



SIoux LOOKOUT

# Meno Ya Win

HEALTH CENTRE

2016/17  
ANNUAL REPORT

Excellence Every Time

The Mission, Vision & Values of SLMHC define what we do as an organization, where we want to go, and the beliefs and behaviours that will get us there.

## MISSION

Caring for People  
Embracing Diversity  
Respecting Different Pathways to Health

## VISION

We will be a Centre of Excellence in First Nations and northern health care by working together to improve the health status of individuals, families and communities now and for generations to come.

## VALUES

We value compassion, respect, quality and teamwork.

### Expression of Values:

**Compassion:** We provide a caring and compassionate environment for our patients, employees and community.

**Respect:** We respect the diversity of our employees, patients, families, communities, organizations, and ourselves.

**Quality:** We provide the highest quality individualized care that is compassionate, safe, effective, and respectful of our patients' cultural values.

**Teamwork:** We commit to working together to achieve our vision of a Centre of Excellence in First Nations and northern health care.

Excellence Every Time



SIoux LOOKOUT  
**Meno Ya Win**  
HEALTH CENTRE

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# Message from SLMHC Board Co-Chairs

The past year has been one of transition for Sioux Lookout Meno Ya Win Health Centre (SLMHC) across both the governance and leadership of the organization. As a part of this transition, the Board of Directors wish to acknowledge the work of our past Co-Chair of the Board Kai Koivukoski and past President and Chief Executive Officer David Murray. After receiving the resignation of David Murray in August 2016, we undertook a search for a new Chief Executive Officer. In the interim, the Board unanimously appointed Heather Lee as the Acting Chief Executive Officer. Under Heather's leadership and in collaboration with members of the senior executive and management team, the organization has advanced on its journey toward Excellence Every Time.

One of the priorities of the Search Committee was to consult with Board members and health delivery partners to establish a list of competencies that would guide the search and our decision making. These competencies were approved by the Board of Directors:

**Experience With First Nations** The successful candidate must have more than a passing understanding of First Nation history, culture and current issues; he/she must have hands-on experience with the complexities that can arise for First Nation health care patients and communities.

**Experience In Health Systems** The successful candidate must understand and have experience in complex intergovernmental systems as it applies to First Nations be it health care, hospitals, housing, education, socio-economic issues or governance.

**Communication** Keeps employees, the Board and key stakeholders informed about decisions, events and developments that affect them.

**Patient Care Focus** Is consistently dedicated to meeting the expectations and requirements of the Four Party Agreement and regional health needs. Acts with patients in mind. Maintains effective relationships with health advocates and gains their trust and respect.



**Listening** Takes the time to listen to northern, rural and regional questions, concerns and viewpoints; identifies the relevant information and conveys it to all appropriate parties.

**Strategic Vision** Sees the "big picture" and vision for health in the region; has a clear sense of the organization's ideal future state and communicates this in a compelling way. Skilled in the use of a systematic planning process resulting in a vision and direction fully supported by a management team with measurable actions and ongoing communication to the board.

**Engagement** Consults with employees, communities, health care service providers, and government representatives to solicit suggestions for improvement; listens and takes suggestions seriously.

**Change Oriented** Embraces change readily, tackles challenges/change related and realigns rigorously.

**Facilitating Teamwork** Promotes teamwork, cooperation and collaboration within the work group and is inclusive of First Nation advisors and health service providers.

**Board Relationships** Utilizes social grace and sensitivity to initiate and develop interpersonal relationships within SLMHC, with members of the Board of Directors, and within the region. Is able to use tact and diplomacy to manage delicate situations and develop a sense of openness and trust.

We are confident that as we work through the selection process utilizing the competencies as identified by the Board, that we will select the most appropriate and qualified candidate for the position.

Barbara Hancock, Board Co-Chair

Solomon Mamakwa, Board Co-Chair



# Message from our First Nations Advisor



The recent changes in the governance and the executive office of SLMHC has offered challenges and opportunities in the provision of quality service and care to our patients. During this transition period, SLMHC thrived, accepting the opportunity to strengthen

its organizational culture. A rapid pace and a strong management team supported the work and enabled success.

Over time, the organization had lost some connection with its service area. This resulted in accusations of insensitivity to the needs of First Nations patients, who make up 85% of its service profile. At times, regular accusations of racism were being leveled at SLMHC.

To address this growing void in its relationship with the north, the management turned this around by reaching out to the First Nation communities in a number of positive ways.

- ⊕ Community visits were made by senior management along with their program managers
- ⊕ Met and got to know the Tribal Council people running health programs
- ⊕ Making presentations to the Sioux Lookout Chief's Assemblies and to the Chiefs Committee on Health
- ⊕ Gave assistance to the Sioux Lookout First Nations Health Authority (SLFNHA) in the development of information briefs on health issues and subjects that affect the northern communities
- ⊕ Provided regular Wawatay radio briefings on health and hospital issues

In addition to affecting the external environment, SLMHC embarked on an internal organizational change program. This program developed a work environment in which employees feel safe and valued. In it, they are encouraged to make decisions in the day-to-day care of patients using the values of SLMHC as a guide, these values focus on quality care for patients.

