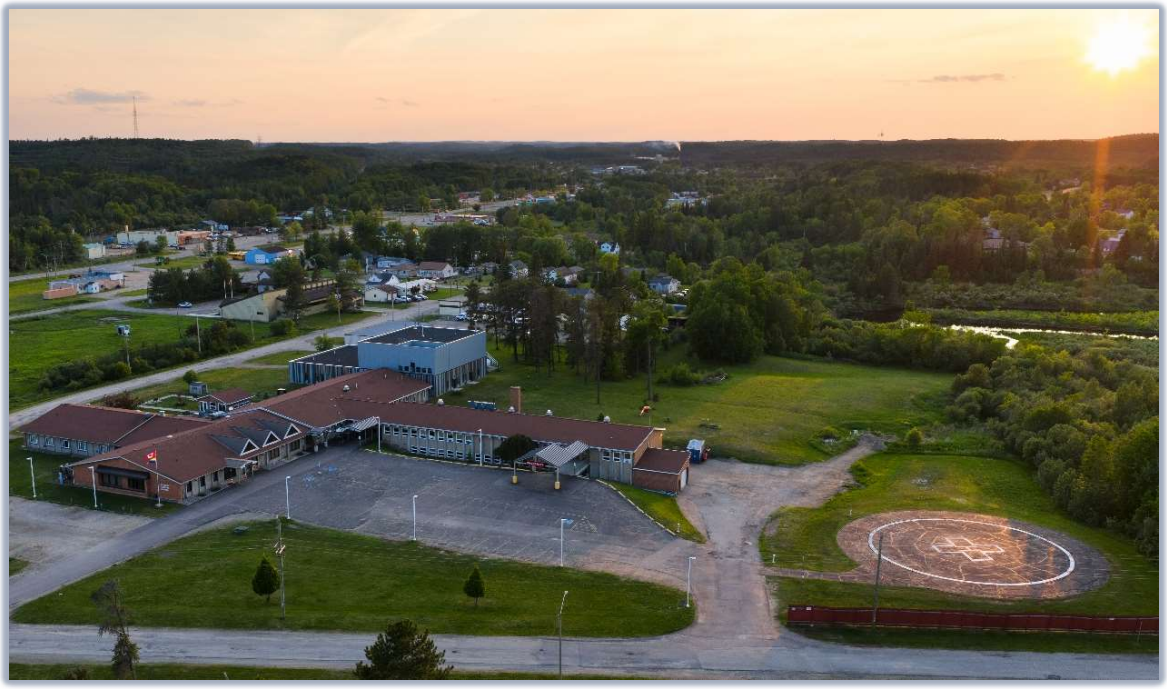
AHCS

Atikokan Health and Community Services

Annual Report 2024 - 2025



Inclusive - Compassionate - Quality Care

Introducing our team…

Board Members 2024 – 2025	Management Team
Stacey O'Sullivan, Chair Dawn Lessard, Vice Chair Gord Knowles, Town Representative Beth Fairfield Kirt Pfeifer Jody Labossiere Barb Wiens Sylvia Parker	Jennifer Learning, CEO Stacey Wood, CNO Blake Homer, CFO & Corporate Services Dr. John Fotheringham, Chief of Staff Robert Herrmann, Diagnostic Imaging Manager Alan Poelman, Long-Term Care Manager Amber Horricks, Health Records Manager Bridget Davidson, Family Health Team manager Cheryl Maki, Nurse Manager Janice Kitchen, Environmental Services Manager Jessica Rowlands, Outpatient Manager Bonnie Clairmont, Executive Assistant

Executive Summary

As we reflect on a year of growth, change, and resilience, we extend our deepest appreciation to every staff member and leader who contributed to advancing the mission of Atikokan Health and Community Services. Despite ongoing challenges with staffing and high workloads, our team has continued to provide compassionate, high-quality care to the community we serve.

Strategic and Operational Planning

In April 2024, we launched our new **Strategic Plan**, focused on four key themes:

- **Care for YOU – Staff**
- **Care for YOU – Patients/Residents**
- **Care for US – Organization**
- **Integration and Collaboration**

To support this vision, we introduced our first official **Operational Plan**, that demonstrates how AHCS will meet the goals of the strategic plan. We also created **Departmental Workplans** which outlines how each department will contribute to the strategic priorities. Every department now has a specific work plan with quarterly reporting, ensuring measurable progress throughout the year.

Key Accomplishments

Patient-Centered Improvements

- **Outpatient Satisfaction Surveys**
  Initiated in all outpatient departments—including Family Health Team, Community Counselling, Rehab, Lab, OTN, and Diagnostic Imaging—to collect real-time patient feedback.

- **New Risk Reporting System**
  Implemented a system-wide tool for reporting patient safety incidents. Comprehensive training was provided for both front-line staff and managers on reporting procedures and follow-up.
- Developed a new Emergency Preparedness Policy and updated all emergency codes.
- Launched a cohesive onboarding plan for all new staff which includes an updated handbook, review of emergency protocols, and safety incident reporting.

Workplace Culture Initiatives

- Monthly Celebration Cakes to honor staff birthdays and service milestones.
- Continued success with High Five Fridays, fostering peer recognition and teamwork.
- The Wellness Committee introduced a variety of new initiatives throughout the year while continuing to offer popular activities such as golf and curling tournaments.
- Various departments and individuals were recognized throughout the year, with special events for occasions like Doctor's Day, Nurses Week, Lab Week, Housekeeping Week, and Administrative Professionals Day.

Leadership and Structure

- This year was a year of restructuring out of necessity. Leadership acted on staff feedback regarding high stress and workload demands. Several facilitated sessions were conducted to identify and implement necessary organization structural changes.
- Over the summer we experienced a reduction from 12 to 8 managers which led to unsustainable workloads with one manager overseeing 66 direct reports. Senior management recognized burnout risks and took corrective action.
- After reviewing staffing options, costs and potential issues we created 4 new manager positions.

    - Nurse Manager
    - Long Term Care Manager
    - Outpatient Services Manager
    - Environmental Services Manager

- These positions commenced on March 27, 2025. Leadership committed to reassessing the impact of the structural changes after one year. These changes aligned with the strategic theme of Care for YOU – staff.

Housing and Staffing

- Community Counselling's Transition House was closed and the house was adapted into staff housing to support ongoing needs for agency personnel. This provided safe and stable accommodation for essential staff.
- Continued to need agency staff in many departments with some agency staff choosing to take full-time positions here, which helped improve some of our staffing concerns.
- The local RPNs did their final year of nursing school at our hospital, and we were able to hire several of them to fill vacant positions.

Rebranding and Outreach

- Unveiled our new logo with the intent of bringing all our agencies together under one new identity.
- Work is underway to develop consistent site signage and a revamped website to reflect our refreshed identity.
- Continued to be very involved in the Rainy River District Ontario Health Team that is working hard to improve health care for patients within our district.

Acknowledgements

We recognize the unwavering commitment and hard work of our board members, managers and staff, particularly in navigating staffing shortages and high demands. Your resilience and dedication are the foundation of our continued success. With a clear strategic direction and a renewed organizational structure, we are positioned to move forward with purpose and unity. We remain committed to providing exceptional care, supporting our team, and strengthening our role within the community.

