

Lake of the Woods
District Hospital

ANNUAL REPORT 2020/2021

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MISSION, VISION, VALUES

Mission Statement

To support people in their healthcare journey by providing innovative, quality care in a compassionate way with a goal to build healthy communities.

Vision

To be a leader in providing innovative and culturally sensitive patient care to remote and rural communities within a respectful and compassionate environment.

Brand

Lake of the Woods District Hospital provides compassionate, quality care through our commitment to our patients, staff, and our communities.

Core Values

Caring: We care about our patients, our communities, and each other.

Collaboration: We work together with our community partners to ensure the best possible care and well-being of our patients and their families.

Best practices: We provide a standard of care that best meets the needs of our communities.

Integrity: We do what we say and to adhere to the highest standards by a commitment to honesty, confidentiality, and trust.

Respect: We treat our patients, their families, our communities, and our staff with respect and dignity.



BOARD OF DIRECTORS

The Lake of the Woods District Hospital's Annual General Meeting was held virtually on Thursday June 11, 2020 where Wendy Peterson was acclaimed as Board Chair, following the departure of Wendy Cuthbert who participated on the LWDH Board since December of 2015 and as Chair since 2018. Wendy dedicated a lot of time and energy to this organization, providing oversight throughout the Operational Review, CEO Recruitment process, All Nations Health Partners (ANHP) membership, the Ontario Health Team (OHT) application, and so much more. Her contributions have been extremely valuable and we wish her all the best in her future volunteer endeavours.

Brent Lundy was acclaimed at the June 2020 as Vice Chair. Both Brent and Wendy's terms will be in place for two (2) years to 2022.

LWDH also said farewell to:

Erwin (Erv) Stach who became a director in 2017. Erv was a very dedicated Director, never missing a meeting, always coming prepared, and continuously providing valuable insight and guidance. We thank him for his contributions throughout his term.

Dr. J.K. MacDonald who has retired from his position as Chief of Staff; a role he has held since April 2007. There are no words to express his dedication and contributions to this organization and the Board throughout his term. We will miss him around the Board table, but extend a warm welcome to Dr. Sven Pedersen who is the Interim Chief of Staff.

COVID-19 resulted in a delay in the recruitment process for Chief of Staff and Directors. This Chief of Staff recruitment process will recommence over the summer with the goal to have a new Chief of Staff in place by September 2020. The Board will be working on Director recruitment in the fall to fill two (2) vacancies.

LWDH Board of Directors 2020-2021:

Rita Boutette, Director
Nicole Brown, Director
Robert Bulman, Director
Jaki Diamond, Director
Logan Haney, Director
Ashley Hoffmeister, Director
Brent Lundy, Vice Chair
Wendy Peterson, Chair
Joan Reid, Director
Fred Richardson, Director
Vacant, Director
Vacant, Director

Ex-Officio Members

Ray Racette, President and CEO, Board Secretary
Donna Makowsky, VP Patient Services and CNO
Dr. S. Pedersen, Interim Chief of Staff

Dr. Laura Noack, President of Medical Staff
To Be Determined, Vice President of Medical Staff

Support Staff

Cheryl O'Flaherty, VP Corporate Services and CFO, Board Treasurer
Kaila Stepanik, Executive Assistant

INTERIM STRATEGIC PLAN 2019-2022

VISION	To be a leader in providing innovative and culturally sensitive patient care to remote and rural communities within a respectful and compassionate environment.						
MISSION	To support people in their healthcare journey in an innovative, collaborative, and compassionate way, with a goal to build healthy communities.						
VALUES	Caring	Collaboration	Best Practices	Integrity	Respect		
STRATEGIC DIRECTION	Promote and support an effective and seamless health care system	Ensure effective stewardship of resources	Focus on patient safety and achieving excellence in clinical care	Ensure use of technology	Optimize infrastructure	Improve processes at LWDH	Improve support and relationships with Indigenous partners and patients
ACTION FOCUS JANUARY 2019 – MARCH 31, 2022	Active Member of the All Nations Health Partners (ANHP) and ANHP Ontario Health Team (ANHP OHT)	Implement external review recommendations that improve efficiency and effectiveness	Participate with hospitals in Northwestern Ontario in utilizing regional programs that will stabilize and expand services at LWDH.	Use Vocera technology to improve point-to-point communication with front-line staff	Complete Stage 1 and Stage 2 of the planning phase for the All Nations Hospital Project	Utilize virtual recruitment Tool	Partner with Kenora Chiefs Advisory in planning new All Nations Hospital
	Actively participate with external partners to improve Mental Health and Addictions Services in the Kenora region	Improve local access by expanding surgical, visiting specialist and virtual services	Incorporate patient and family advisors as part of the patient care team	Implement electronic documentation for outpatient departments	Complete the space utilization and reallocation project for refreshing the LWDH campus	Establish dyad model between service leads and service managers	Provide mandatory Anishinaabe Engagement training to hospital and professional staff and Board.
	Actively participate with Shared Health Manitoba and Thunder Bay Regional Health Sciences Centre (TBRHSC) to develop strong referral networks	Improve access to Manitoba tertiary services		Participate in e-connectivity trial of Manitoba providers accessing Ontario digital platforms	Use knowledge from technical building assessments to develop multi-year infrastructure plan	Use LEADS Framework and virtual learning platform to improve leadership capacity	Increase Indigenous representation on Board of Directors
		Integrate admitting and screening functions at main entrance	Incorporate patient and family advisors as part of the patient care team	Participate in e-connectivity trial of Manitoba providers accessing Ontario digital platforms		Actively engage staff and professional staff in mission, vision, and values refresh	Collaborate with KCA and WNHAC to improve current services at LWDH
		Implement modern staff scheduling system	SBAR care transition tool to become part of patient record	Participate actively in digital strategies for ANHP OHT and Northwestern Ontario Hospitals	Renovate Pharmacy to meet new NAPRA safety standards for chemotherapy drug preparation	Establish Board portal and technology support	Establish an Indigenous Advisory Council
			Increase follow-up calls to discharged patients	Implement new PACS system to enhance sharing of DI results		Improve staff safety by utilizing a contracted security service	Improve access to traditional healing and Indigenous navigators
						Establish volunteer program	

CURRENT PROGRAMMING

Lake of the Woods District Hospital is a 71-bed acute care hospital located in Kenora, Ontario on the shores of beautiful Lake of the Woods. LWDH is staffed by an incredibly dedicated team providing quality patient-centered care to residents of Kenora, the many surrounding communities and the large seasonal population.

The LWDH Emergency Department provides 24-hour care for persons requiring emergency or urgent care while outpatient services include diagnostic imaging, rehabilitation, dialysis, chemotherapy and surgical services. Inpatient units include Acute Medical/Surgical, Obstetrics, alternative level of care and Mental Health. LWDH also supports a busy visiting specialist program and is fortunate to have 24-hour air ambulance and medical transport service provided by Ornge.

With our physical hospital facility being nearly 100-years in some parts and with six expansions added over time to accommodate the growing needs of our population, we have arrived at a point in time where a new facility is necessary. With reconciliation also being an important motivator of this comprehensive development, LWDH is working in partnership with the Kenora Chiefs Advisory, Ontario Ministry of Health and our communities to plan a much-needed new hospital to best meet the needs of our area.

ANNUAL STATS 2020/2021

Adults & Children admitted	2,146
Babies born in the hospital	161
Days of Hospital Care – Adults & Children	15,861
Days of Hospital Care – Newborns	300
Inpatient Days in Emergency	26
Ambulatory Day Clinic visits	2,032
Out-Patient Visits.....	18,416
COVID Assessment Visits	14,477
Paid Hours of Work	774,449
Beds in Service	78
Emergency Visits.....	14,787
Operations performed – Inpatient.....	360
Operations performed – Outpatient.....	1,693
X-Ray Examinations.....	11,047
Ultrasound Examinations	4,577
Mammograms	1,335
Computed Tomography Exams.....	7,775
Electrocardiographic Examinations	5,918
Laboratory Procedures.....	760,104
Laboratory – Standard Units	1,446,777
Physiotherapy – Patient Attendances.....	10,361
Chemotherapy Treatments.....	466
Dialysis Treatments.....	3,346
# Kgs Laundry	215,375

2020/2021 HIGHLIGHTS / KEY ACTIVITIES

The Clinical Planning Team was developed in March of 2020 and continues to meet regularly. The Clinical Planning Team consists of front-line and management representation, Infection Control, Occupational Health & Safety, Senior Administration, all Inpatient and Outpatient clinical areas, Anesthesia, ER and Internal Medicine, physicians, Clinical Education, Respiratory, ORNGE, and Land Ambulance.

