report requests are made to CTS radiologists to ensure we are not overpaying them
- ❖ Summary of clinical repeat rate of x-rays per technologist

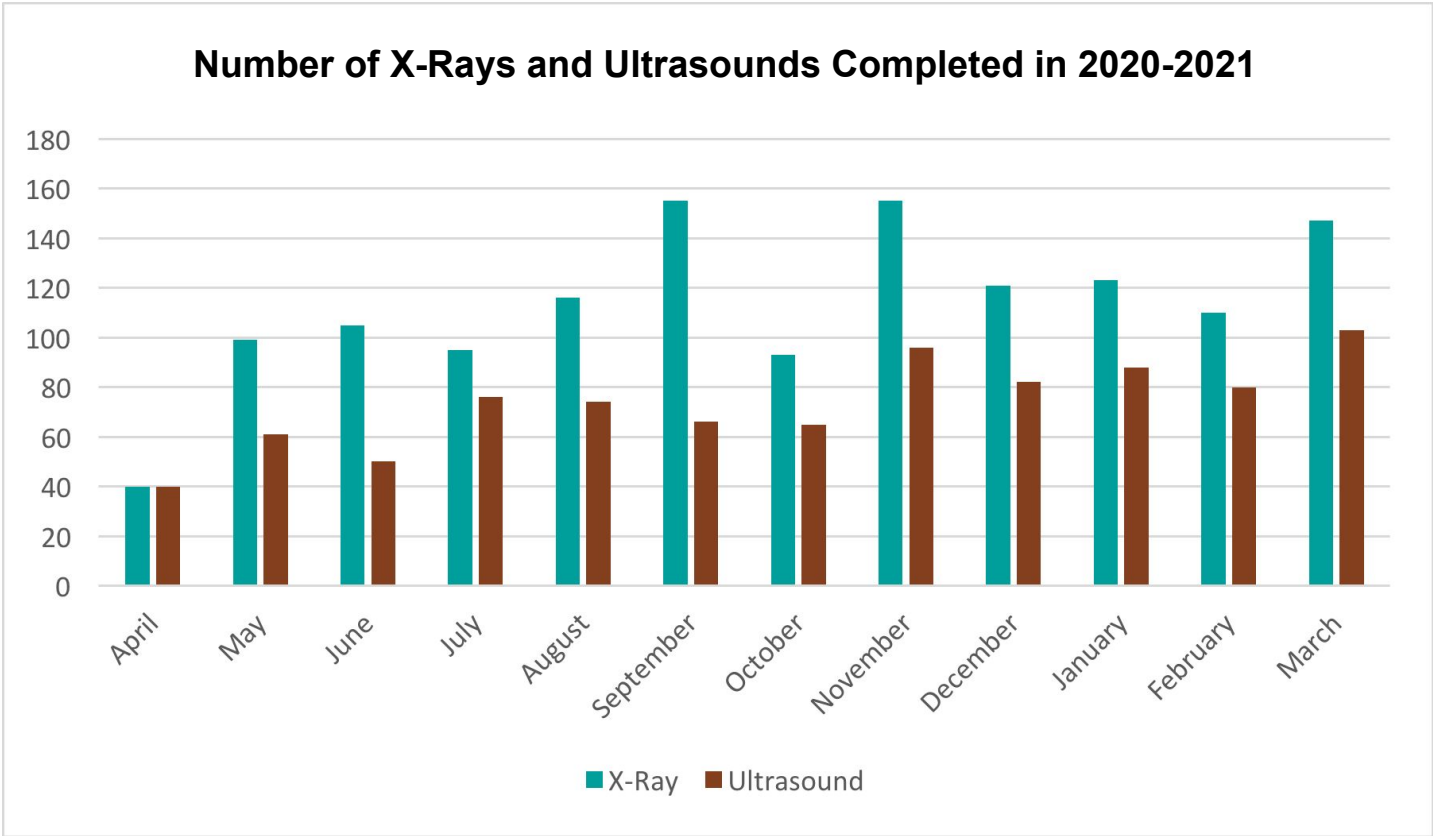
## Accomplishments

- ❖ **New Holter Monitor**
  - More patient-friendly and efficient
- ❖ **New patient x-ray chair**
  - Improved image quality
  - Patient and staff safety
- ❖ **Hired part-time dual X-ray/Ultrasound Tech Amanda DeCorte – resulting in expansion of ultrasound service**
- ❖ **Next month – our radiologists' adoption of voice recognition software – no more transcription service; full reports will be available immediately, so no more phone calls to relay critical results**



### Clinical Repeat Rate

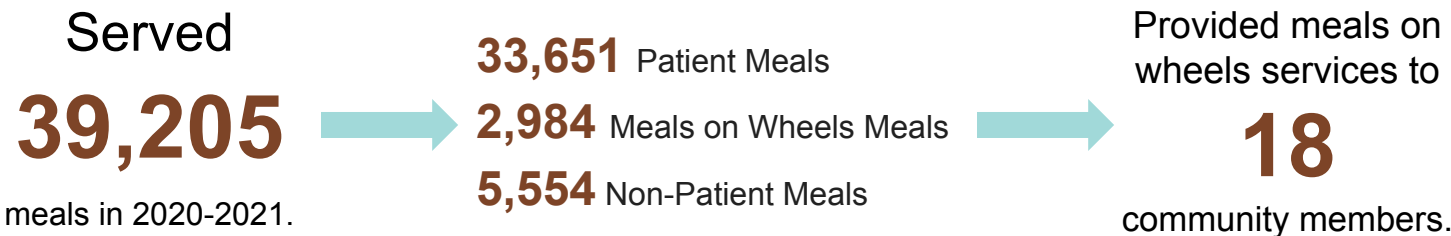
- ❖ In 2020, the clinical repeat rate was **6.5%** of all X-Ray images taken. In 2021, the rate so far is **7.0%**. The standard for practice is <8.0%.
- ❖ We had a new employee in 2020 which typically negatively affects repeat/reject rate.