Respectfully submitted,
Jennifer Learning
President and CEO

Board Chair Report

Atikokan Health and Community Services (AHCS) is more than just a hospital. It's a team that includes the Atikokan General Hospital, the Family Health Team and Community Counselling. It's the people who staff and manage AHCS facilities and the community members who live and access our services.

AHCS recently unveiled our new logo. The tree rooted on a rocky shore is a nod to our past. The background of yellow and orange places us in Sunset Country and the waves are the water and lakes surrounding our community.

Many changes are underway at AHCS. The age of our hospital means we are always looking at repairing or improving our infrastructure. Our capital projects include upgrades to the electrical systems and new boilers in the service wing. The Extended Care Wing (ECW) is getting new fixtures, counters and a new hot water system.

A required upgrade to our health records system is underway. Already in place in Northeastern Ontario, our implementation should be complete by September 2027. Chief Financial Officers in the region are monitoring the cost of this upgrade to manage the financial demands.

A new handicap-accessible van is in service for AHCS. This resource provides ECW residents and community counselling clients with greater access to essential services within the community. It is beneficial in supporting clients with physical disabilities and allows them to shop for necessary items and complete banking needs.

This year the Atikokan General Hospital (AGH) Foundation has generously purchased a new ultrasound for the hospital, which has expanded our diagnostic capabilities and improved patient care. The Foundation has also replaced the old tables and chairs in the ECW with new ones that are specially designed for long-term care homes ensuring resident safety and comfort.

Other projects AHCS is involved with include:
- A regional transport bus that assists community residents to access care in other communities.
- We have a new voice translation app in the emergency department, outpatient departments and at the Family Health Team (FHT) and the languages include local First Nations dialects and Ukrainian. The app allows patients to make informed decisions about their care and can also help deaf and hard-of-hearing patients.
- A RAAM Clinic (Rapid Access Addiction Medication) will soon open to replace the OATC clinic that closed suddenly. They will provide addiction treatment in the community.

I would like to acknowledge and thank our senior management team and all the employees of AHCS. Atikokan is very well served by our dedicated health care team.

I would also like to recognize the ongoing commitment of our board members who volunteer their time. Thank you for all you do.

Stacey O'Sullivan
Board Chair

Chief of Staff Report

Looking back over the past year, it has been a busy and challenging one. There have been a lot of changes at the hospital. I've been impressed with the ability of the staff, management, and physicians to adapt to that change and still do their jobs in a compassionate and caring manner, and whatever they might do, doing it in a professional and skillful manner. It is the people most of all that make our hospital special and unique—a place where you would like your family to be treated. This is a team effort that requires ongoing training and dedication and many hours of hard work.

Speaking of change, this was the year that we began the multi-year transition to MedTech Expanse, which has been described as "probably the biggest change that any of us will experience during our medical careers."

As a full-scale replacement of a medical record as well as digitalization of virtually all the orders and documentation, it should provide a safe and more efficient work environment for everybody.

But there's a lot of hard work to be done before we get there.

I'm glad to report that in a year where emergency room closings are in the news more than ever, we have not had to interrupt services in the emergency room during the past year. Staffing has been somewhat of a challenge due to several leaves, but as always, the physicians work together and cover for each other. It certainly has helped that we are near full complement. It is this supportive environment that I tell potential recruits about.

We maintained and expanded our commitment to medical education over the past year. We regularly hosted medical students and residents throughout the year. We are expanding our commitment to medical education by partnering with NOSM to form a Local Education Group or LEG. This will further our ability to provide quality medical education and hopefully allow us to recruit the next generation of physicians for Atikokan.

New this year are the Practice Ready Ontario (PRO) candidates. We have hosted them continuously since the early fall. These fully trained physicians provide many hours of medical service that would not otherwise be available, and we are proud to have them as part of our medical team during the final part of their evaluations.

Finally, thanks to the board. They're always there for advice, guidance, wisdom or support when needed. It takes everyone, working together, to provide exceptional care.

Dr. John Fotheringham
Chief of Staff

AGH Foundation Annual Report

Since 2004, the Atikokan General Hospital Foundation has been working hard to improve the quality of medical equipment for our community and to enhance the facility. We do this through donations and sponsorships from local organizations, businesses and community donors. Funds raised by the Foundation for the 2024-25 year totaled $104.942.

Purchases of medical equipment this year was almost $164,000 so we had to dip into our investments. The most significant purchase was a new Phillips Elite Ultrasound machine for the Diagnostic imaging department which was close to $110,000. Other purchases were 3 upgraded Hoyer patient lifts, 5 Long Term Care Beds and 3 IV pumps. An ultrasound chair was purchased with funds from the Lions Club and ECW nursing staff chairs were purchased from designated funds from a local donor.

During the year we ran 2 fundraising campaigns. The Summer campaign funds were specified towards the Ultrasound machine and the Christmas campaign funds were designated for the purchase of Extended Care dining furniture which is still to be purchased.

The Foundation also receives a portion of funds from the Split the Pot lottery which has proven to be quite successful. The program was upgraded this year to monthly prizes and now purchasers can subscribe so that they never miss a draw. Visit www.splitthepot.ca for more info. The Foundation Board of Directors also held a Christmas Tea with the Extended Care residents and delivered Christmas cards and snacks.

The Foundation Board includes long-time member Pat Martin, community members Marie Cornell & Shelby Davidson, ACHS Board Chair Stacey O'Sullivan, CFO Blake Homer, Executive Assistant Bonnie Clairmont and myself, Kim Cross-Board Chair. These members work diligently to ensure that the fundraising goals and mission of the Foundation are met each and every year and I cannot thank them enough for their unwavering support of our very important work.
In closing, I wish you all a very healthy and safe summer.

Kim Cross

AGH Foundation Chair

Chief Nursing Officer Annual Report

This year has been marked by both significant challenges and notable achievements. Throughout the year, our patient services departments have demonstrated resilience, adaptability, and steadfast commitment to patient care, even in the face of ongoing staffing shortages.

One of the most pressing challenges this year has been persistent staffing shortages in both management and front-line positions. Like many healthcare organizations, we have struggled to recruit and retain qualified staff. We relied considerably on agency and contract staff throughout the year to help fill our many vacancies.

Despite our staffing challenges, we did however manage to successfully recruit and hire a full-time physiotherapist, one permanent RN, three permanent RPNs and two permanent PSWs. Additionally, we welcomed a new Long-Term Care Manager, Alan Gauthier-Poelman.

Throughout the last two years we have made significant efforts in supporting our local nursing students by working collaboratively with Confederation College's Practical Nursing Program in providing on-site space for labs, clinicals and placements for the RPN students. This partnership has not only improved the quality of care but also helped to foster a culture of learning and professional growth within our team. This year, six students will be graduating from the program and we look forward to welcoming them as part of our team providing them the opportunity to begin their nursing career here with Atikokan Health and Community Services!

