



Actionmarguerite

Service & Compassion

Je me sens **aimé** ici.

I feel **loved** here.



ANNUAL REPORT

2018-2019

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Report to the Catholic Health Corporation of Manitoba

The following is a summary of Actionmarguerite's major accomplishments and challenges.

SPIRITUALITY

Actionmarguerite's spiritual mission continues to be manifested in many ways. We benefit from a strong and committed team in accompanying the residents, families and staff. Our team of four spiritual care providers collaborate closely with our parishes and communicates regularly with our two dioceses about the ability to deliver traditional catholic services, while providing accompanying services and end of life. We have also integrated the management of service under a structure of management in order to integrate even more the spiritual dimension in an overall approach focused on the 'quality of life and experience' of the resident. The intention is to ensure that the spiritual dimension remains an important basis in the continuity of care and that spiritual life manifests in a variety of daily actions. We continue to offer traditional ceremonies guided by an Elder to our indigenous residents.

UNMET NEEDS

The programs and services are meant to identify unmet needs of our clientele. In the majority of cases, the actions taken by staff and volunteers to help Actionmarguerite residents, remain unnoticed, but are instrumental in the quality of care and services.

In 2018-2019, many projects and initiatives were developed to better serve our clients and see to the continuity of care. In the spirit of optimizing our resources, a project in collaboration with Charité Despins, was developed to amalgamate the supportive housing and expand the offer of services, including home care. The goal is to keep the person in the community and to manage the services which currently rely on the Winnipeg Regional Health Authority (WRHA). The project is still awaiting the WRHA's approval.

The second project consists of converting another unit of 43 beds to fill the growing need of specialized dementia services. This unit would be added to the 96 beds for specialized dementia care and the 43 beds for specialized brain injury and complex care.

We are also collaborating on many community initiatives to develop innovative and adapted models to populations we serve. Among these, we collaborate with the Fédération des aînés franco-manitobains in the feasibility of developing respite services for care providers to persons with dementia (based on the model Alzheimer Baluchon in Quebec).

ETHICAL REFLECTION

The ethical reflection remains somewhat outstanding given the transition of service sponsored by the St. Boniface Hospital. Still we participate in the offer of programs done under the compassion project and through the provincial associations, CHAM and ICHAM. The clinical consultations are always held with the clinical ethicist on complex cases.

On another level, Actionmarguerite becomes more successful to collaborate with the WRHA and the community partners to find alternative housing for persons who, at a certain point in their condition, no longer need the full range of long term care. The younger residents are the major beneficiaries of being able to reintegrate the community.

SUSTAINABILITY

The condensed financial statement are provided in the appendices. The financial reports now follow the Public Sector Accounting Standards for not-for profit. The operating results at March 31, 2019 for each entity and programs is as follows:

AMSB	AMSV	AMSI	Day Centre	Housing	Total
\$122,688	\$10,665	(\$28,207)	\$9,303	\$41,766	\$156,215

We have also more integrated our administrative structures so as to maintain the standardisation in the support services while ensuring that the nurse care remains at the centre of our services. This restructuring and certain staff changes at St. Joseph were the major cause of the slight deficit at St. Joseph.

The personal care program continues to affect 3.6 hours of nurse care per day per resident (according to the WRHA funding) and spends on average 3.8 hours of care. We will not be able to fund beyond 3.6 hours of care in the future.

Financial pressures will continue to compel us to find operational efficiencies. We will have to consider the consolidation of services in order to obtain an order of magnitude in the savings which will serve to fulfill simultaneously the underfunding and to reinvest in equipment and maintenance. Actionmarguerite is currently reviewing its food operations at all sites and the advantages of possibly consolidating these kitchens to maximize production. The objective is to have a superior service in the quality of food as well as lower operational costs and infrastructure.

Recruitment, management and training in human resources continue to be important challenges. Actionmarguerite was successful in increasing the engagement level of staff to 58%, an increase of 13% from the last survey in 2015. We participate actively in security at work programs in order to reduce accidents and injuries at work. Our important investments in human resources services will bear fruit in the future. In 2018, Actionmarguerite was a finalist in the Return to Work category of the WCB within the Excellence Awards of the Manitoba Chamber of Commerce.

