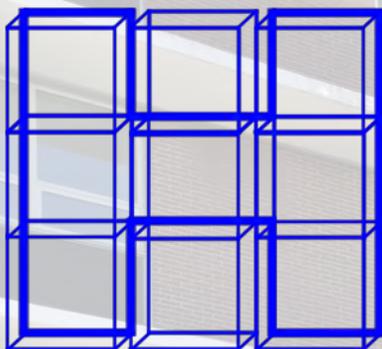


LAKE OF THE WOODS DISTRICT HOSPITAL

Annual Report 2017-2018



“Quality Care from a Quality Team ... Looking Well into the Future”



Organizational Ends

**Lake of the Woods District Hospital exists so that:
People we serve achieve the best possible health outcomes for a justifiable use of resources.**

Board End: Care Based on Best Practices:
People we serve receive patient-centered care that incorporates the values and preferences of patients and their families and is based on evidence-based medicine. This is the highest priority.

Vision

- ◆ State of the art new facility.
- ◆ Effective E-Health system.
- ◆ Appropriate sufficient workforce.
- ◆ Well governed sustainable funding.
- ◆ Healthy lifestyle choices.
- ◆ Timely access to primary health care.
- ◆ Seamless continuum of collaborative services.
- ◆ Visible health care system inspiring confidence.

Values

- ◆ Publicly Funded - Publicly funded system.
- ◆ Sustainable - Sustainability with resources and people for the future.
- ◆ Accountable - Accountability to the public.
- ◆ Inclusive Care - A level of care that is inclusive.
- ◆ Shared Support - Health care is a shared responsibility of the individual, community and government.
- ◆ Personal Responsibility - People are responsible for their own health.
- ◆ Continuous quality improvement and innovation.



Message from the Board Chair

Welcome and Biijoo

Thank you/Miigwich for attending this Annual General Meeting with us.

This past year the Board has seen a relatively busy schedule.

For the past few months the hospital has been undergoing an Operational Review. The past few years we have been in a budgetary deficit related to the funding formula. Mr. Mark Balcaen and Mrs. Cindy Gasparini have been working with the Ministry of Health and Long-term Care (MOHLTC) and the North West Local Health Integration Network (NWLHIN) to have them look at our budget condition. In 2017 the NWLHIN provided the hospital with \$1.4 million to cover our deficit, with the caveat that the hospital undergoes an Operational Review to initiate plans to work within the next year's budget constraints. The report should be completed within the next few weeks. It is anticipated that there will be several recommendations that the LWDH Board will need to prioritize and begin to work on. These achievements will take time to complete. The Board will be accountable to the NWLHIN and the MOHLTC to ensure these are completed following the guidelines set out by the MOHLTC.

We will continue to show a budgetary deficit this year as the funding formula continues to be part of our process. In the next budget year the MOHLTC has changed the designation of our hospital from "large" to "small". This new designation will allow us more room to work within our budget formula for a "small hospital" setting. The Auditor's Report will explain the whole budget situation.

We announced at the last Annual General Meeting that we had received notice that we would be provided with \$2.5 million to start the process of looking at a new hospital. The Senior Managers have been working on the MOHLTC guidelines to provide them with the necessary paperwork. When we get word that we can get moving on the project, the hospital will begin the process with the engagement of hiring a consulting firm. This firm will begin the consulting process needed to review what, who and where the new facility will be like. We do not anticipate that we will have a facility in the next few years, but it would be great if that happened. We keep our fingers crossed.

Last December 2017, Mr. Balcaen provided us with a letter of his intention to retire in June of 2018. Since then we have been in the process of engaging a consulting firm that is proficient in the hiring of a new Chief Executive Officer. The consultants requested a list of the people that were thought necessary to talk to, to provide insight into the person who would fill this position. This whole process is moving along quite well and according to the firm's timelines.

I have been on the Board for the past 18 years and Mr. Balcaen has always been the Chief Executive Officer, so it is my dismay that I see him leave before me. On behalf of the Board Members I wish him well in his retirement years. He has been a positive mentor and guide to the Board Members, and in the process of governance for the hospital. It is not an easy job!

I want to commend the staff at our hospital for their commitment in times of trial and tribulation. I know there have been times when I am sure you have wanted to pack it in. But you haven't! Thank you for your perseverance. I have wanted to be able to walk about the hospital wards to say thank you, but I seem to not have enough time to do so. Please accept my apology.

There are others that I would like to say thank you to as well. I will start

with the people who have dedicated their time to the hospital, the volunteers. You will never know how much your time and effort are appreciated.

The staff in the Housekeeping, Maintenance, and Laundry Departments are not forgotten as you are the mainstay of this facility. The staff in Health Records, IT, Finance, Nutrition, Patient Registration, Laboratory, and Diagnostic Imaging, there are areas that most of us have never seen or been able to get to. As Board Members we are aware of your contribution to the care of the patients. We thank you.

I would like to thank Kaila and Kaitlin for the many times I have interrupted them to do something for the Board's projects. They never refuse!

I thank the Senior Managers for their advice and information to the Board Members whenever we needed it: Donna, Bruce, Cheryl, Kerry, and Mark. The Physicians will not be forgotten as well, they play a significant part in the well-being of the patients. During our meeting with groups and organizations in the community, we have begun working and partnering with the Indigenous organizations such as Kenora Chiefs Advisory (KCA), Grand Council Treaty #3, and Waasegiizhig Naanaandawe'iyewigamig (WNHAC). We also thank them for the commitment to our vision of a new health care delivery system.

I thank the Board Members who have provided me with wisdom and support during this past year. There have been times when I seemed to go off on a tangent, and they keep me grounded. A special thank you to Mr. Dean Carrie who has taken the lead in the process of CEO Recruitment.

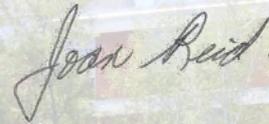
I seem to be belabouring the thank you wishes, but it is appropriate that I do so. We are in a process of building positive relationships and we

must start here and now.

In May of 1968, the St. Joseph's Hospital and the Kenora General Hospital merged into one, becoming the Lake of the Woods District Hospital. We are quietly celebrating the hospital's 50th year of existence.

Thank you for attending this 50th anniversary of the Lake of the Woods District Hospital's Annual General Meeting.

Respectfully Submitted,



Joan Reid
LWDH Board Chair



Message from the President and CEO

This past year will represent a significant dividing point for Lake of the Woods District Hospital (LWDH). After five years of advocacy we have been successful in convincing the Ministry of Health and Long-term Care (MOHLTC) that the funding formula does not work for our size of hospital. Starting in April 2018 the hospital will now be considered a small hospital and no longer subject to the QBP and HBAM funding methodologies. This should result in more stable funding and less chance of deficits.

During the year, major progress was made on the redevelopment of the hospital's Surgical Services and Medical Device Reprocessing Departments. This 10 million dollar capital project, once completed in the summer of 2018, will allow the hospital to expand surgical services allowing more people to be cared for closer to home. This, along with the September 2017 implementation of the Novari Health's e-referral and central intake technology, will result in the central intake and rapid clinical assessment of care for patients being referred for possible hip or knee replacement surgeries. A further benefit of the Novari system will result in better tracking of surgical patients from family physician referral, to specialist consult, to surgical booking, as well as post-surgical follow-up. This system will also provide more choices to patients as to when and where they want their surgery, and by whom.

During the past year, the LWDH undertook an Operational Review. The review, which was initiated last July, was commissioned to help the hospital in identifying potential improvements in operations, governance, and management. Upon receiving the final report, the hospital looks forward to engaging our staff, medical staff, and stakeholders in setting priorities and related timelines for addressing the 74 recommendations. Updates on the status of the recommendations will occur monthly at the hospital Board Meeting and on the hospital's website (www.lwdh.on.ca).

The Managed Alcohol Program (MAP) started in January 2017, and has become a success over the past year with high praise from a number of local community groups for the program's success in helping chronic alcoholics improve their health and functioning in the community. The program is an excellent example of integration with local health partners in providing health and social services to a high needs client group.

This year we saw the retirement of our Vice President of Corporate Services and Chief Financial Officer, Cindy Gasparini, who has been with the LWDH for over 24 years. Her professionalism, humanity, and dedication to our hospital and the people we serve were exemplary. Cindy, you will be missed.

As I reflect on my time and influence at the LWDH, as I am about to retire, I think of the excellent people I have had the opportunity to work with and the advances we have accomplished in the last 20 years. We have created new programs and services, seen the expansion of existing programs and services and the reintroduction of inpatient Internal Medicine services after an absence of 17 years, and added many new information technology systems to improve patient safety and clinical services. All of these changes have made the LWDH a safer, high-quality hospital offering more services closer to home than any time in the past 20 years.

The support of the LWDH Foundation and Auxiliary is critical to the organization and the people we serve. I want to sincerely thank them for all of their excellent work and commitment to making LWDH a better hospital for our patients and their families. I would also like to express my thanks to the Board of Directors who have had a very challenging year. As unpaid volunteers who govern a very complex organization with unrealistic financial support created by an unfair financial formula, you have done an excellent job. I applaud your work ethic and commitment to making our hospital a place where excellent care is delivered.

To all my senior managers and managers, I want to commend you for your excellent work, perseverance, and willingness to go above what is expected. I realize that you all have sacrificed quality-of-life for the sake of the hospital. Your dedication is recognized and very much appreciated.

Thank you to all our hospital staff and medical staff, extended class nurses, and midwives for the excellent care you provide to our patients and their families. Your work on hospital committees, reviewing patient order sets and hospital policies, and workplace health and safety is critical to the provision to safe, high-quality, and effective care.

Finally, to everyone, thank you for the privilege of serving our hospital and community over the past 20 years. I wish everyone associated with the LWDH all the best in the future.

