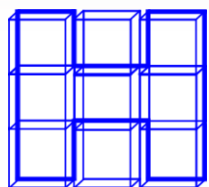


# LAKE OF THE WOODS DISTRICT HOSPITAL

*Annual Report 2012-2013*

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





## *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.
- ❖ People have access to an integrated health care system.

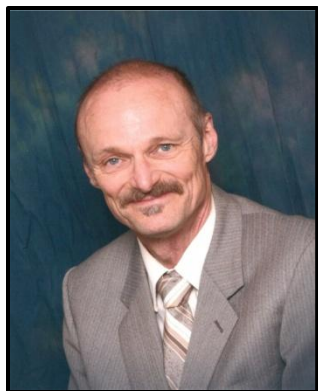
## *Vision*

- ❖ 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.





## *Message from the Board Chair*

Over the past year I am pleased to report that our Board and Hospital have made significant progress and achievements in the governance and provision of health care for people living and visiting in Kenora and surrounding communities.

We have a mature, ends focused Board that now better reflects the cultural diversity of the Kenora area. This year, we will be replacing two positions. I would like to acknowledge and thank Marge Matheson and Orlo Mejia for their outstanding contributions and tireless commitment to our Board over the past 7 years. Their professionalism and friendship will be missed by all of us and we wish them well in their future endeavours.

Community outreach organized by the Ownership and Linkages Committee was once again a tremendous success. I wish to highlight significant engagements with Aboriginal communities, groups and agencies. These engagements have opened the doors to important 2 way information and staff exchanges that will ultimately lead to better care for our patients.

The Quality Committee of the Board worked extremely hard this year monitoring last year's plan and creating the current 2013-2014 plan. I am extremely proud that the Hospital achieved 7 out of 7 targets in our completed 2012-2013 plan. All Hospital staff members are to be thanked for this spectacular achievement. Additionally, this Committee has created a Board friendly dashboard indicator tool that keeps the board "up to speed" on significant hospital health care indicators.

A considerable amount of time and effort went into the revision and implementation of the Board's third end; namely, "People have access to an integrated health care system." Regional and community collaboration of health care will continue to be an important focus for the Board in current and upcoming years as we continue to work towards a patient centered seamless health care system.

Accreditation achievement this year would not have happened without the hard work and support of Hospital staff and volunteers alike. Our sincere thanks are extended to all Hospital staff, medical staff, volunteers, the Hospital Auxiliary, the Hospital Foundation and all area citizens and groups that have donated and volunteered to make Lake of the Woods District Hospital an outstanding health care institution.

In closing, the Board thanks CEO Mark Balcaen, Chief of Staff Dr. Kerry McDonald, VP Patient Services Kathy Dawe, VP Corporate Services Cindy Gasparini, and VP Community Programs Marlene Mymryk for their tremendous leadership and support provided to the Board and institution throughout 2012 – 2013.

Respectfully submitted,

Fred Richardson  
Board Chair







## *Message from the President and CEO*

Our 2012-13 annual report contains a number of highlights achieved by the Hospital throughout the fiscal year. These stories are a small sample of what we have been up to.

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 Recovery Support Program (Addictions), Telehealth enabled aftercare follow-up for post detox clients, and in collaboration with other local providers, be a partner in the new Drug Court Program in Kenora. We have undertaken new activities to increase the cultural competence of our organization; increased collaboration with our health care partners to better serve our clients (Drug Court Program, Northwest Supply Chain initiative, the Fourth R Program); made enhancements in diagnostic technology including digital mammography and laboratory testing equipment; and finished the year with positive financial results.

I am delighted to report that the hospital received “Accreditation with Commendation” from Accreditation Canada this spring and met all seven of our Quality Improvement targets this past year. It is important to emphasize that all of those quality improvement targets were “stretch” targets and achieving them was a major milestone for our 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 my sincere thanks to all our staff, managers, and medical staff for the excellent care they provide to our community.

On behalf of all our staff and physicians 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, Cindy Gasparini, Marlene Mymryk, Kathy Dawe, and Dr. Kerry MacDonald whose commitment, efforts, and work ethic are deeply appreciated and recognized.

I would also like to acknowledge and thank two of our Board members who are stepping down this year: Orlo Mejia, who has served on the Board for over six years, two of them as Chair of the Audit Committee and Marge Matheson who has served on the board for over six years, serving two years as Board Vice-chair as well as Chair of the Board Governance Committee. It has been an honour to work closely with you and your guidance and support has been appreciated. I would also like to thank Fred Richardson, Board Chair and all the Board members for their dedication and hard work. By example, all of you demonstrate excellence in governance.

Finally, I would like to thank and acknowledge Sue Winter, Executive Assistant to myself and the Board. Sue is retiring this July and her wonderful personality and superb organizational skills have been instrumental in keeping me on track and Board members organized. It has been a real pleasure working with Sue and we all wish her happy trails in her retirement. Take care.

Respectfully submitted,

Mark Balcaen, M.H.Sc., FACHE  
President and CEO





## *Message from the Chief of Staff*

The 2012-2013 year has presented significant challenges for the Lake of the Woods District Hospital given the fiscal climate and significant risks of budget and resource short fall. The Professional Staff of the Lake of the Woods District Hospital have contributed to discussion and planning that helped us all to provide services to our patients and keep within the budget. I am pleased that they accepted and responded to the province's public services constraints and have remained, for the most part, hopeful and engaged. I have no doubt they will continue to work mindful of fiscal contribution and look for efficiencies while providing good quality care.

Past years efforts to build a sustainable medical staff complement are seeing positive returns. As an example, as of the summer of 2013 we do not anticipate that the Lake of the Woods District Hospital Emergency Department will need to depend upon locum physicians brought in by HealthForceOntario to help us keep the ER open. Essentially, all available ER shifts will be staffed by physicians that are local. This is a substantial saving to the provincial system. The advantage to the Lake of the Woods District Hospital includes greater continuity of care as our own physicians will be more familiar with the local needs and will become acquainted with the many patients that are frequent at the ER in a manner a locum MD from away could not. Several of the new recruits to our ER are also opening a practice in the clinics. Hopefully this will reduce the orphan patient lists. These new MDs come largely from our partnership with NOSM, but not exclusively as we have recruited from elsewhere also.

Over the upcoming year we are anticipating several more young MDs to return to LWDH, one from additional training and several from the continued graduation of NOSM students. The most concerning problem to ongoing recruitment would appear to be a shortage of clinic space for primary care. This is out of the control of the Board of Directors of the Lake of the Woods District Hospital but we look forward to further meetings with the clinic management staff on this concern.

Another program that is highly effective is the mixture of visiting specialists that work in the Hospital Visiting Specialist Clinic run by the Lake of the Woods District Hospital. Further expansion of this service, to reduce our patient's need to travel out of town is resource dependent, but an expansion of the video networking to 6 units inside of the Lake of the Woods District Hospital is anticipated to meet some of this need in a timely and cost effective manner. Further plans to bring additional specialists to town are being discussed with community clinic partners to see if pooling our resources will provide space and a budget for this.

This year has been trying and the challenge of budgeting resources and sustainability will need to be repeated, but I look forward to the year ahead as our batteries have been recharged, at least a bit, by the successes of this year. I am reminded about the proverb of the straw that broke the camels' back. There are many variations of it in many cultures but will not happen today, and tomorrow will take care of itself.

