



Actionmarguerite

Service & Compassion



I am Dolorosa and I feel special.

ANNUAL REPORT

2016-2017

Actionmarguerite is the modern face of a historical institution, a symbol of excellence in health care services.

Presentation

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Report to the Catholic Health Corporation of Manitoba

STRATEGIC POSITIONING

Actionmarguerite is at a turning point in its development. While adapting to the changing needs of its clients, its future depends on its ability to improve its long term care services. With the aging population that continues to increase in numbers, the scope of services to be delivered will increase in the community as they will in the institutional setting. The range of services will need to be delivered with agility, flexibility and adapted to the residents' living environment.

The objective will be to maintain, and in certain cases, to revitalise the residents' independence and give them and their families a choice on ways of meeting their long term care needs. The institutional setting remains important for persons with complex and advanced health conditions. Expansion of community long term care services, with the purpose of maintaining independence and quality of life at home, offers an opportunity for personal care homes and home care to respond to the unmet needs.

2016-17 has put an end to the 2014 strategic plan. This year has focussed primarily on the stability of new programs at St. Boniface, the integration of St. Joseph's Residence processes and the renewal and support of the Management Team. We are confident that Actionmarguerite's team can now move toward new horizons. We must now go forward with projects in collaboration with partners, such as the Catholic Health Corporation of Manitoba (CHCM) and the Winnipeg Regional Health Authority (WRHA). Together, we will have to focus on decision-making to bring innovation and enhancement to the quality of programs and services, as well as create a better coordination of the programs for the elderly, regardless if the services are in hospitals, at home or in long term care facilities.

The political and economic environment has also evolved with the election of a new provincial government. The pressures on public funding and the transformations being advocated in the hospital and healthcare sectors will give Actionmarguerite an opportunity to become an essential partner in the redesign of the health system. Consolidation efforts in the last years have strengthened the necessary organizational capacity to take the right step forward into the future.

FINANCIAL RESULTS

The financial situation still remains precarious in two of the four corporations (three sites and one Foundation) under Actionmarguerite's management. We will have to mainly find efficiencies and economies of scale in order to maintain fiscal sustainability. We will continue to assess the value of certain services and operations needed for our clients' quality of life instead of justifying the status quo or the average service while respecting our annual budget increases. Actionmarguerite will work toward a financial and workforce capacity to attract quality personnel and a range of services which seek to provide greater value to the Winnipeg Regional Health Authority and for the overall aging population.

Actionmarguerite continues to collaborate with the Catholic Health Corporation of Manitoba in an effort to find ways to build capability and expertise in fundraising. The St. Boniface Hospital and Research Foundation efforts to develop plans and support systems for the smaller foundations remain important and necessary. It will be necessary in the future to renew our infrastructures, invest in new capital projects and maximize the use of our assets. The approach will be different than in the past. Clearly, the Winnipeg Regional Health Authority and Manitoba Health are seeking partners from the private sector that will be able to assist us with potential shortages in the future in order to meet the needs as the number of aging people is anticipated to increase by 2036.

OPERATIONS

Actionmarguerite continues to stand out in its delivery of services to the elderly and in its care of diseases associated with dementia and brain injury. Despite financial pressures at St. Vital, the facility has become the benchmark index for the level of operations and support programs, such as food, maintenance, laundry and supply. The standardisation of services remains a priority in order to achieve the efficiency and performance level in comparison to the other long term care facilities.

The human resources and access to a committed workforce will continue to be an important focus for the Management Team. The modernisation of human resource services, recruitment practices and performance process still remain key issues. Managing diversity and training of the workforce have become essential elements in the quality and stability of services. All the more that the availability of a bilingual workforce remains a challenge, it has become essential to find new ways to ensure active offer and delivery of a linguistic mandate for the francophone population.

THE FUTURE

Despite efforts, it is such that the purchase service agreements between the Winnipeg Regional Health Authority and the long term care personal homes must still be finalized. At the WRHA's request, the negotiations have been suspended until June 2018. We consider that the accountability framework and the nature of collaboration between the agreement signatories will depend on the announcements regarding the redesign of the Winnipeg emergency rooms and the mandate of the community hospitals in rehabilitation, chronic care and services for the individuals with dementia.

Actionmarguerite is therefore called upon to work differently with its partners such as member organizations of the Catholic Health Corporation of Manitoba and the Winnipeg Regional Health Authority. The initiatives surrounding the optimization projects of the Corporation will have to be accelerated if we want to position Actionmarguerite and other communities of service working with the elderly as genuine contributors in the redesign of services offered to the elderly and those needing care with complex health issues.

The relationship with the WRHA remains important if we are to better respond to the needs of the hospital and community settings. The long term care facilities will be called upon to increasingly contribute to the health care system. They will possibly have to accommodate a more diversified clientele on the one hand

and deliver their services, once reserved traditionally in an institutional setting, in a variety of housings so that they can keep the elderly more autonomous, independent and able to age well in a community environment.

In addition to its good governance, Actionmarguerite, the Board of Directors and management remain mindful of unmet needs for the elderly and seek to promote the integration and coordination of services toward the improvement of the quality of life for persons.

Ken Chartrand
President, Board of Directors
June 21, 2017

Charles Gagné
Chief Executive Officer

2016-17 Major Highlights

Fiscal year 2016-17 consisted mainly of the continuity and stabilization of the care and services in accordance with the programs. Since 2014, numerous projects have emerged and have led to many changes in management, finance and program mandate intended for different clienteles whom Actionmarguerite serves. What follows is only a summary of the 2016-17 major highlights.

Financial Stability

The 2016-17 is proof that a financial and operational stability at St. Joseph was possible because of the gradual integration of its operations to those of Actionmarguerite. The implementation of management structures and strong organizational practices give confidence to staff that the organization is on the road to re-establish its financial stability. In reducing its financial burden set on by its deficits from previous years, the facility is now better prepared to initiate new projects which increases staff capacity to care for the elderly who have more acute health issues and complex care needs.

Specialized Care

St. Boniface was successful in strengthening its care teams in two regional units in February 2017. The full year was dedicated in building teams to serve a clientele being more affected by diseases associated with dementia or brain injury. Among the 299 beds at 185 Despains, 96 beds (on 4ABC and 5ABC) are designated for persons with dementia whose behaviors are sufficiently disruptive, which impair their daily activities or put them or others at risk or danger.

Our caregivers are specifically trained and have a vast experience in the care of the elderly with behavioral disorders. A multidisciplinary team made up of specialized clinicians (nurses, doctors, psychiatrist, dietitian, social worker, rehabilitation staff and others) support and ensure care for special cases, and also benefit from the experience and expertise of certain members of the geriatric active team and dementia care.

Improvements to the physical spaces in the recent years provide areas better adapted to this clientele and enhance resident security while benefitting the persons' own functional capacity with the aim to improve their quality of life and of the unit in general.

The unit designated for persons with brain injury (2ABC) has increased from 34 to 43 residents this year. In addition to new admissions and the important increase in staff, adjustments have been gradual on the unit and were done taking into account the diverse cases of complex behaviour originating from residents with varied neurological disorders. The targeted training and experience in the last year have greatly contributed to stabilizing the interactions between residents and staff.