So far, the activity has played out successfully and I believe it will continue to do so.

Douglas Semple

First Nations Advisor to the Board and CEO



# Message from the CEO



Reflecting on the long path to become one hospital serving the needs of all residents across our vast geographical catchment area, I am very proud of everything that has been accomplished and encouraged by the opportunities that lie ahead. The 2016/17 year has

been one of transition for SLMHC and embracing it has pulled us further along in our journey toward “Excellence Every Time”.

As we begin 2017/18, supported by our new mission, vision, and values, and 3-year strategic plan, it is encouraging to see the opportunities within our reach that will help elevate the Health Centre to an even higher level of performance. Guided by our strategic priorities we are moving closer to realizing our vision of being a Centre of Excellence in First Nations and northern health care by working together to improve the health status of individuals, families and communities now and for generations to come. I am grateful for those who worked tirelessly to bring to completion the Sioux Lookout Meno Ya Win Health Centre in 2010 and beyond. I also want to recognize and thank our volunteer Board of Directors who provides governance to ensure we are meeting our mission and vision.

Built upon the foundation created by the April 11, 1997 signing of the Four Party Agreement, the Health Centre continues to grow year after year. With growth comes the need for additional human and material resources and we are continuously working with our Board of Directors, our funders and other stakeholders to find opportunities to support this growth. Our community is fortunate to have many local volunteers who give their time and work in collaboration with the volunteer Board of the SLMHC Foundation to raise funds for needed medical equipment throughout the facility. As an organization, we are thankful for their commitment to ensure that patients have access to medical equipment that allows them to receive care closer to home.

At SLMHC, we have a team of management, staff and physicians who are committed to ensuring high quality, culturally safe and appropriate care for all clients of our area. Our vision to become a Centre of Excellence would not be possible without the unrelenting pursuit to improve patient experiences and health outcomes by this team. I am very appreciative of the commitment they have made to uphold and demonstrate the behaviors that support our values of Compassion, Respect, Quality and Teamwork.

During the last year, the Ministry of Health and Long Term Care (MOHLTC) announced additional funding that would in part support the Health Centre to operate at its full capacity of 60 beds. Even at full occupancy, we continue to see higher volumes of admitted patients waiting in the Emergency Department for an inpatient bed to become available. This situation is being monitored closely by our Board and Executive as we continue to work collaboratively with the Northwest Local Health Integration Network (NWLHIN) and the MOHLTC on getting an approval for the 96-bed Long Term Care facility proposed in 2014.

Along with our role as a hospital, we continue to advocate for improved health outcomes for the population that we serve. This means working alongside various partner organizations to collaborate on initiatives that enhance health services at the community level. Initiatives such as supportive housing projects and Elder Care are just two examples where SLMHC is working with various partners in the region.

Moving forward into 2017/18, SLMHC is committed to focusing on the following high-level goals:

- ⊕ Employee Experience
- ⊕ Patient Experience and Culture
- ⊕ Timely access to Inpatient beds
- ⊕ Community Relationship Building and Engagement
- ⊕ Effective and Efficient Utilization of Resources.

While there are multiple priority areas across the health spectrum that we must and will continue to monitor, each department of the hospital has identified measurable actions that will make a positive impact for our patients.

I am extremely honored to work with the Board of Directors, staff, physicians and partners at SLMHC and proud of all that they have done. The culture that has been created in the organization over the past year is a reflection of their desire to provide Excellence Every Time. It is encouraging to see the continued commitment to improve health and health services through strengthened relationships and collaboration.

Together we will continue to remove the barriers to equitable health services that have been created over many years; so that each and every one of us have the opportunity to access safe, high-quality and culturally appropriate care as close to home as possible.

Miigwech,

Heather Lee, RN, BScN, MHA  
Chief Executive Officer (acting)



# Message from the Chief of Staff



**S**LMHC continues to grow in all areas of physician services in keeping with our growing population, increasing services in the hospital and our specific needs in pediatrics and mental health services. The hospital supports Sioux Lookout Regional

Physicians Services Inc. (SLRPSI) in the recruitment and retention of family physicians with interests in northern and First Nations health. All physicians providing services in the region are credentialed through SLMHC.

**Family Medicine:** Last year we were given a substantial increase in funding for physician services from the MOHLTC through SLRPSI in October 2016. While this does increase funding available, recruitment of a physician to a position takes 9-12 months. We have been able to replace some of our family doctors that moved last year but have not been able to increase our total number of contracted family physicians and we are still very dependent on locum services. We are anticipating about six new contracted recruits in 2017/18.

As with many rural communities some of our long-term physicians are approaching retirement and changing their work commitments. While we did not have any full retirements in 2016/17, we know that a few are coming over the next 1-3 years. As you can see, the retention of family doctors is as much an issue as recruitment. Recruitment through our teaching programs and activities of the staff remain our most viable options for increasing services.