Respectfully Submitted,

J.K. MacDonald, M.D., FRCP  
Chief of Staff







## *Message from the Vice President of Patient Services and Chief Nursing Officer*

It is my pleasure to address you in this 2012-13 annual report as the Vice President of Patient Services and Chief Nursing Officer at LWDH. My thanks to the Board of Directors, the Senior Management Team, and the entire Patient Care Team for assisting me in this year of transition.

The stories included in this year's annual report reflect the patient journey at LWDH; it is one that is challenging, inspiring, and a journey we make together. We have, as a team, renewed our commitment to providing patient and family-centred care to all those we serve. The Patient Care Team is focusing on excellence in customer service, in all departments, to all patients. This focus is visible in the new strategic plan that is under development.

We are very proud of our Staff Wellness Program; a healthy work environment for our staff relates directly to the quality of care provided to our patients. They provide a wide variety of fun activities that both challenge and sometimes entertain us!

We continue to strengthen our partnerships with the Northwest LHIN and the "Blueprint for Health"- the vision of healthcare for our region. The success of the "Assess & Restore" program is evidence of both partnership with the LHIN and the Northwest Community Care Access Centre (CCAC). We welcome a renewed presence and partnership with the CCAC. Two Hospital Case Coordinators now have their offices in the Hospital forging a stronger relationship with our staff, patients, and their families. We also look forward to the addition of a CCAC "Rapid Response Nurse" to assist our patients to return home sooner and also divert admissions and visits to the ER. Enhanced partnerships with the Kenora Area Health Access Centre (KAHAC), the Family Health Team, and our Long-term Care facilities are also priorities.

We know there may be difficult times ahead and difficult situations to seek solutions to. Financial challenges threaten the services we provide and our ability to meet the healthcare needs of our community. We are not perfect but we continue to strive toward constantly achieving higher standards of quality and excellence in patient care and a safe and satisfying work life for our staff.

I look forward to the 2013-14 year as we continue the journey to fulfill our mission and vision to the people we serve.

Respectfully Submitted,

Kathy Dawe, RN HBSn CHE  
VP Patient Services and CNO







## *Message from the Vice President of Corporate Service and Chief Financial Officer*

This annual report marks the end of another successful year for Lake of the Woods District Hospital and the onset of an exciting roadmap of activities which will continue to set the course for our future.

As we look back on our achievements and successes for this year a common thread is the increasing use of medical and information technology in virtually every department of our Hospital.

With the rising cost of healthcare, there is an ever increasing demand for higher levels of performance management, in order to drive improvement and to ensure the sustainability of the healthcare system. Under Health System Funding Reform, where hospitals will be funded based on the types and complexity of their services and on how efficiently those services are provided, there is heightened scrutiny of processes and practices to ensure that care is being provided by the right provider, in the right place, and at the right time. Increasing demand for transparency has triggered the emergence of a large number of integrated and web based reporting and monitoring tools which enable healthcare managers, staff, practitioners and the public to access information on the performance of individual hospitals and on the healthcare system as a whole. We now have expanded ability, through various benchmarking and performance measurement tools to compare our operations to those of similar hospitals and to then further investigate where we can implement best practices or streamline processes to maximize efficiencies and optimize the use of our financial and human resources.

Throughout this year at LWDH we have embarked on several initiatives to implement the necessary technological tools to monitor performance management, quality and access to services. Our move to the MediTech software platform brings us online with all other hospitals in the Northwest Region in moving toward an integrated Electronic Patient Record. Over the next few years, as this system is fully implemented, it will enable the sharing of clinical information with other hospitals and health practitioners across a wide continuum of care. This will result in less

system-wide duplication, better coordination of service to our patients and ultimately better patient care, as resources are directed to the areas that provide the most benefit to our patients

Our newly formed affiliation with the Northwest Supply Chain Initiative (NSC) provides us, along with the other 12 hospitals in our Northwest region, with integrated access to shared purchasing initiatives and supply chain expertise. Through the GHX software implemented through NSC, we will be able to closely monitor supplies usage levels, cost trends and contract opportunities, in order to optimize our resource allocation. Although our collaboration with NSC is still young we have already begun to see the benefit of reduced costs, which allow us to meet our financial targets and to optimize resources.

Technology is playing a major role, not only in clinical areas but in support services as well. The implementation of Maintenance Connection software has streamlined the handling of maintenance work orders and provided clear information on maintenance history to help aid in our equipment management decisions. The MediTech software will also aid our Nutrition & Food Services Department by providing integrated access to patient demographics and pertinent information for patient meal planning.

At the start of the 2012-13 fiscal year, we were faced with the daunting challenge of a very large projected deficit. However, through the hard work, innovative thinking and perseverance of all members of our Hospital team, we have once again risen to that challenge and tackled it head-on. Although our audited financial statements are indicating a very small deficit, it is a vast improvement from the position that we originally forecasted at the start of the year. By using our information systems to continually identify emerging trends and through enhanced partnerships and collaborations, we will continue to strive to offer the quality services that we are so proud of.

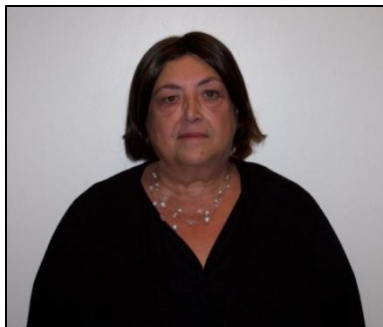
I wish to extend my sincere thanks to the Board of Directors and my Senior Management colleagues for your support, and to express my deep appreciation to my wonderful Administrative and Support Services management team and all of our great staff who play such an important role in providing the underlying support that keeps our Hospital going.

Respectfully Submitted,

Cindy Gasparini, CPA, CA  
VP Corporate Services and CNO







## *Message from the VP of Community Programs*

This year the staff of Community Programs assisted 2,250 unique individuals from the Kenora area with mental health and or addiction issues. 5,404 participants attended our therapeutic groups.

A small working group under the guidance and direction of the Aboriginal Health Directors Advisory Group have made great strides in the Hospital's efforts toward cultural competency. Efforts included: review and amendment of the patient survey that will be used by the hospital this summer; an elder approved PowerPoint guide for an education and training module for staff and students; and several exciting education and training events. We continue to honour traditional First Nations practices at our Morningstar Centre, by providing a spring and fall feast and weekly sweats and traditional healing, when appropriate, through our Native Healer Program.

Addiction Services Kenora received additional funding to address opiate misuse in the Kenora area. The purpose of the program is to provide support to women who are pregnant or newly parenting and are users of opiates.

In partnership with the Northwestern Health Unit, Narcan (Naloxone) kits are available at the Needle Exchange site. Naloxone is an opiate antagonist that can reverse the effects of an opiate overdose if administered within a short period following use of the opioid.

We have launched a Recovery Support Program. The goal of this service is to engage with our clients that are frequent users of Morningstar, the Emergency Room, and the OPP. It is our belief that by having the capacity to offer one-on-one practical support we will be able to engage clients in their wellness plan.

In an effort to improve client outcomes we have partnered with the addiction sector within our community to offer a Drug Court. The group started by visiting the Drug Court in Winnipeg on two separate occasions to get a firsthand view of how the court operated. Our second step was to have the working group complete three training sessions with diversion groups at the court house. The third and final step was to have the Winnipeg Drug Court come to Kenora to provide training at the court house. The working group put together the necessary agreements and documentation for the court to be approved and on February 27, 2013 we had our first Drug Court in Kenora.

