

ANNUAL REPORT

Lake of the Woods District Hospital



2005 - 2006

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ENDS STATEMENT

The Lake of the Woods District Hospital exists so there will be optimal healthcare and optimal health for the people of the community.

People with illness or injury achieve optimum outcomes

- Improved mental health
- People can receive diagnosis and treatment locally in a timely manner, where there is sufficient volume for cost-effective and safe delivery.
- Access to optimum birthing care.
- Maximum possible recovery will be within expected time-frames, with consideration of geographic and cultural issues.
- Minimum adverse events related to care delivery.
- Death with dignity.
- Patients will be advised of other care options after discharge.

Reduce preventable disease through healthy lifestyle choices.

- Reduction of negative effects of substance abuse, including tobacco, on health.
- Reduction of diabetes, circulatory disease, cancer, respiratory disease, injuries and poisonings.
- Reduction of negative effects of poor nutrition and inadequate exercise.
- Reduction of the negative impacts of unhealthy sexual behaviour.

Students in health professions have access to education and clinical experience through Lake of the Woods District Hospital.

- Medical students and residents
- Nursing students
- Rehabilitation students

Board Chair Report



In 2004 the Board embarked on a new form of governance. This past year 2005/06 we continued to refine the model after a year of governing under it.

The most significant part of policy governance is to determine the Ends for the hospital. That is; what benefits, for whom, and at what cost or worth. The Board had a workshop in January to review the Ends. The revised edition is provided at the beginning of the AGM booklet.

Throughout the past year the Board has established linkages with various groups to get input on the Ends that were determined. It is important for the Board to hear from the stakeholders on the relevance of these Ends.

Each board meeting policies related to these ends are either reviewed or monitored on a regular basis. The CEO interprets the policy and provides information as to the hospital's compliance with each one. This allows the Board to receive information necessary to ensure due diligence in their governance and that the ends are being met.

A significant change by the Board this past year was to amend their by-laws so citizens other than those eligible for election could be appointed by the elected board. The Board may now appoint two members; one each from the permanent residents in the unorganized areas of the catchment area, one from the east and one from the west.

The Local Health Integrated Network (LHIN) will be in its first year of operation. It will be necessary to closely monitor the direction taken in the LHINs first Integrated Health Service plan (IHSP) as this will affect the funding and services provided by the hospital in the future. I have been invited to sit on an Advisory Committee to provide comment from this area concerning their service plan.

This year the hospital is in the process of renewing its Accreditation for the next three years. Board members along with senior management have been working to ensure that the leadership/partnership aspect of accreditation will be met.

This year is an election year for board members. I would encourage members of the community to seek election on the hospital board. We will be holding orientation sessions in late August early September for any who are interested.

I would like extend the Board's appreciation to those listed below without whose help many initiatives would never get off the ground:

- All hospital staff for their commitment and dedication
- Our volunteers
- The Hospital Auxiliary
- The Hospital Foundation
- The Retired Railroaders

The Hospital Board is extremely proud of the way in which services are delivered within our hospital.

Respectfully submitted

Ferg Penner, Chair, Board of Directors



Chief Executive Officer Report

This year has seen a number of positive developments at Lake of the Woods District Hospital.

Our Patients and Clients: At the heart of all the work at LWDH are the patients and clients we treat. It is of paramount importance that we deliver quality care in a timely, safe, and efficient manner. Our hospital exists so “there will be optimal healthcare and optimal health for the people of the community”. During the year, to achieve this end, we have maintained all existing programs and services while adding the following new services for the people of our community: cataract surgery, total and partial knee replacement surgery, stroke clinic, and safe kids program. Members of our community who often waited more than a year for these types of surgeries can now look forward to receiving them quickly. In 2006-07 I expect that wait times for all surgeries performed at our hospital will be at or shorter than the national and provincial benchmarks.

Capital: Approximately \$1.5 million in new capital equipment was purchased for the following purposes or areas: patient lifts, laboratory, surgical services, ER, diagnostic imaging, nutrition and food services, laundry, dialysis, respiratory therapy, and medical records. Information technology was purchased for staff scheduling, nutrition, finance, pharmacy, and psychiatry this year.

