



Red Lake Margaret Cochenour
Memorial Hospital

50th Anniversary
Celebrating 50 Years of Service
to the Community

Annual Report 2023-2024



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RLMCMH Board of Directors, 2023-2024

John Frostiak, Board Chair.

Eleanor Vachon, Vice Chair.

Holly Stamarski, Quality Committee Chair.

Arlene Swanwick, Resource and Planning Committee Chair.

Dennis Gushulak, Nominating Committee Chair.

Dianne Pertoci, Auxiliary Appointed Director and Audit Committee Chair.

Marion Whitton, Foundation Appointed Director.

Trevor Zhukrovsky.

Jennifer Sedlacek.

James Russell.

RLMCMH Non-Voting Directors, 2023-2024

Sumeet Kumar, President and CEO.

Dr. Diane Zielke, Chief of Staff.

Meghan Gilbert, Chief Nursing Executive.



2023-24 Reflection: Board Chair

2023 /2024 was a milestone year for the Red Lake Margaret Cochenour Memorial Hospital. The hospital celebrated its 50th anniversary as it opened in December 1973. The first year of operation presented many surprises and unexpected developments, both positive and negative, that were overcome. Having just completed a full year in my second term as Board Chair, I can say that these past 12 months have also been quite a challenge. We will persevere and resolve today's challenges just as our predecessors did. I acknowledge and appreciate the contributions of all Directors who participated in the extended Board meetings, Committee meetings and special meetings throughout the year. I would like to extend a special thank you to Eleanor Vachon who chaired the 50th Anniversary Celebration Committee. The events were a success and brought back many memories. Once again, the Foundation and the Hospital Auxiliary spearheaded many successful fund-raising activities that provide the fundraising that allows the hospital to upgrade its equipment. The Auxiliary deserve special acknowledgement for the work they do to beautify the hospital entrance. The beautiful flower beds at the entrance and the flowerpots around the building are a constant reminder of the work of the Auxiliary. 2024 marks the 50th Anniversary of the Auxiliary. Thank you and I wish you a successful anniversary year!!

Finally thank you once again to our community, who continued support of the various fund-raising initiatives and your generosity is exemplary.



While the COVID pandemic no longer takes center stage, the world is still dealing with what I refer to as a COVID hangover. The flaws and deficiencies in our public health care system were exposed and will take time to correct. People's attitudes and expectations changed. Over the course of the year inflation in Canada slowed but interest rates remained high, global supply chain will remain an issue until alternative sources are established. The war in the Ukraine continues. This is adding to the cost of government who are committing billions to the war effort. In 2023 additional conflicts erupted in Gaza and the continued conflicts in sub-Saharan Africa which will require resources to re- solve.

Staff recruiting and retention continues to be an ongoing issue not only for our hospital but for all hospitals in the province and for that matter the country. Positions that were vacant last year at this time remain vacant today.

The management team and the staff are commended for all their contributions and dedication through this transition period. A nursing shortage continues with vacancies filled by new hires and costly agency nurses.

Keeping the Emergency Room open has been a challenge due to an ongoing shortage of qualified physicians and more recently a shortage of nurses. An inordinate amount of time and effort is required both at the Hospital and the Family Health Team FHT to ensure coverage is scheduled.

The Hospital was impacted by a decision made by the Ministry of Health to reduce funding to the (FHT) in the current year. The MoH reduced funding from 7 full time equivalent physicians to 6. This reduced the number of patients that could be seen at the clinic and the Urgent Care Clinic. This resulted in an increase in the number of people reporting to the Hospital Emergency Room.

2023-24 Reflection: Board Chair

The Board welcomed James Russell to fill the position vacated by Sonia Green at the start of the year. Late in 2023 Director Marshall Dumontier resigned. Jennifer Sedlacek was appointed to the Board to fill the vacancy. The Nominating Committee is now searching for two directors to fill the vacancy created by the resignation of James Russell in May, who is leaving the community for employment reasons, and Eleanor Vachon who completed her 10-year term in office. Your commitment to the board while in the office is appreciated.

This fiscal year RLMCMH, like many other hospitals in the province, recorded a deficit in operations for the first time in many years. Unfortunately, the budget for this fiscal year 2023/2024 also projects a significant operating deficit mainly due to the uncertainty of whether the province will increase the hospital base funding to offset all increases in wages awarded to unionized employees and costs due to inflation. The need to hire agency nurses, and the cost of recruiting drives up costs and the deficit.

While this is a grave concern, RLMCMH is not alone. Our fiscal position is strong compared to our peers. Several hospitals in the Northwest and Northeast are on the verge of bankruptcy and have relied on cash advances from the province to meet payroll.

The hospital continues to finance long term upgrades to the physical plant. These expenditures are needed to replace or upgrade the aging critical equipment required to keep the hospital operational. The Board decided to draw on some of its long-term investments to reduce its debt financing. On the horizon an essential service, the Health Information System upgrade will cost RLMCH \$2.3M, which will also need to be financed.

Health care in Canada has evolved since the inception of "universal health care" over 60 years ago. While it was generally accepted that there were deficiencies within the system, these issues were exposed during the COVID pandemic. While stop-gap measures have been taken, there is a clear need to reform the system to meet its intended objectives once again. The question remains as to whether there is the political will to do so given the complexity of the system and the number of players involved.

One might wonder why health care delivery is problematic in this country. The short-term solution always seems to be to throw more money at the system. That does not always resolve the underlying issues.

Where does government money come from? Ultimately it is the public whether it be directly in the form of taxes collected by the government from its citizens or money borrowed from institutions that the public uses to save or invest in. Other revenues that the government receives are the royalties received from the exploitation and sale of non-renewable natural resources such as oil and gas and minerals.

For years it has been well known that the aging demographics of Canada will stress the health care system. Baby boomers have become seniors. The availability of healthcare services has not met the current demand. The system has been further stressed by the increase in population due to immigration, refugees and asylum seekers who tend to cluster in the urban centers.

Our capacity as a country to deal with the needs and expectations of the current population is under stress.

I will share an excerpt taken from a book "Finding Your Troy" by James Cochrane.

At the beginning of the 20th century a person would typically enter the workforce at age 15 and exit at age 65, then work part time until 68 and pass at age 75. That person would have paid into society for 50 years. Society would have supported him for his first 15 years and his last 10. The ratio is 50/25 or 2 to 1.

2023-24 Reflection: Board Chair

Today, typically people expect to be supported by society or parents through school until age 25, then work to retire at age 55 and be supported until age 90. That person would have paid into society for 30 years. Society would have supported them for the first 25 plus the last 35. The ratio is now 30/60 or 1 to 2. That simply is not a sustainable situation for our society.

Going forward the Hospital will continue to face cost pressures, the issue of recruiting and retaining staff in an increasingly competitive market, the challenges of keeping the ER open and the need to replace aging equipment and infrastructure. Unfortunately, in the current world that is highly dependent on artificial intelligence we are now seeing the impact at ground level. New equipment requires constant software and firmware upgrades and generally is not supported by the vendors beyond 10 years and requires replacement.

The regional hospitals continue to work together to advocate for the healthcare needs of the Northwest.

Locally the prospects for growth in the community are bright with a new mine expected in 5 years and the possibility of a past producer coming back into production. A bridge over the Berens River originally conceived over 75 years ago appears closer to becoming reality today than at any point in the past. This bridge will connect northern communities to the south and could have a huge economic and social impact on our community. It will also provide a huge opportunity to develop the resources in the north. These developments will place new demands on local health care needs. The Hospital must plan to be prepared for the changes. While we have many challenges and changes looming, we cannot lose the perspective that we are still here to provide quality care for people, and this is our main priority.

