

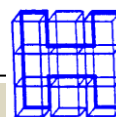
Lake of the Woods District Hospital
Annual Report 2011-2012

"Quality Care from a Quality Team ... Looking Well into the Future"



Table of Contents

Hospital Mission, Vision and Values Statement	3
Message from the Board Chair	4
Message from the President and Chief Executive Officer	5
Message from the Chief of Staff	6
Quality Nursing Work Life Project	7
New Pilot Project at LWDH Reduces ALC Costs	8
Home First Strategy	8
Venous Thromboembolism Policy and Procedure Created	8
Pre-Dialysis Clinic	9
Minimally Invasive Surgery	9
Back End Speech Recognition Contributes to Better Patient Care	10
Telemedicine Expansion	10
Community Programs	11-12
Aboriginal Services	12
Message from LWDH Foundation Chair	13
LWDH Foundation's Fiscal Year in Review	14-17
LWDH Auxiliary	18
Summary of Operating Results	19-20
Hospital Admission and Treatment Statistics	21
Board of Directors and Senior Management	22
Department Managers and Medical Staff	23
Locum Tenens, Dental Staff and Visiting Specialists/Courtesy	24





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.**

This End is further interpreted to include, but not limited to:

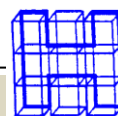
- ❖ People with illness or injury achieve optimum outcomes.
- ❖ Those we serve have information to make positive lifestyle choices.
- ❖ Health care delivery partners have enhanced capacity and capability to achieve their missions.

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.
- ❖ Continuous quality improvement and innovation.





Message from the Board Chair

2011-2012 has been an eventful, challenging and exciting year for our Board of Directors. We are entering our second year of a smaller restructured Board that has governed effectively and efficiently over the past year. This year we will once again be renewing our Board leadership. I would like to sincerely thank and acknowledge the hard work and dedication of two of our veteran Board Members who will be leaving us this year. Joan Reid (12 years) and Dale Munro (5 years) both provided sage advice and selfless support to our Board at all times during their terms. We wish them well in their future endeavours. I also wish to thank Dorothy Monteith who joined our Board in February and will be standing for formal election later at this AGM.

Without the support of a variety of Board committees, effective governance by our Board would be impossible. I would like to focus on the achievements of four of these committees.

The Ownership and Linkages Committee has connected with numerous groups and organizations engaging each in meaningful two way dialogue whereby we gain valuable information and input into our ever changing ends goals and policies; and, our owners and groups find out more about our Hospital's programs and future vision. We have made special efforts to maintain connections with aboriginal groups and First Nations. New connections were recently made with Wauzhusk Onigum and the Ojibways of Onegaming First Nation health organizations.

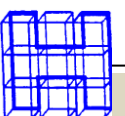
The Quality Committee continues to plan, implement and oversee specific challenging quality improvement targets that are measured constantly throughout the year. I am happy to report that four out of seven of last year's targets were fully met, whilst the other three were partially achieved and would have been fully completed were it not for outside circumstances totally beyond the control of our Hospital.

Over the past two years our Governance Committee has completed a thorough comprehensive review of all of the Board's policies in light of changing Provincial legislation and our changing from a municipally elected Board to a corporation model. This was not an easy chore; virtually all of our policies had to be critically looked at. As a Board we continue to review our policies on a regularly scheduled basis. The Governance Committee has also focussed on Board member education throughout the year with special attention being paid to orientation for new Board members that come on stream each year.

The Nominating Committee (created when we became a corporate entity over a year ago) has successfully set up a system whereby board members are continuously recruited based on skill sets and experience required by our Board. A special thanks to Dale Munro, our outgoing chair of this committee from its inception in 2010.

I would like to point out that the first rate patient centred care that our Hospital gives would not be possible were it not for the many staff and volunteers at our Hospital. The Board's sincere thanks goes out all hospital staff, medical staff, volunteers, Auxiliary and Foundation for the work and support they provide to our patients and institution. People make the difference. In closing I would like to thank our President and CEO Mark Balcaen, Chief of Staff Dr. Kerry McDonald and the other members of our senior executive team, Lesley Brown VP Patient Care and CNO, Cindy Gasparini VP Corporate Services and CFO, and Marlene Mymryk VP Community Programs for the incredible leadership and support you have all provided to the organization during these times of unprecedented change and challenges.

Respectfully Submitted,
Fred Richardson
Chair – Board of Directors





Message from the President and CEO

During 2011-12 the Hospital continued to focus on three main strategic priorities that support our Ends; fiscal sustainability and accountability, patient and staff safety, and working with the community and other health care partners to improve continuity of care to our shared patients / clients.

To the credit of our managers, staff and medical staff, we continue our success in 2011-12 in meeting the acute care needs of our patients in a safe and fiscally responsible manner. We completed the year with a very small surplus of \$80,000 on a \$45 million dollar budget. This is the fifth year in a row that we have balanced our budget. Last year we initiated an in-house patient satisfaction survey that was enormously successful both in terms of a high level of completed surveys (approximately 500 within three months) and the overall satisfaction with care at 94 percent by our inpatients and outpatients.

Our annual report contains a number of highlights throughout the fiscal year. These stories are a small sample of what we have been up to during the past year. We have managed to maintain all existing programs and services and with financial support from the LHIN, we have been able to expand services by offering a new pre-dialysis clinic, expanded telemedicine availability, and expanded intensive rehabilitation through the new Assess and Restore initiative. The Assess and Restore initiative along with the opening of 10 interim long term care beds at Pinecrest have enabled our Hospital to significantly reduce the number of ALC patient days. During the past year our managers and staff have worked very hard on the Workplace Safety and Insurance Board Workwell Audit. We were rewarded with a grade of 97.9 percent for the audit and commended for being a model organization for worker safety. We continue to add new and upgraded information technology software and hardware to improve our reporting within and external to our hospital. 3M Transcription and Document Management System and 3M BESR (Back End Speech Recognition) software was implemented in 2011-12. This project was the largest single IT project ever taken on by the hospital.

Lake of the Woods District Hospital has always fostered and promoted a team approach to fulfilling our Ends. It is through these collective and coordinated efforts of all our board members, managers, staff, medical staff, Foundation, Auxiliary, patients and their family and friends that we are able to provide high quality health care.

