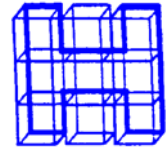


# ANNUAL REPORT



## Lake of the Woods District Hospital



2004 - 2005

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## MISSION

**Quality Health Care from a Quality Team ... Looking Well in the Future**

## VISION

- The health status of the people residing in our catchment area will be significantly improved.
- We will promote wellness in the community and in our institution.
- We will be a modern health care facility with appropriate functional design.
- We will be an integrated multidisciplinary health care facility with a full complement of highly skilled professionals.
- We will offer a one-stop shopping model for comprehensive health care.
- We will utilize the approaches of consumer-centered care and evidence-based decision making for all services.
- We will ensure coordinated quality health care through established working linkages and partnerships with other health care providers and with the community at large.
- We will have technology capable of retrieving digital health information rapidly, of providing us links with other organizations, and all in a secure manner.
- We will offer the broadest possible range of ongoing, relevant, high quality training opportunities for all types of health care providers and will participate in relevant quality research.
- We will provide our employees with a healthy working environment .
- We will have a well-functioning volunteer program that utilizes the talents and abilities of volunteers in a meaningful and caring manner.

## VALUES

### **We believe:**

- We exist for the enhancement of the health of our community and our success is measured by the improvement in the health status of the community.
- Each consumer is a valued individual with distinct physical, social, psychological, emotional, cultural and spiritual needs which must be addressed with dignity and respect.
- All persons have the right to accessible, high-quality health care and to participate in decisions affecting their care.
- Where appropriate, the family be involved in the patient's care and support to the family be available.
- We have a responsibility to collaborate fully with all other providers and stakeholders throughout the region affected by each of the services we provide.
- In continuous quality improvement and in the development of caring teams.
- Recognition, support and effective training are essential to the growth and development of our human resources.
- In our obligation to be legally, fiscally and environmentally accountable.
- Volunteers are essential to the success of the organization.

Board of Directors Approval April 30, 2002

## Board Chair Report



2004/2005 saw the Board embark on a new form of governance—one that will take us into the community to meet with various groups to get their thoughts on what we are doing, what we need to do and where we should be heading.

The CT scanner is up and running and has given our physicians a tremendous tool in the provision of quality care—not to mention saving many from a long difficult trip to Winnipeg. It will eventually allow us to send images to larger centres for assistance in diagnosis. Recently the Hospital Auxiliary has donated funds towards the purchase of Bone Mineral Densitometry equipment.

The province is now moving towards a different model of managing health care through the development of Local Health Integrated Networks (LHINS). There are fourteen LHINS in all with ours being the largest in the province. We are now in the process of meeting and partnering with other health providers in the Kenora Rainy River District to demonstrate to the Ministry our ability to integrate various services in our own geographic area.

Ophthalmologists from Winnipeg will begin performing eye surgery in our hospital in the near future. The funding for this project has come from the Lion's Club. We hope to begin doing knee surgery as well. By being able to provide these procedures in our own hospital, patients will no longer need to make a trip either to Winnipeg or Thunder Bay.

Other changes include the addition of a Volunteer Coordinator, an Asthma Clinic, additional Telehealth services, Stroke Clinic and increased infection control procedures. In addition we have begun the Accreditation process—an arduous task for hospital staff and board members alike.

The Hospital Board is extremely proud of the way in which services are delivered within our hospital. There are many people to thank for this:

- All hospital and medical staff for their commitment and dedication
- Our Volunteers; the Hospital Auxiliary, the Hospital Foundation, the Retired Railroaders without whose help many initiatives would never get off the ground

All these people make a difference and allow us to provide “Quality Care from a Quality Team, Looking Well into the Future”.

Respectfully submitted

Ferg Penner  
Chair, Board of Directors



## Executive Director's Report

In 2004-05 the Lake of the Woods District Hospital (LWDH) has implemented a number of important new or expanded programs and services to help us meet the needs of our community. These new or expanded programs and services include:

- CT Scanning
- Bone Mineral Densitometry
- A primary care clinic for local people who do not have a family physician
- Visiting Specialist Clinics in endocrinology and neurology
- Medically Enhanced Coordinated Care for Addictions (MECCA) Program
- Asthma Clinic
- Volunteer Program
- Telehealth
- Infection control
- Staff health
- Stroke education and prevention awareness program

Regional health planning and coordination was a major issue in Ontario during the past year with the provincial government's creation of Local Health Integration Networks (LHIN's) and the closure of the District Health Councils. LHIN's are Ontario's answer to Regional Health Authorities and will have significant influence in the next few years on the provision and coordination of all health services within Northwestern Ontario and throughout the province.

Efforts to establish a common electronic medical record (EMR) for all hospitals in Northwestern Ontario continued during 2004-05. The enormous cost of such a project (\$50 million) and lack of financial support from the Ministry of Health has prevented LWDH and some other hospitals in the Kenora and Rainy River region from proceeding. This past year saw the Minister of Health appoint Mr. Tom Closson to review activities surrounding the construction and operation of the Thunder Bay Health Sciences Centre. The review provided LWDH with an opportunity to advocate for more funding to enable us to provide new surgical services and diagnostic procedures. The review, along with the new "Wait Time Strategy" health initiative, was instrumental in LWDH receiving funding to start an ophthalmology (cataract) surgery program in 2005-06.

Family Health Teams were another provincial initiative during 2004-05. Unfortunately the LWDH proposal for a Family Health Team to provide mental health and addictions services was not among the first 50 approved by the Ministry of Health. We are hopeful that our community will receive approval for a primary health team in 2005-06.

Last year saw the introduction of new Ontario privacy legislation referred to as the Personal Health Information Privacy Act (PHIPA). The hospital has appointed a privacy officer and is in compliance with the new legislation whose purpose is to protect the privacy of people's health information.

The introduction of new, and the upgrading of old, information technology software systems was undertaken during the last year. This included program software in the following areas: human resources, staff scheduling, risk management/patient safety, central dictation, finance, and laboratory information systems. Information technology demands will continue to grow and place stress on limited capital infrastructure and human resources in the foreseeable future.

