



ST. JOSEPH'S CARE GROUP



# ANNUAL 2013/2014 REPORT

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Carina Barrie, Nurse Practitioner, May Matson, Client,  
Helen Kroeker, Nurse Practitioner

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# MISSION, VISION & Core Values

## MISSION

St. Joseph's Care Group is a Catholic organization that identifies and responds to the unmet needs of the people of Northwestern Ontario, as a way of continuing the healing mission of Jesus in the tradition of the Sisters of St. Joseph of Sault Ste. Marie.

## VISION

A leader in client-centred care.

## CORE VALUES

- Care** St. Joseph's Care Group will provide quality care for our clients' body, mind and spirit in a trusting environment that embraces diversity.
- Compassion** St. Joseph's Care Group will demonstrate dignity and respect for those in need, accepting people as they are, to foster healing and wholeness.
- Commitment** St. Joseph's Care Group is committed to our community, the people we serve, the people we employ, and our faith-based mission through a continued pursuit of excellence.

## CARE, COMPASSION & Commitment

St. Joseph's Care Group is committed to providing compassionate, holistic, safe and client-centred care to our clients.

We are recognized as an employer of choice through our dedicated efforts of caring for the health, well-being, and development of our people.

With eight sites in Thunder Bay, our regional program areas include: Addictions & Mental Health, Rehabilitative Care & Chronic Disease Management, and Seniors' Health.

We are an organization that reaches across the Northwest region, encompassing 47% of the Province of Ontario; a service area of over 458,000 square kilometers, extending from White River in the East, to Kenora in the West, and to Hudson Bay in the North.

Our vast service area and culturally diverse client population includes many remote and isolated communities, where availability and access to quality health services is a challenge.



## SJCG Thunder Bay Sites



- A St. Joseph's Hospital** (Corporate Office)  
REHABILITATIVE CARE  
CHRONIC DISEASE MANAGEMENT
- B Balmoral Centre**  
WITHDRAWAL MANAGEMENT
- C Behavioural Sciences Centre**  
EMPLOYER SUPPORT &  
ASSESSMENT SERVICES
- D Hogarth Riverview Manor**  
LONG-TERM CARE  
SISTER LEILA GRECO APARTMENTS
- E Lakehead Psychiatric Hospital**  
MENTAL HEALTH SERVICES
- F Sister Margaret Smith Centre**  
MENTAL HEALTH, ADDICTION &  
PROBLEM GAMBLING PROGRAMS
- G St. Joseph's Health Centre**  
OUTPATIENT MENTAL HEALTH  
& ADDICTIONS
- H St. Joseph's Heritage**  
THE MANOR HOUSE ADULT DAY PROGRAM  
BETHAMMI NURSING HOME  
DIABETES HEALTH THUNDER BAY  
PR COOK APARTMENTS  
ST. JOSEPH'S FOUNDATION

## FAST FACTS About SJCG

# 61.5%

Participation in our **EMPLOYEE SATISFACTION** Survey – an increase of 18%

# 130

Years of Care, Compassion and Commitment to the citizens of **NORTHWESTERN ONTARIO**

# 140 MILLION

**OUR ANNUAL BUDGET**

# 100%

SJCG met 100% of Required Organizational Practices to earn Accreditation with Exemplary Status

# \$80,000

A **RECORD CONTRIBUTION** by the Auxiliary to St. Joseph's Care Group in 2013

# 24

**SJCG VOLUNTEERS** received Ontario Volunteer Service Awards in 2013

## BOARD CHAIR and President & CEO Message

As we enter the third year of our Strategic Plan, we take this opportunity to reflect back over the past year to celebrate our successes and highlight the significant progress made.

### Achieving Excellence

St. Joseph's Care Group (SJCG) received Accreditation with Exemplary Standing from Accreditation Canada in August. We are very proud of this accomplishment. Achieving the highest level of accreditation truly recognizes the consistent and extraordinary efforts of our staff, physicians and volunteers as they serve our clients. We are most appreciative of this honour and welcome the challenge of maintaining this very high standard in the future.

SJCG was awarded a Silver 2013 Quality Healthcare Workplace Award at the Ontario Hospital Association's HealthAchieve Conference in Toronto in November. The Quality Healthcare Workplace Award is designed to encourage progressive self-evaluation, learning and improvement. This is the third consecutive year we have received an award, which is notable, considering the standards of each award level continue to rise each year.

Last fall we engaged our staff to provide feedback through an Employee Satisfaction Survey. The overall response was extremely positive. More than 60% of our people participated in the survey this year, providing valuable feedback and information on what's working well at SJCG, and where we need to improve. We improved our scores from 2011 in most areas and rated higher than the Ontario Hospital Association average in almost every category. SJCG is committed to continuous quality improvement. This survey is a valuable tool we use to celebrate what we do well, and to identify areas where we can do better.