Respectfully,

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



Message from the Chief of Staff

Dear Board Members, LWDH colleagues, and members of the public,

This year has been challenging and we are in a politically charged environment currently. I look forward to finding out what new political masters we will work with. Healthcare is always interesting.

I would like to do a focused highlight on the area of Antimicrobial Stewardship in detail, rather than a review of many activities. The LWDH participated with the World Health Organization's Antimicrobial Awareness Week in November 2017 with activities involving both the hospital staff and community. Working with infection control, we have low rates of hospital-acquired infection and improving antimicrobial use for the most serious blood stream infections. There is an updated Empiric Treatment Guideline 2017, a new reference antibiogram, IV to PO step down recommendations, and a renal disease dose adjustment. We have extended a consultation support program involving the lab and pharmacy, and have worked with the wards to significantly improve prescribing patterns over the year. Areas of demonstrated improvement include: use of narrow spectrum treatment directed by lab results, rapid change to a different treatment when indicated, and improved use of guideline therapy. Unfortunately, we are still seeing 3% of treatment continuing despite lab results which direct otherwise. These results compare very favourably with the literature and an infectious disease specialist in the region has asked for our policies on proto-

cols to copy our program. I invite anyone interested to review the Antimicrobial Stewardship Program page on the hospital intranet.

At the National Microbiology/Infectious Diseases Meeting in May we presented our findings and this has resulted in cooperative projects initiated with other regional hospitals and Manitoba.

A member of the Antimicrobial Stewardship Program Committee attended the "Making a Difference in Infectious Disease" (MAD-ID) 21st annual meeting in the USA recently and has brought back programs and training on programs including: gram negative resistance, penicillin allergy, and renal dosing for the Advanced Microbial Stewardship Program on pursuing certification. These lessons are being put into place at the LWDH.

This is a sample of the changes and activities at the LWDH in 2017. I am very proud of the staff and wish to thank the Board of Directors, Administration, and Foundation for support, encouragement and guidance. Please see the separate item on MALDI-TOF technology, which will add to our toolbox as we go forward. I am honoured to work here.

Respectfully Submitted,

A handwritten signature in black ink that reads "J. Kerry MacDonald". The signature is written in a cursive, flowing style.

Dr. J. Kerry MacDonald

Chief of Staff



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

It is my pleasure to address you in this 2017-18 annual report as the Vice President of Patient Services and Chief Nursing Officer at LWDH. My thanks to the Board of Directors, the Senior Management Team and the entire Patient Care team for their support over the last year.

We continue to provide the following hospital on-site Patient Care services: Inpatient: Adult Medical, Adult Surgical, Intensive Care Unit, Pediatrics, Obstetrics, and Adult Psychiatry.

Outpatient: Emergency Department, Day Surgery, Sexual Assault and Domestic Violence, Chemotherapy, Visiting Specialist Clinics, Fracture Clinic, Stroke Prevention Clinic, Internal Medicine Clinic, Multi-Care Kidney Clinic, Nephrology Clinic, Telemedicine, some limited Rehabilitation and Hemodialysis.

2017-18 Patient Care Highlights include:

- Installation of new Central Monitoring equipment in Emergency Department (ER) & the Intensive Care Unit (ICU). As part of the project, we are currently working on an interface that will transfer data directly from the Central Monitors to the Electronic Medical Record.
- We were chosen as an early implementation site for the basic application of Electronic Canadian Triage Acuity Score (eCTAS) in ER. Although we were the fifth hospital to go-live at the time, we were the first site to do so without on-site support. The ER manager, ER super-users and Information Technology staff need to be commended for their efforts.
- A Physician Assistant (PA) was hired for the ER department in January 2018. The PA was able to see 550 clients during

Quarter 4.

- The Regional Critical Care Response Team at Thunder Bay Regional continues to provide emergent consultation in ER & ICU as well as facilitate ICU Daily Rounds. Regional standardized protocols have been developed and implemented this year in an effort to streamline regional patient transfers.
- We continue to build our library of standardized Patient Order Sets. We now have a total of 53 Order Sets live in Entry Point. Monthly usage of the Order Sets has stayed consistently between 120 and 179/month. We are also participating in a regional Medication Reconciliation project through Think Research.
- We received funding for ICU education through Critical Care Services Ontario (CCSO) via NW LHIN for the 2017-18 fiscal years. This funding provides educational support to both new nurses to Critical Care as well as mid-career nurses currently working in the area.
- We continue to subscribe to MORE OB (Managing Obstetrical Risk Efficiently), an educational site that supports best practices in Newborn and Obstetrical care.
- We have developed a partnership with the Kenora Catholic School Board. Students have created a mural that we display in our Obstetrical hallway. We are also being provided with books to give out to each new baby titled "On the Day You Were born".
- We continue to support student placements for all patient care disciplines.
- Regionally we are implementing the Novari Operating Room booking and scheduling software. This allows us to more closely monitor wait-times and ensure we are meeting targets set out by Cancer Care Ontario and the Ministry of Health and Long Term Care. Novari also allows us to participate in centralized, regional booking for orthopedic procedures.
- We have undergone changes in the Physician Inpatient Model of Care.
- Inpatient and Outpatient Internal Medicine programs have been developed. Outpatient clinics expanded to include a Rapid Re-

response Clinic. We have also expanded to offer Internal Medicine consultation to the region. This consultation is available in hospital and via Telemedicine.

- A 24/7 on-call Pharmacist schedule was established to meet the Ontario College of Pharmacists Accreditation Standards.
- In February 2018 the Pharmacy department joined a program called QUESS, a comprehensive program for the management of compounding sterile preparations. Membership with this program was organized by the Regional Pharmacy Program and funded by the Northwest LHIN. Membership with this program will enable pharmacy to meet the critical elements for sterile pharmaceutical compounding put forward by the Ontario College of Pharmacists and will provide safer compounding services for patients and for pharmacy compounding staff, while ensuring we can continue to provide this service.
- A Workplace Violence Prevention and Management Task Force made up of front-line staff and managers remained active in 2017/18. The Subcommittees of the Task Force are:
 - ◇ Violence Flagging/ Staff Safety/Violence & Delirium Screening and Protocols
 - ◇ Withdrawal Protocols development and revision
 - ◇ Management of Violent Behavior/Utilization of Staff Resources
 - ◇ Physical Environment: Implementation of a Security Key Card system within the hospital. We are currently in Phase 2 of the project bringing our secure doors to 99. This project also involved installation of 6 video intercoms and 10 additional security cameras.
 - ◇ Staff Education (de-escalation strategies, code drill, Crisis Prevention Intervention
 - ◇ Code White review & Code Silver Development
 - ◇ Police Protocols & Restraint Subcommittees
 - ◇ The Task Force has taken significant steps in making the hospital a safer Workplace.
- We have expanded hospital staff participation on the Communi-

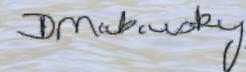
ty Palliative Care Committee. Development of a collaborative action plan has resulted in funding to support local palliative care education and development of palliative care supplies/resource bags for palliative families.

We continue to strengthen our partnerships and collaborate with the Northwest LHIN and our Community Partners. This collaboration has resulted in the sustainability of the following programs: Assess & Restore, Wound Care and Ambulatory Care Clinics. Through support of the Home First Strategy and collaboration with the Northwest LHIN, Home and Community Care and Community Partners, we endeavor to support our patients to receive the right care in the right location. The LHIN and Home and Community Care are also committed to continue to review our Alternate Level of Care status, to assist in ensuring we are able to continue to provide Acute Care Services to our community and the surrounding area.

As with many other Acute Care hospitals, especially within the Northwest region, we have struggled with staffing shortages in almost every health care discipline. This is especially true in areas where specialized training is required. We need to commend our staff for stepping up to maintain essential services despite staffing challenges, and also for their support of new staff & new learners.

I have moved into the VP Patient Services position during a very challenging time in Health Care. Despite inevitable change and challenge, working collaboratively together, we can continue to provide quality essential services to our patients, their families and the communities we serve.

Respectfully Submitted,



Donna Makowsky RN, BScN
Vice President, Patient Services and Chief Nursing Officer



Message from the Vice President of Corporate Services and Chief Financial Officer

The fiscal year 2017/18 was anticipated to be smoother than prior years, as funding was increased in 2016/17 and a balanced budget was forecasted. Unfortunately, the funding was reduced late in the year, which resulted in a deficit, but the funding methodology in place was recognized by the Ministry of Health and Long-Term Care (MOHLTC) as not being appropriate for a hospital with the characteristics of Lake of the Woods District Hospital. The funding formula from the MOHLTC has changed as of April 1, 2018. The efforts of Senior Management, including Cindy Gasparini, former Vice President, Corporate Services and CFO, as well as the NW LHIN and the OHA are acknowledged, as it took many years to have this issue resolved.

There were many capital projects that were initiated and/or completed during the year. Phase 2 of the Security Access System was completed; the Laboratory Renovation to the Microbiology department is underway with completion targeted in 2018/19; the OR/MDRD Project is 85% complete at this time with the anticipated date of completion by July 31, 2018; new lighting in the parking lot and exterior of the buildings; new exterior doors to several buildings; improvements to domestic hot water system; and new boiler/HVAC system for Morningstar Centre to name a few.

In August, 2017, approval from the MOHLTC Capital Branch was received for a Capital Planning Grant for the Hospital Redevelopment Project. This is one-time funding to be utilized for the cost of the planning for the project including the preparation of the Stage 1 Proposal submission and following Ministry approval, a Stage 2 Functional Program submission. At this time, approval from the Capital Branch for the Integrated Project Management Framework is anticipated in the near future. Work will then begin on Stage 1 of the Project.

There were two large capital assets purchased in 2017/18 – the CT Scanner and the MALDI-TOF microbiology analyzer were both funded by the LWDH Foundation. The Foundation also provided funding for other capital assets as well as provided a 10% contribution for the OR/MDRD Project. The contributions for the year from the Foundation totaled more than \$2 million. This fundraising effort must be acknowledged, as our Hospital would not be able to provide the excellent patient care without the equipment that is funded by the Foundation.