Over the past year we have implemented the Fourth R Program in three high school classrooms in the Kenora area. The Fourth R consists of a comprehensive school-based program designed to include students, teachers, parents and community in reducing violence and risk behaviours. It is important that young people be given information that will help them make good decisions, and are shown positive relationship models that will demonstrate alternatives to the negative examples they frequently see in the world around them. The program educates all adolescents about safety and risk, rather than just those who show problems, and builds resilience for future difficulties.

The Responsible Gambling staff members have made presentations to the community about the facts on gambling as the town weighed in on their decision about having another Casino located here.

The Day Treatment Program continues to offer varied and challenging new crafts, events, and physical activities.

We hope that we have helped people that have used our services to make positive lifestyle choices.

Thank you, to all those that provided support to Community Programs; and special thanks to the hard working staff.

Respectfully Submitted,  
Marlene Mymryk  
VP Community Programs







## *Smoking Cessation a Huge Success at the LWDH*

Effective April 22, 2012, the Hospital and all of its properties became smoke-free, with the exception of one designated smoking site at each of its facilities (Hospital Site, New St. Joes and Morningstar). The transition has been exceptionally well received, and non-smoking employees, patients and visitors are now enjoying smoke-free access and exit to the buildings. Over 70 staff celebrated the new smoke-free patio on Monday April 23<sup>rd</sup>, with a healthy coffee break courtesy of the Hospital and Wellness Committee.

The next step in the hospital smoking cessation strategy is the implementation of the research project entitled "A Multi-Level Assessment of Inpatient Tobacco Use and Adherence to Smoking Cessation Clinical Practice Guidelines in Northwestern Ontario Hospitals". This award winning project has been gathering data since 2006, and consists of 2 components:

1. Inpatient guideline tracking forms - all adult smokers (18+ years old) will be provided with a brief smoking cessation (5As) intervention by their IP nurse. This complies with the RNAO guidelines that recommend that all nurses intervene with all patients on every encounter (i.e., ask, advise, assess, assist, and arrange).
2. Tobacco use question - all patients 18+ years of age and older who are either admitted to the hospital or visit the ED will be asked by admitting staff if they smoked or used tobacco within the last 30 days.





## *A Vision of Cultural Competency at LWDH*

The Lake of the Woods District Hospital has a subcommittee for the Aboriginal Health Directors Advisory Committee. This is a working group that meets monthly and is committed to addressing and raising awareness regarding the importance of respecting all cultures of people who come to the LWDH.

This committee is currently focusing on the needs of Aboriginal, Inuit and Métis People who come to the hospital for medical treatment. There are 28 First Nations Communities in the Treaty #3 area. We are developing a variety of recommendations and strategies to ensure that all people that come to the hospital have a positive experience as a patient or family member.

The committee members consist of LWDH staff including: Marlene Mymryk, Merv Copenace, Brigitte Loeppky, Lillian Perrault, and Sheila Toderian. The committee takes its guidance and direction from Elder Langford Ogemah and the Health Directors of the First Nation's communities that use the hospital. We have developed a wide range of initiatives to increase cultural awareness for hospital staff, patients and visitors, and for our community partners.

Initiatives that have been implemented or are in the process of being introduced are: Cultural Sensitivity Training modules for staff education, cultural sensitivity training included in the orientation of new staff and students; meetings with First Nations Communities Community Health Representatives to share ideas and discuss common concerns, display of Aboriginal art in the hospital, developing a cultural awareness brochure, creating a display of First Nations medicines in the hospital along with the 7 Grandfather Teachings, developing a patient questionnaire to ensure we are getting a good response from First Nations people that use hospital services, raising awareness of Aboriginal culture by having Aboriginal foods in the cafeteria (i.e. Wild Rice soup and Bannock Thursdays), and regular LWDH newsletter article entries to showcase and celebrate our multicultural region.

The Aboriginal Healing Program has coordinated educational events by the Elders to hospital staff for several years. A recent event was a Drumming and Dancing session where staff received teachings on the meaning of Pow Wow's and Drumming in the Aboriginal culture. This interactive session was informative and the attendance was excellent.



LWDH Staff Members participate in a Drumming Session alongside presenters Wayne Henry and Richard Henry from Ochiichagwebabigoing (formally known as Dalles First Nation), and Francis Roulette from Shoal Lake #39.

We were also fortunate that during National Nursing Week the LWDH hosted an educational event related to "The Enhancement of Cultural Safe and Sensitive Care". We had 2 speakers, Dr. Brenda Elias who is an Assistant Professor in the Department of Community Health Sciences, a research affiliate of the Centre for Human Right Research and the co-founder and former Director of the Centre for Aboriginal Health Research at the University of Manitoba and Lyna Hart. Lyna is a registered nurse who works as a tribal nursing officer at the SouthEast Resource Development Corporation in the tribal health services program in Winnipeg, Manitoba. Lyna is a residential school survivor who tells her story in the powerful documentary "We were Children," a Canadian film released in 2012.





*Patient safety is the  
guiding principle*

PROUD  
PARTNERS  
IN:

- Patient Safety
- Quality Care
- Interprofessional  
Collaboration  
and Teamwork

## *Implementation of MORE<sup>OB</sup> Program*

As a result of planning over the 2012-13 year, we will be implementing the MORE<sup>OB</sup> program in May 2013 with funding allocated to us by the Northwest LHIN. This program will run over a three-year period, and engages 22 different nursing staff, physicians, and midwives.

The MORE<sup>OB</sup> Program will put patient safety into the forefront of our daily practice.

Its implementation will be led by our own interprofessional Core Team, which is comprised of 3 family physicians and 3 registered nurses, all of whom volunteered to lead us. We will also be seeking input from the Midwifery program, Risk Management, and Senior Management.

The program is divided into three modules. At the beginning of each module, a team of facilitators will meet with our Core Team. The purpose is to help develop a vision for our Obstetrical Unit and to present an overview of the MORE<sup>OB</sup> program goals and structure, and focus on the content and performance expectation for each specific module. Sessions are interactive and will provide opportunities for the Core Team Members to identify and incorporate our unit safety goals into the strategies for implementing the MORE<sup>OB</sup> program into our unit.

MORE<sup>OB</sup> has many tools available online to assist our Core Team in sharing and transferring information to all participants in the program. Throughout the duration of the program we have the service of a Program Consultant for on-going guidance, support, and assistance.

While learning to manage Obstetrical risk efficiently, the Core Team will guide others through workshops and hands on activities. The purpose of these workshops includes strengthening interprofessional respect, communication, and teamwork, as well as to identify any practice issues or potential safety concerns within our current practice.

## *Exciting Updates in Chemotherapy*

LWDH's Chemotherapy Team has been hard at work learning MOISAQ, which is the regional cancer EMR system that links all cancer sites around the Northwest region. The team had their training on May 9, 2013 and the system went LIVE on May 13, 2013. Pictured in the top left photo are: Carolyn Hamlyn, Lesley Hollis, Tina Petri at the computer, Holly Rose and Jay Tysoski, the Regional Program Coordinator who came to do the training.

On April 4-5, 2013 the Chemotherapy Room underwent some changes; out went the old desk and in came a new one! Pictured above are Chemotherapy Department Staff enjoying their new working space.





