



Weeneebayko Area Health Authority

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Annual Report

FISCAL 2016 - 2017

Weeneebayko Area Health Authority

Tel (705) 658-4544

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Contents

Joint Message from Board Chair and CEO	1
Message from the Chief of Staff	2
Clinical Services	4
People	7
Information Technology	8
Paramedic Services	9
What Quality Means at WAHA	10
Financial Summary	11
Board and Executive	12
Company Information	14

Mission, Vision and Values

Mission

Weeneebayko Area Health Authority is a regional, community focused organization, committed to providing optimum healthcare as close to home as possible.

Vision

Weekeebyko Area Health Authority will distinguish itself as a provider of quality health services with a holistic approach that reflects the distinct needs of all peoples in the Weeneebayko region

Values

- Weekeebyko Area Health Authority (WAHA) is committed to promoting healthier lifestyles while continuing to improve the holistic, lifelong wellbeing of all peoples in the Weeneebayko area
- WAHA supports families and communities through health education, advocacy and Cree language services
- WAHA is committed to providing high-quality health services including a traditional healing program and cultural healing methods
- WAHA supports Western and Traditional approaches to medicine

Joint Message from Board Chair and CEO



Leo Loone
Board Chair

This has been an incredibly successful year for WAHA. For the first time in its short six year history, WAHA finished the fiscal year in a surplus position. This result is a very significant accomplishment.

As you know, we underwent significant scrutiny and investigation in our Operational Review and the WAHIFA review. The outcome was positive. Due to the unprecedented collaboration and cooperation of both the Provincial and Federal Governments, we received a \$5.75 million adjustment to our operating budget from the province, which will be received every year from now on, and we also received \$6.5 million from Health Canada to assist in paying down our debt. Negotiations are beginning with the Province to access the Working Capital Debt Relief fund to eliminate WAHA's accumulated working capital deficit. WAHA must continue to balance its budget this year and in successive years to receive the funds to erase our accumulated debt.



Bernie D. Schmidt
President & CEO

Working together, we will be able to achieve these goals with a stable financial platform to ensure WAHA's future sustainability and our success in meeting the healthcare needs of our communities in the Weeneebayko Region. We will now be in a much better position to achieve and meet the goals and objectives of the WAHIFA, as was envisioned in the creation of the Weeneebayko Area Health Authority.

The other significant milestone this past year was receiving an official Project Number, in November 2016, for our new Health Care Campus on the mainland and the new Health Centre on Moose Factory Island. The Minister of Finance announced our project in his Budget of April 2017 and in May 2017, the Premier visited the Island to further confirm her Government's commitment to our new Health Care Campus. Building on these successes will result in a state of the art Health Care environment for the people whom we serve.

As always, we are continually thankful and appreciative of the dedication, commitment and loyalty of all our personnel at WAHA and look forward to working with all of you to ensure another successful year ahead for WAHA.

Meegwetch



Gordon Green,
MD, CCFP, FCFP

Chief of Staff

Message from the Chief of Staff

At the time of the annual general report, we have the opportunity to look back over the past year. Significant improvements have been made in providing patient centred care as close to home as possible.

WAHA is considered fully staffed when we have 12 **Family Physicians** (FP's), full-time **surgery** coverage, and full-time **anesthesia**. Our surgeons and anesthesiologists work as a rotating group, working here for periods of variable length. These physicians provide 24 hour-a-day, 365 days-a-year, coverage. While there has been some change in the individual members of these groups, the provision of these services has been stable over the past year.

Over this past year, WAHA has had significant turnover in our Family Physicians. Of our 12 FP's, Dr's **Nicoara, Dahl, Jegen, Shoucri, Dorman, Hill,** and **Parsons** have moved on. They have all provided attentive care to those living along our coasts. WAHA has been fortunate in replacing them with skilled physicians, including Dr's **Gao, Innes, Leung, Winterburn, Thomas, Peltier,** and **Thompson**.