The fundraising efforts of the LWDH Auxiliary are also recognized, as they provide funds for capital equipment, as well as provide a convenient gift shop for our patients, families and staff.

The Hospital has experienced significant challenges during the most recent year in terms of recruiting for all positions in our facility. We have worked hard to change our recruitment strategies to recruit nurses, physiotherapists, managers and secretaries to name a few. We have partnered with other health care organizations in our community to fund a Recruiter for physicians and other health care professionals and this has resulted in new physicians and health care professionals moving to our community in recent months as well as more relocating in the future. The value of this focused effort cannot be understated – we are seeing gains in this area and will continue to build on this success going forward.

The Operational Review was conducted in 2017/18 with a large Steering Committee representing stakeholders from our facility participating in the process. Extensive engagement and consultation was completed; the final report is highly anticipated as are the recommendations from the Review.

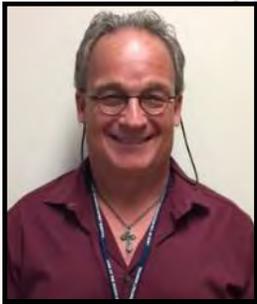
The past year was one where many changes were initiated – the retirement of Cindy Gasparini was one. Cindy led the organization's financial operations with a steady hand for many years and will be missed. I am confident that I will be able to continue the work that she initiated.

I would like to recognize the work of the Support Services management team and the hard working staff of these departments. These staff provide essential services to our front-line health care providers, patients and families. I would like to recognize the staff of all other departments, the physicians and other practitioners that form part of our team in the provision of excellent care to those patients and clients that we serve. I would like to thank the staff and volunteers of the LWDH Foundation and Auxiliary for their dedication and volunteer efforts to support our hospital to purchase necessary capital equipment. Our staff and volunteers are our most valuable resource and form the basis for our organization.

And lastly, I would like to thank our Board of Directors as well as my Senior Management colleagues for their support in my new position.

Respectfully Submitted by:

Cheryl O'Flaherty, CPA CGA
Vice President, Corporate Services and Chief Financial Officer



Message from the VP of Mental Health & Addictions Programs

It is my pleasure to address you in this 2017 / 18 Annual Report. I would like to sincerely thank the Mental Health and Addictions Programs staff for the

very important work that they do in our hospital, in the community, and within the Kenora / Rainy River District. Additionally, I wish to thank the LWDH Board of Directors, Mental Health & Addictions Program Advisory Committee, Senior Management, and Middle Management Staff for their tremendous support of our patients /clients, and programs.

As per the five (5) Strategic Directions of the LWDH Board of Directors, I am pleased to report the following accomplishments for the 2017 / 18 fiscal year:

1. Promote and Support an Effective and Seamless Health Care System

(To develop voluntary collaboration, partnerships, knowledge sharing, and amalgamations with health care organizations)

- In October 2017, Denise Forsyth arranged training in psychiatry for 116 inter-professional mental health staff who came to Kenora from throughout the LHIN 14 area. Dr. Crosbie Watler traveled from Victoria, British Columbia to facilitate this two-day intensive training. The training was held in the Seven Generations Auditorium, a beautiful facility for learning, and overall the participant evaluations were tremendously positive.
- During the spring of 2017, Dan Smith led the Smoking Cessation training partnership with the TBRHSC. Dan was able to attract \$30,000 of one-time related resources and services into our hospital in the form of Nicotine Replacement Therapy Cards and specialized counselling training for our inter- professional staff in order to assist patients in quitting smoking. On a related note, the LWDH Mental Health and Addictions Program took a lead role in the entire campus going smoke-free and vape-free on January 1, 2018. In addition to the above-mentioned clinical resources, our programs assisted with communication to our internal and external stakeholders, as well as assisting with the composition and installation of signage.

- LWDH continues to be the leading organization in providing community-based crisis interventions at the OPP Situation Table, (Rapid Intervention Services Kenora). Of the 44 crisis interventions done in 2017 / 18, LWDH Mental Health Therapists provided 19.
- As LWDH takes stock of its third year of co-location with the Canadian Mental Health Association, it is important to note how special this relationship has become. On a daily basis Peer Support staff are able to interact throughout inpatient psychiatry, Challenge Club, and have immediate access to our Mental Health Therapists for their peer support members.

2. Ensure Effective Stewardship of Resources

(To optimize patient services by providing the right care, by the right staff provider, in the right place, at the right time through the responsible and efficient use of human and fiscal resources)

- For the 2017 / 18 fiscal year the LWDH Mental Health & Addiction Services are happy to report a balanced budget for our community-based programs. Our staff and management wish to sincerely thank Cheryl O'Flaherty and her finance staff for their tremendous support of our management, staff, and patients, in meeting all of our related obligations.
- Underpinning the highlights of this year's revenue increases is the tremendous work of Patti Dryden-Holmstrom. Patti's efforts have secured the following for LWDH:
 - ◇ New annualized funding, (\$102,000), for 1.5 full-time equivalent withdrawal management attendant staff at the Morningstar Centre. Therefore, the Morningstar Centre now has 3 attendants, (rather than just 2), working on a 24 / 7 / 365 basis to provide services to our 42 bed facility
 - ◇ A new van for our Mental Health & Addictions Programs Staff
 - ◇ A new commercial grade stove, washer / dryer / and camera monitoring equipment for the Morningstar Centre, and
 - ◇ Naloxone inter-nasal spray kits and the related distribution training for nurses at the LWDH emergency department, (\$25, 000 in one-time funding)

3. Achieve Excellence in Clinical Care

(To ensure that those we serve receive quality care that incorporates evidence-based practice, patient safety principles, and cultural sensitivity from a highly skilled inter-professional team)

- The 2017 / 18 year saw Denise Forsyth and her Schedule 1 staff be the leading department in the hospital with respect to the medication

reconciliation process

- Drs. Zahlan and Bains provided 47 outpatient clinics to Sioux Lookout, Dryden, and Red Lake during the 2017 / 18 year. During these clinics, our psychiatrists provided 367 patient contacts.
- The 2017 / 18 year saw Patti Dryden-Holmstrom and her staff fully implement the 10 bed Managed Alcohol Program at the Morningstar Centre. Through this program, Patti and her staff have made a remarkable difference in the lives of people, in moving them off of the streets, away from the hospital emergency department, and away from criminal incarceration. Furthermore, Patti and her staff through this program have been able improve people's overall physical and mental health, as well as being able to successfully move people into long term care, connect them with treatment services, and have secured their social assistance.
- The 2017 / 18 year saw Dan Smith spending hundreds of hours training numerous staff throughout the LHIN 14 area in the Global Assessment of Individual Needs – Quick – Version 3, (GAIN Q-3). The GAIN Q-3 is the provincially mandated addictions assessment and intervention tool that all organizations must be using in addiction service to people.
- The 2017 / 18 year also saw Dan providing professional development training in the Columbia Suicide Risk Assessment to staff from the Kenora Chief's Advisory, (KCA). This was a very successful partnership endeavor, as recently KCA clinical management has once again asked Dan to provide this training to new staff that they have hired.
- In addition to the individual counselling and case management provided by the Mental Health Therapists, they also provide a large number of community-based group therapy opportunities for youth and adults. The offerings for 2017 / 18 were as follows:
 - ◇ Dressing Room Project (Youth)
 - ◇ Whitefish Bay Girls Group (Youth)
 - ◇ Opening Doors Program (Youth)
 - ◇ Youth Mindfulness and Self Compassion (Youth)
 - ◇ Mindfulness Adult Program (Adults)
 - ◇ The Power of Now (Adults)
 - ◇ Choices Youth Addiction Group (Youth)
 - ◇ Five Day Stabilization Program, (Adults)
 - ◇ Challenge Club Morning Life-skills, (Adults)
 - ◇ A Tribe Called Purple, (Youth)
 - ◇ Rising Strong (Adults)

- ◇ Craving Change (Youth)
- ◇ Other Ways Now (Adults)
- ◇ Structured Relapse Prevention (Adults)

- During the 2017 / 18 year the community-based division of the Mental Health and Addictions Programs enrolled and provided service to 2,468 clients, who received an average of 7.02 hours of face-to-face counselling service. Despite the large volume of clients and direct service time, our hospital is very proud to report that there is not a waiting-list for service. With this performance in mind, senior management wishes to sincerely thank our Support Staff, Attendants, and Mental Health Therapists for their caring responsiveness to our clients.

4. Enhance Use of Technology (To augment the use of technology to enhance patient care and safety)

- The Ontario Perception of Care Tool (OPOC-MHA tool) is a standardized way for gathering client feedback on the quality of care received across both community and hospital settings. This brings the client's voice forward as a source of evidence to support program, agency and system quality improvement efforts. Patti-Dryden-Holmstrom has taken the management lead with respect to the implementation of this tool across our mental health and addiction programs.
- Denise Forsyth and her entire Schedule 1 staff have shown true leadership in achieving 100% compliance with CPI training

5. Optimize Infrastructure (To maximize functionality, effectiveness, and safety of the physical environment)

The LWDH Mental Health & Addictions Programs Staff and management wish to sincerely thank Mary Hall and Patti Dryden-Holmstrom for the tremendous work that they have done together in upgrading the HVAC systems, doorway, and their preparatory work with architects for the new reception desk areas at the Morningstar Centre during this past year.

Respectfully Submitted by:



Bruce Siciliano
Vice President, Mental Health and Addiction Programs

LWDH Foundation Board Chair Report

On behalf of the Hospital Foundation Board of Directors and staff I am very pleased to report another record setting year for the Foundation. Thanks to the overwhelming generosity of our community, the Foundation was able to transfer to the Hospital over \$1,020,028.00 this fiscal year!