Although we received Ministry Directives and guidance documents, they were constantly updated based on new best practices. Since COVID related guidance impacted almost every aspect of Patient Care, a COVID-19 section was developed in our policy/procedure program and over 200 patient care policies were developed or revised. The ability to adapt and react quickly to changes was key. Ministry of Health guidance also required us to ramp down or suspend services temporarily several times during the Pandemic. We continue to manage waitlists created during these service suspensions.

There were many other areas impacted by COVID-19 that needed ongoing clinical planning guidance such as:

- Implementation of COVID-19 screening for staff and patients.
- Surge Capacity planning, including creation of additional acute care beds, and a second non-COVID ICU. Surge capacity planning involved identification of potential physical space as well as determining and procuring required equipment.
- Infection Control and Occupational Health and Safety continue to provide essential guidance to clinical practice. They provide guidance on testing, isolation requirements, bed utilization, visitor restrictions, and provide recommendations to the larger Pandemic Committee. They facilitated mandatory reporting to the Ministry and NWHU. They revised their schedules to provide 7 day/week coverage over critical periods. They coordinated every vaccine clinic for staff, family of staff, physicians, and patients as criteria allowed. They ensured all staff were getting mask-fit tested for N95 masks. The Team assessed every training room, break room and meeting room for capacity. They oversaw the visitor restriction and provided recommendations to the Pandemic Table. They performed contact tracing on patients, staff, and families and managed several hospital Covid outbreaks.
- The ICU was moved to a temporary location while renovations occurred to install glass walls and sliding doors to all ICU beds.
- Implementing virtual care and virtual visiting capabilities where appropriate (ER, wards, ICU).
- Creating an LWDH staffed Transitional Care Unit (TCU) at Pinecrest to build additional acute care hospital bed capacity. The TCU was utilized by hospital alternate level of care (ALC) clients awaiting long term care. The TCU was closed June 26, 2020, and we worked closely with Pinecrest to facilitate smooth transitions in care without having to return patients to hospital following closure of the unit.
- Assessing Emergency Department flow, including developing ED admission pathways, implementing non-urgent diversion strategies, and developing pathways for withdrawal management.

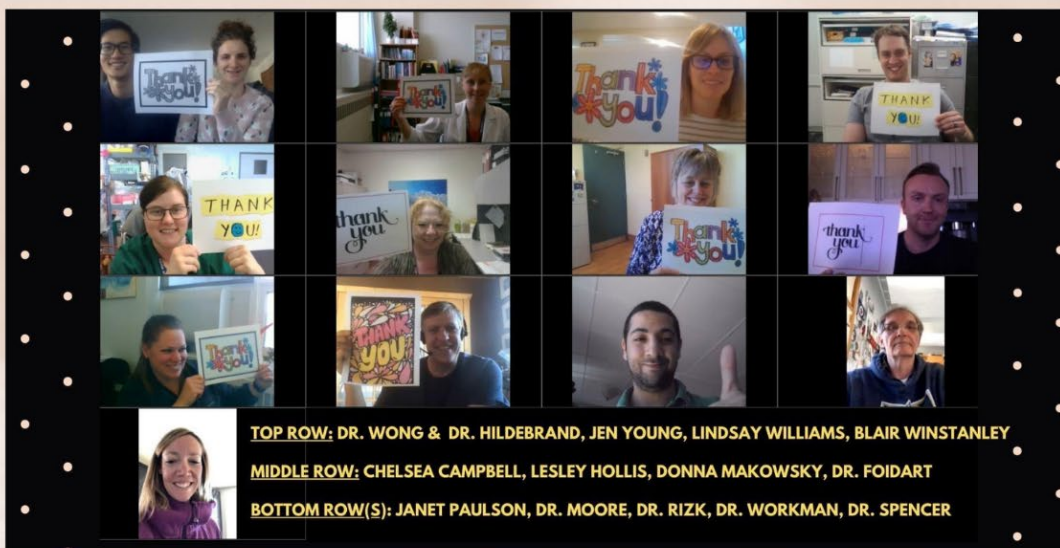
- The Emergency Room had glass walls and sliding doors installed in the Trauma Rooms. A resuscitation space with negative pressure ventilation was developed.
- A COVID-19 Assessment Centre was developed to initially assist with keeping testing out of the ER Department. We worked closely with our community partners to accommodate testing needs for the community. Eventually, Assessment Centres were also tasked with supporting COVID-19 treatment. We collaborated with partners to develop testing/assessment/treatment pathways.
- LWDH Respiratory Department assisting in the development of many COVID specific policies and procedures. Hi-flow oxygen was implemented as a new modality. Equipment was purchased and staff were trained.
- The Respiratory Department also assisted the Sunset Country Family Health Team with their Covid related backlog of patients requiring spirometry testing.
- Aerosolizing procedures were defined, the need for negative pressure ventilation was determined, and procedures were revised to reflect this.
- Clinical Education and Respiratory were key player in the development and teaching of COVID specific intubation, ventilation, and resuscitation policies and procedures as well as refresher training to build capacity in critical and emergency care. Daily simulations were held to reinforce these practice changes.
- Pharmacy was responsible for monitoring, ordering, and reporting our drug supplies. Pharmacy and Internal Medicine collaborated to develop COVID-19 Order Sets and pathways for inpatient and outpatient treatment. The Pharmacy developed a COVID safe medication box for intubation. Orgne provided a vaccine freezer and Pharmacy were tasked to develop monitoring procedures and subsequently managed storage of Pfizer vaccines for the Northwestern Health Unit.
- Surgical Services revised their policies and were required to book only high priority surgeries. Testing requirements for surgical services changed based on best practice. Despite the hardships due to COVID-19, Surgical Services was able to expand our orthopedic program and bring in new services, including gynecology and maxillofacial surgery.
- With the support of our community partners, a temporary Isolation Centre was created at the Keewatin Arena.

The interdisciplinary collaboration that occurred during the Pandemic was unprecedented and something we should be extremely proud of. Although the interdisciplinary Clinical Planning group collaborated to ensure staff had current practice guidance, it is our front-line staff who managed patient care day to day. Staff have expanded their knowledge, learned, and adapted to new practices, and ensured infection control guidance was followed all while maintaining and enhancing essential services.

The Patient Care team continues to demonstrate amazing commitment, flexibility, innovation, and resilience.



The Pandemic Table



Clinical Planning for Patient Care



Before



After



Before



After

Intensive Care Unit



Community
Partners at Assessment Centre



Community
Partners at Assessment Centre



Keewatin Arena:
Community pulling together



Keewatin Arena:
Community pulling together

ANHP Assessment Centre & Isolation Centre

Foundation:

Our communities continue to support the hospital, with a grand total of \$1.23 million being turned over to the LWDH this year! The following major gifts were received this year:

- Over \$150,000 COVID-19 Emergency Fund
- \$140,000 Major Gifts
- \$375,000 Bequests/Memorials
- \$177,000 Tree of Life
- \$234,000 Non-Lifesavers Dinner
- \$711,000 LWDHF 50/50, which has been a huge success and has greatly expanded the Foundation's distribution list for main communications (i.e., newsletter).