**In-Hospital Services:** There has been a significant restructuring in the delivery of in hospital services over the last year. Some notable developments include increased physician coverage of the emergency department for an additional four hours each day to support increased volumes. There has been a development of a hospitalist model of inpatient care for increased continuity and reduction in physician-to-physician hand-overs. There is now more phone coverage for northern nursing stations when a physician is not in the community. There is now a daily presence of a physician in the outpatient withdrawal services.

**Specialty Services:** The specialty contingent has remained stable at two full-time general surgeons and two contracted radiologists. A number of other specialty services are provided by our family physicians including, operative obstetrics, anesthesia, orthopedics, cardiac stress testing, cancer care, and addictions medicine.

We have increased our visiting specialists to include pediatrics, child and adolescent psychiatry, adult psychiatry, and infectious diseases. We continue to support near nose and throat plus nephrology.

We are moving forward with the MOHLTC to develop new models of remuneration to increase our in-house specialty compliment and looking at developing a business plan with the MOHLTC for more specialty services in Sioux Lookout.

SLRPSI contracts directly or indirectly with primary care physicians for community and hospital based services. It is governed by a board of three community reps, three hospital reps and three physician reps.

Dr. Terry O'Driscoll, Chief of Staff



# SLMHC Board of Directors

Solomon Mamakwa, Trustee and co-chair, Shibogama First nations Council

Barbara Hancock, Trustee and co-chair

James Cutfeet, Trustee, First Nations Member at Large

John Cutfeet, Trustee, Independent First Nations Alliance

Terry Jewell, Trustee

Joe Kakegamic, Trustee, Sandy Lake First Nation

Sadie Maxwell, Trustee, Windigo First Nations Council

Knowles McGill, Trustee and Treasurer

Joe Meekis, Trustee, Keewaytinook Okimakinak (Northern Chiefs)

Mary Anne Panacheese, Trustee, Sioux Lookout First Nations Health Authority

Leroy Quoquat, Trustee, Lac Seul First Nation

Roy Spence, Trustee, Matawa First Nations

Joyce Timpson, Trustee, Municipality of Sioux Lookout

Vacant, Mishkeegogamang First Nation

Vacant, Trustee

## Medical Professional Representatives

Dr. Terry O'Driscoll, Chief of Staff

Dr. Mike Kirlew, President of Medical Staff

Teri Fiddler, Traditional Healer/Elder

Heather Lee, Acting CEO and VP Health Services & Chief Nursing Executive

## Nishnawbe Aski Nation Representative

Grand Chief Alvin Fiddler

## Senior Team

Heather Lee, Acting CEO and VP Health Services & Chief Nursing Executive

Dean Osmond, VP Corporate Services and Performance and Chief Operating Officer

Douglas Semple, First Nations Advisor to the Board and CEO

Dr. Terry O'Driscoll, Chief of Staff





# Traditional Healing Medicine Food & Supports

**T**raditional Healing Medicine Food and Support is a program integrated throughout the daily operations of the organization. There are five specific components to the program as follows:

- ⊕ Weechee'iwewin (Patients & Client Support)
- ⊕ Odabiidamageg (Elders Council),
- ⊕ Andaaw'iwewin (Traditional Healing)
- ⊕ Mashkiki (Traditional Medicine)
- ⊕ Miichim (Traditional Food)

Supporting the program and functioning in an advisory role to the Board of Directors and Senior Executive team, the Elders council provides direction and guidance on program development, issues management and strategic planning as well as providing input on policies and services as they affect the First Nations community. Within their role Elders provide communications to the First Nations community in Sioux Lookout and the far northern communities served by the hospital.

We are very honoured to have a broad range of Elders representing the following:

- ⊕ Independent Bands - Two members (one from Sandy Lake and one from Mishkeegogamang)
- ⊕ Independent First Nations Alliance - One member
- ⊕ Keewaytinook Okimakanak - One member
- ⊕ Mattawa First Nations Council - One member
- ⊕ Shibogama First Nations Council - One member
- ⊕ Windigo First Nations Council - One member
- ⊕ Treaty 3 Representative - One member
- ⊕ Elders in Residence - Two members
- ⊕ Traditional Healing Advisor

The program is also supported by two Elders in Residence who visit patients and often sit with palliative patients and their families for both emotional and spiritual support. They bring a calming influence and their role is vital in providing culturally appropriate care to the elderly patients.

Another important component of the THMFS program is the involvement of medical interpreters and traditional healers who are available to provide support to staff and patients throughout the hospital.

"I've worked over for over 50 years in health care, here and at community level. I've seen a lot. I can say the service we provide has greatly improved. Long time ago, children, for example, we just sent out without escort and this caused so much stress to patients, family and community. Today, we don't do that. We treat the patient with more care and respect and we all work as a team to help the patient out. Here at SLMHC, we really work to look after all patients in the hospital and work with communities to improve the care we provide. I like being part of this process and very happy to see all these positive changes in my time. There is great team work at the hospital, in all areas and everyone works together to look after the patient and families. Patients and clients ask for spiritual support and advocacy services, and I am proud to be part of this group who works hard to help patients/clients in this manner."