*A total of **1,359 x-rays** and **881 ultrasounds** were completed.*

### Dietary

*Laura Thibodeau, Dietitian*



**Staffing:** One Lead Hand, three Full-time, six Part-time and three Casual Dietary Aides and Cooks.

## Challenges during COVID-19

- ❖ Food shortages. Procurement for some foods was limited because of over-purchasing across the industry, COVID-19 outbreaks in food processing facilities, and increased prices. Our biggest challenge was procuring beef, which we had to source locally from Thunder Bay when it was not available through Sysco. We still see small repercussions from this, with saltine cracker shortages. A big thank you to Jill Leduchowski, Lead Hand, who diligently managed this situation and was able to provide meal service continuity.
- ❖ Modifying job routines to ensure staff and patient safety.
- ❖ Staff shortages during our break.

## Accomplishments

- ❖ Returning to pre-COVID work routines.
- ❖ Implementing a set rotating schedule.
- ❖ Set firm minimum training guidelines.



*Dietary Staff receiving goods from the Wellness Committee for Dietary Appreciation.*

## Extended Care Wing

*Stacey Wood, Director of Care*

Throughout this year, the COVID-19 pandemic has brought on many challenges and changes for the residents, their families, and the staff of the Extended Care Wing (ECW), and although change can be hard and at times uncertain – everyone has taken it with grace and has adapted well! We have all had to adjust to the ever changing directives made by the Ministry to protect our residents, and the staff and families have worked hard at following these directives and keeping everyone safe!

We have faced the challenges of visitor restrictions, lockdowns, an outbreak, surveillance testing, daily screening, and trying to keep everyone physically distanced, but we are starting to see the light at the end of the tunnel!!

Balancing safety and quality of life has been one of the many struggles we faced this past year, but the residents continued enjoy recreational activities, such as BINGO, baking, bowling, movie matinees, and visiting their loved ones – whether it be in-person, virtually through Skype or Zoom, or through the window. We have worked hard to ensure that their physical, psychosocial, and emotional well-being continue to be at the center of our care and focus despite the restrictions and challenges this pandemic has put upon us.

On January 3, 2021 we announced a COVID-19 outbreak as a result of one positive test within our organization. All residents were isolated as a precaution and tested for COVID. Our outbreak



was declared over on January 15, 2021 when we were happy to report that no other staff or residents tested positive throughout that time. This was such a relief! A huge thanks to our diligent staff, family members and the Northwestern Health Unit who we worked very closely with to ensure the residents were kept safe and the potential of spread was minimized.

On January 28th, we began vaccine administration for the first dose of the Moderna vaccine to our residents. This was an exciting day! By the first week of March, all residents who chose to receive the vaccine were fully vaccinated! The caregivers and staff have also been vaccinated and are now looking forward to some loosening of restrictions as the government recently announced that residents will now be able to



*Director of Care, Stacey Wood, administering the first dose of Moderna vaccine to one of our residents.*

go on social outing as of June 9, 2021 and we have welcomed back general visitors for outside visits.

Pandemic aside, we have some other key points to highlight for the 2020-21 year.

## Quality Improvement Initiatives



*The gifts from Adopt-a-Resident Campaign.*

**Adopt-a-Resident Campaign** – Organized by our Recreation Coordinator, Kara Blanchard. Interested individuals were matched with one of the residents to donate a Christmas gift to. We received a generous donation of 52 gifts for our 26 residents from many members of our community and even outside our community!

**Communication Boards** – Universal symbols for high falls, transfer type, and care needs have been implemented in each resident room to assist the staff in communicating each resident care needs as these can fluctuate frequently.

**Falls Prevention Committee** – This committee was re-formed this year and have been meeting regularly to review best practices in falls prevention and reduce overall falls in the ECW.

**Memory Pillow Campaign** – Spearheaded and hand-made by one of our RPNs, Krystal Bain – ECW began presenting families of residents who have passed with a hand-made “memory pillow” made with a piece of their clothing in memory of them for the family to keep near and dear to their heart.

**Restorative Care Training** was provided to all staff by our rehab team to improve our restorative care approaches with our residents. Restorative care helps residents maintain their functional abilities by focusing on achieving and maintaining optimal physical, mental and psychosocial functioning through different activities, movements, and exercises.



*Memory pillows from Memory Pillow Campaign.*

## Ministry of Health & Long-Term Care Inspections

We had an on-site inspection from the Ministry of Health & Long-Term Care April 25th – 28th. They issued two written notifications of non-compliance related our falls procedures – both of which have been rectified.

## Foundation Donations / Support

The Atikokan General Hospital Foundation continues to support the Extended Care Wing in many different projects and items for the residents. This year they donated the following:

- ❖ Trishaw Bike & Shed for storage – This bike was purchased after the Foundation approved a proposal that was submitted by our previous Recreation Coordinator, Tanis Hampshire. The bike has been a huge enjoyment for the residents as they can appreciate the outdoors in a fun and exciting way! The residents have been enjoying bike rides already this spring!
- ❖ New bathtub and lift chair (arriving August 2021).
- ❖ Projector & Screen – for the residents to enjoy Movie Matinee on a large screen... just like going to the theatre!
- ❖ New Stove for baking with the residents in the dining room.



*Residents on the Trishaw bike.*



# Health Records

*Bridget Davidson, Health Information Manager*



Health records office.