The new legislation regarding the recommended changes by the Government of Manitoba in the health sector requireS us to participate in the development of a new work relations model. Among those, we will be clearly affected by the changes in the union representation and the future union agreements. We also participate in a committee of experts regarding the impact of these changes on the designation of bilingual positions and services in French.

The use of temporary agencies is an indication of our capacity to maintain an accessible and flexible workforce in order to respond to our operation requirements. In 2018, the facility at 450 River Road continued to maintain quite a low use of agencies while being successful in filling almost all of its positions whereas St. Joseph is

maintaining, despite a slight annual increase. The challenge remains at St. Boniface where the use of agencies is at its most high level.

Finally, the level of positions designated bilingual, filled by one person who meets the linguistic requirements of the position, is on average between 50% for St. Boniface and 59% for St. Vital. The table illustrates the trend in the last 10 years according to work categories.

Actionmarguerite - 2009-2019											
Saint-Boniface	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Administration	71%	75%	81%	86%	76%	75%	77%	77%	77%	87%	86%
RN / PN	55%	62%	56%	58%	49%	63%	45%	46%	44%	40%	54%
LPN	63%	52%	64%	57%	39%	30%	24%	33%	30%	27%	28%
HCA	48%	42%	39%	45%	46%	47%	46%	47%	46%	44%	36%
Allied Health	89%	76%	75%	93%	66%	83%	64%	74%	56%	66%	72%
Autre	69%	70%	72%	53%	68%	71%	74%	58%	52%	34%	38%
Entretien Ménager / Buanderie	87%	87%	81%	84%	87%	87%	91%	90%	90%	91%	89%
Service diététique	80%	77%	69%	68%	73%	71%	73%	77%	77%	59%	50%
Programme de jours	83%	83%	62%	85%	67%	56%	62%	85%	71%	64%	39%
Logement		61%	51%	49%	55%	50%	44%	51%	47%	34%	37%
Saint-Vital	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Administration	100%	100%	100%	100%	91%	83%	81%	75%	75%	100%	100%
RN / RPN	83%	81%	65%	53%	45%	51%	39%	39%	36%	26%	27%
LPN	93%	69%	59%	81%	65%	70%	60%	60%	49%	45%	40%
HCA	94%	76%	62%	101%	70%	70%	65%	70%	68%	68%	71%
Autre	94%	86%	65%	100%	100%	100%	100%	86%	91%	88%	93%
Entretien Ménager / Buanderie	100%	91%	96%	98%	100%	79%	76%	86%	79%	84%	84%
Service diététique	92%	53%	69%	70%	37%	36%	28%	37%	30%	21%	20%

Active offer and services in French improve and/or are maintained in certain sectors whereas certain services are anglicized. In 2018, a Professional Development and French Language Services Coordinator was hired with the intention of giving the support to staff and management in supporting the mandate. The position is also intended to address with our regional and provincial partners the recruitment and training challenges while finding alternative ways to fulfill the linguistic mandate for which Actionmarguerite is responsible.

We actively participate in the development of the WRHA strategic plan for French-language services, the committee of experts on French-language services for Santé en français and Continued Care, as well as the Committee of Managers of Santé en français.

EXCELLENCE

Quality remains the base of all our actions. Actionmarguerite meets fully the provincial standards for long term care homes. We benefit from our international network, Seniors Quality Leap Initiative (SQLI) and we participate also in the establishment of a similar network for francophone facilities in Canada. We move forward in an important way on continuous improvement initiatives in the areas of pain management, antipsychotics and end of life care. We also continue to introduce exemplary practices emanating from members of the SQLI consortium, such as the reduction and elimination of bed/chair alarms at St. Vital and the systematic use of punctual rounds.

We committed in 2018 to train ALL of our staff on methods developed by the Advanced Gerontological Education entitled Gentle and Persuasive Approach. This training is the beginning of a transformation in our approach to treat and interact with persons with dementia. To date, 250 of our 1000 employees were trained and the short-term results show a decrease in reactive incidents from residents and violent incidents toward staff.

We continue also to recognize Actionmarguerite staff by celebrating their accomplishments and in developing our leadership capacity and compassion. We could highlight even more the excellent work of our staff in all sectors.