All of our annual fundraising events this past year have been major successes; our MNP Charity Golf Classic raising \$43,704.00, Hockey for Health \$45, 470.00 and Lifesavers Dinner & Auction raised a record setting \$344,000.00 in addition to the launch of our major gifts program this year which has brought in some \$427,500.00.

Every donation, big or small, contributes to the overall success of the Foundation and our ability to provide funds to the Lake of the Woods District Hospital for equipment and capital expenditures. We thank each and every local resident, summer resident, service group and business who has helped us this year and we look forward to your continuing support.

A few of the pieces of equipment your Hospital was able to purchase with the help of the Foundation's funding this year were; a MALDI-TOF Microbiology for the Lab, 7 patient beds for 3rd

East, 7 patient beds for Mental Health, bladder scanner for the ER, a plasma freezer for the Lab, a Cuddle Cot for Maternity, and finally a CT Scanner for Diagnostic Imaging.

Once again, thank you very much to all who have supported the Foundation! All of your contributions stay local and lead directly to quality medical care for your community.

Yours truly,



Anthony Sharp
LWDHF Board Chair 2017-18



LWDH Auxiliary Committee Representatives Report

The Lake of the Woods Hospital Auxiliary are still operating with a committee, a Secretary and a Treasurer. This year our Auxiliary is celebrating 50 years of service. We are hosting a tea June 22 in the Hospital's cafeteria to commemorate this milestone. The same day an Appreciation Tea will be held in the hospital lobby as a Thank you to the hospital staff who generously support our Gift Shop throughout the year.

Currently our Gift Shop is open for three shifts per day Monday to Friday and one afternoon shift Saturday. We are thankful for all our volunteers that enable this to happen. Besides the running of the Gift Shop, our Auxiliary members hold several fundraisers such as break open tickets sold at a local establishment, Tag Day, bake sales at the mall and our very popular short-bread sale held in the hospital lobby before Christmas. Our purses and wallets continue to be big sellers within our gift shop thanks in part to our wonderful nurses.

Our dedicated knitters are responsible for the booties and caps given to all newborns born in our hospital. As well as the hours spent supplying baby sets, slippers, mitts and blankets that are sold in the Gift Shop. Our Auxiliary membership have accumulated a total of 4672 volunteer hours in 2017.

All monies raised from our fundraisers and gift shop sales go directly to enhance and improve patient care. We also invest in a bursary for a local student who is interested in pursuing a post graduate education in the medical field. Two members from our Auxiliary attended the HAAO Conference in Toronto this past year and reported back to the membership. We hold three luncheon meetings a year which includes the AGM.

Keeping our gift shop running smoothly and securing new buyers and keeping new stock on the shelves is challenging especially with all the new online shopping sites available. We continue to search out new volunteers to add and replace our aging membership.

Respectively Submitted by Gail Richards
Lake of the Woods District Hospital Auxiliary

ConnectingOntario Clinical Viewer

Since May 2015 the Northwest Health Alliance (NWA) has been working together with eHealth Ontario and health care service providers in the region. The goal was to connect the electronic health records (EHR) of the Northern and Eastern Regions (NER) of Ontario to the Clinical Viewer that was developed by eHealth Ontario and being used by the Greater Toronto Area.

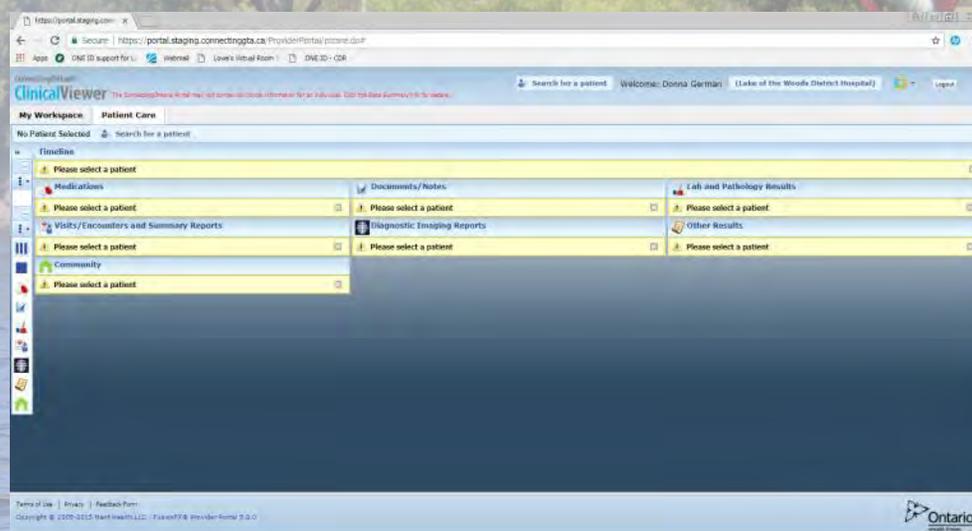
The ConnectingOntario ClinicalViewer is a secure, web-based portal that provides real-time access to digital health records including dispensed medications, laboratory results, hospital visits, local health integration networks (LHINs) home and community care services, mental health care information, and diagnostic imaging reports.

It has been a long process, but as of May 8th, 2018 Lake of the Woods District Hospital is now contributing live data to the Clinical Data Repository (CDR). Congratulations everyone on the hard work!

What's next? Together with the NWA, we are working on the timeframe and steps needed for educating all clinicians at LWDH on how to access and use the Clinical Viewer.

A significant feature that has been developed by the NWA is a one click access point to the Clinical Viewer from within the Meditech EMR. When clicked on, the ConnectingOntario Clinical viewer will launch displaying the patient in focus external EHR. This is quick access with no extra accounts to manage.

The ConnectingOntario Clinical viewer is designed by clinicians for clinicians. The viewer will provide benefits to both clinicians and patients with improved efficiency of clinical decision-making and a more complete picture of patient health information.



Submitted by: Cheryl O'Flaherty, Vice President of Corporate Services and Chief Financial Officer

New MALDI-TOF Mass Spectroscopy Analyzer in the Laboratory

The hospital purchased a MALDI-TOF mass spectroscopy analyzer in 2017 with funds from the LWDH Foundation's Lifesavers Dinner and Auction.

The installation and implementation of the new technology has been delayed by needed construction, but will proceed in the Fall.

This is very advanced technology with only 34 sites in all of Canada currently using this to allow rapid investigation and identification of an infection. The technology allows a greater range of testing than traditional methods and will take 24-36 hours off of the time to a result. Better, faster treatment and better patient results will occur.

Submitted by: Dr. J.K. MacDonald, Chief of Staff, Laboratory Director



Pharmacy Department Update

In February 2018 the Pharmacy department joined a program called QUESS, a comprehensive program for the management of compounding sterile preparations. Membership with this program was organized by the Regional Pharmacy Program and funded by the Northwest LHIN. Membership with this program will enable pharmacy to meet the critical elements for sterile pharmaceutical compounding put forward by the Ontario College of Pharmacists. In February, two pharmacy staff members and one housekeeping staff member took part in Super User Training in Montreal, QC. We are now moving towards training all other pharmacy staff and meeting all quality assurance standards required by the college. Meeting these standards will provide safer compounding services for patients and for pharmacy compounding staff, while ensuring we can continue to provide this service.

Submitted by: Tavia Tivy, Manager of Pharmacy

Bill's Story

Hello! My name is Bill. I am 62 years old and I am a client of the Managed Alcohol Program. Someone else is writing this on my behalf so I sound much better than if you spoke to me in person. I want to tell you my story.

I came to Kenora about 20 years ago from a Northern First Nation Community. Although I was not BCR'ed, due to many issues, I was no longer welcome in my community. I initially came to Kenora to come to treatment. Things didn't go as planned and I did not complete. I quickly became a street person in Kenora. I drank daily. I admit I drank anything which could get me high and often it was not what you buy at the liquor or beer store. I became a regular visitor at the Morningstar detox and well acquainted with the police as they often had to pick me up and transport me to detox or the emergency department. Over the years, I made a lot of attempts to stop but never really made much progress. I have since come to learn that my story is not that different from many others who share my history of residential schools and my history of abuse and trauma. I have also learned that not having a home to call my own, not having a great education and not having a stable income certainly contributed to my 'lifestyle choices'. Funny, I never saw being poor and having nowhere to live as a 'lifestyle choice' but it sure didn't make things easier for me. I am not making excuses- I am just telling you the way things are.

By 2016, my health was not good. I was legally blind due to cataracts, needed a walker to get around and was very skinny as I did not eat regularly. I was incontinent and was sick most of the time. At the time, I noticed that the police had stopped taking me to the cells when they picked me up. They would take me to detox instead where people would try and talk me into staying which I never really did. I later learned that this was part of a new initiative of the Morningstar Centre , LWDH and the Kenora Detachment of the OPP, called the "Detox First Program", where people that were found intoxicated on the streets of Kenora would be brought to the Morningstar Centre, instead of the OPP cells. This initiative was supposed to give the staff at detox a chance to 'engage' with clients, offer practical help and support stabilization efforts in a very hands-on manner'. What it meant to me was that they spent more time talking to me and getting to know me. They also began to offer breakfast (through what I later learned was the Early Morning Clinic- a partnership with WAASEGIIZHIG NANAANDAWE'YEWIGAMIG Health Centre). What I am getting at is that each morning I would leave the acute unit, stop to have a coffee and toast and visit with staff. Staff even managed to talk me into seeing Dr. Bozyk. Over time, I spent more time at the Centre and less time drinking on the streets.

On February the 6th, 2017, I started the M.A.P. (which apparently started on January 23, 2017). Within 3 weeks of starting MAP, staff started to tell me that I looked like a new man. I was feeling stronger, sleeping better and was able to 'keep' what I ate. Eventually, I was able to go without adult diapers. I had my first cataract surgery on October the 3rd, 2017 and my second on November the 21st, 2017. I was amazed at the Christmas lights. I don't know if I ever really appreciated them before. When I started M.A.P, I was blind and couldn't walk without a walker. Now I can see and walk -- what a change!