We received notice from the Ministry of Health in April 2006 that our request for substantial building system upgrades has been approved up to \$4.9 million. This funding will go a long way to addressing long standing building systems deficiencies.

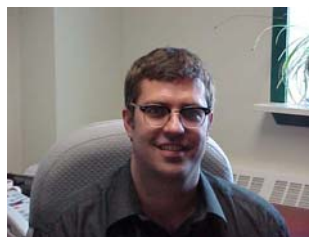
Our Team: The collective efforts of all our staff and supporters are critical to delivering quality and efficient care to our patients and clients. I am proud of the quality of care our staff, medical staff, managers, board members, and volunteers provide to our community. Over the past year we have added staff / hours to the ER, laboratory, rehabilitation, CSR, and surgical services to address expanded services and new government regulations. I would like to acknowledge and congratulate the management and staff of our laboratory who achieved a five year accreditation this year under strict new laboratory standards.

Funding: Lake of the Woods District Hospital has had a long standing reputation for being fiscally responsible and providing efficient care and services when compared to our peer hospitals. The organization has reported surpluses in 2002-03, 2003-04, and 2004-05. This year we are reporting a deficit of \$966,500 on a \$37.4 million budget. This represents a 2.6 percent deficit. The cause of this deficit is attributed to a number of factors including abnormally high staff illness and injuries, significant investments in capital equipment and information technology, an increase in our future benefit obligations, and some added unfunded services. Although salaries and benefits have also increased significantly more than inflation in some departments or services they are in line with what other peer hospitals are paying their staff. The hospital is developing a recovery plan to address this deficit and to bring our efficiency ratings back to previous levels.

Finally, I would like to take this opportunity to acknowledge and thank our managers and staff, board members, foundation, and auxiliary for their continued support.

Respectfully submitted

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



Chief of Staff Report

This past year was my fifth as Chief of Staff at Lake of the Woods District Hospital, and it has been the most challenging one without a doubt. We have entered into a number of new programs and have been faced with an increasing shortage of physician resources. As the hospital also ran a deficit this year, the challenges in providing the same levels of care previously enjoyed will be even more difficult.

Program Changes: In addition to all of our previously established programs, Lake of the Woods District Hospital added a number of new services over the past year. The cataract and knee replacement surgeries have provided surgery at home for a huge number of patients already. We now also offer a gynecology clinic and are starting gynecology surgery on site. We also added hematology clinics to the visiting specialist clinics this past year.

Stroke and Asthma Care: In 2005-2006, staff spent a great deal of time aiming to optimize our stroke care at the hospital, and are putting final touches on a very comprehensive program for stroke prevention, recognition, and treatment. This has been an ongoing priority for the past 2 years, with Dr Tim Wehner, Brock Chisholm, Shelly King, and the radiology department all providing a great deal of time and energy to implement best practices. Over the past year we have also been involved with an asthma research protocol with the aim of improving asthma care and teaching. This is coming to an end in 2 weeks, and we will be implementing a care pathway using the added knowledge gained from this research.

Physician Shortage: Physician shortages have continued to cause critical gaps in patient care nation-wide. We will be losing one of our family physicians, Dr Gwen Bruce-Houle, who has a well established practice in both clinic and hospital. Her replacement, Dr Roy Strank has already begun work, and we are looking forward to 3 more physicians starting this summer.

Remote Radiology: We implemented a system to have our radiology examinations read remotely, and have had backup coverage from 2 radiologists in Toronto this spring. This has given us excellent coverage as Dr Kyle has moved towards retirement. We are still hoping to recruit a radiologist to replace Dr Kyle, and the hospital has continued active recruiting.

Quality Improvement & Risk Management: We completed the implementation of a system for tracking and assessing adverse patient events and errors. We now follow up with complaints and errors using a root cause analysis program which helps identify areas for improvement, and allows us to identify trends in patient care issues.

Telehealth: Video telehealth visits have expanded very quickly and we now have one of the busiest programs in Northwestern Ontario, which provides video specialist consultation for our patients. We now have 2 studios and will be adding a third portable station for use in acute stroke emergencies.