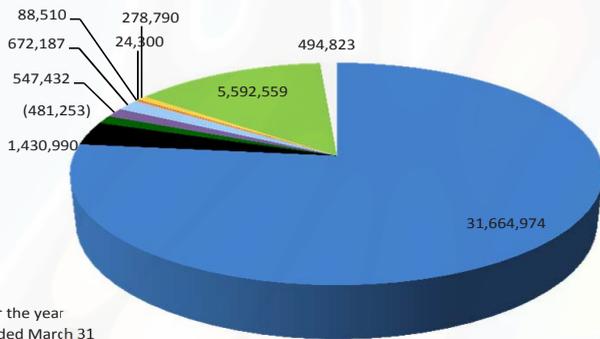
Emily Gregg, Elder in Residence



# Finance

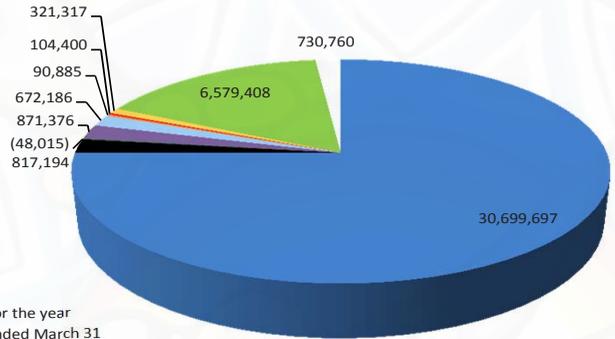
## STATEMENT OF OPERATIONS

### Revenues



For the year ended March 31  
**2017**

Ministry of Health Base Allocation	\$	31,664,974
Ministry of Health One Time Payments	\$	1,430,990
Ministry of Health Recoveries	\$	(481,253)
Paymaster	\$	547,432
Hospital On-Call Coverage	\$	672,187
Visiting Specialist	\$	88,510
Cancer Care Ontario	\$	24,300
Health Canada	\$	278,790
Other Revenue	\$	5,592,559
Amortization of Donations and Grants for Equipment	\$	494,823
<b>Total</b>	<b>\$</b>	<b>40,313,312</b>

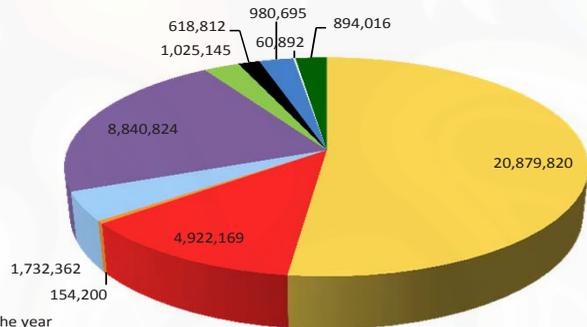


For the year ended March 31  
**2016**

Ministry of Health Base Allocation	\$	30,699,697
Ministry of Health One Time Payments	\$	817,194
Ministry of Health Recoveries	\$	(48,015)
Paymaster	\$	871,376
Hospital On-Call Coverage	\$	672,186
Visiting Specialist	\$	90,885
Cancer Care Ontario	\$	104,400
Health Canada	\$	321,317
Other Revenue	\$	6,579,408
Amortization of Donations and Grants for Equipment	\$	730,760
<b>Total</b>	<b>\$</b>	<b>40,839,208</b>

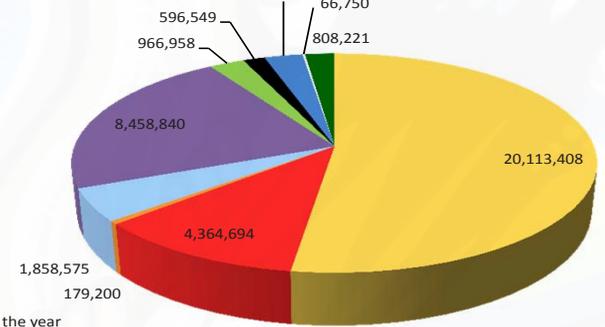
## STATEMENT OF OPERATIONS

### Expenses



For the year ended March 31  
**2017**

Salaries, Wages and Purchased Services	\$	20,879,820
Employee Benefits	\$	4,922,169
Employee Future Benefits	\$	154,200
Medical Staff Remuneration	\$	1,732,362
Supplies and Other Expenses	\$	8,840,824
Medical and Surgical Supplies	\$	1,025,145
Drugs and Medical Gases	\$	618,812
Equipment Amortization	\$	980,695
Software Amortization	\$	60,892
Bad Debts	\$	894,016
<b>Total</b>	<b>\$</b>	<b>40,108,935</b>



For the year ended March 31  
**2016**

Salaries, Wages and Purchased Services	\$	20,113,408
Employee Benefits	\$	4,364,694
Employee Future Benefits	\$	179,200
Medical Staff Remuneration	\$	1,858,575
Supplies and Other Expenses	\$	8,458,840
Medical and Surgical Supplies	\$	966,958
Drugs and Medical Gases	\$	596,549
Equipment Amortization	\$	1,050,240
Software Amortization	\$	66,750
Bad Debts	\$	808,221
<b>Total</b>	<b>\$</b>	<b>38,463,435</b>

Excess of Revenue over Expenses from Hospital Operations \$ 204,377

Excess of Revenue over Expenses from Hospital Operations \$ 2,375,773

Audited financial statements for the year ended March 31, 2017 are available on our website at [www.slmhc.on.ca](http://www.slmhc.on.ca)

Disclaimer: These numbers are presented before final approval of the financial statements by the Board of Directors.



