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1. Introduction

Mission

Lake of the Woods District Hospital exists so that:

**The people we serve receive optimal health care
for a justifiable use of public resources**

- People with illness or injury achieve optimum outcomes
- Those we serve have information to make positive lifestyle choices
- Health care delivery partners have enhanced capacity and capability to achieve their missions

Vision

- State of the art new facility
- Effective E-Health system
- Appropriate sufficient workforce
- Well governed sustainable funding
- Healthy lifestyle choices
- Timely access to primary health care
- Seamless continuum of collaborative services
- Visible health care system inspiring confidence

Values

- Publicly Funded - Publicly funded system
- Sustainable - Sustainability with resources and people for the future
- Accountable - Accountability to the public
- Inclusive Care - A level of care that is inclusive
- Shared Support - Health care is a shared responsibility of the individual, community and government
- Personal Responsibility - People are responsible for their own health

2 Reports

Board Chair Report

On behalf of the Board of Directors of the Lake of the Woods District Hospital, I thank the numerous individuals and groups who continuously contribute to the excellence of health care delivery in so many ways.

The Board's continued focus and expansion with Community Engagement has evolved over the past two and a half years. Our 'Ends' are reflective and representative of continued communication with the Stakeholders and Owners of Lake of the Woods District Hospital. Our community engagement is consistent with our Mission Statement: Lake of the Woods District Hospital exists so that: The People we serve receive optimal Health Care for a justifiable use of Public Resources. To date, the Board has met with hundreds of individuals and groups in the LWDH catchment area to ensure ongoing communication about people receiving the right care, by the right people, at the right place.

For 2009, the Board's Education Committee has established a "Governance Action Plan for Sustainability". This action plan drives, directs and builds in accountability for issues like owner-accountability, perpetual ownership-linkage plan, communicating directly with the LHIN Board, benchmarking the Board's performance against other similar organizations or national standards in addition to several other outcomes that include such areas as self-evaluation that promotes growth in performance and enhancement of board processes.

The goals for the Board have been and continue to be: Focus on Ends (both strategic and future vision); Community Engagement; and Focus on Partnerships. At this time, we have identified a priority for our community, that being a new hospital. Changing demographics, health service delivery, unique challenges and concerns for our area are all being considered in this vision.

The Board's Future Focus points to a desire to deliver optimal Patient Care and outcomes. There have been preliminary contacts with MOHLTC and LHIN 14. The Board and Administration are developing a process to arrive at a new hospital. The Board continues to seek owner input as well as building support amongst natural allies. We are excited about this dream even in this early infancy stage. We anticipate an excellent future in Health Care Delivery for all people in the Lake of the Woods District Hospital catchment area.

The Lake of the Woods District Hospital Board wishes to thank the many people providing help and support towards excellent patient care. A sincere thank you to: All hospital staff for their commitment, all volunteers, the Hospital Auxiliary, the Hospital Foundation, and the Retired Railroaders. We cannot thank all enough for their dedication to providing the many services available at this Hospital.

Respectfully submitted,
Debbie Baldwin, Chair
Board of Directors

President and CEO Report

“Change has a considerable psychological impact on the human mind. To the fearful it is threatening because it means that things may get worse. To the hopeful it is encouraging because things may get better. To the confident it is inspiring because the challenge exists to make things better” ([King Whitney Jr.](#)).

Once again our hospital has embraced the challenge of change “to make things better” for our patients, community, staff, and physicians. In 2008-09 positive change across our organization is evidenced through improvements in safety, quality, effectiveness, interagency coordination and communications. We have added a number of new and expanded patient programs. Health human resources and workplace wellness have seen very positive change in 2008-09.

My senior management colleagues annual reports will provide more detail into these positive developments, however I will briefly mention our accomplishments for 2008-09.

Significant safety initiatives include: falls prevention, safe surgery, just clean your hands, laboratory information system, emergency department reporting system, infections reporting, risk management self appraisal module, nursing indicator dashboard, Medicine reconciliation, and pandemic plan.

Significant quality initiatives include: workplace wellness enhancements; the wound assessment team, new clinical practice guidelines in ICU and new stroke management protocols. We have also recently (Jan/09) become a member of the Northern Perinatal Pediatric Network (NPPN).

Significant effectiveness achievements include: a hospital-wide 25 percentile comprehensive benchmarking exercise, All LWDH RPN's are currently working to “full-scope” of their professional practice.

New and expanded patient programs for 2008-09 include: outpatient clinic collaborative, Ontario breast screening program site, wound assessment clinic, stroke treatment program, cardiac rehabilitation program, echocardiogram service, interventionalist radiology services, 25 percent expansion of the hemodialysis program, new Central Ambulance Communication Centre.

Health human resources and wellness changes in 2008-09 include: a staff turnover rate of 4.15% (lowest in five years), a staff vacancy rate of 1.21%, the lowest rate of time off for workers since 2002 (six years), and a 70.2% ratio of full-time to 29.8% part-time nurses. Over 180 of our 500 staff (36%) attended one of 10 “Respect in the workplace” workshops. During the year new workplace wellness initiatives included the staff Passport-to-Health and staff boot camps to name just two.

Medical staff recruitment remains a top priority for our community and although future nursing staffing availability continues to be a concern we have been fortunate in filling virtually all vacant health professional positions throughout the hospital during the past year. In 2008-09 there were 23 GP's / FP and 8 specialists actively practicing in Kenora. These physicians were supported by a significant number of locum GP's and specialists throughout the year. We are encouraged by the recent interest shown by a number of GP's and specialists who are thinking of practicing in the community.

In August the hospital welcomed the sober second look of our operations by a third party who offered some new suggestions and supported many of the plans the hospital had, or was in the process of implementing, to balance our budget. The hospital ended the 2008-09 year with a surplus of just over \$200,000 on a \$43.7 million budget.

Throughout the year the hospital Board, management, and staff have been meeting with Wabaseemoong First Nations leadership and health personnel to promote a better understanding and closer relationship in provision of health services to their community members. We see this as an on-going, long-term undertaking that will help the hospital learn positive approaches and improve cultural appropriate practices with all First Nations people in our region.

The work of LWDH disaster planning committee in developing a “pandemic plan” to prepare the hospital and our staff in the event of a pandemic was put to the test this past year during the H1N1 Swine flu outbreak.

While we did avoid a “flu outbreak” for our hospital during 2008-09 we are confident that we are prepared to deal, as best we can, with a flu pandemic.