Finally, I would like to thank the ongoing dedication of our physicians, midwives, nurse practitioner, nurses, and the rest of the hospital staff who have successfully implemented a large number of programs this year. We are constantly moving forward to improve care for the patients of our community, and in times of limited resources and personnel, this can be extremely difficult.

Respectfully Submitted,

Sean W Moore MD,
FRCPC, emergency medicine,
Chief of Staff



AED, Patient Care Report

The fiscal year 2005-06 has challenged us all with rising costs and shrinking resources. Many people have worked very hard to enable us to continue to deliver first class care in a very stressful and ever changing healthcare environment.

We continue to struggle to attract professional nurses to our community, particularly in specialty areas such as ICU. We have seen a number of our nurses move on to new experiences and new communities, and we have been coping with a number of vacancies in our Intensive Care area. We continue to offer training opportunities to qualify nurses for this highly acute area, but many do not see critical care nursing as part of their current career path. The result is that replacement costs for absences or transfers is often at premium time, further straining our resources both from a quality of work life perspective and a fiscal perspective

The good news is that through the efforts of all of the hospitals in the region, including LWDH, the City Councils, and the two post secondary centers of learning, Confederation College and Lakehead University, we were successful in lobbying the government to fund the first collaborative, totally off campus, BScN nursing program in the country. We have campuses in Kenora, Dryden, Fort Frances and Sioux Lookout where Registered Nursing Students (RN) can pursue their Baccalaureate in Nursing, without leaving their home communities. The program began in September 2005, with seven students at the local campus. A number of our local RN's who have their degree have been teaching in the program in Kenora, beyond their full time commitment to this hospital. I take my hat off to them. This program will graduate in 2009.

We are also facing an acute shortage of Registered Practical Nurses (RPN) in our community, and are pleased to see a local program through Confederation College which will graduate a new group of RPN's in the summer of 2007. Although we have no current vacancies we have a desperate need for relief, and a large percentage of our workforce that is eligible to retire in the next 5 years.

In order to attract and retain RN's and RPN's in the workforce we have again been successful in our application for funding through the office of the Nursing Secretariat to the Minister of Health for the Late Career initiative. This funding has enabled us to fund 11 late career nurses (55years of age +) to participate in the program which offers late career nurses 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 allows us to back fill their positions while they were working on their late career project.

We were also granted funding for the New Grad Initiative and are able to offer full time extended orientation to our one new graduate for up to three months to enable her to function more independently in the organization. This is a supernumerary position so assignments can be tailored to offer this new grad the best possible variety of experiences.

Our Risk Management program continues to evolve and we are now getting much improved Data from our Risk Manager Pro. We are now developing reports which will be presented to the board and reflect trends in risks to the organization as well as trends in incidents involving our patients, our staff and our plant.

Staff safety and injury prevention continues to be a high priority. We have been funded this year for six more ceiling lifts, four in ICU and two Bariatric lifts (lift 600 lb), one of which was installed on 2 East and one on 3 East. This brings our total ceiling lift quota to 18. It is anticipated that the incidence of musculoskeletal injuries among our staff will decline.

Our two expanded surgical programs, Cataract Surgery and Total Knee Replacement surgery were both accepted as two of 100 successful Innovations in Healthcare out of 600 submissions to the MOH to be showcased in the Celebrating Innovations in Health Care Expo in Toronto this spring. Sonia June Hill, manager of Surgical Services, attended the fair along with some of our regional partners from Dryden who manned the TKR booth, while June manned the Cataract booth. June is to be commended for the hard work and dedication to making these programs such a success.

June has also been chosen to participate in a new MOH initiative to develop Peri-operative Improvement Coaching Teams for the Province of Ontario to help the government understand the issues in peri-operative environments and to help hospitals improve peri-operative efficiencies and performance. June is a member of one of these teams which provide hospitals with assistance to build capacity to continually improve operating room efficiency, access and quality of service.

Donna Makowsky, Manager of Medical Surgical ICU has been chosen to sit on a provincial Critical Care Performance Coaching Team on End of Life Strategies. Working collaboratively with hospital critical care staff, this Coaching Team will support hospitals who apply for a team to visit, in achieving defined performance and quality improvement objectives.