Health Records staff adapted quickly to the changing statistical and clinical data needs required during the pandemic, increasing reporting internally and externally:

## 1. Reported externally to the Ministry of Health daily:

- ❖ Daily inpatient admissions and discharges, including bed occupancy rate
- ❖ Daily inpatient admission COVID-19 testing and subsequent results
- ❖ Daily COVID-19 Assessment Centre Activity
- ❖ Daily personal protective equipment inventory, eventually decreased to weekly
- ❖ Daily COVID-19 swab inventory, eventually decreased to weekly
- ❖ Daily health human resources requirements, eventually decreased to weekly
- ❖ Weekend hours to support Ministry of Health (MoH) reporting requirements, when needed

## 2. Internal reporting, data collection and processing:

- ❖ AGH inpatient and outpatient services activity
- ❖ Entered the COVID-19 indicator flag in Regional electronic medical records (EMR), indicating when a patient had a swab and subsequent results
- ❖ AGH Staff COVID-19 Surveillance Testing, 2624 staff surveillance swabs completed Fiscal 2020
  - Registration of staff, tracking of swab dates/results, and filing of paper results to chart

## 3. Learned and implemented new clinical codes capturing COVID-19 related conditions as directed by the Canadian Institute for Health Information (CIHI).

## 4. Attended MoH education sessions on COVID-19 reporting requirements as they changed and evolved over the course of the Pandemic.

## 5. Assisted in coordinating COVID-19 vaccine consent forms and data entry into provincial COVAX system.



Continuing with business as usual, health records staff submitted clinical data to CIHI for **3,365** emergency room records (↓660 from Fiscal 2019) and **183** acute care discharged charts (↑17 from Fiscal 2019). AGH's previous year's data submitted to CIHI is available to the public at <https://yourhealthsystem.cihi.ca/hsp/?lang=en>.

Health records staff transcribed close to 40 hours of physicians dictated clinical notes, resulting in approximately 400 patient clinical reports in the shared Regional EMR. These reports contribute to continuity of patient care both locally and regionally, and are also available in the eHealth Ontario Provincial Clinical Viewer.

Legislated annual reporting to the Information and Privacy Commissioner for the calendar year 2020 included the following:

*Under the Personal Health Information and Protection of Privacy Act (PHIPPA):*

**Access to Patient Information:** There were 35 access requests for personal health information processed (↓22 from 2019), resulting in \$1,226.25 fees collected (↓\$605.25 from 2019) for processing the requests.

*And under the Freedom of Information and Protection of Privacy Act (FIPPA):*

**Public Access to AGH Information:** There was one request for access to AGH public information resulting in a \$30 fee collected for processing the request.

For the calendar year 2021, to date, **245** professional staff credentialing applications have been processed and approved by the Board. Reappointments are professional staff that held privileges at AGH the previous year, while Appointments are professional staff who are applying to AGH for the first time.



Emily Butts and Amber Horricks with full PPE on!

## Quick Facts

Submitted  
**3,365**  
emergency  
room records.

Submitted  
**183**  
acute care  
discharged  
charts.

**245**  
professional  
staff  
credentialing  
applications  
approved.

Staff Status	Reappointments = Total 192	Appointments = Total 53	Staff Status Definition
Active	8	0	Physicians granted privileges by the Board to admit patients to AGH for treatment.
Associate	0	0	New physicians granted privileges by the Board to admit patients to AGH for one year, before applying for Active Staff status.
Locum	14	0	Physicians granted privileges by the Board to admit patients to AGH for treatment, in order to cover gaps in the event of unavailable Active Staff.
Courtesy	24	1	Professional staff (physicians, NPs, midwives) granted limited privileges by the Board to admit patients to AGH for treatment and/or diagnostic investigations.
Regional	146	52	Professional staff (physicians, NPs, midwives) granted the privilege of ordering (only) diagnostic investigations (lab and diagnostic imaging) at AGH.

## Housekeeping/Laundry

*Heather Desgroseilliers, Lead Hand*

Laundry poundage for the year was

**134,557**

pounds laundered.

There are five full-time, five part-time and three casual positions in the department. One change is coming up – Heather is retiring at end of July after 35 years of service.

**QI project** – we are tracking the number of personal resident clothing that is unmarked. Attempts are made to label clothing at the time of entrance to the unit and any new clothing received through the year.

### We are Celebrating

We are awaiting a new dryer to be delivered and installed and the staffing shortage has been rectified.



*Housekeeping/Laundry Aide Ruth Sportak getting some laundry in.*

# Human Resources and Wellness

*Nick Palmai, Human Resources Coordinator*

## Wellness Committee

The Wellness Committee faced some challenges this past year. Due to the pandemic and the fact that a lot of our activities focused around getting together with other co-workers, we were forced to get innovative with our events. A major one was our annual Mission Week, usually filled with activities such as a staff BBQ, Golf tournament, learning presentation and more. This past year we took our budget for Mission Week and spent it by purchasing prizes from local businesses to give support during these difficult times, and had a week long virtual raffle for staff. Wellness members Katrina and Nick pre-filmed videos drawing names for prizes, and released them each week of June as a “Mission Month”. Staff really enjoyed this take on Mission week. We were able to have staff BBQ’s as they are outside and we were able to practice social distancing and wearing our PPE. Other events we held include Fitness Challenges, Halloween Pumpkin Carving, Halloween Costume Day, Spirit of Christmas Week, and more to help fill our usually busy calendar to accommodate with the pandemic restrictions.