### Collaboration & Partnerships

The issue of alternate level of care (ALC) is a challenge to everyone in healthcare. As a system partner, we believe in the importance of working collaboratively with Thunder Bay Regional Health Sciences Centre, the North West Community Care Access Centre and the North West Local Health Integration Network (LHIN) to resolve the issues of flow throughout the system. We are all committed to providing the appropriate level of care for clients, and we extend our thanks to our partners for the spirit of cooperation that prevails as we work together to resolve this issue.



**Gary Johnson**  
Chair, Board of Directors



**Tracy Buckler**  
President & Chief Executive Officer

## Capital Projects

In September, we celebrated the opening of a renovated Hospice Palliative Care Unit at St. Joseph's Hospital. The program space has been physically transformed and now matches the emotional warmth and caring of this very special place. This transformation was made possible by St. Joseph's Foundation, the organizing committee (in particular, the two co-chairs Karin Sitko and Clint Harris), and the many members of our community who made donations to the Hospice Palliative Care Campaign. It is indeed gratifying that the public recognized this need, and provided the means for quality change to take place.

Phase 1 of the Centre of Excellence for Integrated Seniors' Services (CEISS) was the construction of our 132-unit supportive housing building, the Sister Leila Greco Apartments (SLGA), which is now complete and fully occupied.

Construction continues on Phase 2 of CEISS – a 416-bed long-term care home addition which will provide a state-of-the-art yet homelike, safe and comfortable environment for residents. It is with pride and anticipation that we look forward to its completion in the fall of 2015.

A physical connection between SLGA and the new long-term care addition is expected to open at the same time. This component of the project, The Link, will house services for residents and tenants, and potentially for the surrounding neighbourhood and community.

Connecting the buildings in this way provides a common area that is easily accessible to residents and tenants, and encourages socialization and engagement – so important to a quality life experience. Development of The Link is in the final planning stages and is the result of a community partnership between SJCG and the private sector.

## Appreciation

The Board of Directors and Leadership Team recognize the financial contribution of St. Joseph's Foundation of Thunder Bay and the Auxiliary to St. Joseph's Care Group. In spite of the challenges of ongoing construction and access to some of our sites due to capital project expansion and redevelopment, the Auxiliary to St. Joseph's Care Group made a record contribution of \$80,000 this year.

We are grateful to our staff, physicians, management team, and our nearly 500 volunteers for their continued commitment and support to client-centred care. The work they do each day is the reason why our clients continue to receive the excellent care for which the Care Group is known.

Our thanks go out to our Board of Directors and Leadership Team, whose dedication and expertise have guided our progress during the past year. Their commitment to client-centred care is unequivocal. On their behalf, we also thank the Catholic Health Corporation of Ontario for its unfailing support of our efforts.

Leading the way with Care, Compassion & Commitment, we look forward to further meeting the unmet healthcare needs of the people of Northwestern Ontario, proudly continuing in the 130-year tradition of The Sisters of St. Joseph of Sault Ste. Marie.



**Gary Johnson**  
*Chair, Board of Directors*



**Tracy Buckler**  
*President & CEO*



# CHCO Report



Statue of St. Joseph on the grounds of St. Joseph's Heritage.

The 16 organizations that comprise the Catholic Health Corporation of Ontario (CHCO) Family offer a diverse range of programs across the healthcare continuum, serving residents of 10 communities in Ontario. Our common bond is the founding congregations of religious women who had the foresight and commitment to create each of these organizations, responding to an identified need, often times when resources were not abundant and when there were limited options for those needing care.

We are often asked: What is Catholic healthcare today? As Sponsor of these 16 organizations, CHCO has a responsibility to ensure the Founding Sisters' legacy of the healing ministry of Jesus continues in times of change. This includes high quality care delivered through leading practice, identifying service gaps and offering new services to those most in need, caring for the whole person (body, mind, spirit), prudent use of resources, and strong governance and leadership.

As CHCO strives to achieve its vision of being a relevant and supportive Sponsor, we are building relationships with Catholic Sponsors across Canada, and sharing tools and leading practices. We have many opportunities to cultivate leadership within our Family, from sharing expertise, know-how, and successes that can be spread amongst organizations, to helping out an organizational Family member in a time of need.

The Founding Sisters were innovators, and we need to follow their example as our healthcare system changes. Collectively, we are a strong and sustainable footprint of Catholic healthcare across Ontario. We are called upon to lead, collaborate, innovate and influence to improve healthcare and service where the needs are greatest, especially for the poor, vulnerable and marginalized.