Dr. Jane Philpott, former Federal Minister of Health states in her book "Health for All". "As people and places associated with health care delivery have changed over the past 6 decades, our health laws and policies have not kept pace. We cannot fix all the problems in health care overnight. We will have to prioritize, starting with a foundation based on primary care that has never been properly built in Canada."

There are solutions for health care issues. It will take leadership from all levels to implement them.



John Frostiak
Board Chair

2023-24 Reflection: President and CEO

2023-24, my first year at RLMCMH, was a year of relationship building and learning about the organization, the community, the key stakeholders, the regional partners, the system expectations of Ontario Health and the Ministries, and acclimatizing to the 'End of the Road North' – Ontario roads finish at Red Lake or put another way Ontario roads start from Red Lake.



2023-24 was also the year of recalibration that forced many hospitals across the province of Ontario including RLMCMH to rethink their business model. Hospitals experienced challenges in managing their cash flow, increased expenses due to inflation, and operational issues caused due to shortages of health human resources. The impact to RLMCMH is highlighted below:

Bill 124 was declared unconstitutional by the Ontario Court of Justice in June 2023. The unplanned retroactive compensation related costs resulting from Bill 124 in 2023-24 for all central bargaining agreements, local bargaining agreements, and non-bargaining employees and management eroded the cash re-serves of our hospital. While 60% of the hospitals in the North had to borrow money or need funding from the ministry to run operations and/or pay employee salaries, RLMCMH's good financial health helped navigate the situation.

- During 2023-24, Canada experienced the highest inflation rate since the mid-1980s resulting an increase in costs of all goods and commodities. This negatively impacted the operational budget of RLMCMH, since the organization had to make the higher cost of living adjustment towards salary increment for the union, the non-union, and the management employees.
- Lack of long-term planning by the previous governments to replace the healthcare exodus due to retirement, burnout, and lower pay equity as compared to private agencies. Shortages in the availability of clinical staff, especially nurses, forced us to hire agency nursing staff at a premium. RLMCMH's expenditure on agency nursing staff during 2023-24 was \$829,000, a key contributor to the hospital's fiscal deficit of \$178,047.
- The Broader Public Sector Executive Compensation Act (BPSECA) introduced in 2014 has put a cap on the amount of compensation offered to the hospital executives. Due to this limitation, RLMCMH has faced considerable challenges to fill the Chief Executive Officer (CEO) and the Chief Nursing Executive (CNE) vacancies. A case in point is that it took the Board of Directors over nine months to find a CEO, before I stepped into the role last year, and that RLMCMH has been without a CNE since December 2022 and instead has had a nurse manager to cover the position during this

2023-24 Reflection: President and CEO

period. The long void without a nursing leader has impacted staff morale, strategic clinical foresight, succession planning, and policy and process work informed by best practice.

- In July 2023, the Ministry of Health, Physician and Provider Services Division reduced physician funding for the Family Health Team (FHT) from 7 to 6 Full-Time Equivalents. In response, FHT cancelled urgent care clinic on Saturdays and our local Guardian Pharmacy followed suit. The repercussions of the decision had a significant impact on RLMCMH's Emergency Department (ED), diagnostic imaging, and laboratory services. The volumes of non-urgent patients in ED increased by 48%, and the non-urgent tests conducted in imaging increased by 25% as compared to 2022-23. RLMCMH sent letters to the Premier of Ontario and to the Minister of Health, signed by community stakeholders, highlighting our concerns and an appeal to reverse the decision, but to no avail.

In spite of all the challenges listed above, I am pleased that our hospital's ED remained open and accessible to the public for all 365 days in 2023-24 and managed over 39% increased volume of patients with higher acuity, as compared to the previous year, and that the Hospital and the Board engaged the public, staff, community, and regional partners, and developed RLMCMH's new strategic plan 2024-27.

As a part of recalibration, RLMCMH released a new organization structure in March 2024. I am confident that the new structure with all vacancies filled, and supported by new practices, in the year 2024-25, will be instrumental in improving operational sustainability, enhancing interprofessional communication, creating a culture of learning and joy at workplace, and resulting in improved service delivery for patients and residents of our community.



In the end, I would like to acknowledge and thank the Foundation, the Auxiliary, and the community partners for their love and continued support for the Hospital over the last 50 years.

Sumeet Kumar

President and CEO

2023-24 Reflection: Chief of Staff



Another challenging year has passed since our last annual meeting.

In the past few years our hospital emergency room has seen a very significant increase in the numbers of low acuity patients attending; this in turn has a cascading impact on all departments and staff. Often MD ER shifts are not covered until a few weeks or even days beforehand. We increasingly depend upon locum physician staffing, but there is a real and recurrent risk of closures of the department.

The help of the ER nurse practitioner has been invaluable.

We have been unable to provide obstetrical delivery care here for several years now; it's uncertain whether this service can resume in the future.

Ongoing shortages of health care providers are significantly impacting access to care not only here, but also regionally and nationally, and it's not clear how nor when there might be an improvement.

Recruitment continues for unfilled positions but we're aware we're in competition with many other communities and facilities.

We continue to host medical students and residents as well as nurses and nurse practitioners in training in hopes that they may return or at least spread the word among their acquaintances that this is a good place to train, work and live.

In the meantime, the individuals in our local teams are doing their best to provide timely and excellent care.

We continue to try to advocate at the municipal, regional and provincial levels; we hope that being heard and understood may have beneficial results in the future.

With grateful acknowledgement of the vital support from the volunteers on the hospital board, the hospital's auxiliary and foundation, the nursing staff, all the allied health professionals, all the clerical, IT and administrative staff and our community...we really are all in this together.

A handwritten signature in blue ink that reads 'D. Zielke'.

Dr. Diane Zielke
Chief of Staff

Strategic Priority 1: Access

Emergency Department (ED)

	2023-24	2022-23	% change
# of ED visits	6,524	5,763	13%
Red Lake & Area	5,299	4,219	26%
Pikangikum & Wabaskang	235	348	-32%
Northern Ontario - Other	520	762	-32%
Ontario - East, Central, South	76	65	17%
Canada - Other	322	327	-2%
USA	72	42	71%
CTAS 1-3 (High Acuity)	1,143	822	39%
CTAS 4-5 (Low Acuity)	3,894	2,628	48%



RLMCMH avoided three imminent closures of ED due to physician shortages during 2023-24.

The leadership of the hospital participated weekly in the regional ED meetings, a communication platform to support hospitals in the Northwest region to avoid ED closures by engaging regional health partners including Ornge and Ontario Health. During the meetings, each of the regional hospitals share potential gaps in physician or staff coverage for their respective ED's and brainstorm potential solutions. This forum also provided an opportunity to advocate for the needs of the northern communities through a collective voice.

Number of days that RLMCMH ED was open to public: **365 days.**

Number of Physician Locums that provided ED coverage: **16.**

Number of days in the year Physician Locums provided ED coverage: **81 days.**

Number of Nurse Practitioner Locums that provided ED coverage: **2.**

Number of days in the year Nurse Practitioner Locums provided ED coverage: **10 days.**

Number of RN students that completed placement at the hospital: **4.**

Emergency and Withdrawal Bed Nurse Practitioner

In the fall of 2022-23, RLMCMH secured funding for 1.0 FTE (full time equivalent) Nurse Practitioner (NP) for Emergency Department (ED) and additional one-year temporary funding towards 1.0FTE NP for managing the Withdrawal Bed program (WB) to support patients wanting to withdraw from any substance use.