*Water gun races during the Wellness Committee staff BBQ (Mission Week). Front to back: Corey Lavallee, Tanis Lavallee.*

## QUICK FACTS ABOUT OUR AGH FAMILY

**26** New Hires

**53** Unique Positions

**97%** of job descriptions reviewed

**100%** of Performance Appraisals completed

Age Range of Staff – **18-65 years old**

The Employee Net Promoter Score (ENPS) for AGH is

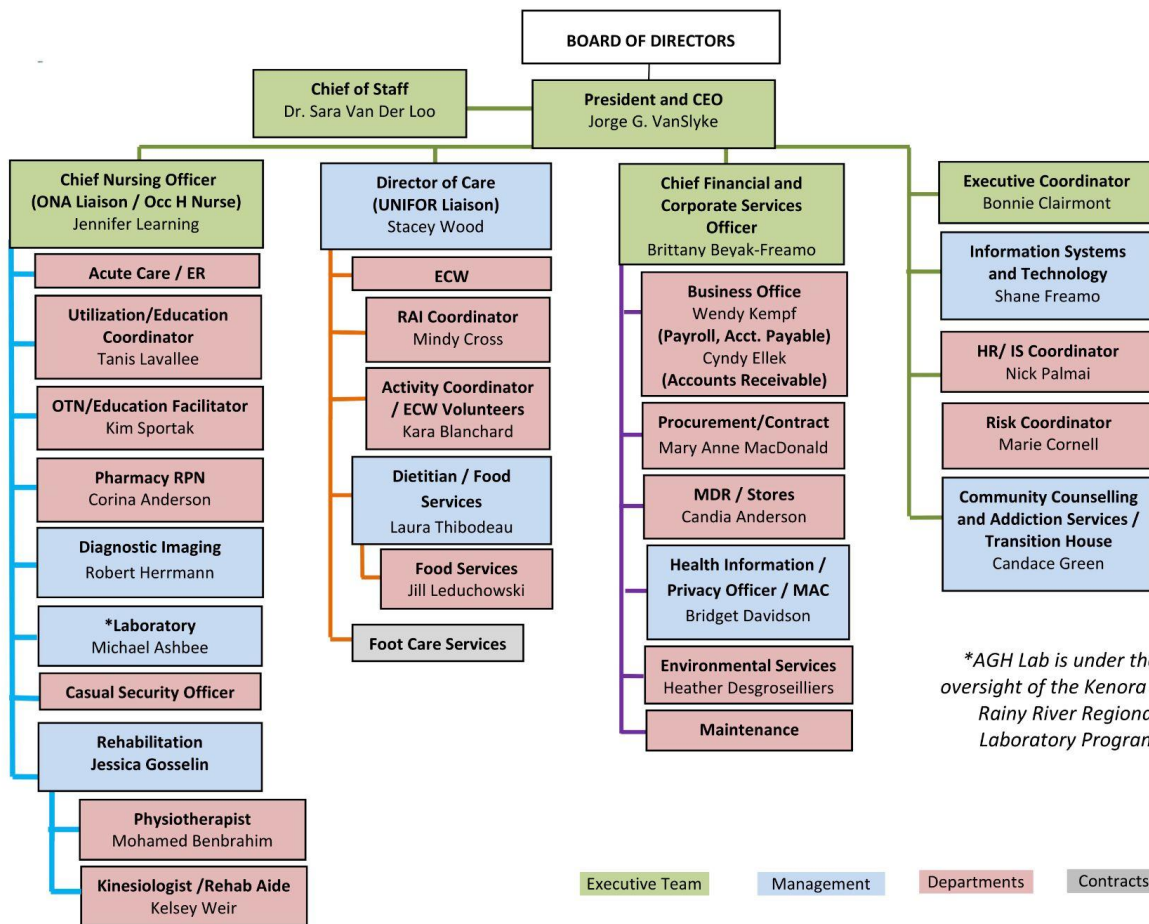
**45%**

The ENPS score means that 45% of our workforce is more likely recommending AGH as a great place to work. We still have more to do, but this is a great start.



# Atikokan General Hospital Organizational Chart

Effective April 2021



## Moving forward, our strategic priorities are...

### Patient Experience

*Enhance the patient/client experience.*

- ❖ Stronger integration of patient experience
- ❖ Increasing available care closer to home
- ❖ Focus on quality improvement

**2021-2022**

*Review and Initiate*

**2022-2023**

*Monitor and Sustain*

**2023-2024**

*Refine-Redefine-Re-Imagine*

### Healthy Workplace

*Co-create a healthy workplace culture.*

- ❖ Continue to strengthen effective communication internally and externally
- ❖ Better risk management and compliance
- ❖ Advocate for quality improvement towards a thriving culture
- ❖ Stronger focus on continuous learning

### Infrastructure

*Modernize infrastructure.*

- ❖ Physical infrastructure
- ❖ Information systems infrastructure
- ❖ Workflow infrastructure
- ❖ Strongly support fundraising initiatives and grant applications to increase capacity beyond regular funding
- ❖ Systems infrastructure

# Infection Prevention and Control

Marie Cornell, Risk Coordinator

## QUICK STATISTICS:



Staff Hand Hygiene Compliance rates (total of 412 observations performed):

**98.8%** compliance before patient encounter.

**99.2%** compliance after patient encounter.

**76%** of AGH staff received the Flu vaccine for the 2020/21 season.

As of May 31st, 2021, **80%** of AGH staff have received the 1st dose of COVID-19 vaccine and **68%** of AGH staff have received their 2nd dose.

## Outbreaks

- ❖ One COVID-19 outbreak was declared in January 2021 in the Extended Care Wing (ECW). None of the residents contracted the virus and there was no transmission of the virus among the staff.
- ❖ There were two on-site infection prevention and control (IPAC) audits done (April 2020 and January 2021) by the Northwestern Health Unit – the only issue identified that required action was the physical distancing of residents during meal times.