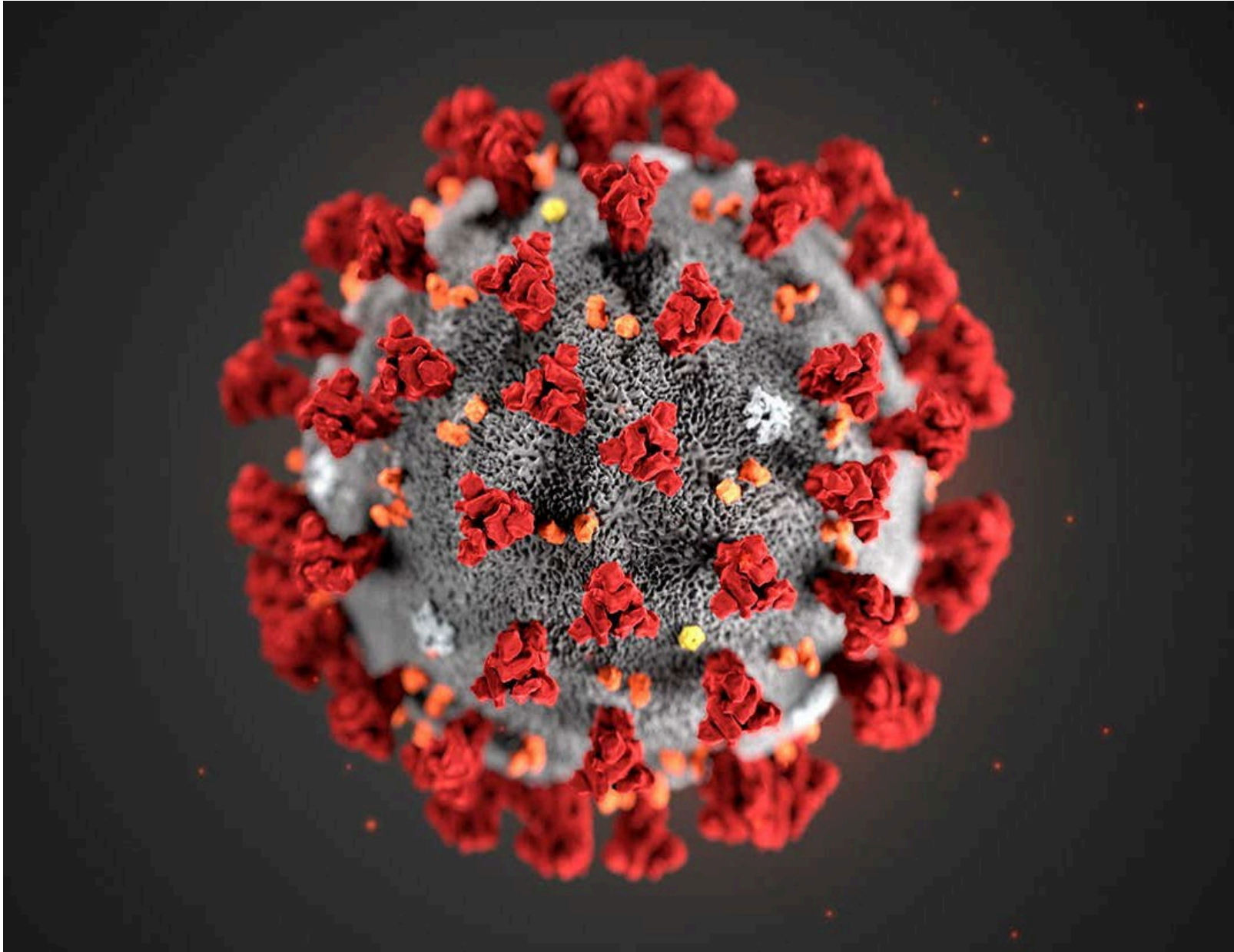
The following equipment was purchased this year from the donations:

- Reverse Osmosis Unit
- EKG machine
- New docks for staff and patient use
- 15 patient beds
- Two (2) ventilators
- Four (4) chemotherapy chairs
- Centrifuge
- X-ray for spinal surgery
- Portable ultrasound for OR
- Four (4) anesthesia pumps
- Anterior hip surgical equipment.

Thank you to our communities for stepping up during a very difficult year, and to the LWDH staff for their professionalism and the compassionate care they provide daily. Work is underway for next year's list, which consists of \$1.5M of equipment needs.



2020/21 AGM Presentation
June 10, 2021
Ray Racette, MHA, CHE



COVID-19

A NEW VIRUS
EMERGES TO
TEST OUR
LEADERSHIP
MODELS

COVID-19 Impacts to LWDH

Three Patient Areas of Challenge:

1. Emergency
2. Medical Admissions
3. Intensive Care Unit (ICU) Beds and Need for Respiratory Supports

Create Right Leadership for Oversight and Problem Solving

Increase Bed Capacity

Surge Contingency

Medicine

ICU

Take on New Roles

Establish
Assessment Centre
for Region

Advocate for
Improved Testing
and Turnaround of
Results

Keewatin Arena
COVID-19
Emergency Centre
for Isolating
Vulnerable People

The need for more inpatient capacity

Surge Capacity Planning

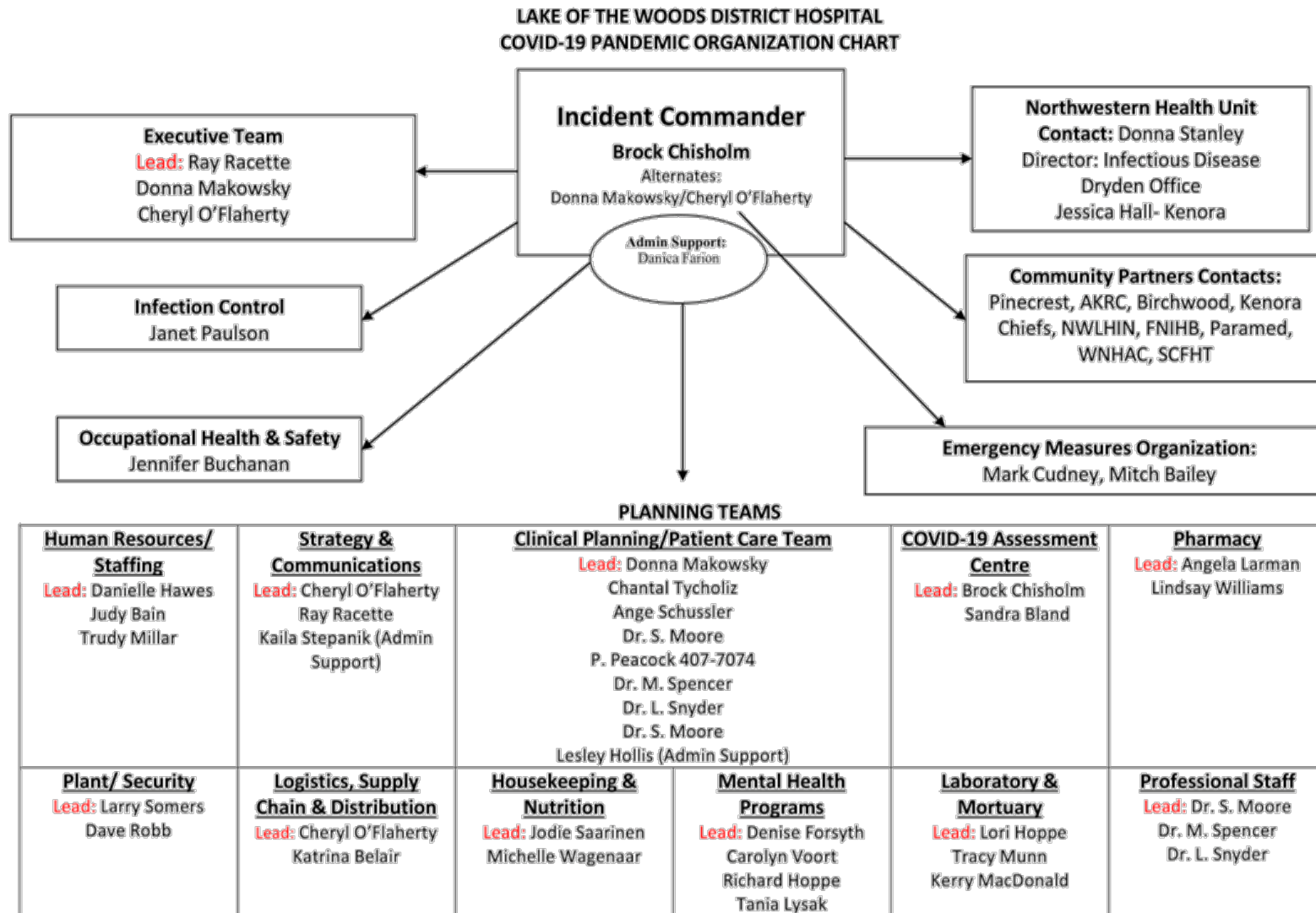
Internal

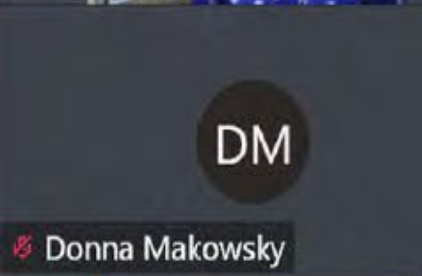
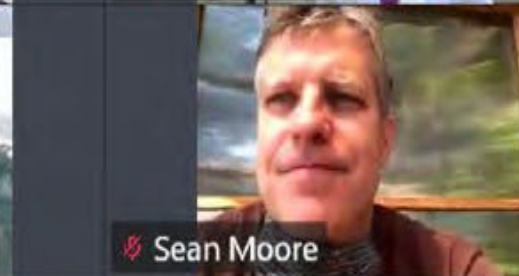
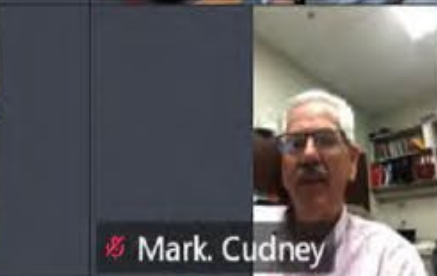
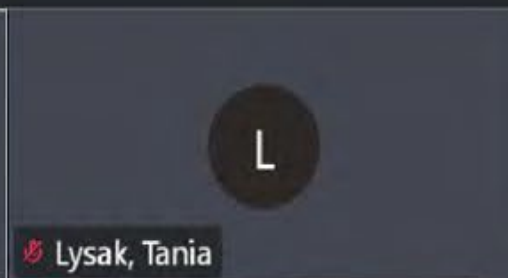
- ICU Expansion (up to 8 ventilators available)
 - 3078 non-respiratory ICU (4 beds)
 - Step down ICU (4 beds)
 - Recovery room (5 beds)
- Medical Bed Expansion
 - Up to 40 additional medical beds have been identified within the hospital