On January 17, 2005 we opened a Nurse Practitioner Primary Care clinic at the LWDH. Emily Duggan, RN (EC) continues to provide Primary Care to the residents of the city and surrounding area who do not have a primary care physician. Her case load has grown exponentially over the past year and she is now booking six to eight weeks into the future. Emily has worked collaboratively with the primary care physicians in our city and has been a great asset to the hospital and the community.

The Sexual Assault Treatment Program has added a SafeKids component to offer medical treatment and support to children who are the victims of sexual and/or physical abuse. This program works closely with the child protection agencies in keeping children safe.

In closing I wish to acknowledge all of the people who work behind the scenes to provide the excellent level of care that Kenora District residents have had at their disposal. We have one of the finest team of managers who work many hours beyond their commitment so their staff have the tools to provide the care at the front line. Their contribution is often not fully appreciated and yet their load is heavy. Thank you to each and every one of you! I wish to also recognize the commitment of my Senior Management colleagues who are rarely thanked when things go well, but shoulder the responsibility when things go not so well. Thank you for your dedication and tenacity. To our staff, you are as good as any and better than most! The challenges you face only make you better as people and professionals. Thank you.

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 Chief Financial Officer and Assistant Executive Director, Finance & Support Service for the Lake of the Woods Hospital the past year. This year can be best described as one that has produced many exciting changes. There have been many new 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 continuing challenging experience.

I have completed my CGA designation, having recently written my final exam in November. This complements my Masters in Health Administration degree.

Financial Analysis: The hospital received a clean audit again this year.

Our overall hospital deficit for fiscal 2005-06 was \$966,469 compared to a surplus of \$438,408 for fiscal 2004/05. Overall hospital revenues were higher than in previous years, but expenses overall surpassed the additional revenues. The hospital deficit included a number of new programs. The greater expense was due to salaries, wages and employee benefits with increases due to additional staffing and wage settlements. Medical staff remuneration is up to \$3,751,546 from \$3,151,686 due in part to the recognition of the Emergency Room Alternate Funding Agreement as part of hospital operations.

Other revenue and recoveries of \$2,988,568 was up from last year (\$2,767,498) due to new revenue sources from marketed services. We continue to review ways to enhance revenues. Revenue from other payors, such as WSIB, Non-residents, OHIP, Visiting Specialist and Ambulance services of \$2,197,910 was up slightly from last year's revenue of \$2,019,215. Differential and co-payments are up to \$419,247 in 2005-06 from last year \$383,734 (2004-05), consistent with fewer long term care clients being admitted to hospital.

Accounts receivables have been significantly reduced to \$1,297,161 in 2005-06 from \$1,664,280 in 2004-05 due to the vigorous attempt to collect outstanding balances throughout the year.

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

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 finalized the switch on accounting software from an extremely outdated program to the new ORMED software. This past year has been the second year of a two year implementation plan. We implemented both the Accounts Receivable (AR) module and the LOKI Scheduling module that accommodates the Payroll system.

More training for managers 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 is expected to 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 comprises the Housekeeping, Laundry and Linen departments. The departments strive to provide high standards of service to patients, visitors, departments and co-workers. The staff 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.

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

The new Materials Management system implemented last year 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.

LWDH 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. 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. The balance in the inventory account at March 31, 2006 is \$418,918 which is down from last year's figure of \$505,772 consistent with our attempts to decrease the amount of inventory we retain on hand.

The 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.

One of the major goals last year had 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 hospital implemented a healthy choices policy this year which proved challenging to the department. The department successfully implemented the policy and continues to provide comparative quality cafeteria services supplemented by the vending operations.

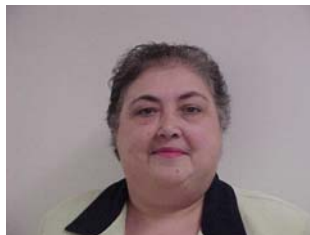
Work has begun on the implementation of new dietary software to be implemented in the summer of 2006. A new three-week menu cycle has been in process with the implementation to take place soon after the software implementation.

