



Red Lake Margaret Cochenour Memorial Hospital

Annual Report 2019-20

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## Vision, Values, Mission

The Red Lake Margaret Cochenour Memorial Hospital (RLMCMH) Team is privileged to provide healthcare services and address determinants of health for community members and visitors of Red Lake, Ear Falls and Wabauskang. Through collaboration, we proudly live our values and mission to achieve our vision.

### Our Vision

Working together towards excellence in rural health care.

### Our values

- **Patient-centred:** ensuring the needs of patients and families are central to our actions and decisions
- **Caring:** responding to our patients and each other with kindness, respect and compassion
- **Integrity:** doing the right thing in all ways and in every encounter
- **Safety:** maintaining the highest safety standards in patient care and our work environment
- **Learning:** supporting and encouraging our employees, volunteers and patients in a culture of learning
- **Advocacy:** speaking up for patients and our community
- **Accountability:** operating in a medically, socially and financially responsible manner

### Our Mission

Compassionate, quality care - every patient, every time.

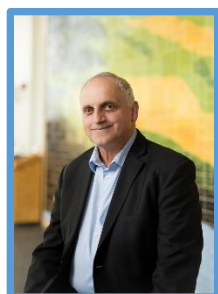
## Our Board of Directors 2019-20



**Eleanor Vachon**  
Board Chair



**Trevor Zhukrovsky**  
Board Vice-chair



**John Frostiak**



**Leah Gentes**



**Marshall Dumontier**



**Dennis Gushulak**



**Audrey Blazek**



**Brenda Cooke**



**Tanya Wilson**



**Sonia Green**

### Ex Officio Members

**Dr. Andrew Gloster**

Chief of Staff

**Sue LeBeau**

President and Chief Executive Officer, RLMCMH

**Dr. Diane Zielke**

President of Medical Staff

**Meghan Gilbert**

Chief Nursing Executive, RLMCMH

## Hospital Activity Report 2019-20

<b>4804</b> Emergency department visits	<b>248</b> Inpatient admissions
<b>70</b> Medivacs (patients discharged from Emergency Department to another facility)	<b>86</b> Chemotherapy treatments
<b>6</b> Births	<b>4226</b> patient days <ul style="list-style-type: none"> <li>• <b>2,917</b> in-patient</li> <li>• <b>1,309</b> chronic</li> </ul>
Laboratory <ul style="list-style-type: none"> <li>• <b>60,539</b> Tests Handled/Accessioned On-Site, including: <ul style="list-style-type: none"> <li>○ <b>24,224</b> Samples Processed On-Site</li> <li>○ <b>46,023</b> Chemistry/Hematology/Coagulation/Serology Tests Performed On-Site</li> <li>○ <b>322</b> Transfusion Medicine Tests Performed On-Site</li> <li>○ <b>2,409</b> Microbiology Tests Referred Out</li> <li>○ <b>11,775</b> Specialized Tests Referred Out</li> </ul> </li> <li>• <b>161</b> after-hours Call-Backs (approximately 3/week)</li> </ul>	Diagnostic Imaging <ul style="list-style-type: none"> <li>• <b>1,429</b> Ultrasounds for <b>936</b> patients</li> <li>• <b>3,212</b> X-rays for <b>1641</b> patients</li> </ul>
Community Counselling and Addiction Services <ul style="list-style-type: none"> <li>• <b>6,992</b> client contacts</li> <li>• <b>496</b> individual clients supported</li> </ul>	<b>160</b> Scopes
<b>433</b> Diabetes visits	<b>977</b> Telehealth visits
<b>62,804</b> Meals served: <ul style="list-style-type: none"> <li>• <b>12,741</b> meals served to patients</li> <li>• <b>50,063</b> meals served to cafeteria/cafe and outside contracts like Daycares/Northwood lodge/Meals on Wheels/Congregate dining</li> </ul>	<b>147,365</b> Pounds of laundry done
<b>115</b> Employees	<b>57</b> Full-time Equivalents (FTEs)



## Governance and Leadership Report

RLMCMH's Board of Directors recognizes that 2019-20 was a challenging and rewarding year. Our achievements include preparing a comprehensive contingency plan during our hot forest fire season, recovering from a fiscal deficit, and proactively responding to COVID-19 to protect our patients, staff and community.