Strategic Priority 1: Access

While we were able to fill the 1.0FTE NP WB vacancy in April 2023, we were not able to fill the ED NP vacancy until the end of September 2023. Therefore, in October 2023, we strategically split the 1.0FTE NP WB into 0.5FTE NP WB and 0.5FTE NP ED. This allowed us not only to run both the programs and utilize the funding for bringing-in locum NPs, but also enabled our NP to build capacity for supporting physicians in managing low acuity patients arriving in ED.

Considering the higher need of the NP to support ED, the 1.0 FTE NP completely transitioned to the ED program as of April 1, 2024. RLMCMH recently received confirmation that the earlier one-year temporary funding for 1.0FTE NP WB is now extended for an additional three years. We hope to fill this vacancy during 2024.

Pay For Results (P4R)

During 2023-24, RLMCMH received \$100,000 towards 'Pay for Results (P4R)', a program funding to support the ability of the Emergency Department (ED) in small hospitals across Ontario to remain open and continue to deliver faster emergency care to the communities they serve. This program was previously only available for medium and large hospitals. The funding allowed RLMCMH to purchase a Point of Care Ultrasound device for ED, enabled us to extend the hours of services in the evenings and after-hours in Diagnostic Imaging to support ED, and allowed us to offer Empathetic Strain Training to our staff. The P4R funding will continue in 2024-25.

Chemotherapy Program

RLMCMH offers services for cancer care patients. Every Monday and Tuesday morning, and Wednesday and Thursday afternoons are dedicated to our Red Lake and Ear Falls patients with cancer. Patients are happy to be treated at home where there are familiar faces, near family and friends during what can be a very catastrophic life event. Last year, a total of 464 patient visits were recorded, an increase in 32% of visits as compared to 2022-23. Patients come weekly, bi-weekly, every 3 weeks, monthly, every 8 weeks, or every 12 weeks, and the visits range from 30 minutes to 6 hours depending on the regimen. Having the chemo program in Red Lake allows patients to remain in the community to receive treatment and avoids the inconvenience of travel to other hospitals in Dryden and Thunder Bay.

New Service added

RLMCMH signed an agreement with St. Joseph's Care Group, Thunder Bay to participate in their Regional Rehabilitative Care Outreach Program (RRCOP) that provides rehabilitation health human resources, both Physical and Occupational Therapy (PT/OT), in areas that lack local rehabilitation professionals. The partnership will allow RLMCMH to access Occupational Therapy Services such as hand therapy and wound management, which are not currently available, for our inpatients, and outpatients - an OT will visit Red Lake for a full week every other month. The program will take effect from April 1, 2024.



Strategic Priority 2: Quality

Improvement Huddles

RLMCMH initiated two quality improvement huddles conducted daily – Senior Leadership Team huddle, and Nursing huddle which includes an interprofessional team from clinical and non-clinical areas. The leadership huddle allows leaders to share their operational areas of priority for the day aligned to the organizational strategy. The nursing huddle on the other hand allows the frontline staff from across all areas of the hospital to share their daily operational challenge(s) and collaborate with each other to identify potential solutions.



The nursing huddle has enabled the interdepartmental communication top-box score increase by 100% (from 16% to 32%) within nine months. Health Excellence Canada ranked RLMCMH's nursing huddle initiative #1 in its sustenance over 6 months among 126 teams from across Canada and awarded four prize moneys totaling \$33,500.



Visual Strategy Room

NOSM room was converted to a Visual Strategy Room (VSR) in February 2024. The purpose of the VSR is to communicate the health of the organization in one room. RLMCMH's new strategic plan, its priorities, key success measures, improvement projects, and the name of the accountable member from the senior leadership team, are all displayed on the whiteboards installed across the walls of the room.

All key strategic and operational meetings including the Board committees, Medical Advisory Council, Patient and Family Advisory Council, Indigenous Working Group, Organizational Scorecard Re- view, Quality and Safety, and Senior Leadership Team meetings are held in the VSR. The expectation is that the clinical and non-clinical leaders gather regularly to strategize and reflect as a team on the performance of the organization, understand problems, identify opportunities and corresponding actions for improvement, celebrate experiments, recognize individuals and teams for their contributions, provide necessary support, and deploy resources based on organizational priorities. The effectiveness is expected to increase during 2024-25 as we mature in our learning of the VSR.

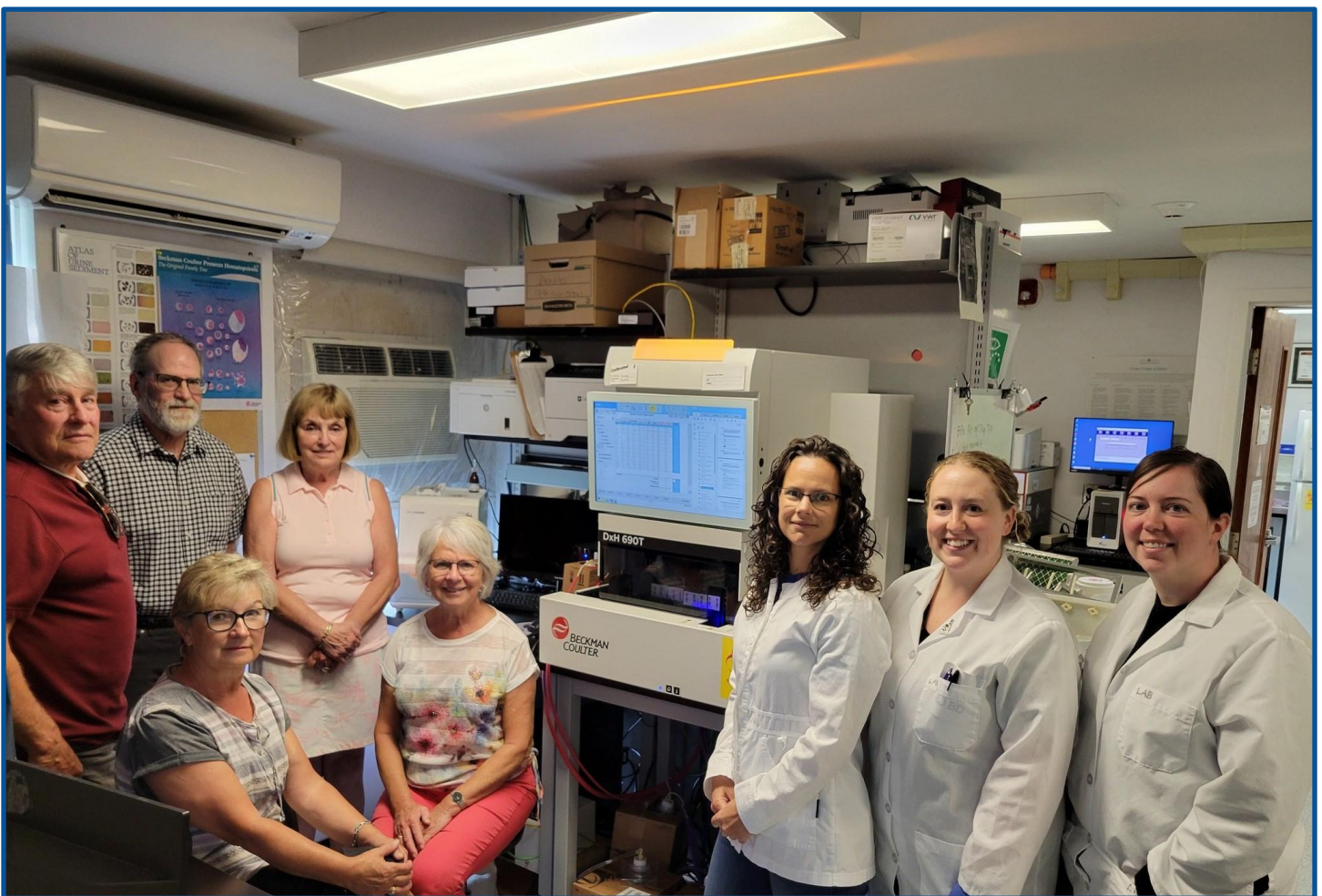
Strategic Priority 2: Quality

Indigenous Working Group

The Indigenous Working Group, which had become dormant since May 2022, was reinstated in February 2024 with new membership. Terms of reference were established, co-chairs identified, and the group now meets bi-monthly.