I want to express our deep appreciation to the Lake of the Woods District Hospital Foundation and Lake of the Woods District Hospital Auxiliary for their fundraising accomplishments and commitment to improving the patient and family experience at our hospital. Also, I would like to thank my senior managers, Lesley Brown, Cindy Gasparini, Marlene Mymryk, and Dr. Kerry MacDonald whose commitment, efforts, and work ethic are deeply appreciated and recognized. Lesley Brown, Vice President of Patient Care Services and CNO, will be retiring in July after 31 years of service at LWDH, the last 10 of them as Vice President. She has been a true leader at LWDH and within her profession. I have been fortunate to have benefited from her knowledge, compassion, and professionalism. We wish her well in her retirement and sincerely thank her for her significant contribution to improving the quality of care we provide to our community.

I would like to acknowledge and thank two of our Board members who are stepping down this year. Joan Reid has served on the board for over eleven years, three of them as Chair, and Dale Munro has served on the board for over five years, the last year as Board Vice-Chair. It has been a privilege to work closely with you. Your guidance and support has been appreciated. Finally I would like to thank Fred Richardson, Board Chair and all the Board members for their dedication and hard work. You all do great credit to excellence in governance.

Mark Balcaen, M.H.Sc., FACHE





Message from the Chief of Staff

I wish to highlight a few activities at the Lake of the Woods District Hospital in this report.

A significant activity of the Chief of Staff is to work with the Medical Advisory Committee (MAC) to credential medical professionals for privileges at the hospital, and to overview the care provided by those practitioners.

This results in a great deal of work to go to the MAC and I wish to recognize the role of this committee this year. Currently, there are 25 family physicians with Active Professional Staff Privileges at the Hospital, of which, two are full-time in the Emergency Room. Currently, 19 have full-time or part-time practices in community clinics. The other physicians have a narrow scope of practice or are withdrawing from patient services and are expected to retire. This represents a drop in numbers from recent years. In addition, the Hospital has two full-time General Surgeons, 2 full-time Pathologists, one full-time Nephrologist, one full-time Emergency Room Specialist, and one full-time Psychiatry Specialist.

There are five locum Radiologists who visit the community and provide services both on-site and report diagnostic services by distance. There are 13 Emergency Room locum physicians who at times work in our ER to help keep us open. There are 9 Dentists with Active Professional Staff Privileges who provide services in our Operating Room.

Those practitioners with Courtesy Professional Staff Privileges to provide services and access diagnostic services include 15 specialists that provide services in the Visiting Specialist's Clinic or by Telemedicine conferencing. There are 10 Nurse Practitioners with Courtesy Professional Staff Privileges who access diagnostic services. No nurse practitioners' work in the hospital. In the current funding arrangements, it is unlikely that the hospital will be able to employ any in the future.

The hospital remains committed to work with the community to see that every patient has a primary care provider; however, the current models do not meet this need and this has been pointed out to the Ministry of Health and to the Local Health Integration Network (LHIN) repeatedly. Recruitment activities are ongoing.

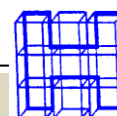
The shortage of primary care contributes to the heavy use of our Emergency Room. The Emergency Room has been kept open with the use of locums from the pool of physicians from HealthForceOntario; however this is often difficult to ensure the Emergency Room stays open. Anticipated loss of ER staff will not be balanced by the expected recruits. The Ministry of Health and the LHIN has been informed of this.

The overcrowding of our wards, which was a significant difficulty in previous years, has been less problematic. This has been facilitated by the small increase in community resources and an increase in temporary beds available to the Long Term Care Home. If those beds close, as they are meant to be temporary, the overcrowding is anticipated to return.

Mandatory quality reporting is ongoing. In many areas we do well in peer comparison such as infection control, wait times for many diagnostic procedures, and the OR wait list. We struggle still with other measurements including ER wait times for low acuity patients. The conditions and resources to reduce this pressure on our ER are not under the control of LWDH.

I wish to thank the Board of Directors and the Medical Advisory Committee for all the work we have done this year and for the privilege of being trusted the position of Chief of Staff.

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



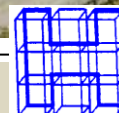
Quality Nursing Work Life Project

In January of this year the Lake of the Woods District Hospital was fortunate to receive funding from the Ministry of Health and Long Term Care to work on a nursing project which was focused on improving nursing work life and thereby improving the quality of care given to our patients. A dynamic group of front line Registered Nurses and Registered Practical Nurses volunteered to take leadership of this project, and with support of Nursing Administration they did an outstanding job in creating a tool which would assist charge nurses in balancing the workload among the nurses on each shift. Prior to this project, patient assignments were often based on the geography of the unit or the number of patients without a methodology for determining patient care needs. Frequently nurses reported that they were leaving shift feeling dissatisfied as that they were not able to deliver optimal care as their workload was so heavy while others on the same shift reported a “great shift” as they had a more manageable patient assignment.

In a pre-survey, it was identified by frontline nurses that the workloads were not equitable causing dissatisfaction among the staff who carried the heavy loads and making staff reluctant to accept shifts on certain units. The group felt that if we had a mechanism to create more balanced workloads that it would help to recruit and retain nurses to certain units and to our Hospital. By having balanced workloads it allows staff to give quality care to patients while enjoying a better quality work life.

A ‘Projected Patient Needs Assessment’ tool was developed by nurses for nurses. The purpose of this tool was to assist in decision-making at the front line to create balanced workloads. The hypothesis was that this would improve the work life of our nurses when the work is equitably distributed and allow nurses to meet the needs of our patients and promote optimal patient outcomes.

The tool has now been implemented and we will be doing a follow up survey to evaluate its effectiveness in meeting our goal of improved quality of work life in September of 2012. The hospital would like to express our gratitude for the dedication and great work of **Debra Bastone, RN; Charlene Melillo, RPN; Tara Milsom, RPN; Jennifer Buchanan, RN; Heather Longe, RPN; Evelyn Palmer, RN; Diane Heida, RN; Randi Hutchison, RN; and Margaret Moore** Executive Assistant to the VP Patient Services.



New Pilot Project at LWDH Reduces ALC Costs

In 2011, as part of the Home First Philosophy, it was identified that an innovative approach to reducing Alternate Level of Care (ALC) in hospitals was required. As a result the Northwest LHIN provided dedicated funding for the Assess and Restore Pilot Project at the LWDH. This funding allowed the Lake of the Woods District Hospital to provide desperately needed short-term, intensive rehabilitation beyond what the hospital resources could provide in the past. The program helps patients to recover the required strength, endurance, and functioning which are needed in order to return home.

