



It is with the outstanding generosity of the community and the determination of our dedicated staff that we offer excellent health care in a culturally appropriate environment and respond to unmet needs.

Annual Report 2015 - 2016



Actionmarguerite

Service & Compassion

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MAJOR HIGHLIGHTS OF 2015-2016

Actionmarguerite strives to maintain its core values of respect, hospitality, collaboration and excellence. Our most simple purpose is to show compassion towards others and support those for whom we are asked to serve. Actionmarguerite relies on the 800 staff, 300 volunteers, numerous donors and an entire community in ensuring the well-being, the comfort and the quality of life of individuals and families who benefit from many of our programs and services:

- **Long Term Care Program** consisting of personal care homes at 1149 Leila Ave, 450 River Road and 185 Despains for elderly people who can no longer live on their own.
- **Care for adults** with complex health needs, acquired brain injuries or chronic health conditions, located at 185 Despains.
- **Dementia care and specialized care** for people suffering from dementia and related disorders.
- **Supportive Housing** for adults requiring 24-hour supervision and some assistance managing their physical limitations or ongoing health conditions. This program is located at 187, de la Cathédrale Avenue and 875 Elizabeth Road.
- **Adult Day Programs** giving adults living in the community the opportunity to improve their well-being through social gatherings and activities.
- **Respite Program** for members of the community who require temporary care and services while providing respite to their care givers.
- **Spiritual Care and Recreation Services.**
- **Rehabilitation Services and Social Work.**
- **Support Services:** (food services, housekeeping, maintenance and safety).
- **Volunteer Services.**
- **Human Resources and Financial Services** to Friends of St. Joseph Residence and Centre de santé de Saint-Boniface Health Centre.

Actionmarguerite benefits from the valuable support it receives from our partners, the Catholic Health Corporation, the Winnipeg Regional Health Authority, Manitoba Health, Manitoba Housing and Accueil Colombien in pursuing its goals of responding to unmet needs, providing excellence in care and services, supporting its linguistic and cultural mandate, and promoting its spiritual purpose and ethical framework.

We continue to depend on the Actionmarguerite Foundation, the Friends of St. Joseph's Residence, the Ladies Auxiliary and the Winnipeg Foundation in funding special programs and initiatives that add important dimensions to the quality of care and services.

We cannot overstate the commitment of many individuals who successfully accomplished fundamental improvements to the care and services. In adapting to the new reality of caring for an increasing and more complex elderly population, we continue to challenge each other in achieving better quality outcomes and safe care. We acknowledge that 2015-16 was a year of change, some of which disrupted the lives of residents and staff as we adapt our care units to better serve specialized populations. We understand the challenge it creates when staff are asked to adopt new practices, integrate new processes and respond to more complex needs. We can only be proud of our staff in taking on the challenge of making Actionmarguerite better and more willing to continue to respond to unmet needs.



'The employees are helpful when family have questions. They pay attention to each resident and treat them with respect and great care.'

*Family member,
Resident and Family Satisfaction Survey 2015*



The 2015-16 fiscal year consisted mainly of ensuring the execution of a number of projects and initiatives outlined in our strategic plan. In summary, these were:

- The integration and financial stability of St. Joseph's Residence, including the recruitment of new professionals, the viability of operations and the application of quality and resident safety standards.
- The successful completion of the kitchen and main entrance renovations at 185 Despins.
- The successful implementation of the specialized regional units, including the transfer of residents, restructuring of staff, the hiring of new personnel and the creation of 18 new specialized beds for individuals with complex health needs.
- The administration of numerous satisfaction surveys by external companies in areas of quality care and services, end of life and staff engagement.
- The designation of Special Needs Units, Special Behavioural Units, Acquired Brain Injury Unit and Francophone units at 185 Despins to support its dual community and regional mandate.
- The development and delivery of active offer sessions to over 100 staff at 450 River Road, to continue supporting staff in creating a Francophone milieu.
- The generous contribution of the Friends of St. Joseph's Residence of \$110,000 to allow for the renovation and replacement of tub rooms at St. Joseph's Residence.
- The replacement of tub equipment, including some renovations. A total of 14 new tubs were purchased in the last 12 months at all sites.
- The replacement of a roof section at 185 Despins and 450 River Road.
- The funding for the renewal of the southeast court yard at 450 River, as a result of the efforts of the Resident and Family Council, including a \$35,000 grant from the Federal Government, \$15,000 from

the Winnipeg Foundation, \$10,000 from the Actionmarguerite Foundation and \$250 from the local councilor Brian Mayes. A \$40,000 fundraising campaign will be launched in order to complete this \$100,000 renovation, which will start in the summer of 2016 and be completed in the summer of 2017.

We need to improve our organizational capacity by maintaining and developing our leadership, and to continue to grow and develop services that meet the needs of our clients. To this end, we need to continue to focus on the core services, on achieving higher than expected levels of quality and ensuring that residents and staff remain safe in an increasingly complex care environment. In short, we are called on to:

1. Strengthen our culture of compassion and care towards clients, families and staff.
2. Lead and become innovators in assisting clients to navigate the health system through improvements in patient flow and panel redesign.
3. Become the preferred employer, by supporting work environment that encourages quality, safety and continuous improvement.
4. Diversify our service and our revenue sources by promoting new projects and initiatives to government. We need to capitalize on our assets.
5. Continue to be transparent and accountable to our sponsors, government and funding partners.
6. Ensure that the Francophone community continues to be served in their language and support our staff in meeting our bilingual language requirements through site language training, testing and cultural awareness.



The Manitoba Health Standards visit occurred in the spring of 2016, using the revised standards introduced in 2015. Although there were some standards we failed to meet, we continue to monitor our progress by improving our auditing processes and staff education.

The Manitoba Health Standards evaluation process consists of 26 standards, of which 12 are evaluated every two years. In 2016, all three sites were evaluated under Tool 2. Standards not met are usually a function of either not meeting a specific bold standard and as such, the entire standard is not met. An unmet or partially met standard is primarily due to the lack of evidence or 100% compliance to a standard.

We continue to strive towards standardization and consistency in our clinical and business practices. This includes expanding the role of Resident and Family Councils. These councils have been more effective at St. Vital and St. Joseph. St. Boniface is in the process of revamping its current resident and family approach to engagement in the operations of each program. In the future, there will be three resident and family councils created at St. Boniface to better respond to needs of each of the three main programs: personal care home, dementia care and acquired brain injury / adults with complex health needs.

The reviewers did outline the important progress made at St. Joseph over the last two years in normalizing and standardizing the personal care home standards. As we continue to adopt similar practices between all sites, including the integration of policies, documentation and audit processes, there will be a requirement to expand clinical capacity as well as upgrade our electronic health records.

Over the course of the next two years, we will be implementing, monitoring and providing Manitoba Health and WRHA evidence on how we are addressing the standards deemed to not completely meet the criteria. Our priority continues to be one of ensuring that all staff are supported and understand the importance of standards in everyday activity. As we continue to meet the increasing complexity of elderly care, it is important that we increase our capacity in being transparent as well as have the discipline in consistently following evidence-based clinical protocols and procedures.

2016 Manitoba Standards Results:

Standard	St. Boniface	St. Vital	St. Joseph
Resident Council	Not Met	Met	Met
Participation in Care Plan	Met	Met	Met
Integrated Care Plan	Met	Not Met	Not Met
Use of Restraints	Met	Met	Partially Met
Medical Services	Met	Met	Met
Pharmacy Services	Met	Met	Met
Health Records	Met	Met	Met
Housekeeping Services	Met	Met	Met
Safety and Security	Met	Met	Met
Infection Control Program	Met	Met	Met
Staff Education	Met	Met	Not Met
Complaints Management	Met	Met	Met

We continue to monitor our performance in comparison to other personal care homes in Winnipeg as well as long term care facilities who participate in the Canadian Institute for Health information benchmarking analysis. In 2015, CIHI produces these results and makes them available to the public. Actionmarguerite published these results in its 2015 annual report and made them available to the public on its website.