WAHA is a teaching hospital. We have strong relationships with the Medical Schools' of **Queen's University, NOSM, the University of Toronto,** and the **University of Ottawa**. We do accept **Residents** and **Medical Students** from the other medical schools in Ontario too. At any time, we have 6 to 8 Residents and Medical Students within WAHA. These "slots" are valued by the "learners". The learners' feedback consistently describes their time here as among their best experiences during their training. As much as our learners gain from their time here, our patients and our staff gain too. The learners bring information about the latest medical techniques being used in their respective hospitals, connections with their faculty which advances patient flow, and their enthusiasm. On their return to their medical school home, these learners educate their staff and colleagues about the difficulties that our limited resources and our remote geography create for our patients. These learners are a very important pool for future recruiting. **All our current physicians were exposed to the Coast during their training.** It is important that all of us continue to provide the energy to make this "the best rotation ever"!

WAHA has inherited an "acute care model". Our "**core services**" include **ER, OB,** and **Hospitalist**. WAHA also provides **primary** (out-patient) **care** in all our communities, when

staffing levels allow. Twelve FP's is not enough to provide our core services and to provide regular primary care. While our cores services are essential, **management of chronic illnesses** such as diabetes, high blood pressure, mental illness, alcoholism and substance abuse requires an **addition of at least 4 more FP's**. This will allow regular primary care clinics in all our communities and improve the potential to control health issues while they are at their most manageable stages.

WAHA is working to expand the **Mental Health** resources available for those in need. Prevention, improved access, and more effective use of resources are our goals. A great deal of work over the last year has improved the links between the many agencies that provide services within our communities. **Timmins and District Hospital, Health Sciences North** in **Sudbury**, the **Sault Area Hospital** in **Sault Ste. Marie** and the **North Bay Regional Health Center** are working together to manage their mental health resources and provide prompt care for those in need. Effective treatment that is as close to home as possible is our objective.

Clinical Services

WAHA smoking Cessation Program

A major project that was started this fiscal year is the partnership between Weeneebayko Area Health Authority (WAHA) and the Ottawa Model for Smoking Cessation (OMSC). This is a validated evidence-based smoking cessation program that has been implemented in over 350 health care sites across Canada. The OMSC does not view smoking as a “habit” or a change that is made easily. It is seen as an addiction that requires: identification as the patient comes to our facilities, documentation of patient smoking status, strategic advice and encouragement regarding how to quit, suggested pharmacotherapy, and extensive follow up. We share the same views with the OMSC in relation to smoking and believe this program will help decrease the high smoking prevalence rate in our James Bay communities. The estimated rate in Moose Factory is 33.8% which was based on manually obtained surveys completed in March of this year. This project will coincide well with new “Smoke-Free Hospital grounds” legislation that will be implemented across Ontario in 2018. The six step implementation process of this program was started on September 1st 2016.

We have chosen to adopt a “Specialist Approach” to the implementation. This means every patient who enters WGH, both as an inpatient or an outpatient, will be asked a series of questions related to the use of tobacco products for non-ceremonial reasons. From there, depending on their answers and interest to cut back or quit smoking our trained smoking cessation specialists, Rachele Espinosa and Robert Tenneriello will be flagged to provide suggested treatment and smoking cessation education. We are excited to go live with this smoking cessation program at our WGH site, 2016/2017 involved extensive planning with both IT and nursing departments to ensure this year’s go live is a success.

Another exciting development in the Clinical Services portfolio was Caitlyn Wesley’s graduation from the Ultrasonography program in January. Caitlyn started full time with WAHA immediately after completing her program by attending orientation in the Timmins Diagnostic Imaging Department. Caitlyn has been on site providing 5 days/week of both scheduled and urgent Ultrasound service since early February. This new service is truly a reflection of our commitment to support local students to advance their education as well as contributing to WAHA’s mandate of providing care closer to home. Also within in the theme of diagnostic imaging, we had a very successful Mammography year by exceeding Cancer Care Ontario’s breast screening target for women over age 50 in the region. Although our

locally trained Mammography technologist resigned in 2016 we were still able to exceed this target by bringing our well-known partner from Timmins to perform the testing here in Moose Factory.