## Above & Beyond Leading Excellence (A.B.L.E.) Staff Award

As a result of staff feedback received through the Worklife Pulse Tool (our staff satisfaction survey), the Leadership Accreditation & Quality Improvement team took this feedback seriously and developed a program that recognizes leadership and excellence in our staff. A formal nomination process with guidelines was developed. The award is given each quarter to one staff member. To date, two awards have been given; the first to Joelle Thomson (*pictured right*), RN Team Leader 3E, and the second to Donna German (*pictured left*), IT Specialist. Each A.B.L.E. winner receives a gift certificate and is formally recognized on our "Thank You" bulletin board in the main ER/DI hallway. This is just one way that we can recognize and appreciate the excellent staff we have at LWDH.



## Pharmacy Patient Safety Initiative

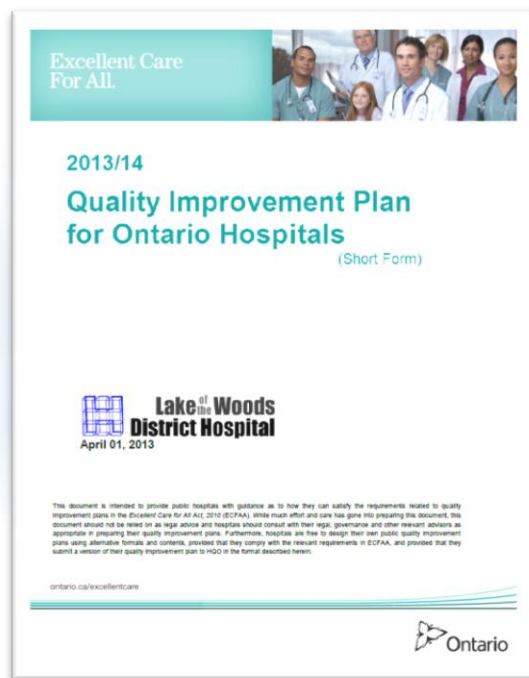
The Pharmacy Department completed a major revision of the label format for chemotherapy preparations in the spring of 2013. The revision was a patient safety initiative to comply with recent guidelines distributed by Cancer Care Ontario. All chemotherapy labels will include: patient name; drug name; amount of drug per container; overfill volume; route of administration; volume of fluid to be administered; and rate of administration.

These recommendations were developed to help ensure the efficient, effective, and safe administration of intravenous chemotherapy.





## Quality Improvement Plan



Lake of the Woods District Hospital submitted a Quality Improvement Plan to Health Quality Ontario for the year commencing April 1, 2012. The QIP is about improving patient/client care and provider experience, and care effectiveness and value through system improvement, continuously over time. Seven indicators had been identified as priorities for the QIP to measure. Following review of the year's final indicator target results, the Lake of the Woods District Hospital has achieved all of the 7 identified targets. This is a major accomplishment that demonstrates global hospital commitment as we strive for excellence in patient care within our organization.

Please feel free to view our 2012-13 Quality Improvement Plan by visiting the following link:  
<http://www.lwdh.on.ca/index.php/resources/documents-2/viewcategory/16-2013-2014.html>

## Accreditation Canada Awards LWDH with "Accreditation with Commendation"



The Lake of the Woods District Hospital is pleased to announce that our organization has been awarded "Accreditation with Commendation" by Accreditation, Canada. This achievement is directly related to LWDH staff's dedication and commitment to Quality and Patient Safety. Quality Improvement is a dynamic journey and the Qmentum Quality Teams continue to work at driving quality health services for the patients we serve.







The Wellness Committee L to R: Jackie Hopkins, Erin Mudry, Adrienne Penner, Hilary Jackson, Sarah-lynn Klassen, Ron Burgess, Linda MacNeil. Missing: Sue Green, Judy Cottam and Ashley Makela

## Workplace Wellness Committee

The Workplace Wellness Committee has been in operation since May 2009. Since its formation, the committee has been striving to meet its mission of promoting a thriving and vibrant workplace where employees take personal responsibility for their own health and wellbeing.

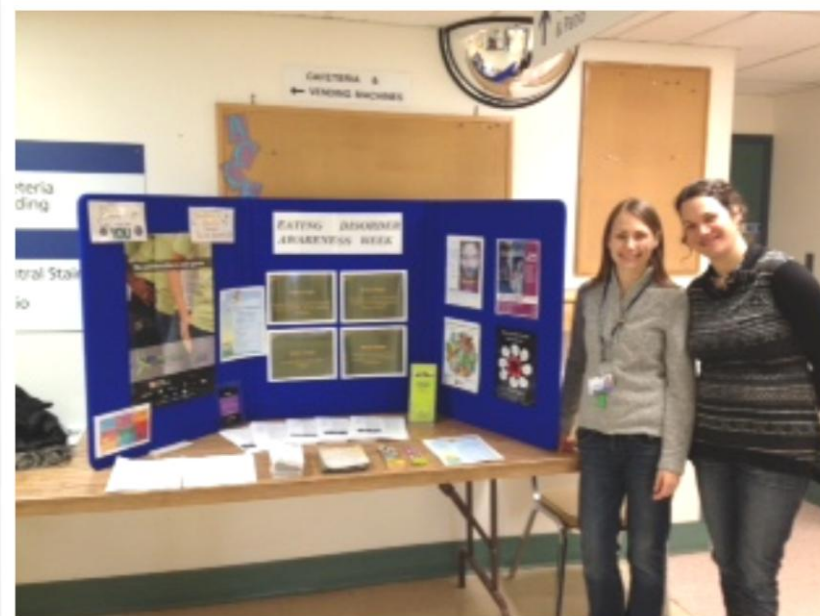
The committee has continued on with a number of popular initiatives. The Passport to Healthy Living, which is an incentive program to encourage healthy living and healthy goal setting, was one of the continued initiatives. The Passport to Healthy Living was extremely successful this past year. Over 100 staff completed their Passport to Healthy Living. The Passport is an important initiative as it not only promotes healthy lifestyle practices and goals, but also encourages staff to participate in hospital and community wide initiatives and activities.

The committee has continued to offer regular lunch and learns, equipment for yoga classes, access to the 4 North gym and access to professional staff services such as EAP, the staff dietitian, nurse, and physiotherapist. The committee has continued to provide a diverse variety of activities including a heart healthy coffee break, 4-week trial fitness classes (Zumba, Tai Chi), "Awesome Moments" wall display, Farmer's Market walks, smoothie day, plant swap, among others. The committee regularly obtains feedback and suggestions from staff to assist with event planning. Feedback has consistently indicated high upcoming

satisfaction for large wellness events. The committee communicates upcoming activities and events through emails, and a regular monthly newsletter that is sent out to all staff.

The committee has continued to focus on hosting more "family friendly" events, such as the family bowling night and the staff and family ski night. Both events were extremely well attended and the committee received an overwhelming positive response from staff.

The committee is happy to report that participation in wellness events and initiatives is the highest it has ever been! The committee has also successfully recruited a new group of staff members to assist with planning and activities after a long search. The committee would like to thank the Hospital and Hospital Unions for their ongoing support. We could not offer all of the popular events and activities without it.



Feb 4-9, 2013 was National Eating Disorders Awareness Week. Pictured above are Adrienne Penner and Natacha Boulton alongside their educational display board that was on display outside of the Cafeteria.