The Clinical Dietitian's workload continues to increase as the workload increases. 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 was an additional dietitian hired during the year.

As CFO and 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 staff and managers continue to put forth efforts beyond that which is expected. For all your efforts, I thank you and applaud you. I would also like to thank the Senior Management team and the Board for their support during the past year. I wish you all good health and good luck in your coming year as I move on to new horizons.

Respectfully submitted,

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



Community Programs Report

Community Programs exists to improve the quality of life for individuals and their families living in our community by providing mental health and addictions services through the following programs: Addiction Services Kenora; Community Counselling and Day Treatment.

In a combination of individual and group sessions we have provided services to 6,392 individuals.

This year's achievements include:

- The launch of the methadone treatment program, known as M.E.C.C.A.;
- A partnership to conduct a first ever First Nations Student Alcohol and Drug Survey
- A Gambling Awareness Campaign, through fact sheet handouts at local liquor stores.
- Fetal Alcohol Diagnostic clinics, assessing 232 youth in the district.
- Two Cognitive Therapy groups
- An Anxiety /Phobia Management group
- Development of a Support group for the graduates of the Beacon Program
- Collaboration in providing the Roots of Empathy Program in schools and Bring Baby Home Program in the community.
- Funding received for methadone and crisis intervention services.

Our services have been moving towards a multifunctional approach using the expertise of all our programs for the benefit of the clients we serve. "Making it Happen" suggests a reformed system that includes a comprehensive continuum of services through use of best practices; levels of need; common treatment plans/shared care plans; and a common intake; assessment and discharge protocols. "Setting the course" recommends more multi functional agencies such as our own that can provide a comprehensive range of co-ordinated services for our communities and district. Both mental health and addictions sectors agree that effectiveness is a key indicator of success. This year we plan to dedicate resources and effort to evaluate timeliness (wait time); effectiveness (outcomes) and client acceptability of services. We will emphasize the development and use of treatment plans. We have a common intake that is working well for both client and staff of all community programs with an interagency referral protocol for placing clients with the best provider. Efforts will be made for data management; and reporting to the Ministry of Health through the use of support staff instead of direct service providers. We wish to keep professional staff focused on client services.

It is recognized as a best practice by Health Canada standards that concurrent disorder clients require an integrated approach to treatment and support. Our plan is to support staff in gaining additional knowledge in this area.

This year we will have a major focus on health and safety issues such as fire drills; staff and client safety and security; work well audit; and WHMIS training.

We will continue to partner with others to provide clients with the best service possible.

We attribute the success of our programs to the expertise of our staff, the commitment of our clients, the support of management and the vision of the program advisory members and the Board of Directors of the Lake of the Woods District Hospital.

Respectfully Submitted,

Marlene Mymryk,
Assistant Executive Director, Community Programs

Foundation Chair Report



In the 2005/2006 fiscal year, the Lake of the Woods District Hospital Foundation received \$704,973 in fundraising revenues. Cumulative receipts for the organization since November 1992 total \$10,079,223.

Once again, donors to the Lake of the Woods District Hospital Foundation responded favorably to our fundraising appeals, which included: Direct mail solicitations, the 2005 Tree of Life Campaign, event sponsorship opportunities and payroll deduction programs. Other revenues for the Lake of the Woods District Hospital Foundation represented pledge payments for the Picture of Health Campaign and continued support for the Memorial Campaign.

The Kenora Lake of the Woods Lions Club deserves special recognition for their commitment to the Ophthalmology Program at the Lake of the Woods District Hospital. The equipment required for cataract surgeries has been purchased by the hospital which allows procedures to be performed locally. The Lions Club has made several gifts to date on the project with an intention to fulfill their pledge over the next two years.

The Lake of the Woods District Hospital Foundation transferred \$767,031 to the Lake of the Woods District Hospital over the past twelve months. Gifts and donations were utilized by the hospital for staff training initiatives, the purchase of computer software & hardware, a portable ultrasound, a gamma probe, knee rehabilitation equipment, payment on the service contract for CT Scanner, an SOS difficult intubation system, a pressure mapping system, surgical orthopedic instrumentation, heat pumps, a gastroscope, hepa filter units, and a ventilator unit.