Staff also have come to know me and have learned that I do know some things. This year it came up that I knew how to do taxes and as a result, I helped all other M.A.P. clients' do their income tax.

I have to admit that I do, on occasion, leave the program and drink on the streets; usually at cheque time (still a tough time for me to get through for a lot of reasons). I then have to spend a night in the acute unit of the Morningstar Centre and in the morning, I am invited him back into the M.A.P. I am usually only out a day or two and am hopeful I will soon not be out at all. Staff tell me they are willing to work with me to find my own place. I can't guarantee that I will reach this goal but at least now I have a chance. Without M.A.P., I agree with people who did predict I would have been dead by now.

Submitted by: Patti Dryden-Holmstrom, Manager, Intensive Case Management/Morningstar/MECCA/Post-custody Enhancement Services

Surgical Services and Medical Device Reprocessing (previously known as CSR)

In 2015, with excitement, we reported the approval of a staged renovation to two major hospital patient care areas: **Surgical Services** (operating room and recovery areas) and **Medical Device Reprocessing** (which services the entire hospital with sterile supplies).

This year we enthusiastically report that we are entering into the final phase of this project. We now have new heating, cooling, ventilation, humidification, plumbing, electrical and HVAC systems and are on target to meet all accreditation requirements for each department.

A new Preoperative Clinic, Patient Waiting Room with flat screen TV, Operating Room control desk, and Sterile Storage Room have been opened and are now in use since February 2018.

The first of three renovated operating rooms was opened in February, and the second, larger main operating room just opened over the May long weekend. The drastic change in the space, brightness, air quality and convenience was breath taking.

Each Operating Room has Bioclad walls, casketed and sealed metal ceilings, LED dimmable overhead lights complete with booms that provide electrical, medical gas, power sources and data ports sufficient enough to never use an extension cord in the Operating Room again. The attached flat screens for projected intraoperative display with real time digital capability are a fabulous feature and are a sure recruitment enticement for any new surgeon or nurse who wants to join our upgraded surgical program.

The Medical Device Reprocessing Department is near total completion. The key feature is the accreditation requirement to separate the instrument decontamination area from the sterile wrapping and sterilization areas. This was achieved by installation of pass through work area.

All surgical patients at Lake of the Woods District Hospital can be assured they will receive the highest standard of service and supplies to meet their surgical care needs including technology, equipment and infrastructure systems. Patients and families will feel welcomed and comfortable and staff will have an exemplary work environment to enable their delivery of exceptional patient care.

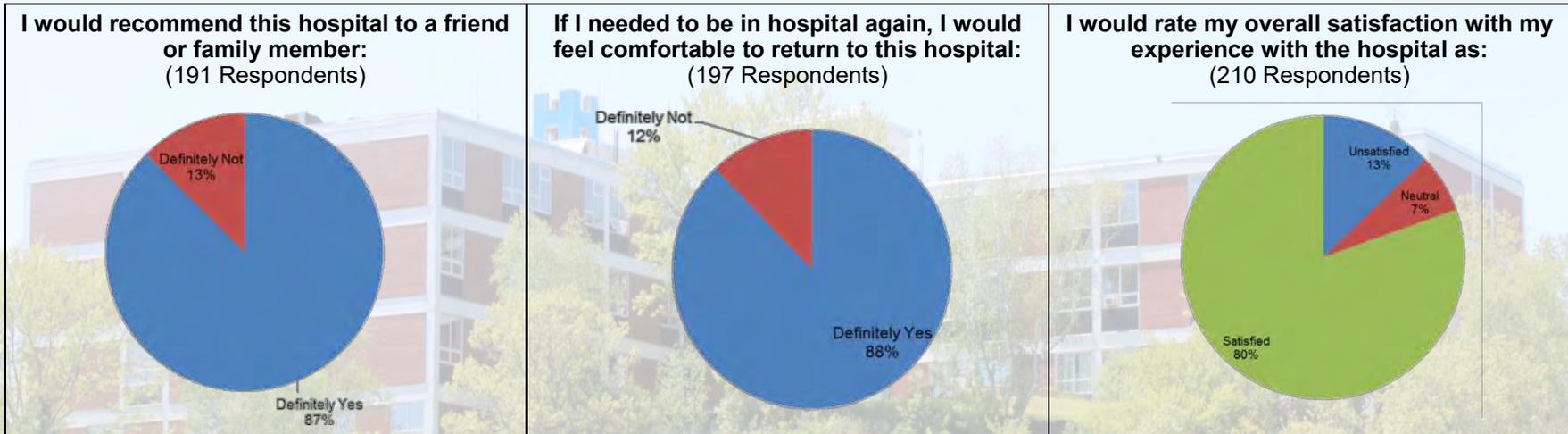
It is anticipated that the final project will be completed by end of July/early August 2018.

Submitted by: Sonia June Green, Manager of Surgical Services and MDRD (Retired)



Patient Experience Surveys

The Lake of the Woods District Hospital surveys our patients annually about the care they receive. The feedback received from the surveys is used to help improve the care we provide. This year's survey was held from June 5, 2017—December 31, 2017. Highlights from our 2017 Patient Experience Survey are provided below:



Submitted by: Kaila Stepanik, Executive Assistant

All Nations Hospital

After many years of advocacy we were successful in 2017 in receiving funding from the MOHLTC Capital Planning branch to begin the planning for a new hospital for Kenora. While this is welcome news, the planning process will take a number of years and extensive community consultation and involvement. The entire process from planning, to approval, and eventually construction is anticipated to take from eight to ten years, but the result will be critical to Kenora and all the surrounding communities. The planning approach is for an All Nations Hospital and health system that is culturally safe and delivers care to the communities we serve in a culturally appropriate setting and approach. This will be the most complex and significant public project in the history of the Lake of the Woods region.

Submitted by: Mark Balcaen, President and CEO

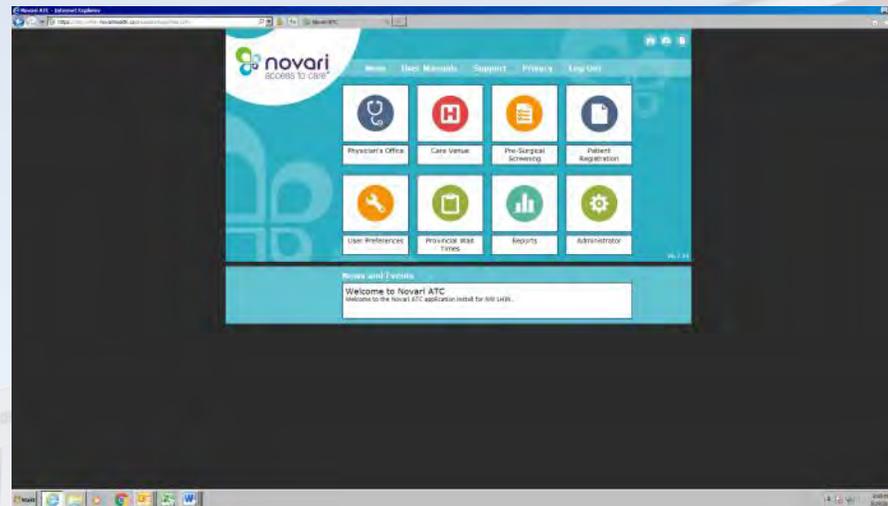
2017 Operational Review

During the past year the Lake of the Woods District Hospital undertook an Operational Review. The review, which was initiated last July, was commissioned to help the hospital in identifying potential improvements in operations, governance, and management. The report is welcomed and is expected to provide recommendations to improve hospital operations, management and governance. Upon receiving the final report, the hospital looks forward to engaging our staff, medical staff, and stakeholders in setting priorities and related timelines for addressing the recommendations. Updates on the status of the recommendations will occur monthly at the hospital Board Meeting and on the hospital's website.

Submitted by: Mark Balcaen, President and CEO

Novari Electronic Scheduling System—Regional Peri-operative Waitlist Management

Lake of the Woods District Hospital has reached a long awaited goal of using a fully electronic surgical booking program that originates from the provider's office. Led and funded by Thunder Bay Regional Hospital, Lake of the Woods District Hospital operating room joined forces with Dryden and Fort Frances to learn and customize this electronic booking program for North Western Ontario patients and providers



The advantage for the surgeon's office is that the program works in REAL TIME, eliminating extra paper transfer to the hospital operating room, automates documentation, and provides secure communication from the surgeon's office to the hospital surgical booking. It also eliminates the extra step for office personnel reporting to the Ministry of Health Wait Times Information System.

Benefits for the patient are that, when entered electronically and captured in real time, all patient priorities are visible to the surgeon and hospital, eliminating delays of booking surgical dates. Surgical dates display in Green, Yellow or Red, to indicate at first glance, if a patient's wait time is nearing its "target to be done date".

The program went live on September 11, 2017, with all specialties participating in the program. The orthopedic group have added an additional component called "Centralized Booking". This gives patients the option of having their surgery performed at the first available hospital that does total knee replacement or knee arthroscopy, decreasing their wait time for surgery in NW Ontario.

Submitted by: Sonia June Green, Manager of Surgical Services and MDRD (Retired)

Internal Medicine and GP Extender Program

There have been a lot of exciting developments over the last year with our new Internal Medicine and GP Extender Program!

Concurrent with the LWDH GP-based “Hospitalist” program, inpatient care began to incorporate locum Internal Medicine doctors as a pilot program from January to June 2017. The Internal Medicine program was spearheaded by local family doctor Jillie Retson, with the objectives to provide inpatient care, specifically to the ICU, internal medicine consults to the wards and to the Emergency department and outpatient clinics in the hospital and to WNHAC to serve our indigenous population. Rapid assessment clinics were incorporated into the pilot program in February 2017 to provide more urgent access for sicker patients who needed to be seen within 72hrs, with the goal to decrease ER visits and to prevent admissions to hospital.