Once again our hospital and its staff are embracing customer service excellence and culturally sensitive care in meeting our service commitment to our community and visitors. This is happening when our emergency department is struggling to serve both patients who need emergency care as well as primary care in our community. We are hoping that this coming year our community's Family Health Network, Family Health Team, and Health Access Centre, will be able to take on more of the primary care needs of our community so people who don't have a physician or can't get in to see their physician will not have to use the hospital emergency department. It is clear to everyone that an alternative to the hospital emergency department is imperative for the provision of primary care services in Kenora.

Finally, I would like to take this opportunity to acknowledge and thank my senior management team, our managers, staff, medical staff, executive assistants, board members, foundation, and auxiliary for their excellent work and continued support.

Respectfully Submitted,
Mark Balcaen M.H.Sc., CHE, FACHE
President and CEO

Chief of Staff Report

One of the ongoing activities this year to serve the hospital and the board that I have been involved with has been physician recruitment. At the current time there are 23 general practitioners in the community, some of whom do not work fulltime or have restricted practices; 2 general surgeons, 1 pediatrician, 2 pathologists, 1 psychiatrist, 1 nephrologist, 1 emergency room specialist, a part time radiologist with fulltime coverage provided by distance reporting; 2 midwives and 1 nurse practitioner who works part time. The Medical Manpower Plan of the Lake of the Woods District Hospital was reviewed and revised in the summer of 2008 and ongoing commitment from the hospital to physician recruitment remains significant. Our identified deficiencies include: an additional psychiatrist and recruitment of family physicians. Replacement of our single pediatrician who is anticipated to retire or slow down in the fall also remains urgent. Internal medicine specialists are of interest but considered less urgent. With the Family Health Team it is anticipated that several younger family doctors will be joining the clinic through the fall of 2009 with additional family doctors, currently in training, expressing interest. Some of these have expressed interest in bringing additional skills to the community including additional sub-specialty work in emergency room practice or possible anesthesia. We have been very fortunate to attract a younger general practitioner who is anticipated to join the clinic permanently in the fall that has a significant interest in women's health issues. We remain with 12 sub-specialist physicians who visit the Lake of the Woods District Hospital to provide itinerant services in dermatology, geriatric medicine, oncology, orthopedics, rheumatology and ophthalmology. The ophthalmologists provide a significant portion of the service provided in our operating room and the cataract program has been a resounding success. There are 11 dentists with privileges at the hospital and the use of the operating room by them still has additional capacity so this would indicate that the community's needs are being met for those services.

The emergency room has been fully staffed but with the use of locums from Health Force Ontario. The younger physicians which are anticipated to come to town have all expressed interest in doing emergency room work and so it is likely that we will have minimal need for additional support for the emergency room in the future. The emergency room service was rearranged in the past year with night time hours being covered by a physician who is available but not staffed in the department fulltime. All urgent and emergent patients are seen immediately with the physician called to the emergency room and no lapse in service has been resulted. The numbers of patients seen in the emergency room has decreased but these have been low acuity patients as measured by the CTAS scores whose needs are best served in a community practice. During the time that we had this switch and subsequently I have only received one complaint from a patient who was unhappy with this changed system and, in fact, was seen by the physician in any event. The physicians and staff of the emergency room have considered the change to be a success and it has allowed us to staff the emergency room more completely with local physicians who then are still capable of contributing to their primary practice on the following day.

The rotation of the 4 clinical clerks/medical students from the Northern Ontario School of Medicine was a success. All students received a good clinical exposure and were quite pleased and we are a centre of choice for many with the next group to arrive. Ongoing training of students brings multiple benefits to the community including the academic stimulation of the medical staff and the best opportunity for future recruitment of home grown talent. Planned expansion of the Northern Ontario School of Medicine faculties in the future would likely include movement into general internal medicine, general surgery and possible general laboratory physicians. It is not known when that may proceed but the Centre has already had 2 young laboratory physicians rotate in the past 2 years both of whom have been successful with their specialty exams.

Mandatory reporting of nosocomial infections was implemented by the Ministry of Health and Long Term Care and I am pleased to announce that the nosocomial disease rate for Lake of the Woods District Hospital remains extremely favorable and has been so for many years. The Board and hospital support a very active infection control program.

Additional challenges which we face now and in the future include managing the hospital's resources to allow a balanced budget as mandated by the legislation through the LHIN. The medical staff has been kept well apprised of these limitations and has offered many useful suggestions through the medical staff association. Further limitations consist of the ongoing difficulty of delivering current level of services in a building that is extremely dated and has a poor design for the delivery of health care according to current best practices for outcomes and efficiency. The emergency room in particular remains limited by its footprint as does the care in

the wards which makes ongoing patient care more difficult. Hoped for modification/improvements of the operating room remains stalled for lack of sufficient funds to move forward and concern over development and design which would meet best practices in the limited space.

In closing I would like to thank the board for their continued support and trust in honoring me with the appointment of Chief of Staff and the senior management for being stalwart and hard working colleagues. I would remiss not to also thank the medical staff whom has offered excellent support and co-operation in many circumstances and to the rest of the hospital staff whom I have great regard for their ability to work under less than perfect circumstances. I think they all show a sincere concern about the well-being of the hospital, its patients and our community.

Respectfully submitted,
J.K. MacDonald, MD, FRCP
Chief of Staff

Vice President, Patient Services, and Chief Nursing Officer

The past fiscal year has presented us with many grim challenges but along with those challenges came opportunities to look at how we deliver care and determine better ways of doing business. In today's fiscal environment, status quo just won't do. Ideas for improvement touch all areas of the organization. Some change is welcomed. Some is not. Suffice to say that either way, change is now our way of life. In facilitating change, the need to form new strong partnerships is essential if we are to continue to provide an acceptable level of service that our community expects and deserves.

Patient Safety has always been of primary importance at the Lake of the Woods District Hospital. We have seen many initiatives in the area of patient safety over the past year. One of these initiatives is participation in a Global program initiated by the World Health Organization (WHO) called "Safe Surgery Saves Lives". This program's primary objective is to reduce surgical error by using check lists and time outs in the Operating Room prior to starting a surgical procedure to ensure that we have the right patient getting the right surgery in the right location. It includes stopping and having verbal exchange among the patient and the team, prior to giving the anaesthetic. The entire surgical team is on board with this program with the ultimate goal of ensuring that the patient is safe.

