

# ANNUAL REPORT



Weeneebayko Area Health Authority

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**WEENEEBAYKO**  
AREA HEALTH AUTHORITY

FISCAL 2015-2016

# Mission Statement

WAHA is a regional, community-focused organization committed to providing optimum health care as close to home as possible.

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## Happy Birthday WAHA

On October 1, 2015, Weeneebayko Area Health Authority turned 5 years old and it certainly has been an interesting transition period. A lot has been accomplished over this short period of time and this was documented in the Evaluation Review conducted by Ference and Company. A special thanks to staff and communities for their support over the past five years.

# Joint Message from the Board Chair and Chief Executive Officer

This has been another very busy year for WAHA and we are extremely proud of our staff who have made it possible to work through this year, achieve many successes and most importantly to ensure safe, quality care is being provided to the patients whom we serve.

The oil spill remediation work continues in Attawapiskat and we are working with the Ministry of Health and the Attawapiskat First Nation to successfully conclude stage 1 of the project. We hope to begin the Planning phase for Stage 2 before the year is out.

We continue to aggressively move forward on our capital planning process for the new Hospital Campus. Functional Programming is almost complete and we will be able to submit these stages of documentation, by the early fall. Many staff have been involved with our consultants in this stage of our work and we are truly appreciative of everyone's commitment to make this vision a reality. Minister Hoskins made a public commitment to our planning process and we are awaiting the details and funding support to continue on with this very important project. The Right Honourable Jane Philpott has also sent a letter confirming her Government's support to our capital project and working with her Provincial Partners to ensure WAHA's fiscal stability and sustainability for the future.

We underwent two very extensive reviews by third party experts in the healthcare field. The Operational Review was conducted by the Hay Group and the WAHIFA review was conducted by the Ference Group. Both final reports can be found on the WAHA website. Recommendations from both reports have been forwarded to both levels of Government and have been reviewed extensively over the past couple of months. The Special Advisor to the Provincial Minister of Health visited Moose Factory and Moosonee for a week in June. He was also able to travel to Attawapiskat and Fort Albany. I know his time here left a positive impression and this will be reflected in his report and suggestions to the Minister. We are awaiting the outcome of the Provincial/Federal discussions and we are optimistic that we will receive the necessary resources to satisfy our financial issues and ensure a solid, sustainable financial platform that we can operate from into the future. In accordance with the WAHIFA review the Board of Directors is also proposing the addition of Advisory Committees to the Board, comprised of Chiefs, Mayor, Health Directors and Community members to provide suggestions, advice and assistance to the Board in fulfilling its mandate as envisioned in WAHIFA.

The significant work that was undertaken in the business year just passed will put WAHA on a very solid financial footing and better positioned to meet the goals and objectives of WAHIFA to ensure that we continue to meet the health care needs of the people whom we serve. Ultimately building on these successes will result in a state of the art environment for the provision of healthcare services and programs for all people in the Weeneebayko Region.

Once again, we are very thankful for the commitment, dedication and loyalty of our staff and physicians to ensure that we can be as successful as possible in achieving our strategic goals and objectives for the people whom we serve.

Meegwetch.



Leo Loone and Bernie D. Schmidt

## Message from the Chief of Staff

WAHA's Family physicians provide hospitalist, obstetric, emergency medicine, and primary care. When fully staffed, WAHA has 12 FTE Family Physicians (FP's). From April 1, 2015 to March 30, 2016, WAHA has been fully staffed with FP's. It has become obvious that 12 FP's is not adequate to provide these acute care services, along with a needed increase in Primary Care in each of our communities. Enhanced primary care will be needed to improve the public health measures along the Coast. With frequent staff turnover, ongoing recruiting of physicians and locums (vacation relief) remains a high priority.

WGH has 24 hour-a-day coverage with Anaesthesia and General Surgery. This includes C-Section capability. These services are provided by locum physicians. We have been fortunate to have stable staffing over the past few years. Dr. John Kraulis, a surgeon who provided surgical leadership for almost 20 years, retired in June, 2015. This is a loss for WAHA. Attracting general surgeons who are also able to perform C-Sections is increasingly difficult. WAHA has been fortunate to have had full coverage over the last year. In the future, this may be increasingly difficult to do.

WAHA holds multiple Specialty Clinics throughout the year. These specialty clinics at WGH are staffed by consultants, most of whom have an affiliation with Queen's University School of Medicine. Clinics have included: Cardiology; Echocardiography; Neurology; ENT; Audiology; OB/Gyne; Colposcopy; Paediatrics; Developmental Paediatrics; EMG; Prosthetics; and Psychiatry. Some clinics have been difficult to schedule due to short supply of some specialists, such as Rheumatology, Orthopaedics and Plastic Surgery.