In the coming year, the Board is committed to improving the profile of the Lake of the Woods District Hospital Foundation among the seasonal visitors to the community. There will be a concerted effort to increase donation activity among this segment of the population. The opportunities associated with charitable planned giving will also be receiving more attention this year. Our directors will be evaluating the resources necessary to improve performance in this area.

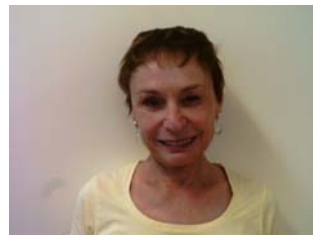
I am pleased to introduce the Board for 2006/2007: Mrs. Elaine Pearce, Mr. Charlie Strachan, Mrs. Thelma Wilkins-Page, Mrs. Catherine Nelson, Mr. David Sinclair, Mrs. Patty McLeod, Mrs. Sylvia Yanchishyn, Mr. Stephen Lundin, Dr. Colin Foster.

This mix of new and returning Directors brings to the table a great mix of talents and experience. I believe that we have the right team in place to achieve our objectives and goals. That being said, in accordance with our by-laws, the timing is appropriate for me to resign my seat since I have served the organization for three terms. I would like to thank the Board for their support and dedication to the mandate of the Lake of the Woods District Hospital Foundation.

The Lake of the Woods District Hospital Foundation recognizes that it operates in a competitive environment for charitable dollars. The Lake of the Woods District Hospital Foundation succeeds because the community chooses to support the hospital's capital priorities. The capital needs of the Lake of the Woods District Hospital benefit from the goodwill of the local service clubs, the business community and the many contributors to our annual fundraising campaigns. We thank you.

Respectfully submitted,

John Fregeau
Chair, Lake of the Woods District Hospital Foundation



Auxiliary President's Report

Introduction: This past year, my second as president, has been interesting, busy and challenging. I have learned more about how the hospital functions and have developed a greater appreciation and understanding of the challenges facing this institution.

Membership: This year we have 162 members, 16 of whom are life members. We also have 2 provincial life members – Ruth Bowiec and Sandy Compton. Auxilians have contributed 9,609.5 volunteer hours. Of these, 38.5 came from students and 2033 from the lottery. Marnie Lundin has continued to serve as the Auxiliary representative on the Hospital Board. One of our members, Marlene Wong, was appointed to the LHINs Board for this area. Since the government considered her involvement in the auxiliary to be a conflict of interest she had to resign from the auxiliary.

Fundraising: Throughout the year we continued to fund raise. In Memoriams and donations, Tag Day, bake sales, Canadian Children's Books, Bone Density funds, Gift Shop and the HELPP Lottery brought in enough money so that we were able to meet our commitment of \$109,456.00. We still had some funds which needed to be disbursed and so, in cooperation with the Kenora Railroaders Association, it was decided to purchase an additional \$40,544.64 worth of equipment. This latter amount will be part of our 2006 – 2007 commitment. The Railroaders are to be congratulated for having raised over \$2,000,000.00 (to be exact - \$2,001,077.20) for the hospital.

Services: The knitters continue to provide booties and caps for newborns as well as items to be sold in the Gift Shop. This year, for the first time, we were asked to supply mitts, caps and scarves to the Occupational Therapy Department for their outpatients. We also make surgical dolls which are given to children going into surgery. Tray favours for persons who are hospitalized over holidays are another service. We also purchase booklets for the palliative care unit which are used to help families dealing with terminal illness.

Gift Shop: The gift shop is well managed by Melanie and Melissa Reynard, OliveMae Sveinsson and Joyce Crowley. It contributed \$22,752.38 to the funds used to purchase hospital equipment. The "no junk food" in the hospital has been a major challenge for the Gift Shop – it seems to have had a negative impact on sales.