We are proud to highlight this year's performance in RLMCMH's 2016-2019 Strategic Plan's five priorities.

### Strategic Priority 1: Quality of Care

#### Patient satisfaction Survey results:



- 100% of patients surveyed in the Outpatient Departments felt they were treated with Dignity and Respect.
- 99% of patients visiting the Outpatient Departments rated their care as Excellent or Very Good.
- 89% of Emergency Department patients rated their overall care as excellent or very good and the same amount of patients felt they had enough say about their care and treatment.
- Of the Inpatient survey responses we received 92% rated their overall stay as 8 or above on a scale of 10
- Improvement opportunity we are addressing: communication on needs beyond discharge; 62% felt it was done well

#### Accessibility

The hospital released its new accessibility plan for the next 5 years with assistance from persons with disabilities. This report is available on our [website](#) and features projects such as ensuring door handles are meeting current accessibility standards and adding an additional disability parking space in our upper parking lot.

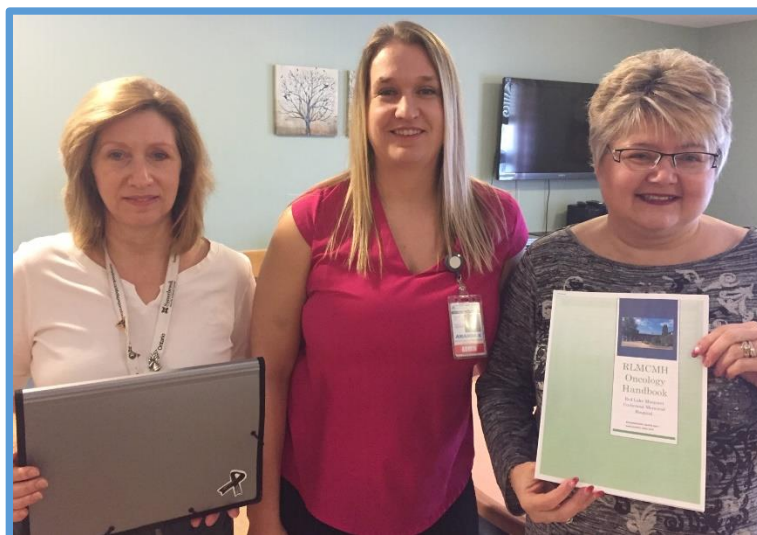


### Patient Family Advisory Committee (PFAC)



Our patient family advisors have been hard at work making sure we focus our efforts in the right areas and with a patient centred lens. This year, the group was instrumental in initiating the new food tray warming system for the kitchen to ensure temperature consistency for patient meals. Our PFAC actively participated in our patient safety campaign titled “Conquer Silence” during the last week of October.

We also celebrated the uptake of our PFAC-driven Oncology Handbook by other hospitals in our region. Thank you PFAC members!



### Quality Improvement Plan

Each year the hospital submits an overall Quality improvement plan to Health Quality Ontario. Projects are chosen based on Patient feedback, Staff input, safety trends and Government priorities. Highlights of projects achieved over the past year include:

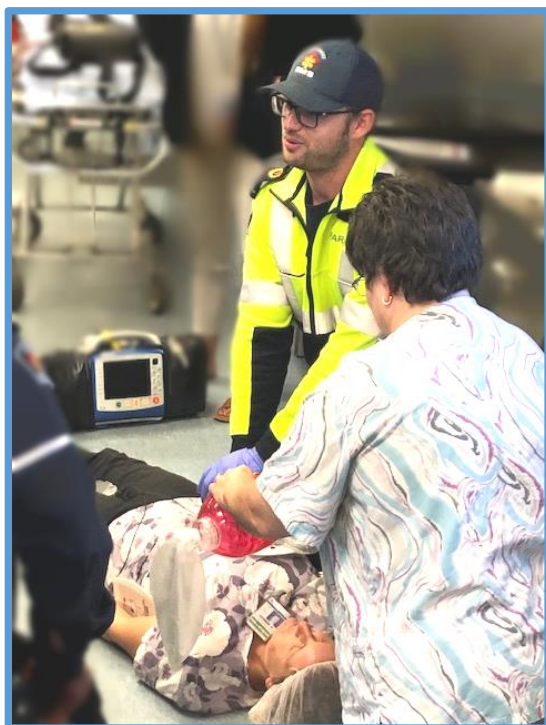
- The introduction of the “Move on Program” for inpatients to promote early *mobilization* and prevent regression and a decrease in functional ability.
- *Patient rounding* occurring within 48 hours of admission to ensure you understand your treatment plan and have any concerns addressed.
- Training regarding *alcohol withdrawal and substance abuse* for nursing staff
- Creation of a *standardized set of orders for our palliative care patients* that identifies patient needs as part of the end of life process.

### Best Practice Spotlight Organization

RLMCMH was selected to be part of the Registered Nurses Association of Ontario's Best Practice Spotlight Organization (BPSO) Program. As a part of the program we are tasked with implementing five of the Best Practice Guidelines at our Hospital, two of which are facility-wide and three dedicated to nursing services, within the next three years. Modeling our Hospital processes around the Best Practice Guidelines, means we have current and evidence-based practices that enable us to providing the best possible care to our patients.

### Strategic Priority 2: Learning, Accountability and Wellness

RLMCMH staff were able to participate in multiple professional development opportunities throughout the year. Highlights of this education include the Advanced Cardiac Life Support Course attended by the nursing and physician staff and Automated External Defibrillator (AED) training open to all RLMCMH staff, both of which were instructed by Ron Laverty from ORNGE.



The Hospital conducted a mock code blue scenario in collaboration with our local EMS which took place in the kitchen and had participants transport the "patient" all the way to the emergency room where the scenario continued.

Another local initiative targeted to ongoing development and maintenance of competency were the learning stations set up for nursing staff to review and practice procedures and use of equipment in a self-directed manner.

A few of our nursing staff were able to travel to participate in a valuable regional initiative on behavior management which was hosted by St. Joseph's Care Group and the Regional Geriatric Program. This opportunity allowed staff to develop valuable tools for de-escalation of behavior when caring for all patients.

Chemotherapy was also a focus of this year's education in Nursing. Three of our Registered Nursing Staff successfully completed the DeSouza Provincial Standardized Chemotherapy and Biotherapy Course and examination allowing them the ability, after an orientation period in Thunder Bay, to safely administer chemotherapy medications to patients. This education was foundational to the sustainability and contingency of human resources for chemotherapy delivery in our community.

Our staff also participated in education on workplace violence prevention, supporting patients dealing with alcohol and substance dependency, and musculoskeletal injury prevention.



### Strategic Priority 3: System Leadership

The RLMCMH played an active role in initiatives and partnerships that support local, regional and provincial priorities. Our partnerships focused on improving Mental Health and Addictions client access and experience. We also collaborated towards improvements in primary and acute care. Below are some examples of our partnered initiatives.



