



Actionmarguerite

Service & Compassion



ANNUAL REPORT

2017-2018

Providing continuing person-centered care and services in Manitoba.

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Report to the Catholic Health Corporation of Manitoba

A BOLD VISION OF THE FUTURE

Actionmarguerite is taking an important leap into the future. It will no longer simply be a provider of personal care services, but a key partner in delivering the continuum of person centered care to the frail elderly. This bold new vision is intended to inspire our Board, our staff and our partners in fundamentally reviewing our strategy in order to respond to the unmet needs of an increasing aging and frail elderly. Our elder care vision of the future is intended to map out a plan of action that responds to system gaps that can reduce hospital transfers or premature moves from residential care to long term care.

Actionmarguerite and its Catholic Health Corporation of Manitoba's (CHCM) communities of service have great opportunities and natural synergy that can best serve the elderly who live in retirement homes, independent living and supportive housing facilities and personal care homes. It is by optimizing the strengths and capabilities of each community of service that we can deliver on the promise of supporting quality of life and aging in place of the frail elderly. The Board and Management have committed to face this challenge head-on and create opportunities to improve the continuum of care toward the elderly and the communities Actionmarguerite serves.

STRATEGIC POSITIONING

Our new 2018-2021 strategic plan identifies a clear path toward creating a future making Actionmarguerite a true valued partner in providing person centered continuing care to the elderly. The plan identifies new areas of outreach services in areas of home care, convalescent care and supportive housing. It also sets out a number of strategic initiatives to strengthen our core clinical programs in areas of quality and specialized care for persons with responsive behaviours.

In last year's report, we indicated that Actionmarguerite was at a turning point in its development. Despite our best abilities to adapt to short term needs of our clients, the imminent future is to expand the span of eldercare services. We are required to accept new delivery models and become more agile, flexible and responsive to the health needs of the frail elderly living in residential environments and not only limit these services to personal care homes.

The environment has changed. Health structures and government policies will focus more on value for funding and service quality outcomes. The 2018-2021 strategic plan anticipates that human resource and support services will evolve and require a new relationship with our union partners as we identify ways of consolidating administrative and support functions and increase service efficiency and cost effectiveness. In the last decade, Actionmarguerite has taken many steps in developing a corporate structure that focuses on centralizing and standardizing its services in order to optimize its clinical programs for the same level of funding. As we continue to operate under one central administrative structure, the new strategic plan takes this to the next level. We will be developing new delivery options that will increase our capacity to serve the

frail elderly in the community, but also support CHCM's optimization of services offerings in areas of housing, assisted living and supportive housing.

The year that ended achieved the level of stability in our programs in order to initiate new opportunities to respond to unmet needs. Our Management Team is now focused on innovating in ways of achieving greater program and service quality. New projects, such as the Senior Quality Leap Initiative (SQLI) and the creation of a new endowment fund to enhance staff education using the Gentle Persuasion Approach (GPA) sponsored by the Advanced Gerontological Education, are two major initiatives in the past year that have the potential to take our current organizations to the next level of care for the elderly.

The political and economic environment will continue to be uncertain and the pressures on public funding will continue. Health system transformations require that Actionmarguerite disrupts the status quo and expands its scope of services to address the needs of the frail elderly in the community and the health system as a whole. Our consultations with stakeholders and the community over the last year concluded that the communities we serve expect Actionmarguerite to lead and respond to the unmet needs. The opportunity is therefore one of leadership to be of service to others and to build relationships with the communities we serve in order to create value and contribute to the health system's ultimate goal of the right care at the right time in the right living environment.

FINANCIAL PERFORMANCE

The financial situation has stabilized for our four corporations (three sites and one foundation). We continue to find efficiencies and economies of scale, however, financial stability may not mean financial viability, as the funding levels continue to be flat. The Winnipeg Regional Health Authority did reduce the annual funding by 0.25% for all personal care homes as part of the WRHA strategy to manage the budget. This represented over \$100,000 for our three main sites. Vacancy management, expenditure containment and our reduction in WCB costs were major factors in enabling us to achieve a small surplus position. We anticipate that WRHA will maintain this 'cutback' in 2018-19, however, our ability of minimizing the effects on resident care decreases as supply and maintenance costs continue to increase despite the lack of increase in funding over the last 10 years for supplies and facility maintenance.

Residents' and clients' expectations of service levels, quality, reliability and consistency are not new. The ability of the health system to respond to these expectations under the current delivery and funding structure is questionable at best. The response is not necessarily more financial resources, but a different use of the current resources and delivering better outcomes. In the next year, we will be required to assess the value of our support services and workforce capacity to apply customer service approaches that are consistent with societal values and expectations of the public health system.

Actionmarguerite owes a lot of gratitude to the Catholic Health Corporation of Manitoba in its effort to support optimization, build capability and expertise in all aspects of our operations. Efforts are still required to develop business expertise and support structure in areas of housing development, financing and fund development. The future will depend in part on our ability to renew our infrastructures, invest in new capital projects and maximize the use of our assets. The approach continues to be different than in the

past. By all accounts, Government, Shared Health Manitoba, the Winnipeg Regional Health Authority and Actionmarguerite are seeking new relationships and partnerships that will enable to assist us to meet the needs of the increasing aging people.

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. The St. Vital site continues to be the benchmark for the level of operations and support programs, such as food, maintenance, laundry and supply. Our St. Joseph's site continues to improve, year over year, and can gradually look at improving the quality of its services as well as its physical environment. St. Boniface continues to build on its regional role, while refreshing existing space in order to accommodate and improve the home-like environment for residents, families and staff.

Significant progress has been achieved in all aspects of human resources management. Efforts to create a more committed and engaged workforce remains a central focus of management. We are beginning to see a payback to our investments in modernizing our human resource services, recruitment practices and performance management processes. Although there are still remaining issues, we have significantly reduced our agency dependency and the costs associated with our workplace injury program. Managing diversity and training of the workforce continue to be critical to our success. Despite the limited availability of a bilingual workforce, we continue to find new ways of promoting active offer and fulfilling our linguistic mandate for the francophone population.

THE FUTURE

The nature of the relationship between the Winnipeg Regional Health Authority and Actionmarguerite will change as a new service purchase agreement template is anticipated in the next year. WRHA extended the existing agreement until March 2019. The new service purchase agreement might be an opportunity for Actionmarguerite to define its scope of services and become more responsive to the needs of the elderly population. The new agreements could provide more clarity on performance measurement and outcomes, and include quality performance targets related to residents' quality of life and their ability to remain independent in their natural living environments.

Actionmarguerite must therefore work differently and create partnerships that will optimize the delivery of programs and services to the frail elderly. With the support of the Catholic Health Corporation of Manitoba, the time to redesign the scope of services and options to the frail elderly is in the next few years. The fiscal constraints will continue to be a reality of WRHA and of government. Our sole dependence on government funding can be constraining, unless Actionmarguerite can find alternative sources of revenues. The challenge is to design programs and services that provide a better return on investment.

Ken Chartrand
Chair, Board of Directors
June 15, 2018

Charles Gagné
Chief Executive Officer

2017-18 Major Highlights

The year that ended March 31, 2018, focused mainly on continuity of care, quality measurement, process improvement, and financial efficiencies. What follows is only a summary of the 2017-18 major highlights.