Patient Quality of Life

Staff organized recreational activities for our long staying chronic care patients to improve their quality of life. Also, to keep our patients minds sharp and occupied, the food services team provides jokes or crosswords/word search or colouring (with crayons) on their food tray once a week.



Strategic Priority 3: Team

2023-24 was a fun packed year with events organized by the Staff-for-Staff committee, the Hospital, and the Board, to create joy at work. The Staff for Staff Committee meets every two weeks and plans events all year long. The Hospital and the Board have their set events every year.

Memorable events in 2023-24:

May 2023: **Cake and Coffee with the new CEO; Nurses Week, Walkathon Windup Lunch; Employee Service Award.**



June 2023: **Oh Canada Hole-in-one Challenge – Staff BBQ.**



July 2023: **RLMCMH 50th Anniversary - Wine and Cheese Celebration.**



Strategic Priority 3: Team

August 2023: **Staff Appreciation BBQ** hosted by the Board of Directors of RLMCMH.



September 2023: **Truth and Reconciliation Potluck.**



October 2023: **Karaoke Night; Halloween.**



Strategic Priority 3: Team

December 2023: **Kids Christmas Party; Staff Christmas Potluck; Christmas/Holiday Party.**



January 2024: **Hot Dog Day**

February 2024: **Valentines Candy Grams, Family Health Team Collaboration Lunch.**



Strategic Priority 3: Team

Money Monday: The staff-for-staff event continued during 2023-24. On the first Monday of every month, the Staff-for-staff Committee draws a name from its membership to win Money Mondays.



Staff Wellness:

- RLMCMH introduced a Staff Wellness Incentive Policy in October 2023 to encourage staff to maintain a healthy lifestyle - a reimbursement of 50% of any wellness related expense, up to a max of \$100, offered to all full time and part time employees.
- RLMCMH installed a massage chair for staff to take 15 min stress breaks during or after work.



Strategic Priority 4:

System Leadership and Innovation

Laboratory Services Model

A review of the Laboratory Services structure throughout Northwestern Ontario and including the Kenora Rainy River Regional Laboratory Program (KRRRLP), Thunder Bay Regional Laboratory and the Northshore District Laboratory Program was undertaken in late 2023 with the objective of adding system level efficiencies and ensuring maintenance of high quality, innovative patient care at every KRRRLP laboratory.

After careful consideration, all KRRRLP labs moved towards a system fully supported by the University Health Network's (UHNs) Laboratory Medicine Program. The findings and recommendations would guide collaboration efforts between Northwestern Ontario labs in the future. In January 2024, the Ministry of Health's Laboratory Licensing and Inspection Services Branch approved our new KRRRLP shared Laboratory Director, Dr. Toni Mazzulli and other dedicated discipline specific clinical consultants.



Ontario Health Team

RLMCMH continued to be the transfer payment agency during 2023-24 for Kiiwetinoong Healing Waters Ontario Health Team (KHW OHT) approved by the Ministry of Health in October 2022 with over thirty local and regional partners from within and beyond healthcare across the geographies of Red Lake, Dryden and Sioux Lookout. The transfer payment agency responsibility, based on rotation, was transferred to Dryden Regional Health Centre effective April 2024.

KHW OHT identified three areas as priority namely, Digital Health, Addictions and Mental Health, and Health Human Resources to collaborate and improve service integration and

care access for patients from Pikangikum, Red Lake, Ear Falls, Vermilion Bay, Dryden, Sioux Lookout, and Ignace. As a part of the Digital Health MOU was signed in December 2023 between Thunder Bay Regional and all regional hospitals within Northwest to upgrade the Health Information System (HIS) to Meditech Expanse. The implementation will be led by the Regional Chief Information Officer and is expected to be completed by September 2027.

After considerable deliberation lasting more than a year, the members of the KHW OHT, in March 2024, agreed to initiate the implementation of the OHT in 2024-25 using a hyper-local hub governance model to allow flexibility for each of the three geographies to pursue local health integration opportunities while still maintaining governance and regional oversight by the Director of Integrated Care.

Strategic Priority 4:

System Leadership and Innovation

Funding Proposals Submitted

RLMCMH submitted a total of nine proposals totaling \$682,317 in 2023-24 towards different funding opportunities that presented during the year.

Models of Care Innovation:	3 proposals – Value \$368,417
Surgical and DI Innovation:	1 proposal – Value \$73,200
Health Excellence Canada (HEC):	2 proposals – Value \$180,700
HIROC Safety Grant:	3 proposals – Value \$60,000

4 proposals were rejected (3 HIROC and 1 HEC), 1 proposal was accepted under performance-based funding (HEC), and the balance 4 proposals are awaiting decision.

Advocacy for the North

There is a lack of differentiated HHR strategy for hospitals located in Northern Ontario. RLMCMH along with the other regional hospitals advocated for specialized incentives to address recruitment and retention challenges faced by the hospitals in the North in a joint letter addressed to Dr. Karima Velji, Chief of Nursing and Professional Practice, ADM, Ministry of Health. As a result, funding for the following HHR programs (though not all programs are exclusive for the North) were approved on March 28, 2024:

1. **Temporary Locum Program:** To incentivize physician locums to come to the North to keep the EDs open. The program has been extended until September 30, 2024.
2. **The Northern Ontario Resident Streamlined Training and Reimbursement Program (NORSTAR):** Supports increased access to northern learning experiences for medical residents, while also enabling immediate and longer-term physician support to communities in the Northwest and Northeast.
3. **Enhanced Extern Program (EEP):** The EEP offers employment opportunities for qualifying nursing, medical, respiratory therapy, paramedic, physiotherapy, occupational therapy students, and Internationally Educated Nurses (IENs) to work in an unregulated capacity on paid assignments.
4. **Supervised Practice Experience Partnership (SPEP):** This program offers Internationally Educated Nurse (IEN) applicants the option to complete a supervised practice experience in Hospitals and LTCs to demonstrate current nursing knowledge, skill and judgement and language proficiency skills.
5. **Clinical Scholar Program (CSP):** The CSP supports both recruitment and retention by creating mentorship opportunities. Through this program, experienced frontline nurses provide at-the bedside mentorship and support to new graduates, internationally educated, or upskilling nurses to confidently transition into new health care working environments and nursing practice.