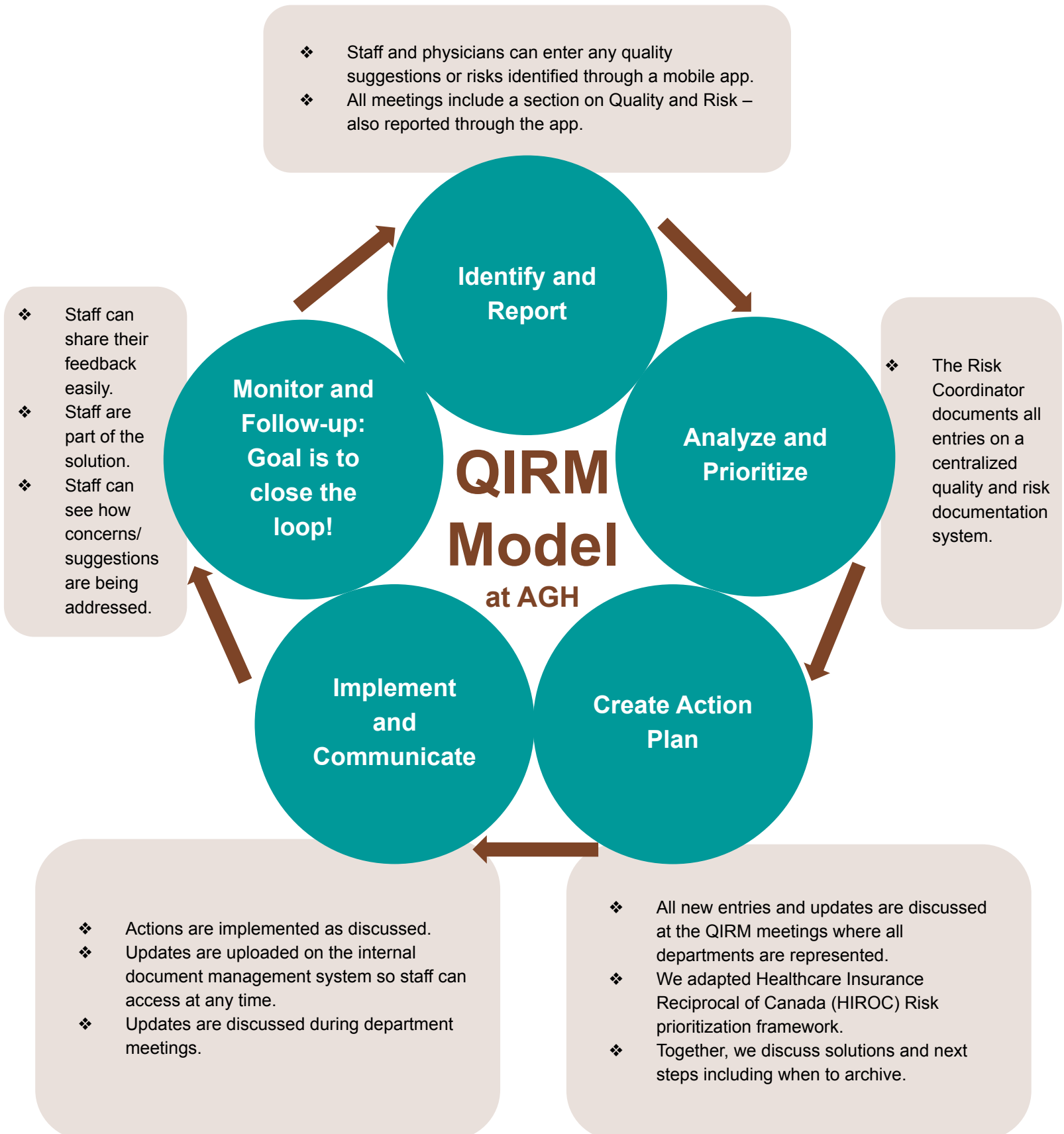
## Audits

- ❖ For the month of March 2021, an IPAC Lead dedicated to ECW was hired. This staff member performed audits for hand hygiene, personal protective equipment (PPE), physical distancing compliance, and screening. Education regarding COVID-19 prevention measures was provided to staff, residents' family and visitors.
- ❖ The Ministry of Labour, Training and Skills Development Ontario conducted an audit in January 2021 for compliance with the Occupational Health & Safety Act and Regulations and focused on worker protection from COVID-19. AGH was in compliance with all items audited (Information & Instructions to Workers & Supervisor Competency, Joint Occupational Health and Safety Committee Involvement, Physical Distancing Measures, Screening Measures, Cleaning and Disinfection, Hand Hygiene, PPE, and Infection Prevention and Control).

## Quality Improvement & Risk Management (QIRM)

- ❖ A comprehensive, organization-wide QIRM program was launched!

- ❖ Staff and physicians can enter any quality suggestions or risks identified through a mobile app.
- ❖ All meetings include a section on Quality and Risk – also reported through the app.





# Laboratory

Michael Ashbee, Interim Lab Manager

In 2020 the lab performed...

**27,130**

tests on site...

and shipped out

**13,711**

samples.

## Quick Facts

- ❖ **84%** of outpatients prefer appointment system.
- ❖ **97%** of outpatients would recommend AGH's outpatient lab.
- ❖ **96.8%** of COVID tests collected in Atikokan are reported within 24 hours of collection, with an average turn around time of **6.3 hours**.
- ❖ On-site magnesium testing has reduced average turnaround time from **88.9** hours to **1.5 hours**.  
When magnesium testing is done, it helps detect abnormal levels of magnesium, calcium, and or potassium.
- ❖ **2,624** staff surveillance and **1,558** community COVID swabs done.
- ❖ There were **3,452** general lab patients and **7,634** total lab patients.
- ❖ We replaced our chemistry analyzer with the dimension EXL 200 integrated chemistry system, allowing for faster results and more tests on-site including magnesium and c-reactive protein.

## The Biofire

The Biofire is a polymerase chain reaction (PCR) testing platform designed specifically for respiratory infections. The platform was beneficial to the AGH Laboratory during the pandemic because it allowed us to perform COVID testing on-site. Since this change was made, the average turnaround time was decreased to 11.4 hours. A huge improvement over our previous average of 73.9 hours. This was extremely beneficial while AGH was ramping up our surveillance testing. The Biofire is an incredibly useful platform, and the Laboratory is excited to continue using it to its full potential in the future.