Financial Viability

Despite the reduction in WRHA funding, 2017-18 continued to focus on financial and operational integration of our three sites in order to achieve the required levels of efficiencies in order to balance our budgets. The strength of our management team and their ability to maintain strong organizational discipline give us the confidence that the financial viability will become stronger as we continue to find opportunities to consolidate our non-clinical operations. Although we have yet to achieve levels of surpluses that enable us to recover past deficits at St. Joseph's, it is possible over time to recover those losses if WRHA does not permanently reduce the overall funding levels to personal care homes. The viability of St. Vital is also precarious if the funding trend continues to be one of reducing funding. The past year's success was a result of many factors, most specifically the reduction in WCB costs over the previous year and our ability to contain food cost to prior year levels. St. Boniface positive financial results due to prior year efficiencies are reinvested in equipment and refreshment of our common spaces, such as our resident and family lounge and resident rooms on our 5AB units.

We continue to enjoy positive financial results in our supportive housing program. Since its inception, we have successfully managed this program aimed at a 'geared to income' elderly in need of supportive housing services. Our partnership with Accueil Colombien and Manitoba Housing is a major reason for this success. Over time, however, the program has not followed suit with the industry in terms of service package charges and salary levels. In the next year, a strategy to address these issues of sustainability will be required in order to ensure that this program continues to provide strong value to the long term and continuing care sector.

Specialized Care

Since the inception of the two regional units in February 2017, St. Boniface continues to respond to regional demands to improve patient flow by making available 128 specialized beds for persons affected by diseases associated with dementia or an acquired brain injury. In our specialized dementia units (96 of the 128 beds), we have identified training and development opportunities to equip our staff to interact successfully with residents with responsive behaviours. We participated in developing new communication tools with the WRHA in explaining the services of SNBU (Special Needs Behaviour Units) and SNU (Special Needs Units) in comparison to regular personal care home beds.

We have adopted a national training program from the Advanced Gerontological Education called the Gentle Persuasive Approach (GPA) with the goal of increasing our capacity to coach and support our direct care givers in managing residents with responsive behaviours. The Foundation has also committed a \$100,000 endowment fund from the current and future proceeds of the First General's annual golf tournament to support this program.

Our ABI (Acquired Brain Injury) Program continues to fulfill a very important role in the provision of regional services for people who have no community options. Although the program has experienced a greater level of complexity and responsive behaviours since its expansion in 2017, the inter-disciplinary team has developed greater expertise in responding to this growing population.



A giving opportunity

Support caregivers who make a difference in the lives of those affected by dementia.

First General Services has been a proud supporter of Actionmarguerite and its initiatives over the 18-year life of our invitational golf tournament. We are also very proud to say that each year, with your help and participation, we have continued to increase our donations to the Actionmarguerite Foundation.

This year, your contribution to a new *Enhanced Dementia Learning Fund* will be matched dollar for dollar by the Actionmarguerite Foundation.

Help us reach our \$100,000 goal!

Once the fundraising goal is achieved, the endowment fund will provide the perpetual means to operate educational programs for caregivers, who support long-term care residents with special needs due to dementia. Actionmarguerite staff will receive uniquely designed training to ensure each resident is cared for with compassion and respect for human dignity.

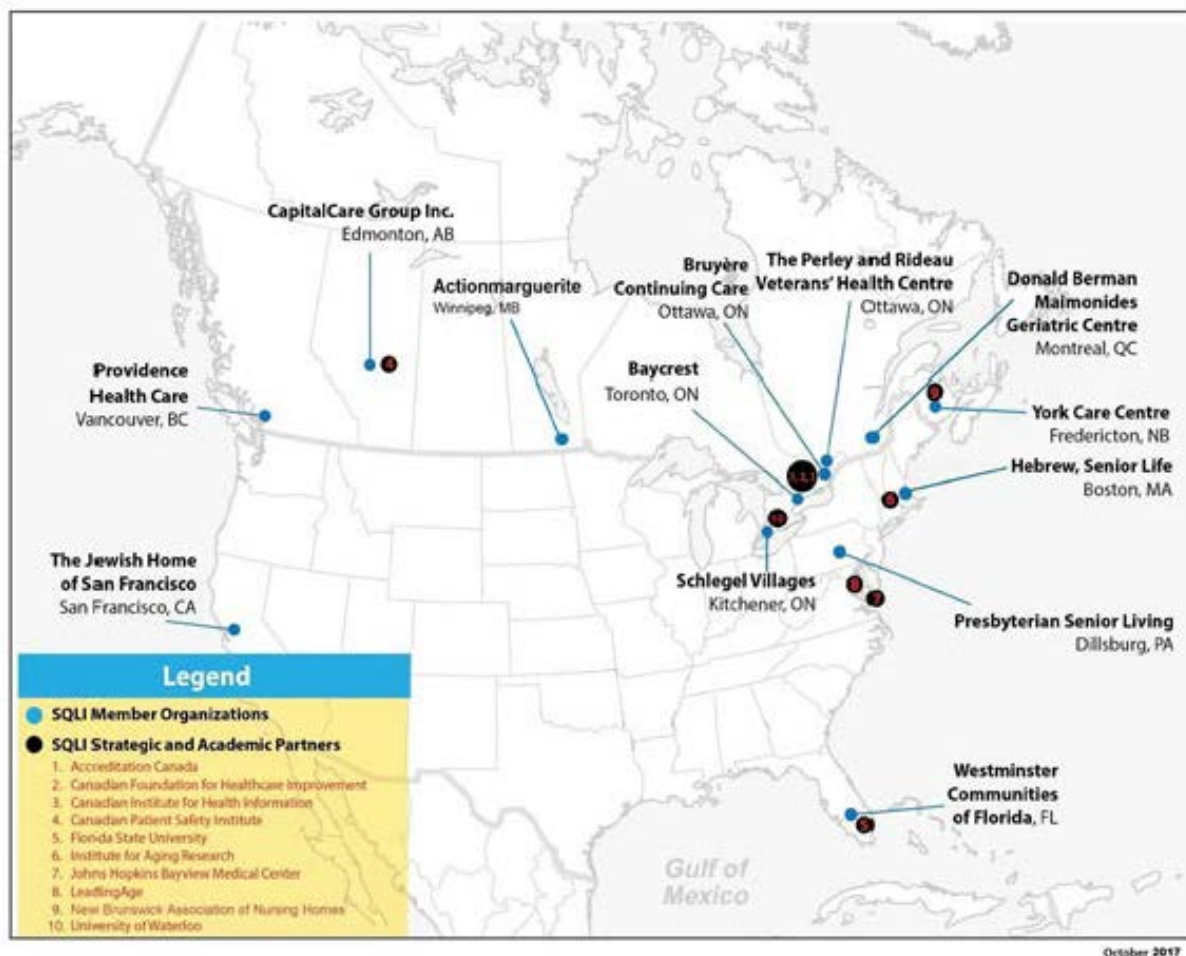
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55k

Senior Quality Leap Initiative

In November 2017, Actionmarguerite joined the Senior Quality Leap Initiative (SQLI), an international consortium of leading senior care organizations from across Canada and the United States working to improve quality of life for long-term residents. We are first in Manitoba to join such a group. SQLI will encourage our staff to go further to introducing long-term quality improvement solutions. SQLI is a community of practice committed to using evidence-based research and sharing best practices among participating facilities. This is a unique opportunity for Actionmarguerite to learn and work with national leaders on a variety of quality improvement programs and using MDS / InterRAI evidence to measure the impact of these improvements on residents' quality of life. Examples of quality issues in elderly care are in areas of pain management and depression. As part of SQLI, Actionmarguerite will be able to test the most effective solutions and share results. The most effective solutions can then be implemented and become best

practice. The focus is to enhance the quality of life of residents by using a 'whole person' approach that considers body, mind and spirit, not just medication and treatments.