Professional recruitment and retention saw some gains and losses during 2004-05. The hospital was successful in recruiting a second full-time pathologist and a nurse practitioner, while expanding the visiting specialists to now include endocrinology and neurology. In 2004-05 we also received a commitment from a Family Medicine resident (GP) to work in Kenora when she finishes her training in the summer of 2006. Unfortunately we lost two general practitioners during the year to another province. With the exception of intensive care trained Registered Nurses, professional staffing has remained stable and the hospital has been able to quickly fill any other staff vacancies. Staff turnover remains very low at under 6.7 percent for the year.

Public accountability remains a critical foundation of our hospital's commitment to our community and patients. We continue to actively participate in the Hospital Report Card project now entering its seventh year. Additionally our hospital is accredited under the Canadian Council of Health Services Accreditation. The Lake of the Woods District Hospital mammography service is accredited by the Canadian Association of Radiologists, and our Laboratory underwent an accreditation by the Ontario Laboratory Accreditation (OLA) peer assessment. During 2004-05 the LWDH's Addictions Services Kenora (ASK) medical detoxification program (Morningstar Centre) participated in a review conducted by external consultants. This review was conducted on all in-patient addictions programs within Ontario. Results of the review are expected to be released by September 2005.

Patient safety has been a constant practice of the Lake of the Woods District Hospital. However with the recent release of national and international studies concerning patient safety the hospital has placed an increased emphasis on this issue.

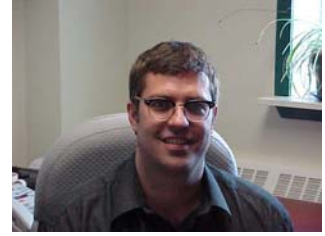
Financially for the 2004-05 fiscal year the hospital will be reporting a surplus as per our audited financial statements. This is the third straight year of financial surpluses for Lake of the Woods District Hospital. This has been accomplished during a period of program and service expansion, major capital purchases, near full employment levels, and very low staff turnover.

Finally I would like to offer my sincere thanks to my senior managers for their dedication, hard work, and countless hours of overtime. I would also like to acknowledge and thank the Board members for their advice and council and my executive assistants Sue Winter and Karen Sherrington for all their help and understanding during this past year.

Respectfully submitted

Mark Balcaen, M.H.Sc., CHE  
Chief Executive Officer

## Chief of Staff Report



This past year, hospitals in Ontario have been greatly challenged to provide adequate care given significant shortages of primary care physicians, specialists and nursing staff. Some hospitals in our region may even be closing their doors in the months to come because of this problem. Our hospital is not immune to these shortages, and we are finding ourselves in significant need of primary care physicians, as well as specialists in Internal Medicine, Psychiatry, Radiology, and Emergency medicine.

Our community lost two young physicians to Manitoba this year. Both Dr Kress and Dr Fjeldstad moved on to our great disappointment. I thank them both for their work while here, and wish them the best in their next endeavors. Their departures have left significant gaps in primary care clinics as well as hospital programs. Despite important shortages, our hospital is holding a steady course, and is providing high quality care. Our hospital visits, waiting times, satisfaction, and complication rates are unchanged from past years, and we have implemented several new programs which should start showing improved outcomes in the years to come.

Our nurse practitioner program is now up and running, and this has been a big help in compensating for the loss of our primary care physicians. In addition to our ongoing visiting staff in Oncology, Rheumatology, Geriatrics, Dermatology, Ophthalmology, Orthopedics, we have added clinics in Endocrinology, Neurology, and Asthma. We soon expect to start Gynecology clinics, which has been identified as an important program by our community.

Currently, the Northern Ontario School of Medicine is ready to start teaching its charter class of students. Of those accepted, 50% had lived ten years or more in rural or remote communities, 41% had lived 10 years or more in Northern urban communities, 17.8% were Francophone, 17% were bilingual, 12.5% were Aboriginal, and 7% were from out of the Province. Many members of medical staff have been working hard to participate in the training of students and residents, as we can expect to recruit some of our future physicians from this group of trainees.

During the past year, Lake of the Woods District Hospital has expanded services significantly, and has made important technological advances with respect to diagnostic imaging. I cannot stress enough how much the CT scanner has helped us with the ongoing diagnosis and care for the patients of our community and the surrounding region over the past year. I would like to once again thank the community for their exceptional contributions. This project was a major undertaking, and has come off without a hitch.

In addition to this service, the radiology department has added bone mineral densitometry to help guide treatment of osteoporosis. Previously, our patients have had to travel great distances and wait for up to 6 months for a service that we can provide in Kenora with virtually no waiting list.

Our surgical services program is going to expand to include eye surgery, including treatment of cataracts. This is especially welcome by the seniors in our community, who have had to travel to Winnipeg for this service, and wait for long periods of time for their operations.

Our current orthopedic surgeon is proposing to do total knee repair surgery in Kenora starting this year, in order to help reduce the long waiting times for our patients.

Our Addictions programs identified a need for increased medical involvement, and a Medically Enhanced Coordinated Care for Addictions (MECCA) Program was initiated after very large numbers of oxycontin addicted patients started to show up in our community. Addictions counseling, methadone maintenance therapy, and medical care for addictions are being provided at the Morningstar Center on a regular basis.

Lake of the Woods District Hospital and its community partners began a Fetal Alcohol Spectrum Disorder Rural Strategy for Diagnosis and Case Management. It is offering service for children up to 12 years of age using an inter-disciplinary approach. Each team has a physician, Occupational Therapist, Speech Therapist, Neuropsychologist, Case Manager and a Clinic Coordinator.

The use of two way video technology, or telemedicine, at our hospital saw an incredible jump in usage over the past year. We added a second studio at the hospital this year, as so many of our meetings and medical education experiences could now be done remotely, allowing for huge savings in travel and time. In patient care areas, we are only seeing the beginnings of the possibilities of this technology. We now have the ability to have our radiology images read remotely, and this is done from physician homes as well as by radiologists in Timmons and Thunder Bay on occasion.