We are proud to have St. Joseph's Care Group as a member of the CHCO Family!

Kindest regards,

**Lil Bergamo**  
*Board Chair*

**Barbara Apadoni**  
*CHCO Designate for St. Joseph's Care Group*

## AUXILIARY Report

The Auxiliary to St. Joseph's Care Group has served St. Joseph's Care Group for 119 years. We number 178 members, with about 80 active members.

Last year's fundraising events included raffles, bake sales, penny auctions, Christmas Bazaar, spaghetti dinners, to name a few. We operate a Gift Shop and sell Nevada tickets at St. Joseph's Hospital, and run a Gift Shop at Hogarth Riverview Manor. When construction of the new CEISS building is complete, we will have a Gift Shop there as well. Our largest fundraiser was the ANGELS OF LIGHT CAMPAIGN under the leadership of Mary-Alice Isaac and committee. This event raised \$12,800. Our donation to St. Joseph's Foundation this year was \$80,000.

The Auxiliary presented two bursaries of \$500 each to nursing students at Confederation College and Lakehead University. We hand-make 325 greeting cards for client and resident dinner trays at St. Joseph's Hospital and Hogarth Riverview Manor for six holidays throughout the year.

Maria Bilyk, a member of our Auxiliary for 65 years, was honoured by the Province of Ontario with the Ontario Senior Achievement Award. The province selects 20 seniors over 65 years of age who have made significant contributions to their community for this prestigious award. Maria continues to serve on nine different boards and community groups. Congratulations, Maria.

Joyce Bonden was nominated by the Auxiliary and received the Spirit of Thunder Bay Award for 2014, for her 15 plus years of volunteering in Thunder Bay. I was personally honoured to receive the Spirit of Thunder Bay Award in 2013.

The Executive Board and members of the Auxiliary extend our thanks to the Board of Directors and to President and CEO, Tracy Buckler, for their continued support of our activities and projects.

Each year brings new challenges. We are in the process of reorganizing and redefining our role in the next three years. This is an exciting time as we look to the future and the service the Auxiliary will provide.

Respectfully submitted,



**Susan Tennier**

*Auxiliary Board Representative*





# CHIEF OF STAFF

## Report



**Geoffrey Davis, MD**  
Chief of Staff

The Medical Advisory Committee (MAC) has met on a regular basis throughout the year and reported to the Board and Professional Staff at their regular meetings. The MAC is indebted to the physician advisors: Dr. Lois Hutchinson, Mental Health and Addictions, Dr. John Hargadon, Physical Rehabilitation, Dr. Trevor Bon, Complex Care, Dr. David Johnson, Hogarth Riverview Manor, and Dr. Jonathon Koo, Bethammi Nursing Home. These leaders continue to play key roles as we move forward with our challenges.

Dr. Norman Bone has retired after many years as Physician Advisor, Bethammi Nursing Home. We extend many thanks for his compassion and commitment to the residents he served at Bethammi.

Construction of the Centre of Excellence for Integrated Seniors' Services is on schedule and we are reorganizing the delivery of many of the Professional Staff teams in long-term care, mental health and complex care to better meet client needs. We look forward to a more integrated program of geriatrics and psychiatric care, as well as primary care in the long-term care sector.

With our aging population and the increased complexity of the delivery of healthcare, we are indeed challenged in providing care in a timely fashion. Professional Staff working at St. Joseph's Care Group are indebted to the Leadership Team and the Board for the support they have received and for the vision and guidance they continue to provide.

Meeting the healthcare needs of the people of Northwestern Ontario by providing timely, accessible and effective interventions continues to be a goal for which we strive on a daily basis. We continue to identify and respond to the unmet needs of our region and provide compassionate and holistic care to the people of Northwestern Ontario.

The Medical Advisory Committee wishes to acknowledge and thank Arlene Currie for her support to MAC and the Medical Staff Office.

A handwritten signature in black ink, appearing to read 'G. Davis'.

**Geoffrey Davis, MD**  
Chief of Staff

## STRATEGIC Enablers

Our Strategic Enablers are core to SJCG operations and critical to supporting the organization's success. Progress on our four strategic priorities could not be accomplished without them:

### Our People

St. Joseph's Care Group will be recognized as an employer of choice through our efforts to demonstrate caring for the health, well-being and development of our people.

### Infrastructure

St. Joseph's Care Group will establish infrastructure that ensures client care is supported through the physical environment, information systems and financial sustainability.

### Communication

St. Joseph's Care Group will communicate with the public, our partners, staff, and volunteers, particularly in relation to our programs and services.