Strategic Priority 4:

System Leadership and Innovation

6. **Community Commitment Program for Nurses (CCPN):** CCPN provides an incentive of \$25,000 for nurses in exchange for a two-year commitment to work in a high-need area of Ontario.
7. **Temporary Reimbursement of Fees for Internationally Educated and Inactive Nurses Program:** Supports inactive nurses and IENs by removing financial barriers to obtaining their license to practice nursing.
8. **Emergency Department (ED) Nursing Education Retention Workforce Strategy:** To bolster and stabilize the ED nursing workforce, through education in ED training initiatives such as ED virtual training modules and hands-on immersive training programs.

Strategic Priority 5:

Sustainable Infrastructure

Strategic Scorecard 2023-24

Since the previous strategic plan expired in March 2023 and the new strategic plan had yet to be developed for 2024-27, RLMCMH created an interim scorecard for 2023-24 based on the two priorities identified by the Board of Directors for the Quality Improvement Plan (QIP).

Priorities	Metric	Baseline 2022-2023	Target 2023-2024	Actual 2023-2024
Team Wellbeing	QIP- Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period.	13	0	7
	Staff uptake on wellness initiatives	New Measure	30%	41%
Service Excellence and Innovation	QIP-Percentage of respondents who responded "completely" to the following question: Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?	IP = 55%	IP = 65%	IP = 69.5%
	QIP-Inpatient Discharge and Admissions process review	N/A	Process Review Complete	COMPLETE
	QIP-Percentage of staff who responded 4 or higher to the following question "How would you rate your experience with interdepartmental communications?"	16%	25%	32%
	Develop Strategic Plan 2024-27	Strat Plan 2020-23 expired	New Strat Plan ready by March 31, 2024	COMPLETE
	Reduce patient label errors	9	0	24

Strategic Plan 2024-27

In January 2024, the Board of Directors led the design of the new strategic plan 2024-27 to guide RLMCMH into the future. The creation of the strategic plan was informed by the feedback received from stakeholders that included staff, patients/families, community partners, regional hospitals, and Ontario Health. The vision and values were revisited, and the new strategic priorities, goals and objectives were identified.

The leadership team developed the hospital scorecard and identified projects for 2024-25 aligned to the new strategic plan.

Strategic Priority 5:

Sustainable Infrastructure

Our Vision: Working together for excellence in rural healthcare.

Our Mission: Compassionate, quality care—every patient, every time.

Our Values: Respect. Integrity. Advocacy. Resiliency.

Our 2024-27 Priorities				
Priorities	Patient Experience	Team Experience	Partnerships with purpose	Sustainability and Growth
Goals	Provide patient-centred care	Foster a collaborative, supportive team	Collaborate with stakeholders for a positive impact	Manage resources responsibly and pursue opportunities to improve service delivery
Objectives	<ol style="list-style-type: none"> 1. Deliver safe quality care 2. Approach care with compassion and empathy 	<ol style="list-style-type: none"> 1. Improve interdisciplinary team communication 2. Invest in learning and development of staff 3. Foster a healthy work environment 	<ol style="list-style-type: none"> 1. Match our stakeholder work to our priorities 2. Long term planning and advocacy for future identified needs 	<ol style="list-style-type: none"> 1. Focus efforts on recruitment and retention to build a strong resilient team 2. Plan and prepare for the needs of our changing community 3. Ensure fiscal responsibility

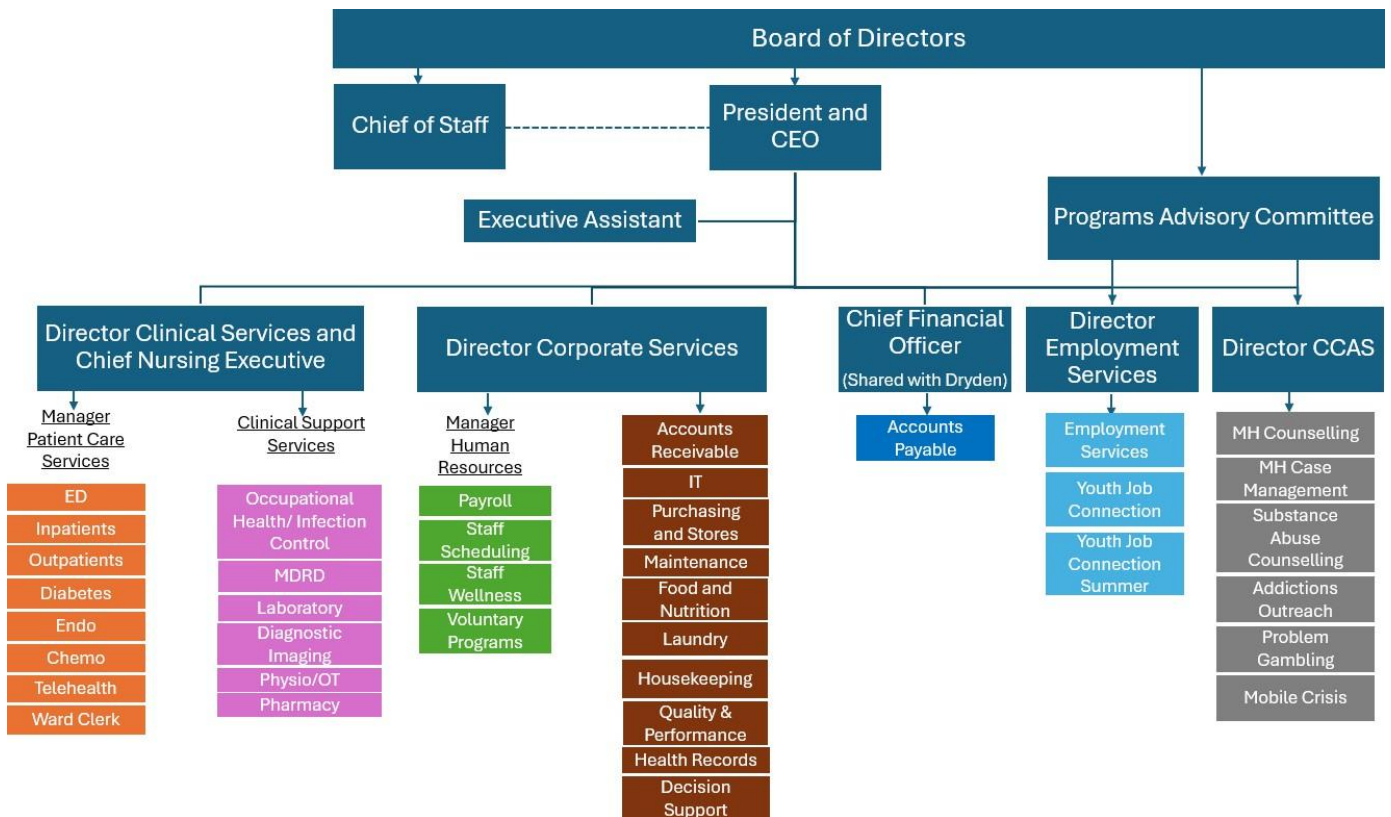
The Red Lake Margaret Cochenour Memorial Hospital (RLCMCH) Team provides healthcare services and addresses determinants of health for community members and visitors of Red Lake, Ear Falls and Wabauskang First Nation. Through collaboration, we proudly live our values and mission to achieve our vision.

Strategic Priority 5:

Sustainable Infrastructure

New Organizational Structure

A new organizational structure was designed and released on March 26, 2024, to create better alignment with the strategic plan 2024-27, increase accountability, and improve sustainability of operations. RLMCMH will start to experience the benefit of the new structure soon after the leadership vacancies are filled in 2024. The new structure will create a robust foundation not only to support the strategic plan over the next three years but also for all subsequent strategic plans in the future.