# SLMHC Foundation

Sioux Lookout Meno Ya Win Health Centre Foundation had a very good year in 2016/17 and is looking forward to an equally fantastic year in 2017/18. As always, our good years are totally in thanks to the generosity of individuals and businesses in Sioux Lookout and the surrounding area, other foundations and people scattered across the country.

The SLMHC Foundation raised over \$200,000 last year. Over half of that was thanks to two volunteer groups that have been putting on events for 20 and 6 years respectively; Bearskin Airlines Charity Golf Tournament, begun by Harvey Friesen, and

the Bearskin Airlines Skip to Equip Curling Classic, organized by a group of women curlers in Sioux Lookout. These two events raised almost \$115,000 last year. We can't thank these people enough for the time and effort they put into raising funds for health care and the SLMHC Foundation.

The majority of funds raised are for diagnostic imaging equipment or other needed health care equipment.

A huge thank you to everyone who supports the SLMHC Foundation.



Excellence Every Time



SIOUX LOOKOUT  
**Meno Ya Win**  
HEALTH CENTRE







# Strategic Goal One

## Explore New and Expanded Hospital Services

### RATIONALE

Sioux Lookout Meno Ya Win Health Centre is committed to exploring new and expanded hospital services that meet the needs of the population and places emphases on our role as the District Hospital in our Local Health Hub/Integrated District Network.

SLMHC provides fully accredited services including specific accreditation in pharmacy and laboratory. Any new or expanded services will meet the expectation of enhancing the patient experience through the provision of high-quality, patient-centered care that meets and exceeds accreditation standards.

### OUR APPROACH TO ACHIEVING THE GOALS

- ⊕ The Obstetrical program and Integrated Pregnancy Program are in year four of our Baby-Friendly Initiative (BFI) that is expected to be fully implementation by 2020. BFI is a worldwide program of the World Health Organization and UNICEF launched in 1991. Women are encouraged to breastfeed their children for the first six months from birth, which reduces the incidence and severity of infectious diseases.
- ⊕ Some of the services available to both, inpatients and outpatients at SLMHC are provided by visiting medical specialists who come to the hospital from out of town on a regularly scheduled basis. This includes specialists in ear, nose, and throat, pediatrics, infectious disease, podiatry, radiology, and audiology.
- ⊕ The Emergency Room (ER) provides 24/7 emergency medical services to all patients who come seeking medical care. The ER works closely with Emergency Medical Services (ambulance), police, and other hospitals in the region. The number of patient visits to the ER has nearly doubled since 2011.
- ⊕ Regional Critical Care Response is a service provided in collaboration with Thunder Bay Regional Health Sciences Centre (TBRHSC) to support our staff and physicians when managing critically ill patients. A consultation is provided by video conference, allowing the specialist in Thunder Bay to see the patient and provide advice or support treatment that is provided at SLMHC or until transfer to their facility can be arranged.
- ⊕ The hospital continues to advocate with the MOHLTC for the approval of our 96-bed long term care proposal submitted in 2014.
- ⊕ Enhancement of the Communications department role within the facility to ensure timely and accurate communication both internally and externally.
- ⊕ Planning in collaboration with Sioux Lookout First Nations Health Authority (SLFNHA) for the construction of a sweat lodge that will be integrated and operated within the existing THMFS program and provide enhanced services to our patients and clients utilizing the hospital and the hostel.



- ⊕ We are beginning our second of a three-year contract with Registered Nurses' Association of Ontario (RNAO) in seeking a Best Practice Spotlight Organization designation for our Extended Care facility. Currently, we have successfully completed the implementation of three best practice guidelines and are going to implement two more this year. In addition, these best practices will be spread to patients waiting for long term care in the hospital.
- ⊕ We underwent renovations to our chemotherapy and sterile preparation areas to comply with recently established standards. Our next step is to enhance staff training in this area.
- ⊕ The Rehab department is able to offer fracture clinic visits to an orthopedic specialist via telemedicine weekly. This negates the need for patients to travel to Thunder Bay for follow up appointments or consultations. There were 413 patients who accessed the fracture clinic in 2015/16, not all utilized the telemedicine consult.



## Strategic Goal Two

# Advocate for High-Quality Health Services through Financial Growth and Sustainability

### RATIONALE

Sioux Lookout Meno Ya Win Health Centre is accountable for the provision of high-quality health care services in a continuously evolving health care environment. External influences play a major role in the financial viability of the organization over the long-term, requiring adequate planning and flexibility for the future.