Nutrition and Food Service staff preparing meals for clients at St. Joseph's Hospital.

# WHY WE DO WHAT WE DO

## A Focus on Client-Centred Care

Client-Centred Care, one of St. Joseph Care Group's (SJCG) four strategic priorities, is interwoven into everything we do. Last year we developed a Model of Care to guide us on our journey towards client-centred care.

### The Model states:

Client-centred care is a commitment to improving the client experience by providing compassionate and respectful care and service that acknowledges each client's individual needs and preferences. Clients and families (including friends and other caregivers) work with care providers to make decisions about care and have opportunities to help make improvements to programs and services. Client-centred care is visible through the following elements:

- Client & Family Engagement
- Organizational Leadership
- Dignity & Respect
- Quality Care & Improvement

The benefits of client and family engagement are so significant that a Client and Family Council has been formed to ensure inclusiveness, as well as create the opportunity for ongoing constructive feedback and continuous quality improvement.

Northwestern Ontario is vast. Reaching out to clients in remote areas presents extreme challenges. Through videoconferencing, the Client and Family Council membership will include and help represent the diverse population we serve throughout the region.

The Council will be a forum to further support our Client-Centred Care priority and will be instrumental in helping to guide the direction and implementation of many initiatives currently being developed. As we move into this next year of our strategic plan, our focus remains on providing client-centred care that best serves the needs of each individual client – in body, mind and spirit.



The Regional Wound Team provides specialized care through telemedicine visits with clients throughout the Northwest region.



**Everyone within our organization has a role to play to ensure we are providing client-centred care.**



**Pat Hupka**, Tenant  
Sister Leila Greco Apartments

Another component of providing client-centred care is the creation of the SJCG's Diversity Committee, which has been tasked with developing and implementing a corporate Diversity Plan. Two working groups report to the committee, the Aboriginal Health Working Group and the French Language Services Working Group.

These two working groups will focus on the specific needs of their target populations to ensure we provide a culturally-safe and welcoming environment.

The committee's overall mandate is to create a corporate-wide environment that promotes fair and equitable access to programs and services for all people, and is culturally safe and welcoming.

Everyone within our organization has a role to play to ensure we are providing client-centred care. There is much work to be done – but we have made significant and substantial progress this past year.

# 4

## STRATEGIC PRIORITIES

# RESPONSIVE AND INNOVATIVE

## Mental Health & Addictions Update



**Our focus is on connection, not isolation, with an emphasis on rehabilitation – supporting persons with mental health issues and helping them transition back to the community.**

### Withdrawal Management Program at Balmoral Centre

It's been a full year since the enhancement of withdrawal management services at Balmoral Centre. This two-year pilot project was designed to increase access to services and the level of care provided to clients with the addition of Registered Practical Nurses to the current staffing complement.

To date, we have met and/or exceeded service targets and demonstrated an increase of 43% in the number of clients served. In collaboration with community partners, we have developed new pathways and care protocols to improve health outcomes for clients – such as the direct transfers of clients from the Thunder Bay Regional Health Sciences Centre's Adult Mental Health program to Balmoral Centre for stabilization and engagement in services.

We are sincerely grateful for the support that this project has received from our community partners.

### U-Turn

In partnership with Thunder Bay Counselling Centre and Children's Centre Thunder Bay, St. Joseph's Care Group (SJCG) launched U-TURN.

Previously known as the Integrated Youth Services Network, U-TURN uses Instagram, Facebook and Twitter to help youth struggling with mental health and/or addictions access free counselling, advice, support and information to address a range of issues, in a safe environment.

Staff recognized that traditional methods of reaching youth were no longer working. Youth, and especially at-risk youth, tend to have difficulty opening up, expressing their feelings or asking for help. By harnessing the power of social media, U-TURN speaks to youth in their own language, with a collective message: "If you are ready to talk, we are ready to listen."

### Specialized Mental Health Rehabilitation Program (SMHRP)

With construction of the new mental health rehabilitation wing at St. Joseph's Hospital expected to start soon, SJCG has been implementing change within to align with this new model of care.





The 38-bed SMHRP heralds a new era of integrating mental health and addictions treatment into mainstream healthcare. The East Wing is designed to serve people with serious mental illness and co-existing issues – including substance use and developmental issues, dual disorders and/or geriatric psychiatric illness.

Our focus is on connection, not isolation, with an emphasis on rehabilitation – supporting persons with mental health issues and helping them transition back to the community.

That means providing the appropriate level of care in the community, and ensuring client flow throughout the system. Working closely with community partners, SJCG strives to ensure that the appropriate supports are in place when a client is ready for discharge.