Strategic Priority 5:

Sustainable Infrastructure

Enterprise Risk Management

RLMCMH's risk assessment across all areas are identified below:

#	Risk category	Risk name	Impact	Likelihood	Risk level
1	Human Resource	Unfilled Physician positions (ED coverage)	Very High	Very High	Very High
2	Leadership	Unfilled Chief Nursing Executive position	Very High	Very High	Very High
3	Leadership	Unfilled Nurse Manager position	Very High	Very High	Very High
4	Leadership	Unfilled Director of Corporate Services	Very High	Very High	Very High
5	Leadership	Unavailable Pharmacy Manager	Very High	Very High	Very High
6	Human Resource	Unfilled Performance Improvement Lead position	Very High	Very High	Very High
7	Facilities	Obsolete door swipe system	Very High	Very High	Very High
8	Care	Overdue Policies Updating	Very High	Very High	Very High
9	Regulatory	Hospital Accreditation	High	High	High
10	Regulatory	Ontario College of Pharmacy Assessment	High	High	High
11	Leadership	Emergency Preparedness	High	High	High
12	Care	Patient Identification errors	High	High	High
13	Facilities	Obsolete security camera system	High	Medium	High
14	Facilities	Space constraints	High	Very High	High
15	Financial	Budget Deficit	High	Very High	High

RLMCMH realizes that the top 6 out of the 8 'Very High' risk level category pertain to human resource challenge. The following mitigation strategies are being implemented to help address the situation:

- While the Family Health Team (FHT) in collaboration with the Municipality continue their efforts in hiring a physician for Red Lake, FHT sources locums to fill physician coverage gaps in ED.
- An executive search firm has been hired to fill the vacancy of the Chief Nursing Executive. RLMCMH is also experimenting with hiring an interim CNE through an agency.
- All leadership positions have been advertised internally and externally by our Human Resources department and interviews with potential candidates are currently in progress.
- Risks 8 through 12 are largely dependent on filling the leadership vacancies, which will help reduce the risk levels.
- Risks 13 through 15 are dependent on funding from the Ministry of Health.

Strategic Priority 5:

Sustainable Infrastructure

Employee Benefits for Health, Dental, Life and Disability

RLCMCMH has their current employee benefits plan for dental and health with GreenShield, and life and long-term disability (LTD) is with Desjardins. During the fall of 2023, Ontario Hospital Association (OHA) collaborated with Healthcare Collaborative Benefits (CO) to provide an alternate to all hospitals in Ontario – Dental and Health with Medavie Blue Cross, and Life and LTD with Manulife.

In February 2024, RLMCMH signed a participation agreement with CO and undertook value analysis to evaluate the potential benefits to staff and cost savings from switching over to the new insurance providers for Health, Dental, Life and LTD. The outcome of the analysis informed that there would not only be cost savings of more than \$100,000, spread over the next five years, but also provide improved employee experience and greater efficiency gained through OHA’s hospital network, while still maintaining the same benefits plan as offered by the current providers. RLMCMH will move to the new providers effective September 1, 2024.

Laboratory Services

The RLMCMH Laboratory department continued its stabilization work with the Kenora Rainy River Regional Laboratory Program (KRRRLP) throughout the 2023-2024 fiscal year. Several projects were undertaken regionally in 2023-2024 to ensure equipment and contract needs are met for providing continuity of care as an ongoing priority for laboratories. Specifically impacting the RLMCMH laboratory, two new technologies were implemented, several contracts were renewed, a new contract was awarded for a blood gas solution, and one RFP commenced.

The laboratory department presented its future capital needs to the RLMCMH’s Foundation, who graciously began fundraising efforts for its next major purchase of a chemistry Analyzer. In addition to this, advocacy and planning occurred throughout the year regarding the lab’s physical footprint to plan for future space needs.

Old Equipment and Technology Replaced with New

ED/Inpatient/Chemo:

- Fourteen Intravenous pumps for ED, inpatients, and chemo patients.
- Bedside portable ultrasound for ED.
- Digital Scale for ED.
- Physio-Control Simulator for LIFEPAK defibrillator.
- ESBE Centrifuge - used when a nurse collects a blood sample after hours.
- ECG machine.



Strategic Priority 5:

Sustainable Infrastructure

Laboratory:

- Hematology analyzer, Beckman Coulter DxH690T.
- The blood imaging technology, CellaVision.

Food Services:

- Convection Oven - reduces cooking time by half.
- Rational iCombo - cooks, bakes, steams, browns food.
- Mixer.
- Conveyor Toaster.

Information Technology:

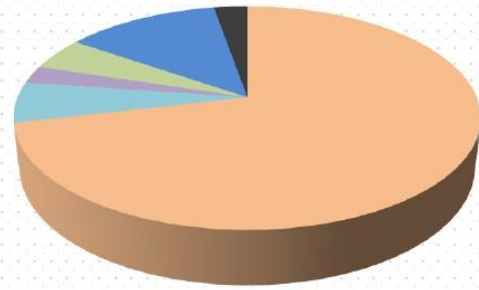
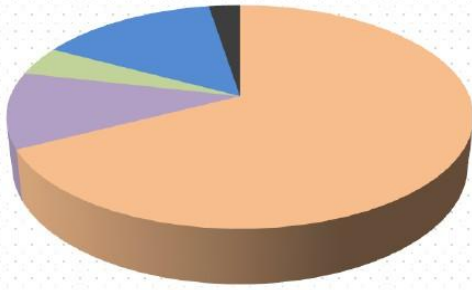
- Migrated from Windows 7 workstations to Windows 10.
- All staff and Board of Directors moved to Office 365.
- Installed a new internet link which is 15 times faster than the previous link.
- Successfully migrated our VPN over to the new internet link.
- Upgraded our Antivirus server.
- Upgraded our firewall protection.
- During the cybersecurity month in October 2023, staff and the Board were provided education on spam email detections, and phishing tests were conducted utilizing our Knowbe4 tool.

Our Year in Numbers, 2023-2024



Financial Report, 2023-2024

Revenues



For the year ended March 31

2024

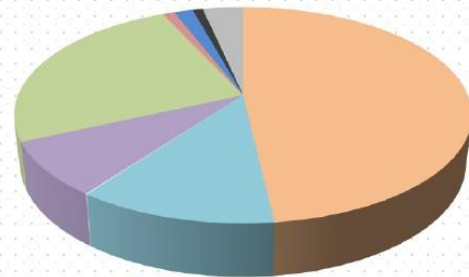
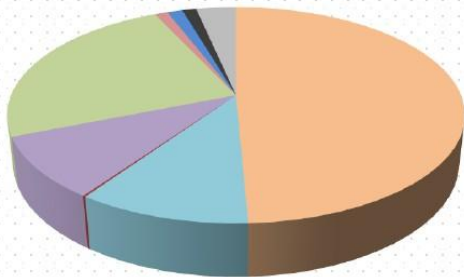
Ministry of Health Base Allocation	\$ 7,640,855	68%
Ministry of Health Pandemic Payments	\$ -	0%
Ministry of Health One Time Payments	\$ 1,248,279	11%
Hospital On-Call Coverage	\$ 466,402	4%
Cancer Care Ontario	\$ 12,600	0%
Other Revenue	\$ 1,658,646	15%
Amortization of Donations and Grants for Equipment	\$ 290,603	3%
Visiting Specialist	\$ 1,946	0%
Total	\$ 11,319,331	