## *Ontario Telemedicine Network Success Story*

Our Post Custody Enhancement Program staff member worked for two years with a 23 year old First Nations woman from one of our Northern Communities. During this period of time she missed her family and the kinship that living in a small community brings. She was dealing with significant addictions, mental health, and family violence issues. She had developed a positive relationship with staff from the Sexual Assault services and Post Custody Enhancement services. After she had completed all requirements through the court system, stabilized, and was doing well, arrangements were made for her to return home. Her family and community were excited about her return. The physician and nurse at her Community Nursing Station were keen to monitor her medication and offer support.

Our Post Custody staff member and a staff member from the Kenora Sexual Assault Program meet with her Tuesdays and Thursdays via Ontario Telemedicine Network (OTN) to offer ongoing support. We had some difficulty when we first started, but we all persevered with the technical piece. The end result is positive; she is able to get the support she needs, be connected with her family and extended family, and renewed relationships with community members. She is also able to receive guidance from her elders and learn the teachings of her culture and traditions of her community. Returning to her community has allowed her to connect to the land of her ancestors and use traditional medicines as part of her healing journey. Mere words cannot express the joy that using OTN technology has brought to this client and her family!



## *Drug Treatment Court: Collaboration*

As part of a Community Partnership we are working with the addiction providers within our community to offer a Drug Treatment Court. We are in the final stages of having the Court certified by the Provincial Federal Crown and obtaining our partner's signature for a Collaborative Working Agreement and Framework. The Drug Court has given us the mechanism to share information and problem solve in a positive manner, which has had positive outcomes for our clients' recovery. We have seen one client complete our Daytox program, our Five Day Stabilization program and move on to a residential treatment service. Her goal is to do well in treatment so that she will be able to parent her children. It is our belief that by working in a collaborative manner we will offer a more client-centred service and work as a cohesive team.

The Drug Treatment Court will benefit the client, the family and their community by supporting the individual's recovery and helping them become a more productive member of society.

Clients that are frequent users of the justice system are also frequent users of the Emergency Room, Emergency Services, the Morningstar Centre and the OPP. Having a more coordinated, effective service system will improve client outcomes.





## Recovery Support Program

This past January we started a Recovery Support Program out of the Morningstar Centre. The program was designed to engage our complex client group that has, in many cases, added opiates to their drug of choice list. This group has complex health needs, trauma, mental health concerns, as well as general addiction issues. These cohorts are high users of our Emergency Room, Emergency Services, OPP and the acute unit at the Morningstar Centre. It is our belief that offering practical help, daily recovery groups, and co-ordinating service delivery will engage clients and will support them in their recovery in a more enhanced fashion. We have noticed that clients that have been involved within these services have had a reduced number of days in our acute unit. It is our hope that we will see a reduction in visits to the ER as well.

Over the past few months two of these clients have also been able to obtain homes of their own and have developed more healthy daily routines that promote positive lifestyle changes.

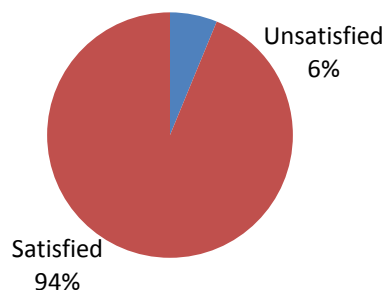
## Patients tell us about the Care they receive

Lake of the Woods District Hospital regularly surveys our hospital patients about the care they receive. We always do our best to meet our patient's needs. Most of the time we do very well, sometimes we realize we could have done better. Highlights of our 2012 patient satisfaction survey were:

**Overall I would rate my satisfaction with my experience with the hospital as:**

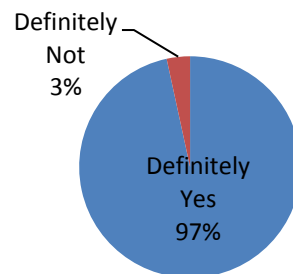
**2012**

**(418 Respondents)**



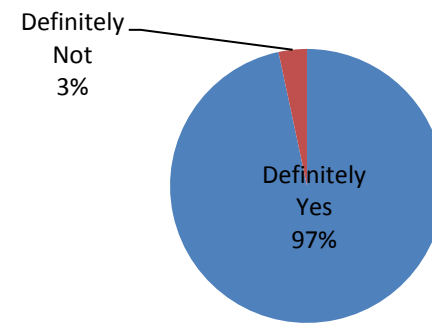
**If I needed to be in hospital again I would feel comfortable to return to this hospital: 2012**

**(438 Respondents)**



**I would recommend this hospital to a friend or family member: 2012**

**(443 Respondents)**





## *Maintenance Connection Software Implemented*

In an effort to provide better information for tracking maintenance of our plant and equipment, the Hospital has implemented the Maintenance Connection software program. This program has proven to be an asset by not only providing us with a more accurate and detailed description of the work orders entered into the requisitioning system but also by flagging when preventative maintenance is due on equipment, HVAC systems, and buildings. All pieces of equipment are now being entered in the asset tree which, in addition to providing details on the year and date of purchase, has the ability to track how many requests have been assigned to each particular piece of equipment over its life. All pieces of equipment are entered into the system with a specific ID # assigned to the unit/department or location. Managers are provided with a weekly report of the status of their open work requisitions. The program also provides us with a graph indicating the percentage of closed work orders by each department. This program acts as a dashboard for maintenance workload and allows our maintenance department to adjust their priorities as required.

We constantly receive positive feedback from visitors and clients on how clean we keep our aging building. This is a greatly appreciated "pat on the back" to the Enviro Service workers!





# Significant Equipment Upgrades in Surgical Services:

## 1. Biometry A-Scan Machine:

For cataract surgery, a new Biometry (A-Scan machine) was purchased. This new technology ensures more accurate and simple measurement of patient's eyes, providing the information necessary for lens measurement prior to surgery. The new scanner is used to determine lens size prior to cataract surgery, and is less invasive during eye measurements. Measurements can be obtained on the same day as the surgical consultation, providing fewer trips to Kenora for patients preparing to have cataract replacements.

1



## 2. Recovery Room Patient Care Monitors:

Two new vital signs monitors were purchased for the Recovery Room (RR). With the new technology, the RR nurses were educated on lead interpretation to increase their cardiac rhythm knowledge and thus, increased safe patient care. The new Spacelabs monitors provide clearly visible and audible cardiac and respiratory presentation post-surgery.

2



3



## 3. Endoscopy Tower:

The third piece of major equipment acquired this year was an endoscopy tower, with duplication of video endoscopy equipment. This duplication helps us to decrease colonoscopy wait times as two surgeons can now be operating in separate rooms. The new equipment has an HD camera and video monitoring to enable better visualization of pathology.





## 4 North Lounge Renovations

The 4 North lounge renovations are complete as a result of the generous contributions made to the Hospital Foundation and as a result of community partnerships. Patients and staff had a voice in the colour selection and the new design of the lounge. Everyone appears pleased with the end result. The lounge is the hub of our unit, as this is where groups are facilitated, patients visit with family members, meals are shared, and patients watch television, play games and engage with co-patients and staff. Having this revitalized space creates a positive environment and pride in our service. Thank you to everyone who contributed to the success of this project.

*Before*



*After*



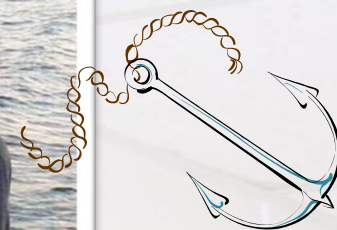
## *Workwell Health and Safety Audit a Success!*

In May 2012, WSIB completed a Workwell Health and Safety Audit of LWDH. Excellent results were achieved indicating that a formalized health and safety program to prevent workplace injuries and illness does exist at LWDH. The Hospital's overall score was a total of 955 out of a possible 975 or **97.9%**. WOW!