These indicators guide much of our clinical activities and constitute a critical element of our quality report card. In this year's report, we provide a summary of progress made over the last five years in improving the practice of care along a number of important health indicators.

The Board of Directors, the Quality of Care and Services Committee of the Board and the clinical leadership review CIHI's comparative data on a quarterly basis. The WRHA's Quality Improvement Roadmap and regional operational guidelines govern the practice to improve the overall results.

The following pages provide some perspective on how Actionmarguerite is performing in these areas.



Table 1 – Overall Results

Overall Results 2014-15 (prior year)	St. Boniface	St. Vital	St. Joseph
Long Term Care (LTC) Residents Older than 85	47.4% (46.7)	64.9% (69.0)	63.9% (63.8)
LTC Residents Younger than 65	15.6% (17.2)	0.9% (1.0)	0.8% (0.8)
Female LTC Resident	65.8% (64.5)	75.8% (79.8)	85.2% (85.4)
LTC Residents with Dementia	53.7% (52.0)	73.0% (73.3)	66.4% (71.7)
LTC Residents with Congestive Heart Failure	11.9% (12.40)	11.8% (12.3)	16,8% (15.8)
Average Length of Stay - years	5.1 (4.3)	3.6 (3.5)	3.3 (2.7)

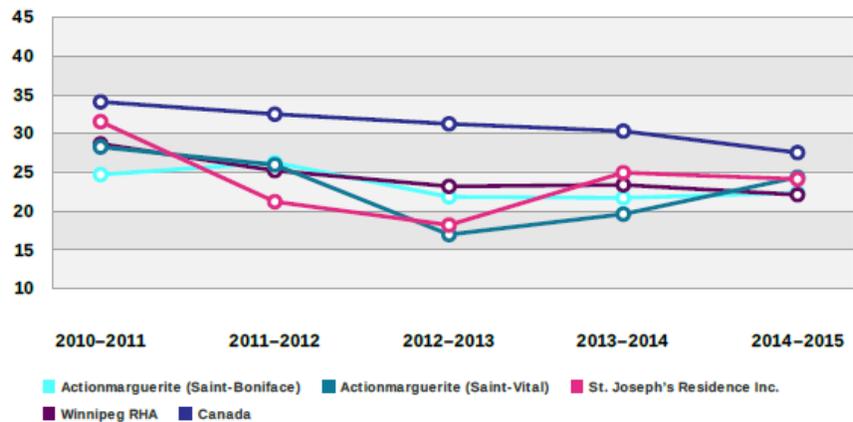
Source: Canadian Institute for Health Information, Your Health System, June 2016

**Table 2
Potential Inappropriate Use of Antipsychotics in Long-Term Care (percentage of residents)**

This indicator examines the percentage of long-term care residents taking antipsychotic drugs without a diagnosis of psychosis. These drugs are sometimes used to manage behaviours in residents who have dementia.

The lower the percentage the better.

All Actionmarguerite facilities are doing better than the national average and slightly higher than the WRHA average.



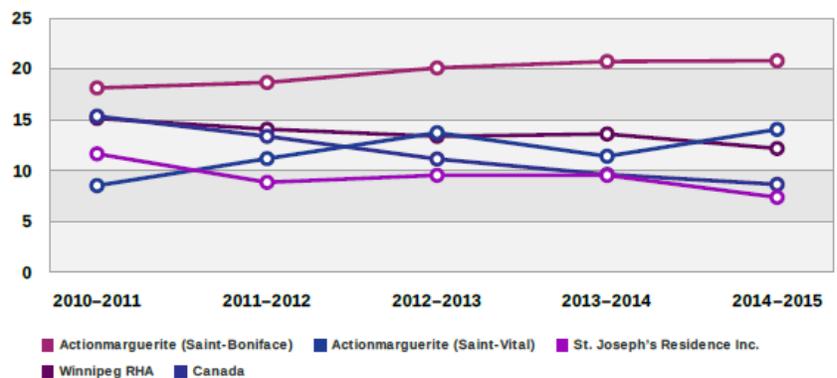
Source: Canadian Institute for Health Information, Your Health System, June 2016

**Table 3
Restraint Use in Long-Term Care (percentage of residents)**

This indicator looks at how many long-term care residents are in a daily physical restraints. Restraints are sometimes used to manage behaviours or to prevent falls.

The lower the percentage the better.

St. Boniface is above the WRHA average by over 8%, in part due to the number of residents with complex health care needs. Both St. Joseph and St. Vital are below the WRHA average and St. Joseph is lower than the national average.



Source: Canadian Institute for Health Information, Your Health System, June 2016

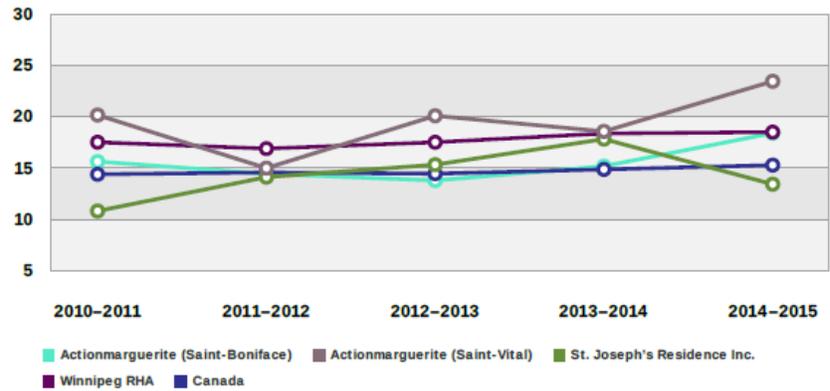


Table 4:
Falls in the last 30 days in Long-Term Care (percentage of residents)

This indicator looks at how many long-term care residents fell in the 30 days leading up to the date of the quarterly clinical assessment. Falls are the leading cause of injury for seniors.

The lower the percentage the better.

St. Vital is above the WRHA and national averages while St. Joseph is lower than the WRHA and national averages. St. Boniface is at the WRHA average.



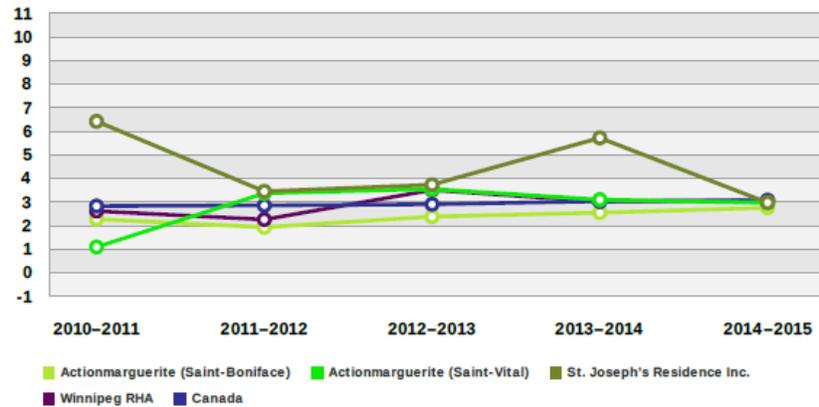
Source: Canadian Institute for Health Information, Your Health System, June 2016

Table 5:
Worsened Pressure Ulcer in Long-Term Care (percentage of residents)

This indicator looks at the number of long-term care residents whose stage 2 to 4 pressure ulcer had worsened since the previous assessment. Pressure ulcers can happen when a resident sits or lies in the same position for a long period of time.