Public reporting of key infection control indicators is an example of a desire to be transparent with the public in the area of our hospital's efforts to protect our inpatients from hospital acquired infections. We currently publish statistics on super bugs (MRSA & VRE), clostridium difficile (C-DIFF), and surgical site infection rates, and recently we have published our compliance with Hand Hygiene best practices. In the upcoming year we will be adding data on central line infections and ventilator acquired pneumonia. All of these patient safety indicators are available for the public to view by going to www.lwdh.on.ca and clicking on the Infection Control Information icon and following the prompts.

A third patient safety initiative is Medication Reconciliation. This initiative ensures that when patients come in to hospital we determine what medications they were taking at home and compare it to the medications ordered while in hospital. In this way, we can be sure that a key medication is not missed. We repeat this process on discharge comparing the medications ordered on discharge to the medications taken before and during hospitalization.

The hospital continues to participate in the Wait Time strategy in the areas of Total Knee Replacements, Cataract Surgery and CT Scanning. We have added to our Wait Time list, screening colonoscopies and certain general surgical procedures (laparoscopic cholecystectomies, hernia repairs and anorectal surgeries). The Lake of the Woods District Hospital wait times are well within the benchmarks set by the provincial Ministry of Health.

Patient falls are sometimes an inevitable fact of life. However there has been a great deal of research done to develop strategies to reduce the incidence of falls, particularly in the elderly. We are pleased to have been invited to participate in a regional initiative to reduce falls in the elderly. This project is being lead by Thunder Bay Regional Health Sciences Centre with support funding from the Northwest LHIN. Using best practice guidelines from the project and from the Registered Nurses Association of Ontario, our Falls Reduction team has already implemented some strategies (e.g. night lights in rooms) to improve the safety of patients at higher risk of falling.

This year the Lake of the Woods District Hospital was one of seven (7) hospitals in Ontario asked to participate in a study to determine what information Nurse Managers needed to plan and evaluate the effectiveness of their Nursing Human Resources. Patty Tittlemier, Nurse Manager, lead an enthusiastic team including Donna Makowsky, Nurse Manager, Donna German, Information Technology, Aynsley Penner, Human Resources and myself in the development of a dashboard of indicators which will be available to nurse managers at any moment in time. This tool is totally electronic and data can be displayed on a daily, monthly or annual basis, allowing managers to see trends and determine if they are merely momentary spikes or ongoing changes in activity. This tool was well received by our provincial counterparts including the Nursing Secretariat to the Minister of Health who congratulated the Kenora team for outstanding work. We piloted the tool on two Nursing units and are now in the process of rolling it out to all of the units.

I am proud to announce that the Manager of our Sexual Assault/Domestic Violence program was asked to speak at an international RNAO conference in China this past winter. Kathleen Fitzgerald shared her considerable expertise in the area of Women Abuse with Nurses from around the world. Furthermore she was nominated for, and awarded, the Attorney General of Ontario's Victim Service of Distinction award. We congratulate Kathleen on her achievements.

Partly as a response to the Third Party Review and partly because of a recognized need, we submitted a proposal to the Ministry of Health through the LHIN to expand our Hemodialysis program. It was noted that we had a number of patients on our waiting list, who were being forced to travel or temporarily re-locate to get their dialysis because our 16 treatment spots were full. We had expanded to 19 spots out of necessity but were not guaranteed funding for these extra treatments. We also found our staff severely stretched with the added workload. Our proposal to increase to 20 treatments was happily accepted and we are currently looking at how we can add support to the department to manage the increased workload. Based on numbers of clients in the community who we anticipate will need this service over the next 5 – 10 years we have submitted an expanded proposal to increase our capacity to 24 treatments. This would require a capital expansion of the department and therefore we predict will take a minimum of 2 years to get approval.

Medication Safety is a prime objective of Patient Care. In order to achieve this end, we have formed a Medication Safety Team who review best practices from the Institute for Safe Medication Practices (ISMP). Numerous recommendations from ISMP have been implemented in our hospital through the efforts of this group adding one more important dimension to Patient Safety.

There has been much published on the subject of our physician shortage and the impact that it has had on our Emergency Department. Thankfully we have never been forced to close our Emergency Department doors. However, in order that our physicians can manage all of their numerous call lists etc, and that we can recruit and retain new physicians, we have implemented Rural CTAS guidelines in our emergency department. This guideline allows non urgent (CTAS 4 & 5) cases who present to ER between the hours of 2300 and 0800 to be deferred until morning when a physician will be available to see them. These patients are advised to go home and return immediately if their condition worsens or in the morning. For urgent cases, the physician will still be called in at any hour of the night. Between October 5th, 2008 and March 25, 2009, ninety-seven (97) patients were deferred with 3 returning before morning presenting as a CTAS 3.

We "Went Live" on January 9, 2009 with our Telestroke program. This program allows local physicians to have face to face consult with a neurologist who specializes in stroke care, using a telehealth monitor. A patient exhibiting symptoms of a stroke can be quickly assessed using CT and the neurologist consult to determine if the patient is a candidate for clot buster therapy which if administered within a certain time frame can prevent the debilitating, often permanent results of a stroke. Since the program began we have given tPA 3 times.

The Health and Safety of our staff is always one of our primary concerns and with increasingly heavy workloads it has become challenging. We are very excited to see the realization of a Workplace Wellness committee. This committee is composed of front line staff who have an enthusiasm for health and wellness. They have some fantastic ideas to add to the many initiative lead by our Staff Health physiotherapist, including a number of fitness programs, education sessions, a staff gym, a passport to health and the like. I would like to recognize Cory McFarlane, staff Physiotherapist for his unwavering commitment to providing leadership to help staff to achieve health and wellness in a variety of venues.

Strong Partnerships build strong systems and building strong partnerships is an ongoing goal of the Lake of the Woods District Hospital. A fine example of partnerships at work was demonstrated in a collaborative proposal that was submitted to the LHIN by a team which included the hospital, the Sunset Country Family Health Team, and the CCAC. The goal was to reduce the pressures on our very busy emergency department and provide better care to patients who required ongoing IV Therapy or dressing changes by the right provider in the right setting. Each component of the team had a role to play depending on whether the patient had a physician, did not have a family physician, or was non ambulatory and needed care delivered at home. The proposal was accepted for funding by the LHIN and was implemented April 1, 2009. You will get further updates on the outcome of this partnership in my report in 2009-2010.