Volunteerism has taken a firm hold in Lake of the Woods District Hospital. The program, headed by our volunteer coordinator, is providing an opportunity for the community members to participate in the hospital experience of our patients. In many programs within the hospital, volunteers are contributing, and finding the joys of helping others in times of need.

My usual inclusion of our hospital's participation in provincial and national third party databases for satisfaction is notably absent, as these have not been published yet. I look forward to presenting them at our next meeting as I feel they are an important strategy in improving and assessing our ability to provide care.

Respectfully Submitted,

Sean W Moore MD,  
FRCPC, emergency medicine  
Chief of Staff, Lake of the Woods District Hospital



## AED, Patient Care Report



The fiscal year 2004-05 has been an exciting year which has brought challenges and changes to the Lake of the Woods District Hospital (LWDH). We have initiated a number of new initiatives and were able to expand others which have made it possible for us to offer a more rounded and comprehensive service to the patients who need to access acute healthcare.

In May 2004 we were excited to graduate 27 Registered Nurses from the Kenora Campus of the Northern College Diploma RN Program. Of these, 19 of the new RN graduates applied to the LWDH and 100% of these applicants were hired. One year later, all 19 of these applicants remain employed by the hospital, 2 in permanent full time positions, 3 in permanent part time positions, 2 in full time interims, 5 in part time interims, one has gone back to school to complete her degree, and the remaining 6 are working relief, most being also employed in other agencies in Kenora. This program proved to be successful beyond our wildest dreams in enabling us to recruit and retain RN's in Kenora. Last summer we were able to grant vacation to most of our Registered Nurses because we had the professional resources to replace them. One year later, we again find ourselves struggling to fill vacant shifts, supporting our contention that ongoing training of RN's and RPN's in our communities is the only way that we can consistently replenish our resources.

Because of the success of the Northern College Program, the LWDH has been working feverishly with the other hospitals in the region, and with Confederation College and Lakehead University to develop and deliver a Bachelor of Science in Nursing (BScN) program which can be offered in the communities of Northwestern Ontario. It is felt that if we develop new nurses close to home, they will be more likely to stay and work in our communities and fill the vacancies that we anticipate over the next decade as nursing retirements occur. It should be noted that a full BScN program has never been offered completely off campus, and such a program would be a model for future initiatives.

The Ministry of Health (MOH), through the office of the Nursing Secretariat's office, introduced a number of projects in the past year to support nurses at all stages of their careers. The LWDH submitted proposals for two of these projects, the New Grad Initiative and the Late Career Initiative. We were successful in securing funding for both projects which enabled us to offer the following opportunities:

- We were able to offer full time extended orientation to 10 of our new graduates for up to three months to enable them to function more independently in the organization. These were supernumerary positions so assignments could be tailored to offer the new grads the best possible variety of experiences.
- We were funded to offer up to 16 late career nurses (55years of age +) an opportunity to come out of their normal work schedule for 20% of their time to work on special projects related to nursing and patient care. The funding allowed us to back fill their positions while they were working on their late career project. We had only 11 RN's and RPN's apply for this initiative. However, we are hoping to recruit more.

Both of these initiatives have been very successful with New Grads getting much needed clinical experience and Late Career nurses delivering some valuable outputs from their projects that will benefit patients in years to come.

Patient Safety has become the focus of all hospitals in Canada as a result of recently published studies both in Canada and the USA. At the LWDH we have been expanding our

Risk Management Program to better capture data so we can anticipate risks and prevent them when possible before they occur. An example of a positive change is in medication dispensing and delivery. We have joined the Institute for Safe Medication Practice and have participated in two projects to date that have resulted in changes in how we dispense, store and prescribe certain medications, based on best practices in North America.

Staff safety and injury prevention has also been a high priority over the past year. We initiated a Staff Health Program which allows quick identification and treatment of staff who sustain an injury at work or in their personal and private endeavors, as well as an opportunity for staff to return to modified work during their recovery process. We have expanded our patient lift availability and are currently installing ceiling lifts in a large number of our patient rooms. This will enable patients who are immobile to be lifted without our staff having to do the lifting. This supports our "No lift without an Assistive Device" policy. We have also increased our security after hours, adding security doors in the Emergency/Admitting area, so patients and visitors are not able to enter the emergency or the hospital proper after hours without being buzzed in by our staff. We are also providing training to our Emergency and Admitting staff in Non Violent Crisis Intervention so they are better able to recognize escalating behavior and intervene before the situation gets out of hand.

Our Volunteer Program has now been in place for a year with 71 individuals contacting the program, and 41 completing the orientation. We have provided volunteers in the areas of Patient care, CSR, OR, Food Services, Rehabilitation, Foundation, Admitting, Diagnostic Imaging, Dialysis and Nursing Administration. A volunteer recognition event was held during National Volunteer Week in the beginning of April. We have also initiated a Hospital Newsletter through Volunteer services which will be published monthly. We are looking to increase our volunteer numbers over the next year and will be doing some marketing toward that end.

We upgraded our Central Monitoring system in the Intensive Care unit this past year and now boast state of the art monitoring capability. Our previous equipment was over 14 years old, and with improvements in technology in the past 20 years was becoming inadequate. We were pleased to have Dr. Tim Wehner accept the role of Medical Advisor to the Medical Surgical ICU. We have seen some important changes to the area with Dr. Wehner providing leadership and support in the area of care pathways and protocols in providing care to critically ill patients. Recruitment of Nurses with ICU training has been an ongoing challenge. We are currently sponsoring an ICU training program for Nurses who wish to work in this highly acute area.