The WAHA discharge planning department has undergone some changes in the past year. One of the major challenges was implementing a centralized point of contact for discharge planning in the James Bay region. The discharge planning team has worked diligently with many agencies in the North East LHIN to establish a relationship that has created a two-way communication process. This has facilitated the utilization of electronic medical records which has expedited information sharing amongst all health care providers and supported comprehensive discharge instructions for all patients and family members. This physical centralization in Moose Factory has enabled WAHA to support these patients by providing care closer to home.

This past year has been an amazing journey between WAHA's and Health Sciences North (HSN) in Sudbury. What started as a staff sharing agreement in June of 2016 has grown into an amazing partnership. WAHA and HSN started discussions regarding a more sustainable model for staff sharing in November 2016. The outcome is the recent ministry submission requesting support for a Northern Outreach Team of nurses who would be hired by HSN to specifically work longer periods in Attawapiskat including 3 and 6-month contracts with additional benefits for those who commit to a year.

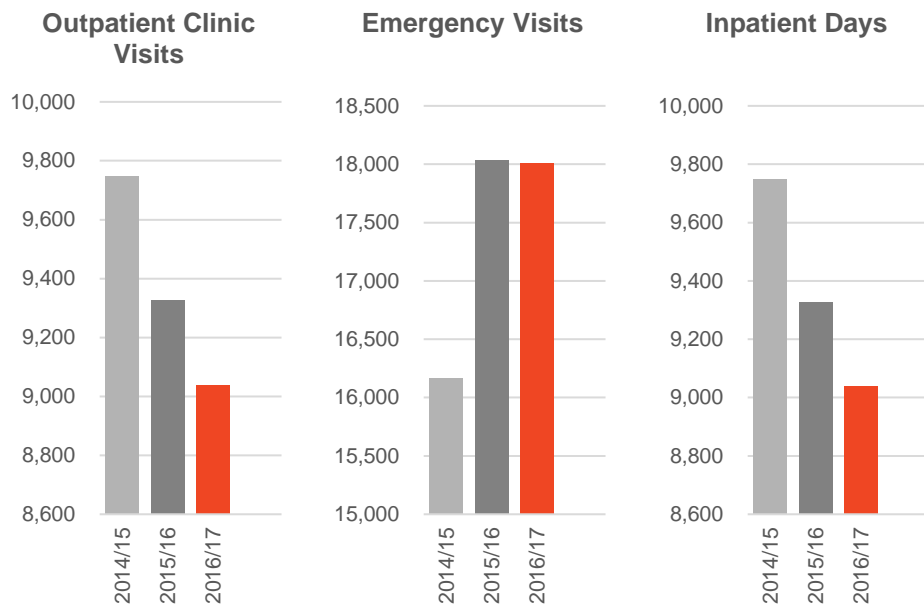
The Emergency Medical Assistant Team (EMAT) came to Moose Factory in February as follow up to their Attawapiskat State of Emergency Response. As part of their final report, they provided informal recommendations that included training on the Incident Management System (IMS). This 3-day training was provided at no charge in Moose Factory for all middle and senior management staff. The program included interactive simulations allowing the team to gain comfort in the different leadership roles required to oversee a potential incident that could occur in any of our northern communities. WAHA continues to engage with EMAT with the goal of developing a more formal relationship to support our Emergency Preparedness activities as well as policy creation to meet Occupational Health and Accreditation standards.

Another accomplishment achieved in the 2016-2017 fiscal year was the education department supporting a couple of front line staff to achieve Advanced Care Life Support (ACLS) and Neonatal Resuscitation Program (NRP) instructor status. Historically contractors had to be brought in to provide this mandatory training to all physician, nursing

and paramedic staff. We also now have Basic Life Support (BLS) instructors at all sites which will also assist in maintaining competency for all staff.



Elaine Jeffries cooking goose in the WAHA Teepee for Nurses Week Celebrations



People

We are excited to welcome our new team members and especially the new RN graduates who have joined WAHA under the provincial New Graduate Initiative program. This is proving to be a valuable program for both WAHA and the new graduates and allows them a complete orientation to WAHA and the nursing service requirements of the unit(s) they are placed in.