It has been a busy year. I am sure I have forgotten many highlights that will enhance the care available to the citizens in our city and surrounding region. Success does not happen in a vacuum. It takes the hard work and innovative ideas of many, many people in all areas of the system. I can never adequately thank all of the

people who work so hard to ensure that we have a healthcare system, as imperfect as it sometimes seems. To our staff, our physicians, our volunteers, and our partners who work with us, we are very lucky to have you. To the foundation and auxiliary who labor so hard to make sure we have the equipment to do our work, we would not survive without you. To the Board of Directors, your commitment to the community is astounding. You are truly unsung heroes. And to my Senior Management colleagues, your support and patience has added value to my life and kept me really wanting to continue to do this job. Thank you.

Respectfully Submitted,
Lesley Brown, RN, HBScN
Vice President, Patient Services and Chief Nursing Officer

Vice President, Corporate Services and Chief Financial Officer Report

chal-lenge \ cha-lenj n 1 : a stimulating or interesting task or problem **2 : vb** to stimulate by presenting difficulties

The 2008-09 year did indeed exemplify Webster's definition of the word "challenge." We came out of the starting blocks facing, head-on, the uncertainty which accompanies the reality of knowing that funding increases would not keep pace with rising costs and increasing demand for service. But every challenge presents an opportunity....an opportunity to assess all facets of the situation we are faced with, to be innovative and determined, and to devise a means to evaluate and improve processes.

Faced with a large projected budget deficit for both the 2008-09 and 2009-10 years the Hospital underwent a major internal benchmarking review to identify areas where processes and practices could be improved and realigned in order to preserve all essential services. No stone was left unturned and opportunities to realize efficiencies were identified. As a follow-up to this process, with the support of the Northwest LHIN, we opened our doors and our books to a third party peer review. This team provided a valuable second set of eyes, which ultimately validated many of the measures that we had already identified, or that were in progress to balance our budget, and in addition provided some further suggestions for improvement and revenue generation. Ultimately, we were able to submit a Hospital Annual Planning Submission with a balanced budget for both the 2008-09 and 2009-10 fiscal years. Through the fortitude and unwavering efforts of all of our staff, we were able to rise to the challenge, and are pleased to report a net operating surplus for the 2008-09 year of \$203,000 (approximately ½ % of our operating budget.)

It has been an extremely busy and productive year for the support services departments. There have been numerous physical and process changes which have required the coordinated efforts of several departments.

Government funding represents approximately 82% of our Hospital's operating budget, with the remaining 18% coming from other, internally generated revenues. One measure to help address our budget challenges involved the replacement of our aging parking equipment with a new pay-by-time parking system. We hit some major operational speed bumps with the initial implementation of this system, and as expected were met with some resistance and discontent by some users. While parking lot fees are a day to day reality in larger centres, they are not as readily accepted in a smaller city such as Kenora. The initial operational kinks have largely been worked out and we have noticed a gradual acceptance of the parking system. We appreciate the public's understanding that this source of revenue has become an important means of preserving our valuable hospital services and meeting the increasing cost and demand for excellent patient care.

I am pleased to note that a significant portion of Phase 1 and 2 of our capital infrastructure projects has now been completed. Thanks to a capital infrastructure grant from the Ministry of Health & Long Term Care, supplemented by the support of the LWDH Foundation's "Healthy Hospital, Health Community" campaign, the Hospital has been able to make much needed replacements to our physical structure and building systems equipment, including a new roof, a new Nurse Call communication system, new voice over IP telephone system, and a closed circuit security system. Improved signage will be installed in the interior and for the exterior of the Hospital as part of this project. These infrastructure communications upgrades will enable the Hospital to improve patient and staff safety, enhance communications and contribute toward annual cost savings. Additional grants under the Health Infrastructure Renewal Program funded the replacement of our crumbling loading dock, and installation of a new, efficient building control system in our Plant.

As part of a new initiative to determine infrastructure needs of Ontario hospitals, the MOHLTC has contracted the services of a team of architectural and engineering professionals to do physical facility conditional assessments of all hospitals. The team conducted their review of LWDH in December 2008. We are hopeful that their report will either prompt the Ministry to accelerate plans to replace our facility or provide more capital funds to address the physical and functionality deficiencies which exist in our hospital buildings.

Our IT department has facilitated several major projects this year in conjunction with support from various other hospital departments. Progress continues on the implementation of the Laboratory Information System which provides order entry and results reporting, and has been implemented hospital-wide. A web-based scheduling system has been implemented to automate physician scheduling and tracking of various physician on-call rotations. The Finance department took a leadership role in this implementation and continues to provide clerical support for it. The development of the Nursing Workload Dashboard was the collaborative

effort of many individuals, and has provided us with an excellent tool for resource assessment and decision making. Other major IT initiatives included major software upgrades in Diagnostic Imaging, migration to a new IP structure, expansion of hospital-wide access to the Medipatient system and implementation of the new voice over IP telephone and Nurse Call Communication systems. Coordination of hardware and software systems to enable the collection and maintenance of data to comply with Ministry mandated projects such as the Wait Time Information Strategy (WTIS) and Emergency Department Reporting System (EDRS), to name a few, consumed a large portion of IT, Admitting, Health Records and Finance personnel resources. These systems will provide valuable analytical tools for the hospital to aid in improving hospital service and wait times. As of February 2009 information regarding surgical, diagnostic imaging and ER wait times is publicly reported.

A new patient identification wristband and labeling system has been implemented in the Admitting Department and on all patient care units. This time-saving system has been very well received by front line staff and will enhance patient safety and improve accuracy by eliminating the manual transfer of information and enhancing the legibility of patient identification documentation.

Our Visiting Specialist Program continues to thrive and expand. Through this valuable program, approximately 3,900 people were able avoid lengthy travel outside of our district, and to get specialized medical care close to home. The Visiting Specialist Program has resulted in much shorter waiting periods for referrals and certain types of surgery than if patients were to have to travel to regional centres for their care.

Our efforts to become a “greener” hospital and do to our part to promote environmental awareness and responsible environmental practices are ongoing. As a large operation, the Hospital has the potential to generate a large amount of waste, and we strive to keep this to a minimum through our materials management practices and a very active recycling program. Our data indicators show that the amount of garbage we produce is decreasing, while the percentage of waste recycled is increasing each year. A week long series of educational sessions for staff was held in May to promote Environmental Awareness Week. Information displays geared toward recycling, energy conservation, tips to reduce water consumption and activities to promote environmental awareness were well received by staff and such promotional efforts will be continued in the coming year. The Housekeeping department implemented a new micro-fiber cleaning system, which uses less chemicals and water than traditional cleaning methods. New Laundry and Food Services equipment is more energy efficient and will contribute both to energy and cost savings. The Hospital has recently scheduled an Energy Audit, to determine whether feasible opportunities exist to save energy costs through the replacement or upgrading of plant systems and/or equipment.

