

LAKE OF THE WOODS DISTRICT HOSPITAL

ANNUAL REPORT

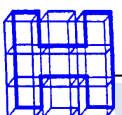
2010-2011

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



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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

"Action and reaction, ebb and flow, trial and error, change - this is the rhythm of living. Out of our over-confidence, fear; out of our fear, clearer vision, fresh hope. And out of hope, progress."

Bruce Barton

Change, both internal and external, is the constant in health care. This past year we have witnessed tremendous change in our hospital's governance and leadership. This has been our first year with a restructured governance model resulting in significantly fewer board members, from 20 to 14, and from a publicly elected board to a skills-based corporate membership elected board. As a result of new provincial legislation, the Board has expanded its committees to eight and added the Chief Nursing Officer as an ex-officio board member. This year we have also experienced the change and renewal of our board leadership with three of our Board members leaving and three new Board members joining in June. I would like to thank and acknowledge the commitment and excellent work of Board Chairperson, Debbie Baldwin, and Board members Blair McCallum and Anita Cameron.

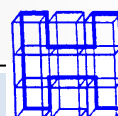
During this past year the Board and management has had to deal with an unprecedented amount of new provincial legislation that has directly affected hospitals. These include the "Excellent Care for All Act", the "Broader Public Sector Accountability Act", "Creating the Foundation for Jobs and Growth Act", "Not for Profit Corporations Act", the "Public Sector Compensation Restraint to Protect Public Services Act", the "Accessibility for Ontarians with Disabilities Act", the "Occupational Health and Safety Amendment Act (Violence and Harassment in the Workplace)", "Critical Incident Reporting (Amendments to Regulation 965 under the Public Hospitals Act)", and "Ex-officio Board Members (Amendments to Regulation 965 under the Public Hospitals Act)".

The Board committees took on the challenge of these new initiatives and did an outstanding job of meeting the new requirements within a very short time frame.

The Nominating Committee is a new board committee and has been successful in seeking out quality candidates for the Board. The committee's newly developed process for identifying potential Board members with the knowledge, skills, and experience needed to provide guidance and monitor performance appears to have worked well. The Quality Committee is also a new board committee this year, morphing from an existing hospital staff committee to a board committee. The Quality Committee revamped its quality plan to meet the new legislated requirements within time constraints. The Ownership and Linkages Committee has been very active since 2007 and continues its activities which have put our hospital well ahead of the curve on consultation with community, partners, and others. The Governance Committee has been developing a method to evaluate the performance of individual board members to augment the existing "Board as a whole" evaluation, and is renewing the orientation process for new board members. The Building a Future Committee has been active in maintaining our board's future focus planning by achieving support from our local health partners and the LHIN for our plan for a new health campus.

In closing I would like to express my thanks to all the hospital staff, medical staff, volunteers, Auxiliary and Foundation for the excellent work and wonderful support they provide to our patients. Your commitment to the hospital and the patients we care for is critical to improving the health of our community. Finally I would like to thank our President and CEO, Mark Balcaen, Chief of Staff, Dr. Kerry MacDonald and the other members of the hospital 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 leadership you all have provided to the organization during a time of rapid and challenging change.

Respectfully Submitted,
Fred Richardson
Chair – Board of Directors





Message from the President and CEO

The major theme in health care throughout Ontario this year has been patient safety and accountability. This is evidenced by the sheer volume of health legislation enacted this year.

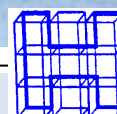
Lake of the Woods District Hospital has always prided itself in our patient safety and accountability achievements. We were among the first hospitals in Canada to fully implement the "Safe Surgery Saves Lives" program and one of the few hospitals in Canada to utilize advanced laboratory screening of in-patients for MRSA by PCR testing. Additionally in 2010-11, the laboratory received a four year accreditation by the Ontario Laboratory Accreditation (OLA). Our Laboratory is in the top ten percent of Ontario laboratories. We also expanded the capability of our electronic medical record by adding the 3M Document Management System. Our most significant and ambitious information technology project to date.

We have demonstrated our accountability in a number of significant accomplishments. LWDH continues to be a leader in community engagement through regular meetings with the public, our health care partners, and local interest groups. The hospital web-site contains significantly more information about quality and accountability than most of our health care peers. We have been publishing our very low nosocomial infection rates on our web-site prior to the Ministry of Health and Long Term Care requiring it. Finally, Lake of the Woods District Hospital continues to be fiscally responsible and accountable by managing to maintain a small surplus for the fifth year in a row. Managing to maintain excellent care during a period of significant restraint has been a challenge that our managers, staff and physicians have aptly taken-up.

During the past year we were able to physically integrate the LWDH Youth Addictions Program with the other community program offices in the St. Joseph's Health Centre building, resulting in improved administrative functioning and cost containment.

The stories contained in this annual report are a small sample of what we have been up to during the past year. Our senior management and management teams have achieved those significant accomplishments with cooperation, innovation, and excellent interpersonal skills while always considering the needs of the patient and their family. Our staff and physicians at LWDH are to be congratulated and thanked for their commitment to maintaining high quality patient care while living within our financial means. I would also like to express our deep appreciation to the Lake of the Woods District Hospital Foundation and Auxiliary for their fundraising accomplishments and commitment to improving the patient and family experience at our hospital. Finally I would like to congratulate the Board for taking governance accountability, community engagement, and patient care to a very high level in our community. Your commitment to continuous improvement is an inspiration.

Mark Balcaen, M.H.Sc., FACHE





Message from the Chief of Staff

I wish to highlight several of the activities at the LWDH in this report.

One ongoing activity for the Chief of Staff that I wish to highlight is the credentialing and recruiting of the health professionals that serve our hospital and community. There are more health practitioners than have ever before worked in this community. Currently there are 81 credentialed professional staff members at LWDH. This includes 28 general practitioners/family physicians, some of whom do not work full-time or have a restricted practice. In addition, there are eight specialists on staff full-time. An additional 13 specialists visit the hospital and practice within the visiting clinic and/or the OR. There are also five radiology specialists that have locum tenens privileges at the hospital providing a mix of onsite and offsite reporting. Currently there are nine general practitioners with locum tenens privileges at the hospital that work at intervals in our ER. Nine dentists are privileged at the hospital and use our Operating Room facilities for procedures. Nine nurse practitioners are credentialed at the hospital and have access to diagnostic services. Most of these work in the community.