External

- Pinecrest Transitional Unit (15 beds)
- Seven Generations Institute
 - 30 additional 'field hospital beds for low acuity medical patients

LWDH Pandemic Team





Mic



Camera

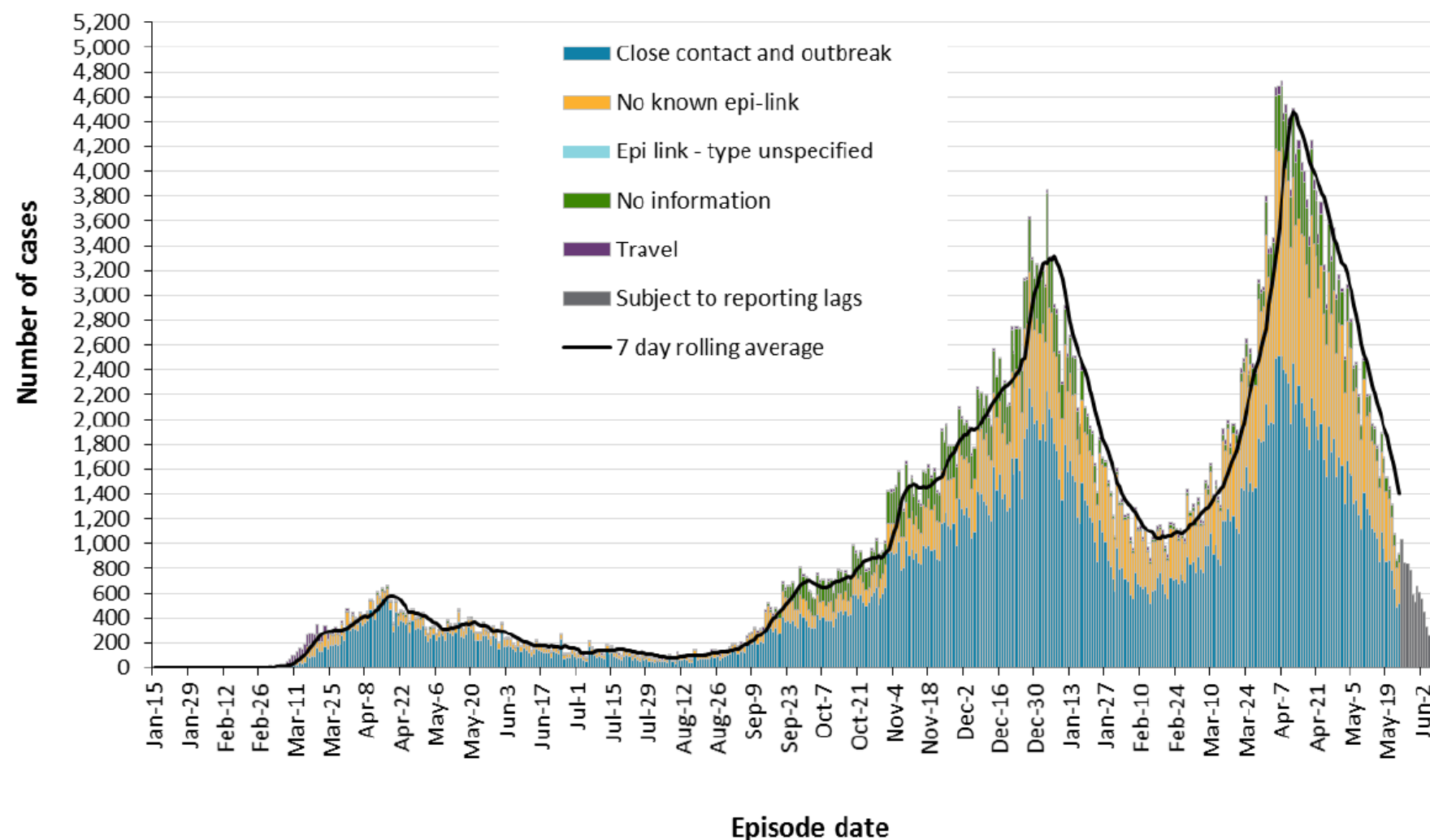


Screen



Leave

Figure 2. Confirmed cases of COVID-19 by likely acquisition and approximation of symptom onset date: Ontario, January 15, 2020 to June 7, 2021



Note: Not all cases may have an episode date and those without one are not included in the figure. Episode date is defined and available in the [technical notes](#).

Data Source: CCM

INFECTION CONTROL, OCCUPATIONAL HEALTH AND SAFETY & PPE SUPPLY EMERGE AS CRITICAL SUPPORT

PERSONAL PROTECTIVE EQUIPMENT for COVID-19

NECESSARY PPE: ER



Non-disposable Isolation gown

- (remember to tie your own gown)
- Change after contact with patients with respiratory problems
- Remove when leaving the unit for break / end of shift

Procedural / Surgical Mask

- (2 per shift-extended wear)
- Change if becomes soiled / torn / wet
- For aerosolizing procedures please change to N95 mask



Face Shield

- Provide superior protection because they cover your face, part of your neck and all of your mask
- Reusable ones must be cleaned with oxivir TB wipes (located with isolation supplies) inside and out after symptomatic patient contact

Gloves

- Hand hygiene before donning and after doffing
- Change after every patient encounter



NECESSARY PPE: INPATIENT SETTINGS

Procedural / Surgical Mask

- (2 per shift-extended wear)
- Must be worn in all patient care units (Nursing stations are considered patient care areas)
- Change if becomes soiled / torn / wet
- Always follow routine practices and additional precautions for all patients



NECESSARY PPE: FOR PATIENTS WITH OR UNDER INVESTIGATION FOR COVID-19



Disposable / Non-Disposable



Faceshield



Gloves



Procedural / Surgical Mask

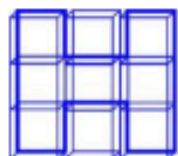
- (2 per shift - extended wear)
- Full faceshield will provide protection for your mask
- If contamination is suspected change out your mask



N95 Mask Fit Tested

- Must be worn for any aerosolizing procedures
- Worn in ICU for ventilated intubated patients

- Infection Control Practitioner available 7 days a week
- Daily rounds with staff
 - Q/A's
 - PPE usage & hand hygiene reviews
- PPE guidance documents, supplies & stewardship
 - Reviewing changes daily from PHO & Ontario Health
 - Donning and doffing buddy system
- Staff are using point of care risk assessments of patients for determining PPE usage



COVID-19 Staff Direction Memo #126

To: All Hospital and Professional Staff

From: Ray Racette, President and CEO

Date: March 29, 2021

Tests Performed from Mar 26-28 (Assessment Centre & Hospital)	Total Tests Performed (Assessment Centre & Hospital)	Inpatients Tested with Pending Results	Positive Cases in Hospital	Hospital Occupancy
90	17,652	1	2	48%

Local COVID-19 Update:

As of today, there are 24 active cases of COVID-19 in our community, and **two (2)** COVID-19 positive patients admitted to our hospital.

The NWHU region is in the **Red – Control Zone** of the Province's COVID-19 Response Framework.

As a precautionary measure, visitor restrictions will remain in effect while our region is in the Red – Control Zone. Limited exceptions may apply to end-of-life patients, as well as other extenuating circumstances. Any exceptions will be determined by the unit manager or delegate.

5. Ensure after exiting a droplet/contact isolation room, your mask is doffed, and a new mask is donned. Eye protection also needs to be removed and cleaned.
6. And please above all else Wash Your Hands! It is the single best way to prevent the spread of microorganisms.

Workspaces vs. Eating Spaces: Please remember, there is no food or drink permitted in patient care areas; please use eating spaces (lunchrooms and Cafeteria) for your meal breaks. This is a requirement of the Ministry of Labour. Please consult with your manager if you are unaware of the proper eating spaces on your unit. When in break rooms, the Cafeteria, and other social spaces, please maintain a physical distance of two (2) metres, keep furniture in place, and do not add tables or chairs.

If you are sick, you are **NOT permitted to work; follow up with OHS/Manager/Supervisor.*

If someone in your household tests positive for COVID-19, you are **NOT permitted to work.*

If someone in your household is a contact of a positive case and develops symptoms you are **NOT permitted to work.*

If someone in your household has been listed as an exposure, you **ARE permitted to work.*

If someone in your household is sick and is told to be self-isolating, you **ARE permitted to work using work self-isolation rules.*

DEFINITION WORK SELF-ISOLATION: The ability to continue to work at LWDH while wearing appropriate PPE. The Healthcare Worker (HCW) will not work in multiple locations and maintains self-isolation outside of work. Having breaks away from other people as to not be around people with no PPE on.