This was one of the most significant years in its history for our Central Ambulance Communications Centre. After months of planning and construction the centre relocated its operations new facilities. The move also included training on various new systems for all staff. During the year, the CACC also commenced dispatching services for the Kenora Fire Department, Fort Frances, Pellatt, McKenzie Clearwater and Longbow Lake Fire Departments as well as for Lake of the Woods Search and Rescue. Many detailed accomplishments were achieved within the projects and staff are commended for their efforts and dedication.

As noted above, and in the reports of my colleagues, the list of improvements and accomplishments our hospital has achieved over the past year, is extensive and ongoing despite our financial and operational challenges. While I could go on for several pages, in keeping with our goal of becoming a greener facility and in the interest of saving trees, let it suffice to say that we are lucky and proud to have such a committed team of people working together to provide a safe environment and outstanding patient care. Every staff member – both on the front line and behind the scenes, physicians, Board members, volunteers, the LWDH Foundation, LWDH Auxiliary and Retired Railroaders....each provide a significant contribution and an integral role in making Lake of the Woods District Hospital the exceptional facility that it is. I would like to express my thanks to the Board of Directors for the countless hours you dedicate and the support that you give our team. A special thank you to my team of managers who continually “give it your all” and then are still asked to do more....and somehow do. And finally, to my senior management colleagues thanks so much for your support and assistance. When we all put our heads together the challenges somehow don’t seem quite so difficult to overcome.

Respectfully submitted,
Cindy Gasparini, B. Comm.(Hons.), C.A.
Vice President, Corporate Services, Chief Financial Officer

Vice President, Community Programs

Community Programs exists:

To improve the quality of life for individuals and their families living in our community by providing mental health and addictions services through the following programs:

Addictions Services Kenora
Community Counselling
Day Treatment – Challenge Club

We work with our partners to strengthen the mental health and addictions system for our clients.

Our programs (10) include Adult and Youth Addictions and Problem Gambling; Adult Mental Health Counselling; Day Treatment; Outreach Support and Post Custody Enhancement. Specialized services include the Morningstar Withdrawal Management Centre, an acute detoxification and residential withdrawal management program; Early Childhood Development for women with substance use issues that are parenting children 0-6 years; and a Methadone Clinic.

This year is the first year of a signed Community Annual Plan (CAPS) together with the Multi-Sect oral Agreement (M-SAA) that form the basis of a multi-year funding and planning framework with the Local Integration Network (LHINS 14). This framework supports the province's efforts to enhance stability and accountability of the health system by providing a more sustainable financial footing and facilitating alignment of the provision of health services.

This year's program highlights include, but are not all inclusive of this year's events:

Community Programs staff made over ten thousand (10,000) clinical contacts this past year.

The Youth Program staff participated in the provincial development of the New Youth Standards document. Our staff has a unique perspective on service delivery, having developed strong working relationships with communities in the near and far north. Their experiences help shape the diverse landscape of health care services throughout our province.

The Youth Program was a community champion for the Concurrent Adolescent Assessment Tool initiative that was led by the Centre for Addictions and Mental Health. Staff were part of a provincial working group, whose work will ultimately lead to a standardized set of tools for adolescents with concurrent disorders in the province of Ontario.

The Morningstar Withdrawal Management Centre supports issues related to homelessness within our community. As part of *"Making Kenora Home"* we facilitated the statistical collection of service usage patterns of 8 high needs clients. This information was used to support a proposal request for funding for a *"12 month a year shelter for our community."* The committee was successful in obtaining funding for this year. This housing initiative speaks to the determinants of health, which relate to the need for affordable, adequate housing as a primary base for positive general good health within our society.

Staff from the Problem Gambling program provided a one and a half day *"Motivational Interviewing"* (MI) training event for our community partners. The use of MI has been demonstrated to be a successful way of interacting with people who have concurrent disorders.

Using COMPASS (a tool to assess competencies) we evaluated the status of the performance of our Programs and reported the results through the Regional Mental Health and Addictions Network.

We strive to improve client access, family collaboration and Program standards.

We will participate in supporting LHIN's community engagement strategies.

Community Programs would like to thank the community Advisory Board members, the Lake of the Woods District Hospital Board, Senior Management Team, Drs. Moore and Sas, Drs. Zahlan and Reed-Walkewicz, the Schedule 1 staff, the Emergency Room staff, and our community partners for their support in the delivery of these community programs.

Respectfully submitted,
M. Mymryk
Vice-President, Community Programs

Foundation Chair Report

Lake of the Woods District Hospital Foundation is dedicated to fundraising in partnership with our community to meet the medical equipment and facility needs of the Lake of the Woods District Hospital.

The Hospital Foundation generated over \$600,000 in revenues during the fiscal year due in large part to the generosity of both citizens and businesses in the Hospital's service area and the hard work of our Board of Directors.

The Hospital Foundation transferred in excess of \$525,000.00 to the Lake of the Woods District Hospital over the past twelve months for a variety of capital purchases and the Foundation's ongoing commitment for infrastructure renovations. Some of the purchases included, Ceiling Lift and Track System, Computers, Servers and Software for the Hospital Information System, an Infran Environmental Monitor and a Micro Mopping System. Upgrades were made to the Diagnostic Imaging System and the Foundation offices were relocated.

The Hospital Foundation values all of its donors and would like to acknowledge a few of our major supporters over the past year, Lake of the Woods Lions Club, Standard Insurance, Safeway Charity Challenge Team, Kenora Rotary Club, Scotiabank, Qualico Developments, Copperfin Credit Union, Ontario Power Generation Keewatin, Dufresne Furniture, Robert & Deirdre Kozminski, Nick & Bryce Douglas, Karen and Mel Lazarec, Larry & Carolyn Hursch, Ken & Lesley Powell, Shirley Burley and Paul Albrechtsen.

There are challenges ahead for the Lake of the Woods District Hospital Foundation as economic conditions continue to put an additional strain on everyone's charitable donation budget. However, the Board is committed to a strong strategic plan that will ensure a solid future for the Hospital Foundation. Ongoing improvements to the Hospital Foundation's website with provisions for online donations, relocation of the Foundation office to the Main Lobby providing increased visibility and creation of a Public Relations Committee are just a few of the initiatives designed to address some of the challenges.