Our Sexual Assault Treatment Program has celebrated 10 years of providing service to the citizens of our catchment area. During the past 10 years we have served over 450 patients who were victims of sexual assault. We have added a Pediatric Sexual Assault component, which is still in development and sadly, has provided treatment and referral to a number of children who have been victimized. We have provided training to two Registered Nurses who now bring the numbers to 4 Registered Nurses who are qualified as Sexual Assault Nurse Examiners (SANE). The manager of the program was a member of a provincial committee through the Registered Nurses Association of Ontario (RNAO) who developed a best practice guideline on Screening for Domestic Abuse. We will be using this guideline to develop our hospital policies and practices.

On January 17, 2005 we opened a Nurse Practitioner Primary Care clinic at the LWDH. Emily Duggan, RN (EC) has pioneered this important program in this hospital and we are very fortunate to recruit a Nurse Practitioner (NP) with Emily's expertise. Emily sees patients by appointment that do not have a primary care physician in the community. From January to March 31, 2005, the NP has seen 343 patients in her clinic. The feedback has been extremely positive, both toward the existence of the clinic as an alternative to waiting in Emergency for a non emergent problem, and also for the very professional and compassionate manner in which Emily provides patient care.

We were able to enhance our Rehabilitation capability in the past year, adding a Full Time Physical Medicine Occupational Therapist (OT) and a part time Speech Language Pathologist (SLP). Both of these individuals have been very busy since hire and have enabled us to offer a full range of rehabilitation services where in the past we could only offer Physiotherapy. Our rehabilitation department continues to offer clinical experience to Physiotherapy students (7 students last year) who are enrolled in recognize Physiotherapy programs, and we are seen as a leader in the province in Professional Clinical Education. Next year, we will be offering opportunities for students in OT and SLP as well.

We were fortunate last year to receive ongoing funding to provide a full time Infection Control nurse to direct our infection control practices in our hospital. With the introduction of so many virulent viruses in our society infection control has become a major focus provincially as well as nationally and internationally. It is known that it is only a matter of time before we face a major pandemic which will probably be caused by a strain of an influenza virus. As the viruses evolve, so must our policies and practices. We are fortunate to have Aldyne White who has years of experience and training in infection control. She was kept busy this year as we were confronted by an Influenza Outbreak from February 22, 2005 until March 19, 2005. Due in no small part to our infection control practices, we had no nosocomial spread of influenza within the organization. During the outbreak we did however admit 8 lab confirmed positive cases.

The past year has seen the planning stages of an exciting expansion of our Surgical program. We have submitted proposals to the MOH to provide Total Knee Replacement surgery and Ophthalmology surgery at the LWDH. Furthermore, we will be offering Gynecology surgery locally. We are very excited by these initiatives and the ability to have our patients treated close to home. We also anticipate that we might decrease the time that patients in our catchment area will have to wait for these surgeries. All programs are slated to begin in 2005. We have seen a general increase in surgeries this year, and this includes a significant increase in emergency surgeries. This could be due to the availability of CT scanning locally which allowed patients to be diagnosed and treated at home vs. being sent to Winnipeg for definitive diagnosis.

We were able to expand our Hemodialysis program in the summer of 2004 by one Dialysis chair, in order that we could provide dialysis for summer residents and travelers who might otherwise not have been able to leave their homes on vacation. We were funded for the machine through the Winnipeg Dialysis unit (of which we are a satellite), and were able to bill the treatment to the provincial health ministry in the patient's home province. Therefore, there was no added cost to our program, but the patient satisfaction with the initiative was tremendous. We plan to continue this opportunity this year and already have a number of summer residents booked.

Our Emergency Department continues to be very busy with 25,389 patients being seen in 2004-05. An ongoing shortage of Family Physicians continues to result in the Emergency department being the only alternative for acute illness needing a doctor's visit (most offices direct people to ER if they need to be seen same day) or for people needing same day service who do not have a family physician.

In closing I wish to extend my appreciation to my Senior Management colleagues who are a continuous source of wisdom and support, the Patient Care Managers whose dedication is an inspiration to me, and the staff, who are there for the patients day after day, hour after hour, giving their best no matter what. I would also like to thank the Board of Directors who is committed to this organization and volunteer hours of their time to make healthcare in Kenora and surrounding area something to be proud of. Thank you all!

Respectfully Submitted,

Lesley Brown, RN, HBSn  
Assistant Executive Director, Patient Care Services

## AED, Finance & Support Services



It is my great pleasure to have served as Assistant Executive Director, Finance & Administrative Service for the Lake of the Woods Hospital the past year, my first full year in the position. This year can be best described as one that has produced many exciting changes including a new Board structure, many new programs, program expansions as well as the ongoing development around the structure of the Local Health Integrated Networks (LHiNs). The new reporting structure for the Board of Directors on Executive Limitations has proven to be a challenging experience. I can only assume that as we gain experience with these new reports the process will get easier!

I continue to work towards my CGA designation, having recently written my consolidations exam in June at the same time as the audit year end process. At an already stressful time of year, this course has added an extra workload. I can only hope that the results are rewarding.

### Financial Analysis

The hospital received a clean audit again this year.

Our overall hospital surplus for fiscal 2004-05 was \$438,408 compared to a surplus of \$1,265,281 for 2003/04. This was achieved due to the increased base funding from the Ministry of Health and Long Term Care (MOHLTC) up to \$22,491,403 for 2004-05 from last year (19,947,322), an increase of 12%. This increase included a number of new programs and was not just an increase to the current base. Much efficiency was made throughout the year that resulted in additional hospital savings.

Other revenue and recoveries of \$2,759,244 was up from last year (\$2,225,854 March 31, 2004) due to new revenue sources with marketed services as changing the way we report the accounts. We no longer net recovery and expense accounts. Revenue from other payors, such as WSIB, Non-residents, OHIP, Visiting Specialist and Ambulance services of \$2,102,922 was up from last year's revenue of \$1,707,947. Differential and co-payments are down significantly at \$383,734 in 2004-05 from last year \$413,267 (2003-04), consistent with fewer long term care clients being admitted to hospital.