The philosophy of the program is to create a safe environment for the persons living here while involving the resident in his/her daily life. With time, and thanks to the multidisciplinary team's commitment, from nurse services, family doctor and rehabilitation staff, many residents on this unit maintain or improve their functional status. In certain cases, the resident starts to walk again or is able to mobilize himself/herself and

make an independent transfer. Others may resume daily activities, for example, to eat on his/her own. In all these cases, the focus is placed on the improvement of the persons' life while ensuring their security. It is expected for some, a return to the community, and ensuring a safe coordination of the transition and the implementation of necessary support for these persons to be able to live in a more independent way.

2ABC unit has experienced a transformation in the last two years. The team has reinvented the purpose for this program within a long term care facility. The focus continues to be on educating caregivers in the treatment and support of persons with diseases associated with brain injury. In some cases, some training was offered for the treatment of persons living with HIV or AIDS, besides their brain injury. In other cases, staff must show great sensitivity and take into account factors associated with the behavior of a person with brain injury.

Staff Commitment

Actionmarguerite continues to facilitate the movement of patients who are in hospitals and are waiting for a bed in long term care. It is still unpredictable to assess the changes recommended by the WRHA's Healing our Health Care System (<http://www.healingourhealthsystem.ca>) on Actionmarguerite. Clearly, there will be repercussions on the long term care facilities, one of the main ones being acuity levels of the patients who will be residents eventually in one of our establishments.

Staff who work on the regular units, that is 154 beds at St. Vital, 100 at St. Joseph and 170 at St. Boniface, have all noticed an increase in the complexity of care and chronic indicators of the residents. Not only is the length of stay downward; requests for clinical interventions and medication are more frequent. It is anticipated that these tendencies will continue in the future since the health system limits access to long term care beds for persons with acute and/or chronic health issues. Preference will continue to be given to the elderly in the community with home care services. This pressure regarding access to long term care beds will be all the more keenly felt with the delays in the construction of new personal care homes.

It has become important to continue supporting the caregivers affected by this transition in establishing care teams which will offer care safely and securely. It is also crucial to equip the care teams for them to have confidence in the work they do and to offer care giving with great quality, compassion, and dignity for the beneficiary.

In 2016-17, the focus was on staff communication and recognition. Team work, active listening from employees and problem resolution at the unit level will continue to be key elements in the makeover of the health sector, including long term care because of the aging population in general.

Requirements on the staff and the level of stress on many are important challenges in our efforts for the revival of staff commitment. In comparison to previous years, important attention was given to staff recognition in the last year.

For a first time, Actionmarguerite held a recognition ceremony for long service employees who had 5 to 40 years of service and staff who were retiring; these persons originated from the three facilities. More than 200 persons participated in the excellent vibrant evening filled with testimonies from individuals dedicated

to the quality of residents' lives who reside in one of Actionmarguerite's facilities. The success of this event was the overwhelming participation of employees of St. Joseph. Somehow, the event marked their integration to the Actionmarguerite large family.

In 2016-17, we also launched merit awards for the nursing and support staff. Excellence awards were given to individuals, chosen by their colleagues, as exemplary models of compassion and service toward the residents and staff. These excellence awards are given during the National Nurses' Week and the National Health Workers' Week.



The three recipients of the first National Nurses Week Awards for Excellence at Actionmarguerite, from left to right: Marjorie Geron, Fablen Plette and Nicole Chouinard.

In June 2016, Actionmarguerite published its first quarterly newsletter in order to present different facets of the everyday life of residents, volunteers and staff. Thanks to the funding support from Actionmarguerite Foundation, three newsletters were published (summer, winter, spring) where important accomplishments and events related to the programs and facilities were highlighted. Each edition emphasizes the contribution of some donors and welcomes new staff. With the help of RDÉ – La Liberté service, more than 1,000 copies per edition are printed and distributed to the residents, families and volunteers. These newsletters are also available on the Actionmarguerite website.

The improvement of staff engagement requires a management team committed in the future direction of Actionmarguerite. In addition to the changes to the programs and team integration at St. Joseph, the management structure consists of 20 managers who administer programs and services in five different facilities on which depend some 850 employees. The active participation and contribution of each of these managers is important in order to ensure that the services meet the governmental and financial requirements of the sector. In 2016-17, special attention was given to the managers for their professional development in order to successfully accomplish their tasks.

Residents' quality of life

The real staff recognition is achieved by the satisfaction of having contributed positively to the residents' quality of life and their families. During the general orientation, staff is reminded that it is a privilege to serve the residents. With a visit every two years, the three facilities were assessed by Manitoba Health regarding provincial standards on long term care facilities. Following its assessment, work has continued in order to improve audit processes and quality indicators according to the auditors' recommendations. Furthermore, St. Joseph had an unannounced visit from the auditors to assess some residents' files. It was

noted that significant progress was accomplished in the last few years in providing care and services in accordance with provincial standards.

Actionmarguerite also participated in the Accreditation Canada national assessment in 2016. This regional assessment consists of national standards in the long term care sector. The accreditation was renewed up until 2020 with recommendations being mainly in the improvement of clinical practices between the health partners and during transition between services provided to the elderly.

Also, there were steps taken in 2016-17 to restructure Actionmarguerite's website in the hope of modernizing this tool to align with the new technology platforms such as smartphones and to update pertinent information for families, staff and the public in general who need information on our programs and services. This promotion and social media tool becomes more and more important in communicating with our clientele and our staff and may contribute in engaging our staff.

We have also proceeded to reinforce our human resources in order to support the managers in the organization and management of some 900 employees at Actionmarguerite. The 2016-17 year has seen the promotion of the Human Resources Director position so that her/his role is more strategic in the development of the organizational culture and staff development. A position designated to work relations has also been created with one of its important element being work safety and security. Further to Actionmarguerite's request, the Workers' Compensation Board has been asked to do a complete assessment of our management program in regards to attendance, including return to work, accommodation for employees having reduced abilities and general education for staff regarding security procedures in place in order to reduce risk of injuries associated with different tasks.

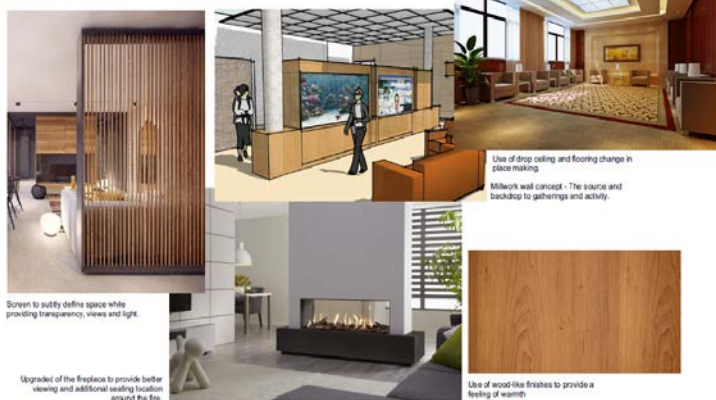
We continue to work in collaboration with our unions in order to find ways to engage our staff. For example, an agreement has been reached with the Manitoba Association of Health Care Professionals local to allow a certain flexibility of work schedules for health professionals who must adjust their schedules to better meet the needs of the residents' and families.