The lower the percentage the better.

St. Joseph has shown important improvement in this area. All facilities are on average with both WRHA and national trends.



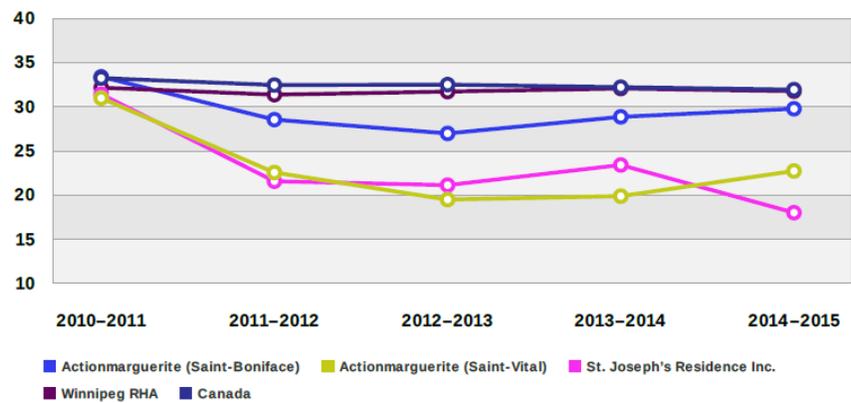
Source: Canadian Institute for Health Information, Your Health System, June 2016

Table 6:
Improved Physical Functioning in Long-Term Care (percentage of residents)

This indicator looks at how many long-term care residents improved or remained independent in transferring and locomotion.

The higher the percentage the better.

All facilities are on or below average with both WRHA and national trends.



Source: Canadian Institute for Health Information, Your Health System, June 2016



Table 7
Worsening Physical Functioning in Long-Term Care (percentage of residents)

This indicator looks at how many long-term care residents worsened or remained completely dependent in transferring and locomotion. An increased level of dependence on others to assist with transferring and locomotion may indicate deterioration in the overall health status of a resident.

The lower the percentage the better.

Source: Canadian Institute for Health Information, Your Health System, June 2016

St. Vital is above the WRHA and national average.

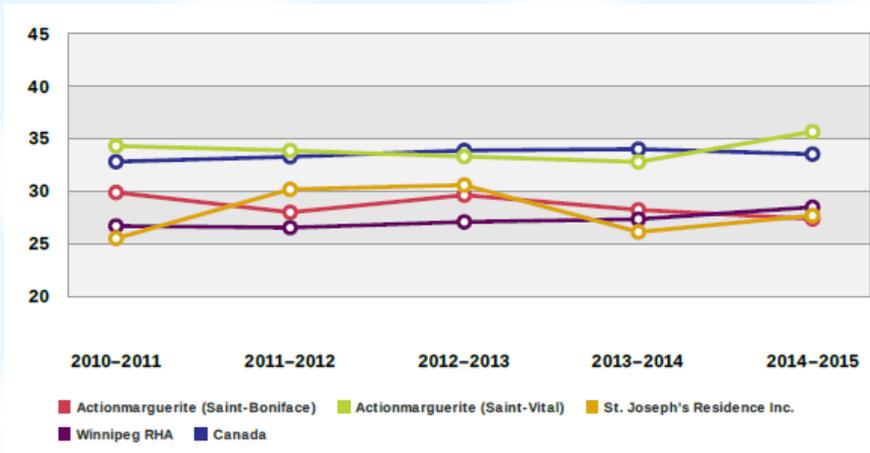


Table 8
Worsened Depressive Mood in Long-Term Care (percentage of residents)

This indicator looks at the number of residents in long-term care whose mood from symptoms of depression worsened.

The lower the percentage the better.

Source: Canadian Institute for Health Information, Your Health System, June 2016

All facilities are below the WRHA and national average.

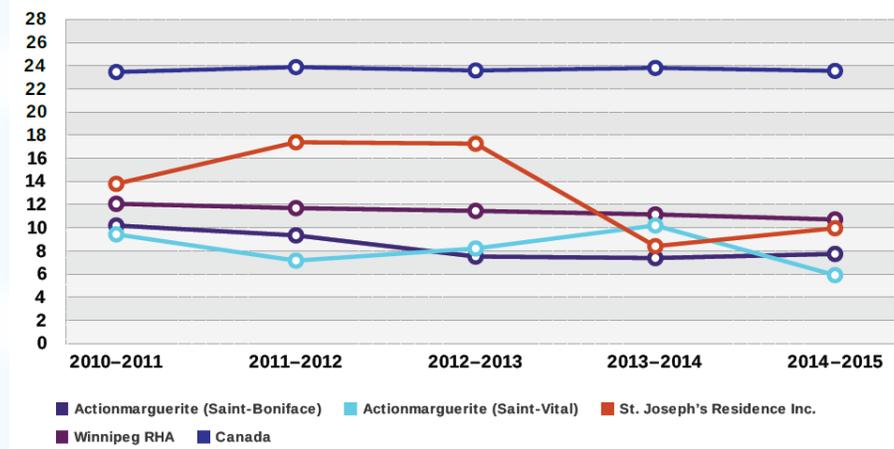


Table 9
Experiencing Pain in Long-Term Care (percentage of residents)

This indicator looks at how many long-term care residents had pain.

The lower the percentage the better.

Source: Canadian Institute for Health Information, Your Health System, June 2016

St. Vital has shown significant improvements with all facilities being above or equal to WRHA average but higher than the national average.

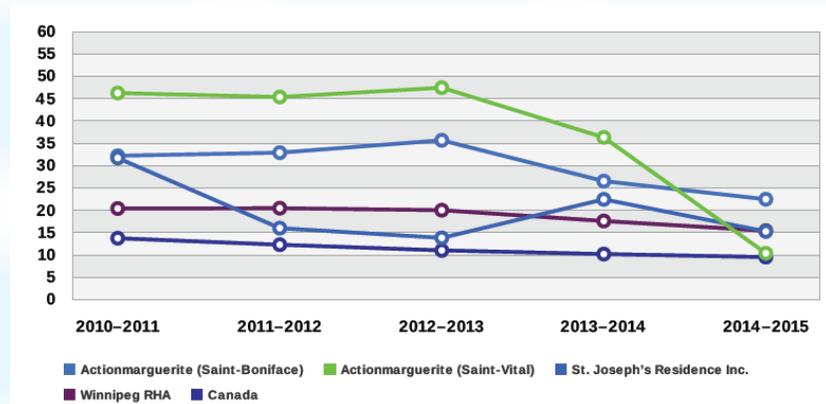


Table 10
Worsening Pain in Long-Term Care
(percentage of residents)

This indicator looks at how many long-term care residents had worsening pain. Worsening pain can be related to a number of issues, including medication complications and / or improper management of medication.

The lower the percentage the better.

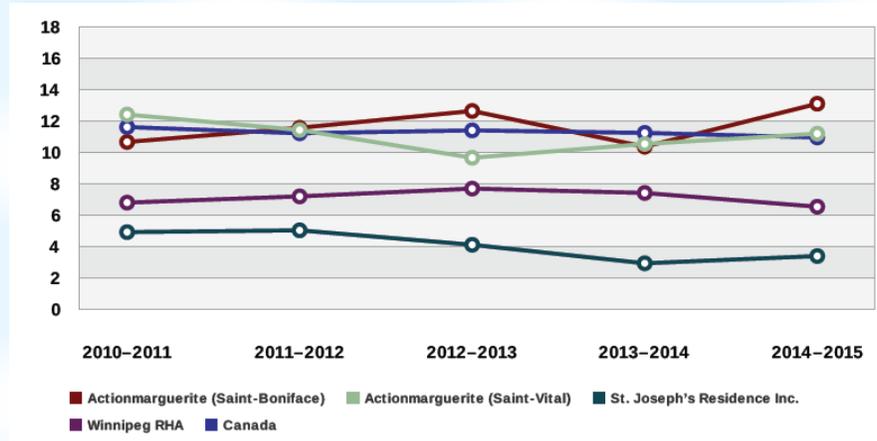
Source: Canadian Institute for Health Information, Your Health System, June 2016

For the third consecutive year, we partnered with the Winnipeg Regional Health Authority to conduct a staff opinion survey. The results of the survey were not what we expected despite our over 40 meetings with staff in 2014 to understand their interpretation of the results. Due to a number of management retirements, departures and efforts in completing major capital projects, we have not been successful in improving our communication, reducing our agency use and ensuring that all our employees feel recognized. We have made important strides in areas like performance management, labour-management relations and staff recruitment, however, the impact of this work is less noticeable in light of other projects.