Lab staff posing with the Biofire.  
Left to Right: Michael Ashbee, Liz Shine, Ying Zhu.

# Maintenance

*Richard Bowes, Maintenance*

The Maintenance department is responsible for maintaining the integrity of the plant, hospital, ambulance base, supportive house, and equipment. Staffing is three full-time equivalents with on call 24/7 coverage.

## Challenges

The heating, cooling, and plumbing systems in the hospital are now 35 (Extended Care Wing) and 45 (service wing) years old and obsolete and require constant attention to maintain some level of comfort within the hospital.

## Accomplishments

In 2020, we had the parking lot and helipad crack sealed to help with the asphalt deterioration. We will also be sealcoating the parking lot and helipad this summer and repainting all the lines.

A new brighter LED Emergency sign was installed at the emergency entrance.

The emergency department entrance ramp was also replaced and core heating was installed to eliminate the use of salt on the ramp, which should lead to double the lifespan of the previous entrance ramps.



*New LED emergency sign funded by AGH Foundation.*



*AGH Maintenance Dream Team.*

*Note: Picture was taken before the pandemic.*

*(Left to right: Corey Lavallee, Greg Armstrong, Richard Bowes)*

The maintenance department addressed over

**200** work orders in 2020.

## Next Steps

For 2021, the maintenance department is working to complete the mental health seclusion room, and will be working with engineers to see the Extended Care Wing HVAC controls and equipment replaced with updated electronic controls and newer more energy efficient equipment that will hopefully add reliability and increased comfort for all the Long Term Care residents.

Also for 2021, the hospital will be moving forward with sprinkler installations to bring us one step closer to a fully sprinkler-protected facility.

## Medical Device Reprocessing/Stores

*Candia Anderson, Lead Hand*

### Quick Facts

274

loads of instruments were disinfected in 2020 (an increase of 60 from 2019).

79

loads of instruments were sterilized of which 13 were for the Family Health Team (decrease of 52 from 2019).

743

items currently in inventory (decrease of 95 despite purchasing new COVID supplies).

2020 was a hard year for Medical Device Reprocessing Department/Stores. Although sterilization needs decreased, decontamination needs increased and Stores pushed beyond endurance. However, Part-time Medical Device Reprocessing Technician (MDRT)/Stores Clerk, Holly Mosbeck has been hired. She has completed her Stores training and will be starting her three-month formal MDRT training through the Medical Device Reprocessing Association Ontario in June.

It has already made a huge difference in productivity. Her being in the department for the few months before Year End Inventory allowed preparation for it which was not possible in 2020. The 2020 count had a \$16,000 variance whereas 2021 had a \$1,000 variance, took much less time and was tremendously less stressful for Stores and Procurement.

## Patient and Family Advisory Council

AGH has established the Patient and Family Advisory Council (PFAC) that meets quarterly. We are expanding the scope of our PFAC members to have more voice on how we do things at AGH. We would love for more community members to join.

So if you have accessed our services at AGH—rehabilitation, long term care, community counselling, acute care, emergency, or outpatients services—we would love to have you join!

Just call **807-597-4215 ext. 341** or email [cornellm@aghospital.on.ca](mailto:cornellm@aghospital.on.ca).



# Atikokan General Hospital Scorecard

April 1st, 2020 to March 31st, 2021

The AGH scorecard is now shared and reviewed with members of the Patient & Family Advisory Council.

Strategic Direction	Annual Target	2019-2020	2020-2021
<b>Providing Safe and Timely Health Outcomes</b>			
Falls - ECW	less than 70 per year	57	54
Falls - Acute	less than 50 per year	39	22
Infection Control Issues	less than 10 per year	6	10
Labeling/Documentation Issues	less than 50 per year	16	124*
Medication Errors - ECW	less than 40 per year	21	22
Medication Errors - Acute	less than 40 per year	37	22
Workplace Violence (WPV) Reports -ECW (includes responsive behaviours)	less than 20 per year	17	11
Workplace Violence Reports -Acute (includes responsive behaviours)	less than 20 per year	2	5
Equipment Malfunction (excluding IT)	less than 10 per year	11	6
Employee Incident Other than WPV	less than 25 per year	9	17
Elopement	less than 10 per year	3	0
Facilities	less than 5 per year	6	5
IT Issues	less than 10 per year	7	1
Misc. Safety/Security (not included in any of the above)	less than 10 per year		18**
<b>AGH Will Remain Financially Viable While Growing and Expanding Services</b>			
Current Ratio	3.25%		2.04%
Total Margin (Hospital)	0.00%		2.25%
Total Margin (All Sectors)	0.00%		1.57%
<b>Provide Training and Support to Management and Staff</b>			
Staff Training	1 educational session per year per employee		332