The LWDH has implemented the Assess and Restore Service by assigning eight patients, at any given time, to receive enhanced Rehabilitation services, particularly those of Occupational Therapy. OT **Kim Mowrey** and Rehab Technicians **Lori Lindquist** and **Shauna Thain** and the **nursing staff on 2 East** are working extensively and successfully with these patients to increase their independent functioning and to assist them to return home. After the first four months of the Pilot, 31 patients had been admitted into the Assess and Restore program and 14 (45%) had successfully returned home. The Pilot was so successful that the LHIN has extended the funding for the Assess and Restore program until March 31, 2013. Congratulations to a great interdisciplinary team!

Home First Strategy

Patients who are occupying hospital beds but who could be better cared for in another setting are identified as "Alternate Level of Care" or ALC. In order to better utilize the acute care services that our hospital is intended to deliver, we look for every strategy available to us to reduce the numbers of ALC patients in our Hospital. One such strategy is "Home First".

Home First is not a program but is a philosophy. The focus of this philosophy is that patients can make better decisions about their future in their home setting with the support of their family. Therefore, when patients need to be admitted to hospital for an acute illness, the goal is to return them home as soon as the acute illness is over, sometimes with various levels of support. There they can determine what their future living situation needs to be.

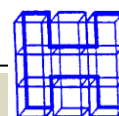
Home First requires the cooperation and commitment of all health providers in the patient's journey including the hospital, CCAC, Physicians and the LHIN. There are weekly meetings of a Joint Discharge Operations Team (JDOT) who review all challenging discharges to determine how we can support the patient at home.

We continue to work with patients, families and providers to make sure that patients are receiving the right care in the right environment, and patients can remain in their homes as long as possible.

Venous Thromboembolism Policy and Procedure Created

Venous Thromboembolism is a common and potentially devastating complication for hospitalized patients. It includes deep vein thrombosis and pulmonary embolism. It is the most common cause of preventable hospital mortality. In addition, the economic burden is substantial.

The Pharmacy and Nursing departments, with physician support, developed a policy and procedure as well as a pre-printed order form for Venous Thromboembolism Prophylaxis. All hospitalized patients will be assessed for Venous Thromboembolism risk and optimal thromboprophylaxis will be provided to every patient in whom it is indicated.

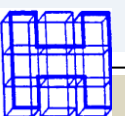
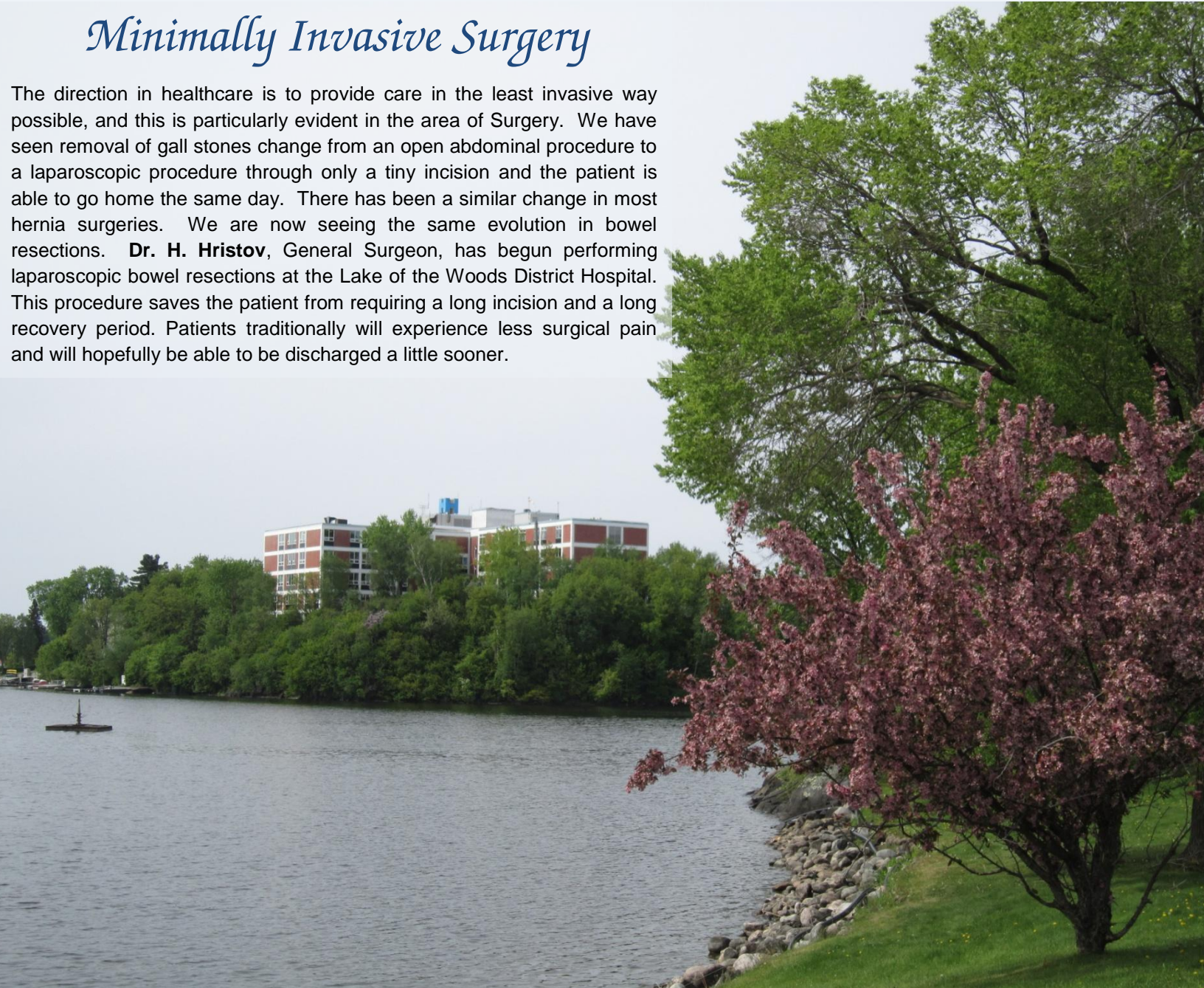


Pre-Dialysis Clinic

In January 2012 the Lake of the Woods District Hospital initiated an important addition to our Dialysis program. The Pre-Dialysis Clinic was established and is held once a month. The goal of this clinic to address the needs of patients who are experiencing deterioration in kidney function and through healthy intervention can delay or prevent the day when Dialysis may become necessary. The clinic is staffed by a multidisciplinary team including, but not limited to, the Nephrologist, Nurses, Dieticians, Social Workers, Diabetes Educators, Pharmacists, etc. We currently have 11 patients who are being monitored through the Pre-Dialysis Clinic and more referrals are being accepted. This is an extremely important program as it focuses on healthy lifestyle and prevention of the progression of chronic disease.