We need to recognize the impact of the major changes occurring in the organization, including the reorganization of nursing services at St. Boniface, financial management control at St. Joseph and transitioning to a new leadership structure, that have all disrupted the status quo and caused some uncertainty during 2015-16.

The priority in 2016-17 will be staff engagement improvement, including supporting the management team in providing direction and leadership to front line staff. The opportunity in the next year will be to increase our capacity to communicate to staff, residents and their families many of the changes occurring both at the local

St. Vital and St. Boniface are above WRHA and national average, with St. Joseph being below average.



and regional levels, in responding to the increased complexity of care experienced in the long term care.

We are experiencing a changing work environment. The changing work force in long term care requires more support in areas of education and training, as they are required to become more proficient in responding to resident needs. There is still much work to be done to support the management team in ensuring that they are engaged in the achievement of overall goals and the delivery of quality services. We have committed to expanding our reach in setting our future directions by involving management and staff in determining the priorities in areas of staff engagement.

The survey provides key information on employee engagement, identifies key drivers, strengths and areas of improvement. We do not plan to conduct the same survey in October of 2016 (through AON Hewitt), as there needs to be evidence of steps taken from the previous surveys before we solicit once again staff opinion. The three years of data provides us with a good base line to move forward with certainty and a deeper understanding of what affects management and staff engagement.

Leadership, management and staff recognition will become critical, if we are to perform our best work and ensure effective relationship in terms of collaboration, respect and team work.



Table 11
Actionmarguerite Engagement Score (October 2015)

Actionmarguerite (St. Boniface and St. Vital) have combined their results in 2015. There has been a gradual decline since the first survey in 2013 (59% overall engagement).

The survey provides valuable insight as to the drivers affecting engagement. A number of these are beyond the control of the organization and include compensation, benefits and resources requiring capital funding. Despite efforts to improve work environments and providing better equipment (tubs, lifts, beds, ceiling tracks), efforts are needed for staff to feel valued and recognized in their everyday work.

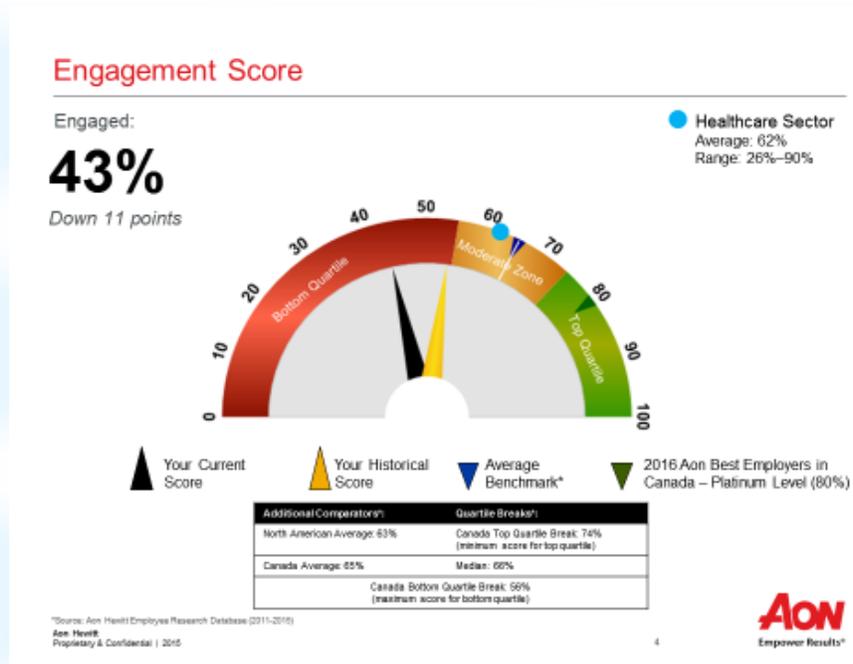
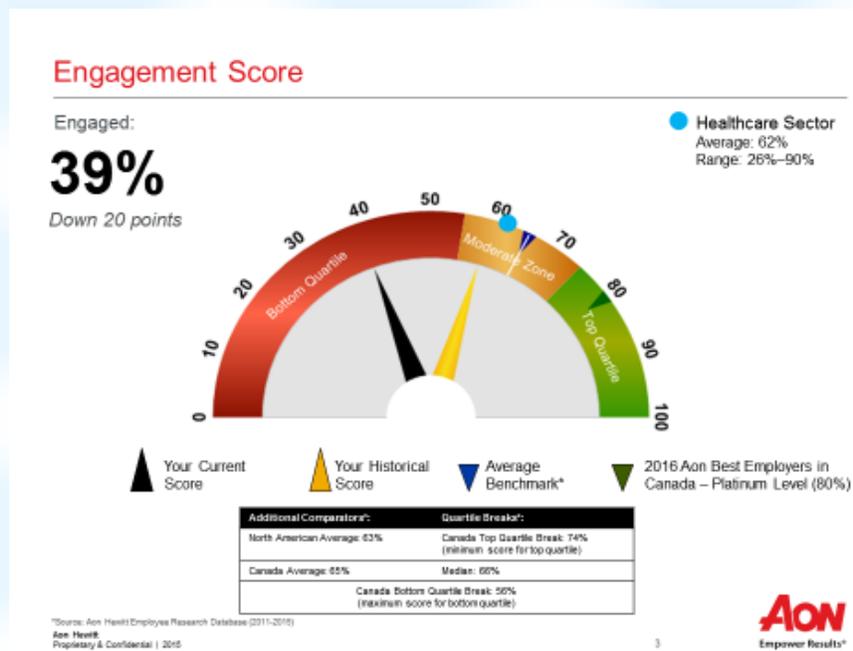


Table 12
St. Joseph’s Residence Engagement Score (October 2015)

The second year results at St. Joseph’s Residents are significantly down due to the ongoing transition underway with Actionmarguerite. As efforts are being made to build trusting relationships with staff, there are still financial challenges needing to be addressed, as well as important process changes, so that the facility standardizes its practices to that of Actionmarguerite.

In the short term, this can be disengaging for staff. We continue to work collaboratively in building capacity and interdisciplinary teams. The culture transformation may take more time than expected and as such, we may continue to experience low engagement scores.



	Respondents	Response Rate	Margin of Error
Actionmarguerite	206	33% (42 in 2014)	+/- 6%
St. Joseph’s Residence	33	27% (23% in 2014)	+/- 15%



In spring of 2016, WRHA retained the services of a national research firm to conduct resident and family satisfaction surveys, as part of the Accreditation Canada review process.

The survey was conducted in all long term care facilities and provides insight on a personal care home's performance in relation to the regional satisfaction rate.

Table 13
Resident and Family Satisfaction Score
(June 2015)

Actionmarguerite
(St. Boniface)

The residents at Actionmarguerite St. Boniface rated the overall quality of services more critically than the families at the other facilities. This survey came during a time of important disruption, as we were planning the conversion of a number of units, as well as transferring many residents. Despite everyone's best effort to minimize the disruption, it did cause some concerns to residents.