Accounts receivables and bad debts have been significantly reduced from \$3,797,113 and \$168,930 in 2003-04 to \$1,664,280 and 31,829 in 2004-05 respectively due to the vigorous attempt to collect outstanding balances throughout the year. Medical staff remuneration is up to \$1,809,331 (\$1,396,196 in 2003-04) due in part to new positions and the addition of the CT scanner.

### Capital Asset Purchases

Capital asset purchases for the year include several pieces of much needed equipment as well as a number of renovation and infrastructure projects. It is noted here that funding for capital was derived from the MOHLTC, the Foundation, the Hospital Auxiliary, and several other local donors. However, due to our third year of achieving a surplus budget, we were in a position to fund additional capital items through our operations.

A listing of the capital items purchased is provided elsewhere in this annual report.

### Finance Department

The Finance Department is responsible for developing, monitoring and analyzing operating and capital budgets for the hospital and our external agencies. The department compiles financial reports for management, the Board, the Ministry of Health and Long Term Care and other agencies. The department maintains the system of internal financial controls and performs all business functions of the hospital. It is also responsible for the management of working capital and investments.

This past year has provided a challenge and energized environment for the Finance Department as we switched our primary accounting software from an extremely outdated program to the new ORMED software. These new financial software modules have included the General Ledger (GL), the Accounts Payable (AP), the Asset Manager (AM) and Payroll. This past year has been the first year of a two year implementation plan. During the next fiscal year, we will implement both the Accounts Receivable (AR) module and the LOKI Scheduling module that accommodates the Payroll system.

While the new software is vastly superior to the old, there has been a learning curve for not only the finance department, but all departments concerned. There have been “bugs” in the new software as well as compatibility issues with our existing software and human error. Training for the system has been ongoing throughout the past year. All mid- and senior managers have been trained in the requisitioning of supplies. More training is expected in the near future to enable managers to better utilize the GL reports to provide more efficient and effective utilization of the funds they manage. This will also include the ability to “drill down” into the GL for better analysis of the individual accounts that are charged to their cost centres.

There has been progress made in improving the accuracy and timing of financial and statistical reporting to the internal and external users. Improvement has been made and there is an expectation this will improve more in the next fiscal year.

With the better reporting ability within our new financial system, we will be able to refine the ability of managers to understand where revenues and recoveries are initiated. This is an area that will be enhanced in the upcoming year. Managers are encouraged to continuously look for ways to gain new sources of revenues.

#### **Environmental Services**

Environmental Services comprises the Housekeeping, Laundry and Linen departments. The departments strive to provide high standards of service to patients, visitors, departments and co-workers. The staffs participate in hospital-wide teams including patient care, environment, human resources and Accreditation. They strive to keep abreast of current trends in order to provide a safe and secure working condition in a pleasant and healthy environment.

The latest Influenza outbreak created pressures on the environmental services departments resulted in overtime that put excess stress on the department. One of the negative outcomes from the outbreak was much more wastage from the use of disposables as well as the processing of more laundry from isolation rooms.

Environmental issues continue to be a focus of the environmental department. The goal of waste reduction through enhancing the existing recycle program has been ongoing and will continue throughout the coming year. This involvement is congruent with the new Board directive on environmental initiatives.

The Laundry department received two 50 lb dryers this year. Other laundry equipment is old and outdated, which poses problems with increased down time and service calls. New equipment is sorely needed for this department and it is hoped this will be addressed in the next fiscal year.

#### **Materials Management – Purchasing, Printing, Inventories**

The Materials Management department provides support services to internal departments and external programs for the provision of patient care and administrative services.

A new Materials Management system was implemented this year. This system has streamlined the requisitioning, purchasing, receiving, issuing and invoice reconciliation and inventory control

processes. The Vendor contract management and clinical supply management modules are being implemented in the second phase.

**L**WDH uses a perpetual inventory system which means that goods are recorded directly into the inventory account when purchased and removed when used by the individual departments. With a change in the software, the hospital moved to an average cost system which measures the average cost of all goods in inventory during the period. The accounting policy was changed at April 1, 2004 from FIFO to average cost which increased the cost of inventory on hand. The value of this increase is included as part of the inventory variance, detailed below.

**W**e are continuing to making every effort to reduce the inventory levels. The balance in the inventory account at March 31, 2005 is \$505,772. Although this appears higher than last year (\$441,978) hospital inventories that were not counted into the year end inventory of 2003/04 were brought in April 1, 2004. These inventories consisting of OR, Rehab, Respiratory, Med Gases, Foods, and Dialysis valued at \$63,240. Thus the increase in the value of the March 31, 2004 end of year inventory level would have increased from \$441,978 to \$505,218, making the inventory level fairly similar between the two years. We also received \$206,233 worth of SARS inventory from government warehouse at no cost to us. Thus, the inventory was added to our system at zero cost, which in turn, decreased the average cost per item. The result of this is that the inventory expenses were less than what they would have been without this added inventory. Although it is not possible to value the result of the SARS inventory on the hospital's inventory level, it is assumed that the impact was significant enough to determine that overall our inventory levels are lower than last year.

**A** physical count of inventory is determined at year end to value the inventory on hand as well as inventory waste, breakage, theft, improper entry, failure to requisition, and other similar possibilities that may cause the inventory records to differ from the actual on hand. Inventory expired items, breakage and variance at March 31, 2005 is \$51,890.

#### **Nutrition and Food Services**

**T**he purpose and philosophy of the Nutrition and Food Services department is to provide safe, quality food and clinical care that meet the nutritional and social needs of the patients, staff, visitors and Meals on Wheels clients and that reflect an individualized care, consistent with the mission, goals and objectives of the hospital.

**O**ne of the major goals this year has been to implement the vending machines to aid with the reduction in cafeteria services. The vending offerings to ensure healthy lifestyle choices is an ongoing process to ensure that staff and visitors are provided with nutritious and tasty foods. The department continues to provide comparative quality cafeteria services supplemented by the vending operations. A new three-week menu cycle has been in process with the implementation to take place soon.