SLMHC is committed to developing a financial growth and sustainability plan to ensure financial viability of the organization to meet the needs of the population over the long-term.

### OUR APPROACH TO ACHIEVING THE GOALS

- ⊕ New Food Operations Management (FOM) and Patient Dietary Management software provides the ability to collect and manage patient nutritional and diet information in real time; making dietary and nutritional requirements for patients more efficient and effective, taking into account patient safety, satisfaction, and nutritional well-being.
- ⊕ The Nutrition Care Management software package (NCM) can be used to run your diet office, from menu planning and patient care management, tray tickets, pulling nutritional data (per item, recipe, meal, day, menu, or patient) and much more. Thanks to this software, there are fewer areas for errors and improved food cost savings.
- ⊕ Our facility is shifting from traditional procurement processes to value-based procurement by providing innovative solutions and automated processes that address our hospital needs by placing emphasis on overall system value rather than cost alone. This supports improved system performance leading to better patient experiences which ultimately result in better health outcomes for our patients.
- ⊕ SLMHC is a member of the Northwest Supply Chain which is a shared service organization combining the purchasing power of 37 hospitals in Northern Ontario on mutual contracts and service agreements. Our estimated 2016/17 annualized savings as a result of this partnership and economies of scale are \$192,000.





# Strategic Goal Three

## Commitment to Investing in People

### RATIONALE

The recruitment and retention of qualified staff, committed to the provision of high-quality care in alignment with the mission, vision and values, is a high organizational priority. Effective Human Resource practices will help to ensure on-boarding of the right people into the right jobs. SLMHC commits to fostering a collaborative relationship with the Municipality of Sioux Lookout in regards to community development initiatives to attract and retain staff who will live in the area.

SLMHC will encourage professional development and opportunities for advancement in the organization for existing and potential staff. This support will help to achieve ongoing service sustainability and organizational succession planning given ongoing recruitment and retention challenges.

SLMHC is committed to recruitment of a diverse workforce and the promotion of cultural awareness within our environment. Engagement with staff and physicians related to cultural safety and awareness is a high priority for the organization.

SLMHC aims to be an employer of choice. Working toward achievements such as Best Practice Spotlight Organization designation will be explored during this strategic planning phase.

### OUR APPROACH TO ACHIEVING THE GOALS

#### ⊕ Categories of Employees

Aides/Assistants (Dietary/Laundry/Housekeeping/CSR/Physio/Pharmacy/Ward).....	95
Office Workers/Clerical Support/Health Records.....	72
Technologists/Technicians (Diagnostic/Health Records/Laboratory/Radiology/IS/Pharmacy).....	35
Interpreters.....	17
Professionals.....	48
Registered Nurses.....	75
Registered Practical Nurses.....	36
Maintenance/Security.....	14
Management.....	26
Ultrasonographers.....	4

- ⊕ 40 SLMHC staff trained in Applied Suicide Intervention Skills Training (ASIST) with more training planned for the upcoming year.
- ⊕ Our housekeeping department has an extensively trained team that applies best practices for environmental cleaning and infection prevention and control in health care settings. All staff are trained in accordance with the Provincial Infectious Diseases Advisory Committee (PIDAC) recommendations and standards and are audited for compliance routinely to ensure best practices are maintained.
- ⊕ Our Human Resource department has a dedicated team of human resources and education professionals. They provide human resources support for all areas of the hospital including recruitment, retention, performance and attendance management, labour relations, and staff education functions.
- ⊕ In 2016/17, staff education provided financial support for 45 staff in undertaking a variety of elective educational events to enhance their work including online training, workshops, and conferences.



- ⊕ Turnover for full-time employees has dropped from an average 16.96% in 2015 to 13.43% in 2016, though recruitment continues to be busy with 111 new hires joining our team in the 2016/17 fiscal year.
- ⊕ All new hires are now required to attend mandatory training including General Orientation, Culturally Safe Care, Anishinawbe Cultural Training, and Non-Violent Crisis Intervention
- ⊕ Our Human Resources and Staff Education team does an exceptional job in welcoming new hires to SLMHC and in supporting our existing staff. They offer assistance in finding housing as well as counselling on training and career development. For managers, they continue to hold HR workshops, providing a forum for inter-departmental discussion and encouraging best practices for human resources management throughout the organization.





# Strategic Goal Four

## Innovations and Partnerships

### RATIONALE

The utilization of virtual technology is an important link between health care services/providers and the population we serve. SLMHC has the capacity to lead our service area and partners in the advancement of virtual technology to improve access to health services.

Leveraging innovative utilization of virtual technology in the hospital setting and through partnerships with regional, provincial and First Nations providers, SLMHC will improve access to health care services.

The creation of the Northern Integrated District Network (NIDN) as part of the Northwest LHIN Health Services Blueprint has created a venue for health service planning and delivery across our region. SLMHC has facilitated the inaugural meeting to bring local and regional health and social service providers together as a health hub model that will support value-based client care.