To residents, our biggest challenges are in the areas of activities, food choices and delays in responding to call bells. Families consider our lack of staff to meet all demands, activities and the necessary time to assist residents during meal times as our biggest areas for improvements.

The survey was conducted at a time where Actionmarguerite St. Boniface had decanted and relocated many residents in order to complete the renovations with the aim of introducing the two new special needs behavioural units. Residents, families and staff were displaced and reassigned to other units. Although this change was necessary and as of March 2016, complete, the consistency of care and services would have been interrupted significantly, despite everyone's best efforts, collaboration and understanding, as the change was managed.

The 2015-16 years was also a year of transition in areas of leadership, and in moving towards a more integrated structure with St. Joseph's Residence. Although the collaboration between all areas of the organization are to be commended, this still required a new work structure and additional efforts on every team member to streamline, incorporate and adapt to new relationships.

Every facility did experience a level of change in either leadership or staff that required new work routines to be established in the care and services to residents and families. These efforts will prove to be valuable in the future. There is also a new reality in the long term care where change is constant, as the provincial and regional system introduces new expectations and outcomes of care that simply allow for long term care to become better and more suited to meeting the needs of the future elderly population.

The satisfaction survey also demonstrates the need to not only pay attention to residents' needs, but also to include the family's expectations of care and services. There clearly is a difference in expectations. Most importantly, families do recognize the efforts and dedication of staff in trying to meet every resident needs, and families do acknowledge in the survey the limited amount of staff resources to complete every requirement and expectation.

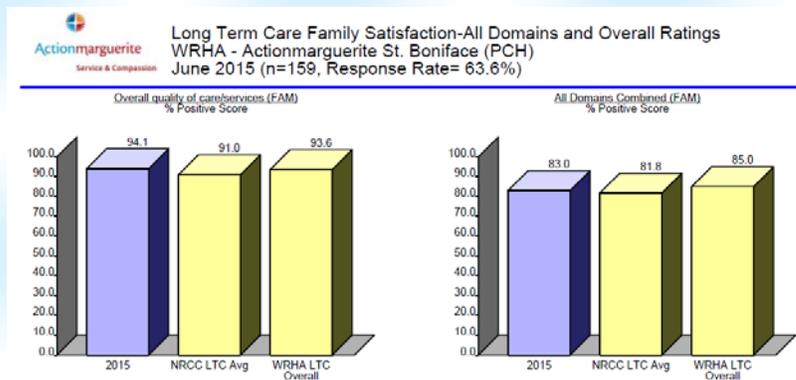
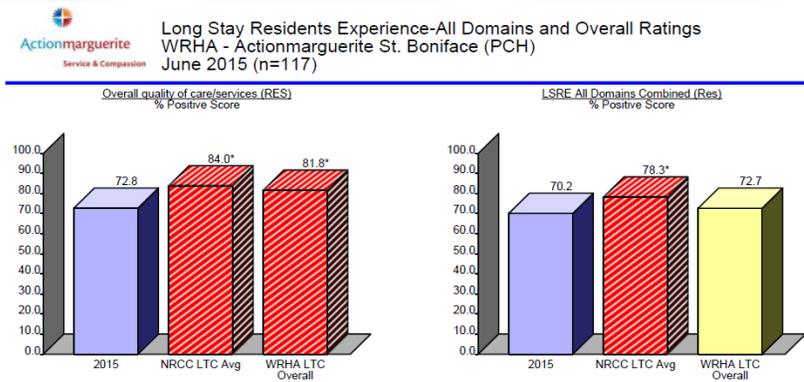


Table 14
Resident and Family Satisfaction Score
(June 2015)

Actionmarguerite
(St. Vital)

Actionmarguerite St. Vital residents are generally satisfied with the overall quality of care and services in comparison to the regional average.

Residents consider activities, quantity of food and their ability to participate in their care decisions as the main areas for improvement. Families concerns are the lack of staff resources to meet all the needs, quantity of activities and time available to assist residents during meals times.

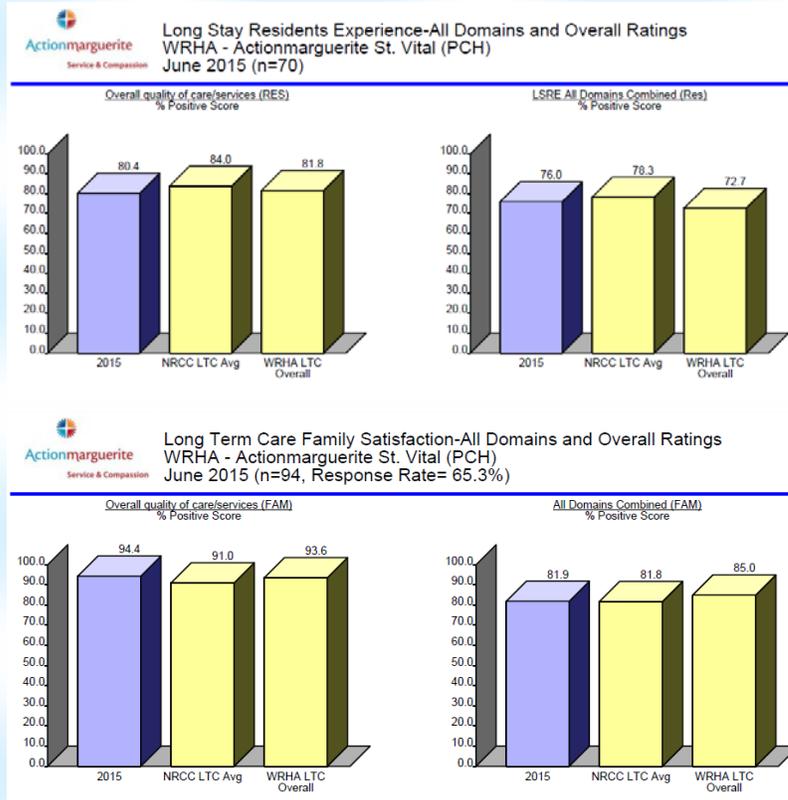


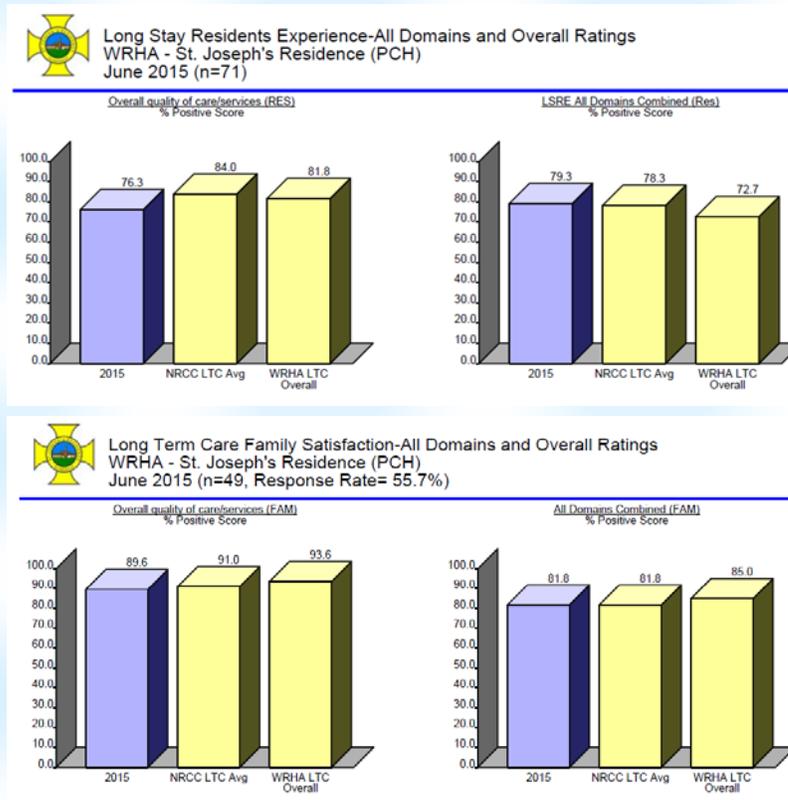
Table 15
Resident and Family Satisfaction Score
(June 2015)

St. Joseph's Residence

Families score the overall quality of care and services higher than residents in the case of St. Joseph's Residence.