The use of Ontario Telemedicine Network (OTN) for video assessments of patients has increased dramatically over the past year. This allows WAHA's professionals, including physicians, therapists, dieticians, etc. in one community, to manage patients in our other communities. WAHA has also been growing our OTN Specialty Clinics, particularly in Dermatology and Psychiatry.

The Attawapiskat Hospital, which had closed due to a heating oil spill, was reopened in December 2015. This allowed the Long Term Care (LTC) residents who had been moved to return home to their community for Christmas 2015.

WAHA's has two Electronic Medical Records (EMR's). Meditech covers all hospital areas. Practice Solutions Suite (PSS), is our primary patient record. All the nurses have access to Meditech and to PSS. Access to Meditech and PSS by our physicians in the Health Canada Nursing stations of Kashechewan and Peawanuck has slowly improved. We are working toward full access for the Health Canada nurses.

I thank you for your kind attention.



Gordon Green, M.D., C.C.F.P., F.C.F.P.  
Chief of Staff,

# A GLIMPSE AT WHAT WE HAVE BEEN UP TO THIS YEAR

## **Kashechewan Emergency Dermatology Crisis**

In March 2016, images of 2 children from the First Nation's community of Kashechewan were posted on Facebook by their family members. These images showed concerning skin lesions and resulted in their separate transfers to hospitals in Moose Factory and in Timmins for further evaluation and treatment. Concerns were also raised about up to 17 other children who were reported to have significant skin conditions. An Emergency Medical team of 3 WAHA Physicians travelled immediately to Kashechewan. With the assistance of Chief Friday, the Band Council, the Kashechewan Band Health Director, and staff of the Kashechewan Health Services, 34 individuals were identified with skin conditions. All these individuals were seen in their homes by the Medical Team. A further 18 people self-identified themselves and were seen in the Kashechewan Health Center. None of those seen required medical evacuation or an emergency dermatology consultation.

The Emergency Medical Team concluded that "There is no dermatologic crisis in Kashechewan. Follow up of all uncontrolled skin problems is important." "There is an ongoing Medical Crisis in Kashechewan and in all the James and Hudson's Bay communities. This ongoing Medical Crisis is related to access to medical services. Canadians would not, and should not accept the access to health care that those in these remote communities live with on a daily basis. Access to nurses and the support services to keep the frail and elderly in their homes and in their communities is inadequate. Physician availability in these communities is limited. Increased Nursing and Physician resources are needed. Any care beyond primary care is provided away from the home community. The management of the ongoing chronic health issues within these communities, in particular Type 2 Diabetes Mellitus and its complications, and Mental Health, is inadequate and requires enhanced resources. Improved resources for children are essential. These resources include housing, access to health care, parental supports, education, access to a library, and Child Protective Services. Unhealthy children will struggle to grow and become healthy adults."

## **Attawapiskat Mental Health Crisis**

An unfortunate event happened in Attawapiskat near the end of the fiscal year but it provided WAHA with the opportunity to build new partnerships as well as heighten the awareness regarding mental health gaps and barriers at all levels of government. The Attawapiskat First Nation declared a State of Emergency due to an overwhelming number of suicide attempts. Since the fall of 2015, there had been a growing number of suicide attempts/ideations in the community. The Emergency Medical Assistance Team (EMAT) responded quickly and efficiently providing community support as well as respite for a very overburdened team of nurses in Attawapiskat.

Through this experience, WAHA has built new relationships with the EMAT, the Ministry of Children and Youth Services, ORNGE, Payukotayno, the Attawapiskat First Nations, Health Canada, Nishnawbe Aski Nation, the NE LHIN and a new partnership with Health Sciences North. Frontline providers from all agencies have come together with a client focused approach and WAHA's discharge team has developed a process to connect to the external referral agencies to ensure a consistent discharge practice. This helped close the gap and improve the continuity of care. WAHA leadership has made special efforts in continuing to build a productive and respectful relationship with multiple community agencies.

WAHA continues to strategize and collaborate with these partners to ensure transitional coverage until the funders determine a more sustainable resource allocation. WAHA has a new Director of Patient Care, Stephanie Knutson who participates in many of the community engagements and is working closely with WAHA leadership and partners in developing a sustainable plan for this community

## Our Patients:

### Geriatric Specialists continue their Work in the North

Once again, geriatricians flew up from Toronto and Sudbury to join forces with the NE Specialist Geriatrics Services. WAHA and Peetabeck Health held a follow up clinic in Ft Albany in September 2015.