In July 2017, the pilot program transitioned into a robust Internal Medicine and GP Extender program funded to hire three full time, embedded internists. Dr. Sarah Coke started in July 2017 as LWDH’s first full-time internist. She has been instrumental to the success of the program. Since Dr. Coke’s arrival, we have seen increased use of the outpatient clinics locally and extension of those services to the region, the implementation of telemedicine services to the region, and outpatient procedures being performed in the ambulatory day clinic. On the inpatient side, there has been increased retention of critically ill patients in the community with fewer transfers to Thunder Bay ICU.

Overall the program has been striving and the potential for further development is promising. We have been working hard as a team to ensure quality care to patients and sustainability of the program through various initiatives implemented to date:

- The development of a billing reference sheet for physicians by Dr. Mandy Spencer
- Interprofessional weekly rounds to facilitate communication and discharge planning
- Implementation of a template for transfer of care notes to improve communication and ensure patient safety
- Implementation of telemedicine for follow up of Internal Medicine patients traveling from distant communities
- Outpatient procedures clinic for patients requiring procedures to reduce ED visits
- Developing and implementing standardized “order sets” including an ICU electrolyte replacement protocol

The Team of Physicians:

| | |
|------------------------------------|--|
| Dr. Brian Bowerman | Dr. Buzz Pedersen |
| Dr. Wesley Butt (locum) | Dr. Jillie Retson |
| Dr. Maxine Carlisle | Dr. Laurel Snyder |
| Dr. Sarah Coke (Internal Medicine) | Dr. Mandy Spencer |
| Dr. Stephane Foidart | Dr. Tim Wehner (occasional ICU coverage) |
| Dr. Joel Kroeker | Dr. Jennifer Wesley |
| Dr. Brad Kyle | Dr. Shannon Wiebe |
| Dr. David Kyle | Dr. Jesse Zroback (locum) |
| Dr. Laura Noack | |

Submitted by: Dr. Jillie Retson and Dr. Sarah Coke

LWDH Smoke-Free Property Policy • Effective – January 1, 2018

As per the legislation of the Ministry of Health and Long-Term Care (MOHTLC), Lake of the Woods District Hospital (LWDH) will become a smoke-free property on January 1, 2018. A smoke-free property is one where all users can breathe clean air that is free of second-hand smoke, both indoors and outdoors.

As a health care facility, LWDH must provide a safe and healthy environment for patients, visitors, employees, physicians, and volunteers. The new Smoke-Free Property Policy and practice applies to all LWDH properties including the hospital, Power Plant, Community Programs, Old St. Joseph's, the St. Joseph's Health Centre, and the Morningstar Centre.

The new Smoke-Free Property Policy brings an important change to the non-smoking policy that has been in place at LWDH for many years. From now on, smoking will not be allowed anywhere outdoors on hospital grounds, including parking lots, lawns, sidewalks, and within parked vehicles. The smoking ban includes all cigarettes, cigars, pipes, electronic cigarettes, vaporizers, and medical marijuana.

LWDH's Smoke-Free Property policy aims to protect people from exposure to second-hand smoke and to help smokers quit. Visitors and patients arriving at LWDH will be notified of the new policy with internal and external signage, as well as verbally through interactions with hospital staff. Patients who want to quit smoking while admitted to an LWDH service will be provided with access to a smoking cessation program.

The Northwestern Health Unit (NWHU) will work with the LWDH to respond to complaints of individuals smoking on LWDH property and can issue fines for offences related to the Smoke Free Ontario Act.

KEY FACTS

- Tobacco smoking is the leading cause of preventable disease, disability and death in Canada, resulting in nearly 40,000 premature deaths each year.
- Second-hand smoke is dangerous. It contains toxic chemicals that can cause cancer and several other health problems.
- Patients may be exposing themselves to unnecessary health and safety risks if they decide to leave the hospital property to smoke.
- As of January 1, 2018, 100% of all Ontario hospitals will be entirely smoke-free.

Submitted by: Bruce Siciliano, Vice President of Mental Health and Addictions Programs



Recruitment Update 2017-18

This year, as we embark on the second year of dedicated healthcare professional recruitment, it's safe to say that Kenora is increasingly in the minds and on the map for many learners, locums and new incoming physicians. We know the challenges that have been growing and that it will take time to turn around the physician and nurse practitioner shortage but our partnership organizations have put resources into this dedicated recruitment strategy and we are seeing efforts beginning to pay off.



As a recruiter, it is most gratifying to find a great health care professional for a vacancy that is a perfect fit for the practice, the community and their family. First impressions count and it is a privilege to work with a great team welcoming new physicians and other allied health professionals beginning their practice and settling with their families in Kenora. There are many hats a recruiter wears (manager, sales person, clinician awareness, advertising agency, lawyer, real estate agent, accountant, community advocate, negotiator/mediator, matchmaker, coach, travel planner, tour guide, HR education and in some cases, a babysitter). The Kenora Area Health Care Recruitment Team has worn these hats well in the past months and some of the results include:

- 1 surgeon arriving July 1 2018
- 2 Family Doctors arriving September 2018 and January 2019
- 2 Residents graduating and considering Kenora in 2018
- New Internal Medicine Program - Recruitment of 3 internal medicine specialists
- 26 visiting locums with many returning and becoming regulars in our family clinics and ER.
- 1 full-time physiotherapist and 1 part-time physiotherapist
- A presence at Medical Residency career fairs - Queen's, U of M, McMaster, U of T
- Community involvement and partnerships with med schools including a U of M and NOSM partnership for residency programs
- Response to all potential candidate enquiries within 24 hours
- Adoption and consolidation of all HFO job postings for Kenora Medical Associates and LWDH
- Retention and Recognition events – including the First Annual Home for the holidays event

The following pictures tell a story of a year in the life of the Kenora recruiter...



Figure 1: Dr. Emily Drake, husband Akeam Mussington and children with host Kristin Kyle on a winter site visit. Dr. Drake is moving into Kenora November 1st and is planning on starting her family practice early January 2019.



Figure 2: Karine Perrin and Dr. Jonny Grek, along with daughter Charlotte, have their sights set on Canada and Kenora for August. They are starting their journey from England soon and Dr. Grek will start a family practice at Paterson in September.



Figure 3: Dr. Terence Lee came for a site visit during a very cold spell and loved every minute—imagine how he'll love summer when he arrives for the first week of August to start his career in Internal Medicine.

Submitted by: Anneke Gillis, Local Area Healthcare Recruiter

Toshiba 160 Slice CT Scanner

The new 160 slice scanner was installed Nov 2017. This scanner allows us to scan patients weighing up to 600 lbs, where as previously 350 lbs was the cut off. In the past there were patients that we were unable to scan due to their weight.

This machine is faster when it comes to image acquisition, before it took 20 minutes to acquire all images where now it is completed in 5 minutes.

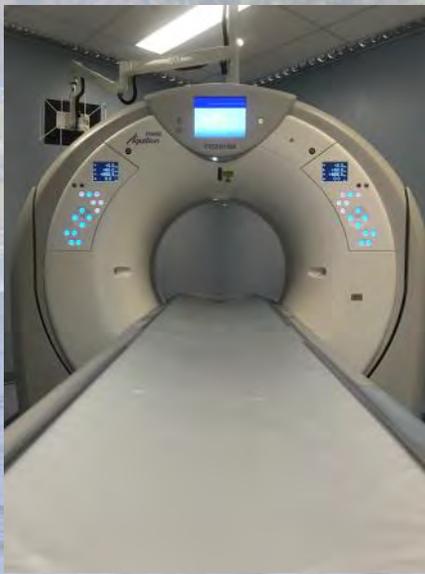
Post processing was time consuming and complicated, now the Technologists find the software quick and user friendly.

By far the biggest benefit is dose reduction. The dose for certain CT scans can be reduced by 70% and when patients are being followed regularly for disease progression this difference can be monumental.

With the new scanner the diagnostics are being monitored regularly off site which aids in diagnosis of equipment failure or other issues that may arise. Dispatch can then notify service and have a tech respond in a timely manner. This is especially useful when parts are required.

With the new technology, image quality has improved and the Radiologist is able to manipulate images better to aid in a diagnosis. The detail is increased allowing possible earlier detection of various disease processes and illnesses. The 160 slice scanner has allowed CT to use less contrast media which in turn is cost efficient.

With the New CT scanner the residents of Kenora and surrounding catchment area will continue to benefit greatly for years to come.



Submitted by: Ange Schussler, Manager of Diagnostic Imaging and ECG

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

Lake of the Woods District Hospital recognizes leadership and excellence in our staff through the Above & Beyond Leading Excellence Staff Award. For the 2017-18 year, the award was presented to Cheryl O'Flaherty (Vice President Corporate Services & CFO), Chris Anderson (RPN), Judy Bain (Staffing Coordinator), Tavia Tivy (Pharmacy Manager), Kait Myles (Administrative Assistant), and Corinne Burley (RPN).

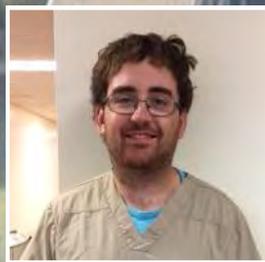
The award is given semi-monthly to one hospital staff member who demonstrates exceptional leadership qualities and a commitment to improve the quality of care and work life at Lake of the Woods District Hospital. Each A.B.L.E. winner receives a gift certificate and is formally recognized on our "Thank You" bulletin board in the main ER/DI hallway. This is just one way that we can recognize and appreciate the excellent staff we have at LWDH.