This represents a significant increase in the number of primary care providers and specialist physicians at this hospital over the past few years. However a large number of patients in the community still are seeking all or a significant portion of their primary care through the Emergency Room. The hospital remains committed to work with the community physicians and the nurse practitioners to see that every patient has a primary care provider. The current models to meet this need have not been sufficient and the Ministry of Health is aware of this.

Another area that deserves particular mention is the overcrowding of our wards. The work of all staff at the hospital is hampered by a frequent shortage of acute care inpatient beds as many patients in need of a long term care bed or additional supports to remain at home are in the hospital for lack of community resources to care for the elderly. Our discharge planning and options remain limited. This will continue to be a risk to meeting the acute care need for some time.

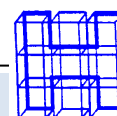
The LWDH has been successful in keeping our Emergency Room staffed and has not had to an Emergency Room shut down. This has required the use of locums from the Health Force Ontario pool, although this is less than in previous years. The largest proportions of our ER patients still remain those with low acuity as measured by the CTAS scores and their needs would be best served in a community practice. This is related to the inability for many patients to find a full-time family physician, or to have access to a family doctor in a fashion that they regard as timely.

The rotation of six full-time clinical clerks/medical students from the Northern Ontario School of Medicine (NOSM) was a resounding success. This was the largest group of students at this hospital. Dr. Marsh from NOSM has met with the LWDH and we are informed that NOSM is expanding their enrolment. It is hoped that we may take even more medical students in the future. With current resources it is uncertain if we can accommodate and serve those students well. The plan to remain active within the NOSM program is our principle strategy for trying to improve the access to primary care in this community.

A number of mandatory quality of care reports are submitted to the Ministry and published. These include our infection control rates, which remain favourable, compared to our peers. The LWDH struggles to meet other quality measurements, such as waiting times in our Emergency Room, as this is heavily influenced by the large number of low acuity patients who lack a primary care physician. Initiatives to shorten the wait time while recruiting more physicians into the community are ongoing but struggle from lack of resources for recruitment. This community is far from isolated in the shortfall but is uniquely affected by the low health status of the population and a higher than Provincial rate of self destructive behaviours' including smoking, drug and alcohol use, obesity and risk of injury.

I want to thank the Board of Directors for giving me the privilege of being the Chief of Staff for this hospital and thank the medical staff for the confidence they have shown in recommending me through the Medical Advisory Committee to the Board for this position. I look forward to another year in this position.

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



What's happening in Schedule 1 Psychiatry?

We were fortunate this year to have a new face as part of our Psychiatric team. Dr. Kyle Hampe is a psychiatrist, who joined the LWDH team in July 2010. Dr. Hampe hails from Eagle River Ontario and was practicing in Thunder Bay, Ontario prior to coming to Kenora. Dr. Hampe also does outreach psychiatry in Dryden. He is a welcome support to the program which for years relied on one psychiatrist, Dr. Zahlan to provide service to a very large region. With the arrival of Dr. Hampe, patients in Kenora and the region will have greater access to psychiatric services

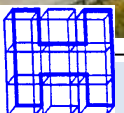
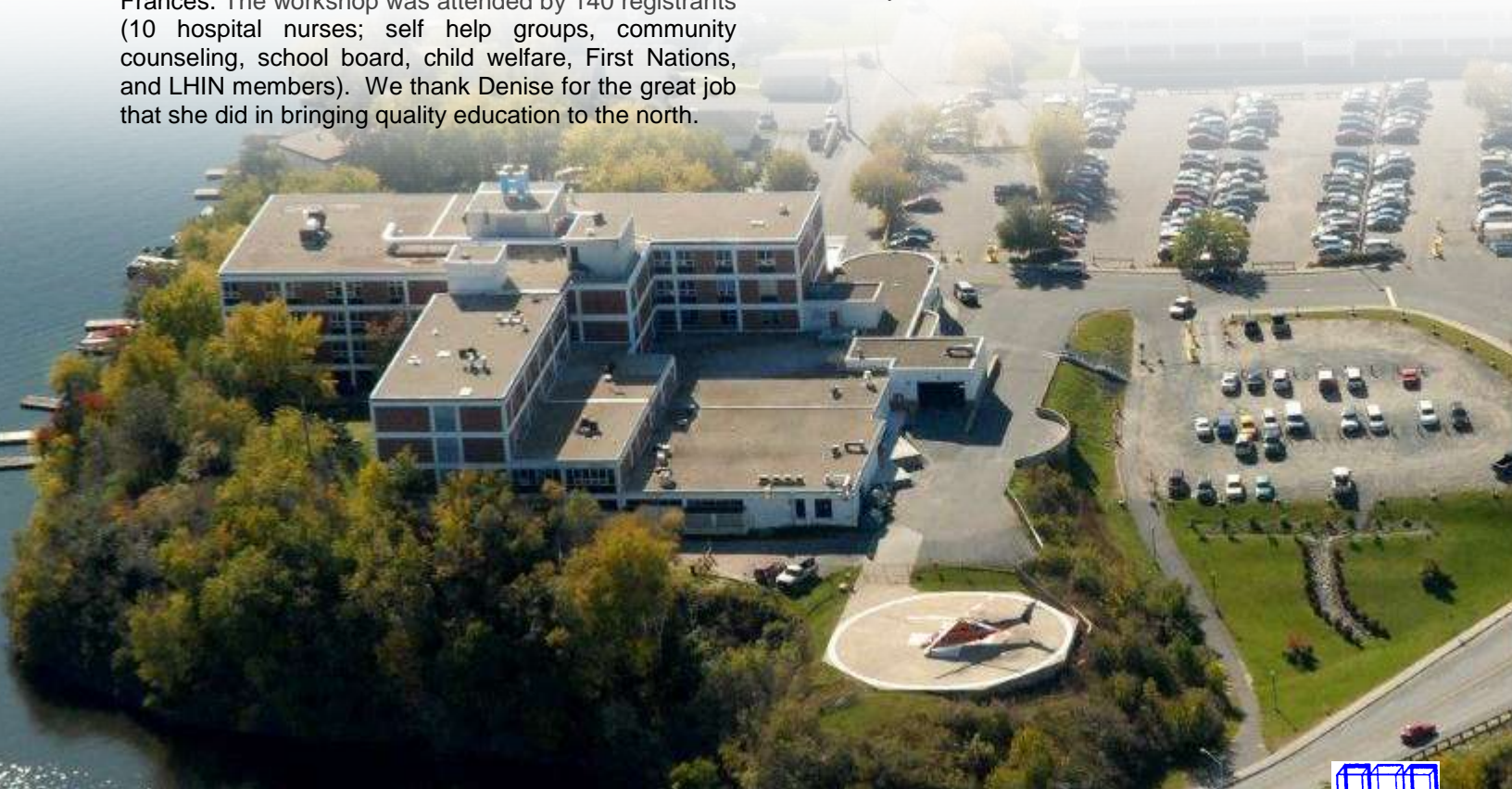
We also have mixed feelings around the retirement of our Schedule 1 manager of 15 years, Anne Sweeney. On the up side we envy Anne and celebrate her transition to retirement after 40 years of employment at the Lake of the Woods District Hospital. She has been a valued and astute manager and an asset to the organization in her capacity as a nurse, a leader and a friend. We will miss Anne for her infectious laugh, her compassion, her vision and her commitment to this hospital and to the profession of Nursing. We wish her a wonderful retirement.