This is the 3rd clinic of its kind to be held in James Bay Area with the purpose of providing continuity of care for our Elders with the Geriatricians and their team. Twenty elders were seen at this clinic. Dr. Sinha was able to discuss with the Peetabeck community nurses the progress of his patients who were not reviewed at this clinic but were seen at a previous clinic. The NE LHIN is funding these geriatric clinics.



### Re-Opening of the Moosonee Health Centre

WAHA proudly re-opened the newly renovated Moosonee Health Centre (MHC). The clinic was closed as a result of a fire which occurred in December 2012. Medical treatment services were moved to the Moosonee curling rink shortly after the fire. WAHA and the Ministry of Health and Long Term Care worked collaboratively to renovate MHC. The clinic re-opened officially on July 17th to provide medical services.

John McIntosh, Acting Director of Patient Care of MHC expressed thanks for the commitment of the MHC for making it work. Paul Gray, VP of Support Services remarked on the co-operation and hard work of the contractors and the help of the insurance company in financing the restoration. Bernie D. Schmidt thanked the residents of Moosonee for their support.



### Attawapiskat Oil Spill Remediation

The Attawapiskat hospital was closed as a result of an oil spill which was discovered at the end of November, 2014. Over the past year, a significant amount of work was done to remediate the oil spill around the hospital. WAHA spent over \$5 million cleaning up the oil spill. The Attawapiskat Hospital re-opened in December to provide urgent walk-in medical services. Inpatients that were temporarily staying at Ft. Albany and WGH returned to the Attawapiskat Hospital just in time to celebrate Christmas with their community.



# Celebrating Our People:

## Recruitment and Retention

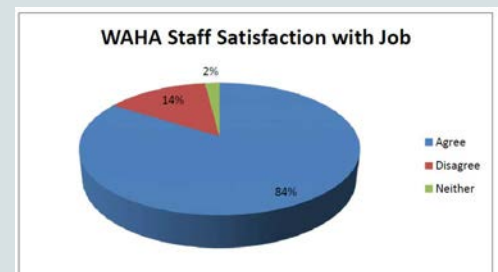
WAHA is committed to recruiting and retaining staff that are qualified and committed to the work that they do in all sites. With continued concentrated efforts, we have been very fortunate over the past year to recruit nursing staff into all vacant positions across the organization. Retention is important and we are working with the staff and our union partners to ensure orientation and training are supported and that staff is integrating well into their respective worksites. WAHA celebrated its fifth year of existence and WAHA began to recognize our employees that have been with us over time through service awards. Another area that we continue to focus on with respect to training is cultural competency. This is a priority for WAHA and the program continues to evolve. We will be looking to facilitate this program, along with our full orientation program on-line so that employees coming to WAHA will have this training on commencement of employment. WAHA continues to develop and build on relationships and partnerships with our local high schools to provide students the opportunity to experience work placements in a health care setting as they are identifying their career goals. We have expanded this program and are encouraged by the response from other communities and anticipate that the co-op and volunteer programs through the high schools will grow over the next year. We are building new relationships with Colleges and Universities, expanding on the preceptorship programs in place to facilitate students in their health care placements. Nursing students have historically sought placements in WAHA and this is expanding to other health disciplines. We continue to focus on the Trades, knowing that these skills are critical to managing WAHA's infrastructure.



Presenting Employee Recognition Awards

## Labour Relations

With the expiry of both Collective Agreements in March 2016, WAHA is entering into negotiations for renewed Agreements in the fall. We continue to work with our Union partners to strengthen our relationship and work collectively to resolve issues and appreciate the efforts of all parties to work together. WAHA also conducted a staff satisfaction survey at the end of 2015.