Rather than focus on our challenges, I would like to highlight some of our accomplishments from Acute Care / ER throughout the year:

- In early February, our local doctors, nurses and paramedics took part in a 'CARE Course' which is a two-day interprofessional learning experience delivered right here at our hospital that focused on comprehensive rural emergency care including airway management, trauma care, cardiac care, emergency obstetrics, paediatrics and neonatal care. The course provided hands-on learning experiences that focus on critical procedures and scenarios that are based on real patients. The primary goal of the course is to improve the experience of rural emergency care. This was proven to be a very valuable learning experience for all!
- During the month of May we had 27 staff re-certified in Basic Cardiac Life Support (BCLS).
- Our ER department was approved for funding through the Pay for Results Program (P4R) provided by Ontario Health. This funding is provided to allow Ontario hospital's emergency departments to undertake initiatives that will improve access and allow emergency departments to continue to deliver efficient, quality care. This year the money was used to fund our ward clerk positions in the ER as well as purchasing a new CMAC Laryngoscope. This exciting piece of equipment is used in life saving situations, providing us with a more advanced tool to more effectively intubate patients, especially patients with a difficult airway. This equipment provides a higher intubation success

rate, and shorter intubation time than our old laryngoscope and has been exceptionally useful in emergency intubations.

- Eleven of our RNs took the ACLS training from October 5th – 8th. This training is offered every 2 years to ensure our ER nurses stay up-to-date and current in Advanced Cardiac Life Support practices. This year, the course was covered with our '*Speciality Training Fund'* from Ontario Health.

More information on highlights from our other patient services departments can be found in the department specific reports.

Looking Ahead

While we are proud of our accomplishments, we acknowledge that challenges remain. We will continue to focus on recruitment and retention strategies and seek opportunities for additional equipment upgrades and staff educational opportunities. Our goal is to ensure that we provide the highest standard of care to our patients and a supportive, fulfilling work environment for our staff.

In closing, I would like to extend my deepest gratitude to our dedicated staff, students, and learners, for their hard work and commitment throughout this last year. Together, we have overcome obstacles and celebrated successes, and I am confident that we will continue to thrive in the year ahead.

Stacey Wood
Chief Nursing Officer

Dedicated AHCS nursing staff enjoying a well-deserved nursing week celebration.

Chief Financial Officer Annual Report

Fiscal 2024/2025 was another eventful year for AHCS. The departments at ACHS that support the clinical services under my purview include Maintenance, Information Systems, Health Records, Procurements, Stores, and the Business Office. Fortunately, these departments have had largely stable staffing and processes for the year. We have been working on improving existing processes and moving forward with efficiency. Throughout the year, much time was spent on Ministry reporting and wrap up surrounding Bill 124, which was largely paid and managed in the prior fiscal year. On top of reporting, this year was focused on larger capital and financial projects occurring at the hospital. I continue to be very blessed and impressed with the outstanding staff that we have here at AHCS, without which we would not be able to provide the quality of service that we do.

Some of the projects that occurred during the year for both capital and financial process:

- One major project that was mostly completed during 2024/2025 was the replacement of our aging electrical panels throughout the facility. We had a delay to the start of this project due to sourcing the components however as of March 2025, this project has been mostly completed, with only final touches outstanding. This project involved much effort from our maintenance staff, management, as well as each department as we had to plan and work ensuring continuation of service. Overall, I am thrilled with how smoothly this project progressed considering the scope and reach.

- Our sprinkler installation, which has been in the process of being planned and installed for a few years made significant progress. While we had encountered some challenges, our team working with our contractors, engineers, and the township have been able to find viable solutions and have now installed most of the installation. We are expecting to have this project completed by the end of the summer.

Personally, the significant progress on these two projects has provided me much relief – as both, on top of being high priority for safety and continued operation, were significant in scale & scope, cost, and time effort.

- We were able to replace plumbing fixtures in our Long-Term Care wing, providing a much-needed refresh to some of our facilities for our residents. This included all new counter tops in the bathrooms.

- Toward the end of the fiscal year, we started a project to upgrade some of our existing, very old boiler controls. This work has been mostly completed by March 2025, and will allow more efficient and reliable control over the service wing of the hospital heating.

- During the year our Payroll and HR teams spent a great deal of effort assisting in moving forward to a new benefit provider. This was to lower administrative costs for our programs while offering the same benefits to our employees. I am pleased with how smoothly overall this change has gone. There are a few administrative matters that are being worked through however overall things are going well.

  Financially for the year, we have ended in a surplus. Over the past few years, first COVID-19 and then the repeal of Bill 124 for wages, we have had a lot of uncertainty in the financial conditions. As these events have now been completely resolved, I am hopeful that movement toward operational and financial normalcy will continue. During 2024 2025 we received significant additional funding to support increasing costs from Bill 124, inflation, and other structural factors. In addition to this one-time funding, we have also seen significant vacancies in key positions due to staffing availability. Both have had a significant impact on our financials for the fiscal year. We continued to utilize agency during the year, and we are still hoping to reduce our reliance on contracted staff moving forward. The full financial results can be found in our Audited Financial Statements which are available on our website.

Blake Homer
Chief Financial and Corporate Services Officer

Atikokan General Hospital – Statement of Operations

For the year ended March 31	2025	2024
Revenue		
Ministry of Health and Long-Term Care Base Allocation	10,085,921	8,880,835
Ministry of Health and Long-Term Care One-Time Payments	1,381,559	1,831,870
Hospital On-Call Coverage	101,145	95,781
Visiting Specialist Funding	22,790	21,512
Other Revenue	1,597,170	1,544,010
Amortization of Equipment Grants/Donations	158,856	129,150
Provision for Recoveries	-244,346	-100,895
Total Revenue	**13,103,095**	**12,402,263**
Expenses		
Salaries and Wages	7,604,869	7,603,155

Employee Benefits	1,652,851	1,700,665
Employee Benefits Future Costs	-26,700	-24,000
Medical Staff Remuneration	570,516	495,413
Supplies and Other Expenses	2,150,685	1,973,741
Drugs and Medical Gases	54,043	70,382
Medical and Surgical Supplies	250,245	318,894
Bad Debts	963	1,505
Amortization of Software Licenses	76,319	71,100
Amortization of Equipment	275,613	309,012
Total Expenses	**12,609,404**	**12,519,867**
Deficiency of Revenue over Expenses from Hospital Operations	**493,691**	**-117,604**
Other Items		
Amortization of Building Grants/Donations	527,524	481,842
Amortization of Land Improvements and Building	-619,336	-588,634
Gain (Loss) on Disposal of Capital Asset	-3,111	-3,352
	-94,923	-110,144
Other Votes and Programs - Revenues	2,245,434	2,061,107
Other Votes and Programs – Expenses	-2,026,998	-1,886,439
Other Votes and Programs – Provisions for Recovery	-220,102	-156,569
Surplus of Revenue over Expenses for the Year - Ordinary Business	**397,102**	**-209,649**
Gain on Family Health Team Amalgamation	0	237,347
Deficiency of Revenue over Expenses for the Year	**397,102**	**27.698**

DEPARTMENTAL REPORTS

Here is what happened in the various departments over the past year.

EXTENDED CARE WING

Annual Report 2024–2025
Enhancing Care, Comfort, and Community

Overview

We've had several changes over the course of the year. Our team has worked to enhance the quality of care, improve resident safety and comfort, and foster a more supportive environment for both staff and families. The following report outlines the major developments that have taken place over the 2024–2025 fiscal year.