Actionmarguerite is also implementing the MDS / InterRAI quality of life survey at all of its three main sites. This detailed survey measures quality from the resident's life perspective with the view of highlighting the deeper problems associated with depression, pain or other factors that contribute to the resident's outlook on life. In many instances, our institutional thinking and processes can contribute to thinking there is little we can do to improve quality of life.



The SQI initiative brings a new perspective to elder care at Actionmarguerite. The impact our actions can have when we compare ourselves with the other organizations, not for competitive purposes, but in terms of collaboration, is significant. This community of practice will help us think outside the box and open up endless options for Actionmarguerite. SQI prompts us to ask questions that go beyond the ones we typically ask. We can network with new partners who inspire us, exploring ways we can strive for excellence to better serve our residents.

Staff Engagement

In 2017-18, the focus was on staff communication, recognition, managing performance and return to work programs. Our managers continue to make efforts in building strong teams, listening to staff concerns and problem solving at the unit levels. St. Vital experienced a significant drop in the use of temporary agency staff as a result of great effort in filling open codes and reducing our total sick time. All sites have continued to develop its nursing leadership capabilities through the development of a nursing mentorship program.



Anna Lebrun, Resident Services Manager presents certificate of recognition to Rachid Marackchi, LPN at Actionmarguerite St. Vital.

During the National Nurses' Week and the National Health Workers' Week, Actionmarguerite recognized its nursing and support staff with merit awards to recipients chosen by their peers as dedicated and exemplary employees who, day after day, exhibit compassion and excellent service to the residents and colleagues.

Actionmarguerite also hosted a recognition ceremony for long service employees who had 5 to 40 years of service.



Dawn Marceca, Resident Services Manager and Stephen Tautjo, Assistant Director of Care present certificate of recognition to Marcilynn Brouillette, RN at Actionmarguerite St. Joseph.



Marielle Lafond, CNO & Director of Resident Services and Charles Gagné, CEO, present certificate of recognition to Ann Williamson, RN at Actionmarguerite St. Boniface.

This event also recognized employees who were retiring. More than 165 staff attended this fun-filled, yet appreciation focused event starting from fun picture taking booth, games, presentation of certificates and pins, speeches, testimonials, slide show highlighting all retirees and then culminating into a wonderful dinner and dance. This event truly highlighted the dedication and commitment of staff who make a difference in each of our resident's quality of life.



Luc Vandale, Suzie Plad, Candace Carrière, Actionmarguerite St-Boniface (absentes/abstents: Analiza Simbulan, Giséle Gorchitza.)



Gideon Gatpayat, Actionmarguerite St-Joseph.



Rachelle Labossière, Jeanne Nadeau, Ingrid Gauthier, Actionmarguerite St-Vital.

The improvement of staff engagement requires a management team committed in the future direction of Actionmarguerite. Our management structure consists of 20 managers who administer programs and services in five different facilities on which depend some 850 employees and 250 volunteers. 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.

With contributions from Actionmarguerite Foundation, three newsletters were published (summer, winter, spring) to share with residents, families, staff and the general public a list of important accomplishments and events related to the programs. Resident profiles were also written to tell the story of some of the people who call Actionmarguerite their home. In partnership with La Liberté, over 1,000 copies per edition are published and distributed to share stories of the life and activities at Actionmarguerite. These newsletters are also available on the Actionmarguerite website.

Resident Care and Services

All three facilities were assessed by Manitoba Health regarding provincial standards on long term care facilities in 2018. The positive outcome of the standards visit at St. Vital and St. Joseph are the result of the hard work and attention given to those programs over the last few years. St. Boniface did not do as well, in part due to the level of change in both unit reconfigurations, management and staff transitions. The focus was on setting up the new programs. The results reinforce the importance of ongoing monitoring and auditing to ensure everyday compliance to the Manitoba Health Standards. Many of the elements requiring corrective action have already been implemented and the team is resolved to ensure care plans are monitored and followed diligently.

Standard	Regulation	AMSB Tool 1	AMSJ Tool 2	AMSV Tool 2
1	Bill of Rights	Not Met		
2	Resident Council	-	Met	Met
3	Eligibility for Admission	Met	-	-
4	Information on Admission	-	-	-
5	Participation in Care Plans	-	Met	Met
6	Communication	-	-	-
7	Integrated Care Plan	Not Met	Met	Met
8	Freedom from Abuse / Neglect	Met	-	-
9	Restraints	Not Met	Met	Met
10	Medical Services	-	Met	Met
11	Nursing Services	Met	-	-
12	Pharmacy Services	Met	Met	Met
13	Health Records	-	Met	Met
14	Nutrition and Food Services	-	-	-
15	Housekeeping Services	-	Met	Met
16	Laundry Services	-	-	-
17	Therapeutic Recreation	Partially Met	-	-
18	Spiritual and Religious Care	-	-	-
19	Safety and Security	Not Met	Met	Met
20	Disaster Management	Met	-	-
21	Infection Control Program	-	Partially Met	Met
22	Person in Charge	-	-	-
23	Qualified Staff	-	-	-
24	Staff Education	Met	Met	Met
25	Complaints	-	Met	Met
26	Critical Incidents and Critical Occurrences	Met	-	-

Work also continues to improve audit processes and inter-disciplinary documentation as per Manitoba Health recommendations. It is expected that unannounced visits will occur in 2019.

Our clinical program leadership also undertook the modernization and complete revamp of our Care Organizer (Electronic Health Record) in order to update modules related to the process and the planning of care to better reflect the changing needs of residents and communications between the members of the inter-disciplinary team.

Actionmarguerite also established a Nursing Mentorship Program to support nurses with less than five years' experience with resources to build quality long term care nursing. In addition to the mindfulness training, the mentoring program pairs a senior nurse to coach, support and share their knowledge of care to the elderly. The program includes a participant handbook and three modules. The handbook includes self-evaluation checklists, action plans, and handouts with information from the College of Registered Nurses of Manitoba (CRNM). The program was featured in the May 2017 issue of the Manitoba Nurses' Union newsletter.

Our team also established improved assessment tools for suicide prevention screening as well as emergency transfer protocols which include transfer envelopes related to the resident's medical condition and improved communication at time of transition from long term care to acute care. Unit whiteboards were also introduced on units listing the staff on every shift responsible for the care of the residents. This has significantly improved family communication by enabling them to know daily who is responsible for the care of their loved ones.

The 'cherry blossom' posters were introduced to increase staff, resident and visitor awareness and sensitivity towards residents who are on their final journey of life. Modeled after the Victoria Hospital, 'cherry blossom' posters are displayed and requesting acts of dignity and compassion during our interactions with each other, in respect for the dying resident and grieving family.

Actionmarguerite also adopted its policy on medical assistance in dying and has declared to WRHA and Manitoba Health that it will abstain from having the service provided at its sites. Its policy is in compliance with WRHA policy and it is posted on its web site and accessible to the public.

Actionmarguerite also launched a new website on a new modern platform. The new site integrates all our sites and programs as well as allows families, staff and the public to stay informed of events and program development. The website also provides opportunities for donors to contribute on line.

In 2017, over 50 persons completed a mindfulness training program offered by one of our social workers. This introductory course into mindfulness was also offered through 13 sessions. In some instances, mindfulness moments occur before shift change reports.

Your helping hand can spread some joy.

Become a volunteer!

An act of compassion, a simple smile, a gesture of support towards a person living in long-term care; all these good deeds would be gratefully recognized as a member of our dynamic team. If you share our values of generosity, kindness and solidarity, we invite you to offer your time and your skills as a volunteer in a warm and welcoming environment.

YOU'LL FEEL THE REWARDS JUST AS MUCH AS OUR RESIDENTS.