Minimally Invasive Surgery

The direction in healthcare is to provide care in the least invasive way possible, and this is particularly evident in the area of Surgery. We have seen removal of gall stones change from an open abdominal procedure to a laparoscopic procedure through only a tiny incision and the patient is able to go home the same day. There has been a similar change in most hernia surgeries. We are now seeing the same evolution in bowel resections. **Dr. H. Hristov**, General Surgeon, has begun performing laparoscopic bowel resections at the Lake of the Woods District Hospital. This procedure saves the patient from requiring a long incision and a long recovery period. Patients traditionally will experience less surgical pain and will hopefully be able to be discharged a little sooner.





Donna Wiebe and Fran Bergman are working on transcriptions using the new BESR Software.

Back End Speech Recognition Contributes to Better Patient Care

In our strategic plan, one of the Hospital's ongoing goals is to improve our systems in order to provide better patient care. The transcription service was the focus for the year, as the 3M Document Creation software was refined in order to ensure faster turn-around times for documents. This was enhanced in October 2011, with the introduction of Back End Speech Recognition (BESR).

The productivity improvements realized from BESR have allowed for more timely distribution of documents to physician offices and inpatient wards, as well as cost savings in terms of casual and overtime hours. The backlog of reports waiting to be transcribed has been vastly reduced, and on average, the transcriptionist productivity has increased between 10 – 25% compared to traditional transcription. This can be seen on a weekly basis in the departments, as transcriptionists are able to complete all available dictations and complete other assigned tasks.

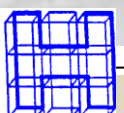
The 3M Software helps the Health Records Technicians (HRTs) to manage chart deficiencies. The physicians can view all deficiencies electronically and some can be resolved at the same time. The ability of the physicians to access the software on the web has reduced the number of charts that are incomplete and the amount of time that charts are being held for completion. This improvement has allowed the workload of the HRTs to be more evenly distributed over the month and more manageable.

Telemedicine Expansion

The LWDH received funding through the LHIN to expand Telemedicine staffing by two full-time positions. This reflects the exponential growth of Telemedicine over the last few years and the need for more staff to continue to provide this service to our patients. One additional RN and one RPN full-time positions were added. Formerly all Telemedicine needs were met by a half time RN position. The two new Telemedicine staff members are **Laird Paul**, RN and **Gail Berze-Sinclair**, RPN who join **Donna Burkart** RN. Already an increase in number of patient consultations has been noted with new staff in place for only 3 months. Increased staffing levels will enable us to increase out-patient consultations to specialists and will support additional education opportunities for staff and the ability to participate in regional meetings by videoconference instead of travelling. The LWDH also provides specialist services to the region by hosting specialist clinics where local or visiting specialists see patients in the region using Telemedicine. Telemedicine offers care closer to home and produces cost-savings related to patient, family, and staff travel expenses. Over 1500 patients used the LWDH Telemedicine program to access care in 2012.



Pictured above, is one of Lake of the Woods District Hospital's four Telemedicine Studios.





Community Programs

*Community Programs has provided service to **2,996** unique individuals and **5,054** group participants.*

Life Long Learning

- In an effort to build capacity within our local treatment system the adult staff co-ordinated and taught for Seven Generations, a week long course in May on General Addictions Principles. They also offered a one day a week class from September to December on Case Management.
- We are pleased to announce that we will have 5 staff members who will be completing their first spring fast and will be graduating with their Master of Social Work in the Aboriginal Field of Studies from Sir Wilfred Laurier University.
- Over the past year Adult Mental Health offered Relaxation group, Mindfulness groups and Craving Change groups for clients with eating disorders. Staff members participated on the Wellness Committee and offered training for the other Hospital staff members.
- We hosted the CCIM training for the OCAN in Kenora on November 29th, 30th and December 1st.

Ontario Common Assessment of Need (OCAN)

The Ministry of Health has funded the Community Information Management Program (CCIC) to launch an electronic assessment tool for sharing mental health and addiction clients' information. **Irene Bergman** and **Todd Spencer** are our Clinical Leads for staff training on this tool.

Integrated Assessment Record (IAR)

The Integrated Assessment Record (IAR) is an electronic tool that allows authorized users to view a client/patient's previous assessment information and work in collaboration with other care providers to effectively plan and deliver services.

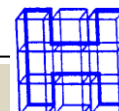
Sunset Area Victim Crisis Assistance & Referral Services (VCARS)

As part of the National Victims of Crime Awareness Week, Sunset Area VCARS acknowledged community professionals and volunteers. They presented an award to Community Programs – Lake of the Woods District Hospital for their work as part of the Disaster Preparedness Committee and for the Morningstar Centre's participation in the training process for new hires through the paramedic services.

Aamikkowiish Housing Project

Affordable housing continues to be one of our main stumbling blocks to help stabilize clients for all parts of our service sectors. In partnering with Aamikkowiish Housing Project and many other agencies, we obtained the Dufresne Charity Challenge fund of \$10,000.00 as well as the United Way Rural and Remote Communities – Homeless Partnering Strategy fund of \$32,000.00 to support the 17 new units. Our staff also participated in the "Options - Making Kenora Home" which supports housing issues and poverty issues within our community.

(Continued on Next Page ...)





Before flood repairs (January 10, 2012).



After flood repairs (May 17, 2012).

The Great Flood of 2012

In January 2012, the Community Programs site at 21 Wolsley Street was flooded. We had to relocate staff and deal with the challenges of continuing to provide services with little to no office space from which to work from. We have come through this misfortune as an even stronger team. Community Programs staff embraced the “Every Door is the Right Door” concept as they faced a challenging year, which included a six month staff shortage. Throughout all of this, they were success in maintaining services to their clients.

We would like to acknowledge our dedicated staff who continued to see clients through this difficult time .We would like to thank the IT and Environmental Services staff for their assistance.