WAHA Staff Satisfaction Survey F2015-16

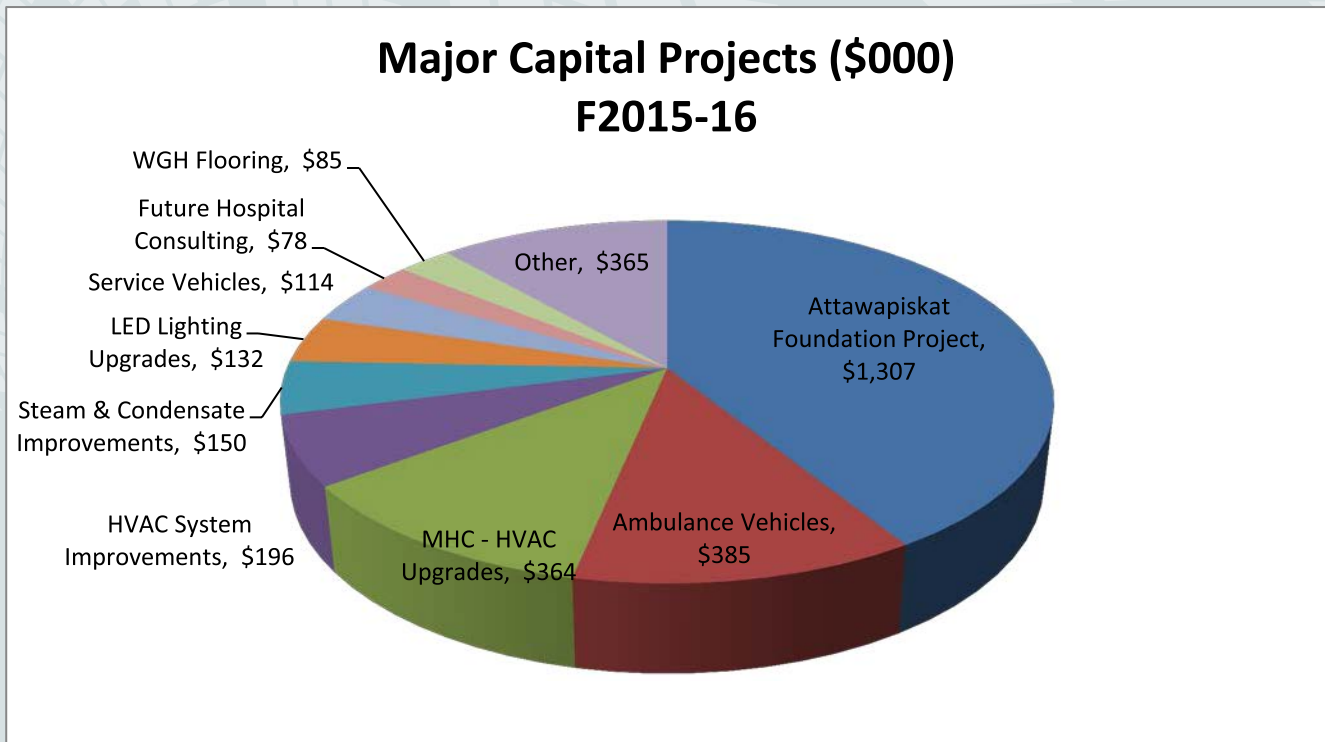
## Occupational Health and Safety

Through the work of WAHA's Joint Occupational Health and Safety Committees we continue to address workplace health and safety issues, focusing on training for staff to provide them the tools to work safely in their work areas and ensure that they have the required mandatory training. Workplace Violence Prevention training is our mandate this year along with the required Accessibility training. This continues to be a work in progress and will form part of our Orientation program going forward. Strengthening the role of the health and safety committees is a priority and will be the focus of activity for the upcoming year.

# Facilities and Equipment:

## Facilities

WAHA was working on several capital projects and facility improvements for our sites. WAHA would like to thank Health Canada, the Province, the Ministry of Health and Long Term Care (MOHLTC) and the NE LHIN for their funding allowing us to complete these projects.



## Information Technology

WAHA IT has had a busy and productive year that including moving back to the Moosonee Health Centre after extensive renovations. IT completed the installation of the networking system, installation of a new phone system and all computer related equipment. In addition IT also had to ensure all computer systems were functional at the Attawapiskat Hospital as it resumed full service after the closure there.

We have successfully implemented a new software assessment tool for long term patients or RAI at both Fort Albany and Attawapiskat. This will allow nursing staff to conduct electronic assessments on long term care patients and meet the MOHLTC reporting requirement for Complex Continuing care. We are also continuing with the expansion of the Meditech module called Community Wide Scheduling to other clinics and departments in Moose Factory. The CWS module will streamline the process for scheduling patient appointments and reduce scheduling errors and missed appointments.

IT supported many software upgrades that were required in other departments this year such as the dietary software program with an interface to Meditech to avoid duplication of entering patient information. The laboratory also required IT support to upgrade a critical system replacing outdated glucose meters and moving to an upgraded 'vendor neutral' data management system.