Under the leadership of Denise Forsyth, SW, LWDH Schedule 1 co-hosted a three day "Psychiatric Training for Health Professionals". This was a joint endeavour with the Community Mental Health Association in Fort Frances. The workshop was attended by 140 registrants (10 hospital nurses; self help groups, community counseling, school board, child welfare, First Nations, and LHIN members). We thank Denise for the great job that she did in bringing quality education to the north.

Prevention of Violence

The safety of our staff and patients is one of our highest priorities and Prevention of Violence in the organization has been a priority this year with the passing of Bill 168. An interdisciplinary team of front line staff have worked together to evaluate or building for risk, including a survey of all staff. Based on this feedback we have developed a work plan to implement a number of strategies. One such strategy was the posting of "stop signs" in public areas reminding people that any type of abuse against our staff (verbal or otherwise, including foul language) would not be tolerated in our building. We have also developed a comprehensive education program to assist staff in recognizing and avoiding or dealing with risks. We have installed video cameras throughout the campus to assist in investigation of incidents. We have trained staff in responding to situations of violence. We lock the building down at night so we are aware of who has entered and left the building. We have alarms in many areas of the building where staff can summon assistance if needed. We have worked with local law enforcement and when we need police support, our local police force responds quickly.

It is impossible to create an environment that is totally risk free. However we feel that preparation is the key and will continue to work toward recognition of risk and taking all reasonable steps to maintain a safe and healthy work environment.



Diagnostic Imaging Joins Forces with Confederation College

We are excited to announce that our Diagnostic Imaging Department is now officially affiliated with Confederation College and their Medical Radiation Technology program. As an affiliate, we have accepted two full-time second year students, who are completing their required practicum with us for an entire year; from January 2011 to December 2011.

Becoming a teaching facility has created an exciting opportunity for both Confederation College and ourselves. The college is now able to increase their class size due to the added placement spots we are able to offer them. Having the students with us is helping keep our knowledge up to date and their enthusiasm and passion for the profession helps inspire us in our own careers. This affiliation is positively affecting our patients, our staff, our hospital and our community.



Jada (left) and Lorna (right) are LWDH's first two Confederation College students joining us for their one-year placement, which commenced in January 2011.

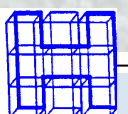
Fundraising for Digital X-Ray & Digital Mammography

The Diagnostic Imaging department at the Lake of the Woods District Hospital has many different machines that help us gather information about the specifics of our patient's medical condition. Unfortunately, our department can only be as good as our equipment allows.

Many departments in Northwestern Ontario are working with Digital Radiography (DR), which sends the image directly to a computer. However the Kenora department is working with Computed Radiography (CR) for general x-ray, which uses cassettes, and analogue (or film) for mammography.

The Lake of the Woods District Hospital Foundation has been focusing their fundraising efforts on making the dream of digital x-ray and digital mammography a reality for our department. And we have helped by making radio advertisements, indicating the need for this equipment to help better the health care in our community.

Positive steps for positive change.



Quality Improvement Plan

On April 1, 2011, the first formal LWDH Quality Improvement Plan (QIP) was publicly posted. The Board of Directors' Quality Committee worked diligently to develop the QIP as required by new legislation: the "Excellent Care for All Act" (2010). Consultation was done with managers and frontline staff to ensure the targets are achievable, realistic and will "make a difference" in the care we provide to residents of our community and our patients. The Board and staff will focus on the following initiatives for 2011-12: Hand Hygiene compliance, reducing hospital readmissions for patients with congestive heart failure, work with our partners to reduce ALC bed occupancy, maintain a balanced budget, reduce ER length of stay for admitted patients, improve patient satisfaction scores and continue progress towards a new hospital facility; the "Building a Future" project. The Quality Improvement Plan is publicly posted on the external website www.lwdh.on.ca for review. We will be monitoring our progress towards these goals and keeping our staff, the Board of Directors and our community informed.

LWDH Embarks on the Journey to an Electronic Patient Record

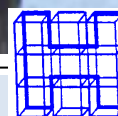
The Ontario government has set a goal for all patient records to be electronic by the year 2015. Lake of the Woods District Hospital has begun the process of meeting this target with the Phase 1 implementation of our new Medical Dictation and Transcription System. This software has a voice recognition feature which allows for faster completion of transcription, and enables physicians to sign off on patient charts in a timelier manner. One of the major benefits to our patients is that their record from previous visits can be viewed electronically by clinicians, so that the best possible medical treatment can begin immediately, rather than having to search through file rooms to retrieve the paper patient file. Lab results, EKG test results and other diagnostic tests will be linked to the electronic file so that all will be available to clinicians at the click of a button. As we progress to Phase 2, all new hospital records for each patient will be integrated into a common database, further improving information sharing capability between clinicians both inside and outside of the Hospital and resulting in improved treatment time for patients.



Left to Right: Carmelina, Donna, Fran, Lise, Cheryl, Lisa, Colleen

"E-Records will eventually eliminate shelves of paper charts like the one behind these Health Records employees." – **Cindy Gasparini**, VP Corporate Services and CFO.

Photo courtesy of LWDH Foundation





Left to Right: Lynn, Sherrie, Kathy, Lise and Judy take part in a staff exercise group.



A great time was had by all at Staff Ski Night, which was organized by the Wellness Committee.