We have also concluded a local agreement between St. Boniface and the Manitoba Government Employees' Union who dealt with the issue of unilingual Anglophone employees who were protected in 1996 under the bilingual positions designation rule. This agreement documents and clarifies employee mobility within the organization without the employer requiring a condition of employment of having a knowledge of French.

Improvement of Physical Spaces

The four bathrooms at St. Joseph were completely renovated thanks to a donation of more than \$110,000 from the Friends of St. Joseph's Residence, amongst others. The tubs in these bathrooms were dated to the original construction of 1982 and two of them were no longer functional. The Friends of St. Joseph's Residence have well understood that there was a deficit between the project cost and funding available from the Winnipeg Regional Health Authority. Without their generous donation, we would not have seen this project become a reality.

Actionmarguerite Main floor DE - Schematic



The improvement of the outdated spaces at 185 Despins is ongoing with the planning and modernization of the DE wings on the first floor. This space will become more accessible and functional for the residents and staff. The renovation project consists of creating a meeting place and a leisure venue for the residents and families as well as renovations to the public washrooms. The project should be done by summer 2017.

Thanks to funding from the WRHA, it is also anticipated to replace the roof of the C Wing at 185 Despins. The infrastructures at 450 River Road were improved in 2016 with the courtyard renovation thanks to funding support from the Government of Canada within the Enabling Accessibility Fund and the Winnipeg Foundation. These monies totalling \$60,000 allowed the planning of a better drainage system for the yard as well as extend the path for the residents' use to a natural landscape. The second phase of the project will be initiated in 2017 and consists of the creation of patios as a meeting place for residents, families and staff. The above-mentioned funding and \$40,000 from Actionmarguerite Foundation will cover the project costs totalling \$100,000.

Actionmarguerite St. Vital has completed the roof replacement of the public areas in 2016 and was required to replace one of its two elevators using reserve funds (major repair) in order to make up for the shortfall in the WRHA funds allocated for emergencies. The second elevator, installed in the 1980's, was put on the priority list for its replacement in the coming years. The other infrastructure projects were put on hold or cancelled following the election of the new provincial government. It is anticipated that the roof of the central building at 450 River Road will be replaced in 2017 at a cost of approximately \$450,000 as well as the security system at the main entrance at St. Joseph's Residence, 1149 Leila Avenue. The project for the improvement of the fire prevention system at St. Joseph's Residence is under review; the replacement of the ventilation system and air conditioner at St. Joseph was cancelled due to lack of funds. The budget has been submitted again to WRHA in 2017-2018 for funding in the hope of moving forward with the safety and security projects.

We have also modernized our exterior infrastructures at our three major sites (St. Boniface, St. Joseph and St. Vital) by participating in the Power Smart Program offered by Manitoba Hydro. This project consisted of the replacement of exterior lamp posts with LED lights which are more economical and better for the environment.

We cannot underestimate the commitment of many individuals who have successfully provided toward the great improvement of care and services. In adapting to the new realities of caring for an increasing number of elderly persons with complex health care needs, we continue to meet challenges in improving

performance toward the quality of care and safety for our residents. We must recognize that 2016-17 has been a year of transition and adaptation. The lives of residents and staff have been impacted by the transformation of health units and it took time to establish a relationship with the clientele and new structures.

Governance and Accountability Framework

Actionmarguerite continues to sustain the Catholic Health Corporation of Manitoba's governance framework in its strategic planning and promotion of its mandate. The success indicators are established according to the six major performance perspectives: spirituality, ethics, provision of unmet needs, sustainability, excellence and linguistic mandate.

Spirituality: ensure the *integration of spiritual health in key program areas and focus on all the needs of the person.*

In addition to supporting our residents and families through a number of spiritual and cultural services, we continue to integrate the spiritual care teams in the interdisciplinary approach to care conferencing and actively monitoring the emotional and spiritual needs of residents.

The Actionmarguerite Spiritual Care Team is committed to the enormous task of effectively meeting the individual needs of all residents.



From left to right: Diane Carrière, Carolyn Mount, Sylvie Fiset, Ghislaine Gauthier and Gérald Fournier.

The program works collaboratively between all facilities and has adopted each other's best practices and approaches to spiritual care. The team continues to evolve and to adapt to the different needs of clientele.

Our 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 priests in carrying out their ministry. We also have long standing volunteers who come once a week to support a non-denomination 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. The availability of volunteers on some days remains, and challenges us to review our services and find new ways of transporting residents to spiritual services. In cooperation with parishes, we seek innovative ways to respond to the needs of all.

We continue to be challenged with the limitations of the number and availability of spiritual providers. We continue to depend on and work with parishes and dioceses in identifying potential candidates who may want to work within our organization and within our approach to the delivery of spiritual services.

We continue to accompany residents in their end of life while supporting families who experience grief when a loved one dies. Each facility organizes commemorative services one or two times a year to

remember the persons who have left Actionmarguerite. The blessings of these events for the families are to support the grief process while emphasizing the importance of the life of their loved ones throughout their stay at Actionmarguerite. It is also important for staff to say farewell to the persons they have cared for and to recognize that these caregivers have also experienced a loss. Even if life and work continues, staff has also been affected. Each of the facilities hold short farewell ceremonies for each deceased person, in his/her room, as a gesture of respect and dignity for the person.

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. Results continue to inform us regarding all of the interdisciplinary team's contributions to the end of life services for residents. The survey provides quantitative and qualitative information communicated by families who chose to respond to the invitation to participate in the survey 30 days after their loved one's passing.

We continue to offer the Artists in Health Care program. Performances are held on resident units and create a peaceful and cultural atmosphere. The program is graciously supported by the Auxiliary and the Sisters of Tildonk Endowment Fund.

We continue to offer a spiritual, emotional and receptive programming to First Nations residents. This includes a smudging ceremony and a pow-wow for the residents at 185 Despins. According to testimonies of some residents, the smudging session gives them a sense of belonging to the traditions of indigenous peoples and sacred teachings.

Actionmarguerite also benefitted from a donation from the Manitoba Catholic Foundation in order to improve the support program to families who watch over their loved ones at the end of their life. The team offers resources, refreshments and food to the families supporting their loved ones during their last hours of life. This financial support allows for providing necessary items and families appreciate this gesture.

The spiritual dimension remains therefore at the heart of Actionmarguerite's mandate. More and more, the caregivers adapt and open up to respond to the residents' needs and staff. There is a desire to continue to evolve in the area of spirituality and being fully aware, not only as a distinct element of the organizational culture but rather as a witness to accompany residents and families in this phase of a person's life.



Wilmar Chopyck, chair of the Board of the Catholic Foundation of Manitoba presents a donation to the Gérald Fournier, spiritual care provider.