Staffing Improvements

- **Enhanced Staffing Model:**
  We added an *extra Personal Support Worker (PSW)* to the day shift and introduced a *float Registered Practical Nurse (RPN)* position to ensure better coverage and continuity of care.
- **Leadership Transition:**
  A *new Long-Term Care (LTC) Manager* has joined our team, bringing a focus on operational excellence and resident-centered care.
- **Ongoing Recruitment:**
  We continue to prioritize *nursing staff recruitment*, with steady progress being made toward reducing staff shortages and strengthening our team.

Resident Care Enhancements

- **Palliative Support:**
  A newly designated *Palliative Care Room* has been added, providing a calm and dignified space for residents and their families. We are renaming this space *the Willow Room* to minimize stigma attached to palliative care as well as end-of-life care.
- **Improved Mobility and Safety Equipment:**
  - Added *two new Hoyer lifts* to improve safe resident transfers.
  - Installed a *wheelchair-accessible weigh scale* for convenient and accurate monitoring.
  - Introduced a *bariatric shower chair* to better serve residents with diverse physical needs.

  - Placed *new fall mats* across high-risk areas.
  - Installed *room-darkening curtains* to support better sleep and sensory comfort.
- **Restraint-Free Environment:**
  In alignment with our commitment to dignity and autonomy, *all Posey restraints were removed* from the unit.

Capacity and Technology Updates

- **New Beds:**
  We have purchased *five new beds* to accommodate residents in LTC, that are more conducive to their needs within the home.
- **Modernized Communication:**
  A *new call bell system* was implemented to improve staff response times and communication with residents.
- **Care Workflow Efficiency:**
  PSWs are now utilizing *Care/TAR carts*, enhancing documentation accuracy and care delivery efficiency.

Programming and Community Engagement

- **Alzheimer's Awareness and Advocacy:**
  We collaborated with the *Alzheimer Society* to host the *Alzheimer's Walk* on hospital grounds, fostering awareness and community connection for residents and families.
- **Physical Wellness:**
  Regular *exercise groups*, led in collaboration with *physiotherapy*, have been introduced to encourage mobility, strength, and socialization.
- **Clinical Quality Improvement:**
  We incorporated a *rotation of floor nursing staff into the RAI (Resident Assessment Instrument)* process, enriching our data-driven approach to personalized care planning.

Looking Ahead

As we reflect on a year of steady improvement, our commitment remains focused on compassionate care, clinical excellence, and staff empowerment. With strategic staffing in progress, enhanced care spaces, and new programming in place, we are proud of the steps we've taken and excited for the coming year.

Thank you to our residents, families, staff, and community partners for your ongoing support and trust.

Alan Poelman
Manager, Long Term Care

HEALTHCARE STATS

Our Emergency Department Had 4838 visits in the 2024/2025 fiscal year.

During this period, we had 443 patients that met with their specialists through Telemedicine.

ATIKOKAN COMMUNITY COUNSELLING SERVICES

Service Delivery Highlights:
Mental Health & Addictions (MH&A) services were delivered through a flexible, client-centered approach, including individual, couples, group therapy, and peer support. Services were offered in-office, at the hospital (Emerge and Acute), in clients' homes, and via video and phone consultations. Staff also supported clients at psychiatric and clinic appointments.

The MH&A team provided after-hours and weekend on-call support, responding to 67 urgent callouts, excluding regular daytime calls.

Intensive Case Management:

- Provided comprehensive case management through home and office visits and community walks.
- Delivered support via the Rent Supplement Program.
- Transitioned away from operating the Haarala Lane Transition House.

Community Outreach & Group Engagement:

- Delivered four educational presentations to Community Living Atikokan on PTSD and Borderline Personality Disorder.
- Supported Teen Centre activities during summer months.
- Facilitated Mood Walks (Fall 2024) and organized summer BBQs to enhance social connection and well-being.

Professional Development & Training:
Team members engaged in numerous educational opportunities, including:

- Psychiatric seminars with Drs. Chen, Haggarty, Marlborough, and Grek
- ASIST suicide intervention training
- Webinars on trauma-informed care (e.g., EMDR, Acceptance and Commitment Therapy)
- Leadership retreat and system software training (Meditech Expanse)
- Conference attendance (MHA, Dryden; ACC Education Day; OASW events)

Committee & Collaborative Engagement:
Staff actively participated in various internal and external meetings and initiatives, including:

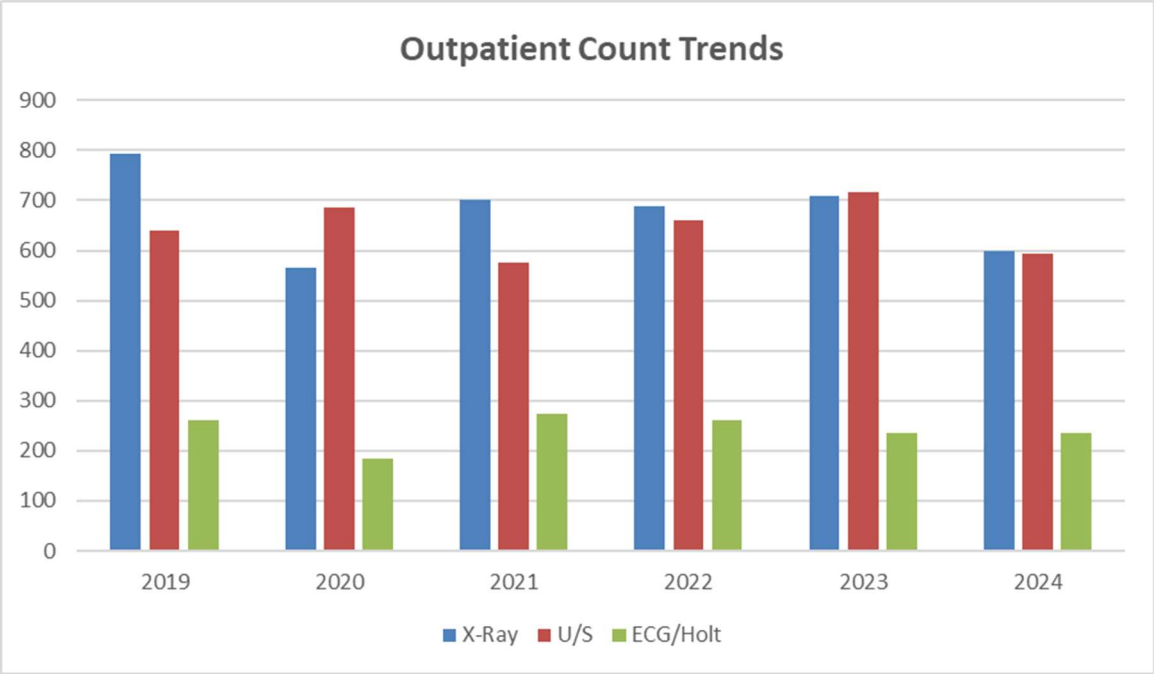
- Weekly clinical and bi-weekly team meetings
- Coordination with Connex to manage waitlists
- Engagement in strategic planning and service directory updates
- Attendance at RRDOHT MHA meetings and homelessness working groups

Barb Kwasnicia, BscN, BSW, RSW
Community Counselling Operations/Therapist

TOTAL CLIENTS

Community Counselling saw a total of 317 unique clients in the 2024-2025 fiscal year.