Great time, energy and resources had been devoted to this Workwell process. Excellent leadership from the JOHSC and teamwork of all levels of management and staff contributed to this audit's high success rate. LWDH continues to develop, implement and improve its health and safety program through monthly JOHSC meetings, health and safety inspections, policy review, and health and safety education.



L to R: JOHSC members Erin Mudry, Kathy Dawe, Brock Chisholm, Lori Hoppe, and Ron Burgess onboard the Workwell Celebration Cruise hosted by Mark Balcaen.





## *Student to Staff: Clinical Education Working at LWDH!*



L to R: Lara Skime, Physiotherapist; Briana Ogilvie, Occupational Therapist; and Peter Moore, OT/PT Technician.

The LWDH is recognized by both learners and its educational partners for its commitment to clinical education. The LWDH regularly provides a significant number of interprofessional learning opportunities to student physicians, nurses, physiotherapists, occupational therapists, speech-language pathologists, laboratory technologists, medical radiation technologists, and many other health care disciplines.

This involvement with clinical education is beneficial to the patient, the student, the health care professionals, the community and the LWDH. One of the ways it benefits the LWDH is that today's learners are tomorrow's providers. **Occupational Therapist Briana Ogilvie** is an excellent example of the success of this strategy.

Briana, a McMaster University student who was originally from Arnprior, Ontario, completed one of her five clinical placements at the LWDH in June- August of 2012. Her experience with both a general medicine population and the Assess and Restore program allowed her to develop her skills with assessment, intervention and equipment prescription in a supportive interprofessional environment. Briana has described her experience as "both challenging and rewarding". Not only did Briana develop a love of the community and hospital, but she also met many friends, colleagues and her current partner while on placement in Kenora. When the LWDH Rehabilitation Department needed an Occupational Therapist for a one year maternity leave, Briana was eager to return to the community. Briana is now a vital and contributing member to the LWDH health care team – a perfect example of clinical education in action. Welcome to Briana and to all other students who are now LWDH staff!

## *Accessibility at the LWDH*

In 2005, the Government of Ontario passed the Accessibility for Ontarians with Disabilities Act, 2005 (AODA). Its goal is to make Ontario accessible by 2025. The LWDH has gone above and beyond AODA requirements, through the development and implementation of five formal policies regarding accessibility at the LWDH. These policies address both the various AODA standards and the actual challenges faced by staff, patients and visitors of the LWDH. They include General Requirements, Employment, Information and Communication, Customer Service and Transportation. The successful implementation of these policies is monitored by the LWDH Accessibility Advisory Committee (AAC). The AAC is composed of LWDH staff and representative users, and meets regularly to identify, review and address accessibility issues.

The LWDH Statement of Commitment regarding accessibility summarizes the value that is placed on ensuring an accessible hospital and workplace for all users. It states "The Lake of the Woods District Hospital (LWDH) is committed to treating all people in a way that allows them to maintain their dignity and independence. We believe in integration and equal opportunity. We are committed to meeting the needs of people with disabilities in a timely manner, and will do so by preventing and removing barriers to accessibility and meeting accessibility requirements under the Accessibility for Ontarians with Disabilities Act, 2005."







## *LWDH Foundation: A Year in Review*

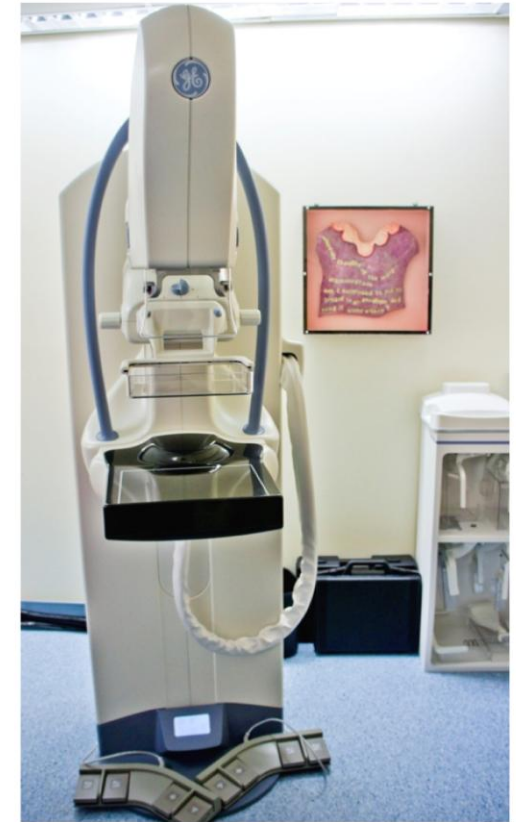
LWDHF had a fantastic fiscal year! Digital Mammography arrived at LWDH, we broke event records, became lead organizer in a brand new \$66,000 3 on 3 hockey fundraiser, received a surprise “just because” \$200,000 donation, and transferred over \$752,000 to our Hospital!

Our supporters continue to amaze us year after year with their generosity and dedication to the LWDHF! Without the support of our community, including our year round and seasonal residents, none of this would be possible. Our Board, our volunteers, our sponsors, our donors and the dedicated staff at the LWDH make our job easier. Together we are ensuring that quality medical care remains available at our Hospital for our family, our friends, and our community!

We CAN make a difference, one contribution at a time! Thank you for helping your hospital help you!



It wasn't the teams that won the most games in the Hockey for Health 3 on 3 tournament, but the 2 teams that raised the most money in each division who got to play a 6<sup>th</sup> game. Pictured are the 2 teams who raised the most money in the Novice division who got to play in the “Championship” game on Sunday. L-Raging Angels raised \$5924 and the Red Lake Ice Diggers raised a whopping \$11927! Take a close look at the big cheque....that's the amount raised in total by all 30 teams who participated!








## *LWDH Auxiliary Committee Representatives Report*

Our restructured Auxiliary seems to be working and we hope the members are satisfied.

Our membership totals 129 adult memberships. They have continued to support our Hospital with fundraising to purchase much needed equipment. A total of 7,729 volunteer hours were given generously 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 \$102,926.00 of which \$56,039.51 was used to purchase a Portable Ultrasound Machine, followed by the Gift Shop, Tag Day, Bake Sales and Donations which amounted to \$25,881.00. The Auxiliary purchased the AMB Telemedicine Camera for \$5,832.18; the Orthopaedic Instrumentation for \$5,234.09; the Transcutaneous Bilimeter for \$7,543.33; the Centrifuge for the Laboratory for \$8,155.46 and the Palliative Care Books for \$3,121.00.

The Auxiliary realizes and thanks the Hospital Staff for their continued support of the Gift Shop as they are the Gift Shop's best customers. Handbags still continue to be one of the Gift Shop's biggest items. This past year has not been without its challenges for the Gift Shop namely, Page Florist closed without notice, and we have not been able to find a new supplier of flowers; the Magazine company was bought out and the new company requires a minimum sale of \$300.00 worth of magazines per month which, which we cannot do; and we had to get a new cooler which did not arrive for about 4 weeks. Snack food, pop, water and toiletries are well received by staff, patients, and visitors.



As our thanks, the Auxiliary will be hosting a Staff Appreciation Tea on June 14, 2013 at the Hospital for the staff to enjoy beverages and cake in conjunction with our 45<sup>th</sup> Anniversary.