Availability of supportive housing is an important piece of the transition process. We provide high and medium mental health support to clients in the community at six locations in Thunder Bay. Our newest home opened in February 2014. It is an accessible, purpose-built home, able to accommodate clients with physical limitations.

RPN **Sylvie Muller** helps client **Ron Turpin** in the kitchen. Supportive housing gives clients independence while providing assistance to live successfully in the community.

# 43%

**INCREASE IN  
NUMBER OF  
CLIENTS SERVED  
AT BALMORAL CENTRE**



# COACHING & EMPOWERING

## Chronic Disease

For several years, there has been a steady shift in how we provide care to clients living with a chronic disease. Healthcare clinicians are no longer in charge of care; instead, they are becoming coaches – teaching clients how to self-manage their disease or chronic health condition.

Living with a life-limiting illness can often make one feel powerless. Equipping clients with strategies to effectively manage their disease empowers them to take charge of their individual care and treatment programs.

This shift in approach aligns with our strategic priorities of Client-Centred Care and Chronic Disease, and highlights the partnership between healthcare provider and client. St. Joseph's Care Group (SJCG) recognizes that client self-knowledge is vital to the successful management of chronic conditions.

We are committed to making sure our staff members are knowledgeable and familiar with self-management fundamentals. Following chronic disease self-management principles developed by Stanford University, we recently completed an education initiative for an additional 150 healthcare professionals, providing techniques to help them implement these strategies with their clients.

The initial emphasis has been on brief action planning, a straightforward process that ensures clients guide their own care. An action plan is developed with the clinician's assistance, attainable goals are formulated, and follow-up is provided to support confidence-building.



Diabetes Dietitian Clinician  
**Mary Beth Lawrence** with client  
**Kaitlyn Skinner**. Dietitian Clinicians  
empower clients through support  
and education so they can  
effectively manage their diabetes.



**Healthcare clinicians are no longer in charge of care; instead, they are becoming coaches – teaching clients how to self-manage their disease or chronic health condition.**



The concept of self-management has been very well-received by clients, and has led to a new goal for SJCG – to expand the reach of self-management techniques to mental health clients and clients in long-term care. A steering committee has been formed and has developed a self-management action plan for the Care Group, exploring how we can move forward and possibly extend the reach of self-management, possibly by playing a larger role in the prevention of some chronic diseases.

Better disease self-management results in overall better health – which can mean less time spent in hospital and better quality of life for our clients.

Registered Respiratory Therapist **Jennifer Woodbeck** works with client **David Seguin**. People living with Chronic Obstructive Pulmonary Disease (COPD) can find information and support to minimize the impact of this life-limiting disease by attending the COPD Education Clinic.

# 150

**HEALTHCARE PROFESSIONALS  
COMPLETED OUR NEW  
EDUCATION INITIATIVE**

# MAINTAINING QUALITY OF LIFE

## Advancement in Seniors' Care



A resident of Hogarth Riverview Manor enjoys the tranquility at Timber Hall.

Seniors' care at St. Joseph's Care Group (SJCG) has undergone transformation and advancement this past year.

One important internal change is that programs and services for seniors are now aligned under one management portfolio, overseen by Meaghan Sharp, Vice President, Seniors' Health and Chief Nursing Executive. In doing so, we have made it easier for seniors and their families to navigate the healthcare system.

As the regional system lead for Behavioural Supports Ontario (BSO), SJCG has been actively involved in the treatment of responsive behaviours in seniors.

We recognized an immediate need to manage and support these clients, which led to the opening of an interim Behavioural Support Unit at Hogarth Riverview Manor (HRM) this past year.

The first client was admitted to the program in August 2013. The transitional treatment and stabilization unit is for residents eligible for long-term care who have cognitive impairments due to mental health and addictions, dementia, or other neurological conditions, and who exhibit responsive behaviours.

The interprofessional team at HRM works collaboratively to assess client needs in order to enhance or improve quality of life through the reduction or stabilization of responsive behaviours.

**■ ■ We recognized an immediate need to manage and support these clients, which led to the opening of an interim Behavioural Support Unit at Hogarth Riverview Manor (HRM) this past year.**



Client **May Matson** greets a Nurse Practitioner at the door. Nurse Practitioners visit seniors in their homes to help them stay as independent as possible.

The Behavioural Support Unit currently can accommodate up to 24 clients. It will increase to 64 beds once the Centre of Excellence for Integrated Seniors' Services (CEISS) Project is completed. The CEISS Project is broken down into three phases. Phase 1 – construction of the Sister Leila Greco Apartments, 132-supportive housing units for seniors – is complete. Phase 2, the 416-bed addition to HRM is well underway. And Phase 3 – the expansion of the existing home areas at HRM to accommodate 128 residents – is expected to start in the fall of 2015.