For the year ended March 31

2023

Ministry of Health Base Allocation	\$ 7,475,704	71%
Ministry of Health Pandemic Payments	\$ 618,386	6%
Ministry of Health One Time Payments	\$ 265,470	3%
Hospital On-Call Coverage	\$ 470,974	4%
Cancer Care Ontario	\$ 27,957	0%
Other Revenue	\$ 1,326,419	13%
Amortization of Donations and Grants for Equipment	\$ 290,603	3%
Visiting Specialist	\$ -	0%
Total	\$ 10,475,513	

Expenses



For the year ended March 31

2024

Salaries and Wages	\$ 5,838,919	49.5%
Employee Benefits	\$ 1,219,369	10.3%
Employee Future Benefits	\$ (19,700)	-0.2%
Medical Staff Remuneration	\$ 1,085,561	9.2%
Supplies and Other Expenses	\$ 2,859,311	24.2%
Drugs and Medical Gases	\$ 128,663	1.1%
Medical and Surgical Supplies	\$ 153,299	1.3%
Bad Debts	\$ 140,750	1.2%
Equipment Amortization	\$ 397,584	3.4%
Total	\$ 11,803,756	

For the year ended March 31

2023

Salaries and Wages	\$ 4,998,398	48.2%
Employee Benefits	\$ 1,230,803	11.9%
Employee Future Benefits	\$ (7,400)	-0.1%
Medical Staff Remuneration	\$ 839,275	8.1%
Supplies and Other Expenses	\$ 2,587,563	25.0%
Drugs and Medical Gases	\$ 102,996	1.0%
Medical and Surgical Supplies	\$ 166,746	1.6%
Bad Debts	\$ 88,146	0.9%
Equipment Amortization	\$ 353,677	3.4%
Total	\$ 10,360,204	

Excess of Revenue over Expenses
from Hospital Operations

\$ (484,425)

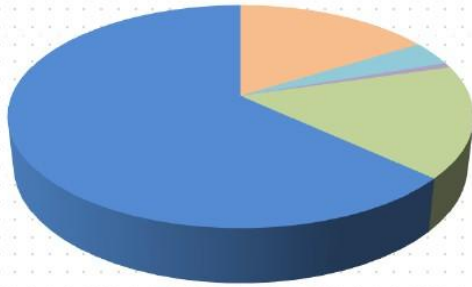
Excess of Revenue over Expenses
from Hospital Operations

\$ 115,309



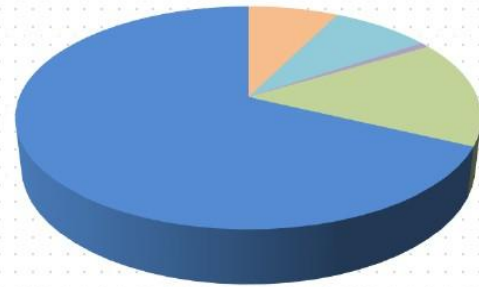
Financial Report, 2023-2024

Assets



For the year ended March 31
2024

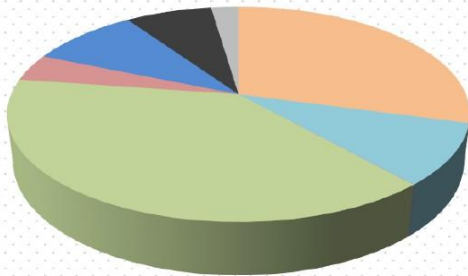
Cash	\$ 3,071,909	16%
Accounts Receivable	\$ 679,342	4%
Inventories	\$ 138,523	1%
Prepaid Expenses	\$ 205,899	1%
Long Term Investments	\$ 2,870,960	15%
Capital Assets	\$ 11,986,228	63%
Total	\$ 18,952,861	



For the year ended March 31
2023

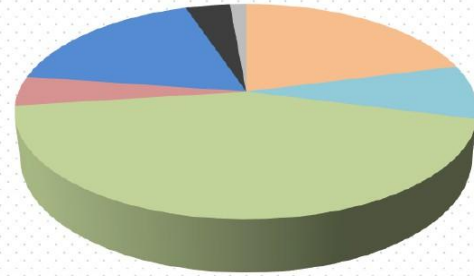
Cash	\$ 1,327,885	7%
Accounts Receivable	\$ 1,466,433	8%
Inventories	\$ 131,811	1%
Prepaid Expenses	\$ 163,647	1%
Long Term Investments	\$ 2,601,142	15%
Capital Assets	\$ 12,101,368	68%
Total	\$ 17,792,286	

Liabilities and Net Assets



For the year ended March 31
2024

Accounts Payable	\$ 5,545,450	29.3%
Bankers' Acceptance	\$ 1,738,095	9.2%
Deferred Contributions	\$ 9,446	0.0%
Deferred Capital Contributions	\$ 7,361,811	38.8%
Post-Employment Benefits Liability	\$ 771,300	4.1%
Invested in Capital Assets	\$ 1,724,554	9.1%
Unrestricted Net Assets	\$ 1,367,449	7.2%
Accumulated Remeasurement Gains	\$ 434,756	2.3%
Total	\$ 18,952,861	



For the year ended March 31
2023

Accounts Payable	\$ 3,722,659	20.9%
Bankers' Acceptance	\$ 1,443,921	8.1%
Deferred Contributions	\$ 3,305	0.0%
Deferred Capital Contributions	\$ 7,799,276	43.8%
Post-Employment Benefits Liability	\$ 791,000	4.4%
Invested in Capital Assets	\$ 3,130,324	17.6%
Unrestricted Net Assets	\$ 657,117	3.7%
Accumulated Remeasurement Gains	\$ 244,684	1.4%
Total	\$ 17,792,286	



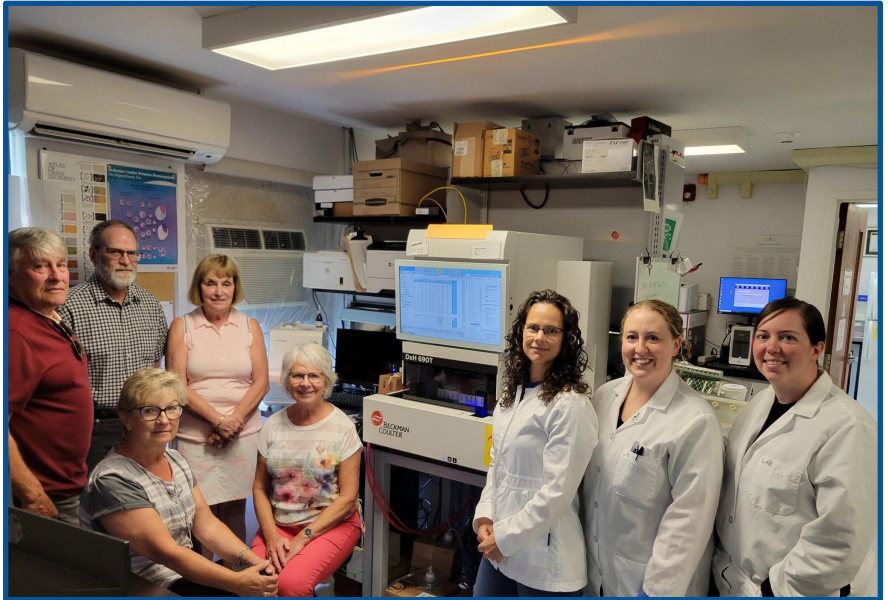
2023-2024 RLMCMH Foundation Report

The Red Lake Margaret Cochenour Hospital Foundation continued in its mission to raise funds for the needs of the Red Lake Hospital.