The Lake of the Woods District Hospital does not receive funding for specialized equipment and technology from the Ontario Ministry of Health. As a result they rely extensively on the Hospital Foundation's transfers to purchase equipment to provide leading edge treatment and services. In order for the Hospital Foundation to meet the future needs of the Hospital, the continued support of the community is essential.

It was my privilege to work with a committed Board of Directors: Donna Wallace, Stephen Lundin, Bill Scribilo, Gordon Horne, Charlie Strachan (retired), Sylvia Yanchishyn (retired), Elaine Pearce (retired), Cathy Linton, Gary Forsyth, and Brent Preston. The Foundation staff members Carol Christmas and Managing Director, Darryl Michaluk have provided excellent support to the Board contributing to the overall success of the Lake of the Woods District Hospital Foundation.

"Helping Your Hospital Help You"

Yours truly,

Thelma Wilkins-Page, Chair

Auxiliary President's Report

Each year brings its different agenda and challenges and this one has been no exception. We have a membership of 136 which includes 18 honorary life members. Nine of these members are past presidents, still active. One of our members has accumulated 7500 volunteer hours. There are thirteen members with hours between 1000 and 7500. There has been a minimum of 9,901 volunteer hours given by our members this past year to our 84 bed hospital. Congratulations are in order.

We have held six general meetings, three of which were luncheons. The luncheon meetings were capably organized by Marnie Lundin and required extra planning for program, menu, confirmation of numbers, table centers, grace and seeing to the guest speakers or entertainment. Six executive meetings, two being luncheons and two emergency executive meetings were also held this year for a total of fourteen sessions. In addition to this there have been numerous committee meetings for various reasons. They include the arrangements for our 40th anniversary celebrations, selection of honorary life members, both local and provincial and amendments to our constitution and policies. Various programs and speakers are presented at most of the general meetings. Topics included Diabetes, Occupational Therapy, an Update on Hospital Directions, Infection Control and on the lighter side, two musical groups called Harmony Connections and the Fifth Avenue Singers. Several members traveled to Fort Frances for the Fall Conference on September 20th when our very own Betty Anderson began her role as regional president. Unfortunately there was no one available to attend the HAAO Convention in Toronto last November, but we hope to rectify that this year.

Thanks to Marnie Lundin, and her committee, a delightful 40th anniversary celebration was enjoyed by 112 people in the hospital cafeteria on June 11th, 2009. There was good representation from hospital staff and from the Railroader membership of the auxiliary. We were very pleased to have some auxiliaries from Fort Frances attend. Thank you to all for that effort. This event covered for the annual Appreciation Tea for hospital staff. The gift shop also held its annual sale at that time.

On the very same day we received the resignations of our two gift shop conveners. These sisters, Melissa and Melanie Reynard, devoted four years of dedicated service to the gift shop and made many exciting changes. We are grateful for their service to the auxiliary in this capacity. This set the scene for our two emergency meetings, many phone calls and e-mails. How grateful we were to find two capable replacements by the end of June! The former conveners were very helpful in the transition and the great work is continuing with the support of the other assisting conveners. This past year of 2008 the gift shop added \$18,587 to our revenues. At this time in 2009 the gift shop has transferred \$15,000.00 to the general account.

Other fund raisers included bake sales, tag day and a raffle for a total of \$9,407. But, the biggest fund raiser of all is H.E.L.P.P which is managed by auxiliaries of the retired railroaders and brought in \$98,047. These monies enabled the auxiliary to donate \$119,250 to the Lake of the Woods District Hospital for the year ending March 31, 2008.

Three additional sources of funds have come our way this year. The first was a result of the Plumber's Crack the Ice Tournament held in April. This was sponsored by Vern Poschner of Parkland Plumbing. He covered all expenses and turned over the entire proceeds of \$2,985.15 to the auxiliary to be used toward the purchase of the bed pan flushing unit. The second came from the Kenora Lady Golfers which will be presented today and the third is coming from the LOW Quilter's Guild Auction held the first week of May.

There is also a bursary of \$500 given each year. The recipient this past year had it deferred for one year so we will be financing two this term.

Our members serve in so many invaluable and varied ways. There are the seasonal tray favours made for the patients and three of our "retired" members in nursing homes, knitting for the gift shop and 236 cap and bootie sets given to the maternity department for new born babies, also 39 appropriate cards sent out to members by the Sunshine Convener. We have representation on the Hospital Board and are presently talking with the Foundation about this matter. As well, we have teams on a schedule who visit our shut-ins. We do not have our own newsletter, but contribute to the Hospital Newsletter when we have material. Further publicity is taken care of by Ruth Bowiec who writes up our meetings and events for the Miner and News. And then we have our 15 "phoners" and 6 spares as "glue" for our communications network. Appreciation is extended to each one of them.

For this year H.E.L.P.P. has committed funding for the following items from the Hospital's Wish List:

Admitting Wristband & Label Printer/magstrip	\$25,000
Housekeeping-Battery Burnisher	6,900
Auto Scrubber	13,500
Lab UltraLow Bacteriology Freezer	5,000
NFS Bakers Refrigerator	5,000
Surgical Scope Cabinet	<u>5,000</u>
Total	\$60,400

The auxiliary has committed to purchasing:

Ice Making Machine for 2E	\$ 5,400
Bedpan Flushing Unit (ICU)	22,500
100lb. Dryer	<u>6,200</u>
Total	\$34,100

These two amounts equal \$94,500

Some items on the wish list have come in under the estimated cost and with the three additional amounts we will be able to explore additional purchases. A new "wish list" is being prepared by the hospital. The HELPP group is interested in providing the funding of \$100,000 over a two year period for patient television equipment. This purchase would generate more revenue for the hospital than the current arrangement.

These accomplishments are the combined efforts of many hands. No contribution is insignificant. We are fortunate and give thanks for the generosity of time, talent and treasure of each and every volunteer.

The special feature of this "office" is getting to know individuals better and to better appreciate their many talents. It is always so heartwarming to see the concerns shown for one another and to witness the many random acts of kindness throughout the year. I have been the recipient of one today. There are so many "quiet" and "unheralded" things done. You and your "acts" are so appreciated.

We give thanks also for the support given to us by hospital staff who help in so many ways throughout the year.