Cheryl O'Flaherty

Cheryl has been described by her peers as a strong team player with high ethical standards. She possesses excellent problem solving skills, and is always willing to go the extra mile to help someone.

Cheryl provides exceptional ongoing support to staff and managers and is invested in LWDH and our patients.



Chris Anderson

Currently, Chris is part of the Emergency Room nursing team, but he has worked in every nursing unit at LWDH. This naturally makes Chris an awesome resource at LWDH as he has pretty much seen it all! Chris is a positive role model, a strong team player, and he demonstrates throughout his work day a strong work ethic, compassion and respectfulness to both patients and co-workers.



Judy Bain

Judy is described by her peers as a hard worker with an ability to maintain a sense of humor, even though at times her job can be stressful and frustrating.

Judy has incredible multi-tasking skills, and is continually thinking "outside the box" for ways to fill shifts, sick calls, vacations, etc.



Tavia Tivy

Tavia is committed to patient care, bottom line. She takes time to ensure patients understand their medications and will answer complex medication related questions in a manner that the patient can understand.

Tavia is always smiling and positive.

Co-workers say "Our day is always brighter when we know Tavia is working".



Kait Myles

Kait plays a key role with our physicians, ensuring there are no open Emergency Department, Doc of the Week or Internal Medicine shifts not filled.

She is administrative support to multiple hospital committees. Kait is always pleasant and respectful, willing to help however she can. She is truly a valued member of the Administration Team.



Corinne Burley

Corinne is an excellent team player. She is always open to questions from co-workers and she approaches each work day with a smile and a positive attitude!

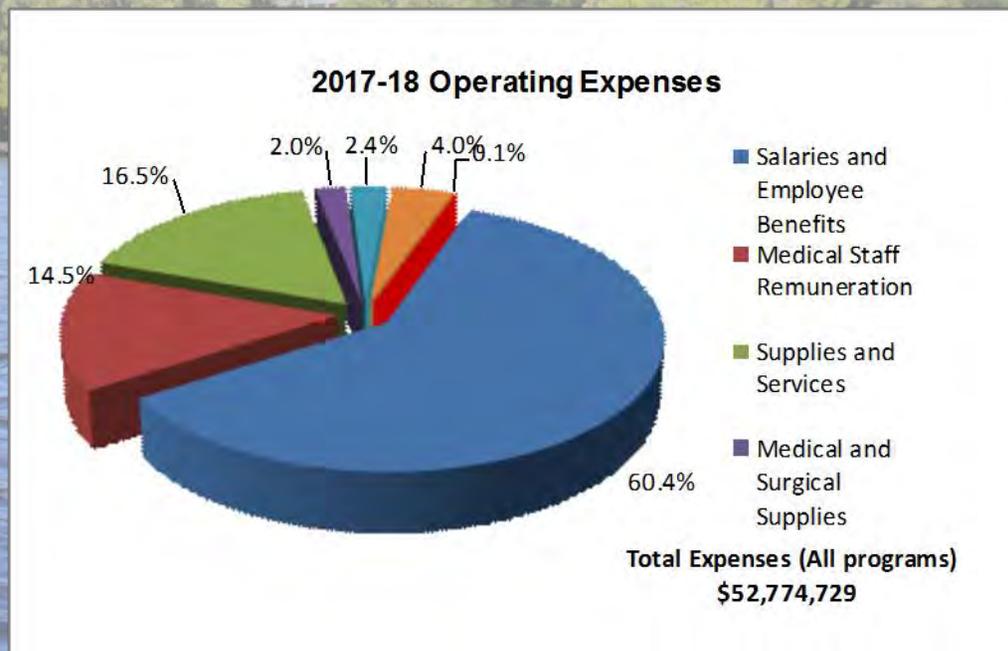
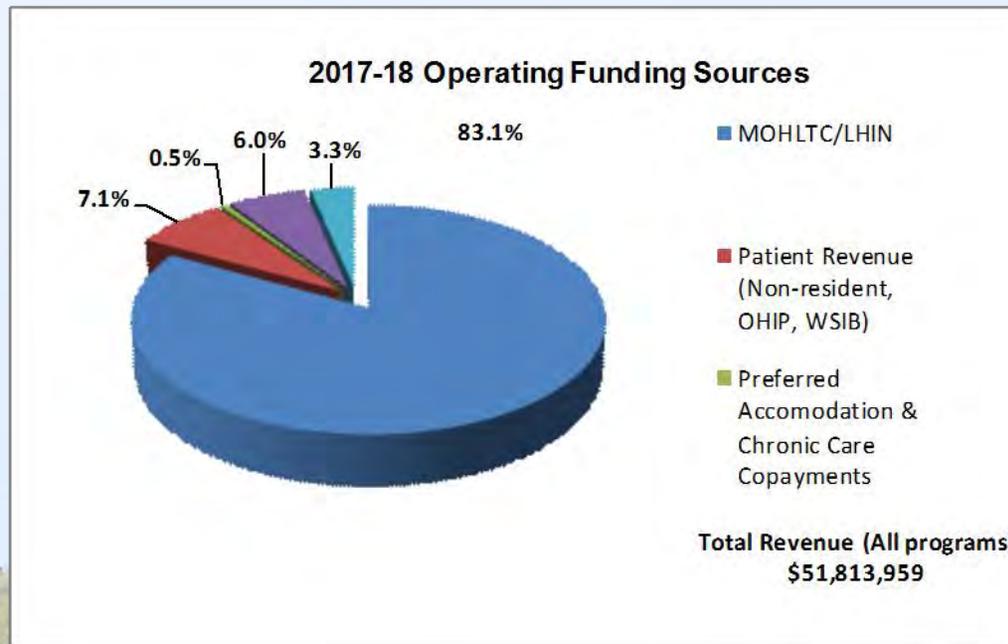
A quote from Corinne's nomination: "You can always tell when Corinne has been working as patient morale is up, and the general work ambience is good".

Summary of Operating Results:



| For the Period Ended March 31, 2017 | | |
|--|---------------------|---------------------|
| | <u>2018</u> | <u>2017</u> |
| REVENUE | | |
| Ministry of Health and Long-Term Care/LHIN | 35,173,640 | 33,187,247 |
| Patient revenue from other payors | 3,697,930 | 3,600,665 |
| Preferred accommodation and co-payment revenue | 259,510 | 342,191 |
| Other revenue and recoveries | 3,092,706 | 3,053,958 |
| Amortization of grants & donations for equipment | 843,316 | 828,745 |
| Total Hospital Operating Revenue | \$43,067,072 | \$41,012,806 |
| Other programs administered by the Hospital | 7,863,502 | 7,172,145 |
| | \$50,930,574 | \$48,184,951 |
| EXPENSES | | |
| Salaries, wages and employee benefits | 26,365,580 | 25,518,940 |
| Medical staff remuneration | 7,666,468 | 6,305,404 |
| Supplies and other expenses | 6,351,041 | 5,972,197 |
| Medical and surgical supplies | 1,075,004 | 1,110,526 |
| Drugs | 1,286,934 | 1,189,567 |
| Amortization of Equipment | 886,632 | 861,534 |
| Bad Debts | 29,920 | 27,706 |
| Total Hospital Operating Expenses | \$43,661,579 | \$40,985,875 |
| Other programs administered by the Hospital | 7,863,502 | 7,172,146 |
| | \$51,525,081 | \$48,158,021 |
| Surplus (deficit) before amortization related to buildings | (594,507) | 26,930 |
| Amortization of buildings | (1,249,647) | (1,235,220) |
| Amortization of deferred contributions for buildings | 883,385 | 865,824 |
| Surplus (deficit) for the year | (\$960,769) | (\$342,466) |
| <p>The audited financial statements are available in their entirety on the Lake of the Woods District Hospital website at www.lwdh.on.ca</p> | | |

Financial Facts at a Glance



Hospital Admission and Treatment Statistics:

| | 2017/18 | 2016/17 | 2015/16 | 2014/15 | 2013/14 | 2012/13 |
|---|-----------|-----------|-----------|---------|---------|-----------|
| Adults & Children Admitted During the Year | 2,372 | 2,314 | 2,270 | 2,280 | 2,307 | 2,584 |
| Babies Born in the Hospital | 197 | 177 | 235 | 207 | 179 | 240 |
| Days of Hospital Care - Adults & Children | 17,687 | 17,764 | 16,786 | 19,021 | 17,216 | 18,330 |
| Days of Hospital Care - Newborns | 360 | 357 | 446 | 369 | 384 | 469 |
| # Inpatient Admissions to ER | 22 | 29 | 16 | 22 | 12 | 57 |
| Ambulatory Day Clinic Visits | 1,912 | 2,071 | 2,215 | 2,872 | 1,610 | 1,936 |
| Out-Patient Visits | 18,974 | 18,594 | 19,081 | 17,891 | 18,576 | 18,739 |
| Paid Hours of Work | 700,706 | 677,689 | 691,383 | 719,352 | 704,765 | 705,604 |
| Beds in Service | 71 | 71 | 71 | 84 | 84 | 84 |
| Emergency Visits | 19,840 | 18,894 | 18,693 | 18,111 | 19,020 | 20,430 |
| Operations Performed - Inpatient | 335 | 352 | 399 | 333 | 335 | 340 |
| Operations Performed - Outpatient | 1,646 | 1,790 | 2,034 | 1,940 | 2,026 | 2,073 |
| X-Ray Examinations | 13,157 | 13,540 | 13,353 | 18,072 | 14,119 | 14,477 |
| Ultrasound Examinations | 5,220 | 5,593 | 5,633 | 4,385 | 4,862 | 6,003 |
| Mammograms | 1,735 | 3,443 | 2,189 | 2,419 | 1,155 | 1,525 |
| Computed Tomography Exams | 6,062 | 4,998 | 4,341 | 4,018 | 3,937 | 3,084 |
| Electrocardiographic Examinations | 5,706 | 6,140 | 6,062 | 5,839 | 5,972 | 5,609 |
| Laboratory Procedures | 762,936 | 721,262 | 677,257 | 586,846 | 303,201 | 279,942 |
| Laboratory—Standard Units | 1,485,817 | 1,489,016 | 1,465,427 | 997,430 | 947,375 | 1,550,919 |
| Physiotherapy - Patient Attendances | 10,916 | 11,401 | 11,880 | 12,241 | 12,097 | 10,351 |
| Chemotherapy Treatments | 291 | 416 | 484 | 451 | 581 | 309 |
| Dialysis Treatments | 2,849 | 2,947 | 2,784 | 2,966 | 2,893 | 3,048 |
| # Kgs. Laundry | 179,157 | 181,484 | 194,991 | 208,983 | 171,213 | 185,046 |