### OUR APPROACH TO ACHIEVING THE GOALS

- ⊕ Connecting both, inpatients and outpatients to medical practitioners throughout the province, telemedicine reduces the need for patients to travel for appointments, saving valuable time and reducing costs.
- ⊕ Collaborating with SLFNHA, Health Canada, North West Local Health Integration Network, and TBRHSC, Chronic Disease Prevention and Management provides inpatient and outpatient diabetes management and education to all patients living with, or at risk of, diabetes.
- ⊕ This past year, the Diabetes team embarked upon networking and building capacity in the north by hosting three-day education sessions on five separate occasions for the home care nurses and personal support workers working in the northern communities.
- ⊕ SLMHC led the development of a community palliative care committee who are building resources to support palliative care in the community and in hospital.
- ⊕ Telemedicine is utilized by our surgeons to consult with patients in the north and make plans to travel to Sioux Lookout for their care. This approach reduces the inconvenience of and amount of time a patient requires travelling for care.
- ⊕ We work in partnership with TBRHSC to provide our chemotherapy program. This allows patients to receive treatment closer to home.
- ⊕ The Rehab department collaborates with more than a dozen other organizations in providing an extensive catalogue of rehabilitation services.
- ⊕ The Diagnostic Imaging department collaborates with the Ontario Breast Screening Program (OBSP) to offer screening mammograms to local and regional patients. We serve clients from all the northern First Nation communities, Savant Lake, Pickle Lake, Ignace, Dryden, Hudson, and Sioux Lookout.
- ⊕ The laboratory is an active participant in the Kenora Rainy River Regional Laboratory Program (KRRRLP), a program established to allow a sharing of laboratory resources and information among six hospitals in Northwestern Ontario.
- ⊕ Our Admitting department works closely with other health service providers in the region including but not limited to TBRHSC, Meditech (patient registration system), Non-Insured Health Benefits, SLFNHA, Hugh Allen Clinic, First Nations Family Physicians & Health Services, and Ontario Ministry of Health.

The pharmacists review approximately 21,000 individual orders/year. We also prepare chemotherapy for an average of five patients each week.



- ⊕ In 2013, the Anishinaabe Bimaadiziwin Research Program was created through partnership between SLMHC and SLFNHA. The program grew from a strong interest by First Nations communities, SLMHC, and SLFNHA in research that would act as a catalyst to affect and promote meaningful health care change. This is accomplished by identifying and documenting programming gaps, disease prevalence, and health and social inequities.
- ⊕ Through an innovative partnership with Sioux Lookout Area Aboriginal Management Board and the Patel International College Culinary Arts Program, Sioux Lookout campus, our hospital dietary department was able to assist in mentoring one student's last placement prior to graduation from the culinary program. Martha Tait, originally from Sachigo Lake, had moved to Sioux Lookout with her family to continue her education and successfully completed her placement in our dietary department. We were delighted that she chose SLMHC for her placement and she has since gone on to obtain a part time position with our dietary team. We look forward to continuing develop this relationship with the college in the future.
- ⊕ The Anishinaabe Cultural Training program has teamed up with Health Canada to train the nurses working in northern communities, the Ontario Provincial Police for new recruits, and SLMHC's Staff Education department.
- ⊕ The Miichim program is participating in a Nourish Cohort program – a national program aimed at promoting sustainable and culturally appropriate food programs to health care facilities throughout Canada.
- ⊕ The Wiichi'iwewin program is developing a partnership with Access Alliance Language Services which provides interpreter services in Ontario for health care and social services agencies.



Teri Fiddler, Heather Lee, and Kathy Loon wearing their ribbon skirts

# Staff Milestones

## Years of service

## Honorees

35  
35

Donna Makahnouk  
Carol Kuzemchuk

25  
25  
25  
25

Judy Belisle  
Dean Osmond  
Craig Legros  
Bev Lelonde

20

Dave Wilson

15  
15  
15  
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15

Yvonne Maillet  
Darlene Weir  
Tammy Wright  
Elsie Tobin  
Kim Coughlin  
Donalda Carleton  
Ross Horne

10  
10  
10  
10  
10  
10

David Head  
Katelyn Singbeil  
Diane Curtis  
Irene Beardy  
Susan Albany  
Dave Kulchyski

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Ashley Van Ramshorst  
Jennifer Salomon  
Iris Wujanz  
Kayla Osmond  
Julio Luteria  
Kim Tan  
Ralph Gosnell  
Jose Lopena  
Andrew Taylor  
Antoinette Marie Miles  
Danielle Tavares  
John Sayers  
Judy Carroll  
Angelina Derose  
Lindsay Gillett  
Christopher Young  
Stephanie Mattson  
Donald Wood  
Nicole Wooden  
Cameron Stewart  
Andrea McWatters

Retiree  
Retiree  
Retiree  
Retiree  
Retiree

Greg Malcolm  
Helga Vanderwoude  
Bev Lelonde  
Art Weir  
Darlene Weir



# SLMHC Staff Comments

I am grateful that I work in an environment that encourages creativity and outside the box thinking to help clients achieve their therapeutic goals.