**T**he Clinical Dietitian's workload continues to increase as the workload increases. The Clinical dietitian spends 73.4% of her time on direct patient care and 26.6% on non-direct time. There is an increase to the number of outpatient referrals and the wait time for outpatient referrals is also increasing. To aid with relief for the current clinical dietitian as well as address the need for outpatient counselling, there is an additional dietitian starting in July of 2005.

**A**s AED, Finance & Support Services, I would like to acknowledge the hard work and dedication of all the support staff throughout my departments. It has been a year of change and of challenge. All staffs and managers continue to put forth efforts beyond that which is expected. For all your efforts, I thank you and applaud you.

Respectfully submitted,

Linda A. Brown, ART, BA, MSc, CGA (Candidate)  
Assistant Executive Director, Finance & Support Services

## Community Programs Report



The Lake of the Woods District Hospital's Community Programs promotes mental health and harm reduction strategies for addictive behaviors for the well being of the residents of the Kenora area. We provide assessments; referral and treatment in a wide spectrum of services.

The service offers many programs:

**Addictions Service Kenora (A.S.K.)** provides a residential non-medical detoxification service; a five day stabilization program; an oxycontin tapering program; medically managed substance abuse treatment that includes the use of Methadone. Addictions counseling and treatment for both adult, youth and mothers with children 0-6 yrs with many group options such as Structured relapse prevention; goal setting; ECD; a Mom's support group; and early intervention groups at the local schools and youth detention units. The addictions youth program also goes weekly to the communities of White Dog; Whitefish Bay and Grassy Narrows. We have many partners with whom we work in support of the client. One of the most successful partnerships has resulted in having a local FASD (Fetal Alcohol Spectrum Diagnostic) clinic.

**Problem Gambling program** for both adults and youth offers strategies and tips on how to keep gambling fun. We are also available to provide counseling and treatment when gambling is identified as causing problems in a person's life. We are available to make presentations to other community agencies; employers or service clubs.

**Community Counselling** offers one-on-one mental health counseling services; group therapy includes cognitive behavioral therapy; depression and panic/anxiety therapy.

**Day treatment**, better known as the Challenge Club, offers structured programs for persons with mental illness that require help in their recovery; skill development; and outreach support to help the client live independently in the community.

The Community programs staff interact with community advocacy groups and other mental health and addiction providers to coordinate care, develop resources and provide awareness and education events for the community.

This year the excellent staff of community programs has provided services to about 3,000 individuals.

We would like to thank the community advisory board members and the Lake of the Woods District Hospital's Senior Management team; Drs Moore and Hulsbosch and Board of Trustees and Drs. Zahlan and Reed-Walkewicz and the Schedule 1 staff for their support in the delivery of these community programs.

Respectfully Submitted,

Marlene Mymryk & Patti Dryden Holmstrom

## Foundation Chair Report



The Lake of the Woods District Hospital Foundation is pleased to report revenues of **\$1,282,711** for the 2004/2005 fiscal year.

Donations were collected through payments on new and existing campaign pledges, ongoing support from community partners, mail campaigns, the 2004 Tree of Life Appeal, responses to the Monitor Newsletter Appeals and as a result of promotional & solicitation efforts. Our cumulative receipts since inception in Nov. 1992 are **\$9,374,250**.

The Hospital Foundation transferred **\$1,510,017** to the hospital this year. Included in this amount were payments associated with the CT/Diagnostic Imaging Project. Other Capital Equipment that was purchased through funds transferred to the hospital includes a dishwasher and various computer software applications.

The Foundation is committed to a long term strategy for assisting the hospital. An endowment program for donations has been established that will consider the future of our community's healthcare. The mechanism is in place for donors to stipulate that their capital gift is preserved and that their generosity continues in perpetuity.

At this point in time, the outstanding commitment and dedication of two board members deserve acknowledgement.

Brian Ingo and Diane Pochailo joined the Hospital Foundation in 1996 and have each served three 3-year terms of office on the board of Directors, each serving a two year term as Chairperson.

Brian and Diane have each contributed significantly according to their personal talents. Their efforts have served to increase the profile of the hospital foundation which has translated into a growing philanthropic program that the hospital has come to rely on to meet their capital needs.

Their commitment and energy intensified with the Picture of Health Campaign which they jointly initiated and saw through to a very successful conclusion.

Brian and Diane have made a significant impact on this Foundation and will be missed. Thank you both!

Our organization succeeds because of its staff, its volunteers and its supporters. We are referring to the local service clubs, the business community and the many individuals that recognize the importance of healthcare funding.



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The Lake of the Woods District Hospital Board, Hospital Senior Administration and the Hospital Auxiliary also deserve to be commended for their ongoing support and team approach to the shared fundraising objectives of the hospital. Working together makes it possible to achieve the common goal of community healthcare investment.

We will continue to work diligently for the hospital. Our partners, friends, and benefactors expect nothing less. Thank you to all of our donors for contributing **\$197,146** towards the 2004 annual campaign! Of special note, we would like to highlight the memorial program of our annual campaign. The Lake of the Woods District Hospital Foundation is grateful to the many families who identify with our charity during their time of personal loss.

Respectfully submitted,

John Fregeau, Chair

On behalf of members:

Elaine Pearce, Vice Chair  
Jana Rae Dewson  
Brian Ingo  
Diane Pochailo  
David Sinclair

Gord McTaggart, Treasurer  
Larry Hope  
Catherine Nelson  
Trish Riediger

## Auxiliary President's Report



**I**ntroduction: The first meeting of the new year was held on April 11, 2005 at the Lakeside Inn and Convention Centre due to closure of the hospital because of the flu. Subsequent meetings were held in the usual venues.

**M**embership: We have 104 paid members. This number includes 15 life members, 2 of whom have been nominated for Provincial Life Memberships. Auxilians have contributed 7,914 volunteer hours this year (less than usual due to closure of the hospital). We also had 9 student volunteers who contributed a total of 68 hours.