Board of Directors

| | |
|----------------------|---|
| Mark Balcaen | Secretary/Treasurer/Ex-officio Director |
| Dean Carrie | Board Vice Chair |
| Carolyn Kokokopenace | Director |
| Wendy Cuthbert | Director |
| Jaki Diamond | Director |
| Dr. J.K. MacDonald | Ex-officio Director |
| Donna Makowsky | Ex-officio Director |
| Jennifer McKibbon | Director |
| Joan Reid | Board Chair |
| Dr. Jillie Retson | Ex-officio Director |
| David Schwartz | Director |
| David Segerts | Director |
| Erwin Stach | Director |
| Dr. T. Wehner | Ex-officio Director |

Senior Management

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|------------------------|---|
| Mark Balcaen | President and Chief Executive Officer |
| Donna Makowsky | Vice President Patient Services and Chief Nursing Officer |
| Cheryl O'Flaherty | Vice President Corporate Services and Chief Financial Officer |
| Bruce Siciliano | Vice President Mental Health and Addictions Programs |
| Dr. J. Kerry MacDonald | Chief of Staff |

Department Managers



| | |
|-------------------------------|--|
| Katrina Belair | Manager, Materials Management |
| Richard Bootsveld | Manager, Information Systems and Biomed |
| Brock Chisholm | Manager, Rehabilitation |
| Judy Cottam | Manager, Human Resources |
| Patti Dryden-Holmstrom | Manager, Intensive Case Management/Morningstar/MECCA/Post-custody Enhancement Services |
| Denise Forsyth | Manager, Schedule 1 Psychiatry/Social Work/Challenge Club |
| Sheri Grafham | Manager, Adult Medicine/Pediatrics/Maternity |
| Sonia June Green | Manager, Surgical Services/MDRD |
| Mary Hall | Manager, Environmental Services |
| Lori Hoppe | Manager, Laboratory |
| Erin Mudry | Manager, Quality/Risk/Education/Telemedicine/Privacy |
| Craig Marek | Manager, Central Ambulance Communications Centre (CCAC) |
| Heather Medaglia | Manager, Chemotherapy/NRT/Palliative Care/Outpatient Clinics/Dialysis |
| Marie Morden | Manager, Medical/Surgical/ICU/Respiratory |
| Cheryl O'Flaherty | Manager, Finance/Health Records/Patient Registration/Visiting Specialist Clinics |
| Jodie Saarinen | Manager, Nutrition and Food Services |
| Angela Schussler | Manager, Diagnostic Imaging/EKG |
| Daniel Smith | Manager, Adult Mental Health & Addiction Services/Youth Addiction Services/Early Years/Choices Program |
| Patty Tittlemier | Manager, Patient Care (Interim) |
| Tavia Tivy | Manager, Pharmacy |
| Chantel Tycholiz | Manager, Emergency Department/Sexual Assault/Domestic Violence |

Medical Staff

| | | | |
|--------------------|------------------------|------------------------|---------------------------------|
| Dr. R. Bains | Dr. C. Hammett | Dr. L. Noack | Dr. J. Vaudry |
| Dr. J.E. Beveridge | Dr. H. Hristov | Dr. S. Pedersen | Dr. T. Wehner |
| Dr. B. Bowerman | Dr. J. Kroeker | Dr. S. Reed-Walkiewicz | Dr. J. Wesley |
| Dr. M. Carlisle | Dr. B. Kyle | Dr. J. Retson | Dr. S. Wiebe |
| Dr. S. Coke | Dr. D. Kyle | Dr. S. Sas | Dr. C.M. Workman |
| Dr. B. Daly | Dr. R. Lass | Dr. V. Sawatzky | Dr. U. Zahlan |
| Dr. R. Diamond | Dr. J. Kelly MacDonald | Dr. L. Snyder | K. Graff, Registered Midwife |
| Dr. S. Foidart | Dr. J. Kerry MacDonald | Dr. M. Spencer | B. Vineberg, Registered Midwife |
| Dr. S. Ghazali | Dr. S. Moore | Dr. J. Spielman | |

Dental Staff

| | |
|--------------------|-----------------|
| Dr. M. Christensen | Dr. D. Kozak |
| Dr. N. Hoshwa | Dr. D. Riediger |

Regional Ordering Staff

231 Regional Ordering Professional Staff

Locum Tenens

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|------------------|----------------------|-------------------|----------------------|-------------------|----------------------|
| Dr. A. Affleck | Emergency Department | Dr. A. Deketele | Internal Medicine | Dr. W. Posloski | Emergency Department |
| Dr. J. Alfonsi | Internal Medicine | Dr. A. Devraj | Internal Medicine | Dr. S. Potoczny | Diagnostic Imaging |
| Dr. B. Anderson | General Surgery | Dr. N. Feroze | Emergency Department | Dr. J. Reid | Family Physician |
| Dr. R. Arbeau | Emergency Department | Dr. J. Fuss | Emergency Department | Dr. M. Ricketts | Diagnostic Imaging |
| Dr. A. Armstrong | Family Physician | Dr. P. Garces | Radiology | Dr. K. Salem | Internal Medicine |
| Dr. C. Baldauf | Diagnostic Imaging | Dr. S. Giles | Emergency Department | Dr. D. Sanmiguel | Family Physician |
| Dr. D. Bannon | Family Physician | Dr. D. Golev | Radiology | Dr. F. Sem | Emergency Department |
| Dr. D. Barton | Emergency Department | Dr. J. Haba | Diagnostic Imaging | Dr. R. Silverberg | Internal Medicine |
| Dr. P. Bhanot | Family Physician | Dr. P. Hassan | Emergency Department | Dr. V. Sluzar | Radiology |
| Dr. S. Bokhari | Internal Medicine | Dr. J. Heringer | Emergency Department | Dr. C. Veldman | Emergency Department |
| Dr. H. Booy | Anesthesia | Dr. T. Ho | Internal Medicine | Dr. S. Visser | Emergency Department |
| Dr. S. Borreman | Emergency Department | Dr. A. Jeffery | Emergency Department | Dr. M. Vivian | Radiology |
| Dr. S. Bryan | Anesthesia | Dr. R. Kiz | Emergency Department | Dr. D. Walters | Emergency Department |
| Dr. W. Butt | Family Physician | Dr. R. LeBlanc | Emergency Department | Dr. J. Ward | Emergency Department |
| Dr. N. Carrier | Emergency Department | Dr. W. Milne | Emergency Department | Dr. P. Watson | Internal Medicine |
| Dr. K. Carter | Emergency Department | Dr. S. Mohan | Internal Medicine | Dr. S. Wiebe | Diagnostic Imaging |
| Dr. P. Chand | Emergency Department | Dr. R. Momin | Emergency Department | Dr. P. Wong | Internal Medicine |
| Dr. K. Chapman | Emergency Department | Dr. V. Ng | Emergency Department | Dr. S. Yazdani | Emergency Department |
| Dr. R. Coke | Internal Medicine | Dr. R. Perera | Emergency Department | Dr. F. Youssef | Emergency Department |
| Dr. R. Dan | Radiology | Dr. S. Petitclerc | Diagnostic Imaging | Dr. J. Zroback | Family Physician |

Visiting Specialists/Courtesy Privileges

| | | | | | |
|-----------------|--------------------|-----------------|--------------------|----------------------|--------------------|
| Dr. K. Anderson | Family Physician | Dr. L. Hurst | Dermatology | Ms. A. Peplinskie | Nurse Practitioner |
| Dr. M. Aubrey | Rheumatology | Dr. A. Jackson | Neurology | Ms. B. Pernsky | Nurse Practitioner |
| Dr. B. Azizi | Ophthalmology | Dr. M. Kowal | Family Physician | Dr. M. Polle | Family Physician |
| Dr. O. Baho | Orthopedics | Ms. M. Kroeker | Nurse Practitioner | Dr. D. Puskas | Orthopedics |
| Ms. T. Bennett | Nurse Practitioner | Dr. W. Loewen | Family Physician | Dr. G. Rabbat | General Surgery |
| Dr. K. Bozyk | Family Physician | Dr. T. Marion | Orthopedics | Ms. H. Rose | Nurse Practitioner |
| Dr. R. Clark | Orthopedics | Dr. T. McGregor | Urology | Mr. C. Ross | Nurse Practitioner |
| Ms. S. Da Silva | Nurse Practitioner | Dr. K. Meyers | Family Physician | Dr. M. Thomas | Family Physician |
| Dr. K. Droll | Surgery | Dr. L. Mozzon | Internal Medicine | Dr. J. Van der Zweep | Ophthalmology |
| Dr. M. Fast | Neurology | Dr. P. Orth | Family Physician | Dr. S. Viherjoki | Family Physician |
| Dr. Y. Gagnon | Family Physician | Dr. R. Parker | Family Physician | Ms. C. Wilson | Nurse Practitioner |
| Dr. P. Harland | Pediatrician | Ms. K. Patrick | Nurse Practitioner | Ms. K. York | Nurse Practitioner |
| | | | | Dr. D. Zielke | Family Physician |