Reach out today, we are waiting for your call. 204-233-3692, extension 553 or email us at info@actionmarguerite.ca



Actionmarguerite

Service & Compassion



volunteers to Actionmarguerite family. The event is celebrated during National Volunteer Week, which this year involved a number of activities, testimonials and posters displaying our residents, staff and families' appreciation of the volunteer contribution to the culture and life of the residents.

Our Day Program has operated at near capacity this year despite the increase in the participation charges imposed by the WRHA. Although the waitlist declined slightly, there continues to be a strong need for day programs for client socialization and care giver respite.

In late 2017, the results of our annual resident and family satisfaction survey were released. This is the third and last time that the survey tool will be used as it is being replaced with the new MDS / InterRAI Quality of Life Survey Tool as part of our involvement with SQLI.

A total of 1,067 surveys were sent in October 2017 to residents and family contacts. A total of 222 surveys (251 in 2015) were returned for a 21% response rate (24% in 2015 and 28% in 2013). Resident responses represented 15% (n=33) of the respondents (31% in 2015 and 37% in 2013), while the 133 family members who responded, represented 60% (51% in 2015 and 28% in 2013) of all the respondents. This was the first time our St. Joseph site participated.

The survey continues to give relatively high scores of satisfaction in a number of key areas, such as:

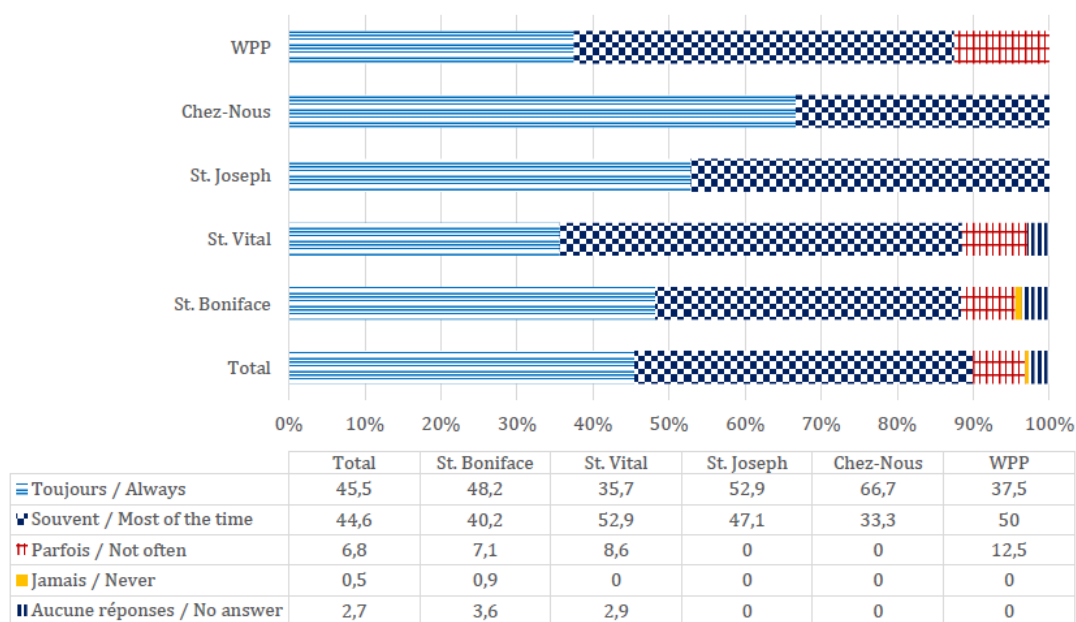
Actionmarguerite's volunteer programs continues to be stable. The numbers are less than that of prior years as we have lost a number of volunteers. Although we continue to actively recruit new volunteers, many of them only stayed for short period of times and we do not always manage to replace those who leave. The demographics of the volunteers are very different as St. Vital. This site seems to attract mostly retired people, while St. Boniface site has seen an increasing amount of new Canadians volunteering until such time as they find employment or learn English. St. Joseph's volunteers are the most stable and continue to attract a large segment of their volunteers through parishes and schools. We have intensified our efforts to recruit new bilingual volunteers with new brochures, advertisement and through working closely with Volunteer Manitoba.

In 2018, we held our first volunteer recognition event for all our sites. This celebration attended by approximately 125 volunteers welcomed St. Joseph's

- Over 91% of respondents indicated that **staff** are always to most of the time **familiar with the specific care needs requirements of the residents**, (94% in 2015 and 89% in 2013);
- Approximately 91% of respondents indicated that **staff** are always to most of the time **available** when required, (90% in 2015 and 90% in 2013);
- Respondents indicated that 92% of the **staff** are always to most of the time **attentive to the resident's needs**, (92% in 2015 & 91% in 2013);
- Approximately 92% of respondents said that **staff** always or most of the time **show compassion towards residents and each other**, (92% in 2015 and 92% in 2013);
- Only 80% of respondents indicated that **staff members communicate with each other between shifts about the resident's changing care needs**, (70% in 2015 and 74.5% in 2013);
- The highest rating of 93% was achieved in respondents indicating that **staff treat residents with dignity and respect** always to most of the time, (96% in 2015 and 94.5% in 2013);
- Over 90% of respondents have confidence that **safe care will be provided**, (95% in 2015 and 91% in 2013);
- Over 80% of respondents indicated that **residents are given opportunities to participate in daily or recreational activities**, (83.7 in 2015 and 84.4% in 2013); and,
- Despite the fact that 78.4% of respondents indicated that they were **satisfied with the quality of meals**, this question received the most negative scores (83.7% in 2015 & 80.5% in 2013).

Overall, 90.1% (89.9% in 2015 and 98.3% in 2013) of resident and family respondents indicated that **the care and services meet their expectations**. The results are shared with staff and posted on our web site.

Les soins et services répondent aux attentes des résidents?
The overall care and services meet the resident's expectations?



Infrastructure Improvements

Renovation of spaces of the D-Wing, Clinical Administration, at 185 Despins was undertaken in January 2018, as a second phase to the 2017 resident dining room project. This included modernization of the outdated spaces (office spaces, dining room, washroom, resident lounge, etc.) on the first floor. Installation of furniture was also done. Residents and families will welcome their new modernized meeting place and leisure venue. Accessibility and functionality were a priority for this renovation project.

A new call system on 3ABC at 185 Despins was installed. This project now completes the upgrade and standardization of the nurse call system across all our units and sites. We are also upgrading our security system at St. Boniface and our access card and integrated roam alert system at St. Joseph. These improvements are necessary to give residents and staff more security and feel safer.

Fire protection and back-up power protection continue to be funding priorities for the WRHA in the area of infrastructure renewal. St. Joseph upgraded its Fire Damper protection and St. Boniface upgraded the number of systems protected by its backup generator and plans to replace its fire pump in the next year. St. Vital has replaced one of its elevators hydraulic cylinders and plans to do the next one in the years to come. St. Vital also replaced its main roof on the original structure and St. Boniface plans to finish its roof replacement with the last roof by late 2019. It is important to note that the funding of these infrastructure projects is a combination of WRHA Safety and Security funding, operation efficiencies and capital reserves.

Following our early 2017 cyber-attack, Actionmarguerite has made significant investments in areas of virus protection, server upgrades, SAN servers and exchange servers. In early 2018, a much needed upgrade to Microsoft Office was done. This improvement has allowed Actionmarguerite to be supported in terms of security and assist its employees to become more efficient with regards to information technology.

Finally, we continue to make key capital equipment purchases in our clinical areas and support services, such as a dishwasher and hot water tanks at St. Vital, resident lounge furniture and a burnisher at St. Joseph, as well as resident recliners, tub chairs and mechanical lifts at St. Boniface.