PPE Update:

- Cloth masks are no longer permitted on patient care units.
- All visitors are required to wear a Level 1 procedure mask when in the building. Procedure masks will be provided to visitors at the Screening Desk.
- Outpatients and inpatients are required to wear a Level 1 procedure mask when in the building.
- Non-patient care staff are still permitted to wear a cloth mask and may use a Level 1 procedure mask if that is their personal preference. Procedure masks are available at the Screening Desk. Eyewear is not required. If you are in a patient care area, you are required to wear PPE for patient care (procedure mask and eye protection).
- ALL staff are reminded to wear a mask and continue to physically distance.
- Every patient interaction requires a procedure mask and eye protection.

COVID-19 Vaccinations:

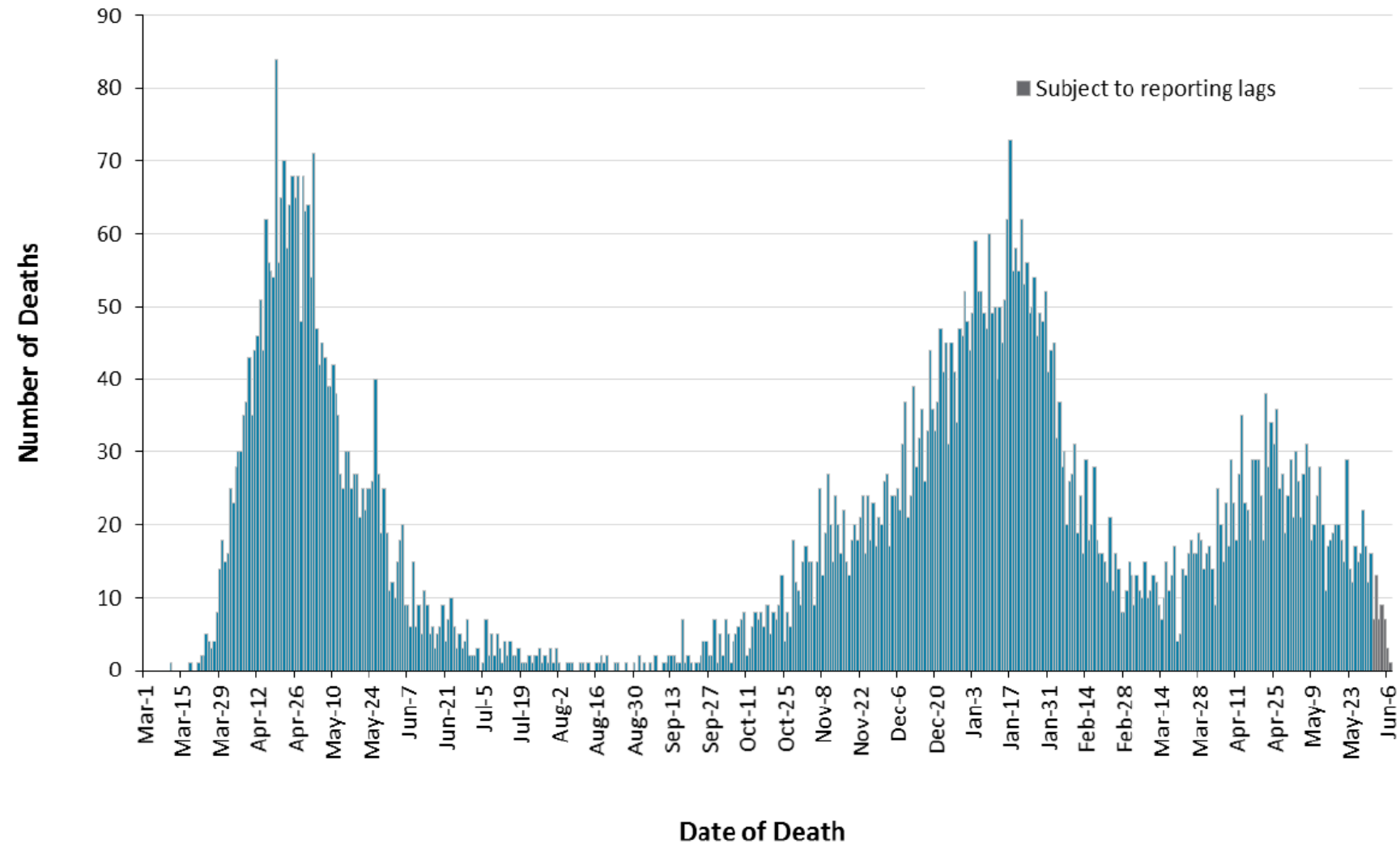
To date, 456 staff have received their COVID-19 vaccination.

If you have not received the vaccination and would like to do so, please contact your manager.

If you have received the COVID-19 vaccination outside of the hospital, please provide information to Jennifer Buchanan or Janet Paulson.

Severity

Figure 4. Confirmed deaths among COVID-19 cases by date of death: Ontario, March 1, 2020 to June 7, 2021



Note: Cases without a death date are not included in the figure.

Data Source: CCM

POLICY DIFFERENCES: Wave One vs Wave Two (Ontario)

WAVE ONE

- Rapid Shutdown of Access and Services in March
- Province treated as a whole
- Hospitals surge into alternative spaces
- Long term care at full capacity

WAVE TWO

- Maintain services but reserve capacity for a COVID surge
- Areas assigned risk zones based on COVID-19 case experience
- Hospitals surge into internal spaces
- Long term care occupancy reduced by at least 10%

All Nations Health Partners

ALL NATIONS HEALTH PARTNERS



Ontario Health Team

Creating an All Nations Health Care System for the Kenora Region

[Join Our Talent Pool](#)

[Home / COVID-19](#)

[History](#)

[Our Partners](#)

[Our Projects](#)

[Our Communities](#)

[Communications](#)

[OHT Information](#)



District of Kenora Unincorporated Ratepayers Association



Township of Sioux Narrows / Nestor Falls



Who We Are

The All Nations Health Partners include Indigenous, municipal and health care leadership in the Kenora area. Click on our partners' links to learn more about their individual organizations.



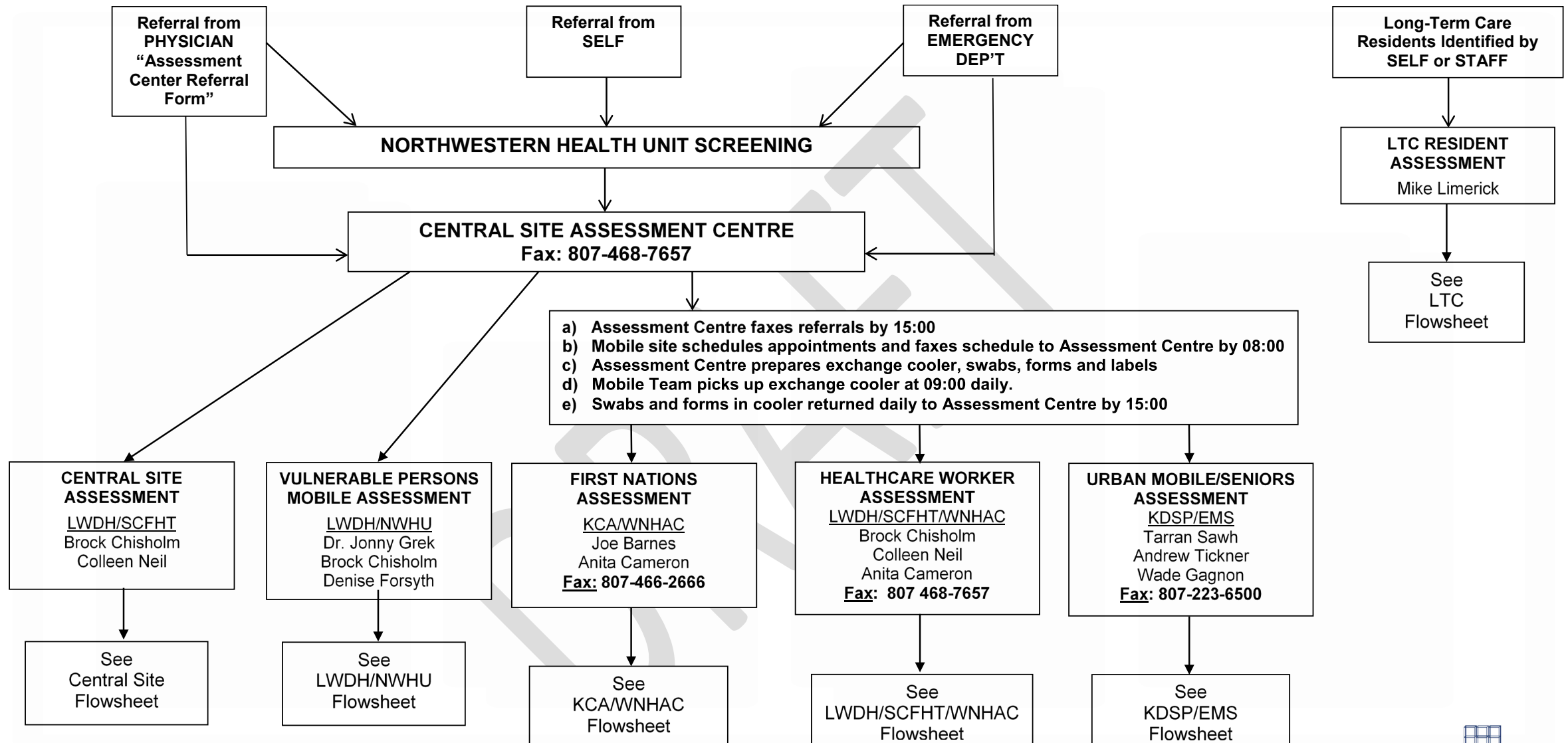
Contact: ANHPOHT@gmail.com

We are not all in the same boat. We are in the same storm.