Our partnership with Health Sciences North (HSN) in providing additional nursing and crisis social work services is also very valuable and we look forward to continuing to work with HSN to strengthen our patient care services.

Critical to our recruitment success will be our ability to attract and retain local candidates. In partnership with local high schools WAHA provides students with work experience to stimulate interest in healthcare as they identifying career and educational goals. Results of this initiative are encouraging and it is anticipated that demand for these co-op and volunteer programs will grow over the next year. Coinciding with this initiative are efforts with Colleges and Universities and other partners and expanding on the preceptorship programs in place to facilitate students in their health care placements.

Labour Relations

With the expiry of Collective Agreements in March 2016/2019, WAHA is engaged in negotiations for renewed Agreements. We continue to work with our union partners to strengthen our relationships and work together to resolve issues. We recognize the importance of good labour relations and this remains a priority for us.

Occupational Health and Safety

WAHA's Joint Occupational Health and Safety Committees are actively engaged in ensuring our workplace is healthy and safe, recognizing the collective responsibility we have in achieving this. Training is key and along with our Workplace Violence Prevention training, Harassment training and Non-Violent Crisis Intervention training, we provide, through our structured Staff Orientation Program, a solid foundation for employees beginning their careers with WAHA. Mandatory training is provided and the staff is actively engaged in the training modules. A special thank you is extended to our various committee members and instructors who are providing these valuable tools to all employees.

Information Technology

IT continues to support front line medical staff through the deployment and enhancement of information systems and technology. This is demonstrated through many initiatives with new such as the Community Wide scheduling module with a successful Go-Live for the speciality clinics. Currently, we are working with DI as the next department to take advantage of this patient scheduling tool with OR to follow in this coming fiscal year. In support of the smoking cessation program, IT had worked with HSN to develop an interface to electronically submit captured data to the (Ottawa Hospital) OSMC team to allow for patient follow-up and reporting. Our Meditech system is also electronically submitting data to a Syndromic Surveillance (electronic surveillance systems) for the collection/analysis of patient data based on disease symptoms (chief complaints), rather than disease diagnosis. This is based at and supported by (Kingston) KFL&A Public Health and Funded by MOH LTC.

IT has also repatriated several services that were being provided by HSN resulting in a cost reduction and improve some workflow efficiencies using our internal resources. WAHA will be managing the creation of all Meditech user and provider accounts, vendor accounts and materials management items.

Over this past year WAHA, IT has been supporting significant initiatives throughout the organization. With the OR team, we have successfully met all deadlines from Cancer Care Ontario for the submission of GI endoscopic procedures using their portal for electronic submissions. This will allow Cancer Care Ontario to monitor and create reports as to the provincial Quality Based Procedures (QBP) funding model for hospitals. In supporting QBP, IT has also been involved with the implementation and ongoing support for electronic patient order sets with physicians and nursing. With funding support from the province and the NELHIN, we have been working with the regional Clinical Services Review group towards standardized regional QBP order sets. QBPs increase adoption of best clinical evidence-informed practices and reduce variation in practices while improving patient outcomes. The Provincial Digital QBP Order Sets Program will accelerate implementation of QBPs at the point of care across the province.

Paramedic Services

The Paramedic Service has replaced 15 Paramedics in the 12 months between April 1, 2016, and April 1, 2017, which is roughly 25%. We have recruited in a fashion that allows successful waitlisted candidates during our annual hiring to be offered employment throughout the year without having to recruit again which saves considerable time and money. The next recruitment is scheduled for November of 2017.

During the year, the Paramedic Service responded to 5,189 calls and has marked 71,787 kilometres in Ambulance vehicles. In 2016 the Marine Transfer Unit was assigned the Primary Provider role in the transport of patients across the river and transported 428 patients between May 18, 2016, and November 19th, 2016.