Program: There was a variety of programming, from musical entertainment – Ali Gow and Mac's Angels – to speakers who provided information relating to health issues, namely:

- Barry Reynard and Colleen Neil who spoke about the new Wellness Centre
- Shelley King who spoke about Stroke Prevention
- Emily Duggan, who explained what a Nurse Practitioner does
- Brad Edie who spoke on "Safe Medicating"

Annual Conference: Barbara Lundy and Betty Anderson attended the Region 12W executive conference in Ear Falls in September and the HAAO Conference in Toronto in November. In April, Diane Lucas and Betty Anderson traveled to Thunder Bay for the combined Region 12E and W conference.

Conclusion: Our Auxiliary appreciates the support given to us by the Hospital Board and Hospital Administration as we strive to provide for ever better care for the patients in our hospital.

Respectfully Submitted,

Betty Anderson
President, Lake of the Woods District Hospital Auxiliary

CAPITAL PURCHASES

Dept	Item	Actual (Net GST Rebate)
MAINTENANCE	Window Replacement	\$230,136
MAINTENANCE	Hot Water Tanks	\$20,258
MAINTENANCE	Morgue Roof	\$17,728
MAINTENANCE	Fuel Storage Tank	\$122,718
NURSING DEPTS	Beds - Delivery Charges	\$621
SURG. SERVICES	Electrical Generator Mounting Stand	\$533
	Laposcopic Instruments	\$1,049
REHAB	Wheeled Walker	\$550
LAB	Telescope	\$3,289
LAUNDRY	Washer 135 lb.	\$46,407
REHAB	Danniflex C.P.M.	\$3,825
SURG. SERVICES	Microscope - Ophthalmology	\$74,741
SURG. SERVICES	QuickRinse Auto Sterilizer	\$2,444
IT	ORMED A/R OHIP Billing Software/Interface	\$49,219
SURG. SERVICES	Sterilizer, Sterad - Trays, Wiring	\$2,007
SURG. SERVICES	Phaco Machine	\$82,557
SURG. SERVICES	Surgical Instruments - Arthroscopy	\$39,879
SURG. SERVICES	Biometer - A Scan - Ophthalmology	\$7,336
SURG. SERVICES	Keratometer - Ophthalmology	\$12,689
SURG. SERVICES	Stretcher - Ophthalmology	\$42,905
DIALYSIS	Blood Volume Monitor	\$4,500
NFS	Dietitian Office Renovations	\$2,530
RESP	Ventilator	\$61,726
NURSING DEPTS	Blanket Warmers - Wiring	\$2,186
MAINTENANCE	Heat Pump	\$5,055
VISITING SPECIAL.	EEG/EMG Equipment	\$42,210
ER	SOS Intubation Stylet	\$6,706
NFS	Refrigerator/Freezer Units	\$98,562
LAUNDRY	Washers (2) 90 lbs.	\$83,592
MED RECORDS	Shelving Units	\$10,893
SURG. SERVICES	Gamma Probe	\$43,679
ER	Portable Ultrasound	\$48,061
REHAB	Pressure Mapping System	\$14,290
IT	Dietary Management Software	\$13,772
SURG. SERVICES	Phaco Machine (Refurbished)	\$40,476
INFECT. CONTROL	Hepa Filter Unit	\$6,766
SURG. SERVICES	Gastroscope, Video	\$31,025
SURG. SERVICES	Surgical Instruments - Arthroscopy	\$10,652
DIAG. IMAGING	Transcription Equipment & Software	\$4,547
DIAG. IMAGING	Diagnostic Viewing Stations	\$63,786
ECG	ECG Machine - Digitized	\$15,477

Dept	Item	Actual (Net GST Rebate)
IT	Fortigate Software	\$4,411
PATHOLOGY	Electronic Scale - Autopsy	\$3,172
	Power Conditioner	6747.8
LAB	Benchtop Microtome	\$10,622
LAB	Light - Portable Dissecting	\$3,914
	Recliner Chair	\$5,992
LAB	Microscope	\$12,780
NURSING DEPTS	Lifts - Power Transactive (4)	\$21,080
NURSING DEPTS	Bariatric Power Lifts	\$14,406
LAB	Digital Camera System	\$5,439
IT	Medi-Patient/Medi_Pharm Software	\$11,367
		<u>\$1,471,309</u>