#### Mental Health and Addictions

Initiative	Purpose and Outcome	Partners
Mobile after-hours mental health crisis service implementation	Providing crisis services between 1600 and 0200 on weekdays, and 24 hours on weekends at home, hospital and OPP station	<ul style="list-style-type: none"> <li>• Community Counselling and Addictions Services (CCAS)</li> <li>• OPP</li> <li>• Firefly</li> </ul>
Police-Hospital transitions framework implementation	Fostering effective use of Police resources through safe transfer of care	<ul style="list-style-type: none"> <li>• RLMCMH Nursing team</li> <li>• OPP</li> <li>• CCAS</li> <li>• NW EMS</li> </ul>
Suboxone Program implementation	Ensuring access to Suboxone to all local clients needing it	<ul style="list-style-type: none"> <li>• RLMCMH Nursing team</li> <li>• Red Lake Family Health Team</li> <li>• External physician provider</li> </ul>
Situation Table patient/client support	Identifying and providing coordinated support to persons at risk	<ul style="list-style-type: none"> <li>• Canadian Mental Health Association, Fort Frances Branch</li> <li>• Community Counselling and Addiction Service</li> <li>• Crisis Response Services</li> <li>• Ear Falls Family Health Team</li> <li>• Firefly</li> <li>• Keewatin Patricia District School Board</li> <li>• Kenora Catholic District School Board</li> <li>• Kenora District Services Board</li> <li>• Kenora Rainy River Child &amp; Family Services</li> <li>• Municipality of Red Lake By Law Officer and Fire Chief</li> <li>• New Starts for Women – Emergency Women’s Shelter</li> <li>• Ontario Provincial Police Ear Falls &amp; Red Lake Detachments</li> <li>• Red Lake Emergency Shelter</li> <li>• Red Lake Career &amp; Employment Services</li> <li>• Red Lake District Adult Learning Centre</li> <li>• Red Lake Family Health Team</li> <li>• Red Lake Indian Friendship Centre</li> <li>• Tikinagan Child &amp; Family Services</li> <li>• RLMCMH Nursing team</li> </ul>

**Primary and Acute care**

<b>Initiative</b>	<b>Purpose and Outcome</b>	<b>Partners</b>
COVID-19 preparedness	Preparing our community for COVID through: <ul style="list-style-type: none"> <li>• Establishment of Assessment Centre</li> <li>• Adding hospital beds</li> <li>• Initiating screening</li> <li>• Modifying visiting hours</li> <li>• Adding/adapting processes</li> <li>• Supporting staff redeployment to Northwood Lodge</li> <li>• Leading planning for Isolation Centre</li> <li>• Coordinating RLMCMH response to COVID-19 to achieve provincial and regional priorities and directives</li> </ul>	<ul style="list-style-type: none"> <li>• Ontario Health North (former LHIN)</li> <li>• Northwest Health Unit</li> <li>• All northwestern Ontario Hospitals</li> <li>• Ontario Hospital Association</li> <li>• Municipalities of Red Lake and Ear Falls</li> <li>• New Starts for Women</li> <li>• RL Area Emergency Shelter</li> <li>• RL Indian Friendship Centre</li> <li>• OPP</li> <li>• ONA, ONA-P, CUPE</li> </ul>
Physiotherapy service implementation	Providing inpatient and Long-term Care physiotherapy services	<ul style="list-style-type: none"> <li>• Thunder Bay Physiotherapist,</li> <li>• Northwood Lodge</li> </ul>
Laboratory services quality improvement	Supporting a regional approach to Laboratory services through shared services and practices	<ul style="list-style-type: none"> <li>• Kenora-Rainy River Laboratory program</li> </ul>
Chemotherapy services quality improvement	Provision of chemotherapy services, including mixing of chemo drugs	<ul style="list-style-type: none"> <li>• Dryden Regional Health Centre,</li> <li>• Thunder Bay Regional Health Centre (TBRHC)</li> </ul>
Best Practice Spotlight Organization implementation	Improving quality in five domains	<ul style="list-style-type: none"> <li>• Registered Nurses' Association of Ontario (RNAO)</li> </ul>
Regional Palliative Care quality improvement	Coordinating and organize community-wide initiatives relating to holistic palliative care to identify and support patients as early as possible	<ul style="list-style-type: none"> <li>• Red Lake and Ear Falls Family Health Teams</li> <li>• NW LHIN Home Care</li> <li>• KDSB Community Support Services</li> <li>• CMHA Older Adult Program</li> </ul>
TBRHC Regional VP recruitment	Collaborating to coordinate regional initiatives, including cybersecurity assessment and pharmacy initiatives	<ul style="list-style-type: none"> <li>• Ontario Health</li> <li>• TBRHC</li> <li>• All NW Ontario hospitals</li> </ul>

## Strategic Priority 4: Sustainability

### Partnership

As mentioned in the previous section, RLMCMH actively collaborated with healthcare and other partners to support local, regional and provincial healthcare system sustainability. Additional partnerships included:

- Partnering with Dryden Regional Health Centre (DRHC) and Thunder Bay Regional Health Centres (TBRHC), to enable chemotherapy medication mixing and nurse cross-training.
- Engaging in two pilot projects with TBRHC to grow accessibility to Psychiatry services through virtual care
- Partnering with DRHC to implement shared financial services
- Partnering with all NW Ontario hospitals to implement a shared Chief Information Officer role, to support systemic planning and efficiency in our interconnected Information Technology and Systems
- Partnering with our energy provider to foster continued efficiency in energy use

### Planning

We refreshed RLMCMH's strategic plan, including vision, values and mission with the input of nearly 100 Red Lake and Ear Falls community members. Our new 3-year strategic plan starts in the 2020-21 fiscal year.

RLMCMH has updated succession planning for all its key positions. We welcomed three new leaders. Sue LeBeau, our incoming Chief Executive Officer, arrived from the NE LHIN. Meghan Gilbert, our Chief Nursing Executive, transitioned from our Nurse Manager role. Their respective predecessors, Angela Bishop and Rebecca Ross, positioned them well for continued success in leading our Hospital's dedicated and caring Team. To enhance our emerging strategic priorities relating to recruitment, retention and staff support, we added a Human Resource and Communications role, held by Pearl Fleming.

## Strategic Priority 5: Infrastructure Renewal and Growth

RLMCMH received \$786,888 through the Hospital Infrastructure Renewal Fund to replace our hospital electrical panel, and enhance sprinklers in our Ambulance bay.

A further \$187,000 was received through the Small Hospital Transformation Fund. This funding supported the hire of a regional VP at the Thunder Bay Regional Health Centre to coordinate regional work relating to Pharmacy, Information Services, Pandemic Response and other shared priorities. It also supported penetration testing to evaluate the safety of our local and regional computer network, and the initiation of leadership development through the Huron Studer group.

RLMCMH also received \$50,000 from the NW LHIN (now Ontario Health) for the construction of a safe room in our Emergency Department. As illustrated in the photo, this space is safer for patients experiencing a mental health crisis, including those at risk of harming themselves or others



**BEFORE:** exposed cords, suspended ceiling, curtain rod and lights, breakable glass window, sharp corners on bed and chairs, potential projectiles



**After:** smooth walls and ceiling, flush lights, tempered glass, smooth corners on furniture and walls, ballasted safe furniture

We also upgraded our telephone system to voice over internet protocol (VOIP), which was a precursor to adding a staff duress system in the upcoming fiscal year.

Respectfully submitted by

Eleanor Vachon  
RLMCMH Board Chair

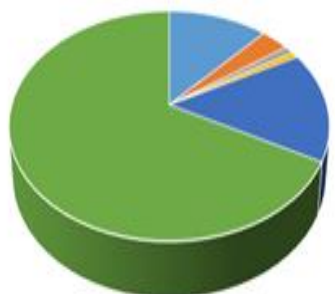
Sue LeBeau  
Chief Executive Officer

Meghan Gilbert  
Chief Nursing Executive

Dr. Andrew Gloster  
Chief of Staff

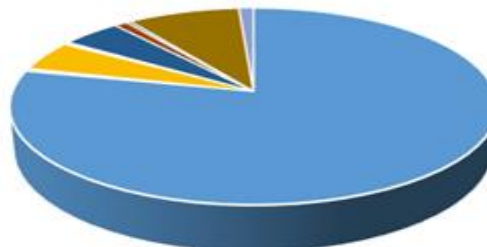
## Financial Report

### Assets - 2019/2020



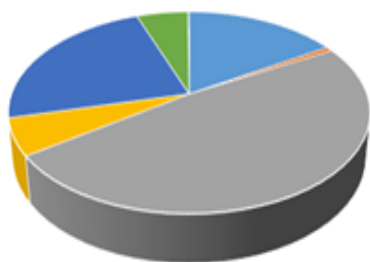
- Cash \$1,580,737 (12%)
- Accounts Receivable \$443,261 (3%)
- Inventories \$145,399 (1%)
- Prepaid Expenses \$115,720 (1%)
- Long Term Investments \$2,062,274 (16%)