Operational plans for 2017 include continued operation of the Marine Transport Unit as a Primary Service for patient transport to and from the hospital between May and October 30, 2017. We have petitioned the MoH Emergency Services Branch to provide funding for a redundant vessel to ensure continuity of service and expect to hear soon about that. Stakeholder reporting on the Marine Transport Unit is provided monthly and the 2016 season reported 99.01% availability and a redundant vessel will ensure 100% availability. We are also hoping to expand our role with a community para-medicine project which may result in improving a community partnership in regards to health and wellness to the residents of the communities we serve. Providing at home monitoring of vital signs when required and wellness checks for residents with limited access or mobility restrictions. With several models currently operating in the province, we are seeking one that suits both our capability and the community needs.

Our EPCR software (Electronic Patient Care Record) allows for consistent monitoring of patient care and we have evaluated 100% of the call reports for 2016-17. Every paramedic has received evaluations both for excellence in care and documentation and encouragement for improvements. We remain committed to providing excellent pre-hospital care to all residents of the communities in the region.



What Quality Means at WAHA

WAHA is committed to ensuring that the health authority fulfils its obligation to deliver high-quality standards in every aspect of health care that engages patients, community members, allied partners and Weeneebayko staff. The quality framework systematically assesses, evaluates and improves the structures, processes and outcomes related to activities in care and services. WAHA embraces both western and traditional approaches to medicine.

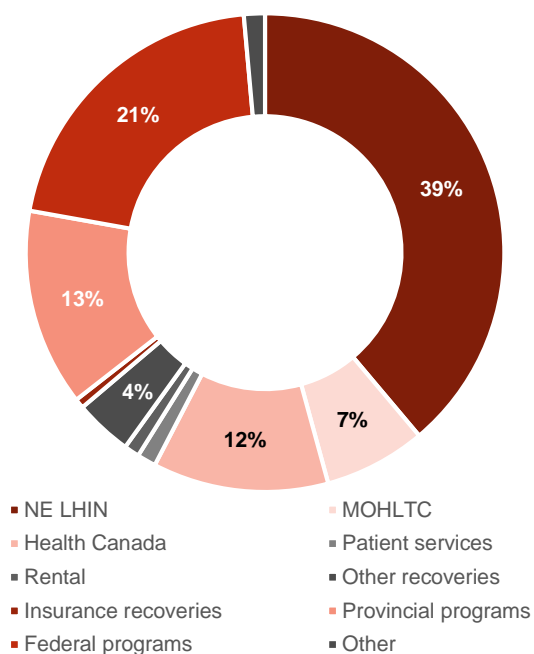
Every year WAHA sets goals to further improve the quality and safety of our care to patients. These goals are submitted yearly in a Quality Improvement Plan to Health Quality Ontario and posted on waha.ca.

Quality Indicators

Quality Measure	2016-2017 Goal	2016-2017 Result	Comments
C-Difficile Cases	0	0	No reported cases of CDI
Falls Prevention	0% of Complex Continuing Care (CCC) inpatients with falls	0.2%	2 CCC patient falls reported in Fort Albany
Surgical Safety Checklist	98.47%	91.04%	A new process was put in place and compliance improved greatly over the course of the year
Emergency Department Wait Times	8.4 Hours	14.4 Hours	Goal for future years to be revised based on new findings, 14.4 hours improved from 2015-2016 performance of 15.7 hours
Hand Hygiene Performance Before and After Patient Contact Combined	87.51%	78%	WAHA's overall hand hygiene performance improved to 78% from last year's 64%
Medication Reconciliation	80%	58.64%	Health care staff are working on a process to improve performance