Hospital Admission& Treatment Statistics

	2005/06	2004/05	2003/04
Adults and Children Admitted During the Year	2,880	2,895	3,039
Babies Born in the Hospital	240	239	235
Days of Hospital Care:			
Adults and Children	22,494	23,161	25,161
Newborn	594	644	593
Meal Days	41,043	42,983	45,396
Paid Hours of Work	720,936	659,339	658,906
Approved Beds	104	104	104
Beds in Service	96	96	96
Emergency Visits	25,972	25,324	25,354
Operations Performed:			
Inpatient	649	568	450
Outpatient	1,501	1,205	1,078
X-Ray Examinations	17,438	16,620	16,677
Ultrasound Examinations	4,288	4,120	3,906
Mammograms	1,378	1,181	1,101
Computed Tomography Exams	4,944	3,454	---
Electrocardiographic Examinations	5,799	5,392	4,860
Laboratory Procedures	429,939	428,064	400,998
Laboratory – Standard Units	1,285,695	1,437,890	1,485,179
Physiotherapy – Patient Attendances	10,202	14,556	9,485
Chemotherapy Treatments	1,682	1,467	531
Dialysis Treatments	2,330	2,319	2,374
# Kgs. Laundry	173,891	140,828	159,018

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 2005:

		Salary	Taxable
<i>Name</i>	<i>Position</i>	<i>Paid</i>	<i>Benefits</i>
Mr. M. Balcaen	Executive Director	\$168,559	\$1,021
Mrs. Lesley Brown	AED Patient Care Services	\$115,496	\$ 628
Mrs. Linda Brown	AED Finance & Support	\$105,944	\$ 628
Dr. J. Kelly MacDonald	Pathologist	\$231,181	\$1,334
Dr. J. Kerry MacDonald	Pathologist	\$246,486	\$1,486
Dr. S. Moore	Chief of Staff/ER	\$246,486	\$1,486
Mrs. M. Mymryk	AED Community Programs	\$103,123	\$ 628

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. J. Clarke
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. L. Hill, Acting Manager, Patient Information Services
Mrs. T. Knopf, Manager, Laboratory
Mrs. D. MacDonald, Manager, Volunteer Services
Mrs. D. Makowsky, Manager, Medical/Surgical/ICU
Mr. C. Marek, Manager, Central Ambulance Communications Centre
Mr. R. Markle, Manager, Plant Services
Mrs. L. Mychalyshyn, Utilization Coordinator
Mrs. C. O'Flaherty, Manager, Finance Office
Mrs. L. Ronnebeck, Infection Control Practitioner
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

MEDICAL STAFF

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

LAKE OF THE WOODS
DISTRICT HOSPITAL

Dr. J. Kroeker
Dr. W. Kyle

Dr. V. Sawatzky

Ms. E. Duggan, Nurse Practitioner

Ms. W. Peterson, Midwife

DENTAL STAFF

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

VISITING SPECIALISTS

Dr. A. Angel, Internal Medicine
Dr. M. Anthes, Oncology
Dr. M. Aubrey, Rheumatology
Dr. R. Beldavs, Ophthalmology
Dr. C. Bloom, Radiology
Dr. T. Bon, Geriatrics
Dr. A. Cheng, Psychiatry
Dr. E. Cormode, Pediatrics
Dr. E. Doyle, Pediatrics
Dr. D. Dueck, Oncology
Dr. M. Fast, Neurology
Dr. Y. Gagnon, Lab, Diagnostic Imaging Tests only
Dr. H. Hamilton, Orthopedics
Dr. J. Haruon, Radiology
Dr. D. Hoffman, Orthopedics
Dr. A. Hudak, Pediatrics
Dr. L. Hurst, Dermatology
Dr. J. Illman, Radiology
Dr. M. Kiang, Psychiatry
Dr. N. Laferriere, Oncology/Hematology
Dr. J. Porter, Orthopedics
Dr. F. Potestio, Obs/Gyn
Dr. N. Silver, Pediatrics
Dr. G. Smith, Pediatrics
Dr. J. van der Sweep, Ophthalmology