Ethics: *promote a culture of compassion and of ethical behaviors consistent with our 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 administrative assistant, Lydia Shawarsky, are invaluable. The Ethics Service provided again this year education, development and revision of policy frameworks, and research as well as ethics consultation to patients, residents, clients, clinical and administrative staff and others. The service is available for urgent consultations 24 hours on a 24 hour/7 day basis.

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 ways of engagement in difficult and delicate conversations. These labs are offered on a regular basis to managers and social workers on real and pertinent issues with respect to current practices.

Actionmarguerite continues to receive 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 2016-17, 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. A policy was developed in 2017 in accordance with the Interim WRHA policy.

Provision of unmet needs: *respond to client and community health needs, including cultural and language requirements by providing innovative programming in partnership with other service providers.*

Actionmarguerite continues to work closely with the Winnipeg Regional Health Authority and other service providers toward improving patient flow in the hospitals and reducing the number of interim placements in long term care. Our new admission policy and the designation of francophone units at St. Boniface, in addition to those accessible at St. Vital, allow to better identify the francophone clientele within the overall clientele who have chosen Actionmarguerite as their facility.

We participate and contribute actively to the selection process of persons who cannot integrate in personal care homes and need special services. Through our participation on the WRHA Transition Advisory Panel, we are therefore able to assist in the management of the regional waiting lists for specialized units for persons with dementia

In 2016-17, we have developed a project proposal with the St. Boniface Hospital in order to create a transition unit to the 3ABC unit at St. Boniface. This project was suspended with the arrival of the new government and recent announcements on the amalgamation of hospital services. We continue to look at ways to adapt our services so as to better respond to unmet needs of the aging population. These elderly persons are in hospitals because the structures and services in place in the long term care sector are not sufficiently adapted to the different needs of the clientele.

With the DE Tower at Actionmarguerite St. Boniface designated as the francophone setting, at the same level of designation at St. Vital in 1998, and the specialized long term care services in three of four units in ABC Tower, it is increasingly important to raise awareness of Actionmarguerite's regional role in the services offered at ABC Tower at 185 Despins.

We continue to benefit from trust funds, such as the Ghislaine-Lacerte Fund, in order to enrich our cultural program at 450 River. This fund provides additional resources to support the programming of the Festival du Voyageur and the different events during the year. We have also converted the Ursuline Sisters of Tildonk Fund in order that this fund support projects on compassion and full awareness. This new fund, entitled Compassion Fund, established by the Ursuline Sisters of Tildonk will be available to support awareness and training programs, and the development of compassion strategies.

Sustainability: ensure financial sustainability by optimizing the delivery of care and services in accordance with best practices.

In 2016-17, we continue to improve planning and the replacement of equipment based on a 10-year plan. We continue to centralize our operations and shared positions when opportunities are before us and when logic.

We continue to improve financial viability with respect to the supportive housing program. The service agreement for supportive housing ended in 2013 and a renewal is not foreseen until June 2018. The only issue preventing this agreement from being renewed was the base funding for services in comparison to the per diem for each tenant. Meanwhile, the WRHA has recognized the necessity to increase funding in 2017-18 only by approximately 2%. No retroactive funding is anticipated. Discussions regarding future funding of this program will be most important in the upcoming year.

The service agreement for the facilities has ended in March 2015. Many hours of negotiation have been devoted to the renewal of this agreement in 2016-17. These negotiations were however suspended by the WRHA following the announcement related to Healing our Health System.

The major financial issues in 2017-18 will continue to be the costs associated with the amalgamation of the structures and services between the different programs as well as the performance between the different departments. It has become necessary to review the costs per resident per day in regards to certain services

in order to reduce the gap between the three facilities. It will also be necessary to evaluate the impact on the targets of performance on control expenditure and quality measurement when anticipating that the funding will continue to be stagnant as has been the case for many years.

The provincial economic climate and the recent announcements of the WRHA's program and service consolidation is such that the financial pressures will increase and will require Actionmarguerite to standardize its processes even more in order to achieve huge savings and to not deviate from its budget in the food and medical supplies sector, sick time and costs associated with injury at work. It is also anticipated that certain expenses, borne in the past by WRHA and Manitoba Health will become the responsibility of the facilities without necessarily receiving corresponding funding (i.e., resident transportation).

Financial pressures will equally be felt when we factor in the calculation of the replacement costs for capital equipment. At St. Vital, it is foreseen to replace the hot water tanks, the ceiling in the kitchen and fix the drainage problem on the grounds at 450 River Road when torrential rains occur. It is also necessary that St. Boniface adds some mechanical systems to its generator as well as repairing the air conditioner. As for St. Joseph, notwithstanding the necessity to renovate the outdated spaces, such as the nurses' offices and medical supply rooms, the ventilation system and the air conditioner also need to be replaced (funding was cancelled in 2017). Also to be replaced is the roof and all the windows. Thus, some of these costs will be necessary in future years and will obligate us to liquidate some reserve funds allocated for this purpose.

Excellence: 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 2016-17 fiscal year included:

- Meeting 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
- Standardization of the medication reconciliation process
- Evaluation of the total inventory of mattresses, beds and equipment
- Update of the technology security system following an external cyber attack
- Development of a strategy for the replacement of our technology system for the management of the residents' files as well as the introduction of electronic medical files at St. Joseph

The Board of Directors is aware every month and every trimester of the number of quality indicators including the number of complaints, agency time, medication costs, waiting time in the hospitals and in the community for placement in a care home, the rate of availability in supportive housing, the rate of participation in the Day Program, the percentage of completed audits, the number of violations of protected confidential information as well as the number of quality indicators from MDS assessments. A summary of quality indicators can be consulted in the following pages.

These indicators allow the Board of Directors and the Quality Care and Services Committee to review historical and comparative data. Many local and regional strategies, education programs and audits are introduced in order to improve the overall quality.

Linguistic Mandate: create a capacity to support the French language designation and mandate to serve the Francophone population.

The organization's capacity to maintain and support the active offer for French-language services continues to be challenging, despite gains and losses depending on the sector. We must invest more in resources which support the mandate, such as active offer, language training on site, evaluation of the language level and translation services. The linguistic and cultural diversity of our workforce as well as that of the residents and families compels our staff to provide greater sensitivity and active offer at all times.