Respectfully submitted on behalf of our volunteers,
Barbara Lundy,
President

3. Financials

SUMMARY OF OPERATING RESULTS

For the period ended March 31

REVENUE

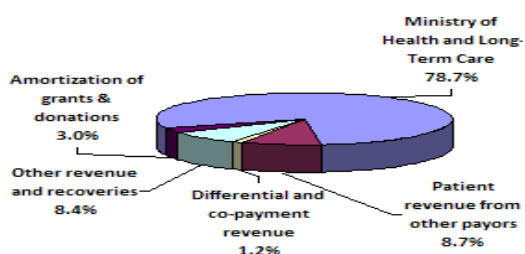
	<u>2009</u>	<u>2008</u>
Ministry of Health and Long-Term Care	\$29,597,509	\$29,410,939
Patient revenue from other payors	3,271,552	3,198,189
Differential and co-payment revenue	455,660	435,455
Other revenue and recoveries	3,143,175	3,294,961
Amortization of grants & donations	1,124,233	1,199,892
Total Hospital Operating Revenue	\$37,592,129	\$37,539,436
Other programs	5,958,516	5,787,487
	\$43,550,645	\$43,326,923

EXPENSES

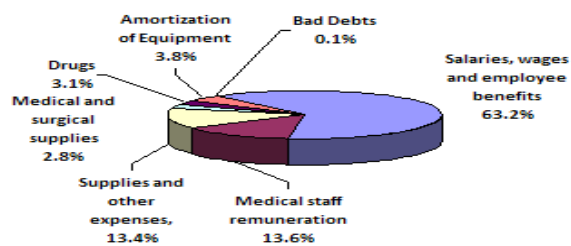
Salaries, wages and employee benefits	\$23,601,822	\$23,608,146
Medical staff remuneration	5,081,417	5,399,440
Supplies and other expenses	5,012,716	4,971,478
Medical and surgical supplies	1,061,385	1,058,641
Drugs	1,165,800	1,061,149
Amortization of Equipment	1,407,590	1,433,270
Bad Debts	22,738	31,879
Total Hospital Operating Expenses	\$37,353,471	\$37,564,000
Other programs	5,958,516	5,787,487
	\$43,311,988	\$43,351,487

Surplus before amortization related to buildings	\$238,657	(\$24,564)
Amortization of buildings	(690,998)	(516,433)
Amortization of deferred contributions	655,449	489,137
Surplus (deficit) for the year	\$203,108	(\$51,860)

REVENUE FROM HOSPITAL OPERATIONS



HOSPITAL OPERATING EXPENSES



Capital Purchases

DEPARTMENT	ASSET DESCRIPTION	ACTUAL COST (NET OF GST REBATE)
Laboratory	Omnitech Laboratory System	\$120,045
Laboratory	Computers for Laboratory System	\$2,891
Laboratory	Freezer	\$4,816
Laboratory	Blood Culture Instrument	\$15,128
Schedule 1	Treadmill for Fitness Room	\$3,933
Information Services	Policy & Procedure Manager License	\$12,834
Information Services	Computer Servers (3)	\$8,061
Information Services	Digital Switch	\$4,588
NFS	Flooring for Kitchen	\$5,930
NFS	Baker's Cooler	\$3,802
Rehabilitation	NuStep	\$5,297
Rehabilitation	Transportable Lift & Walking Track	\$6,852
Building	Nitrous Oxide Medical Gas Distribution System	\$18,730
Building	Foundation Office Renovations	\$14,865
Building	Roof Renewal Project	\$620,085
Building	Loading Dock	\$131,130
Building	Building Automation System	\$115,726
Building	Construction in Progress - NOSM	\$40,018
Building	Construction in Progress - Communications	\$609,387
Building	Construction in Progress - Surgical Renovations	\$175,936
Marketed Service- Parking	Parking Equipment & Software	\$231,995
Respiratory	Infaran Environmental Monitor	\$18,066
Admitting	Transport Chairs (5)	\$5,781
Admitting	Label Xpress Data System	\$32,487
Diagnostic Imaging	Impax Server 6.X Upgrade	\$69,626
Diagnostic Imaging	Ultrasound Aplio XG System	\$201,700
Surgical Services	Metal Scope Cabinet	\$4,930
Surgical Services	Laparscopic Chole Instruments	\$9,568
Emergency Room	Surgical Light	\$13,930
2 East	Ice Machine	\$4,716
2 East	Installation of Flusher Disinfectant	\$3,120
Housekeeping	SWEP Micro Mopping System	\$9,754
Housekeeping	Burnisher	\$5,886
Housekeeping	Autoscrubber & Mini Scrubber	\$9,077
Housekeeping	Floor Scrubber	\$2,984
Laundry	Dryer (75 lb)	\$6,836
ICU	Flusher Disinfectant	\$12,595
Health Records	Cbill 2008 Software	\$13,062
TOTAL CAPITAL ASSETS PURCHASED		\$2,576,167

Hospital Admission & Treatment Statistics

	2008/09	2007/08	2006/07	2005/06	2004/05
Adults & Children Admitted During the Year	2,473	2,612	2,983	2,880	2,895
Babies Born in the Hospital	255	278	253	240	239
Days of Hospital Care - Adults & Children	22,015	21,627	21,640	22,494	23,161
Days of Hospital Care - Newborns	541	610	586	594	644
Meal Days	40,201	39,970	39,621	41,043	42,983
Paid Hours of Work	703,488	721,031	701,019	720,936	659,339
Approved Beds	104	104	104	104	104
Beds in Service	84	84	84	96	96
Emergency Visits	23,563	26,641	25,781	25,972	25,324
Operations Performed - Inpatient	439	522	461	649	568
Operations Performed - Outpatient	1,785	1,630	1,653	1,501	1,205
X-Ray Examinations	15,525	16,097	16,463	17,438	16,620
Ultrasound Examinations	4,095	4,130	3,827	4,288	4,120
Mammograms	1,565	1,576	1,455	1,378	1,181
Computed Tomography Exams	4,555	7,634	6,358	4,944	3,454
Electrocardiographic Examinations	5,280	5,234	5,235	5,799	5,392
Laboratory Procedures	388,897	364,809	359,662	429,939	428,064
Laboratory - Standard Units	1,212,605	1,242,306	1,234,271	1,285,695	1,437,890
Physiotherapy - Patient Attendances	10,695	10,150	8,816	10,202	14,556
Chemotherapy Treatments	1,273	1,181	1,487	1,682	1,467
Dialysis Treatments	2,712	2,920	2,445	2,330	2,319
# Kgs. Laundry	178,608	173,955	167,642	173,891	140,828