**M**arnie Lundin has continued to serve as the Auxiliary representative on the Hospital Board.

**F**undraising: Most of our efforts were directed to raising funds for the purchase of the bone densitometry machine. A fundraising committee was set up headed by Marnie Lundin. This committee organized a soup and sandwich lunch (January) and a Bone China Tea (February). They advised community organizations that donations to the bone densitometry machine fund were welcome. Additional funds came from In Memoriams, Canadian Children's Books, raffles, bake sales (2), Tag Day, the Gift Shop and HELPP lottery. A break-down of the \$102,707.85 cost of the equipment is as follows: Auxiliary - \$20,607.85 ; HELPP - \$80,000.00; Raffle - \$2,100.00. To date the HELPP lottery has raised \$1,908,639.39 for the hospital.

**G**ift Shop: The gift shop is well managed by Melanie and Melissa Reynard, Olive Mae Sveinsson and Joyce Crowley. Total revenues from the gift shop were \$54,687.61. It continues to be a major source of income.

**P**rogram: This is a new convenorship. It arranged for 3 speakers – Alice Ptshanik (osteoporosis) in September, Sean Moore (Future of Medicine) in January, Dan Morwood (physiotherapy) in March. It also arranged a tour of the diagnostic imaging department in November and for entertainment at the annual meeting in May.

**A**nnual Conference: Barbara Lundy and Betty Anderson attended the HAAO conference in Toronto in November of 2004. Barbara and Betty also attended the Region 12W Executive Conference in Fort Frances in September 2004. In April 2005, Irma Green, Sandy Compton, Barbara Lundy and Betty Anderson attended the Region 12W General Conference in Atikokan.

**C**onclusion: The Auxiliary appreciates the support received from both the Hospital Board and Hospital Administration as we strive to provide for enhanced care of patients in our hospital.

Respectfully Submitted,

Betty Anderson Auxiliary President

## CAPITAL PURCHASES

Dept	Item	Actual (Net GST Rebate)
3E, ICU	Defibrillator. LifePak, biphasic (2)	57,692
3E	Med cart	4,468
All departs	Lifts, Overhead (12)	96,528
All departs	Vital signs monitors (12)	63,665
Chemo, Stress Lab	Stretchers (2)	11,738
DI/SATP/Dialysis, ER,Surg	Blanket warmers (3)	17,611
Diag Imaging	Bone Mineral Densitometry	102,708
Dialysis	Blood Volume Monitor	4,815
Dialysis	Wheelchair Scale	7,505
EDUC	Television Flat Screen	4,498
ER	Cautery unit	7,902
Finance	Payroll Folding Machine	7,407
ICU	Central Monitoring System	166,963
IT	Computer Software	67,352
IT	Desktop upgrades (10)	36,393
IT	Servers	11,082
IT (DI, LAB, PHYSIO)	Dictation System	18,997
IT LAB	SNI boxes 4)	16,190
LAB	Centrifuge	14,794
LAB	Chemistry Analyzer	86,012
LAB	Cyto centrifuge	12,993
LAB	Gel technology transfusion medicine	13,725
LAB	Histology Autostainer	28,495
LAB	Incubator	3,035
LAB	Pipette, Tipmaster	3,440
LAB	Workstations	7,152
LAUNDRY	Dryers (2) & Installation	16,108
PSYCH	Security camera, install	19,727
MAINT	Fuel oil storage tank - Part A	26,288
MAINT	Hot water tanks	68,678
MAINT	Mechanical Room asbestos Part A	32,000
MAINT	Medical Air Compressor Part A	7,635
MAINT	Heat Pump	4,503
MAIN	Lawn tractor	6,639
MAT	Baby warmer	20,187
MAT	Fetal monitor	25,535
MAT	Nursery Isolettes	13,380
NFS	Vending Machines	54,083
Nursing, general	Beds (32)	223,970
Radiology	X-ray tube & Converter	18,923
Rehab	Solaris Combination Laser Unit	6,606
Rehab	Wheelchairs, NU steps	6,798

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		<b>Actual (Net GST Rebate)</b>
<b>Dept</b>	<b>Item</b>	
Rehab	Recumbent Crosstrainer (2)	10,360
RESP	Ventilator	46,750
RISK MGMT	Risk Manager Pro Software Licensing	21,838
Stores	Lift	4,200
Surg Serv	Airway Monitor	14,462
Surg Serv	Arthroscopic instruments	18,035
Surg Serv	Cystoscope	6,603
Surg Serv	Glidoscope	7,134
Surg Serv	Headlamp	8,954
Surg Serv	Laposcopic instruments	13,082
Surg Serv	Rectoscope	18,101
Surg Serv	Scope washer	49,078
Surg Serv	Steris, System 1 Processor	20,187
Surg Serv	Sterilizer, Sterad	94,164

## Hospital Admission& Treatment Statistics

	<u>2004/05</u>	<u>2003/04</u>	<u>2002/03</u>
Adults and Children Admitted During the Year	2,895	3,039	3,159
Babies Born in the Hospital	239	235	253
Days of Hospital Care:			
Adults and Children	23,161	25,161	26,020
Newborn	644	593	720
Meal Days	42,983	45,396	47,474
Paid Hours of Work	659,339	658,906	639,762
Approved Beds	148	148	148
Beds in Service	96	96	96
Emergency Visits	25,324	25,354	26,968
Operations Performed:			
Inpatient	568	450	461
Outpatient	1,205	1,078	1,104
X-Ray Examinations	16,620	16,677	17,460
Ultrasound Examinations	4,120	3,906	3,690
Mammograms	1,181	1,101	1,270
Computed Tomography Exams	3,454	---	---
Electrocardiographic Examinations	5,392	4,860	5,211
Laboratory Procedures	428,064	400,998	386,283
Laboratory – Standard Units	1,437,890	1,485,179	1,455,892
Physiotherapy – Patient Attendances	14,556	9,485	10,107
Chemotherapy Treatments	1,467	531	875
Dialysis Treatments	2,319	2,374	2,340
# Kgs. Laundry	140,828	159,018	150,867

## Public Sector Salary Disclosure

The Public Sector Salary Disclosure Act requires organizations that receive public funding to disclose annually the names, salaries and taxable benefits of employees paid \$100,000 or more a year.