Fracture Clinic

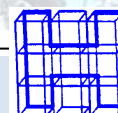
Most people think of a large urban health care centre when they think of a Fracture Clinic. However, the LWDH has continued to successfully provide this model of fracture management since its inception in 2003. The establishment of a Fracture Clinic in the Rehabilitation Department has and continues to be extremely successful, with 1276 patient visits provided last year. The Fracture Clinic has removed follow up fracture care from the ER department, has provided a clearly identified physician for fracture patients who are so-called "Physician orphans", and has improved patient outcomes through consistent and coordinated medical fracture management and physiotherapy care. The Fracture Clinic operates Tuesdays, Wednesdays, and Fridays, and is staffed by Drs. Spielman and Walters, by a Physiotherapist and by a Rehabilitation Technician. The Fracture Clinic stands out as an example of excellent and innovative care made possible through the coordination of multiple health professionals and departments.

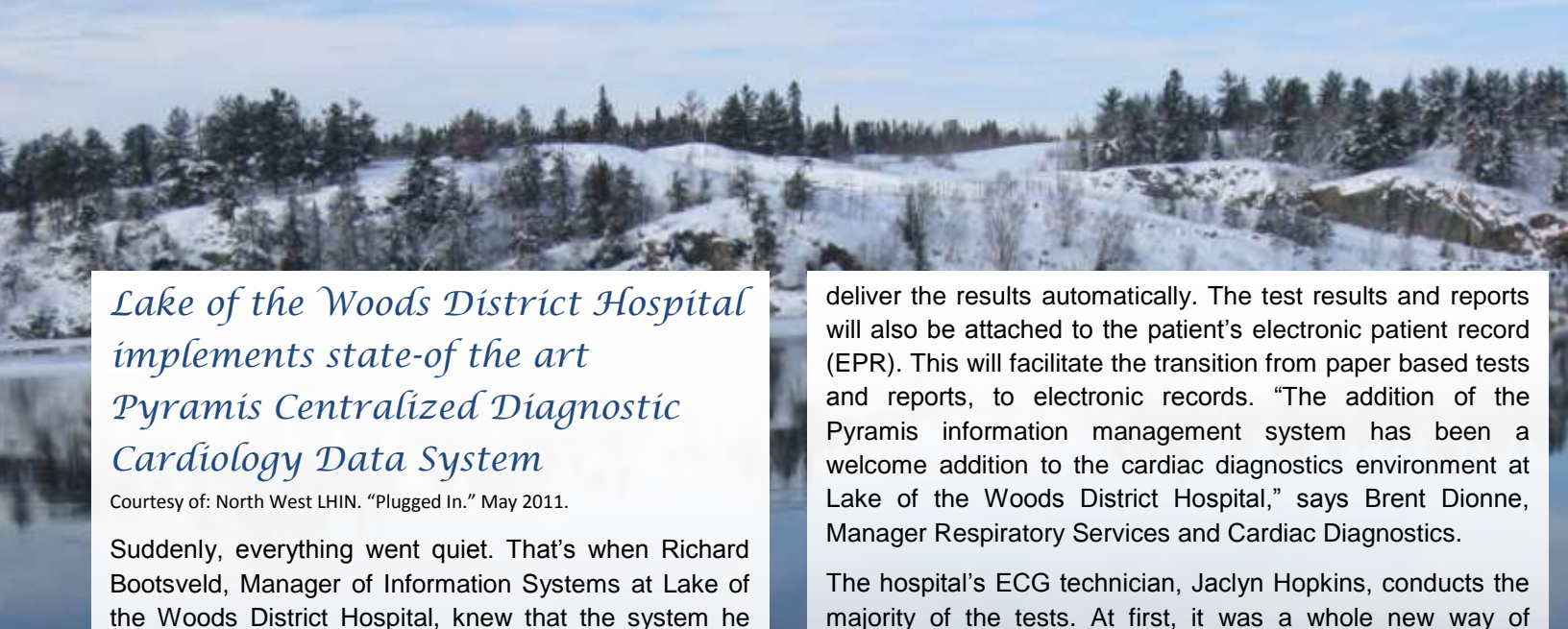
Staff Health Physiotherapist

The LWDH Staff Health Physiotherapy service continues to be a huge success. The provision of a full-time dedicated Staff Health Physiotherapist started as a pilot project in 2003 with Physiotherapist Brian Lorbetskie. The goal was to provide immediate and comprehensive assessment and treatment for all staff with any musculoskeletal complaint, thereby improving staff recovery and reducing lost time days and costs. The pilot project was such a huge success, with a reduction of lost time days from over 1800 to less than 100 days per year that the position was recognized as invaluable and fully and permanently funded. The position has since evolved, and now, in addition to immediate physiotherapy assessment and intervention for all staff, Staff Health Physiotherapist Erin Mudry provides Return to Work counseling and facilitation, Ergonomic assessments and Physical Demand Analyses, individual and group education, monitoring of the staff gym users, fitness instruction and leadership, and most recently taking the lead on the development of the new mandated Wellness Committee. This year, Erin provided 190 LWDH staff with 1276 treatments! The dynamic and enthusiastic service provided by Erin has been essential to the success of the Wellness Program and to the sense of optimism that is evident at the LWDH.



Left to Right: Lise, Teri Anne, and Sandy enjoy themselves at Staff Ski Night.





Lake of the Woods District Hospital implements state-of the art Pyramis Centralized Diagnostic Cardiology Data System

Courtesy of: North West LHIN. "Plugged In." May 2011.

Suddenly, everything went quiet. That's when Richard Bootsveld, Manager of Information Systems at Lake of the Woods District Hospital, knew that the system he had just implemented to electronically access and report cardiology tests was having a positive impact.

"We used to get calls all the time from physicians asking when test results would be available," Richard explains. "It would often take weeks before they were ready. Now the results are available in a matter of hours because we do not need to handle time-consuming paperwork anymore." Phone calls have slowed right down, as there are no wait times to get results for these often critical tests.

Lake of the Woods District Hospital – with 84 beds, the second largest hospital in the northwest – recently installed the Pyramis Centralized Diagnostic Cardiology Data System. It enables all ECG, stress and Holter tests to be accessed and reported remotely with a web interface. Previous tests are also accessible and displayed during the reporting process for reference. It is the only hospital in the northwest using this application. Funding for the new system was provided by the North West LHIN.

"Right from day one I thought this was a particularly well-suited product for this environment," says Richard, who first learned of the Pyramis system at an annual Ontario Hospital Association conference. Consider these numbers. There are approximately 5,500 ECGs, 250 stress tests (treadmill tests) and 290 Holter monitor tests (a device that monitors heart activity over a 24-hour period) administered at the hospital in one year. Dr. Joel Kroeker, a physician who is qualified to review the results, used to read each result, and record a handwritten note on every one. He needed to be at the hospital to do this.