When someone compliments you on a job well done, it makes us proud of what we do to support our patients. They feel that this is important.

Since working at SLMHC, I'm most proud of being able to create change, whether it is to improve an existing program or create a new program with management team support.

It's nice to work with people; I enjoy coming to work at Sioux Lookout Meno Ya Win Health Centre. This is a great place to work.

Our team members are proud to be able to help and assist patients, staff, and visitors alike when they are at SLMHC. They enjoy meeting new people and assisting when needed no matter what the situation is.

# Stories From the Floor

## Signing-on to accessibility

In 2016/17, we had three separate visits from clients who presented for services that are deaf. Support from someone who could assist with sign language was needed. With the assistance of several departments, it was discovered that a nurse on duty could assist us. She reported immediately to the department and worked with the physiotherapist for the entire assessment session.

She did a fabulous job and received thank you note of appreciation for her excellent patient care, teamwork and service. It was later discovered that we have another staff member in the rehab department who had sign language training in the past. He is going to refresh his skills in order to provide support.

## The lighter side of security

On one particular occasion, one of our security guards had escorted a large family to the palliative room numerous times throughout his shift. During one of these escorts, the family members appeared to be particularly more emotional than earlier in the evening. Our guard, upon noticing this, jokingly introduced himself as the door attendant, then made a joke about the size of the group. He was then the recipient of every door attendant joke known to exist.

The family was from one of our isolated communities and one of the family members advised that, "with such a little amount of people left at home, you should have been charging admission, \$5 bucks a head – you would have cleaned up!"

Everyone laughed and the security guard thought that was the end of it.

The next night shift, sadly, the family member passed. One of the women in the family who had been escorted the night before approached the guard, gave him a hug and told him she just wanted him to know that the smile and simple joke he had told them the night before went a lot farther than he knew.

She just wanted to say, thank you.

## Patients are the top priority to all SLMHC departments

In 2016/17, new TV systems were installed throughout the hospital. Prior to rolling out the new TV systems in the patient rooms, the IT department had a request come in to install a TV into the palliative room.

A patient had recently returned from Winnipeg and they had been without TV for months. IT hadn't planned to roll the new TV systems out to the patient rooms yet, but because the patient was willing to have the installation completed while they were in the room, IT agreed to install a TV. Staff relayed messages from the family thanking us for getting it installed so quickly.



Workload for the Rehab department has increased by 17.5% from the previous fiscal year.

The volume of CT studies has risen consistently over the years from 4,000 studies in 2015 to 6,000 in 2016.

Echocardiograms (heart ultrasounds) have gone from 293 exams in 2010 to 646 exams in 2016, this number is also expected to trend higher in the future.

The maintenance department answered 2,100 requests for service in 2016/17

The Obstetrical Unit had 422 deliveries last year, up from 390 the previous year.

The Admitting department completed 110,527 patient registrations in 2016/17, which is a 5.8% increase from 2015/16.

Integrated Pregnancy Program handled 10,912 visits in 2016/17.

The telemedicine department saw roughly 1,500 patients during the 2016/17 year. This does not include the other programs who utilize Personalized Conferencing Video Equipment which is a way for practitioners to have video conferences with patients. The practitioner will send a link to the patient, who can then have the appointment in their own home, on their laptop or phone. The only thing required is internet access.

Mental Health and Addictions Program (MHAP) continues to receive more referrals and complete more visits. In the 2016/17 fiscal year, we saw 7,037 individuals and 13,325 visits with our counselling staff.

There were 2'832 inpatient admissions in 2016/17

The lab receives approximately 14,000 specimens in total per month. There are 20 staff members and we operate 24/7. 60-65% of our workload comes from the northern communities. The samples are flown to Sioux Lookout from the nursing stations each day.

Ultrasound exams are steady around 10,000 cases annually. These cover a wide variety of studies including abdominal, vascular, and obstetrical.

The combined total of yearly exams done in Diagnostic Imaging is approaching 26,000 cases and this number is expected to trend higher.

The breastfeeding clinic had 315 visits last year.

Mammography studies have risen from 1,000 exams in 2015 to 1,400 in 2016 and volumes are expected to continue to increase.

On average, our security guards respond to 5,184 calls annually.

X-ray will see 8,500 cases a year, studies include general and fluoroscopic examinations, and barium swallowing studies to assist Speech Language Pathologists.

# SLMHC Facts



# Values Statement

## Compassion

We promise to provide care that is compassionate and reflects humility, caring, dignity, empathy and love.

## Respect

We promise to be respectful and embrace honesty, integrity, humility, engagement, accountability, responsiveness and truth.

## Quality

We promise to provide high-quality, individualized care that is innovative, meets best practice standards and reflects our awareness of cultural safety.

## Teamwork

We commit to working as a team and collaborating in a care planning that involves the patient.  
We value leadership, wisdom and bravery.

## Excellence Every Time



SIoux LOOKOUT  
**Meno Ya Win**  
HEALTH CENTRE