Aboriginal Services

In an effort to better the service to First Nations patients at the hospital, **Lillian Perrault** will be assisting **Merv Copenace**, Manager of Aboriginal Services. Mrs. Perrault will be available when Mr. Copenace is away to offer interpretation and advocacy support. Mrs. Perrault has worked for the youth sector for over twenty years and offers her unique brand of therapeutic skill and genuine kindness to all of her client/patient interactions.

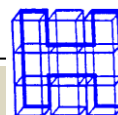
As spirituality is crucial to the healing/recovery process, we have been fortunate to have Elder Joe Morrison share his knowledge with our Programs, which has enriched our services immensely. This past winter, Joe Morrison passed away and we will forever be indebted to him for his kindness.

The Native Healing service continues to, in a personal way, connect individuals and families that are ill or experiencing loss to an Elder, who can offer support and reassurance during a difficult time. These acts of compassion and kindness are a pivotal part of the healing journey.

The Youth Addictions staff members continue to travel on a weekly basis to Grassy Narrows, Whitedog, and Whitefish Bay to provide services. They have over the year also provided one time service to The Dalles, Rat Portage, McKenzie Portage, and Shoal Lake 39.

Traditional Sharing Circle

In an effort to try and break the routine of our Morningstar Female Acute Unit users, we now offer a traditional Sharing Circle every Wednesday morning from 8:00-10:00 a.m. at the Fellowship Centre. This Circle is done in partnership with the Nechee Street Patrol, Fellowship Centre, and the Kenora Sexual Assault Centre. “*Best Practice*” recommends education and building a positive, supportive relationship as the first step to motivate clients to move from pre-contemplation to contemplation. This Sharing Circle is one program that helps achieve that goal.





Message from the LWDH Foundation Chair

On behalf of the Board of Directors and staff of the Lake of the Woods District Hospital Foundation, I extend our thanks for the continued kindness and generosity of donors who help to sustain high quality care in our Hospital.

The Foundation has transferred over \$443,000 to the Hospital this year. We are proud of this achievement. It is remarkable in Northwestern Ontario. Cataract surgery received nearly \$100,000. Other projects included a chemistry analyzer in the lab, scope washers for the Operating Room, digital imaging CR stations, washer disinfectors, an exchange server, defibrillators and a recumbent bicycle for Physiotherapy.

In order for our Hospital to keep pace with more sophisticated equipment developments and improved diagnostic procedures, we need to assist the hospital with the means to continue to provide top quality health care. The Government does not fund capital equipment and budgets very little for infrastructure. Ontario's deficit fighting budget has further reduced its capacity to provide contributions. The community meets the needs of the Hospital through Foundation donations. Our task is of the utmost importance.

The Foundation continues to work towards completion of key projects. Diagnostic Imaging and digital mammography, for example, need \$1.2 million. We have now raised 25% of that target. We seek to reduce wait times and avoid transfers of patients to distant facilities. In certain situations, having this screening available at LWDH will save lives!

Our Hospital serves Kenora residents, area First Nations and cottagers. We are a large base of potential health care users. In this respect, the Kenora Hospital is unique.

The Foundation carries out its fundraising through major events, community initiatives and direct mail in the spring and fall. We are also very fortunate to have local and seasonal resident support. These residents permit the Foundation to excel through significant contributions in all of our campaigns, particularly events.

In our fundraisers, we try to put fun into fund raising as part of annual campaigns.

The Life Savers dinner at the Royal Lake of the Woods Yacht Club raises 20% of our annual campaign. Our cottager neighbours and local residents enjoy a memorable evening and, in turn, make a major contribution to the Foundation.

The MNP Golf Tournament is a key event with funds raised by both golfers and sponsors.

The Tree of Life is a stellar event in Kenora at Christmas where \$10 bulbs helped raise over \$53,000 in 2011!

Boobie Nights, sponsored by Century 21, is becoming a "must attend" fun night in June.

Oktoberfest is a Foundation event that is coming on strong. We will grow this celebration to bring in a fall harvest for Hospital needs.

We were fortunate to be a recipient of the The Dufresne Charity Challenge. It yielded \$25,000 for the Diagnostic Imaging Project.

There are many other community fundraisers that are growing every year. For example, the "3 on 3 Kids for Cancer Hockey Tournament" raised over \$52,000 in its 4th year and \$26,000 of that came to LWDHF!

Direct mail remains a foundation block for the Foundation via individual contributions.

We look towards other opportunities to keep essential contributions flowing to our Hospital.

Underlying our success are a Foundation Board and dedicated staff of two who are committed to our hospital. Our Board both act as governors and fundraisers.

The Board is made up 11 members with a broad range of skills and backgrounds who are passionate about our mission. In my role as Chair, I was privileged to work with these members over the past year. I share with you their names: Gary Forsyth – Vice Chair, Stephen Lundin – Executive Member, Steve Marquis – Finance Committee, Claudette Edie – Secretary/Treasurer, Bill Scribilo – Public Relations Committee, Kris Tittlemier – Public Relations Committee, Cathy Linton – Governance Committee, Thelma Wilkins Page – Governance Committee/Past Chair, Mitchell Boulette – Member at Large

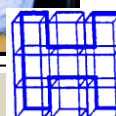
Our staff members, **Jess Rheault** and **Lindsay Wenaas**, are the front line of our Foundation. They keep us energized, and offer a wide range of skills and talents. They enable the Board to be successful in our work.

We thank you, our donors, for your continued support and investment as we strive to find local solutions to address increasing needs in our Hospital. Your contributions will ensure that quality medical care remains available in Kenora. We can all make a difference to meet the objective of best quality care, the right time and in the right setting.

You are "helping your hospital help you".

Donna Wallace

Donna Wallace, Chair LWDHF Board 2011-2012



helping your hospital help you

LWDHF

Fiscal Year in Review 2011-2012

The 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



6th Annual Lifesavers Dinner & Auction Shatters \$107,000 Mark!

On August 13th, 150 local and seasonal residents joined co-chairs Nicki Douglas and Bob Kozminski at the Royal Lake of the Woods Yacht Club. It was a beautiful evening that resulted in the largest amount raised to date: **\$107,003!**

LWDHF committed to 10% of the \$4.9 million Capital Infrastructure Project at LWDH. Lifesavers Dinner and Auctions helped us raise almost our entire \$490,000 commitment. This means that over the last six years, Lifesavers Dinner & Auctions have secured nearly \$4.3 million from the government; ensuring quality medical care remains available for our families, our friends and our community!

This event is the success that it is thanks to the volunteers, donors, attendees and the staff at RLWYC! Thank you! See you August 11th 2012!