Now, the doctor can access test results via his home computer if he wishes, eliminating the need to physically drive to the hospital each time he views a test result. He must go into the system to retrieve the results, but Richard is working on a mechanism that will simply

deliver the results automatically. The test results and reports will also be attached to the patient's electronic patient record (EPR). This will facilitate the transition from paper based tests and reports, to electronic records. "The addition of the Pyramis information management system has been a welcome addition to the cardiac diagnostics environment at Lake of the Woods District Hospital," says Brent Dionne, Manager Respiratory Services and Cardiac Diagnostics.

The hospital's ECG technician, Jaclyn Hopkins, conducts the majority of the tests. At first, it was a whole new way of working for her. The learning curve was steep, but it's paying off. She says the new system saves her quite a bit of time. "It is so nice to be able to manage all these tests in a more timely manner for the patients. The system has made a great deal of difference right from acquiring the tests for the patient, through to ensuring that their doctors are notified of the results," Jaclyn says. "There is an enormous difference in the workflow and the distribution of patient records."

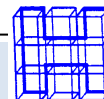
Another feature of storing the tests in an electronic format is that they can easily be kept on file for future reference and comparison. Previously, test results were only kept a short time and then they were erased, with only paper copies kept in the patient's file. Now the physician can review the chronology of tests at any time, providing valuable historical information on a patient's health.

The hospital plans to take this technology to the emergency department next. A wireless ECG machine will be purchased in the near future – meaning results will be seen right away.

Electronic cardiology test system has huge benefits at Lake of the Woods District Hospital

- It has promoted the ability to manage, acquire and communicate data from the old analogue world to newer digitally based hospital medical records.
- It will improve diagnostic capability at all levels for clients with suspected acute heart disease. The ability to diagnose quickly and more accurately allows more timely treatment of an acute heart attack.
- It improves our ability to manage records and transfer this information digitally in the event clients require more intense services than can be managed locally.
- It improves our ability to involve cardiac-specialized physicians in the more timely diagnosis of complex care issues.
- And in a rather unexpected, but nonetheless welcome fashion, it has revealed opportunities to change some internal processes to improve the quality of care we provide to our clients.

**Brent Dionne, Manager, Respiratory
Services and Cardiac Diagnostics**





Community Programs

Community Programs has provided service to **2,629** unique individuals and **5,610** group participants.

“Opening Doors after School Program”

This program was offered in partnership with the Kenora OPP, the Ne Chee Friendship Centre, Kenora Catholic District School Board and the Youth Addictions Program. This Program introduced positive community supports, introduced new skills and developed a supportive environment for youth. All of the above help build resilience, which supports youth through difficult times. **25** students participated.

The Four Pillars

Community Programs represents the hospital as an active member of the Kenora Mental Health and Addictions Task Force which is using the “*Four Pillar*” approach, a Best Practice model for Ontario and across Canada for dealing with the issues of drug abuse/addiction and ensuring Kenora’s Drug Strategy is comprehensive and coordinated. The Pillars are: *Prevention, Harm Reduction, Treatment and Enforcement*. Partners in this endeavor include citizens who wish to be involved, mental health and addictions programs, and police services.

Integrations

Internal integration of the Youth Addictions Program, the Youth Problem Gambling Program, Early Childhood Program and Post Custody Enhancement Program have been moved to one site. This has consolidated all counselling programs at one site. Plans are pending for the integration with other hospital sponsored program(s) such as the Native Healer Program.



Some of the staff members of Community Programs are pictured (left to right): Irene, Sandy, Marlene, Becky, Jeff, John, and Maureen.

White Fish Bay Group

A young women’s group was run at Baibombeh School. From September to March the school had a behaviour specialist, Melanie Copenance, who provided support with organizing the lunch and group members in the days before our sessions. This was a terrific help as the group attendance for this group during this time ranged from 19-26 young women. Since Melanie’s contract ended in March the group has continued but the attendance has decreased to between 12-16 individuals. This group was prevention oriented and focused on skill building.

Craving Change

Community Counselling staff in partnership with the Canadian Mental Health Association – Kenora Branch, has offered several groups on “**Craving Change**” – a cognitive behavioural approach to managing problematic eating. It encourages participants to think about their behaviours, emotions and thoughts around eating. **20** registrants.



Michelle Favreau (left) and Pat Warnick (right) are hard at work at the new Community Programs facility.



Message from the LWDH Foundation Chair



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

The Hospital Foundation has transferred \$550,000 to the Hospital this year. A transfer of \$162,400 was made for the final commitment to the completed infrastructure project. Another transfer of \$155,000 was made for the first phase of electronic patient records which has been mandated by the Government to be in place by 2015. The balance of funds transferred, purchased various pieces of equipment, with the Harmonic Scalpel and the Tissue Processor-Lab accounting for over \$100,000.

Once again the citizens of Kenora and surrounding area, along with our summer residents, local small businesses and corporations have been extremely generous with their donations. Always on the search for new sources of funding, Jess Rheault, Managing Director LWDHF, completed on-line applications for grants to a number of organizations and foundations.

Over \$50,000 in new funding has already been received for the Digital Imaging Project and there are several applications still awaiting final decisions.