Employees over \$100,000.00 for Public Sector Disclosure

Name	Gross, no Tax Benefit	Taxable Benefit	Grand Total
Balcaen, Mark	178,837.78	1,069.38	179,907.16
Brown, Lesley	116,186.63	695.19	116,881.82
Gasparini, Cindy	116,186.63	695.19	116,881.82
MacDonald, Dr. James Kerry	300,865.71	1,485.96	302,351.67
MacDonald, Dr. John Kelly	296,317.66	1,455.72	297,773.38
Mymryk, Marlene	116,186.63	695.19	116,881.82
Schussler, Angela	128,238.65	467.43	128,706.08

4. Board of Directors and Staffing

BOARD OF DIRECTORS

Mrs. B. Anderson
Mr. M. Balcaen, Secretary-Treasurer
Ms. D. Baldwin, Chair
Ms. A. Cameron
Mr. J. Clarke
Mrs. M. Matheson
Mr. B. McCallum
Mr. O. Mejia
Mr. D. Munro
Mrs. J. Reid
Mr. F. Richardson
Mr. R. Thompson
Dr. K. MacDonald, Chief of Staff
Dr. S. Reed-Walkiewicz, President, Medical Staff
Dr. S. Sas, Vice-President, Medical Staff

SENIOR MANAGEMENT

Mr. M. Balcaen, President and Chief Executive Officer
Mrs. C. Gasparini, Vice President, Corporate Services and Chief Financial Officer
Mrs. L. Brown, Vice President, Patient Services and Chief Nursing Officer
Mrs. M. Mymryk, Vice President, Community Services
Dr. K. MacDonald, Chief of Staff

DEPARTMENT MANAGERS

Mrs. K. Belair, Manager, Purchasing
Mr. R. Bootsveld, Manager, Information Services
Mr. B. Chisholm, Manager, Rehabilitation
Mr. M. Copenace, Manager, Aboriginal Services
Mrs. J. Cottam, Manager, Human Resources
Mrs. K. Dawe, Manager, Education, Quality, Risk Management
Mr. B. Dionne, Manager, Respiratory Therapy
Ms. P. Dryden-Holmstrom, Manager, Addictions Services Kenora
Mr. B. Edie, Manager, Pharmacy
Ms. K. Fitzgerald, Manager, Ambulatory Care/Sexual Assault Program
Mrs. M. Hall, Manager, Environmental Services
Ms. S.J. Hill, Manager, Surgical Services
Mrs. T. Knopf, Manager, Laboratory
Mrs. D. MacDonald, Manager, Volunteer Services
Mrs. D. Makowsky, Manager, Medical/Surgical/ICU
Mr. C. Marek, Manager, Central Ambulance Communications Centre
Mr. R. Markle, Manager, Capital Construction Program Manager
Mrs. C. O'Flaherty, Manager, Finance Office and Health Records
Mrs. A. Schussler, Manager, Radiology
Mrs. D. Sieradzki, Manager, Admitting/Switchboard
Mrs. T. Stasiuk, Manager, Maternal/Child/CSR/Resource Team
Mrs. M. Stevenson, Manager, Emergency
Ms. E. Stewart, Manager, Nutrition & Food Services
Mrs. A. Sweeney, Manager, Schedule I/Psychiatry
Mrs. P. Tittlemier, Manager, Complex Continuing Care/Adult Medicine/Pediatrics

MEDICAL STAFF

Dr. J. Beveridge	Dr. W. Loewen	Dr. J. Spielman
Dr. B. Bowerman	Dr. Kelly MacDonald	Dr. M. Thomas
Dr. M. Carlisle	Dr. Kerry MacDonald	Dr. J. Vaudry
Dr. B. Daly	Dr. L. Noack	Dr. Dan Walters
Dr. R. Diamond	Dr. S. Parsons	Dr. Dana Walters
Dr. C. Hammett	Dr. S. Pedersen	Dr. T. Wehner
Dr. J. Hammett	Dr. R. Ramchandrar	Dr. S. Wiebe
Dr. P. Harland	Dr. S. Reed-Walkiwicz	Dr. M. Workman
Dr. H. Hristov	Dr. S. Sas	Dr. U. Zahlan
Dr. J. Kroeker	Dr. V. Sawatzky	
Dr. R. Lass	Dr. L. Snyder	

Ms. E. Duggan, Nurse Practitioner
Ms. W. Peterson, Midwife
Ms. K. Armstrong, Midwife

DENTAL STAFF

Dr. L. Armstrong
Dr. M. Christensen
Dr. C. Foster
Dr. N. Hoshwa
Dr. D. Kozak
Dr. D. McDermid
Dr. E. McKenzie
Dr. E. Montero
Dr. R. Parrott
Dr. R. Pochailo
Dr. D. Riediger

VISITING SPECIALISTS (Courtesy Privileges)

Dr. A. Angel, Internal Medicine
Dr. M. Anthes, Oncology
Dr. M. Aubrey, Rheumatology
Dr. R. Beldavs, Ophthalmology
Dr. T. Blydt-Hansen, Pediatric Nephrology
Ms. E. Boone, Nurse Practitioner
Ms. L. Desrochers, Nurse Practitioner
Dr. D. Dueck, Oncology
Dr. M. Fast, Neurology
Dr. Y. Gagnon, Lab, Diagnostic Imaging Tests only
Dr. D. Hoffman, Orthopedics
Dr. L. Hurst, Dermatology
Dr. N. Laferriere, Oncology/Hematology
Ms. L. Legros, Nurse Practitioner
Mrs. B. Pernsky, Nurse Practitioner
Dr. J. Porter, Orthopedics
Ms. J. Roberts, Nurse Practitioner
Dr. J. van der Zweep, Ophthalmology

LOCUM TENENS

Dr. C. Bloom, Radiology
Dr. A. Cheng, Psychiatry
Dr. E. Cormode, Pediatrics
Dr. P. Garces, Radiology
Dr. J. Haroun, Radiology
Dr. D.J. Heslin, Radiology
Dr. A. Hudak, Pediatrics
Dr. J. Illman, Radiology
Dr. W. Johnston, Psychiatry
Dr. R. Kiz, ER
Dr. W. Kyle, Radiology
Dr. S. Moore, ER
Dr. Y. Nadeem, ER
Dr. C. Scaife, ER
Dr. G. Smith, Pediatrics
Dr. J. Spencer, Surgery
Dr. R. Stewart, Psychiatry
Dr. D. Young, ER