Governance and Accountability Framework

Actionmarguerite builds its performance measure on 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, and 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 the residents.

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. In 2017-18, we welcomed a new spiritual care coordinator at St. Joseph and St. Vital. Father Robert Campeau retired as the Chaplain of St. Vital after more than 10 years of service. Father Alphonse Bongo, from the St-Eugene Parish has graciously accepted to provide pastoral care services. Discussions are also ongoing with the Archdiocese of St. Boniface on how we can collaborate in the future in providing pastoral services, as the number of priests available to do so will continue to decline in the future.

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 support 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 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. The most recent 2016 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 Compassion Fund sponsored by Sisters of Tildonk.

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' and staff needs. 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.

Ethics: promote a culture of compassion and of ethical behaviors consistent with our mission and values.

The Health Care Ethics Service (HCES) program has been in the state of transition with the retirement of Pat Murphy and George C. Webster. A formal Ethics Service is important to sustain education, development and support policy.

Actionmarguerite continues to participate in the WRHA Ethics Service, however, the program is not as present as it was with the Health Care Ethics Service.

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.*

In large part due to CHCM's commitment to supporting the optimization of care and services within its community of services, there are a number of initiatives under development in 2017-18 that will seek to address the unmet needs.

Although we were not successful in 2016-17 moving forward on a project proposal with the St. Boniface Hospital in order to create a transition unit to the 3ABC unit at St. Boniface, we have now developed a project proposal to create a convalescence / transitional care unit that aligns with the system consolidation plan currently being implemented at the regional level. We continue to work with St. Boniface Hospital and Centre de santé St. Boniface to dedicate this unit to serve the Francophone population who is currently not served well with all of the regional transformations in the hospital system.

We have also developed a project proposal in partnership with Despins Charities to expand our care to the elderly programs in services to improve coordination of community based services, such as home care and supportive housing. This plan would also see Actionmarguerite, Residence Despins, Villa Aulneau and possibly other elderly persons' housing establish a more formal home support program intended to support aging in place and provide more continuing care to the elderly in the community.

Finally, a third proposal to WRHA will be submitted to designate Unité Marguerite at St. Vital a special needs unit in order to better care for the increasing complexity associated with dementia related illnesses. This proposal would also see the conversion of some space into additional personal care home beds as well as secure additional funding to increase the safety and nursing care support.

We are reviewing options related to the available real estate at St. Joseph. There is interest in the private sector to partner with us to develop a housing model for the elderly. This will continue to take shape in the upcoming year. As well, the infrastructure needs and environmental upgrades at St. Joseph are beyond the funds available in order to create a better living environment for the residents. Discussions and plans for the feasibility of adding additional units and fixing a number of issues related to the current physical environment will increasingly become necessary in the near future. We hope to work closely with the Friends of St. Joseph's, the WRHA and other stakeholders in developing a plan that will increase the scope of services to the elderly in the Garden City area.

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 different events during the year. We also benefit from the Compassion Fund established by the Ursuline Sisters of Tildonk to support mindfulness and compassion awareness with our staff.

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

In 2017-18, 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 logical.

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 March 2019. The WRHA did recognize the necessity to increase funding in 2017-18 only by approximately 2%. No retroactive funding is anticipated.

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. Extension agreements have been agreed to until March 2019.

Excellence: achieve 100% of Manitoba Health standards for personal care homes and 100 % implementation of the WRHA-LTC quality plan.

The Board of Directors is aware 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.

We are in the process of recruiting into a new position a Staff Development and French Language Services Coordinator. This new position will report to human resources and focus on our capacity to develop, promote and support the active offer for French-language services. Without dedicated resources, it will become impossible to support the mandate, such as active offer, language training on site, and evaluation of the language level and translation services.

The position is also key to develop strategies that will support the linguistic and cultural diversity of our workforce as well as that of the residents and families who compel our staff to provide greater sensitivity and active offer at all times.

Finally, the position will support and facilitate the development of leadership programs at all levels of the organization. There is an increasing need to develop internally the next generation of managers and senior leaders in the organization.

The following section outlines key quality and performance indicators that become important in measuring our progress.

Actionmarguerite Foundation

The Actionmarguerite Foundation continues to support the mission of Actionmarguerite. The Board of Directors met twice this year to fulfill its fiduciary responsibilities. Fundraising activities in calendar year 2017 consisted of an annual mail campaign, in-memoriam donations and a number of beneficiary donations from wills. A total of \$79,663 was fundraised in 2017.

The Foundation needs to develop new approaches and a renewed energy to grow our funds and contribute financially to the development of our programs. We continue to look forward to working with the CHCM in finding new ways to fundraise that would support the increasing demand for equipment, renovations, education and mission development.

The Foundation's total contribution in 2017-18 to Actionmarguerite was \$117,531 (St. Boniface \$80,874 and St. Vital \$36,657). The funding for this program is limited to the revenues from the proceeds of our funds and we do not contribute beyond the disbursement quota and spending policy as per our agreement with the Winnipeg Foundation. We are committed to protecting the capital funds for future needs.

Actionmarguerite St. Joseph also received from the Friends of St. Joseph a contribution of \$56,580 towards the maintenance of the spiritual care program at St. Joseph.

Quality Indicators

Table 1 – Overall Results

2016-2017	St. Boniface			St. Vital			St. Joseph		
	2017	2016	2015	2017	2016	2015	2017	2016	2015
Long Term Care (LTC) Residents Older than 85	41.2%	42.9%	47.4%	58.3%	61.6%	64.9%	57.9%	59.8%	63.9%
LTC Residents Younger than 65	19.5%	19.9%	15.6%	1.4%	1.5%	0.9%	3.0%	3.8%	0.8%
Female LTC Residents	62.7%	62.2%	65.8%	74.8%	76.3%	75.8%	81.2%	84.8%	85.2%
LTC Residents with Dementia	55.6%	47.9%	53.7%	65.7%	70.9%	73.0%	56.9%	56.0%	66.4%
LTC Residents with Congestive Heart Failure	10.1%	11.3%	11.9%	11.4%	10.4%	11.8%	14.6%	19.2%	16.8%

Source: Canadian Institute for Health Information, Your Health System, June 2018

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 2018

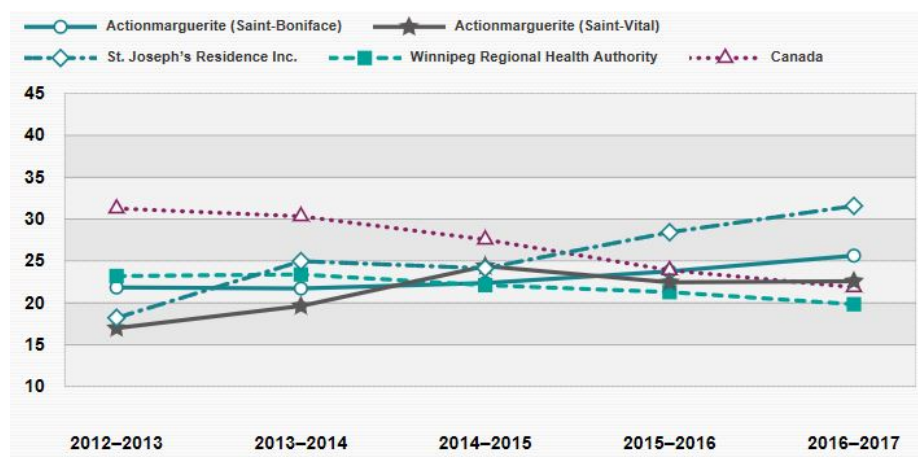
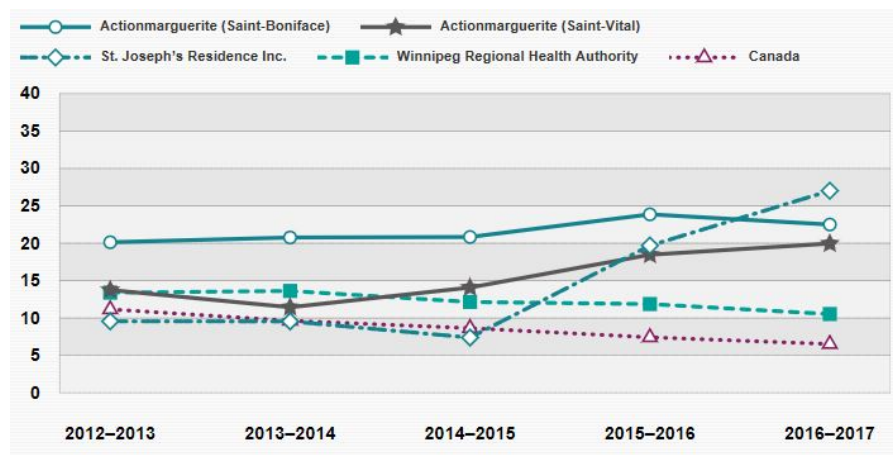