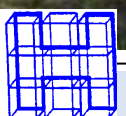
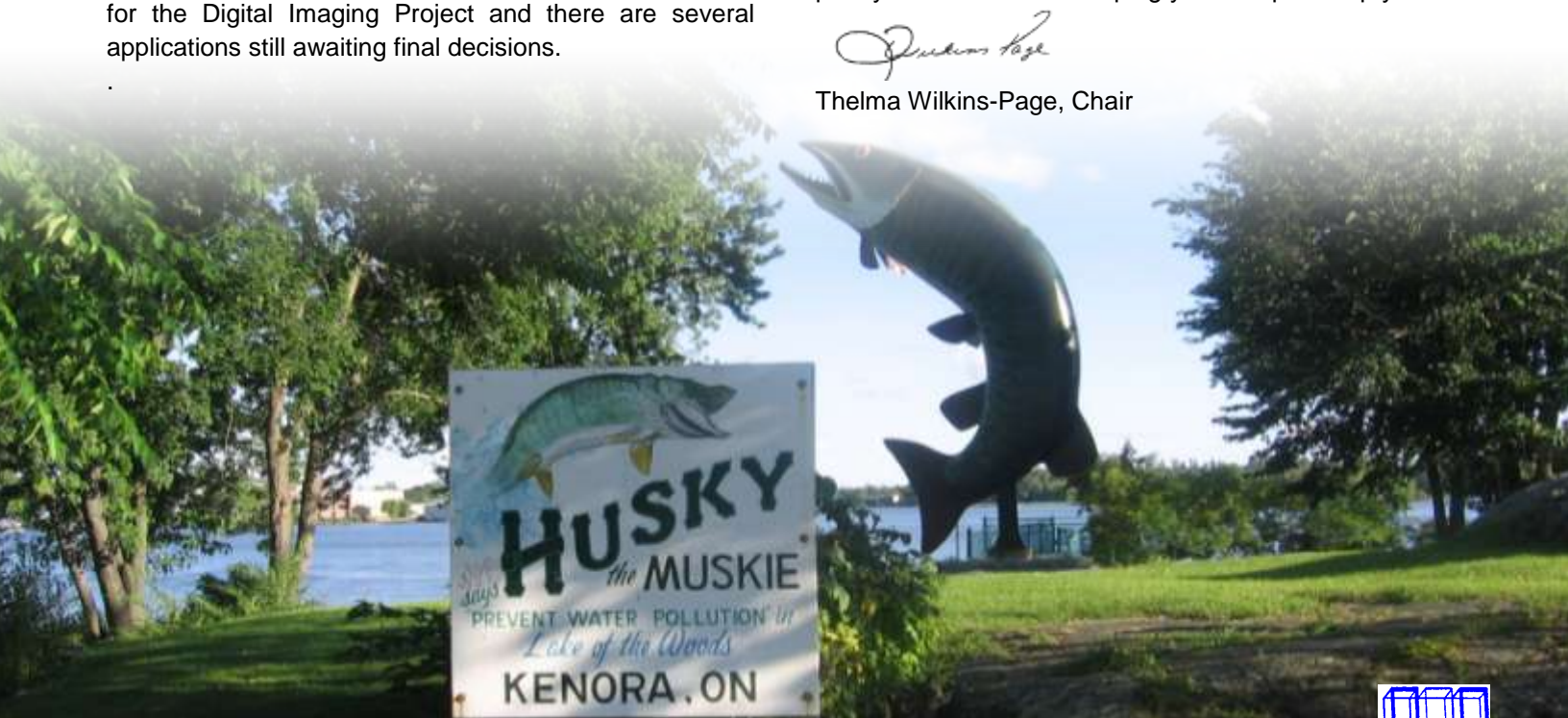
Currently, the Foundation has three major annual events, Tree of Life, Meyer's Norris Penny Golf Tournament, and the Lifesaver's Dinner. The Foundation is adding a fourth event, Oktoberfest in the fall. In addition, there are two major direct mail campaigns, one in the spring and the other in the fall which are very successful. In the past fiscal year, without exception, every event and campaign had record profits. LWDHF is also the fortunate beneficiary of funds from organizations and businesses that hold fundraising events throughout the year and donate the proceeds either in part or in whole to the Foundation.

LWDHF is governed by an eleven member board which meets monthly, has two full time employees, Jess Rheault and Lindsay Wenaas, and benefits from over 450 volunteer hours per year. The Hospital Foundation has had a very successful year due to a combination of a giving community, a hardworking board, and two very dedicated employees who are passionate about the work they do.

I would like to thank Donna Wallace, Vice Chair, Stephen Lundin, Co-Treasurer, Gord Horne, Co-Treasurer, Claudette Edie, Finance Committee, Steven Marquis, Finance Committee, Bill Scribilo, Public Relations Chair, Gary Forsyth, PR Committee, Cathy Linton, Sioux Narrows and Mitchell Boulette, Treaty Three Police who I have had the privilege of working with for the past year. Nicole Brown, Executive Committee, resigned in December 2010, due to a conflict of interest with her new employer, she is sorely missed. It is truly inspiring to work with dedicated directors and staff.

A big thank you to everyone who supported the Lake of the Woods District Hospital Foundation over the past year, every penny counts towards "helping your Hospital help you".

Thelma Wilkins-Page, Chair



Bringing Digital Mammography & Digital X-Ray to Kenora

**Boobie Night Founders & Organizers
from Century 21...
Watch out for Bigger & Better!
June 4th 2011**



1650 Mammograms per year



Ladies from Beta Sigma Phi

Dragon Tamers' Luncheon of Hope



More Efficient Technology



\$25,000 from John Andrews Foundation!



CIBC Community Fund

Over 15,000 X-Rays per year

**Image is sent directly
to computer when
snapped allowing for
superior
picture quality!**



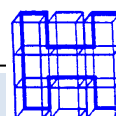
**RBC
Foundation**



Royal Canadian Legion Branch #12

With equipment nearing end of life, there has never been more urgency than right now to raise the \$1.2 million needed to bring Digital Mammography and Digital X-Ray to Kenora. With the help of supporters like you, we have already raised more than 10% of that goal! As a loyal supporter, we know you recognize the importance of this much needed equipment. Together we can make a difference for our entire community, allowing our friends and family access to quality medical care, right here at home!

helping your hospital help you





Our One of Kind Gift Shop

The Auxiliary realizes the patronage of the Hospital staff as they are the best customers at the Auxiliary's Gift Shop, which is a stable manner of revenue.

Despite the fact that the Gift Shop was closed over the Christmas season due to the hospital suffering an infection, sales did not decrease. One of the gift shop's biggest item and continues to be, are ladies purses and the conveners, Pat Fund and Brenda Socholotuk said they had to keep re-ordering to keep up with the demand for this colourful accessory item. As a show of appreciation the Auxiliary hosted an afternoon tea serving beverages and fancy dainties to the entire staff all day much to the delight of all those who work in the hospital.

Despite the problem of not having an executive for the coming Auxiliary year, the Auxiliary will continue to keep the Gift Shop open.

The Auxiliary always appreciates the great rapport they have with Hospital Administration, who are so quick to accommodate our requests and the entire staff for their continued appreciation of what we do.



Nadia Romaniuk (left) and Vi Cederwall (right) volunteer hours of their time throughout the year to work at the Gift Shop.

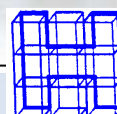
Patsy Cline's Fundraiser

Over 100 members of the Lake of the Woods District Hospital Auxiliary (LWDHA) experienced quite a year during 2010-2011 with a focus on providing funds to assist the Hospital with much needed equipment not included in the Hospital's annual budget.