LIFESAVERS
DINNER & AUCTION



Top-Co-Chair Bob Kozminski, right with LWDHF supporter Eric Johnson. Bottom-Co-Chair Nicki Douglas, left, with Thelma Wilkins-Page, LWDHF Past Chair



15th Annual **MNP** Charity Golf Classic Breaks Record!

132 golfers came to play the Kenora Golf & Country Club on July 28th. It was a beautiful sunny day that saw a hole-in-one winner take home a hot tub from Krevco Lifestyles (see top right). After a great day of golf, a fabulous meal and a hot auction table, we raised \$50,000!

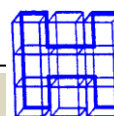
Thank you to MNP, all our volunteers, donors, golfers and the staff at the Kenora Golf & Country Club for helping us break another record! See you July 26, 2012!



Boobie nights
BIGGER AND BETTER



Thank you Century 21 for Boobie Nights and the \$32,500 it raised to help bring Digital Mammography to Kenora! Your determination is contagious! Watch for the third annual in June 2012!



The 24th Annual Tree of Life Campaign Raises \$53,000!



Every year we are amazed at what our \$10 bulbs raise for our hospital! Remembering and honouring loved ones has helped your hospital in a big way yet again, raising over \$53,000 for LWDHF!

This year, we shook up the Green Belt display by partnering with staff and students from TA and BBSS. A little

wood and paint went a long way in creating the beautiful nativity scene and the fun Christmas characters that greeted passers by.



Dufresne Charity Challenge Awards LWDHF \$25,000!

The Dufresne \$1 Million Dollar Charity Challenge helped numerous communities in areas where their stores are located. LWDHF was one such lucky recipient and was presented with \$25,000 towards our Diagnostic Imaging Project to bring Digital Mammography and Digital X-Ray to Kenora. As part of the challenge, charities needed to match the amount that was awarded to them. This means that \$50,000 was designated towards our DI Project! Thank you DFG!



4th Annual 3 on 3 Kids for Cancer Hockey Tournament Shatters Record!

\$52,000 raised playing hockey! What an amazing event to be a part of! Thank you Community Foundation for laying the ground work for our involvement in this tournament. We have created a long-term relationship with the

amazing group of organizers and the Canadian Cancer Society. LWDHF and the Canadian Cancer Society each received \$26,000! Thank you Dean Caron and volunteers for bringing such an important and successful event to our community!



Right: Dean Caron with his wife Karri and their boys Derian and Jayme - Volunteering is a family affair!



Community Support

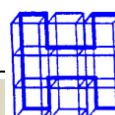
Not only was LWDHF able to transfer over \$443,000 to our hospital this past year, we also increased our total raised to 25% of our goal to bring Digital Mammography and Digital X-Ray to Kenora! This \$1.2 million project will be made possible by supporters like you and Dennis Alvestad from Copperfin who shaved his head for the cause! Hosting different fundraising events enabled Copperfin Credit Union to donate \$12,000 to the

project! Groups like Royal Canadian Legion and the Dragon Tamers and businesses like Forest Helicopters who have adopted this cause as their own bring us even closer to our goal! Thank you!



Helping Your Hospital Help You!

Just some of how you helped us through those "winter blues"!





Lake of the Woods District Hospital Auxiliary

Due to difficulties in forming an executive it was necessary to restructure our Auxiliary and on the recommendation of HAAO we are working under a committee and are limiting the number of meetings per year. The only meeting required is the Annual General Meeting. The Constitution and policies were amended to reflect these changes.

Our membership, totalling 120, has continued to support our Hospital with fundraising to purchase much needed equipment. A total of 8,143 volunteer hours were generously given by our members.

Our major fundraiser continued to be the H.E.L.P.P. Lottery Kiosk which includes the Retired Railroaders group raising a total of \$90,185.40, followed by the Gift Shop, Tag Day, Bake Sales, and Donations which amounted to \$24,506.61.

The Auxiliary realizes and thanks the Hospital Staff Members for their continued support of the Gift Shop as they are the Gift Shop's best customers. Purses still continue to be one of the Gift Shop's biggest items.

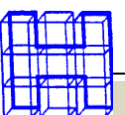
As our thanks, the Auxiliary will be hosting a Staff Appreciation Tea on June 15, 2012 at the Hospital for the staff to enjoy beverages and dainties.

Knitting for the Gift Shop includes dishcloths, sweaters, knitted gift bags, scarves, baby sets, shawls, afghans, slippers, hats and mittens for children and adults, crib and lap quilts are well received. Cap and bootie sets totalling 316 were given to Maternity for all newborns and at Christmas 27 babies sported our red toques.

In addition, there are many other thoughtful gestures occurring. Seasonal tray favours are handmade for patient trays in the Hospital and for elderly Auxiliary members in Pinecrest and Birchwood, as well as the delivering of oranges and treats at Christmas. Visiting teams also visit these people on a regular basis.

In closing, the Auxiliary always appreciates the relationship they have with the Hospital Administration and the entire staff who are always willing to accommodate our requests and for their appreciation of what we do.