OPPORTUNITIES

The opportunities before us to collaborate with partners are as follows:

1. The promoting of a common strategy on the aging population at the community of services level and the community.
2. The development of home care services in collaboration with Charité Despins and other partners of the community (for example, Chevaliers de Colomb).
3. The transformation of services for dementia via staff training adapted to the needs and according to the expectations / values of Actionmarguerite.
4. The amalgamation of support services in order to maintain a level of efficiency and reinvestment in the maintenance of the establishments and services.
5. The stimulation of innovative projects in the models of long term housing.

The challenges always remain the following:

1. The capacity to deliver on the linguistic mandate.
2. The training and recruitment of a qualified workforce.
3. The internal project management and the capacity to implement projects.
4. The funding and access to capital.

GOVERNANCE

The Board of Directors is strongly committed to the goals of the 2019-2022 Strategic Plan which mandates Actionmarguerite to become an access point to continuing care and services to the frail elderly in partnership with the sponsored communities of our founding sisters and the CHCM. It also wants to become the major reference agency for access to French-language services for the frail elderly.

In addition to assuming its fiduciary responsibilities, the Board of Directors has obtained the results of an internal audit of Actionmarguerite's operations done by the WRHA. This report confirms the exemplary governance strength in place. Apart from certain recommendations, the Board members are satisfied that we conform to the principles of good governance.

Representation and the quality of the members on the Board of Directors continue to be the strength to the governance. The varied and complementary competencies of the Board members give a perspective focussed on the future, the challenges of the sector and the strategies to further our mission.

The outgoing Board members are Ken Chartrand and Stéphanie Roy. Upon confirmation by the CHCM, we will welcome Erik St. Hilaire and Charlotte Hébert as of July 2019. Marc Labossiere and Gisèle Lapointe have agreed to assume the tasks of Chair and Vice-Chair of the Board respectively. The Board is also committed to a succession planning process of its members and senior management.

FOUNDATIONS

The Board of Directors continues its work on the development of expertise in fundraising. Since January 2019, a person under contract supports the administration in the preparation of a business plan for the Foundation. In short, the financial results of both Foundations are the following:

Actionmarguerite Foundation (as at December 31, 2018)

Funds collected	Disbursements	Reserve funds	+ (-)
\$46,654	\$89,450	\$3,552,486	(3%)

Friends of St. Joseph (as at March 31, 2019) – unaudited

Funds collected	Disbursements	Reserve funds	+ (-)
\$3,059	\$53,038	\$1,642,172	0.9%

The question remains the collaboration with the Friends of St. Joseph and Actionmarguerite Foundation. The plan entails a collaboration strategy and eventually an integration of this Foundation in order to put forth extensive funding projects. This strategy has not yet been confirmed by the Friends Board of Directors.

Ken Chartrand
President

Charles Gagné
Chief Executive Officer

Quality Indicators

Table 1 – Overall Results

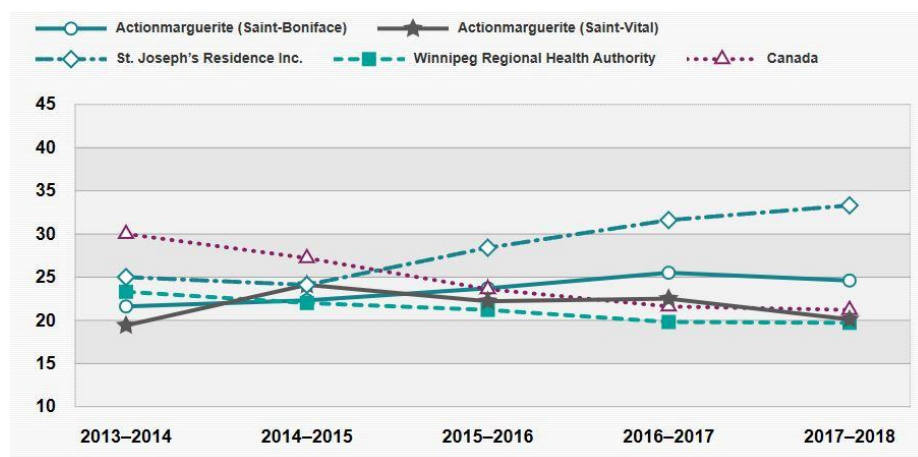
2018	St. Boniface			St. Vital			St. Joseph		
	2018	2017	2016	2018	2017	2016	2018	2017	2016
Long Term Care (LTC) Residents Older than 85	42.1%	41.2%	42.9%	60.3%	58.3%	61.6%	59.7%	57.9%	59.8%
LTC Residents Younger than 65	18.2%	19.5%	19.9%	1.0%	1.4%	1.5%	3.1%	3.0%	3.8%
Female LTC Residents	62.3%	62.7%	62.2%	72.9%	74.8%	76.3%	76.7%	81.2%	84.8%
LTC Residents with Dementia	57.4%	55.6%	47.9%	63.5%	65.7%	70.9%	60.3%	56.9%	56.0%
LTC Residents with Congestive Heart Failure	9.4%	10.1%	11.3%	10.9%	11.4%	10.4%	16.7%	14.6%	19.2%