The main areas of concern for residents are the noise levels, the food selection and the wait times for staff to respond to call bells. Families identified the general lack of resources in terms of available staff, level of entertainment and quantity of activities.

The results were published and discussed with staff in order to strive towards improvements in areas identified in the survey report.



The goal is to fully meet (at 100%) the needs of residents and families. We continue to take the following steps to increase our ability to meet those needs. The actions are no different than in 2014-15. These are:

- Improve communication on integrated care plans: although Manitoba Health provided positive feedback on both the quality of our interdisciplinary team work and the follow through on care plans, there needs to be better communication during the shift change and between professionals to ensure there are no gaps in care.
- Be more accountable for audit results: there is a need for better accountability in following through on audit results.
- Customize care plans to the needs of the resident: better resident focused care includes individualized care plans based on the specific needs of the residents. It is easy to consider the universal task of resident care. However, the manner in delivering those services needs to be more resident focused.
- Continue staff training on mandatory education related to safety: there is an ongoing effort to improve our culture of safety through greater staff awareness in areas focused on keeping residents safe and feeling secure in their environments.
- Improve individualized recreation and activity programs: the changing needs of residents continue to require innovative programming ensuring that they remain active and engaged in daily life activities.
- Increase number and frequency of food audits on the quality of meals served: there is an increased ability to demonstrate continuous improvement in meeting residents' food requirements and preferences. Through audits, education and resident food committees, food services staff continue to offer a meal experience that is consistent and ensures that the residents' dietary requirements are met.
- Monitor staff performance: the staff engagement survey clearly demonstrated that managing performance and conversations with the manager are significantly more engaged.

It is important to note that residents and families do affirm in the survey the excellent work in delivering care and services to residents who live within our facilities.

In all instances, ratings above 90% satisfaction were given by either residents or families in areas of:

- Feeling welcome by polite and courteous staff.
- Staff respecting residents and residents not feeling staff take advantage of them.
- Staff responding to resident and family questions and concerns in a timely way.
- Cleanliness and conditions of rooms and living space.
- The sufficient privacy and sense of dignity given to residents.
- The quality of the medical and physician care.
- The spiritual and religious care needs are met.
- The staff do not make residents feel like they are a burden.
- Residents feel safe.
- The facility is well maintained.
- Staff provide tender loving care.

The resident and family satisfaction survey provided comparative data with the regional averages. In most instances, every facility was either equal or above average. This demonstrates the continued dedication of professionals, managers and staff in understanding the fundamental values and mission of Actionmarguerite and St. Joseph's Residence.

During the course of 2016-17, greater attention will be given to how to continue to build an open and collaborative dialogue with residents and families on how best to continue to improve in the areas that are of importance to the quality of life of those who live in our facilities.



GOVERNANCE AND ACCOUNTABILITY FRAMEWORK

The previous section provided major highlights of the 2015-16 year. The following is a selected summary of the 2015-16 activities in accordance to the Catholic Health Corporation of Manitoba (CHCM)'s Governance and Accountability Framework. The goals under each area of accountability is part of our strategic plan. In 2016-17, the Board, management and staff will undertake to refresh the strategic plan as we continue to bring together facilities and programs in continuously improving and responding to the future needs of the communities we serve.

SPIRITUAL HEALTH

Our goal is to integrate spiritual health in key program areas and focus on the needs of the whole person.

In addition to supporting our residents and families through a number of spiritual and cultural services, we have successfully integrated the spiritual care team in the interdisciplinary approach to care conferencing and actively monitoring the changing emotional and spiritual needs of residents.

The program continues to work collaboratively between all facilities and has adopted each other's' best practices and approaches to spiritual care. Our spiritual care program involves many volunteers who may visit residents, converse and pray by means of leading the rosary and reading of the bible for residents who so choose. We do depend also on a number of chapel volunteers who assist in transportation, communion, and readings, as well as supporting our priest in carrying out their ministry. We also have long standing volunteers who come once a week to support a non-denominational discussion group, and others who offer communal prayer to those who wish to attend. All our spiritual volunteers are coordinated and supported through a formal volunteer program.

We continue to be challenged with the limitations of the number and availability of spiritual providers. We have

still not filled a vacant full-time position at St. Boniface following the retirement of one of our long standing chaplains. We continue to depend on and to work with parishes and dioceses in identifying potential candidates who may fit in the organization and within the approach to spiritual care developed over the course of many years.

The future of spiritual care is increasingly becoming more valuable, through research the spiritual and emotional vulnerabilities of the individuals and families we serve. Actionmarguerite is an active participant and observer of new developments in areas of caring with dignity, mindfulness and compassion. We are renewing our efforts in supporting residents and families in coping with the transition to long term care and the end of life.

We continue to benefit from the Catholic Health Corporation of Manitoba and its leadership and approach towards supporting our mandate of providing spiritual health. We have also benefitted from an increasing willingness at the WHRA to support end of life and ensure that we provide best practice and compassionate care.

In 2014, the WRHA Long Term Care Program launched a measurement tool to evaluate and compare the end of life services in personal care homes. The year 1 results have been made available. Due to the importance of this information, we have chosen to include a detailed account of our performance in the appendices to this annual report.

The survey provides quantitative and qualitative information, as communicated by families who choose to respond to the invitation 30 days after their family member passes away. In general, there are strong positive results, however, for the first time, can we focus on specific areas of improvement.

We also partnered with Glenlawn Collegiate's senior art class to produce a number of original paintings to decorate the hallways of our Special Needs Behavioural



Units. Glenlawn Collegiate had participated in a similar project in 2011 and once again agreed this year to an art project that consisted of studying the contribution art has in creating environments that are sensitive and appropriate for people who suffer from dementia.

During the exhibition of this art project, we discovered that one of the participating students was a recent Syrian immigrant. Before his arrival to Winnipeg, he had barely painted. His painting of the maple leaf is now displayed with all others on one of our new units.

We continue to offer artist performances in healthcare programs. This consists of artists performing on resident units in order to create a calming and cultural environment. This program is generously supported by the Auxiliary Program as well as the Sisters of Tildonk Endowment Fund.

Due to the generous endowment of Le Fonds Ghislaine-Lacerte, we are able to enhance our cultural program at 450 River. This fund provided additional resources to support quality programming during the Festival du Voyageur as well as at different times during the year.

We also continue to provide culturally appropriate spiritual and emotional support. This includes a monthly smudging ceremony and annual pow wow for many of our residents at 185 Despins.

We continue to provide, twice a year, memorial services to honor the memory of the residents who lived with us during their final phase of life. This event is very well attended by families and bring closure for many. We also introduced at Actionmarguerite this year a long standing practice of St. Joseph's Residence in providing a closing ceremony with staff immediately after the passing of a resident.

ETHICS

Our goal is to promote a culture of compassion and of ethical behaviors consistent with the mission and values.

The Health Care Ethics Service (HCES) continues to offer programming in clinical and organizational ethics to Actionmarguerite. This year again, it responded to requests for consults and direction on complex clinical and organizational issues.