Quality Indicators

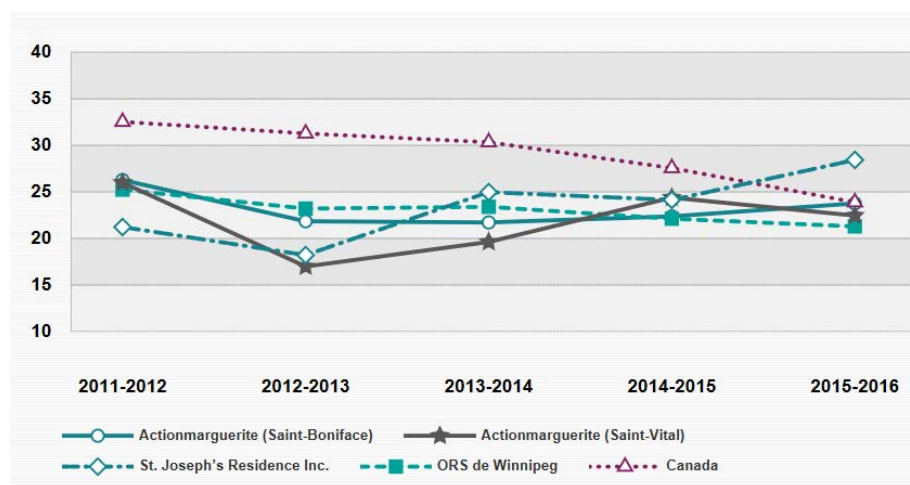
Table 1 – Overall Results

2015-16	St-Boniface		St-Vital		St-Joseph	
	2016	2015 (2014)	2016	2015 (2014)	2016	2015 (2014)
Long Term Care (LTC) Residents Older than 85	42.9%	47.4% (46.7)	61.6%	64.9% (69.0)	59.8%	63.9% (63.8)
LTC Residents Younger than 65	19.9%	15.6% (17.2)	1.5%	0.9% (1.0)	3.8%	0.8% (0.8)
Female LTC Residents	62.2%	65.8% (64.5)	76.3%	75.8% (79.8)	84.8%	85.2% (85.4)
LTC Residents with Dementia	47.9%	53.7% (52.0)	70.9%	73.0% (73.3)	56.0%	66.4% (71.7)
LTC Residents with Congestive Heart Failure	11.3%	11.9% (12.4)	10.4%	11.8% (12.3)	19.2%	16.8% (15.8)

Source: Canadian Institute for Health Information, Your Health System, June 2017

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

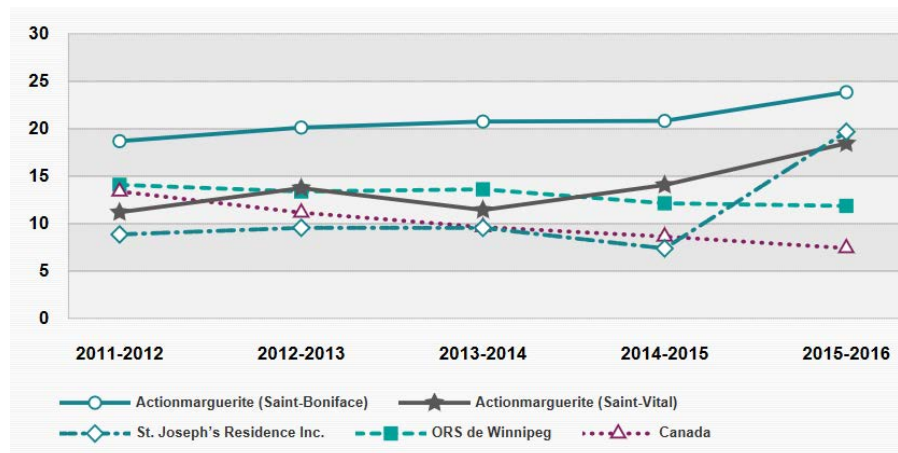
This indicator reports the number of residents in long term care who take antipsychotic medication without having been diagnosed with psychosis. These medications are sometimes used for managing residents' behaviour with dementia. A low value is preferable.



Source: Canadian Institute for Health Information, Your Health System, June 2017

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

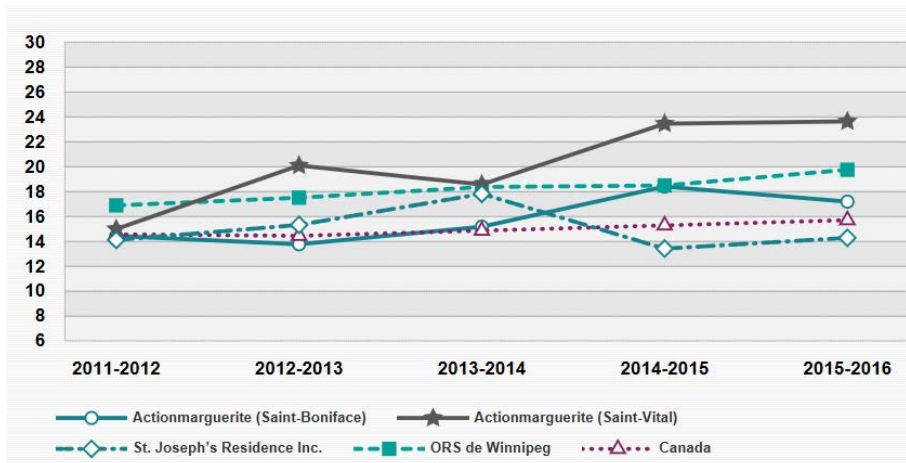
This indicator reports the number of residents physically bound on a daily basis. The immobilization is sometimes used to manage behaviours or prevent falls. A low value is preferable.



Source: Canadian Institute for Health Information, Your Health System, June 2017

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

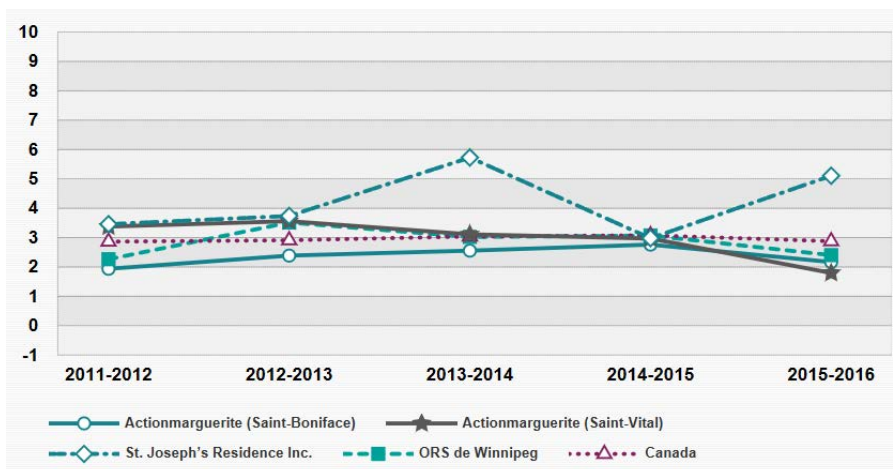
This indicator reports the number of residents in long term care who have fallen in the 30 days prior to their quarterly clinical assessment. Falling is the major cause of injury for the elderly. A low value is preferable.