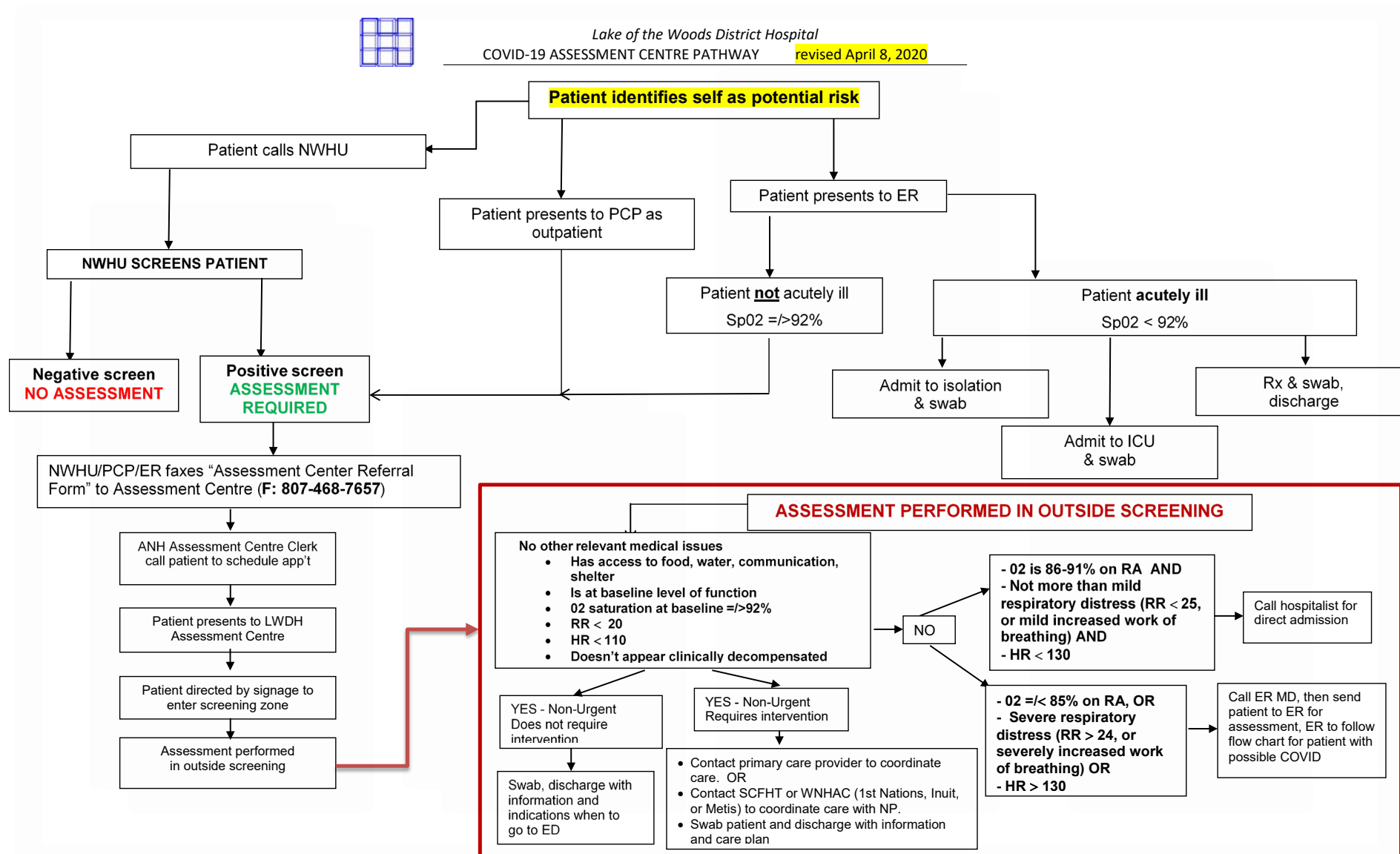
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Our Communities  Our Hospital
LAKE OF THE WOODS DISTRICT HOSPITAL

ANHP Assessment Centre



ANHP Assessment Centre



Laboratory Testing

SWABS and TESTING

Viral swabs for COVID-19 testing

- Due to a worldwide shortage, swabs were initially allocated in small volumes

Testing

- Initially specimens had to go to Toronto Public Health. Turn around time was 7-8 days
- On April 11th, the National Microbiology Lab agreed to test LWDH specimens and door-to-door Purolator delivery was arranged. Turn around time is now 24-48 hours



All Nations Hospital Project Planning Team

LAKE OF THE WOODS DISTRICT HOSPITAL

Ray Racette, President & CEO

Cheryl O'Flaherty, VP Corporate Services (Project Executive Sponsor)

Donna Makowsky, VP Patient Care

KENORA CHIEFS ADVISORY

Joe Barnes, CEO

Daphne Armstrong

Chief Lorraine Cobiness

COLLIERS PROJECT LEADERS

Leighton Klassen, Designated Senior Project Manager

Daniel Schmidt, Assistant Project Manager (ex-officio)

23 Meetings

All Nations Hospital Steering Committee

STEERING COMMITTEE MEMBERS

Chairperson

Wendy Peterson

Vice-Chairperson

Chief Marilyn Sinclair

Lake of the Woods District Hospital

Ray Racette (ex-officio non-voting)

Cheryl O'Flaherty(ex-officio non-voting)

Donna Makowsky (ex-officio non-voting)

Dr. Jillie Retson, LWDH Physician Representative

Samantha Gould, LWDH Staff Representative

Kenora Chiefs Advisory

Joe Barnes, KCA CEO (ex-officio non-voting)