The involvement and support of our two full-time ethicists, Pat Murphy and George C. Webster, and their full-time administrative assistant, Lydia Shawarsky, is invaluable. Their contribution to ethics activities at Actionmarguerite and with external organizations, such as the Winnipeg Regional Health Authority, the University of Manitoba, the Catholic Health Association of Manitoba, and the Catholic Health Alliance of Canada enable us to benefit from their depth of knowledge and expertise in all areas of care.

The HCES provided once again this year ethics education, policy development, research review and ethics consultation to patients, residents, clients, clinical and administrative staff, governance personnel and other associates of Actionmarguerite. They remained available for direct consultation, 24-hours a day/seven-days-a-week.

Clinical Ethics Labs were offered as a professional development opportunity for staff to acquire communication skills needed to engage in "charged" conversations. Using simulations, participants have the opportunity to practice and receive coaching regarding the ways of engagement in difficult conversations.

Ethics Labs are regularly offered to Clinical Managers and Social Workers who have used the forum to address "real time" issues from their current clinical practice.

Actionmarguerite receives the electronic newsletter *What We're Reading in Ethics* featuring classic and current articles addressing ethical issues that arise in the provision of health care, personal care and social services. The newsletter is offered as a contribution to readers' overall ethical literacy (i.e. their knowledge of ethics and ability to critically analyze and understand complex issues).

In 2015, the Health Care Ethics Service was consulted specifically on how best to navigate the new reality of physician assisted suicide or medical assistance in dying.

In November 2015, a presentation on the implication of the Supreme Court decision was given to the Board of Directors. As the legal and policy debate evolved on how best to navigate under this new era, we were kept abreast and informed of the ethical and moral



discussions guiding the community of services under the Catholic Health Corporation of Manitoba.

RESPONDING TO UNMET NEEDS

Our goal is to respond to client and community health needs, including cultural and language requirements with innovative programming in partnership with other service providers.

We are actively supporting the WRHA Paneling Redesign Project and contribute towards improving patient flow and reducing the number of interim placements in long term care. In 2015-16, Actionmarguerite clarified and developed a new admission policy to reflect its unique responsibility towards the Francophone community, as well as responding to regional demands for specialized services in long term care. We now manage several waiting lists and participate actively in the WRHA Transition Advisory Panel that review complex long term care placements.

We have now designated the DE Tower at Actionmarguerite St. Boniface to become a Francophone milieu similar to the designation provided to the St. Vital facility in 1998.

Actionmarguerite is becoming a more important contributor to the regional health system with the creation of its regional and specialized units in areas of acquired brain injury, complex and chronic care, dementia and behavioural units.

We successfully completed the renovations of the new behavioral and ABI units. This project consists of approximately \$1.6 million in renovations of outdated units and the elimination of double rooms at 185 Despins. In addition to the capital investment, we successfully restructured our clinical operations to allow for additional nursing staff and \$2 million per year in direct care services (25 additional full time equivalent positions).

We have also completed major renovations to main entrance at 185 Despins, including the relocation of our reception and the introduction of a service counter for staff and other administrative services. These renovations were financed using our reserve funds.

SUSTAINABILITY

Our goal is to improve financial sustainability by optimizing the delivery of care and services in accordance with best practices.

In 2015-16, we continue to improve our capital planning and equipment purchasing based on a 10-year plan. We have been successful in replacing all of our outdated bathtubs and completing some critical renovations to the space. This initiative was due to special capital funding received through the WRHA, as part of their regional tub replacement program.

We have also received a significant amount of new bed mattresses at each facility, in response to the national recall of a specific brand of bed mattresses. We will also continue to improve our monitoring and inventory management process related to mattress replacement to ensure that they conform to standards and best practices.

We continue to centralize our support operations and shared positions throughout the organization when there are opportunities and if it makes sense.

We have also improved our physical plant in terms of replacing major sections of our roof at 450 River Road and 185 Despins.

We continue to improve financial viability of our supportive housing program. The Service Purchase Agreement for the supportive housing program has been outstanding since 2013 and no resolution is expected until the fall of 2016. The outstanding issue remains baseline funding of services in relations to the daily rate per resident day.

In spite of the Long Term and Continuing Care of Manitoba's (LTCAM) best efforts, we have been unsuccessful in concluding an agreement, despite WRHA and Manitoba Health's indication that they value the program in order to continue to meet the needs of a population that would end up being placed in personal care homes, if it were not for this housing option.

Actionmarguerite continues to find ways of achieving a balanced position. The St. Vital site has incurred a surplus in 2015-16 of \$28,653. St. Joseph's Residence



has also balanced its 2015-16 year due to a one-time contribution of \$16,597 to offset the operating deficit. Both St. Vital and St. Joseph's facilities will continue to face important financial pressures in the years to come with very little flexibility or opportunities to reduce costs.

The St-Boniface facility has had a unique year due to all of the operational and structural changes that took place. The surplus in 2015-16 of \$301,622 is in large part due to the savings from operations and the decanting of staff, as a result of the unit renovations. We also decided to offset 100% and replenished our reserve fund in the one year, rather than the anticipated 3 year reimbursement plan. The financial challenges at St. Boniface are the same in years to come. We have also incurred a slight surplus in the Day Centre of \$9,725 and a surplus of \$68,950 in the Supportive Housing program.

The current PCH – SPA for the operating entities expired in March 2015 and is currently under negotiation. There has been exchanges of positions and extensive discussion on the issues.

EXCELLENCE

Our goal is to achieve 100% of Manitoba Health standards for personal care homes and 100% implementation of the WRHA-LTC quality plan.

In addition to meeting the standards, the 2015-16 fiscal year included:

- Filling regional requirements under Accreditation Canada.
- Decrease in the number of critical incidents due to the Fall Prevention Program.
- Implementation of the pressure ulcer reduction program.
- Implementation and monitoring of performance evaluations.
- Creation of a PIECES support team and enhanced education for staff working with clients suffering from dementia.
- Upgrading our financial management systems to include materials management programs to monitor costs from med-surge, gloves and incontinence products.

- Increase in safety audits, including the compliance rate for hand washing.
- Participate in WRHA Boot Camp for new managers.

The Board of Director monitors monthly and quarterly a number of quality indicators, including the number of complaints, use of agency staff, costs of medication, wait times in hospital and community for personal care homes, supportive housing vacancy rates, day program participation rates, percentage of audits completed, number of PHIA breaches as well as a number of clinical indicators from the Minimum Data Set (MDS) regional data.

These indicators enable the Board and its Program Quality Committee to compare historical results with other personal care homes. Regional and local strategies, education and audits are introduced in order to improve the overall quality score.

We also continue to value the contribution of our staff with our annual long services and retirement recognition events. We were proud to have one of our senior managers receive the 2015 Professional Nursing Award of Excellence in Nursing Administration from the College of Registered Nurses as well as one of staff members receiving a Nursing Practice Award from the College of Licenced Practical Nurses.

LINGUISTIC MANDATE

Our goal is to create capacity to support the French language designation and mandate to serve the Francophone population.

The ability to recruit and retain qualified and bilingual staff will continue to be a challenge, although in the last five years improvements were made in some categories and not in others (Table 16). There is a requirement to invest more resources in supporting this mandate, especially in the areas of active offer training, language training, and language testing and translation services. The cultural and linguistic diversity of our workforce as well as resident's families will require that our staff be more sensitive and capable of providing active offer at all times.



In 2015-16 we introduced active offer sessions with the support of Santé en français. These sessions consisted of workshops for staff, regardless of language qualifications to adopt strategies of active offer to residents who expect to receive the services in their language of choice. We plan to increase these sessions in 2016-17 and make them available at St. Boniface.