Knitting for the Gift Shop includes dishcloths, sweaters, scarves, baby sets, shawls, afghans, slippers, hats and mittens for both children and adults. Cap and bootie sets totalling 246 were given to Maternity for all newborns and at Christmas 30 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 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. Fifteen "Get Well" cards were sent; seventeen Sympathy cards were sent; and four "Thinking of You" cards were sent this year.

We continue to support a student interested in an education in a medical field.

In closing, we as Committee Representatives would like to thank all who have been supportive over the past year. We have many dedicated, thoughtful, talented and caring people in our Auxiliary. 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.

Respectfully Submitted,

Pat Funk,  
Evelyn Conlon, and  
Brenda Socholotuk





## Summary of Operating Results:

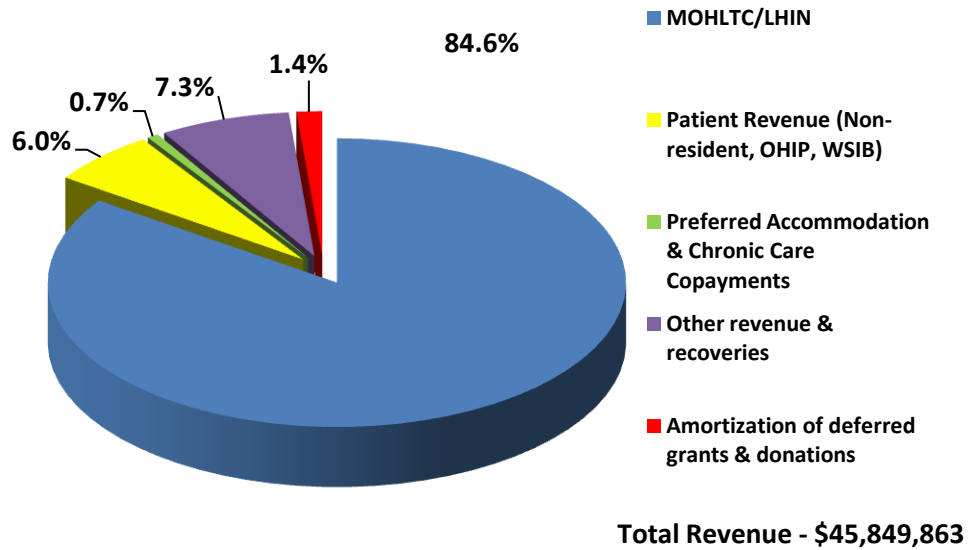
FOR THE Period Ended March 31		
	<b>2013</b>	<b>2012</b> (restated)
<b>REVENUE</b>		
Ministry of Health and Long-Term Care/LHIN	\$32,706,260	\$32,700,947
Patient revenue from other payors	2,767,747	2,841,983
Preferred accommodation and co-payment revenue	293,086	442,915
Other revenue and recoveries	3,341,651	3,293,523
Amortization of grants & donations for equipment	651,403	587,507
<b>Total Hospital Operating Revenue</b>	<b>\$39,760,148</b>	<b>\$39,866,875</b>
Other programs administered by the Hospital	6,089,715	6,017,237
	<b>\$45,849,863</b>	<b>\$45,884,112</b>
<b>EXPENSES</b>		
Salaries, wages and employee benefits	\$25,766,706	\$25,420,297
Medical staff remuneration	5,392,631	5,543,885
Supplies and other expenses	5,365,201	5,354,408
Medical and surgical supplies	1,071,697	1,157,104
Drugs	1,225,581	1,357,241
Amortization of Equipment	825,682	828,739
Bad Debts	23,250	23,197
<b>Total Hospital Operating Expenses</b>	<b>\$39,670,748</b>	<b>\$39,684,871</b>
Other programs administered by the Hospital	6,089,715	6,017,237
	<b>\$45,760,463</b>	<b>\$45,702,108</b>
<b>Surplus before amortization related to buildings</b>	<b>\$89,400</b>	<b>\$182,004</b>
Amortization of buildings	(976,917)	(952,328)
Amortization of deferred contributions for buildings	751,788	802,945
<b>Surplus for the year</b>	<b>(\$135,729)</b>	<b>\$32,621</b>
The audited financial statements are available in their entirety on the Lake of the Woods District Hospital website at <a href="http://www.lwdh.on.ca">www.lwdh.on.ca</a>		



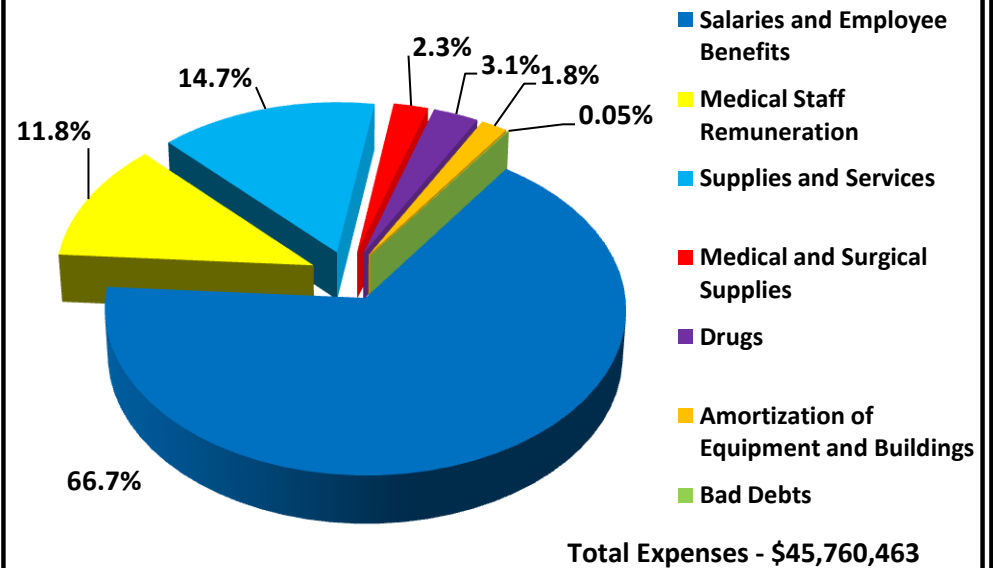




## 2012-13 Operating Funding Sources



## 2012-13 Operating Expenses





## *Hospital Admission and Treatment Statistics:*

	2012/13	2011/12	2010/11	2009/10	2008/09
<b>Adults &amp; Children Admitted During the Year</b>	2,584	2,633	2,600	2,789	2,473
<b>Babies Born in the Hospital</b>	240	227	242	247	255
<b>Days of Hospital Care - Adults &amp; Children</b>	18,330	20,554	21,655	21,714	22,015
<b>Days of Hospital Care - Newborns</b>	469	473	502	537	541
<b># Inpatient Admission to ER</b>	57	106	243	257	193
<b>Ambulatory Day Clinic Visits</b>	1,936	1,634	1,585	1,593	n/a
<b>Out-Patient Visits</b>	17,797	17,751	18,193	17,088	18,112
<b>Paid Hours of Work</b>	705,604	708,932	712,503	702,515	703,488
<b>Beds in Service</b>	84	84	84	84	84
<b>Emergency Visits</b>	20,430	21,384	21,516	22,127	23,563
<b>Operations Performed - Inpatient</b>	340	348	326	355	439
<b>Operations Performed - Outpatient</b>	2,073	2,153	2,014	1,930	1,785
<b>X-Ray Examinations</b>	14,477	19,354	16,292	15,523	15,525
<b>Ultrasound Examinations</b>	6,003	6,939	6,135	5,581	4,095
<b>Mammograms</b>	1,525	1,746	1,738	1,555	1,565
<b>Computed Tomography Exams</b>	3,084	3,473	3,645	3,383	4,555
<b>Electrocardiographic Examinations</b>	5,609	6,195	4,859	5,703	5,280
<b>Laboratory Procedures</b>	279,942	329,637	423,360	442,492	388,897
<b>Laboratory - Standard Units</b>	1,550,919	918,588	1,254,994	1,389,882	1,212,605
<b>Physiotherapy - Patient Attendances</b>	10,351	10,346	11,249	11,239	10,695
<b>Chemotherapy Treatments</b>	1,251	1,430	1,330	1,652	1,273
<b>Dialysis Treatments</b>	3,048	2,815	2,647	2,656	2,712
<b># Kgs. Laundry</b>	185,046	193,888	176,341	166,520	178,608