Kenora Metis Council

Liz Boucha

Grand Council Treaty 3

Calvin Morriseau

City of Kenora

Rory McMillan

Community Members

Brianna Skead, KCA Youth Council

Sally Johnson

12 Meetings



Community Engagement



16

Virtual
Engagement
sessions

56

Engagement
sessions

16

Communities
engaged

449

Online surveys
completed

1704

Engagement
session
participants

2390

Number
engaged
through events

360

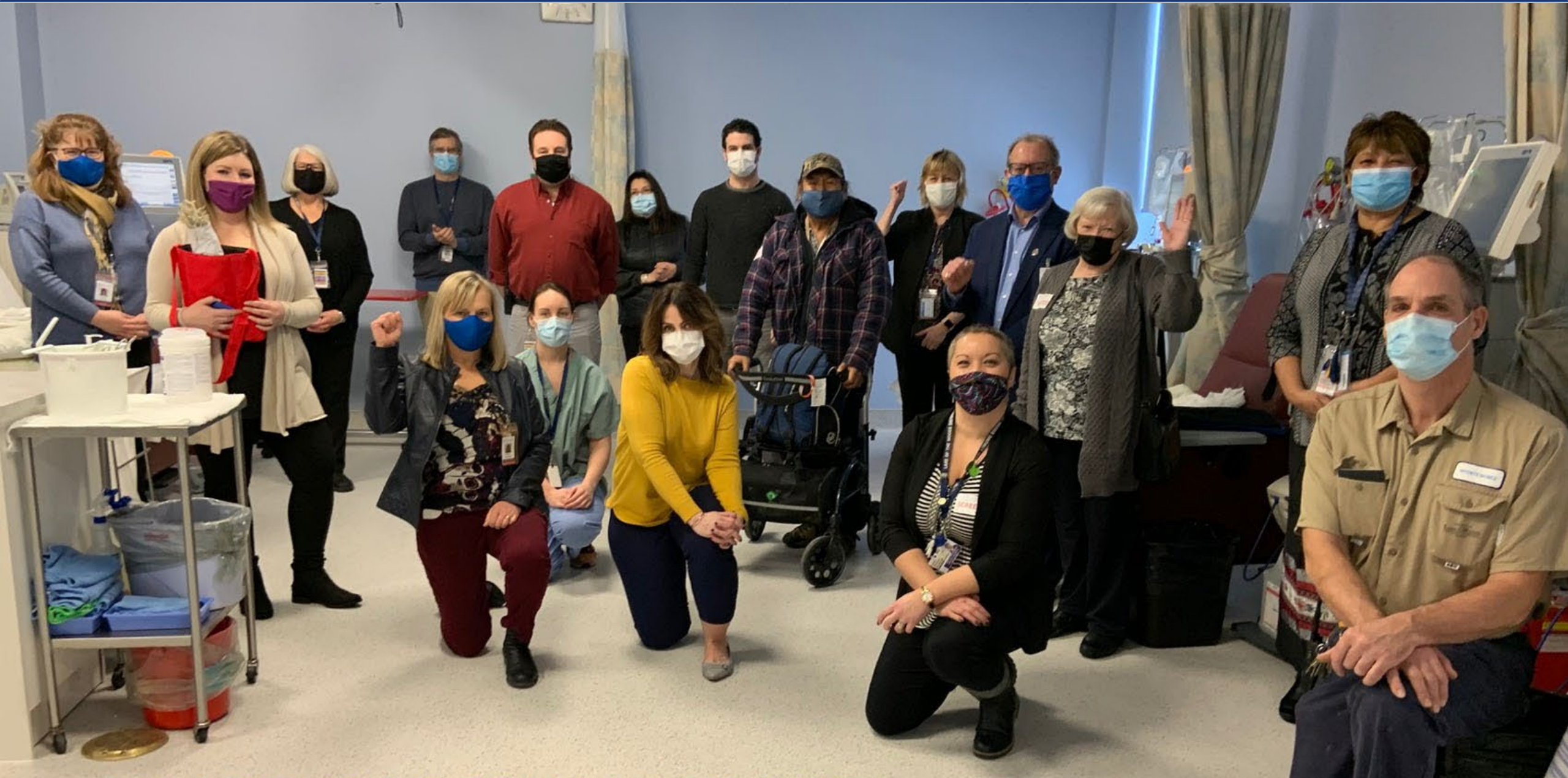
Clinical
Services
Participants

Elders assist in hospital planning process

The wisdom of our Elders has been drawn upon many times throughout the All Nations Hospital Project community engagement process. Many thanks to the KCA Council of Elders who have assisted in providing historical site information, traditional teachings and knowledge transfer, direction on cultural elements, medicine harvesting and the set up of the Smudge Room in our current hospital.



SPACE REVIEW PROJECT: Using our hospital better

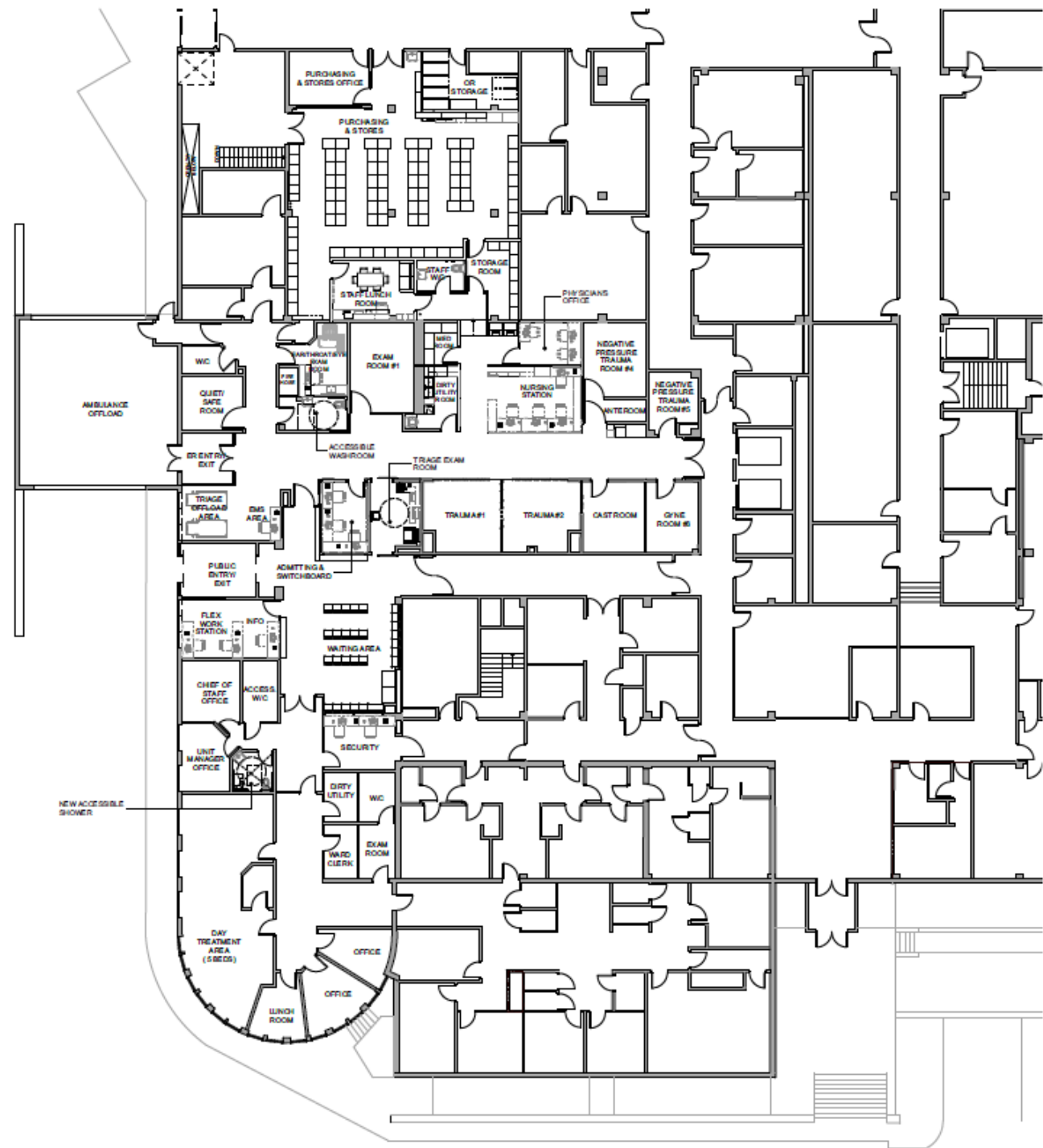




LAKE OF THE WOODS DISTRICT HOSPITAL
OJIBWA HEALING ROOM

ER RENOVATION:
OPTION #1

Emergency Redevelopment



LWDH Foundation



POWERED BY
Ascend
FUNDRAISING SOLUTIONS

[BUY TICKETS NOW](#)



LAKE OF THE WOODS DISTRICT HOSPITAL FOUNDATION 50/50

Winner Estimated Take Home Prize

\$13,695

Thank you!!

Thank You!



THANK YOU!

To our generous community for donations made to the Lake of the Woods District Hospital throughout the COVID-19 pandemic.

Safety Bay Financial • Dairy Queen • Amanda Boucha, KCA • Crystal Stevens • Abe Loewen
Lake of the Woods Brewing Company • Rita Boutette • Birchwood Terrace • Sharon Minaker
Jamie Craven • Kate MacIver, Blue Spruce Studios • Lana Wong • Theresa Stevenson, STAHS
Caleigh Belair, MNP • Purolator • Justin Longe, Contractor • Amanda McCool • Michelle McMahon
Al Townsent, Sioux Narrows • Shirley Mack, BBSS • Linda Pyzer • Kris Carlson, Docks and Lifts
Ontario Power Generation • Megan Baker • Seven Generations • Marjorie Birch

Bob Standson, Mind Ray • Peter Scheibler, CARSTAR • Ann Frechette • Dr. Dean Kozak,
Lakeside Dental • Kenora Chiefs Advisory • Wendy Robertson J&J Repair Mobile Service
Jami Henley, Jaunt About • Marilyn Duffield • Canada Post • KACL, Keric Funk

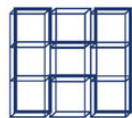
Peter Ratuski, Clearwater Market • Nora Brough • Vicki Soderman • Kenora Public
Library • FIREFLY, Kenora, Early ON Centre • Kenora Catholic District School Board
Kim Beach • Cindy Grano • Jodi Milne • Kathy Dawe • No Frills • Todd Smith
Melanie & Murray McDougald • Norine Schram • Owen Doerksen, ON Dentist &

Star Nails • Jason Eerola • Mrs. Birch • Quilters Guild • Becky Sharples
C&M -R-CJ-J • Chantal Plourde, Channy's Homemade Goodies

Nicole Nabb • Dorothy Beach, Alice Fenelon and Kim Beach

Vicki Soderman • Lorilie Vanbelleghem • Denise and Paul Forsyth
Fatima Martin • Club Coffee - L.P. Toronto • Ford Motor Company
of Canada, Ltd • Roger Horton • Paula Peacock • Anne Shankowsky
Tina Brookes, Talbot Marketing Kenora • Kathy Schneider
Gwen Carlson and Karen Williams • Mandy Porphet • Kristin Berard
Mary Margaret O'Flaherty • McMunn and Yates • Marley Perron

Nancy Bergman • Jill Boese • Hungry Pug & KTOWN Curry
Stacy del Fabbro • The "Cookie Fairies" (Kenzie, Gail, Lana,
Koby, Sophie, Myah & Brielle) • Mandy Morphet



Lake of the Woods
District Hospital



[Home](#) > [COVID-19](#)

COVID-19 public health measures and advice

Find out about the latest public health measures, advice and restrictions as we continue to respond to COVID-19



Moving to Step 1 of the Roadmap to Reopen

Ontario will be moving to Step 1 of the Roadmap on June 11, 2021 at 12:01 a.m.