Source: Canadian Institute for Health Information, Your Health System, June 2019

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.

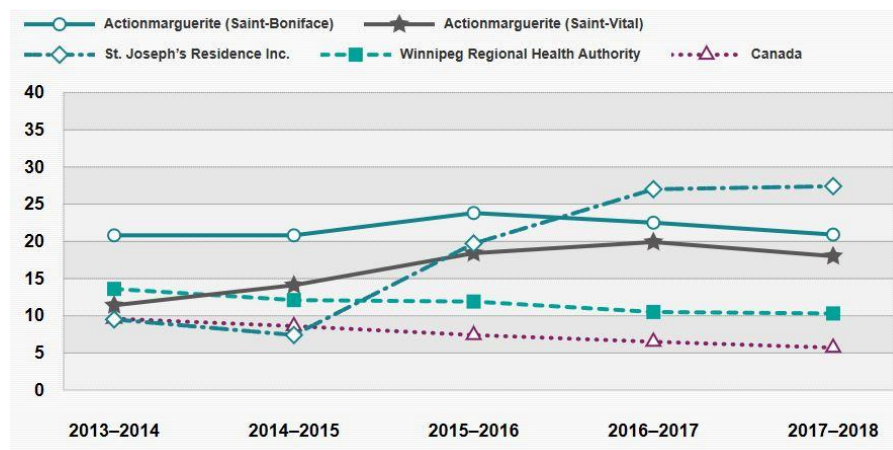
A low value is preferable.



Source: Canadian Institute for Health Information, Your Health System, June 2019

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

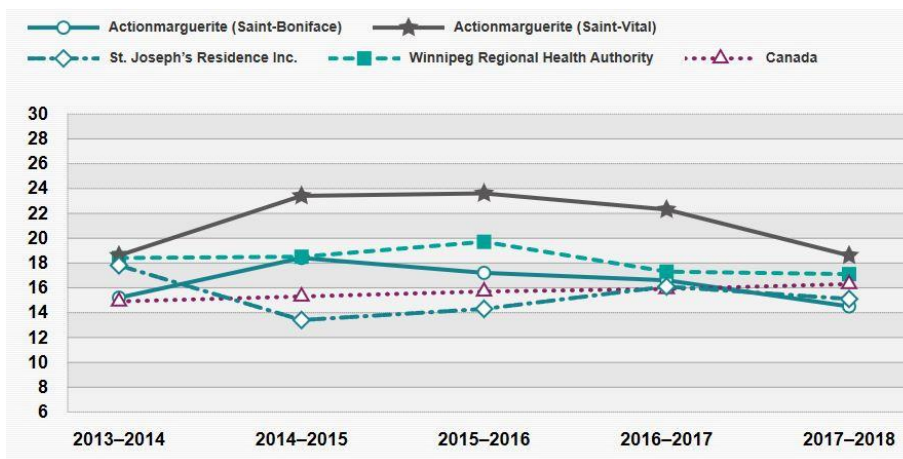
This indicator reports the number of residents physically bound on a daily basis. The immobilization is sometimes used to manage behaviours or prevent falls. A low value is preferable.