### Revenues - 2019/2020



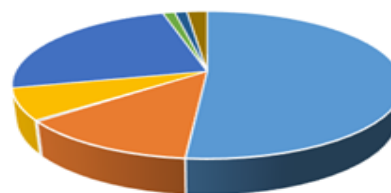
- MOHLTC-Base Funding \$7,045,951 (78%)
- MOHLTC-One-Time Funding \$27,003
- Visiting Specialists \$18,170
- Hospital On-Call Coverage \$441,560 (5%)
- Cancer Care Ontario \$18,882
- In-Patient \$22,793
- Out-Patient \$409,457 (5%)
- Co-Payment \$90,631 (1%)
- Differential \$32,050
- Recoveries \$772,699 (9%)
- Amortization of Grants \$100,970 (1%)

### Liabilities and Net Assets - 2019/2020



- Accounts Payable \$2,157,723 (16%)
- Deferred Contributions \$91,109 (1%)
- Deferred Capital Contributions \$6,435,025 (49%)
- Post-employment Benefits Liability \$780,900 (6%)
- Invested in Capital Assets \$3,078,920 (23%)
- Unrestricted Net Assets \$730,523 (6%)
- Accumulated Remeasurement Gains (\$17,399)

### Expenditures - 2019/2020



- Salaries & Wages \$4,461,203 (51%)
- Employee Benefits \$1,106,213 (13%)
- Employee Benefits Future costs \$26,800
- Medical Staff Remuneration \$594,094 (7%)
- Supplies and Other \$2,097,225 (24%)
- Drugs \$101,772 (1%)
- Medical and Surgical Supplies \$104,018 (1%)
- Bad Debts \$1,182
- Amortization of Equipment \$172,784 (2%)

## Foundation Report

2019-2020 was a very successful fundraising year. We spent the year raising money toward our \$500,000 commitment to the new X-ray equipment which will be due in 2021.

Our Golf Tournament was a success, netting over \$110,000. We expanded the Purse Auction by adding wreathes done by Gianna Braniff, and some art. This brought us a net amount of \$9,000. We received almost \$4,800 from Tim Horton's for the Smile Cookie Campaign.



With these fundraising endeavours this year we have about \$400,000 raised toward our \$500,000 commitment.

The success of our fundraising events are made possible through the continued support of our corporate sponsors, local businesses and residents, as well as through the commitment and hard work of our Directors and members. On behalf of the Red Lake Margaret Cochenour Hospital Foundation, I thank you all for your continued support.

Thank you  
Submitted by  
Ms. Audrey Blazek



## Auxiliary Report

Well another year has passed. As usual both North & South Unit had very successful years financially. South unit did a Canada Day, Ham & Bean supper, Tag Day & Fish Derby as their fundraising. North unit 's fund raising start off with a Tag Day in Red Lake & in the fall we do one in Balmertown. We held a very successful Spring Craft show, sale of Christmas cakes baked by Auxiliary members, Celebrity bagging. The North unit auxiliary runs two lotteries.....break open Nevada tickets & Catch the Ace. The latter just new and it was doing wonderfully until COVID-19 arrived. All our fundraising for both units came to a halt mid-March. We are not sure what is in store for us in respect to fundraising until COVID-19 ends.

Our North Unit is still running the Vending Machines at hospital, with the help of Lindsay Anaka.

We continue to look after the front flowerbed at the hospital but it has its challenging moments. There are sometimes more weeds than flowers! We have 15 flower boxes, one at each window on the west side of hospital. Maureen St. Vincent supplies the flowers for these boxes. We have one box at the oncology window as well. Cindy Moncrief and Barb Larkin plant them for us, and Auxiliary maintains them. It is a big job in the summer especially if it is hot. Take time to look by middle of summer; they are beautiful!

We thank all our volunteers in the North & South Unit. We are successful because of all our Volunteers.



Thank you  
Submitted by  
Elsie (Toots) Everley  
President- Main Guild