We have also introduced a formal language testing program for new hires to objectively evaluate their French language competency. The Board of Directors also adopted a new human resource policy outlining the specific application of the linguistic mandate to the operations of Actionmarguerite.

Table 16
Percentage of bilingual employees in designated bilingual positions (March 2016)

 Winnipeg Regional Health Authority Office régional de la santé de Winnipeg Caring for Health À l'écoute de notre santé		FRENCH LANGUAGE SERVICES DESIGNATED BILINGUAL POSITIONS Program Name				
		March 2016				
Facility / Program: Long Term Care Unit / Department / Service: Actionmarguerite						
POSITION DESCRIPTION By Category	Number of employees	Total EFT	Total EFT Positions currently designated	Total EFT of designated positions filled with bilingual staff	% of positions filled	+/- to 2015
Actionmarguerite St. Boniface						
Administration	37	32.62	32.62	25.22	77%	0%
RN / PN	35	28.70	28.70	13.10	46%	1%
LPN	33	24.40	24.40	8.00	33%	9%
HCA	175	134.80	134.80	62.70	47%	0%
Allied Health	14	11.80	11.80	8.70	74%	9%
Other	19	17.30	17.30	10.10	58%	-16%
Housekeeping/Laundry	25	20.09	20.09	18.09	90%	-1%
Dietetics	36	25.26	25.26	19.46	77%	4%
Day Centre Program	5	3.10	3.10	2.65	85%	23%
Supportive Housing	21	15.71	15.71	7.99	51%	7%
					0%	0%
					0%	0%
Sub Total	400	313.78	313.78	176.01	56%	1%
Actionmarguerite St. Vital						
Administration	8	8.00	8.00	6.00	75%	-6%
RN / RPN	17	12.20	12.20	4.70	39%	-1%
LPN	15	11.60	11.60	7.00	60%	1%
HCA	79	59.53	59.53	41.72	70%	5%
Other	8	7.00	7.00	6.00	86%	-14%
Housekeeping/Laundry	13	10.50	10.50	9.00	86%	10%
Dietetics	23	12.96	12.96	4.84	37%	9%
					0%	0%
					0%	0%
Sub Total	163	121.79	121.79	79.26	65%	2%
Total	563	435.57	435.57	255.27	59%	1%
* Note: Number of employees & number of bilingual employees excludes casual staff, LOA, WCB. ** Note: Current Positions (FTE) excludes vacant positions						



CONCLUSION

Actionmarguerite continues to improve and ensures that its mission is carried out faithfully and in accordance to the values of the Catholic Health Corporation of Manitoba and the founding religious congregations. To do so, we rely on a very large number of staff and volunteers who dedicate themselves to the wellbeing of others.

It is important to thank all the staff, volunteers, donors and Board Members who contribute to the success of the organization. They always keep the residents and community in mind when performing their work.

There is also a strong partnership and collaboration established between our staff and our unions in achieving a work environment that is productive, respectful and just. Our partners, in particular the WRHA Long Term Care Program, have supported the development and mission of Actionmarguerite.

Together we are challenged by the increasing demands of the health system, but also committed to leading in adapting our programs and services to meet the needs of the citizens of Manitoba.

This annual report briefly describes all the good deeds that transpire over the course of 12 months, including the gradual integration of St. Joseph's Residence. Ultimately, our success is only measured by the quality of life and opportunities we provide to our residents, clients and families. We continue to aspire to always be compassionate and focused on the present in order to respond to the genuine needs of residents and clients. We are proud and humbled to be of service to this very important population.



Actionmarguerite (St. Boniface) Inc., Actionmarguerite (St. Vital) Inc. and St. Joseph's Residence Inc.
Condensed Combined Financial Statements

CONDENSED COMBINED STATEMENTS OF FINANCIAL POSITION

March 31, 2016 and March 31, 2015

	2016 \$	2015 \$
Assets	39,502,297	38,618,176
Liabilities & Deferred Contributions	33,352,257	33,488,569
Fund Balances	6,150,040	5,129,607
	39,502,297	38,618,176

CONDENSED COMBINED STATEMENTS OF OPERATIONS AND CHANGES IN FUND BALANCES

Year ended March 31, 2016 and March 31, 2015

	Operating Fund	Ancillary Operations and Internally Restricted Funds	Capital Fund	2016 Total \$	2015 Total \$
Revenue:					
Winnipeg Regional Health Authority	35,386,514	-	-	35,386,514	33,291,615
Resident and service fees	9,923,282	-	-	9,923,282	10,175,354
	45,309,796	-	-	45,309,796	43,466,969
Amortization of deferred contributions	-	-	1,346,370	1,346,370	1,189,214
Offset income	906,242	234,581	-	1,140,823	1,171,435
	46,216,038	234,581	1,346,370	47,796,989	45,827,618
Expenses	45,175,017	8,214	1,609,922	46,793,153	45,508,909
Excess (deficiency) of revenue over expenses before the undernoted	1,041,021	226,367	(263,552)	1,003,836	318,709
Winnipeg Regional Health Authority prior year adjustments	16,597	-	-	16,597	-
Winnipeg Regional Health Authority future employee benefits recoverable	61,129	-	-	61,129	(177,944)
Employee future benefits	(61,129)	-	-	(61,129)	177,944
Excess (deficiency) of revenue over expenses	1,057,618	226,367	(263,552)	1,020,433	318,709
Fund balances, beginning of year	(291,863)	3,099,148	2,322,322	5,129,607	4,810,898
Transfer to Capital Fund	(100,576)	(608,946)	709,522	-	-
Transfer to Internally Restricted Fund for prior year additions to capital assets	(531,755)	531,755	-	-	-
Transfer of Personal Care Home Program surplus	(330,276)	330,276	-	-	-
Transfer of Adult Day Program surplus	(9,725)	9,725	-	-	-
Transfer of Supportive Housing Program surplus	(68,689)	68,689	-	-	-
Fund balances, end of year	(275,266)	3,657,014	2,768,292	6,150,040	5,129,607

These combined financial statements represent an aggregation of the financial statements of Actionmarguerite (Saint-Boniface) Inc., Actionmarguerite (Saint-Vital) Inc. and St. Joseph's Residence Inc., which are under common control. All significant inter-company balances and transactions have been eliminated.

The condensed combined financial statements do not contain all disclosures. For more detailed information on the organization's financial situation, results of operations and cash flows, readers should refer to the related complete combined financial statements which are available at our offices.



Fondation Actionmarguerite Foundation Inc.
Condensed Financial Statements

Fondation Actionmarguerite Foundation Inc.
Condensed Financial Statements

CONDENSED STATEMENT OF FINANCIAL POSITION
December 31, 2015 and December 31, 2014

	2015 \$	2014 \$
Assets	<u>3,245,833</u>	3,194,224
Liabilities	3,702	42,570
Fund Balances	<u>3,242,131</u>	3,151,654
	3,245,833	3,194,224

CONDENSED STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
Year ended December 31, 2015 and December 31, 2014

	2015 \$	2014 \$
Revenue:		
Fundraising & Donations	30,463	31,503
Investment income	<u>170,993</u>	<u>241,312</u>
	201,456	272,815
Expenses	<u>110,979</u>	100,645
Excess of revenue over expenses for the year	90,477	172,170
Fund balances, beginning of year	<u>3,151,654</u>	2,979,484
Fund balances, end of year	3,242,131	3,151,654

Investments

	2015 \$	2014 \$
Investments - The Winnipeg Foundation:		
Managed	1,906,964	1,871,203
Endowment	<u>87,141</u>	<u>85,473</u>
	1,994,105	1,956,676

The condensed financial statements do not contain all disclosures. For more detailed information on the corporations financial situation, results of operations and cash flows, readers should refer to the related complete financial statements which are available at our offices.