Table 3: Restraint Use in Long Term Care (percentage of residents)

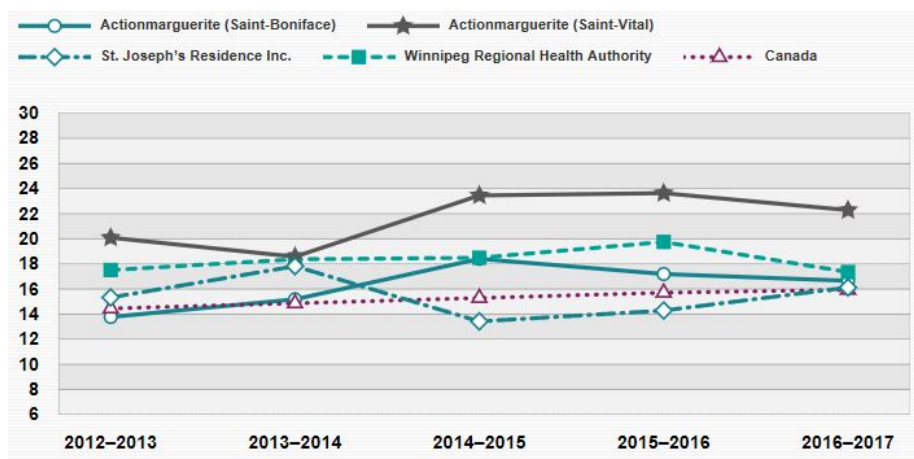
This indicator reports the number of residents physically bound on a daily basis. The immobilization is sometimes used to manage behaviours or prevent falls. A low value is preferable.



Source: Canadian Institute for Health Information, Your Health System, June 2018

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

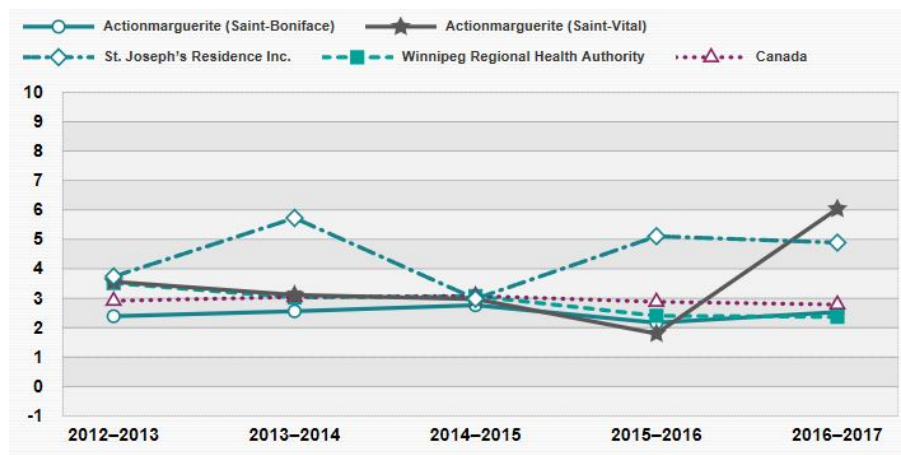
This indicator reports the number of residents in long term care who have fallen in the 30 days prior to their quarterly clinical assessment. Falling is the major cause of injury for the elderly. A low value is preferable.



Source: Canadian Institute for Health Information, Your Health System, June 2018

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

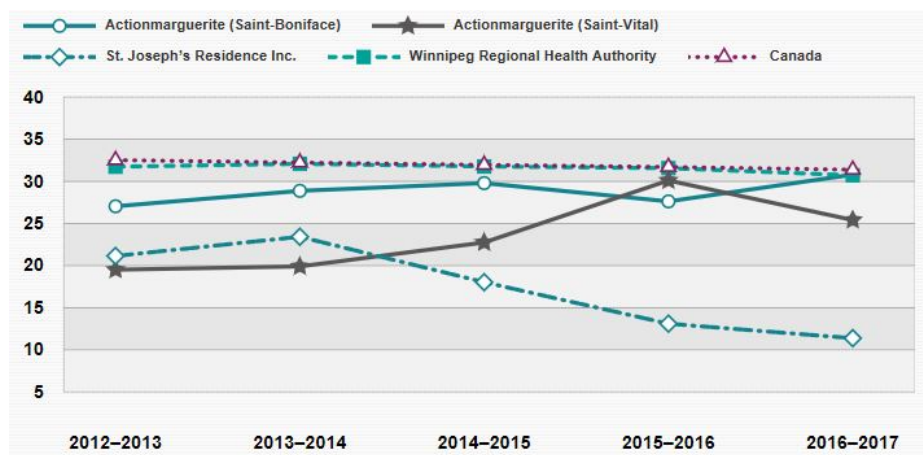
This indicator reports the number of residents in long term care whose pressure sore of stage 2, 3 or 4 has worsened in comparison to the previous assessment. A low value is preferable.



Source: Canadian Institute for Health Information, Your Health System, June 2018

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

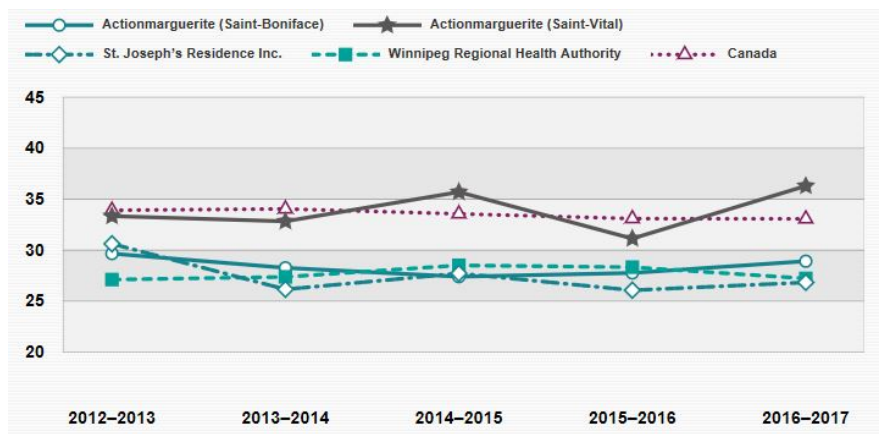
This indicator reports the number of residents in long term care whose performance in their daily activities associated with an intermediate loss of independence (transfer and move) has improved, or whose independence in this regard has remained complete. A high value is preferable.