DIAGNOSTIC IMAGING



The Diagnostic Imaging (DI) team extends sincere gratitude to the Hospital Foundation and our generous private donors for funding a new Philips Epiq ultrasound machine. This state-of-the-art equipment offers significantly enhanced image quality and updated functionality compared to our previous model, which had been in service since December 2011. The new ultrasound system has elevated diagnostic capabilities for our technologists, Amanda Maki and Robert, who embraced this upgrade during the winter season. The recent adoption of point-of-care ultrasound by physicians was a key factor in this advancement.

We would also like to express our appreciation to the Atikokan Lions Club for their support in funding a much-needed ergonomic ultrasound technologist chair. The replacement was timely, as the previous chair had deteriorated significantly.

In early 2024, we welcomed Amanda Maki back from maternity leave in her role as a part-time dual technologist. This marks the first time in over a decade that the department has had two dual technologists on staff. Meanwhile, our full-time X-Ray technologist, Katrina Zacharias, began her maternity leave in mid-summer 2024. Her position is being temporarily covered by Chelsey Rusnick.

ONGOING CHALLENGES

- **Mobile X-Ray Machine**: The mobile unit continues to require frequent, unplanned software reinstallations and has reached end-of-life status.
- **Wireless Functionality**: Wireless operation for the mobile X-Ray machine has remained unavailable since February 2021 due to VPN tunnel issues.
- **Digital Detector Reliability**: Sporadic wireless transmission failures in the X-Ray room's digital detector have resulted in the loss of some imaging data.

- **Image Distribution**: Out-of-town practitioners continue to receive exam images via physical CDs, as integration with PocketHealth—our secure online image-sharing platform—is still under development.

We remain committed to providing high-quality diagnostic services and are actively seeking solutions to address our operational challenges and improve service delivery.

Robert Herrmann
Diagnostic Imaging Manager

TOTAL PATIENT VISITS

The Diagnostic Imaging Department had a busy year completing a total of 1608 patient visits for the 2024-2025 fiscal year.

Xray: 688

Ultrasound: 679

ECG/Holters: 241

DIETARY

The Dietary Department has experienced positive developments and continued progress in enhancing food service delivery and operations during this reporting period. Highlights of key activities, improvements, and initiatives are outlined below:

Staffing Updates

- A new Lead Hand joined the department at the end of March, contributing leadership and continuity to daily operations.
- Two new part-time staff members commenced their rotations at the beginning of May, increasing workforce flexibility and coverage.

Equipment Upgrades

- A new, high-powered, and quieter food blender was purchased. Staff have responded positively to the improvement in both performance and noise reduction.
- A new stove and oven unit was acquired and delivered. Installation is pending, and it is expected to significantly enhance kitchen functionality.

Menu Planning and Special Meals

- The department prepared and served special meals for Mother's Day, Father's Day, Canada Day, Thanksgiving, Halloween, Christmas and Valentine's Day for the Residents of Extended Care.
- They put out a spring/summer menu and then a Fall/Winter menu twice a year which is reviewed and approved by our dietitian.

Community Support – Meals on Wheels

- The Meals on Wheels program now relies primarily on volunteer drivers rather than the handi-van, resulting in more efficient and timely deliveries.
- The program currently serves 16 community members, ensuring consistent access to nutritious meals for those in need.

Alyson Allen
Dietary Lead Hand

FAMILY HEALTH TEAM

AFHT continued to add structure around the programs and services offered. A program template was developed to include evaluation standards, quality improvement initiatives, and indicators that align with the Schedule A component of the SRI (Self Reporting Initiative). Monthly statistics are also collected for monitoring programs and services, assisting in quarterly reporting for the Schedule A and Quality Improvement Plan. In October 2024, nursing began providing spirometry testing, performing an average of six tests per month. The first Grief Group was offered in February 2025 and was a huge success and will be offered again. Access to urgent care same day/next day appointments with the nurse practitioner increased from 67% to 81% in the last quarter. The AFHT participated in 42 community and group events, and in total saw 5644 patient encounters.

Over the year, staff have adjusted to the changes and benefits of the amalgamation with AHCS, including support from various departments: maintenance, supply chain ordering, IT/IS, human resources, finance, and more. Working closely with AGH has improved communication between the two service providers and contributed to the improvement of patient care – ensuring patients are receiving appropriate care in the right location. While there is still room for improvement, increased teamwork has provided enhancements over the year.

With collaboration and integration priority, the AFHT staff participates on various local and regional committees. The Primary Care Committee includes the AFHT Manager, Nurse Practitioner, AHCS Chief Nursing Officer and Chief Executive Officer, along with the AFHT Lead Physician and two Atikokan Medical Clinic representatives. This Committee allows the three organizations to work together to improve patient flow and clinical support. The Rainy River District Ontario Health Team (RRDOHT) has provided direction and support to the AFHT, ensuring we are moving forward to meet the needs of our region, while fulfilling the initiatives of Ontario Health. RRDOHT has provided funding for training, equipment, as well as direction on implementing programs to target resource intense conditions/diseases, such as chronic obstructive pulmonary disease and frailty.

AFHT nurses continue to provide Ontario Health atHome overflow services, allowing individuals to remain in their homes and receive health care services. Providing this service has increased collaboration and integration within the local health care system. Nursing staff participate in the required education/training to provide quality and safe care. Challenges with providing this service continue to be balancing the Ontario Health atHome case load against prioritizing needs of AFHT programs and services, however the team has learned to work together to ensure the needs of both are being met.

Under the umbrella of AHCS, the AFHT will continue to work towards fulfilling the vision, values and strategic priorities of AHCS to meet the mission of inclusive, compassionate, quality care. Building on collaboration and integration, locally and regionally, the AFHT will continue to be an integral part of the community health care team, continuing to provide programs and services to individuals throughout their lifetime.

AFHT Programs and Services

Diabetes Health	Smoking Cessation
Hypertension/BP Management	Prenatal/Well-Baby/Breast Pump Lending
Anticoagulation (INR, DOAC)	Immunizations and Injections
Wound Care / Telederm / TeleVu	Ear Flushing
Spirometry Testing	ABI and 24 Hour BP Testing
Mental Health Counselling	Telepsychiatry
Urgent Care – Same Day/Next Day Access to NP	
Hospital Discharge Follow Up, including Pharmacist Medication Review	
Integrated Cancer Screening	

Brought to you by:

Compassionate Clinical Staff

Alexandra Anderson, Nurse Practitioner

Kristin St Pierre, Registered Nurse

Kendall Coulson, Registered Nurse (on leave)

Taylor Veran, Registered Nurse

Sherry Karwacki, Back Up Assistant

Ashley McEvoy, Registered Practical Nurse

Bridget Davidson, Manager

Ashley Fournel, Registered Practical Nurse

Lorraine Gauthier-Stromberg, Registered Mental Health Worker

Glenys Vanstone, Pharmacist

Administrative Super Stars

Paige Burgstaler, Clerical Assistant

Chelsey Rusnick, Program Assistant

I can do things you cannot, you can do this I cannot: together we can do great things.