## \*Labeling/Documentation Issues

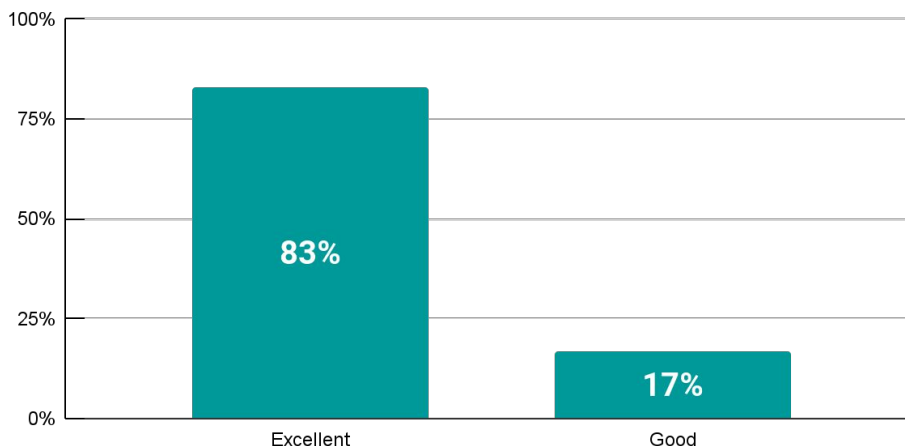
- ❖ The targets were set based on previous year's reporting that we knew were underreported (corrected without filing incident reports). Also, the target was determined pre-pandemic and the COVID-19 screener forms were not in use at that time. This was a new form introduced after the pandemic was declared. As these screener forms are to be attached to every ER registration form, it increases the chance of errors because more forms means more occasions for errors to occur (e.g. screener forms with missing or incomplete patient identification or the entire form is missing). Since setting the targets, we also changed the process in our ER department. We have identified this issue and implemented a process to ensure that staff review all ER forms for completeness.

## \*\*Miscellaneous Safety and Security Issues

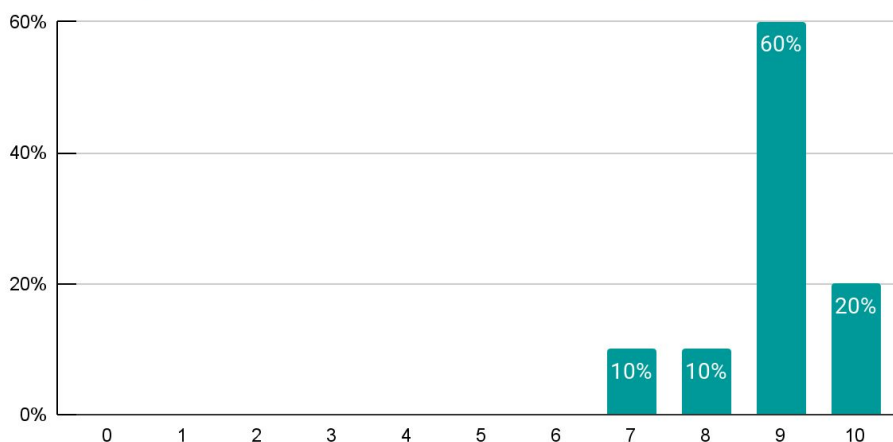
- ❖ AGH has increased training on incident reporting, which resulted in staff being more aware of the reporting standards.
- ❖ There were incidents that were only reported verbally, which changed after the staff training. The incident number reflects reports such as storage areas left unlocked, safety concerns with equipment placement/storage (e.g. electrical cords/trip hazards, ABHR dispensers) and non-compliance with safety policies/procedures.
- ❖ In general, staff are becoming more familiar with and comfortable in using the electronic reporting system, so they are now using it to report issues other than med errors, falls, and employee injury.

The Patient Experience Surveys (July 2020) indicated patients are satisfied with the care and services received at AGH.

**“Overall, the quality of care and services I received in the Emergency department were...”**



**What number would you use to rate this hospital during your stay? (0=worst and 10=best possible)**



## Pharmacy

*Corina Anderson, Pharmacy RPN*

### Staffing

1 Full-Time  
**Pharmacy RPN  
Department Lead**

1 Full-Time remote  
**Regional Pharmacist (TBRHSC)**  
shared between 5 regional sites

1 Casual  
**Back Up/Relief**

## Pharmacy Statistics (April 2020-March 2021)



There were

**181**

admissions to  
Acute Care and

**3,365**

visits to the  
Emergency  
Department.



Pharmacy staff entered

**3,759**

physician orders into Meditech to  
create a computerized medication  
administration record (MAR) for  
nursing for those

**181**

admissions.



Pharmacy staff re-packaged

**28,498**

medications in unit dose via the  
automated packager and

**3,635**

medications in unit dose “cold  
seal” packaging for distribution to  
Acute Care and the Emergency  
Department medication cabinets.

## Pharmacy

The Pharmacy is responsible for reviewing, updating and following current contract pricing for the procurement (ordering and receiving) of all medications used in the hospital (Acute/ER). The Pharmacy staff deal with supply issues and ordering allocations regularly when medications are unavailable or in short supply.

There were many challenges this year due to COVID-19 and medication demand and supply restrictions. Despite all of the issues/challenges in the last year, the pharmacy has been able to maintain an adequate supply of medications during the pandemic.

The Pharmacy conducts several medication related audits throughout the year and shares this information with the staff. Audits help us to identify risks, issues or gaps in processes and allow us to make necessary updates or changes for ongoing quality improvement.

Medication safety for our patients and the staff of AGH is of highest priority for the Pharmacy Department. In the ever-evolving world of health care and with all the regulations and standards that must be met, the Pharmacy staff are constantly reviewing, updating and creating policies and procedures to ensure that processes are clear and are followed for all patients and staff.



## Pharmacy Accreditation 2021

The AGH Pharmacy Department had its 6th annual Hospital Pharmacy Accreditation completed by the Ontario College of Pharmacists (OCP) on May 31, 2021. This year was a little different from the usual as we completed the assessment virtually instead of on-site/in-person.

The hospital assessment is divided into categories and for each category there are specific standards which have been taken from relevant legislation, policies, guidelines or standards of practice that outline specific criteria that is used when conducting the assessment.

The Pharmacy had a very successful assessment this year and received a **PASS** with no action plan required.

There were three standards in the assessment that were partially met without an action plan. These are areas that we did meet the standard but the OCP hospital advisor will be looking to see continued improvements going forward.