Submitted by,
Pat Funk

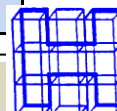


Summary of Operating Results

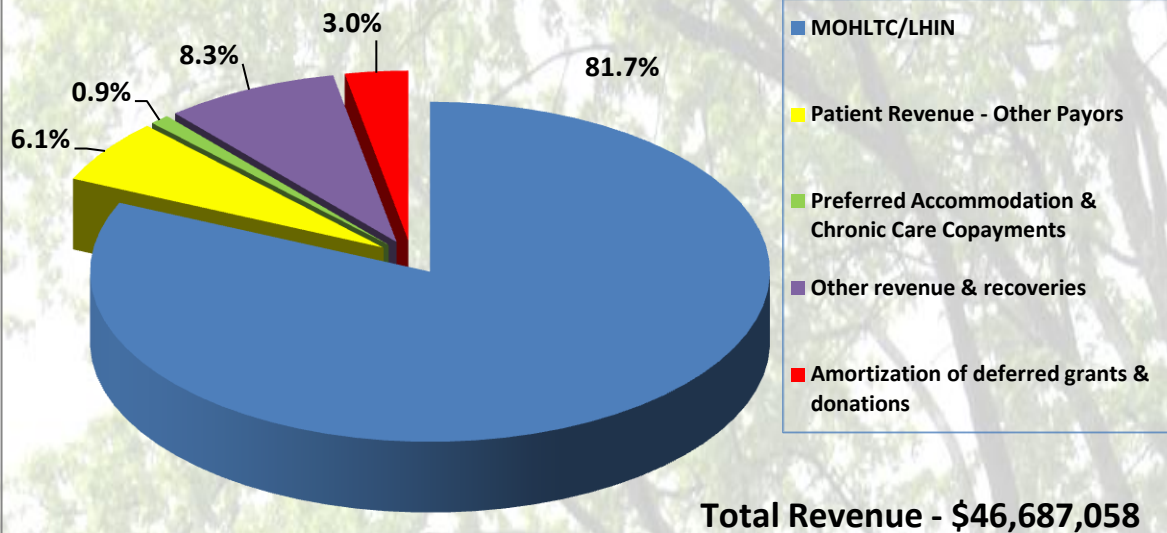
FOR THE Period Ended March 31

	<u>2012</u>	<u>2011</u>
REVENUE		
Ministry of Health and Long-Term Care/LHIN	\$32,700,947	\$31,798,506
Patient revenue from other payors	2,841,983	2,811,251
Preferred accommodation and co-payment revenue	442,915	470,812
Other revenue and recoveries	3,293,523	3,198,533
Amortization of grants & donations for equipment	587,507	616,195
Total Hospital Operating Revenue	\$39,866,875	\$38,895,297
Other programs administered by the Hospital	6,017,237	6,011,257
	\$45,884,112	\$44,906,54
EXPENSES		
Salaries, wages and employee benefits	\$25,372,197	\$25,265,782
Medical staff remuneration	5,543,885	5,171,934
Supplies and other expenses	5,354,408	5,083,015
Medical and surgical supplies	1,157,104	1,072,658
Drugs	1,357,241	1,122,381
Amortization of Equipment	828,739	930,156
Bad Debts	23,197	16,054
Total Hospital Operating Expenses	\$39,636,770	\$38,661,980
Other programs administered by the Hospital	6,017,237	6,011,257
	\$45,654,007	\$44,673,237
Surplus before amortization related to buildings	\$230,106	\$233,317
Amortization of buildings	(952,328)	(762,794)
Amortization of deferred contributions for buildings	802,945	601,206
Surplus for the year	\$80,723	\$71,729

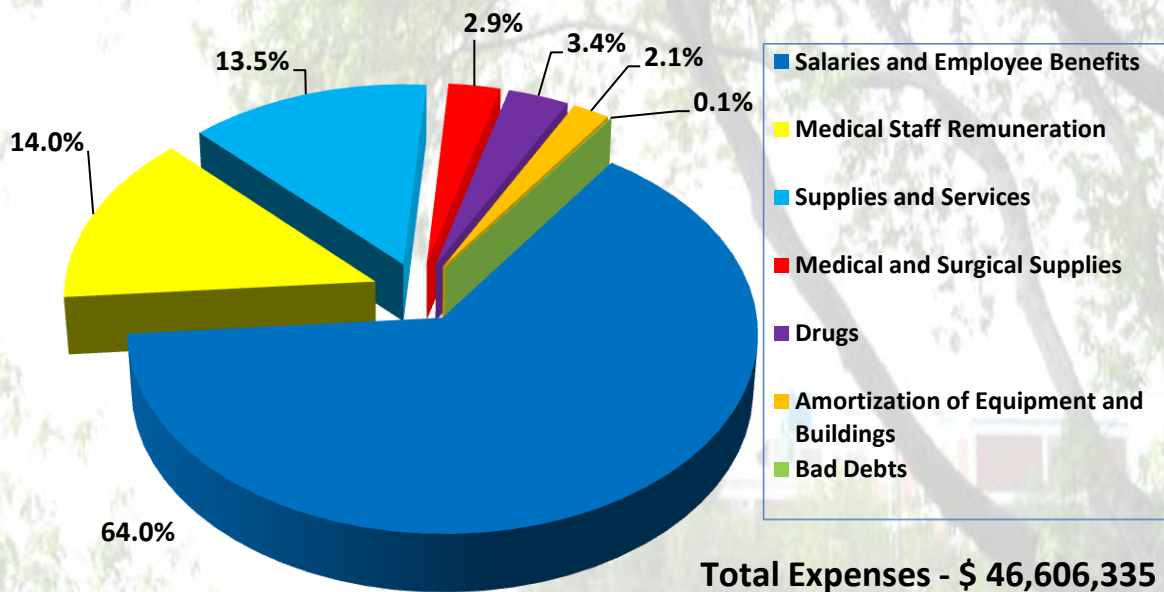
The audited financial statements are available in their entirety on the Lake of the Woods District Hospital website at www.lwdh.on.ca



2011-12 Funding Sources



2011-12 Operating Expenses



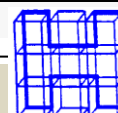
Hospital Surplus (Deficit)

2011-12	\$	80,723	0.20%
2010-11	\$	71,729	0.19%
2009-10	\$	116,388	0.30%
2008-09	\$	203,109	0.53%
2007-08	\$	(51,861)	-0.14%



Hospital Admission and Treatment Statistics

	2011/12	2010/11	2009/10	2008/09	2007/08
Adults & Children Admitted During the Year	2,633	2,600	2,789	2,473	2,612
Babies Born in the Hospital	227	242	247	255	278
Days of Hospital Care - Adults & Children	20,554	21,655	21,714	22,015	21,627
Days of Hospital Care - Newborns	473	502	537	541	610
# Inpatient Admission to ER	106	243	257	193	243
Ambulatory Day Clinic Visits	1,634	1,585	1,593	n/a	n/a
Out-Patient Visits	17,751	18,193	17,088	18,112	20,525
Meal Days	36,229	38,123	38,688	40,201	39,970
Paid Hours of Work	708,932	712,503	702,515	703,488	721,031
Approved Beds	104	104	104	104	104
Beds in Service	84	84	84	84	84
Emergency Visits	21,384	21,516	22,127	23,563	26,641
Operations Performed - Inpatient	348	326	355	439	522
Operations Performed - Outpatient	2,153	2,014	1,930	1,785	1,630
X-Ray Examinations	19,354	16,292	15,523	15,525	16,097
Ultrasound Examinations	6,939	6,135	5,581	4,095	4,130
Mammograms	1,746	1,738	1,555	1,565	1,576
Computed Tomography Exams	3,473	3,645	3,383	4,555	7,634
Electrocardiographic Examinations	6,195	4,859	5,703	5,280	5,234
Laboratory Procedures	329,637	423,360	442,492	388,897	364,809
Laboratory - Standard Units	918,588	1,254,994	1,389,882	1,212,605	1,242,306
Physiotherapy - Patient Attendances	10,346	11,249	11,239	10,695	10,150
Chemotherapy Treatments	1,430	1,330	1,652	1,273	1,181
Dialysis Treatments	2,815	2,647	2,656	2,712	2,920
# Kgs. Laundry	193,888	176,341	166,520	178,608	173,955