Last fall, we also launched the BSO Long-Term Care Mobile Outreach Team of personal support workers and therapeutic recreationists with specialized skills and training specific to responsive behaviours. Team members work with all long-term care homes in Thunder Bay to provide non-pharmacological strategies for responsive behaviours to improve the quality of life for clients and their families.

# 132

**SUPPORTIVE HOUSING  
UNITS COMPLETED AT  
SISTER LEILA GRECO APARTMENTS**

# CAPITAL PROJECTS UPDATE

## Progress Report

### East Wing, St. Joseph's Hospital

The lengthy process of design, development and approvals for this major capital project continues.

The East Wing at St. Joseph's Hospital will be home to our 38-bed Specialized Mental Health Rehabilitation Program (SMHRP). The design is the result of a close collaboration with architects, user groups and healthcare staff, and has been fine-tuned to be functional and aligned to the needs of our clients as they embark upon the challenging journey of mental health rehabilitation.

The Master Plan, the Functional Plan, and a number of other phases have been approved. We look forward to final approval from the Ministry of Health & Long-Term Care to begin the tendering process, which will eventually lead to the start of actual construction on this important project.

### Hogarth Riverview Manor Addition – CEISS Phase 2

This \$83.5 million, 262,000 square foot project will be one of the largest long-term care homes in Ontario, and will replace outdated facilities that no longer meet provincial standards.

The building will have 13 separate resident home areas, each with 32 resident rooms and each with its own living, dining and activity areas, providing comfort, safety and opportunities for socialization.

The anticipated completion date of Phase 2 of the Centre of Excellence for Integrated Seniors' Services (CEISS) is fall 2015. Then we will begin Phase 3 – the expansion of Hogarth Riverview Manor's four existing 24-bed units, to four units of 32 beds each. The projected budget for the 20,000 square foot Phase 3 expansion is \$9.7 million.

Common services, such as kitchen, laundry, maintenance will be provided from Hogarth Riverview Manor with some expansion and renovation to existing facilities. These efficiencies and use of existing resources will contribute to savings.

The completion of the CEISS project is eagerly anticipated. We are grateful to the Ministry of Health & Long-Term Care and the North West Local Health Integration Network (LHIN) for recognizing the importance of these projects to improve the physical environment for our seniors, and for providing the financial support to make our Centre of Excellence for seniors a reality.



Architectural drawing of Hogarth Riverview Manor addition, provided by FORM Architecture Engineering and Montgomery Sisam Architects Inc.





**This \$83.5 million, 262,000 square foot project will be one of the largest long-term care homes in Ontario.**

**Scott Anttonen**  
Project Manager, Turner Townsend

**Scott Potts**, Vice President, Infrastructure & Planning and Chief Financial Officer

**Tracy Buckler**, President & Chief Executive Officer

Work is well underway on Phase 2 of the Centre of Excellence for Integrated Seniors' Services. The 416-bed long-term care home is expected to open in the fall of 2015.



# LEADERSHIP Team



L to R: Kathleen Lynch, Meaghan Sharp, Janet Sillman, Scott Potts, Tracy Buckler and Myrna Holman.

|                |  |
|----------------|--|
| Tracy Buckler  | <b>PRESIDENT &amp; CHIEF EXECUTIVE OFFICER</b>                                   |
| Myrna Holman   | <b>VICE PRESIDENT, PEOPLE, MISSION &amp; VALUES</b>                              |
| Brook Latimer  | <b>DIRECTOR, COMMUNICATIONS &amp; ENGAGEMENT</b>                                 |
| Kathleen Lynch | <b>VICE PRESIDENT, REHABILITATIVE CARE &amp; CHRONIC DISEASE MANAGEMENT</b>      |
| Scott Potts    | <b>VICE PRESIDENT, INFRASTRUCTURE &amp; PLANNING AND CHIEF FINANCIAL OFFICER</b> |
| Meaghan Sharp  | <b>VICE PRESIDENT, SENIORS' HEALTH &amp; CHIEF NURSING EXECUTIVE</b>             |
| Janet Sillman  | <b>VICE PRESIDENT, ADDICTIONS &amp; MENTAL HEALTH</b>                            |

## MISSION Moments

"I have lived at PR Cook Apartments for over 25 years. I love the activities offered here and the volunteering that I do. It keeps me busy and there is always something to look forward to."

**JUDY SOLTYS**  
Resident, PR Cook Apartments

"As a staff member of St. Joseph's Care Group, I am proud to work alongside colleagues who go beyond their regular duties in order to meet clients' needs and preferences."