Employees paid \$100,000 or more in 2002:

<u>Name</u>	<u>Position</u>	<u>Salary Paid</u>	<u>Taxable Benefits</u>
Mr. M. Balcaen	Executive Director	\$147,527	\$ 781
Dr. J.K. MacDonald	Pathologist	\$257,683	\$1,362
Dr. S. Moore	Chief of Staff/ER	\$236,646	\$1,427

This report has been prepared under the Public Sector Salary Disclosure Act

## STAFFING

### BOARD OF DIRECTORS

Mr. M. Balcaen, Secretary-Treasurer  
Ms. A. Cameron  
Mr. B. Fairfield  
Mr. G. Kaskiw  
Mrs. H. Kasprick  
Mrs. J. Kowbel  
Rev. R. Lamb  
Mrs. M. Lundin  
Mr. F. Penner, Chair  
Mrs. J. Reid, Vice-Chair  
Dr. P. Sarsfield  
Mr. D. Schwartz  
Ms. E. Skead  
Dr. S. Moore, Chief of Staff  
Dr. K. MacDonald, President, Medical Staff  
Dr. H. Hulsbosch, Vice-President, Medical Staff

### SENIOR MANAGEMENT

Mr. M. Balcaen, Chief Executive Officer  
Mrs. L.A.. Brown, Assistant Executive Director, Finance & Support Services  
Mrs. L..G. Brown, Assistant Executive Director, Patient Care Services  
Mrs. M. Mymryk, Assistant Executive Director, Community Services  
Dr. S. Moore, Chief of Staff

## DEPARTMENT MANAGERS

Mrs. K. Belair, Manager, Purchasing  
Mr. R. Bootsveld, Manager, Information Services  
Mr. B. Chisholm, Manager, Rehabilitation  
Mr. M. Copenace, Manager, Aboriginal Services  
Mrs. J. Cottam, Manager, Human Resources  
Mrs. K. Dawe, Manager, Education, Quality, Risk Management  
Mr. B. Dionne, Manager, Respiratory Therapy  
Ms. P. Dryden-Holmstrom, Manager, Addictions Services Kenora  
Mr. B. Edie, Manager, Pharmacy  
Ms. K. Fitzgerald, Manager, Sexual Assault Program  
Mrs. S. Green, Staff Health Nurse  
Mrs. M. Hall, Manager, Environmental Services (Housekeeping/Laundry/Linen)  
Mrs. J. Hill, Manager, OR/CSR  
Mrs. T. Knopf, Manager, Laboratory  
Mrs. D. Makowsky, Manager, Med./Surg./ICU  
Mr. C. Marek, Manager, Central Ambulance Communications Centre  
Mr. R. Markle, Manager, Plant Services  
Mrs. L. Mychalyszyn, Utilization Coordinator  
Mrs. C. O'Flaherty, Manager, Finance Office  
Mrs. B. Raby, Manager, Patient Information Services  
Mrs. A. Schussler, Manager, Radiology  
Mrs. D. Sieradzki, Manager, Admitting/Switchboard  
Mrs. T. Stasiuk, Manager, Maternity/Pediatrics  
Mrs. M. Stevenson, Manager, Emergency/Ambulatory Care  
Ms. E. Stewart, Manager, Nutrition & Food Services  
Mrs. A. Sweeney, Manager, Schedule I/Psychiatry  
Mrs. P. Tittlemier, Manager, Chronic Care/Chemotherapy  
Mrs. A. White, Infection Control Practitioner

## MEDICAL STAFF

Dr. J. Beveridge	Dr. W. Kyle	Dr. C. Scaife
Dr. B. Bowerman	Dr. R. Lass	Dr. L. Snyder
Dr. G. Bruce-Houle	Dr. W. Loewen	Dr. J. Spielman
Dr. B. Daly	Dr. Kelly MacDonald	Dr. C. Spread
Dr. R. Diamond	Dr. Kerry MacDonald	Dr. M. Thomas
Dr. F. Fjeldsted	Dr. S. Moore	Dr. J. Vaudry
Dr. C. Hammett	Dr. S. Pedersen	Dr. T. Wehner
Dr. J. Hammett	Dr. R. Ramchandrar	Dr. T. Wehner
Dr. P. Harland	Dr. S. Reed-Walkiewicz	Dr. M. Workman
Dr. H. Hulsbosch	Dr. S. Sas	Dr. U. Zahlan
Dr. J. Kroeker	Dr. V. Sawatzky	Dr. S. Kress

Ms. E. Duggan, Nurse Practitioner



## DENTAL STAFF

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

## VISITING SPECIALISTS

Dr. R. Allen, Pathology  
Dr. A. Angel, Internal Medicine  
Dr. M. Anthes, Oncology  
Dr. M. Aubrey, Rheumatology  
Dr. T. Bon, Geriatrics  
Dr. L. Chaudhry, Internal Medicine  
Dr. A. Cheng, Psychiatry  
Dr. E. Cormode, Pediatrics  
Dr. D. Dueck, Oncology  
Dr. Y. Gagnon, Lab, DI Tests only  
Dr. P. Garces, Radiology  
Dr. H. Hamilton, Orthopedics  
Dr. J. Heslin, Radiology  
Dr. D. Hoffman, Orthopedics  
Dr. A. Hudak, Pediatrics  
Dr. L. Hurst, Dermatology  
Dr. M. Kiang, Psychiatry  
Dr. R. Kellen, Ophthalmology  
Dr. J. Porter, Orthopedics  
Dr. N. Silver, Pediatrics  
Dr. G. Smith, Pediatrics  
Dr. D. Vergidis, Oncology  
Dr. C. Vezina, Radiology