One of our major projects this year is with Health Canada who is implementing a project to provide EMR software for their Nursing stations. We had submitted a proposal to have WAHA host our current EMR for physicians (PS Suite) for Peawanuck and Kashechewan. A data sharing agreement was drafted to address privacy concerns of health information as to the Personal Health Information Protection Act. All computer equipment to support this initiative has been ordered and delivered. We look forward to the New Year to have these installed, configured and networked so we can take advantage of a complete electronic medical record for patients in these communities realizing the clinical benefits.

WAHA IT is actively involved with Connecting Northern and Eastern Ontario (4 LHIN) Cluster project. This Project is planning for a provider portal, clinical document repository and integration system for the four LHINs. Through the cNEO Integration Services Initiative we have completed the Hospital Profile and Privacy and Security assessments. We will continue to work with cNEO on pre planning documentation as a HIC and contributor to eHealth Ontario assets and supporting provincial network connectivity infrastructure. We have also been involved with Ontario MD (OMD) which has several projects in a pilot phase to be expanded on regionally.

This is not a comprehensive list of projects the IT is involved with as we also continue to support over 450 users, 250 computers, and 90 printers in addition to our server and networking and phone systems over multiple sites. Another successful and eventful year as we look forward to continued success and providing these critical services to WAHA and our communities.

## Ambulance Services

Over the last 40 years, the James Bay Ambulance Service (JBAS) has advanced with new delivery models and has kept current with provincial standards, training and technology. As a result to better reflect the service delivery and enhanced training and skill levels, the name of JBAS is being retired and will now be called Weeneebayko Area Health Authority Paramedic Service.

## NIHB – Medical Travel:

WAHA manages the local transportation (ground, boat and helicopter), the two Hostels at Moosonee and Timmins and the Charter Air Service. In F2015-16, Air Creebec retired its smaller Beachcraft aircraft and in September 2015 WAHA began to utilize the larger Dash 8 for air transportation. The Dash 8 holds 37 passengers and it utilized 3 days a week allowing for increased patient travel. A washroom is available and snack and juice drinks are provided to all passengers enroute to Kingston and/or Moosonee. Close to 12 thousand travel warrants were issued in F2015-16.

Close to 6 thousand patients and escorts stayed at one of the hostels over the past year. A customer survey was conducted at the end of F2015-16 and over 70% rated their stay as either excellent or good.

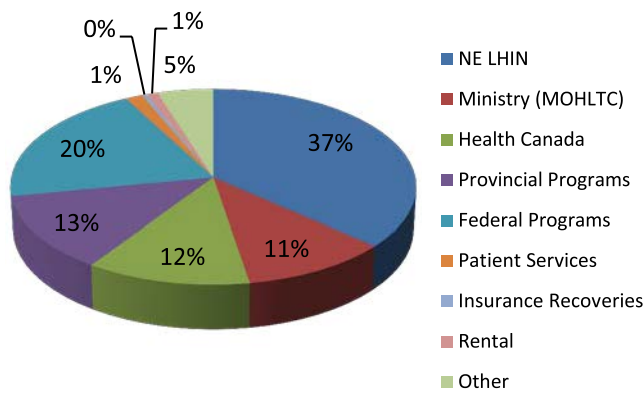
WAHA purchased two replacement vans for our clients. Both provided for better access for the disabled..

# ACCOUNTABILITY

## Summary of Operating Results

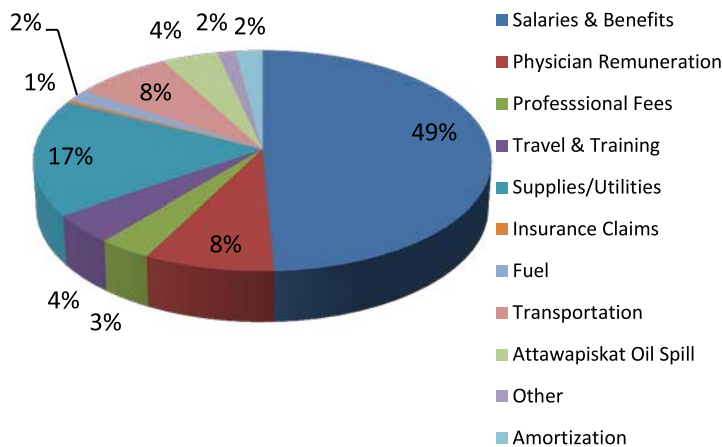
WAHA continues to face financial challenges, although it has been addressing them through a hospital improvement plan which has helped to continue to reduce the overall annual deficit compared to prior years. Below are the highlights of WAHA financial results (in \$ thousands) for F2015-16. The detailed financial results can be found on the WAHA web-site.