Our Goals in 2023-2024:

Cardiac Monitoring Equipment:

The RLMCHF and the Red Lake MCMH Auxiliary made a joint commitment to donate \$180,000 for the purchase of new cardiac monitoring equipment for the acute care and emergency departments. Owing to the generosity of many businesses and individuals, each organization raised the \$90,000 to be put toward the purchase of the equipment. The cardiac monitoring system was approved and ordered in March 2024 for delivery in the new fiscal year.



Recruitment Incentives for Healthcare Professionals:

The Foundation undertook a new initiative designed to help address the

serious shortage of healthcare personnel. The Foundation has committed to providing incentive grants of \$15,000 to three new recruits each fiscal year. The grants are paid over two years for return-of-service agreement. Two first-year grants were given to Registered Nurses in 2023-2024.

Our Fundraising Activities:

Annual Charity Golf Tournament and Auction: Twenty-five teams joined the 2023 annual charity golf tournament for two days of fun and fundraising. Our sponsors generously donated over \$90,000 plus many auction items that raised more than \$20,000. The net proceeds of \$124,537 ensured that goal for 2023 was met, with surplus funds to be used for the purchase of laboratory equipment in 2025.

Red Lake Legion Meat Draw: The Foundation was grateful to be the community partner for the Legion Meat Draws in July, receiving \$2,682 in proceeds.

Split the Pot Lottery and RLMCHF: The Foundation signed on as a partner with the Grand River Hospital Foundation in the province-wide Split-the-Pot lottery for hospitals/foundations. The first lottery was held in January-February 2024 and netted \$5,516.15 for the RLMCHF.

Tim Hortons 'Smile Cookie' Campaign, May 1-7, 2023: Foundation and Auxiliary members partnered to decorate and package cookies for one week in May. The community met the challenge and purchased \$10,629 worth of 'Smile cookies'. The Foundation would like to thank Ron Parks and Donna Williams for choosing this organization to be the beneficiary of the Smile Cookie campaign for the past several years.

2023-2024 RLMCMH Foundation Report

Cash Lottery: The community support of the \$15,000 Cash Lottery resulted in net proceeds of \$6815. The winning tickets were drawn on February 19th, 2024, with \$10,000 to the first winner, \$3,000 to the second and \$2,000 to the third winner.

Red Lake Miners, Pink the Rink: The Red Lake Miners Hockey team sponsored a silent auction of players' jerseys on February 19, 2024, and presented a cheque for \$4,000 donation to the Foundation on April 11th, to be used for essential laboratory equipment.



In Memoriam Donations, Canada Helps and Miscellaneous donations: over \$5,000 was donated to the Foundation 'in memoriam'. The Foundation gratefully acknowledges the families of the deceased who designated the Foundation as their charity of choice, and the people who honored the passing of loved ones with a donation. The Foundation also thanks the many people who donate through Canada Helps and those businesses and individuals who make the Foundation their charity of choice. Every donation is gratefully received.

Our Partners:

The Foundation gratefully acknowledges our partners: the RLMCMH Auxiliary, the business community of Red Lake and beyond, the many individuals who support Foundation appeals and events throughout the year. This is a community that works together to ensure continued vibrant healthcare services at the Red Lake Margaret Cochenour Memorial Hospital.

Angela Bishop

RLMCH Foundation Board Chair

2023-2024 RLMCMH Auxiliary Report

First, I would like to commend Toots Everley on her exemplary performance as President of the RLMCMH Auxiliary for the past 23 plus years and to Murielle Goodwillie for her exemplary performance as the RLMCMH Auxiliary Secretary! Although they have stepped down from executive duties, they will continue to be active participants and members of this auxiliary. Voted in for President – Mercedes Hopf, and Secretary - Margie Grand, continuing as Auxiliary Treasurer will be Cindy Moncrief. We will strive to meet the high standards set before us.

The Auxiliary now has 36 active volunteer members. Our main projects to raise funds are the following:

Catch-the-Ace: Managed by Karen Imrie and assisted by our volunteers. Sales \$20,942.41.

Nevada ticket sales: Managed by Lucy Cianci and supported by Mitchells Midtown (Donna Rogowsky) by allowing the use of the store and employees to distribute tickets and hold Catch-the-Ace draws. Sales \$3,195.64.

Craft/Trade Show: Managed by Margie Grand and assisted by our volunteers brought in \$5,506.05.

Ear Falls Fish Fry: Managed by Darlene Coulson and assisted by our volunteers brought in \$1,267.72.

Christmas Cake Sales: Managed by Murielle Goodwillie and Darlene Coulson raised \$2,307.46.

Tag Days/Round up Days: Managed by our volunteers raised \$3,540.20.

In Memoriam Donations were \$4,405.00; GIC funds in reserve for Hospital wish list \$72,687.95.



There were several events held either by the Auxiliary or allowing the Auxiliary to participate in raising funds. A very successful event was the Strawberry Tea held at the Super 8 and managed by Toots Everley! This was months in the making and despite some technical bumps the community endorsed it as a raving success! The contribution from this event is \$1,935.00!

The pancake breakfast the Auxiliary catered for the Winter Carnival was moved from a Saturday to a Sunday and still resulted in achieving \$1,720.00. Also, NGI Open House selected the Auxiliary as the caterers for the BBQ of which Phil Poje and Brian from hospital maintenance brought down and picked up the supplies; and from the Hospital Foundation – Don Coghill, John Frostiak and Roger Cormier – assisted as BBQ Chef's.

This event brought in \$1,677.25 despite two other events running at the same time. Again, this year we were able to utilize all our volunteers to participate in the Hospital Foundations Smile Cookie event at Tim Horton's establishment, all funds went to the Hospital Foundation. Lindsay Anaka, bless his heart, still maintains all vending machine duties and this year has the assistance of Toots Everley!

2023-2024 RLMCMH Auxiliary Report

The Auxiliary were happy to celebrate Nurse's Week by delivering a large gift basket to the nurse's lounge at the hospital.

The Auxiliary received eight applications for the two bursaries that we administer, and these have been paid out (\$1,000.00 each) and forward with letters of congratulations and continued success.

The flower gardens outside the hospital were continually commented on by the public and staff as to how uplifting they were. The Auxiliary received many donations toward this endeavor, and we greatly appreciate not only the donations but being able to contribute the time and effort!

Thank you to the many vendors for donations and support toward the Hospital Auxiliary in raising funds towards much needed hospital equipment and sundries not covered by any other organization. To name a few; Mitchells Midtown; Francophone Association; Lac Seul Walleye Cup; Second Chance Thrift Store; Ear Falls Venue (Flea Market); Red Lake IGA; Balmertown Food Fare; Chukuni River Greenhouse; NGI; KD Groceries; Red Lake Legion #102; Red Lake Timber Mart; Red Lake Home Hardware; Angela Feigl; Forever Green Florist; the Hospital Auxiliary members; all private individuals that have donated time, energy, and effort to make this Auxiliary successful!

To the Red Lake Margaret Cochenour Memorial Hospital we appreciate the opportunity to assist in your endeavors toward a healthy and happy community!

February 24, 2024, is the 50th year anniversary of the Auxiliary and we are planning a small celebration recognizing our donors, volunteers, and the community in the fall. Plans have not been finalized yet but expect to hear more about this soon! Wow, 50 years for our small community! What an achievement!



Mercedes Hopf

RLMCMH Auxiliary President






Red Lake Margaret Cochenour Memorial Hospital

*For any communication and media releases,
please contact.*

 Sumeet Kumar, President and CEO

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