These partially met standards included:

- ❖ The auditability and traceability of all medication doses to the patient level
- ❖ Increased awareness and education for health care professionals in the understanding of and reporting process for adverse drug reactions
- ❖ The medication reconciliation process must be clearly documented, transparent and reflect accountability.

Our next OCP assessment will be scheduled for the spring of 2023.

### Categories Include:

- ❖ **General**  
Medication Security,  
Medication Storage,  
Medication Safety,  
Controlled Substances in  
the Patient Care Areas,  
Record Retention including  
Auditability and Traceability.
- ❖ **Pharmacy Standards of Operation**  
Patient Medication Policy,  
Record Retention including  
Auditability and Traceability,  
Technology in Pharmacy,  
Packaging and  
Repackaging of  
Medications, Controlled  
Substances within the  
Pharmacy.
- ❖ **Pharmacy Standards of Practice**
- ❖ **Automated Dispensing Cabinets**
- ❖ **Delegation**
- ❖ **Telepharmacy**

# Rehabilitation Services

*Jessica Gosselin, Manager*

## Rehab Staff Members

### Jessica Gosselin

Occupational Therapist and Manager of Rehabilitation Department

### Kelsey Weir

Kinesiologist/Rehab Aide

### Christine Grant

Rehabilitation Clerk

### Mohamed Benbrahim

Physiotherapist (Contract since September 2020)

### Jenna Legarrie

Rehabilitation Assistant (Temp Full-Time Since January 2021)

Mohamed joined our team as a contract physiotherapist in September 2020. He has renewed his contract and will continue to be with us until at least September 2021.

2020 was a difficult year for rehab with the COVID-19 outbreak and subsequent reduction of all “non- emergency” rehab patients. Since opening back up to a more typical capacity, we have been working hard to catch up with our ever-growing outpatient waitlist. In January 2021, we hired a temporary rehabilitation assistant to help us meet this demand.

## Quality Improvement Initiative

- ❖ We introduced a standardized chart audit to help improve the quality of our documentation.
- ❖ Biweekly knowledge-sharing meetings. Since the pandemic has limited education opportunities, we have started intra-department education sessions to share our expertise with each other.
- ❖ Thanks to the Foundation and our generous community, we have improved our modality option by introducing the acoustic shockwave machine—anecdotally, we have had great success with the use of this machine.

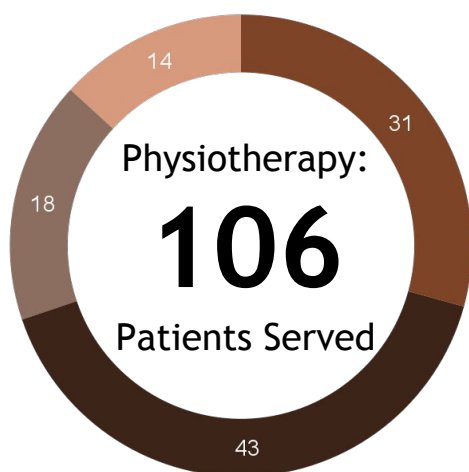
We did not renew our contract with Firefly as of March 31, 2021. This was to improve the quality of care to our patients as increasing demands reduced the time available to the various areas of practice. In turn, to meet this demand it was necessary to reduce our contract services. Firefly clients will continue to be served by regional OTs and PTs.



From left to right: Jessica Gosselin, Kelsey Weir, Mohamed Benbrahim.



- Outpatients
- Bundled Care Post-Op Hip/Knee Patients
- G:LAD Group Program Patients
- Cardiac Rehab Patients
- Chronic Pain Group Patients



- Acute Care Patients
- Outpatients
- Extended Care Residents
- Firefly Contact Paediatrics Patients

Data collected starting September 2020.



- Acute Care Patients
- Outpatients
- LHIN Community Patients
- Extended Care Residents
- Firefly Contact Paediatrics Patients

We served  
**458**  
patients with a  
total of  
**2,278**  
visits with a  
revenue of  
**\$42,478!**

### Address:

120 Dorothy St.  
Atikokan, Ontario P0T 1C0

### Phone:

807-597-4215 ext. 355

### Hours:

Mon-Fri: 8:00am – 12:00pm  
1:00pm – 4:00pm





# SERVICE AWARDS 2020

## 05 YEARS

Sharol Bilodeau  
Bonnie Clairmont  
Katrina Grainger  
James Turner  
Jenny Zacharias

## 10 YEARS

Kim Cryderman  
Barb Kwasnacia  
Kristy Matichuk  
Martine Turner

## 15 YEARS

Dr. Sara Van Der Loo

## 20 YEARS

Carrie Savoie

## 25 YEARS

Gary Sportak  
Ruth Sportak  
Angel Young

## 30 YEARS

Leanne Haney

*Resilience in  
Times of Change.*

# #WeGotThis!

# AT A GLANCE

## 96.8% of COVID tests

collected in Atikokan are reported within  
24 hours of collection, with an average turn  
around time of

**6.3 hours.**

In 2020, the lab performed

**27,130 tests**

on-site and shipped out

**13,711 samples.**

Received

**\$1.86 million**

in funding to upgrade our  
sprinkler system and the  
HVAC system in the  
Extended Care Wing.

A total of

**1,359 x-rays**

and

**881 ultrasounds**

completed.

AGH Foundation  
has over

**\$85,700**

in revenue.

Rehabilitation served

**458 patients**

with a total of

**2,278 visits**

with a revenue of

**\$42,478.**

**26 new hires.**

CCAS served

**259 clients.**

Served

**39,205 meals**

in 2020-2021.

**3,365 visits**

to the emergency room.

**\$92,056**

in donations.

Laundry poundage for the year was

**134,557 pounds.**

**245**

professional staff  
credentialing  
applications have  
been processed  
and approved by  
the Board.

**1,558**

community COVID-19  
swabs.

**181 admissions**

to acute care.