**JOY KOLIC**  
Registered Nurse

"Staff have a difficult job but it's a simple smile from them that means a lot to us residents. There are a lot of smiles here at Hogarth Riverview Manor."

**PEGGY WHYTE**  
Resident, Hogarth Riverview Manor

## 2013/2014 Board Of Directors

|                    |  |
|--------------------|--|
| Gary Johnson       | <b>CHAIR</b>                                       |
| Linda Pauluik      | <b>VICE CHAIR</b>                                  |
| Ray Halverson      | <b>PAST CHAIR</b>                                  |
| Linda Pauluik      | <b>TREASURER</b>                                   |
| Tracy Buckler      | <b>PRESIDENT &amp; CHIEF<br/>EXECUTIVE OFFICER</b> |
| Dr. Geoff Davis    | <b>CHIEF OF STAFF</b>                              |
| Meaghan Sharp      | <b>CHIEF NURSING<br/>EXECUTIVE</b>                 |
| Dr. Suzanne Allain | <b>PRESIDENT OF<br/>MEDICAL STAFF</b>              |

|                     |   |
|---------------------|---|
| Brian McKinnon      | <b>CITY COUNCIL<br/>REPRESENTATIVE</b>  |
| Susan Tennier       | <b>REPRESENTATIVE OF THE<br/>AUXILIARY TO SJCG</b>                              |
| Sr. Dolores Turgeon | <b>REPRESENTATIVES OF THE<br/>SISTERS OF ST. JOSEPH OF<br/>SAULT STE. MARIE</b> |
| Sr. Alice Greer     |   |
| Barb Spadoni        | <b>REPRESENTATIVE OF<br/>THE CHCO</b>   |
| Bishop Fred Colli   | <b>BISHOP</b>   |
| Daryle Martin       | <b>REPRESENTATIVE OF<br/>ST. JOSEPH'S FOUNDATION<br/>OF THUNDER BAY</b>         |

### MEMBERS

Maureen Brophy  
Brian Collins  
Grace Martineau  
Terry-Lynn Miettinen

### HONOURARY MEMBERS

Ruth Callon  
Don Caron  
Guy O'Brien  
Dick O'Donnell



2013/2014 Board of Directors  
at St. Joseph's Care Group.

# A HISTORY OF CARE, COMPASSION & COMMITMENT

**1881** Five Sisters of St. Joseph arrive at Prince Arthur's Landing to teach and to provide spiritual support in the parish.

This role quickly expanded to caring for those who were disease ridden (typhoid), ill or injured, common occurrences in the frontier town.

**1884** Prince Arthur's Landing is formally recognized as a town, and renamed Port Arthur.

**1884** Newly constructed classrooms in the Sisters' convent were converted to 'hospital' rooms to care for the sick and injured – the foundation of what is now St. Joseph's Care Group (SJCG), with Sister Monica in charge.



**1885** St. Joseph's General Hospital (SJGH) opens a new 2-storey hospital on land adjacent to the convent. It is the only hospital in the District of Thunder Bay from 1885 to 1900.

**1895** A Ladies Aid organization is formed. It has evolved to become the Auxiliary to SJCG, one of the oldest hospital auxiliaries in Ontario.

**1900** Demand for service increases and a 3-storey wing is added to SJGH.

**1904** A third wing is added to the front of SJGH.

**1904** Sister Monica establishes the St. Joseph's Hospital School of Nursing.

**1881** Combined population of Prince Arthur's Landing and Fort William in 1881 was 1,965

**1939 - 1945** SJGH grows from 234 beds to 500 beds.

**1950** Sister Margaret Smith begins her tenure as the first Director of the School of Nursing.

**1955** Nurses' residence is replaced with a 5-storey building for 108 students.



**1958 - 1960** Demolition of the original hospital begins and the new structure includes an Emergency Ward, administration offices and a cafeteria.

**1959** Sister Margaret Smith is appointed Administrator of SJGH.

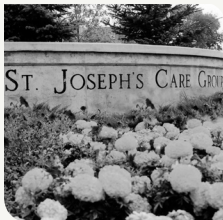
**1967** Total replacement of all buildings not included in 1958 to 1960 renovation is completed as the Sisters of St. Joseph's Centennial project.

**1967 - 1968** The Special Medical Unit – the first addiction treatment program of its kind in Canada – was founded by Sister Margaret Smith and received government funding.



**1968 - 1978** Sister Leila Greco's tenure as Administrator of SJGH.

**1939~1945** World War II



**1997** St. Joseph's Hospital and St. Joseph's Heritage are integrated and a new corporation, St. Joseph's Care Group (SJCG), is formed.