Members were very much caught up in staging a benefit concert featuring Shirley Hanslip aka, Patsy Cline. This event was the first time the Auxiliary have ever ventured on tackling such an extravagant fundraiser turned out to be a great event, under the hardworking guidance of Marnie Lundin and Betty Anderson. It appeared it was not difficult to sell tickets as it seems Kenora people still have an affinity for country/western music of a very nostalgic era as the concert was sold out well before the show; raising thousands of dollars for the Hospital. One of the reasons the profits were so great was because Ms. Hanslip donated her talented time as did corporate and local sponsors. Their generosity provided much of the operating funds and door prizes, the big prize being a trip on Bearskin Airlines.



Shirley Hanslip as Patsy Cline.



A close-up photograph of a cluster of bright pink flowers, likely a species of Salvia, with many small, tubular blossoms on thin green stems. The background is softly blurred, showing more of the same plant and some green foliage.

Auxiliary Hosts Region 12W Conference

The Auxiliary hosted the Region 12W Conference in April involving participation from all Auxiliaries in the Northwestern Ontario area. This was well attended and a good deal of interest was spurred on through reports of fundraising efforts from other Auxiliaries. What also added to the excitement is that everyone went home with a 'goody bag' filled with terrific gift items as well as draw prizes. Randy Belair from the Sunset Country Family Health Team gave an interesting and detailed report on how the Paterson Clinic is benefitting Kenora and area residents.

Other areas of revenue continue to come from the Auxiliary's annual tag day and the odd raffle in the Gift Shop. Often members and friends of the auxiliary donate beautiful and practical items for these raffles which are well patronized, again, especially with staff purchasing many of the tickets. The Auxiliary members are always thrilled when a winner is a member of the staff.

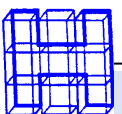
HELPP Lottery Kiosk Proves an Extreme Success

It would be remiss of the Auxiliary not to include the Retired Railroaders group for their outstanding contribution to hospital funding by manning the HELPP Lottery Kiosk at the Shoppers Mall every weekend. This group is a most dedicated and devoted group raising thousands of dollars every year. In fact, it is noted, that very soon the monies turned over to the Hospital will reach the 3 million dollar mark, a superb accomplishment. Thanks to them and their efforts over the years.

Capital Purchases

Thanks to the Lake of the Woods District Hospital Foundation, the LWDH Auxiliary and Retired Railroaders and other generous donors, along with some one time infrastructure grants from the LHIN and Ministry of Health and Long Term Care, the Hospital was able to purchase \$2,494,876 in capital equipment and building upgrades this year. Some of the major purchases were:

- Sterilizer
- Dictation/Document Management Software
- Vital Signs Monitors (3)
- Glidoscope
- Colonoscope
- Harmonic Scalpel
- Overhead Surgical Lights (3)
- Tandberg Telemedicine Unit
- Hematology Analyzer
- Blood Bank Refrigerator
- Tissue Processor
- Wireless ECG Equipment
- Automatic Laundry Stacker/Conveyor
- Ceiling track for Patient Lift
- Patient Stander
- Lightweight Tilt Wheelchair
- Ultrasound Unit - Rehabilitation
- New Medication Room on Medical/Surgical Unit
- Phase 3 Capital Infrastructure Project Completion (Bulk Oxygen Tank Replacement, Medical Vacuum Pump System Upgrade, Mould & Asbestos Abatement, Generator Replacement, Building Controls)
- Hospital Infrastructure Renewal Project (HIRF) – Energy Motor Control Centre and Pneumatic Controls Compressor

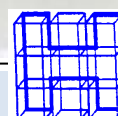


Summary of Operating Results

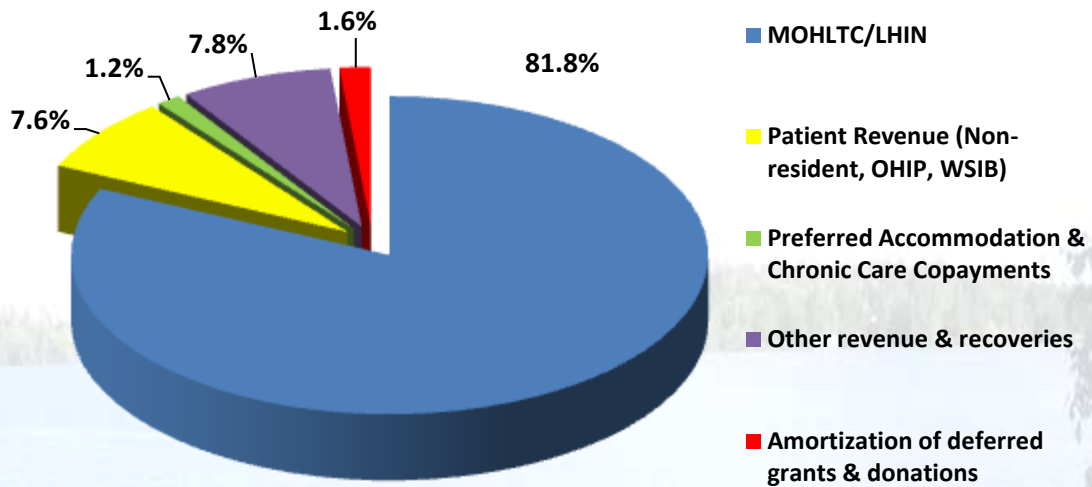
FOR THE PERIOD ENDED MARCH 31

	<u>2011</u>	<u>2010</u>
REVENUE		
Ministry of Health and Long-Term Care/LHIN	\$31,787,406	\$30,985,776
Patient revenue from other payors	2,811,251	2,696,511
Preferred accommodation and co-payment revenue	470,812	556,537
Other revenue and recoveries	2,998,071	2,912,964
Amortization of grants & donations for equipment	616,195	707,217
Total Hospital Operating Revenue	\$38,683,736	\$37,859,005
Other programs administered by the Hospital	6,222,818	6,132,025
	\$44,906,554	\$43,991,030
EXPENSES		
Salaries, wages and employee benefits	\$25,068,509	\$24,265,639
Medical staff remuneration	5,171,936	5,071,844
Supplies and other expenses	5,068,726	5,117,394
Medical and surgical supplies	1,072,658	1,069,801
Drugs	1,122,380	1,158,725
Amortization of Equipment	930,156	978,947
Bad Debts	16,054	39,053
Total Hospital Operating Expenses	\$38,450,419	\$37,701,403
Other programs administered by the Hospital	6,222,818	6,132,025
	\$44,673,237	\$43,833,428
Surplus before amortization related to buildings	\$233,317	\$157,602
Amortization of buildings	(762,794)	(747,020)
Amortization of deferred contributions for buildings	601,206	705,805
Surplus for the year	\$71,729	\$116,388