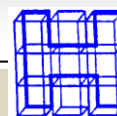


Board of Directors

Betty Anderson	Director
Mark Balcaen	Secretary-Treasurer
Dr. J.E. Beveridge	Director
Lesley Brown	Director
Dr. R. Diamond	Director
Geraldine Kakeeway	Director
Dr. J.K. MacDonald	Director
Marge Matheson	Director
Orlo Mejia	Director
Dorothy Monteith	Director
Dale Munro	Vice Chair
Joan Reid	Director
Fred Richardson	Chair

Senior Management

Mark Balcaen	President and Chief Executive Officer
Lesley Brown	Vice President Patient Services and Chief Nursing Officer
Cindy Gasparini	Vice President Corporate Services and Chief Financial Officer
Marlene Mymryk	Vice President Community Programs
Dr. J.K. MacDonald	Chief of Staff



Department Managers

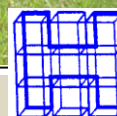
Katrina Belair	Manager, Stores
Richard Bootsvelde	Manager, Information Systems
Brock Chisholm	Manager, Rehabilitation
Merv Copenace	Manager, Aboriginal Services and Housing
Judy Cottam	Manager, Human Resources
Kathy Dawe	Manager, Education/Quality/Risk Management
Brent Dionne	Manager, Respiratory Therapy/EKG
Brad Edie	Manager, Pharmacy
Kathleen Fitzgerald	Manager, Ambulatory Care/Chemotherapy/Sexual Assault/Domestic Violence/Privacy/ Nurse Resource Team
Mary Hall	Manager, Environmental Services/Plant Services
Sonia Hill	Manager, Surgical Services/Schedule 1
Tanya Knopf	Manager, Laboratory
Donna Makowsky	Manager, Medical/Surgical/ICU
Cheryl O'Flaherty	Manager, Finance/Medical Records
Angela Schussler	Manager, Diagnostic Imaging
Denise Sieradzki	Manager, Admitting/Switchboard
Tracy Stasiuk	Manager, Maternity/CSR
Marg Stevenson	Manager, Emergency/Stroke Strategy/Dialysis
Jodie Saarinen	Manager, Nutrition & Food Services
Patty Tittlemier	Manager, CCC/Adult Medicine/Pediatrics

Extra Global Programs

Patti Dryden-Holmstrom	Manager, Youth Addictions, Early Years Program, Post Custody Enhancement Program, Morningstar Centre and MECCA services
Craig Marek	Manager, CCAC (Central Ambulance Communications Centre)

Medical Staff

Dr. J. Beveridge	Dr. J. Kroeker	Dr. V. Sawatzky
Dr. B. Bowerman	Dr. R. Lass	Dr. R. Scatliff
Dr. M. Carlisle	Dr. W. Loewen	Dr. L. Snyder
Dr. C. Czajka-Fedirchuk	Dr. Kelly MacDonald	Dr. J. Spielman
Dr. B. Daly	Dr. Kerry MacDonald	Dr. M. Thomas
Dr. R. Diamond	Dr. S. Pedersen	Dr. J. Vaudry
Dr. S. Foidart	Dr. R. Ramchandrar	Dr. Dan Walters
Dr. C. Hammett	Dr. S. Reed-Walkiewicz	Dr. Dana Walters
Dr. J. Hammett	Dr. J. Retson	Dr. T. Wehner
Dr. H. Hristov	Dr. S. Sas	Dr. S. Wiebe
W. Peterson, Midwife		Dr. C.M. Workman
K. Graff, Midwife		Dr. U. Zahlan





Locum Tenens

Dr. A. Affleck	Emergency Department
Dr. K. Carter	Emergency Department
Dr. R. Dan	Radiology
Ms. M. Fiorvanti	Midwife
Dr. J. Fuss	Emergency Department
Dr. P. Garces	Radiology
Dr. K. Hampe	Psychiatry
Dr. J. Illman	Radiology
Dr. J. Kim	Radiology
Dr. R. Kiz	Emergency Department
Dr. A. Marchie	Emergency Department
Dr. S. Moore	Emergency Department
Dr. L. Noack	Family Medicine
Dr. S. Parsons	Emergency Department
Dr. R. Perera	Emergency Department
Dr. W. Posloski	Emergency Department
Dr. C. Scaife	Emergency Department
Dr. N. Sidky	Emergency Department
Dr. M. Spencer	Family Medicine
Dr. S. Visser	Emergency Department
Dr. M. Wilson	Radiology
Dr. F. Youssef	Emergency Department

Dental Staff

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

Visiting Specialists/ Courtesy Privileges

Dr. A. Angel	Internal Medicine
Dr. M. Anthes	Oncology
Dr. M. Aubrey	Rheumatology
Dr. R. Beldavs	Ophthalmology
Ms. T. Bennett	Nurse Practitioner
Dr. T. Blydt-Hansen	Pediatric Nephrology
Ms. E. Boone	Nurse Practitioner
Ms. L. Desrochers	Nurse Practitioner
Dr. D. Dueck	Oncology
Ms. E. Duggan	Nurse Practitioner
Dr. M. Fast	Neurology
Ms. L. Galusha	Nurse Practitioner
Dr. L. Habermehl	Family Physician
Dr. P. Harland	Pediatrics
Ms. K. Heidrick	Nurse Practitioner
Dr. D. Hoffman	Orthopedics
Dr. L. Hurst	Dermatology
Dr. N. Laferriere	Oncology/Hematology
Ms. L. Legros	Nurse Practitioner
Ms. B. Pernsky	Nurse Practitioner
Dr. J. Porter	Orthopedics
Dr. K. Ramchandrar	Oncology
Ms. J. Roberts	Nurse Practitioner
Dr. E. Touzin	General Surgeon
Dr. J. van der Zweep	Ophthalmology
Ms. C. Wilson	Nurse Practitioner