Source: Canadian Institute for Health Information, Your Health System, June 2018

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

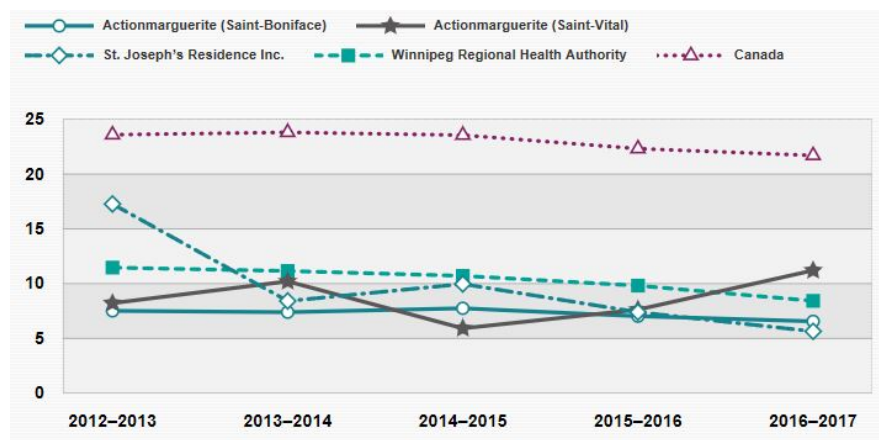
This indicator reports the number of residents in long term care whose performance in their daily activities associated with an intermediate loss of independence (transfer and move) has deteriorated, or whose dependence in this regard has remained complete. A low value is preferable.



Source: Canadian Institute for Health Information, Your Health System, June 2018

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.

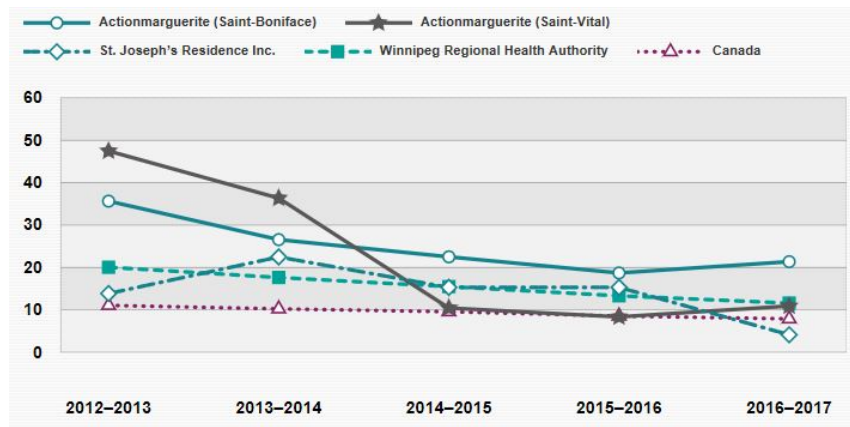


Source: Canadian Institute for Health Information, Your Health System, June 2018

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.

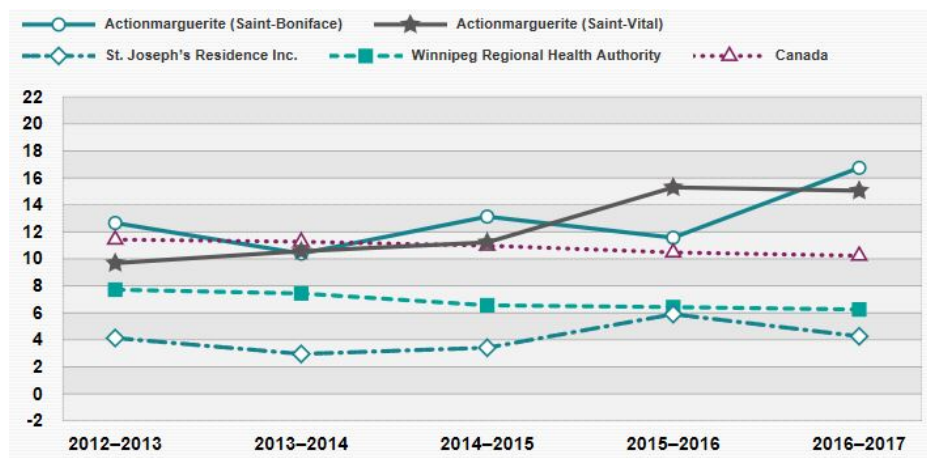


Source: Canadian Institute for Health Information, Your Health System, June 2018

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 2018

Table 11: Percentage of bilingual employees in designated bilingual positions (2008-2018)
(St. Boniface and St. Vital only, @ March of every year)

WRHA - FLS Designation of Bilingual Positions										
Actionmarguerite - 2009-2018										
St. Boniface	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Administration	71%	75%	80,7%	85,8%	76,4%	74,5%	77%	77%	77%	87%
RN / PN	55%	62%	55,8%	58,4%	49,2%	62,6%	45%	46%	44%	40%
LPN	63%	52%	63,6%	56,8%	39,2%	30,1%	24%	33%	30%	27%
HCA	48%	42%	39,1%	44,8%	46,1%	46,8%	46%	47%	46%	44%
Allied Health	89%	76%	75,3%	92,6%	66,2%	83,2%	64%	74%	56%	66%
Other	69%	70%	71,8%	52,7%	68,4%	70,5%	74%	58%	52%	34%
Housekeeping/Laundry	87%	87%	81,1%	83,8%	87,0%	86,5%	91%	90%	90%	91%
Dietetics	80%	77%	69,1%	67,7%	73,2%	71,1%	73%	77%	77%	59%
Day Centre Program	83%	83%	61,6%	84,9%	66,6%	56,4%	62%	85%	71%	64%
Supportive Housing		61%	50,6%	48,7%	55,0%	49,9%	44%	51%	47%	34%
St. Vital	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Administration	100%	100%	100,0%	100,0%	90,7%	82,8%	81%	75%	75%	100%
RN / RPN	83%	81%	64,7%	53,1%	45,0%	51,2%	39%	39%	36%	26%
LPN	93%	69%	59,4%	81,3%	64,8%	70,2%	60%	60%	49%	45%
HCA	94%	76%	62,1%	100,6%	69,7%	70,1%	65%	70%	68%	68%
Other	94%	86%	65,0%	100,0%	100,0%	100,0%	100%	86%	91%	88%
Housekeeping/Laundry	100%	91%	96,3%	97,9%	100,0%	78,9%	76%	86%	79%	84%
Dietetics	92%	53%	69,1%	69,6%	37,2%	36,3%	28%	37%	30%	21%