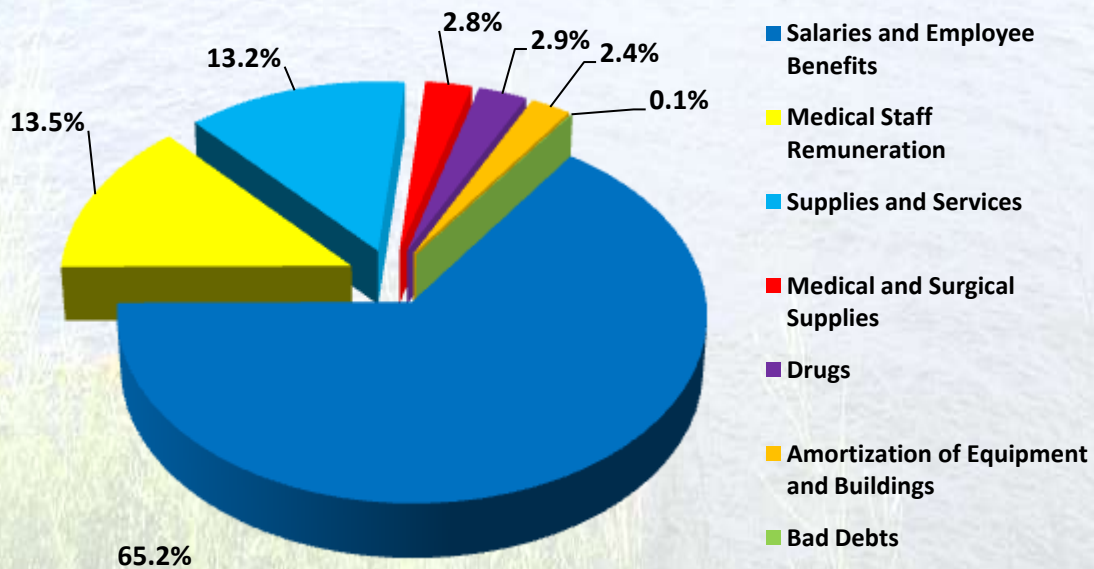
The audited financial statements are available in their entirety on the Lake of the Woods District Hospital website at www.lwdh.on.ca



2010-11 Funding Sources

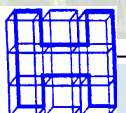


2010-11 Expenses



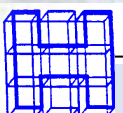
Hospital Surplus (Deficit)

2010-11	\$	71,729	0.19%
2009-10	\$	116,388	0.30%
2008-09	\$	203,109	0.53%
2007-08	\$	(51,861)	-0.14%
2006-07	\$	608,122	1.75%



Hospital Service Statistics

	2010/11	2009/10
Beds in Service	84	84
Adults & Children Admitted During the Year	2,600	2,789
Babies Born in the Hospital	242	247
Days of Hospital Care - Adults & Children	21,655	21,714
Days of Hospital Care - Newborns	502	537
# Inpatient Admissions to ER	243	257
Ambulatory Day Clinic Visits	1,585	1,593
Out-Patient Visits	18,193	11,002
Meal Days	38,123	38,688
Paid Hours of Work	712,503	702,515
Emergency Visits	21,516	22,127
Operations Performed - Inpatient	326	355
Operations Performed - Outpatient	2,014	1,930
X-Ray Examinations	16,292	15,523
Ultrasound Examinations	6,135	5,581
Mammograms	1,738	1,555
Computed Tomography Exams	3,645	3,383
Electrocardiographic Examinations	4,859	5,703
Laboratory Procedures	423,360	442,492
Physiotherapy - Patient Attendances	11,249	11,239
Chemotherapy Treatments	1,330	1,652
Dialysis Treatments	2,647	2,656
# Kilograms Laundry	176,341	166,520



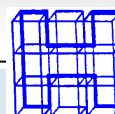


Board of Directors

Betty Anderson	Director
Mark Balcaen	Secretary-Treasurer
Debbie Baldwin	Chair
Lesley Brown	Director
Anita Cameron	Director
Dr. R. Diamond	Vice-President, Medical Staff
Dr. J.K. MacDonald	Chief of Staff
Marge Matheson	Director
Blair McCallum	Director
Orlo Mejia	Director
Dale Munro	Director
Joan Reid	Director
Fred Richardson	Vice Chair
Dr. S. Wiebe	President, Medical Staff

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
Brad Edie	Manager, Pharmacy
Kathleen Fitzgerald	Manager, 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
Elaine Stewart	Manager, Nutrition & Food Services
Patty Tittlemier	Manager, CCC/Adult Medicine/Pediatrics

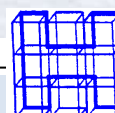
Extra Global Programs

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. L. Noack	Dr. J. Vaudry
Dr. S. Foidart	Dr. S. Pedersen	Dr. Dan Walters
Dr. C. Hammett	Dr. R. Ramchandrar	Dr. Dana Walters
Dr. J. Hammett	Dr. S. Reed-Walkiewicz	Dr. T. Wehner
Dr. K. Hampe	Dr. J. Retson	Dr. S. Wiebe
Dr. H. Hristov	Dr. S. Sas	Dr. C.M. Workman
		Dr. U. Zahlan

W. Peterson, Midwife
K. Graff, Midwife



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
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. J. van der Zweep	Ophthalmology
Ms. C. Wilson	Nurse Practitioner



Locum Tenens

Dr. F. Boudreau	Family Medicine
Dr. M. Daly	Family Medicine
Dr. R. Dan	Radiology
Dr. J. Fuss	Emergency Department
Dr. P. Garces	Radiology
Dr. J. Illman	Radiology
Dr. L. Irish	Emergency Department
Dr. W. Kyle	Radiology
Dr. S. Moore	Emergency Department
Dr. S. Parsons	Emergency Department
Dr. C. Scaife	Emergency Department
Dr. N. Sidky	Emergency Department
Dr. G. Smith	Pediatrics
Dr. D. Young	Emergency Department
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