Source: Canadian Institute for Health Information, Your Health System, June 2019

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

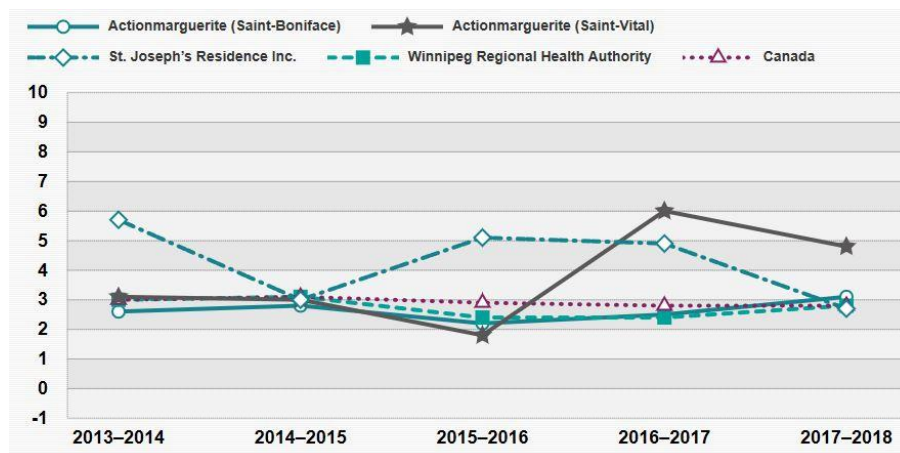
This indicator reports the number of residents in long term care who have fallen in the 30 days prior to their quarterly clinical assessment. Falling is the major cause of injury for the elderly. A low value is preferable.



Source: Canadian Institute for Health Information, Your Health System, June 2019

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

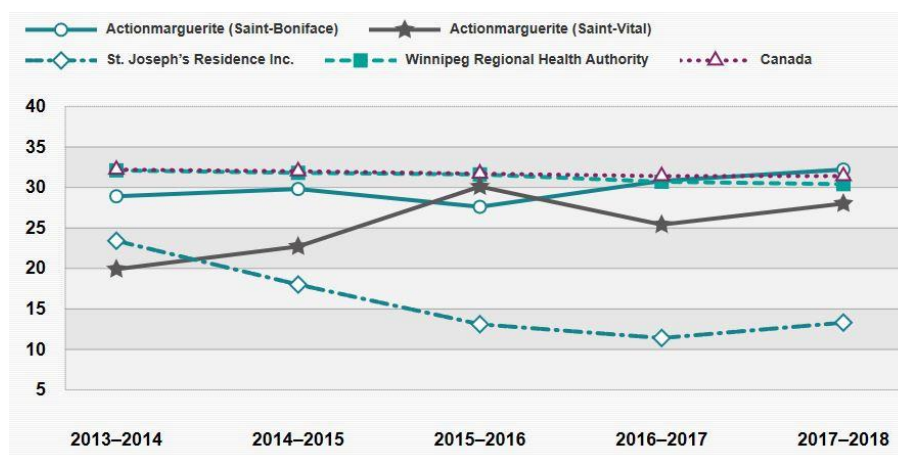
This indicator reports the number of residents in long term care whose pressure sore of stage 2, 3 or 4 has worsened in comparison to the previous assessment. A low value is preferable.



Source: Canadian Institute for Health Information, Your Health System, June 2019

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

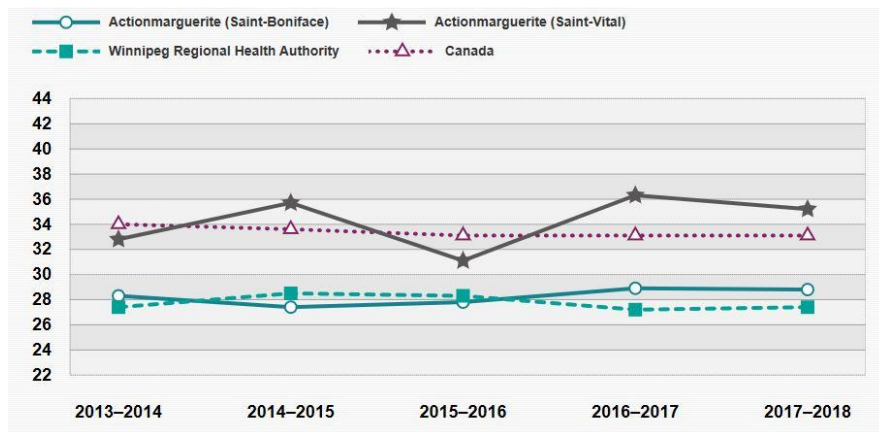
This indicator reports the number of residents in long term care whose performance in their daily activities associated with an intermediate loss of independence (transfer and move) has improved, or whose independence in this regard has remained complete. A high value is preferable.