**ACTIONMARGUERITE (SAINT-BONIFACE) INC.,
ACTIONMARGUERITE (SAINT-VITAL) INC. AND
ACTIONMARGUERITE (ST. JOSEPH) INC.**

Schedule of Combined Statement of Operations - Operating Fund

Year ended March 31, 2018

	PCH Program St. Joseph	PCH Program Saint-Vital	PCH Program Saint-Boniface	Adult Day Program	Supportive Housing Program	2018 Total	2017 Total
Revenue:							
Winnipeg Regional Health Authority \$	5,429,123	\$ 8,047,900	\$ 21,846,861	\$ 406,483	\$ 802,608	\$ 36,532,975	\$ 36,722,466
Resident and service fees	1,888,169	2,975,455	5,320,853	84,173	393,538	10,662,188	10,481,557
	7,317,292	11,023,355	27,167,714	490,656	1,196,146	47,195,163	47,204,023
Offset income:							
Cafeteria	4,237	41,161	108,916	—	—	154,314	144,203
Interest	—	1,575	3,477	—	—	5,052	3,169
Donations	57,555	5,817	7,912	—	—	71,284	62,735
Parking	22,396	41,117	81,959	—	3,509	148,981	149,366
Shared Services	24,363	62,475	973,405	—	29,926	1,090,169	1,154,350
Grants	500	4,214	700	—	—	5,414	5,879
Recoveries:							
General	27,914	56,891	243,102	—	—	327,907	331,965
Other	—	(138,953)	(107,405)	—	100	(246,258)	662,078
	136,965	74,297	1,312,066	—	33,535	1,556,863	2,513,745
	7,454,257	11,097,652	28,479,780	490,656	1,229,681	48,752,026	49,717,768
Expenses:							
Salaries and wages	5,223,253	7,890,797	20,245,858	230,374	830,740	34,393,922	34,816,801
Employee benefits	1,198,429	1,722,937	4,322,006	32,683	143,684	7,419,739	7,576,888
Other supplies and expenses	166,535	226,466	493,341	11,206	16,437	913,985	896,148
Medical and surgical supplies	102,879	124,275	319,344	—	—	546,498	520,459
Drugs	8,780	3,201	7,770	—	—	19,751	25,065
Food costs	291,836	382,261	709,936	38,175	173,613	1,595,021	1,660,536
Utilities	146,677	238,582	494,740	—	—	871,999	850,626
Telephone and sundry	32,907	29,989	99,367	1,633	2,703	166,579	163,848
Travel	34,527	76,707	95,304	151,853	1,578	359,969	371,883
Professional and other fees	61,815	(17,700)	91,917	40	356	136,428	317,276
Advertising and public relations	76	99	10,944	—	644	11,763	24,056
Insurance	24,084	36,089	60,414	—	—	120,587	113,299
Equipment	47,869	110,804	259,433	3,332	7,595	429,033	417,878
Buildings and grounds	101,542	242,321	301,908	—	545	646,316	765,602
Interest	58	10,588	186,187	—	—	196,833	214,032
	7,440,467	11,069,396	27,698,469	469,196	1,150,895	47,828,423	48,734,397
Excess (deficiency) of revenue over expenses before the undemoted	13,790	28,256	781,311	21,460	78,786	923,603	983,371
Prior year adjustments	—	—	—	—	—	—	(5,607)
Winnipeg Regional Health Authority employee future benefits receivable	(603)	41,625	(48,252)	—	—	(7,230)	129,527
Employee future benefits	603	(41,625)	48,252	—	—	7,230	(129,527)
Excess (deficiency) of revenue over expenses	13,790	28,256	781,311	21,460	78,786	923,603	977,764
Transfer to Capital Fund for additions to capital assets	(13,782)	(11,470)	(449,264)	(11,446)	(6,584)	(492,546)	(372,320)
Program surplus (deficit) \$	8	\$ 16,786	\$ 332,047	\$ 10,014	\$ 72,202	\$ 431,057	\$ 605,444

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 shared 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, 2018 and March 31, 2017

	2018 \$	2017 \$
Assets	41 848 904	40 594 018
Liabilities & Deferred Contributions	34 026 294	33 616 598
Fund Balances	7 822 610	6 977 420
	41 848 904	40 594 018

CONDENSED COMBINED STATEMENTS OF OPERATIONS AND CHANGES IN FUND BALANCES

Year ended March 31, 2018 and March 31, 2017

	Operating Fund	Ancillary Operations and Internally Restricted Funds	Capital Fund	2018 Total \$	2017 Total \$
Revenue:					
Winnipeg Regional Health Authority	36 532 975	-	-	36 532 975	36 722 466
Resident and service fees	10 662 188	-	-	10 662 188	10 481 557
	47 195 163	-	-	47 195 163	47 204 023
Amortization of deferred contributions	-	-	1 378 487	1 378 487	1 347 986
Offset income	520 802	272 430	-	793 232	1 631 113
	47 715 965	272 430	1 378 487	49 366 882	50 183 122
Expenses	46 792 362	34 011	1 695 319	48 521 692	49 294 361
Excess (deficiency) of revenue over expenses before the undemoted	923 603	238 419	(316 832)	845 190	888 761
Winnipeg Regional Health Authority prior year adjustments	-	-	-	-	(61 381)
Winnipeg Regional Health Authority future employee benefits recoverable	(7 230)	-	-	(7 230)	129 527
Employee future benefits	7 230	-	-	7 230	(129 527)
Excess (deficiency) of revenue over expenses	923 603	238 419	(316 832)	845 190	827 380
Fund balances, beginning of year	(308 768)	4 382 904	2 903 281	6 977 420	6 150 040
Transfer to Capital Fund	(492 546)	(457 197)	949 743	-	-
Transfer of Personnal Care Home Program surplus	(348 833)	348 833	-	-	-
Transfer of Adult Day Program surplus	(10 014)	10 014	-	-	-
Transfer of Supportive Housing Program surplus	(72 202)	72 202	-	-	-
Fund balances, end of year	(308 759)	4 595 173	3 536 192	7 822 610	6 977 420

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 Statements - Foundation

Fondation Actionmarguerite Foundation

Fondation Actionmarguerite Foundation Inc. Condensed Financial Statements

CONDENSED STATEMENT OF FINANCIAL POSITION December 31, 2017 and December 31, 2016

	2017 \$	2016 \$
Assets	<u>3 675 462</u>	<u>3 419 952</u>
Liabilities	4 039	3 812
Fund Balances	<u>3 671 423</u>	<u>3 416 140</u>
	3 675 462	3 419 952

CONDENSED STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES Year ended December 31, 2017 and December 31, 2016

	2017 \$	2016 \$
Revenue:		
Fundraising & Donations	79 633	45 441
Investment income	<u>316 531</u>	<u>240 495</u>
	396 165	285 936
Expenses	<u>140 881</u>	<u>111 927</u>
Excess of revenue over expenses for the year	255 283	174 009
Fund balances, beginning of year	<u>3 416 140</u>	<u>3 242 131</u>
Fund balances, end of year	3 671 423	3 416 140





Investments

	2017 \$	2016 \$
Term deposits	90 000	90 000
Investments - The Winnipeg Foundation:		
Managed	3 186 632	3 020 483
Endowment	<u>130 927</u>	<u>95 013</u>
	3 317 559	3 115 495
	3 407 559	3 205 495

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

Members of the Boards of Directors and Senior Management

ACTIONMARGUERITE	ACTIONMARGUERITE FOUNDATION	FRIENDS OF ST. JOSEPH'S
Ken Chartrand	Ken Chartrand	Fatima Mota
Micheline Lafond	Micheline Lafond	Maria Cabral
Marc Labossière	Marc Labossière	Marge Kemerle
Carole Freynet-Gagné	Carole Freynet-Gagné	Lydia Pronyk
Claudette Toupin	Claudette Toupin	Toni Squires
Daniel E. Lussier	Daniel E. Lussier	
Gisèle Lapointe	Gisèle Lapointe	
Stéphanie Roy	Stéphanie Roy	
Christian Monnin* *(resigned October 2017)	Christian Monnin* *(resigned October 2017)	

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

Corporations

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

FONDATION ACTIONMARGUERITE FOUNDATION INC.	FRIENDS OF ST. JOSEPH'S RESIDENCE INC.
185 Despins Street Winnipeg MB R2H 2B3	1149 Leila Avenue Winnipeg MB R2P 1S6
204-233-3692	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 towards 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 Despains Street (422 beds);
- **Adult Care with complex health needs:** for adults with needs and chronic health problems at 185 Despains 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.