[Learn more about our three-step plan to safely and gradually reopen the province and lift public health measures.](#)

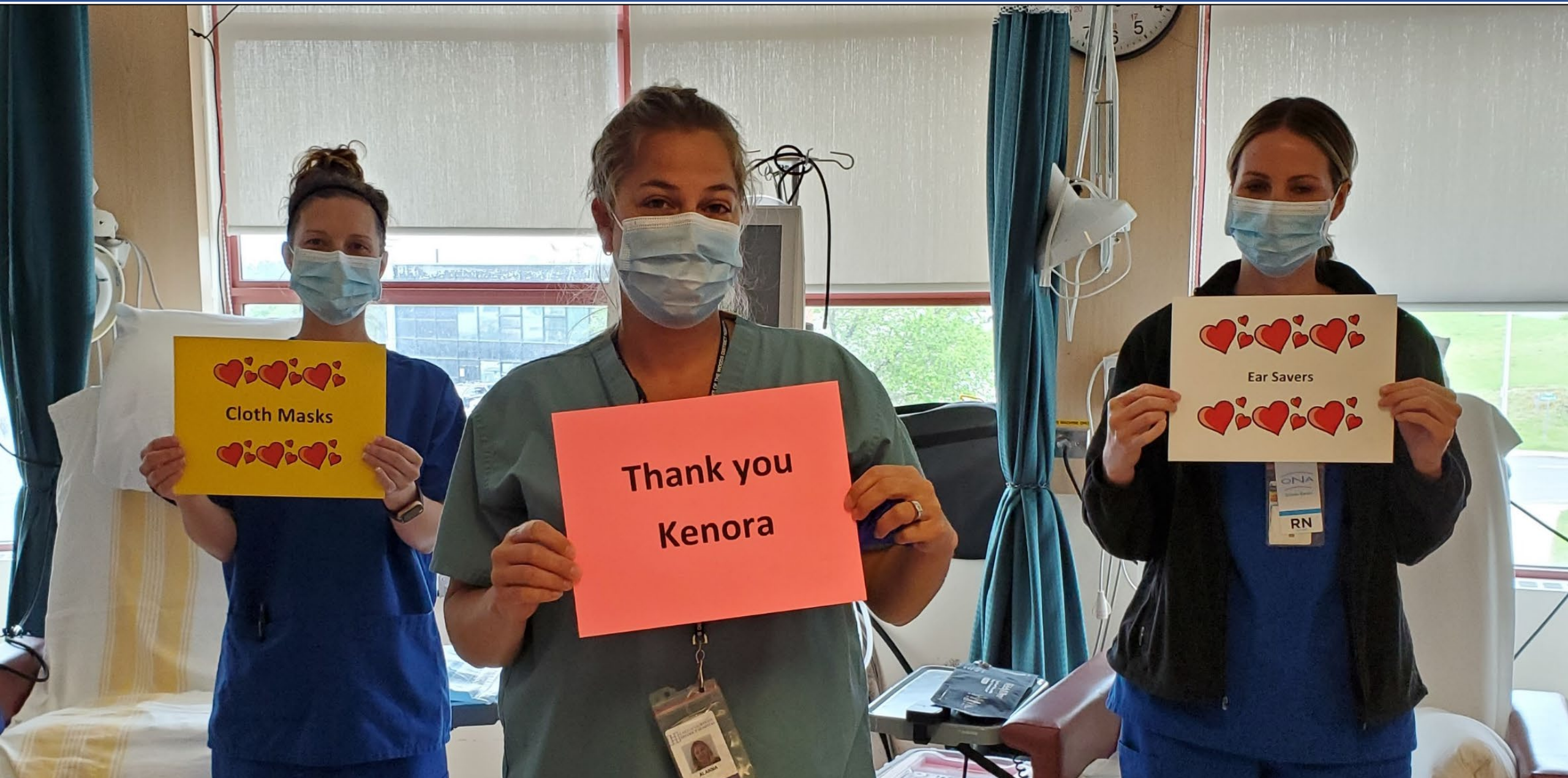
LWDH staff are DEDICATED



LWDH Staff are ADAPTIVE



LWDH Staff are AMAZING!!!



THANK YOU to our system teammates

Northwestern Ontario Hospitals and Service Providers
Ontario Health North
Ontario Hospital Association (OHA)
Ornge

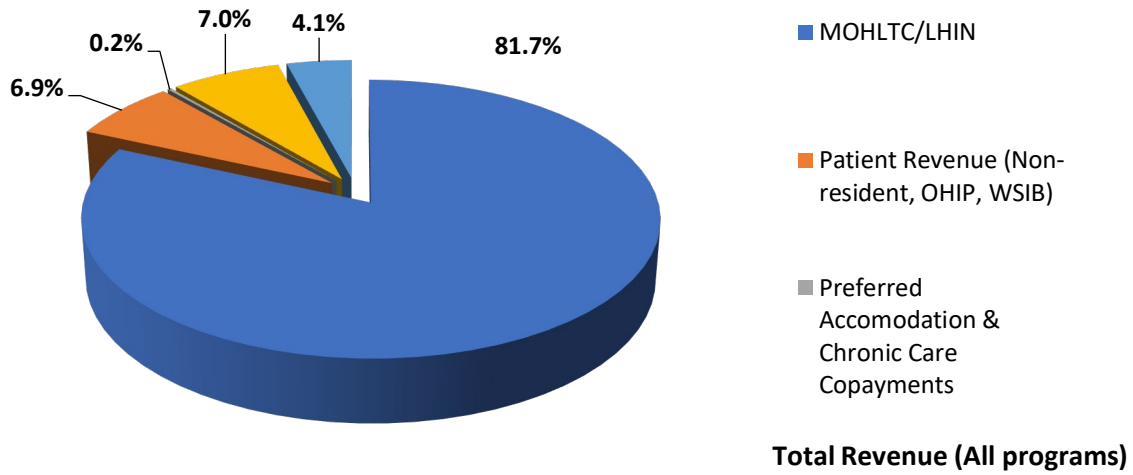
FINANCIAL SUMMARY

Lake of the Woods District Hospital

For the year ended March 31, 2021

	2021	2020
REVENUE		
Ministry of Health and Long-Term Care/LHIN	\$46,810,979	\$38,460,886
Patient Revenue from other payors	\$4,605,935	\$4,331,484
Preferred accomodation and co-payment revenue	\$155,941	\$240,926
Other revenue and recoveries	\$3,437,871	\$4,381,358
Amortization of grants & donations for equipment	\$846,237	\$787,545
Total Hospital Operating Revenue	\$55,856,963	\$48,202,199
Other programs administered by the Hospital	\$8,741,685	\$8,082,446
	\$64,598,648	\$56,284,645
EXPENSES		
Salaries, wages and employee benefits	\$31,433,141	\$27,922,381
Medical staff remuneration	\$10,195,921	\$8,986,258
Supplies and other expenses	\$8,239,643	\$7,135,266
Medical and surgical supplies	\$1,709,192	\$1,367,245
Drugs	\$2,278,039	\$2,067,973
Amortization of Equipment	\$1,025,265	\$981,427
Bad Debts	\$40,047	\$49,368
Total Hospital Operating Expenses	\$54,921,248	\$48,509,918
Other programs administered by the Hospital	\$8,741,685	\$8,082,446
	\$63,662,933	\$56,592,364
Surplus (deficit) before amortization related to Buildings	\$935,715	(\$307,719)
Amortization of buildings	(\$2,339,795)	(\$2,239,872)
Amortization of deferred contributions for buildings	\$1,913,981	\$1,889,352
Surplus (deficit) for the year	\$509,901	(\$658,239)

2020-21 Operating Funding Sources



2020-21 Operating Expenses