-Mother Teresa

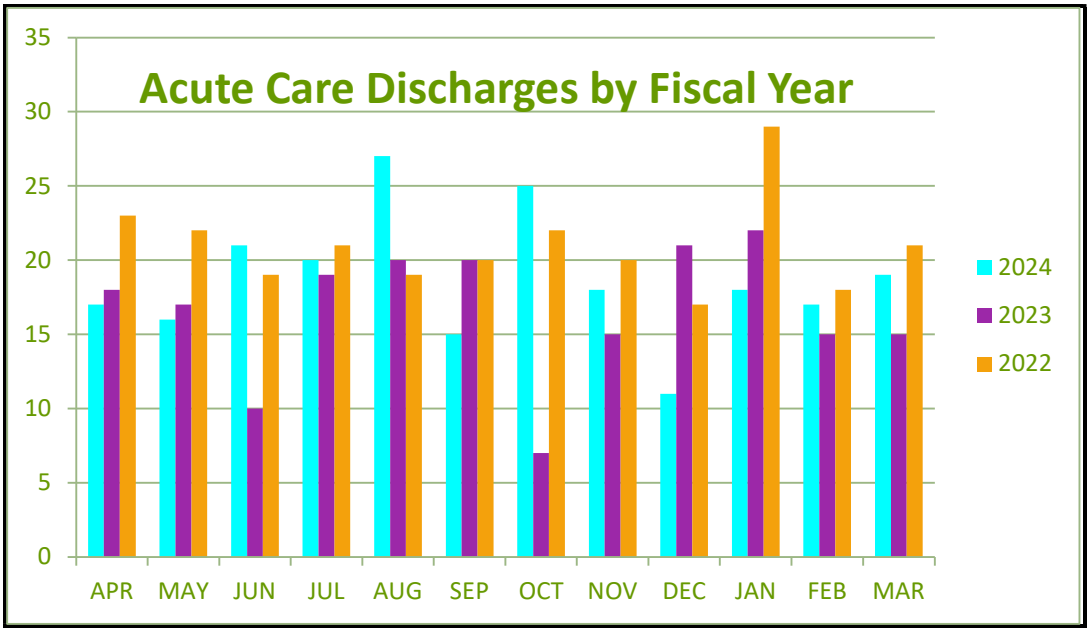
Bridget Davidson
Manager, Atikokan Family Health Team

HEALTH RECORDS

Staffing: The Health Records department is currently staffed with 2 full-time certified Health Information Professionals, Amber Horricks and Emily Butts, as well as one part-time Health Information Clerk, Jasleen Kaur.

Continuing Professional Education: This year, our team was able to attend 13 education sessions via our CHIMA Annual Team Learning Subscription. These included education on patient privacy, neoplasm coding, clinical documentation improvement, and palliative care coding.

Clinical Data Submissions:
Health Records staff submitted clinical data to CIHI for 4838 emergency room records and 224 acute care records in fiscal 2024-2025. AHCS's previous years' data submitted to CIHI is available to the public at: https://yourhealthsystem.cihi.ca/hsp/?lang=en



Access to Patient Information Under the Personal Health Information and Protection of Privacy Act (PHIPPA):
There were 57 access requests for personal health information processed, resulting in $1815.55 total fees collected for processing the requests.

Credentialing:
For the calendar year 2024, 334 professional staff credentialing applications were processed and approved by the Board.

Data Collection Projects:

- April 1 2024 AHCS implemented The Indigenous Self-Identification project, where patients are asked upon point of registration or admission if they would like to voluntarily self-identify as Indigenous. We are collecting this information with the goals of supporting future program planning and improving health services for indigenous patients.
- In June 2024, we implemented new level 1 Emergency Room reporting as part of the Ontario Ministry of Health and Long-Term Care Pay for Results Program. Level 1 reporting is focused on patient wait times recorded while they are in ER and en route via ambulance, if applicable. This helps the hospital to identify where wait times are on target, or if there are gaps where wait times can be reduced, with the overall goal of reducing Emergency Room wait time.

Meditech Expanse:

- With the Meditech Expanse Electronic Medical Record upgrade on the horizon, we have been working with the OneHits Team and Change Specialists in the region, and will be participating in working groups as necessary. The transition to Expanse will heavily impact the Health Records department, but we are excited for better, more efficient technology.

Ongoing Challenges:

- Limited storage space continues to pose a challenge for maintenance of paper charts.

Amber Horricks
Health Records Manager

HOUSEKEEPING/LAUNDRY

Housekeeping/Laundry has five full time and four casual staff. There has been changes in our department lately. Our hours have changed; we no longer work only 6:30 am to 2:30 pm, but have added a 11:30 am to 7:30 pm evening shift. We also added a laundry shift on Tuesday, Friday, Saturday and Sundays (a nice change on a Monday morning to come in and laundry is not piled up to the window). This was a much-needed change. During our outbreak that we just had last month, we washed 1,076 isolation gowns on top of our regular washing. We are finding the new chemical system that was installed to be working nicely. We no longer have to free pour our soap as it self regulates the right amount of cleaner into the washing machines.

Ruth Sportak
Lead Hand, Housekeeping/Laundry

HUMAN RESOURCES

The Human Resources Department has had a productive and impactful year, marked by high recruitment activity, successful internal mobility, and renewed efforts in employee support and attendance management. The following report summarizes key achievements and statistics from the 2024-25 fiscal year.

Recruitment and Staffing

- **28 external hires** were completed to fill open positions across various departments, reflecting our continued commitment to attracting talent aligned with organizational needs.
- **Over 80 interviews** were conducted, showcasing the department's diligence in ensuring candidates are thoroughly screened for optimal fit.
- **106 job postings** were managed, demonstrating the dynamic nature of staffing needs and internal career development opportunities.

Attendance Support Program

- The **Attendance Support Program** was reintroduced in **August 2024**, resulting in **33 staff members enrolled** during the year.
- Positive outcomes have already been observed, with **many employees improving their attendance** and successfully exiting the program, highlighting the initiative's effectiveness in promoting accountability and wellness.

Agency Staffing

- The organization utilized **16 agency staff** during the fiscal year to support temporary staffing needs and maintain service continuity.

Internal Mobility and Union Staffing

- The department facilitated a total of **47 successful Unifor applicants** through both internal promotions and external hiring, supporting career progression and union engagement.
- Additionally, **4 ONA applicants** were successful through internal or external applications, reflecting collaboration across nursing and allied health professional roles.

TOTAL AHCS STAFF

AHCS currently has a total of 146 employees working at our various sites.

LABORATORY

Staffing:

2 MLA – Full time
1 MLA – Casual
2 MLT – Full-time
1 Charge MLT – Full time

During the year(s) of 2024-25, we had our 1 PT MLA who was job sharing move to a different position in the hospital which opened up a FT MLA position. We hired one of the contract MLAs to fill that roll and the other MLA is now in the Full-time mat leave contract position so we have (2 FT MLAs). In October 2024, we had an agency MLT hired on a six-month contract. This MLT decided to sign on as a FT MLT and has filled the vacancy. We are now fully staffed with no vacancies.