## *Board of Directors*

Betty Anderson	Director
Mark Balcaen	Secretary/Treasurer/ Ex-officio Director
Dr. J.E. Beveridge	Ex-officio Director
Kathy Dawe	Ex-officio Director
Geraldine Kakeeway	Director
Dr. J.K. MacDonald	Ex-officio Director
Marge Matheson	Director
Orlo Mejia	Director
Dorothy Monteith	Vice Chair
Adam Pringle	Director
Harmony Redsky	Director
Fred Richardson	Board Chair
Dr. M. Spencer	Ex-officio Director
Theresa Stevens	Director

## *Senior Management*

Mark Balcaen	President and Chief Executive Officer
Kathy Dawe	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. Kerry 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
Brigitte Loeppky	Manager, Quality/Risk/Education/Telemedicine
Brent Dionne	Manager, Respiratory Therapy
Brad Edie	Manager, Pharmacy
Kathleen Fitzgerald	Manager, Ambulatory Care/Chemotherapy/Sexual Assault/Domestic Violence/Privacy/Nurse Resource Team
Denise Forsyth	Manager, Schedule 1
Mary Hall	Manager, Environmental Services/Plant Services
Sonia Hill	Manager, Surgical Services
Lori Hoppe	Manager, Laboratory
Donna Makowsky	Manager, Medical/Surgical/ICU
Cheryl O'Flaherty	Manager, Finance/Medical Records/Admitting/Switchboard
Angela Schussler	Manager, Diagnostic Imaging/EKG
Tracy Stasiuk	Manager, Maternity/CSR
Marg Stevenson	Manager, Emergency/Stroke Strategy/Dialysis
Jodie Saarinen	Manager, Nutrition & Food Services
Patty Tittlemier	Manager, Complex Continuing Care/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, Central Ambulance Communications Centre (CCAC)

On April 26, 2013, the Lake of the Woods District Hospital hosted a Career Fair, which was a pro-active succession planning strategy to promote interest in a variety of front line clinical and leadership roles. Pictured from top left to right are: Lynn Ronnebeck representing Infection Control and Wound Care; Richard Bootsvelde representing Information Systems; Sonia June Hill representing the OR Perioperative Course, Medline Online University, and Athabasca University; Donna Burkart and Brigitte Loeppky representing the University of Manitoba, Lakehead University, Nipissing University and Red River Community College.





## Medical Staff

Dr. R. Bains  
Dr. D. Barber  
Dr. J.E. Beveridge  
Dr. B. Bowerman  
Dr. I. Burron  
Dr. M. Carlisle  
Dr. C. Czajka-Fedirchuk  
Dr. B. Daly  
Dr. R. Diamond  
Dr. S. Foidart  
Dr. C. Hammett  
Dr. J. Hammett  
Dr. K. Harris  
Dr. H. Hristov

Dr. J. Kroeker  
Dr. D. Kyle  
Dr. R. Lass  
Dr. W. Loewen  
Dr. J. Kelly MacDonald  
Dr. J. Kerry MacDonald  
Dr. S. Pedersen  
Dr. S. Reed-Walkiewicz  
Dr. J. Retson  
Dr. S. Sas  
Dr. V. Sawatzky  
Dr. C. Scaife  
Dr. R. Scatliff

Dr. L. Snyder  
Dr. M. Spencer  
Dr. J. Spielman  
Dr. M. Thomas  
Dr. J. Vaudry  
Dr. Dan Walters  
Dr. Dana Walters  
Dr. T. Wehner  
Dr. S. Wiebe  
Dr. C.M. Workman  
Dr. U. Zahlan

W. Peterson, Registered Midwife  
K. Graff, Registered Midwife

## Dental Staff

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

## Locum Tenens

Dr. A. Affleck  
Dr. J. Bostwick  
Dr. S. Bryan  
Dr. H. Dabirzadeh  
Dr. M. Daly  
Dr. R. Dan  
Dr. D. Dhanoa  
Dr. P. Garces  
Dr. D. Golev

Emergency Department  
Emergency Department  
Anesthesia  
Radiology  
Family Medicine  
Radiology  
Radiology  
Radiology  
Radiology  
Radiology

Dr. J. Illman  
Dr. R. Kiz  
A. McCallum  
Dr. S. Moore  
Dr. M. Pellizzari  
Dr. A. Shaikh  
Dr. N. Sidky  
Dr. S. Visser  
Dr. F. Youssef

Radiology  
Emergency Department  
Registered Midwife  
Emergency Department  
Family Medicine  
Radiology  
Emergency Department  
Emergency Department  
Emergency Department

## Visiting Specialists/Courtesy Privileges

Dr. K. Anderson  
Dr. A. Angel  
Dr. M. Anthes  
Dr. M. Aubrey  
Dr. R. Beldavs  
Ms. T. Bennett  
Dr. T. Blydt-Hansen  
Ms. L. Desrochers  
Dr. D. Dueck  
Ms. E. Duggan  
Dr. M. Fast  
Dr. Y. Gagnon  
Ms. L. Galusha  
Dr. L. Habermehl  
Dr. P. Harland

Family Physician  
Endocrinology  
Oncology  
Rheumatology  
Ophthalmology  
Nurse Practitioner  
Pediatric Nephrology  
Nurse Practitioner  
Oncology  
Nurse Practitioner  
Neurology  
Family Physician  
Nurse Practitioner  
Family Physician  
Pediatrician

Ms. J. Harwick  
Dr. D. Hoffman  
Dr. L. Hurst  
Dr. Y. Khan  
Dr. N. Laferriere  
Ms. L. Legros  
Dr. K. Mazurski  
Dr. T. McGregor  
Ms. K. Patrick  
Ms. B. Pernsky  
Dr. J. Porter  
Dr. D. Provan  
Dr. K. Ramchandar  
Ms. J. Roberts

Nurse Practitioner  
Orthopedics  
Dermatology  
Family Physician  
Oncology/Hematology  
Nurse Practitioner  
Family Physician  
Urology  
Nurse Practitioner  
Nurse Practitioner  
Orthopedics  
Family Physician  
Oncology  
Nurse Practitioner

Ms. A. Spence-Bedard  
Dr. J. Van der Zweep  
Ms. C. Wilson  
Dr. D. Zielke

Nurse Practitioner  
Ophthalmology  
Nurse Practitioner  
Family Physician