Source: Canadian Institute for Health Information, Your Health System, June 2017

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

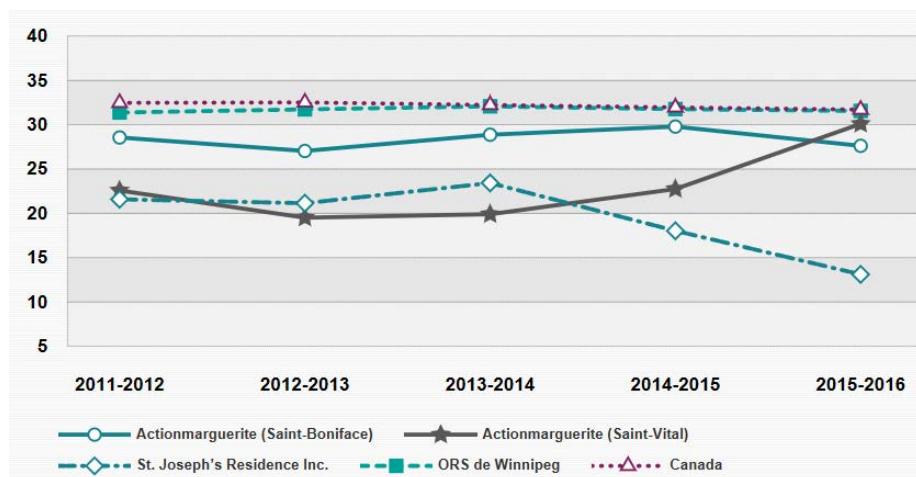
This indicator reports the number of residents in long term care whose pressure sore of stage 2, 3 or 4 has worsened in comparison to the previous assessment. A low value is preferable.



Source: Canadian Institute for Health Information, Your Health System, June 2017

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

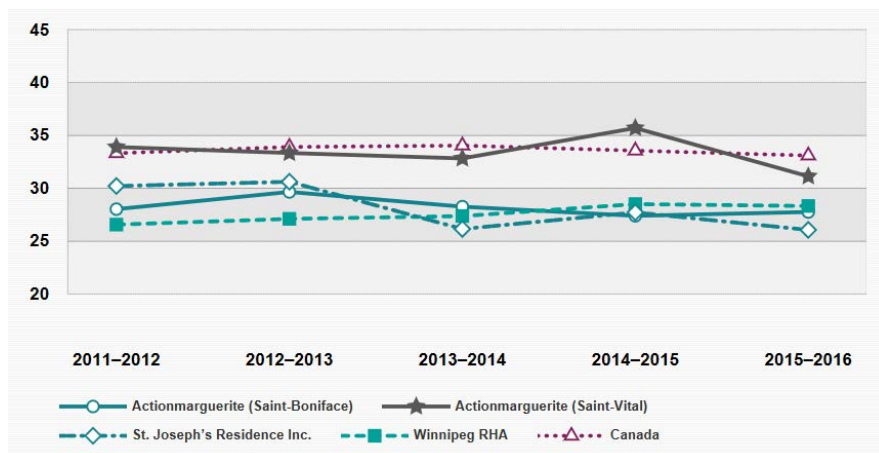
This indicator reports the number of residents in long term care whose performance in their daily activities associated with an intermediate loss of independence (transfer and move) has improved, or whose independence in this regard has remained complete. A high value is preferable.



Source: Canadian Institute for Health Information, Your Health System, June 2017

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

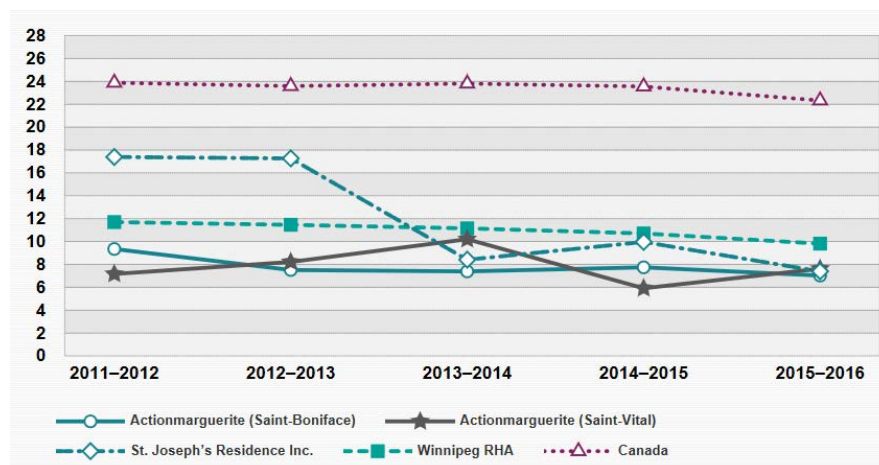
This indicator reports the number of residents in long term care whose performance in their daily activities associated with an intermediate loss of independence (transfer and move) has deteriorated, or whose dependence in this regard has remained complete. A low value is preferable.



Source: Canadian Institute for Health Information, Your Health System, June 2017

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

This indicator reports the number of residents in long term care whose depressive symptoms have worsened. A low value is preferable.

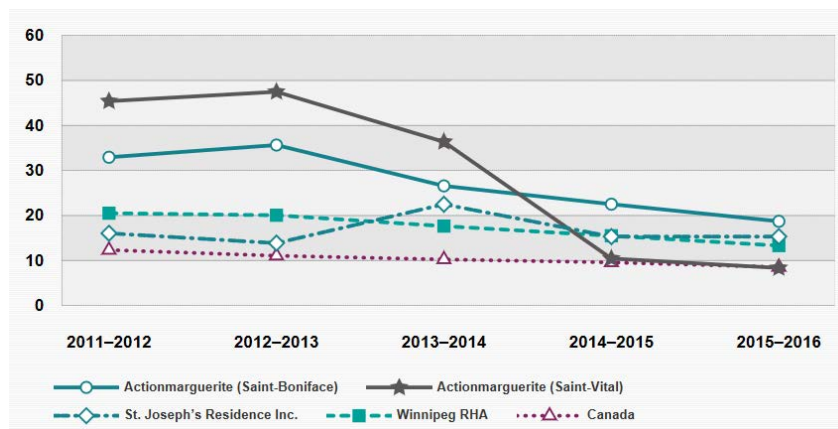


Source: Canadian Institute for Health Information, Your Health System, June 2017

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

This indicator reports the number of residents in long term care who had pain.

A low value is preferable.

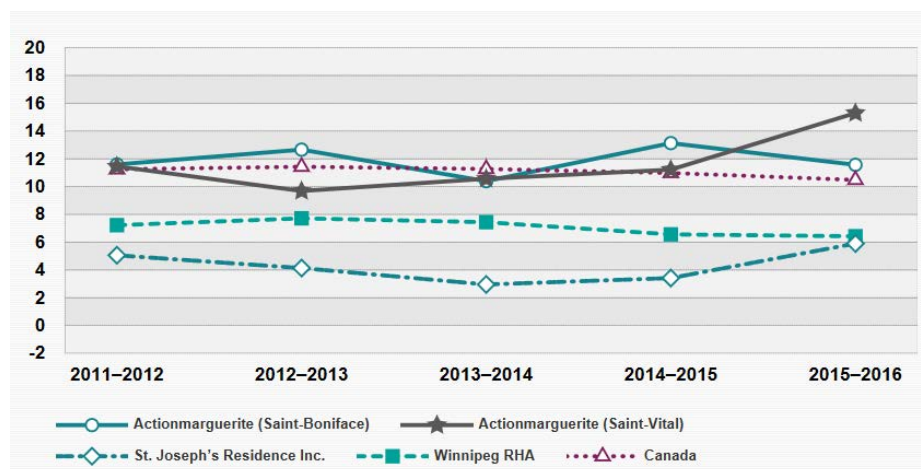


Source: Canadian Institute for Health Information, Your Health System, June 2017

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

This indicator reports the number of residents in long term care whose pain has increased. The increase due to pain may be related to many problems, including medication complications and a poor management of medications.