### Source of Funding



Revenue (\$000)	F15-16	F14-15
NELHIN	\$27,398	\$23,042
Ministry (MOHLTC)	\$ 8,111	\$ 5,928
Health Canada	\$ 9,000	\$12,000
Provincial Programs	\$ 9,393	\$ 9,610
Federal Programs	\$15,203	\$13,600
Patient Service	\$ 1,137	\$ 1,193
Insurance Recoveries	\$ 316	\$ 704
Rental	\$ 732	\$ 829
Other	\$ 3,656	\$3,166
<b>TOTAL</b>	<b>\$74,946</b>	<b>\$70,072</b>

### Expense by Object



Expenses (\$000)	F15-16	F14-15
Salaries & Benefits	\$37,562	\$38,832
Physicians	\$ 6,386	\$ 6,098
Professional Fees	\$ 2,586	\$ 2,361
Travel & Training	\$ 3,303	\$ 7,866
Supplies/Utilities	\$13,000	\$12,109
Insurance Claims	\$ 322	\$ 899
Fuel	\$ 1,298	\$ 1,504
Transportation	\$ 5,813	\$ 4,909
Attaw. Oil Spill Rem.	\$ 3,338	\$ 711
Other	\$ 1,081	\$ 1,375
Amortization	\$ 1,578	\$ 1,280
<b>TOTAL</b>	<b>\$76,267</b>	<b>\$73,078</b>

## Quality:

### Commitment to Quality:

WAHA is committed to ensuring that the health authority fulfills 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 strategy provides the framework to systematically assess, evaluate and improve the structure, process and outcome related activities in care and services, highlighting an organization wide approach which is collaborative and interdisciplinary in nature. At WAHA, we strive to ensure that quality standards are defined and adhered to throughout the organization.

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 (QIP) to Health Quality Ontario and posted on [waha.ca](http://waha.ca). WAHA will be hiring a full-time Infection Control Manager to improve compliance. Our progress is tracked and reported on, as noted below:

Quality Measure	2015-2016 Result	Goal for 2015-2016
Patient Satisfaction	80%	75%
C-Difficile Cases	0 cases	0 cases
% of Falls for Complex Continuing Care(CCC) Patients at Fort Albany Hospital	0.45% of CCC patients falling	under 2% of CCC patients falling
Staff Satisfaction	Employees rated WAHA a 6 out of 10	Employees to rate WAHA a 7 out of 10
Surgical Safety Checklist Performance	98.47%	99%
Hand Hygiene Compliance	56%	84.25%

## WAHA Fundraising

The campaign, Renewing for Health began late in 2013 and we have successfully raised more than \$20 thousand. We invite you to be part of Weeneebayko history and help us in creating healthier futures for the communities along James Bay by donating so WAHA can upgrade our equipment and treatment areas. You can donate on-line through our web-site – [www.weeneebaykohealth.ca](http://www.weeneebaykohealth.ca) under About Us tab under Donations.

## Thanks to our Major Funders for Their Support:

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

## List of Board Members - F2015-16

Leo Loone	Chair	Fort Albany First Nation
Mike Wabano	Vice Chair	Weenusk First Nation
George Small Jr.	Treasurer	MoCreebec Council of the Cree Nation
Bernie D. Schmidt	Secretary / Ex-Officio	WAHA - President & CEO
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
Sophia Lazarus	Member	Kashechewan First Nation
Josephine Williams	Member	Kashechewan First Nation
Luke Gull	Member	Weenusk First Nation
Deborah Hill	Ex-Officio	WAHA - VP, Patient Care/CNE
Gordon Green	Ex-Officio	WAHA - Chief of Staff
Dr. Zahara Jaffer	Ex-Officio	WAHA - President of Medical Staff
Jean Wesley	Observer	Moose Cree First Nation
Joe Cheechoo	Observer	Moose Cree First Nation

## Executive - F2015-16

Bernie D. Schmidt	President and CEO
Gordon Green	Chief of Staff
Robert Adolph	Vice President, Corporate Service & CFO
Deborah Hill	Vice President, Patient Care & CNE
Paul Gray	Vice President, Support Services
Kelly Reuben	Vice President, Human Resources
Caroline Lidstone-Jones	Chief Quality Officer
Greg Spence	Director of Community Relations
Jaime Kapashesit	Executive Assistant/Board Liaison

### Contact Information:

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