We implemented and validated a number of new analyzers and equipment. We completed the validation of the blood culture incubator earlier in 2024. We upgraded our blood gas analyzer to the GEM 5000 which allows us to perform Ionized Calcium tests in house as a quality improvement initiative (we were getting a lot of these tests rejected when sent out). This analyzer has also given us the ability to perform new tests that help in the treatment of patients with smoke inhalation or carbon monoxide poisoning. We also completed the implementation of a new temperature and humidity monitoring system which monitors storage of drugs for patients in Emerge, on the acute care wing and in Pharmacy. It also helps to monitor reagents and samples used in the Lab. We also helped the FHT with the implementation of the RAAM Clinic by validating their drug screening cups. 2 other analyzers were also validated for the FHT by the lab.

The lab is required to perform External Quality Assessments for every test that we offer. This means we receive patient-like samples from a third-party company that we have to test and send in the results for. These results get compared to labs that use the same methods of testing and equipment and we have to meet prescribed goals for accuracy and precision of test results. Our lab performed a total of 736 of these tests in 2024 with a total of 6 discordant results. This means that our lab had an accuracy and precision rate of greater than 99%. The lab is very proud of what we do and how we do it!

Kristy Matichuk
Lab Charge Technologist

MAINTENANCE

The Facilities and Maintenance Department has focused on infrastructure improvement, preventative maintenance, and future planning to support the operational efficiency and safety of the organization. Below is a summary of key activities and achievements over the past year.

Completed Projects and Upgrades

- **HVAC and Air Conditioning Maintenance**
  Annual servicing, including filter changes and equipment greasing, was completed to ensure optimal climate control and equipment longevity.
- **Sprinkler System Project**
  The facility's sprinkler project was successfully completed, enhancing fire safety and compliance with regulatory standards.
- **Grounds and Exterior Maintenance**
  - Replaced outdoor light bulbs and fixtures.
  - Completed yard clean-up and routine grass cutting.
  - Work at the ambulance base included the removal of dead trees and planning for exterior lighting improvements and aesthetic upgrades.
  - Ceiling tiles at the ambulance base were replaced.
- **Renovations and Interior Improvements**
  - **Main Office:** Installation of four new cubicles.
  - **Lab Office:** Completed renovations to enhance functionality.
  - **Palliative Care Room (ECW):** Renovated for improved comfort and care.
  - **ECW Rooms 1–12:** Replaced vanities and sinks for upgraded hygiene and design.
  - **ECW Entrance Canopy:** Under renovation, including the addition of eavestroughs to prevent ice buildup during winter.
- **Boiler Control Integration**
  New boiler controls were installed and successfully integrated into the facility's automation system to improve energy efficiency and monitoring capabilities.
- **Lighting Upgrade Planning**
  Pricing obtained for upgrading fluorescent lighting throughout the hospital, supporting future energy efficiency goals.

Ongoing Projects and Planning

Upcoming Priorities for 2025

- Replacement of two air handlers in the service wing.
- Assessment and potential replacement of fire panels.
- Shingling the Harala Lane residence.
- Construction of a carport for winter sand storage.
- Acquisition of a new snowplow for the John Deere tractor.
- Review and update of the facility code book to ensure continued compliance.

The department remains committed to maintaining a safe, functional, and modern facility environment. With a strong focus on proactive maintenance and strategic upgrades, we continue to support the organization's mission through infrastructure reliability and enhancement.

Our Maintenance Department responded to 1119 general issues reported through Maintenance Care.

OCCUPATIONAL HEALTH & INFECTION CONTROL

Infection control:

- Currently conducting the IPAC Program Audit to assess the quality and efficacy of the program targeting the LTC unit.
- In response to the measles epidemic in southern Ontario and the 1st case in Thunder Bay in 28 years, we have implemented a new Measle Screening Program. We are now actively screening patients and visitors in the ER for measles. Staff and outpatients for other services are to self-screen upon every visit.
- There is a 97% compliance with employee vaccination records for measles. Other hospitals in the region are sitting at 50-70% for comparison.
- We are sitting at 93% compliance for valid N95 respirator mask-fit certificates for all staff. This is an improvement from 70% from 2023.
- Hand Hygiene compliance for 2024-25: 79% compliance with a target of 75%. That is an improvement from 67% of the previous fiscal year 2023-2024.
- The Bloodborne Disease Surveillance Protocol has been reviewed and amended to meet the needs of our facility. Staff that are exposed to a bloodborne pathogen are now to be treated immediately in the ER (if criteria are met) instead of waiting for lab results that will likely be delayed due to geographical barriers, putting the exposed staff member outside of the "treatment window". This vastly reduces the risk of transmission to staff and provides better employee support.

Health and Safety Committee

- Implementing a new way of tracking employee injuries from incident reports. In the past we would look at each individual report to review any improvements about that occurrence. The JHSC's goal is to track trends over time to see what incidents are most common. So, data is now extracted from the reports and input into an excel spreadsheet to see what type of employee incidents/injuries require more attention.

Sarah Robertson
Occupational Health & Infection Control Coordinator

PATIENT AND FAMILY ADVISORY COUNCIL

The Patient and Family Advisory Council (PFAC) continued its mission to ensure patient- and family-centred care by providing guidance, feedback, and collaboration on hospital services. Over the past year, the council addressed topics related to language accessibility, service navigation, quality improvement, volunteerism, and patient feedback mechanisms.

89 Hand Hygiene Compliance Audits were conducted in 2024/2025

Key Activities by Focus Area

A. Patient Communication & Language Access

- Ongoing efforts to translate documents into French, Ojibway, Ukrainian, and Filipino, considering community needs.
- Voyce Translation App introduced and successfully used in the Emergency and Outpatient departments to enable real-time translation in multiple languages.
- Emphasis on culturally sensitive communication, including exploration of Indigenous dialect preferences for document translation.

B. Surveys & Patient Feedback

- Reviewed quarterly In-Patient, Emergency, Outpatient, and Long-Term Care surveys, with new questions added about complaint procedures.
- Analyzed trends and satisfaction levels; used findings to guide Quality Improvement planning.
- Enhanced patient complaint processes through a designated telephone line and clearer survey language.

C. Quality Improvement

- Participated in the development and review of the 2025/2026 Quality Improvement Plan, including a new indicator: “Did you receive enough information about transitioning from ALC to Long Term Care?”

D. Community Engagement & Volunteerism

- Discussed recruitment ideas for **Extended Care Wing volunteers** through local advertising. Shared ideas of what a volunteer could do for the residents including reading, games, crafts, meal programs, and pet therapy.
- Discussed incorporating **sympathy cards and grief resources** for families after a patient's passing, in collaboration with Community Counselling staff.

E. Strategic & Operational Planning

- Reviewed AHCS's new strategic plan, vision, values, and departmental operational workplans.
- Developed and shared a Patient Navigator job description, emphasizing Indigenous cultural and language knowledge. Funding for this position remains pending.
- Applied for funding for a Patient Navigator to support discharge planning and transportation.