Source: Canadian Institute for Health Information, Your Health System, June 2019

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

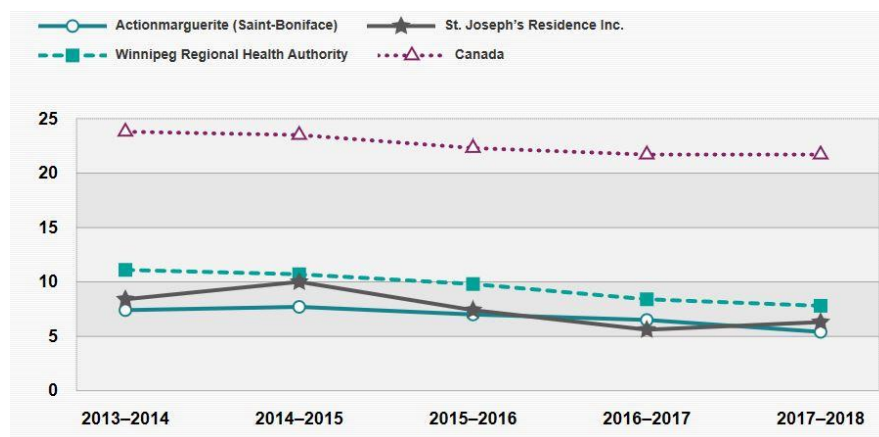
This indicator reports the number of residents in long term care whose performance in their daily activities associated with an intermediate loss of independence (transfer and move) has deteriorated, or whose dependence in this regard has remained complete. A low value is preferable.



Source: Canadian Institute for Health Information, Your Health System, June 2019

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.

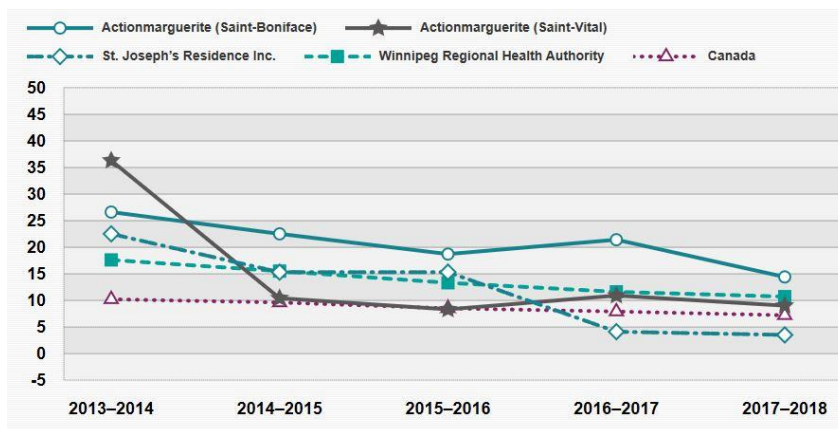


Source: Canadian Institute for Health Information, Your Health System, June 2019

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.

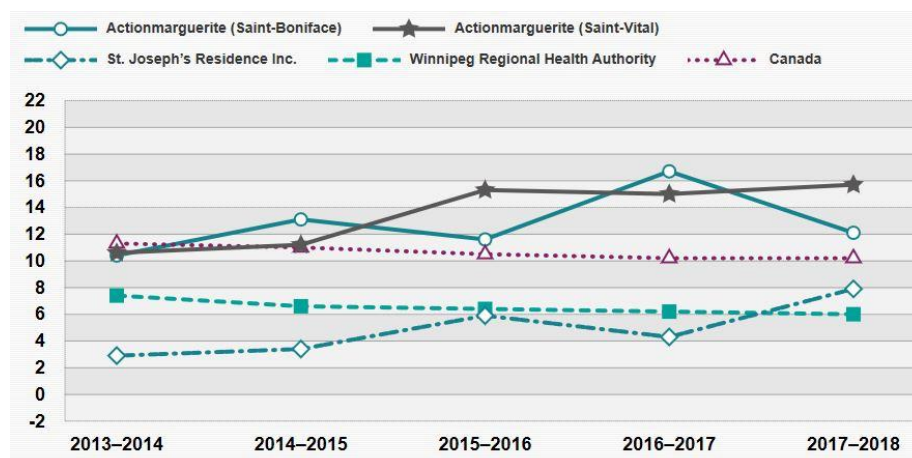


Source: Canadian Institute for Health Information, Your Health System, June 2019

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 2019

Combined Financial Statements

Actionmarguerite (St. Boniface) Inc.; Actionmarguerite (St. Vital) Inc.; Actionmarguerite (St. Joseph) Inc.