Financial Summary

Revenue



Year ended March 31, 2017

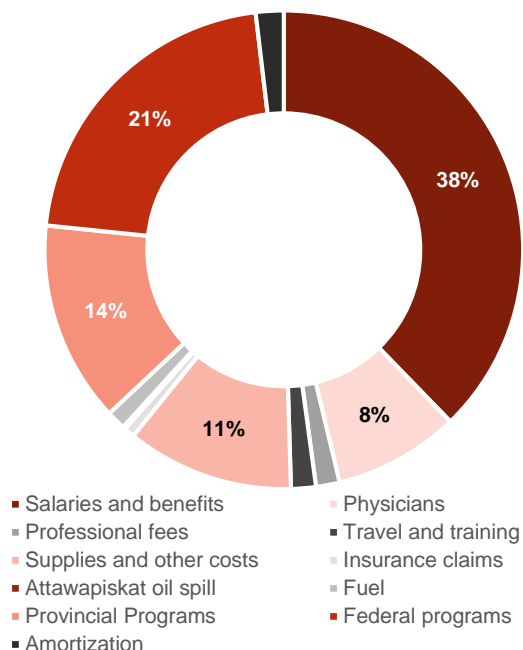
with comparative information (\$thousands)

	2017	2016
REVENUE		
NE LHIN	29,443,165	27,397,762
MOHLTC	5,216,179	8,110,707
Health Canada	9,000,000	9,000,000
Patient services	964,440	1,136,753
Rental	783,776	732,428
Other recoveries	2,946,567	2,632,199
Insurance recoveries	488,619	315,579
Provincial programs	10,113,709	9,392,857
Federal programs	15,736,048	15,203,235
Other	1,076,273	1,024,640
Total Revenue	75,768,776	74,946,170

EXPENSE

Salaries and benefits	28,084,688	27,501,106
Physicians	6,327,376	6,386,420
Professional fees	1,187,299	1,121,219
Travel and training	1,250,224	1,136,745
Supplies and other costs	8,410,952	8,649,502
Insurance claims	534,679	321,530
Attawapiskat oil spill	129,065	3,338,266
Fuel	967,182	1,297,591
Provincial Programs	10,123,951	9,430,437
Federal programs	15,985,530	15,505,921
Amortization	1,403,973	1,562,038
Total Expense	74,404,919	76,250,775

Expense



Excess (deficiency) of revenue over expenses	1,363,857	(1,304,605)
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Acknowledgements

WAHA is grateful for the support of our donors and funders.

- North East Local Health Integration Network
- Ministry of Health and Long Term Care
- Ministry of Community and Social Services
- Province of Ontario
- Health Canada

Board and Executive

Board Members

Member	Position	Representing
Leo Loone	Chair	Fort Albany First Nation
Mike Wabano	Vice Chair	Weenusk First Nation
George Small Jr.	Treasurer	MoCreebec Council of the Cree Nation
<i>Bernie D. Schmidt</i>	<i>Ex-Officio</i>	<i>WAHA – President & CEO</i>
Dorothy Wynne	Member	MoCreebec Council of the Cree Nation
Shannon MacGillivray	Member	Town of Moosonee
Rick Wabano	Member	Town of Moosonee
Gisele Kataquapit	Member	Fort Albany First Nation
Mike Okimaw	Member	Attawapiskat First Nation
Christine Koostachin	Member	Attawapiskat First Nation
<i>Sophia Lazarus</i>	<i>Member</i>	<i>Kashechewan First Nation</i>
<i>Josephine Williams</i>	<i>Member</i>	<i>Kashechewan First Nation</i>
Luke Gull	Member	Weenusk First Nation
<i>Deborah Hill</i>	<i>Ex-Officio</i>	<i>WAHA – VP, Patient Care/CNE</i>
<i>Gordon Green</i>	<i>Ex-Officio</i>	<i>WAHA – Chief of Staff</i>
<i>Dr. Zahra Jaffer</i>	<i>Ex-Officio</i>	<i>WAHA – President of Medical Staff</i>
Jean Wesley	Observer	Moose Cree First Nation
Joe Cheechoo	Observer	Moose Cree First Nation

Executive Team

Member	Position
Bernie D. Schmidt	President and CEO
Gordon Green	Chief of Staff
Scott Powell	Vice President, Corporate Services and CFO
Deborah Hill	Vice President, Patient Care and CNE
Paul Gray	Vice President, Support Services
Kelly Rueben	Vice President, Human Resources
Caroline Lidstone-jones	Chief Quality Officer
Greg Spence	Director of Community Relations
Jeannette Cheechoo	Executive Assistant/ Board Liaison

Company Information

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