3. Round Table Highlights

- Advocated for a **private conference room** for sensitive doctor-patient-family conversations.
- Discussed the **recruitment and retention** of local healthcare professionals, including engaging high school students through shadowing and presentations.
- Noted ongoing collaboration with groups like **ANFC and the Metis Association** to involve patients and residents in cultural programming.

4. New Initiatives

- Launch of the **High Five staff recognition program**, promoting a culture of appreciation.
- Planning for a **RAAM clinic** to provide substance use support following the closure of OATC.
- Discussions around new **indicators and initiatives** for future Quality Improvement, including improved communication during discharge and respite care awareness.

5. Looking Ahead: Priorities for 2025–2026

- Continue translation and communication efforts across all care levels.
- Strengthen volunteer engagement and community awareness of PFAC.
- Secure funding for Patient Navigator role.
- Enhance outreach and visibility of PFAC, including virtual participation and updated promotional materials.

Jennifer Learning
President & CEO

PFAC Members

PHARMACY

- Education/Training: September 2024 – Our part time pharmacy staff member graduated from the CTS Canadian Career College and is now a Registered Pharmacy Technician. This was an education initiative the hospital provided to partially fund the staff member to upgrade and complete the program with a contract signed for return of service in the Pharmacy department.
- Barcoding: September 2024 - All pharmaceuticals in the department are now fully barcoded. This was implemented as a safety check for pharmacy staff when loading to Automated Dispensing Cabinets (ADCs). This is also another step towards preparing for the closed loop medication system once Meditech Expanse is implemented in the fall of 2027.
- Hazardous Drugs: November 2024 - We updated our Hazardous Drug (HD) policies and procedures. These P&P guide our nursing and pharmacy staff when handling specific medications from repackaging to administering to the patient and certain precautions that must be met. We are now using references from the Safe Pharmaceutical Handling Evaluation (SaPHE) Collaborative Classification, which was adopted by some of the hospitals in the region from the work that Sunnybrook Hospital had developed. We were previously using the NIOSH list which was more of the industrial side of the HD versus the occupational side, with this change we were able to remove five medications from the HD list.
- Audit Schedule/Summary: January 2025 – Audit schedule created to keep on track with the numerous audits that the Pharmacy department performs. Audit summaries are now completed quarterly and shared with the nursing staff, managers and risk management team. The near miss/medication incidents are reviewed by the hospital board as part of the reporting for risk management.
- Regional Pharmacy Operational Committee: HIS updates for Meditech Expanse: Two regional pharmacy projects happening – Barcoding Project and the IV Standardization Project.
    - The barcoding project is working towards the Bedside Medication Verification. This process will allow us to verify and audit every step in the medication management process using barcodes - this starts from the preparation in the pharmacy to the administration of medications at the bedside. By scanning barcodes, we can ensure that the right patient receives the right medication at the right dose. This will reduce the chance of medication errors while streamlining workflows for staff and will ultimately improve patient care and safety.
    - The IV Standardization Project will be working towards standardizing the IV infusion practices within the region. This project is working towards standardizing the shared drug dictionary and to facilitate the efficient use of CPOE and order sets across the region. This project will be reviewing how IV infusions are ordered, prepared, and administered across the regional sites. By standardizing the IV infusion practices within the region, it will offer increased patient safety as well as clinical operations advantages.

- Ontario College of Pharmacist (OCP) - Hospital Assessment (Pharmacy): We had another successful OCP hospital pharmacy assessment on May 27, 2025. We received a PASS with no action plan! This is the second time in a row that we have received this rating. This means that we are meeting all the criteria that are being assessed when OCP is on site and that we don't require to follow-up throughout the year on the progress we are making to improve in specific areas.

Corina White, RPN
Pharmacy Assistant

REHABILITATION

Staffing Highlights

This year, the Rehabilitation Department strengthened its team and training initiatives to enhance service delivery and patient care:

- Successfully **recruited a full-time Physiotherapist**, expanding the department's capacity and continuity of care.
- Onboarded a **0.8 FTE Kinesiologist (KIN)** to support therapeutic programming and functional rehabilitation.
- Hosted a **co-op student from March to June**, providing educational experience and support in daily operations.
- Added a **0.2 FTE Rehabilitation Assistant (RA)** to assist with treatment implementation and patient support.
- Contracted **Debi Steadman as an Occupational Therapist (OT)**, supporting specialized client needs on a flexible basis.

Programs Delivered

The department provided a diverse range of rehabilitation services, addressing both individual and group needs across outpatient and inpatient care. Key programs included:

- **Chronic Pain Program**
  Supporting long-term pain management through education and individualized therapy.
- **GLA:D Program**
  Re-launched this evidence-based program to support clients with hip and knee osteoarthritis through neuromuscular exercise and education.
- **Shoulder and Back Rehabilitation Programs**
  Focused on restoring function and reducing discomfort in clients with musculoskeletal conditions.
- **Group Pool Therapy**
  Delivered **twice weekly sessions for two separate groups**, leveraging the benefits of aquatic therapy for mobility, strength, and pain reduction.

- **Bundled Care**
  Participated in integrated care initiatives to support seamless transitions post-surgery or hospital discharge.
- **WSIB (Workplace Safety and Insurance Board)**
  Continued engagement in return-to-work rehabilitation programs.
- **Acute and ECW Support**
  Maintained consistent service delivery in acute care settings and the ECW (Extended Care Wing), providing timely assessments and interventions.

Equipment Resources

The department maintained and utilized a range of therapeutic equipment to support client rehabilitation goals:

- **Laser therapy equipment** for pain management and tissue healing.
- **Two NuStep machines** for safe cardiovascular and strength training, especially for clients with mobility limitations.
- **Multigym system** to provide resistance training options tailored to individual rehabilitation plans.
- **Ultrasound machine** for soft tissue therapy.
- **Rehabilitation training stairs**, facilitating functional mobility training and recovery.

Conclusion

The 2024–2025 fiscal year has been one of growth and innovation for the Rehabilitation Department. With key staffing additions, expanded programming, and ongoing equipment utilization, the department continues to deliver high-quality, client-centered care. Our focus remains on improving patient outcomes, fostering interprofessional collaboration, and embracing evidence-based practices.

Sarah Zuke
Physiotherapist/ Rehab Dept Lead

TOTAL PATIENT VISITS

The Rehabilitation had a total of 3604 patient visits for the 2024/2025 fiscal year.

Occupational Therapy: 111

Physiotherapy: 1272

Kinesiologist: 2221

STAFF SERVICE AWARDS 2024

Five Years

Cassandra Bernard

Diana Lange

Bobbi Jo Mosbeck

Jessica Rowlands

Ying Zhu

Ten Years

Janice Kitchen

Jessica McLeod

Fifteen Years

Kara Blanchard

Jackie Johnson

Ashley McEvoy

Corina White

Twenty Years

Michelle Anderson

Sherri Manford

Thirty Years

Tanis Lavallee

Thirty-Five Years

Kim Sportak

Staff Retirements 2024 – 2025

Jackie Kerr – RPN – 15 years of service

Cyndy Ellek – Business Office – 12 years of service

Sue Gascoigne – Housekeeping – 12 years of service

Leanne Haney – RPN – 34 years of service