A low value is preferable.



Source: Canadian Institute for Health Information, Your Health System, June 2017

Table 11: Percentage of bilingual employees in designated bilingual positions (March 2017)
(St. Boniface and St. Vital only)


 <div>Winnipeg Regional Health Authority Office régional de la santé de Winnipeg Caring for Health À l'écoute de notre santé</div>			FRENCH LANGUAGE SERVICES			
			DESIGNATED BILINGUAL POSITIONS			
			Program Name			
			March 2017			
Facility / Program: Long Term Care						
Unit / Department / Service: Actionmarguerite						
	Number of employees	Total EFT	Total EFT Positions currently designated	Total EFT of designated positions filled with bilingual staff	% of positions filled	COMMENTS
POSITION DESCRIPTION By Category						
Actionmarguerite St. Boniface						
Administration	31	32,30	32,30	24,88	77%	0%
RN / PN	35	30,40	30,40	13,50	44%	-1%
LPN	32	23,30	23,30	7,00	30%	-3%
HCA	174	135,00	135,00	61,50	46%	-1%
Allied Health	17	13,70	13,70	7,70	56%	-18%
Other	16	10,90	10,90	5,70	52%	-6%
Housekeeping/Laundry	25	21,10	21,10	19,09	90%	0%
Dietetics	37	24,40	24,40	18,83	77%	0%
Day Centre Program	5	3,10	3,10	2,20	71%	-15%
Supportive Housing	20	14,50	14,50	6,82	47%	-4%
					0%	0%
					0%	0%
Sub Total	392	308,70	308,70	167,22	54%	-2%
Actionmarguerite St. Vital						
Administration	8	8,00	8,00	6,00	75%	0%
RN / RPN	14	11,60	11,60	4,20	36%	-2%
LPN	15	12,60	12,60	6,20	49%	-11%
HCA	85	63,98	63,98	43,63	68%	-2%
Other	8	6,40	6,40	5,80	91%	5%
Housekeeping/Laundry	13	9,70	9,70	7,70	79%	-6%
Dietetics	22	12,76	12,76	3,79	30%	-8%
					0%	0%
					0%	0%
Sub Total	165	125,04	125,04	77,32	62%	-3%
Total	557	433,74	433,74	244,54	56%	-2%

Table 12: Combined Statement of Operations, March 31, 2017

	PCH Program St. Joseph	PCH Program Saint-Vital	PCH Program Saint-Boniface	Adult Day Program	Supportive Housing Program	2017 Total	2016 Total
Revenue:							
Winnipeg Regional Health Authority Resident and service fees	\$ 5,418,853	\$ 8,210,081	\$ 21,904,921	\$ 432,467	\$ 756,144	\$ 36,722,466	\$ 35,386,514
	1,857,980	2,957,380	5,235,481	50,048	380,668	10,481,557	9,923,282
	7,276,833	11,167,461	27,140,402	482,515	1,136,812	47,204,023	45,309,796
Offset income:							
Cafeteria	7,110	43,752	93,341	-	-	144,203	137,381
Interest	-	1,123	2,046	-	-	3,169	3,501
Donations	47,198	7,194	8,343	-	-	62,735	69,680
Parking	18,985	41,531	86,411	-	2,439	149,366	151,772
Shared Services	-	242,430	911,920	-	-	1,154,350	1,015,055
Grants	-	5,379	500	-	-	5,879	4,196
Recoveries:							
General	23,826	56,932	251,207	-	-	331,965	539,712
Other	-	249,605	412,473	-	-	662,078	-
	97,119	647,946	1,766,241	-	2,439	2,513,745	1,921,297
	7,373,952	11,815,407	28,906,643	482,515	1,139,251	49,717,768	47,231,093
Expenses:							
Salaries and wages	5,217,398	8,325,959	20,287,253	243,831	742,360	34,816,801	32,886,652
Employee benefits	1,170,850	1,876,433	4,352,616	34,579	142,410	7,576,888	7,233,031
Other supplies and expenses	163,285	216,993	501,358	5,510	9,002	896,148	862,511
Medical and surgical supplies	102,268	110,720	307,471	-	-	520,459	590,313
Drugs	9,725	6,173	9,167	-	-	25,065	16,513
Food costs	284,287	379,405	788,284	36,692	171,868	1,660,536	1,574,408
Utilities	146,374	219,708	484,544	-	-	850,626	818,533
Telephone and sundry	35,086	34,853	83,504	1,910	8,495	163,848	148,798
Travel	48,395	89,262	83,208	150,305	713	371,883	338,389
Professional and other fees	22,122	84,517	209,407	-	1,230	317,276	217,201
Advertising and public relations	8,815	1,750	11,751	-	1,740	24,056	26,437
Insurance	23,041	34,643	55,615	-	-	113,299	114,268
Equipment	52,408	102,958	262,309	(289)	492	417,878	389,672
Buildings and grounds	117,069	246,211	402,322	-	-	765,602	775,313
Interest	626	10,006	203,400	-	-	214,032	198,033
	7,401,749	11,739,591	28,042,209	472,538	1,078,310	48,734,397	46,190,072
Excess (deficiency) of revenue over expenses before the undemoted	(27,797)	75,816	864,434	9,977	60,941	983,371	1,041,021
Prior year adjustments	(5,607)	-	-	-	-	(5,607)	16,597
Winnipeg Regional Health Authority employee future benefits receivable	101,164	(40,138)	68,501	-	-	129,527	61,129
Employee future benefits	(101,164)	40,138	(68,501)	-	-	(129,527)	(61,129)
Excess (deficiency) of revenue over expenses	(33,404)	75,816	864,434	9,977	60,941	977,764	1,057,618
Transfer to Capital Fund for additions to capital assets	(9,311)	(26,992)	(336,017)	-	-	(372,320)	(100,576)
Transfer to Internally Restricted Fund for prior year additions to capital assets	-	-	-	-	-	-	(531,755)
Program surplus (deficit)	\$ (42,715)	\$ 48,824	\$ 528,417	\$ 9,977	\$ 60,941	\$ 605,444	\$ 425,287

Shared services: Saint-Boniface, Saint-Vital and St. Joseph have an agreement to share the cost of specific employee services based on the time spent on each program. Revenue and expenses related to share services have been eliminated in the Combined Statement of Operations.

Combined Financial Statements (condensed)

Actionmarguerite (St-Boniface) Inc.; Actionmarguerite (St-Vital) Inc.; St. Joseph's Residence Inc.