**1997** The Smith Alcohol and Drug Abuse Program is renamed the Sister Margaret Smith Centre.

**1999** St. Joseph's Hospital completes a \$20.7 million renovation to align with its new role in complex care and physical rehabilitation.

**2003** SJCG assumes governance and management of mental health services (at Lakehead Psychiatric Hospital) in Thunder Bay.



**2004** Hogarth Riverview Manor opens.

**2005** Tracy Buckler appointed as new President and CEO.



**2008** Sister Margaret Smith receives Order of Canada for her groundbreaking work in treatment of addictions.

**1996** Health Services Restructuring Commission was established

**2004**



**1907** The first six students graduate from St. Joseph's Hospital School of Nursing.



**1918** Construction of a 5-storey wing with state-of-the-art surgical facilities is completed.



**1931** Reverend Mother Monica dies, having dedicated 50 years of leadership to SJGH.



**1934** SJGH celebrates its Golden Jubilee. The Auxiliary donates an outdoor memorial statue of St. Joseph and a multiple wave generator for the massage department.

**1937** A Physiotherapy Ward is established. Rehabilitation is already one of the primary focuses of care for SJGH.

## 1914-1918 *World War I*

## 1930~1939 *The Great Depression*

**1972** The Special Medical Unit is renamed the Smith Alcohol and Drug Abuse Program and moved to the former Nurses' Residence.

**1972** Ambulatory Care program established.

**1974** Lewkin Detoxification Centre is established.

**1976** Audiology Department is added.

**1979** St. Joseph's Heritage opens, Sister Leila Greco's dream of a 'Place for All Seasons.'



**1982** The Palliative Care program is introduced.

**1983** Incorporation of St. Joseph's Foundation of Thunder Bay.

**1984** St. Joseph's General Hospital celebrates its Centennial.

**1987** Balmoral Centre opens, replacing Lewkin Centre with new facility.

**1987** Behavioural Sciences Centre is introduced.

**1987** Day Centre for Alzheimer clients opens.



**1990** Carl White appointed Executive Director, the first lay person to hold this leadership position.

**1991** Reactivation Unit opens.

**1994** Thunder Bay District Health Council recommends a two-hospital corporation model for Thunder Bay. SJGH would assume chronic care and rehabilitation service responsibility.

## 1970 *Cities of Port Arthur and Fort William amalgamate to become Thunder Bay*



**2009** New Sister Margaret Smith Centre opens.

**2010** Ground preparation for new Sister Leila Greco Apartments begins.



**2012** Site preparation for St. Joseph's Hospital's new East Wing begins.



**2013** Groundbreaking for 416-bed addition to Hogarth Riverview Manor (Phase 2 CEISS).

**2013** New Sister Leila Greco Apartments open.



**2014** A new accessible mental health high-support home opens.

# FINANCIAL

## Statements

### Statement of Operations

in thousands of dollars

| Revenue  | 2014             | 2013             |
|--|------------------|------------------|
| North West Local Health Integration Network                      | \$111,683        | \$109,981        |
| Accommodation Co-Payment   | \$5,111          | \$4,879          |
| Program Fees and Rentals   | \$4,110          | \$2,519          |
| Amortization of Deferred Contributions Related to Capital Assets | \$1,989          | \$1,926          |
| Other Recoveries   | \$16,779         | \$17,086         |
| <b>TOTAL</b>   | <b>\$139,672</b> | <b>\$136,391</b> |

| Expenses  | 2014             | 2013             |
|---|------------------|------------------|
| Amortization of Equipment, Buildings and Leaseholds | \$4,680          | \$4,375          |
| Drugs   | \$979            | \$952            |
| Interest on Long-Term Debt                          | \$628            | \$649            |
| Medical and Surgical Supplies                       | \$1,148          | \$1,089          |
| Medical Staff Remuneration                          | \$8,462          | \$8,984          |
| Salaries and Benefits                               | \$96,994         | \$94,811         |
| Supplies and Other                                  | \$24,694         | \$24,776         |
| <b>TOTAL</b>  | <b>\$137,585</b> | <b>\$135,636</b> |

**Excess of Revenue over Expenses**      **\$2,087**      \$755

#### Revenue

- 80% North West Local Health Integration Network
- 12% Other Recoveries
- 1% Amortization of Deferred Contributions Related to Capital Assets
- 3% Program Fees and Rentals
- 4% Accommodation Co-Payment



#### Expenses

- 70% Salaries and Benefits
- 18% Supplies and Other
- 3% Amortization of Equipment Buildings and Leaseholds
- 1% Drugs
- 1% Interest on Long-Term Debt
- 1% Medical and Surgical Supplies
- 6% Medical Staff Remuneration





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