CONDENSED COMBINED STATEMENTS OF FINANCIAL POSITION

March 31, 2019 and March 31, 2018

	2019 \$	2018 \$
Financial Assets	17 734 957	17 186 771
Liabilities	19 694 612	19 758 689
Net Debt	(1 959 655)	(2 571 918)
Non-Financial Assets	21 770 680	22 485 109
Total	19 811 025	19 913 191
Accumulated Operating Surplus	19 810 002	19 911 975
Accumulated Remeasurement Gains (Losses)	1 023	1 216
Total	19 811 025	19 913 191

CONDENSED COMBINED STATEMENTS OF OPERATIONS AND ACCUMULATED SURPLUS

Year ended March 31, 2019 and March 31, 2018

	2019 - Budget Total \$	2019 Total \$	2018 Total \$
Revenue:			
Winnipeg Regional Health Authority	35 565 059	35 832 961	36 651 180
Resident and service fees	10 808 411	10 823 448	10 662 188
	46 373 470	46 656 409	47 313 368
Offset income	224 910	371 918	88 300
Other revenue & adjustments	428 478	718 649	723 598
	47 026 858	47 746 976	48 125 266
Expenses	48 435 231	48 964 318	48 639 349
Surplus (deficit) for the year before government transfers related to capital	(1 408 373)	(1 217 342)	(514 083)
Government transfers related to capital	1 115 369	1 115 369	976 088
Annual surplus (deficit)	(293 004)	(101 973)	462 005
Accumulated surplus, beginning of year			
As previously reported	19 911 975	19 911 975	7 822 610
Change in accounting policies			11 627 360
	19 911 975	19 911 975	19 449 970
Accumulated surplus, end of year	19 618 971	19 810 002	19 911 975

These combined financial statements represent an aggregation of the financial statements of Actionmarguerite (Saint-Boniface) Inc., Actionmarguerite (Saint-Vital) Inc. and Actionmarguerite (St. Joseph) 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

	2018 \$	2017 \$
Assets	3 679 180	3 675 462
Liabilities	126 694	4 039
Fund Balances	3 552 486	3 671 423
	3 679 180	3 675 462

CONDENSED STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES

Year ended December 31, 2018 and December 31, 2017

	2018 \$	2017 \$
Revenue:		
Fundraising & Donations	46 654	79 633
Investment income	(42 998)	316 532
	3 656	396 165
Expenses	122 593	140 881
Excess of revenue over expenses for the year	(118 937)	255 283
Fund balances, beginning of year	3 671 423	3 416 140
Fund balances, end of year	3 552 486	3 671 423





Investments

	2018 \$	2017 \$
Term deposits	90 000	90 000
Investments - The Winnipeg Foundation:		
Managed	2 987 232	3 186 632
Endowment	133 085	130 926
	3 120 318	3 317 558
	3 210 318	3 407 558

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
Marc Labossière	Marc Labossière	Maria Cabral
Claudette Toupin	Claudette Toupin	Marge Kemerle
Gisèle Lapointe	Gisèle Lapointe	Lydia Pronyk
Stéphanie Roy	Stéphanie Roy	Toni Squires
Gaétanne Morais	Gaétanne Morais	
Murielle Maccès-Nimi	Murielle Maccès-Nimi	
Brian Hayward	Brian Hayward	
Éric Courcelles	Éric Courcelles	

CHARLES GAGNÉ	MARIELLE LAFOND	DENIS FREYNET	SHEILA BAYDA
			
Chief Executive Officer	Chief Nursing Officer and Director of Care	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 204-233-3692	450 River Road Winnipeg MB R2M 5M4 204-254-3332	1149 Leila Avenue Winnipeg MB R2P 1S6 204-697-8031

FONDATION 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 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.