CONDENSED COMBINED STATEMENTS OF FINANCIAL POSITION

March 31, 2017 and March 31, 2016

	2017 \$	2016 \$
Assets	40 594 018	39 502 297
Liabilities & Deferred Contributions	33 616 598	33 352 257
Fund Balances	6 977 420	6 150 040
	40 594 018	39 502 297

CONDENSED COMBINED STATEMENTS OF OPERATIONS AND CHANGES IN FUND BALANCES

Year ended March 31, 2017 and March 31, 2016

	Operating Fund	Ancillary Operations and Internally Restricted Funds	Capital Fund	2017 Total \$	2016 Total \$
Revenue:					
Winnipeg Regional Health Authority	36 722 466	-	-	36 722 466	35 386 514
Resident and service fees	10 481 557	-	-	10 481 557	9 923 282
	47 204 023	-	-	47 204 023	45 309 796
Amortization of deferred contributions	-	-	1 347 986	1 347 986	1 346 370
Offset income	1 413 504	217 609	-	1 631 113	1 140 823
	48 617 527	217 609	1 347 986	50 183 122	47 796 989
Expenses	47 634 156	64 395	1 595 810	49 294 361	46 793 153
Excess (deficiency) of revenue over expenses before the undernoted	983 371	153 214	(247 824)	888 761	1 003 836
Winnipeg Regional Health Authority prior year adjustments	(5 607)	(55 774)	-	(61 381)	16 597
Winnipeg Regional Health Authority future employee benefits recoverable	129 527	-	-	129 527	61 129
Employee future benefits	(129 527)	-	-	(129 527)	(61 129)
Excess (deficiency) of revenue over expenses	977 764	97 440	(247 824)	827 380	1 020 433
Fund balances, beginning of year	(266 053)	3 647 801	2 768 292	6 150 040	5 129 607
Transfer to Capital Fund	(372 320)	(10 496)	382 816	-	-
Transfer of Personnal Care Home Program surplus	(577 241)	577 241	-	-	-
Transfer of Adult Day Program surplus	(9 977)	9 977	-	-	-
Transfer of Supportive Housing Program surplus	(60 941)	60 941	-	-	-
Fund balances, end of year	(308 768)	4 382 904	2 903 284	6 977 420	6 150 040

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.

Condensed Financial Statement - Foundation

Fondation Actionmarguerite Foundation

Fondation Actionmarguerite Foundation Inc. Condensed Financial Statements

CONDENSED STATEMENT OF FINANCIAL POSITION December 31, 2016 and December 31, 2015

	2016 \$	2015 \$
Assets	3 419 952	3 245 833
Liabilities	3 812	3 702
Fund Balances	3 416 140	3 242 131
	3 419 952	3 245 833

CONDENSED STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES Year ended December 31, 2016 and December 31, 2015

	2016 \$	2015 \$
Revenue:		
Fundraising & Donations	45 441	30 463
Investment income	240 495	170 993
	285 936	201 456
Expenses	111 927	110 979
Excess of revenue over expenses for the year	174 009	90 477
Fund balances, beginning of year	3 242 131	3 151 654
Fund balances, end of year	3 416 140	3 242 131





Investments

	2016 \$	2015 \$
Investments - The Winnipeg Foundation:		
Managed	3 020 483	1 906 964
Endowment	95 013	87 141
	3 115 496	1 994 105

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Members of the Board of Directors and Senior Management

ACTIONMARGUERITE	ACTIONMARGUERITE FOUNDATION	FRIENDS OF ST. JOSEPH'S
Ken Chartrand	Ken Chartrand	Ivan Derlago
Micheline Lafond	Micheline Lafond	Fatima Mota
Marie Loewen	Marie Loewen	Maria Cabral
Rémi Bisson	Rémi Bisson	Marge Kemerle
Marc Labossière	Marc Labossière	Lydia Pronyk
Danielle de Moissac	Danielle de Moissac	Linda Ratynski
Carole Freynet-Gagné	Carole Freynet-Gagné	Toni Squires
Claudette Toupin	Claudette Toupin	Ivan Werbovetski
Daniel E. Lussier	Daniel E. Lussier	
Gisèle Lapointe	Gisèle Lapointe	
Christian Monnin	Christian Monnin	

CHARLES GAGNÉ	MARIELLE LAFOND	NATALIE POWER	SHEILA BAYDA
			
Chief Executive Officer	Chief Nursing Officer and Director of Resident Services	Chief Operating Officer and Director of Finance	Chief Human Resources Officer

Corporations

ACTIONMARGUERITE (ST. BONIFACE) INC.	ACTIONMARGUERITE (ST. VITAL) INC.	ST. JOSEPH'S RESIDENCE INC.
185 Despins Street Winnipeg MB R2H 2B3 204-233-3692	450 River Road Winnipeg MB R2M 5M4 204-254-3332	1149 Leila Avenue Winnipeg MB R2P 1S6 204-697-8031

ACTIONMARGUERITE FOUNDATION INC.	FRIENDS OF ST. JOSEPH'S RESIDENCE INC.
185 Despins Street Winnipeg MB R2H 2B3 204-233-3692	1149 Leila Avenue Winnipeg MB R2P 1S6 204-697-8031



Actionmarguerite

Service & Compassion

Programs and Services

Actionmarguerite aims to maintain its essential values of respect, hospitality, collaboration and excellence. The core of our mission is to work with compassion toward others and support those we serve.

Actionmarguerite depends on its 900 employees, 300 volunteers, many donors and the community at large in order to ensure the well-being, the comfort and quality of life of individuals and their families who benefit from our programs and services:

- **Long Term Care Program:** provided in elderly care homes at 1149 Leila Avenue, 450 River Road and 185 Despins Street (422 beds);
- **Adult Care with complex health needs:** for adults with needs and chronic health problems at 185 Despins Street (43 beds);
- **Care for persons with dementia:** specialized care to persons with dementia and related problems (86 beds);
- **Supportive Housing:** at 187 avenue de la Cathédrale and 875 Elizabeth Road – for adults who need a surveillance service 24 hours on 24 and some daily help due to physical restrictions or permanent health problems (48 suites);
- **Adult Day Program:** allows adults who live in the community to participate in social encounters and activities contributing to their well-being (150 clients per week);
- **Respite Program:** for the members of the community who require temporary care and services while providing respite for the caregivers (2 beds);
- **Spiritual Services and Leisure Services;**
- **Rehabilitation Services and Social Workers;**
- **Support Services:** food, housekeeping, maintenance and security;
- **Volunteer Services;**
- **Human Resources Services and Financial Services: St. Boniface Health Care Centre**

Actionmarguerite benefits from significant support from the Catholic Health Corporation of Manitoba, the Winnipeg Regional Health Authority, Manitoba Health, Manitoba Housing and Accueil Colombien in the accomplishment of its objectives. Actionmarguerite Foundation, Friends of St. Joseph's Residence, The Auxiliary and the Winnipeg Foundation fund certain programs and initiatives which supplement quality aspects in our care and services.