

Challenges



2002 - 2003



THUNDER BAY REGIONAL HOSPITAL

ANNUAL REPORT



Challenges

Front Cover

Dr. Greg Gamble – Infectious Diseases Specialist;
Pat Piaskowski – Infection Control Coordinator: winners
of the President's Award for outstanding service to TBRH.



**"Walk the Talk"
Team Award**
Housekeeping Department
(McKellar and Port Arthur)



Nurses left to right:
Robin Schumaker – Nurse Practitioner, ER
Jane Wright – RN-ER
Lisa Beck – RN BScN CCRN Educator
Laura Bailey – RPN
Linda Nicol – RN-ICU

Margaret Bananish,
5 West Acute Oncology – "Walk-the Talk"
Leadership Award winner



Our Vision

Thunder Bay Regional Hospital will be an outstanding treatment, educational, research and referral centre for acute healthcare services in Northwestern Ontario. We will be a key part of effective and integrated healthcare, which will be responsive to the people we serve.

Mission Statement

Patient care is our primary focus at Thunder Bay Regional Hospital. We strive to provide excellent general and specialized acute healthcare through a coordinated and comprehensive network of service providers.

Our Values

We are committed to:

- Service based on compassion and respect;
- Our staff, physicians and volunteers;
- The dignity of the individual;
- Honesty and openness as prerequisites to our team building and performance;
- Life-long learning;
- An environment that encourages innovative thinking; and
- The wise and effective use of resources.

CHALLENGES

It has been a year of challenges.

Maintaining healthcare on two sites, construction of the new hospital, infection control, orphan patients, recruitment of physicians, nurses, and professional staff throughout the organization, development of the electronic medical record modules, finding funding for expanding programs - to name a few, has stretched our limited resources. Each challenge, though, represents an opportunity to set new standards of excellence.

We commend our physicians, staff and volunteers as they have risen to the challenge to serve patients from the large regional catchment area of Northwestern Ontario.

In the meantime, budgets, equipment purchases, functional and occupancy plans are being finalized for the new site. Preparations to receive students from the Northern Ontario Rural Medical School are underway, as well as the integration of the Northwestern Ontario Regional Cancer Centre.

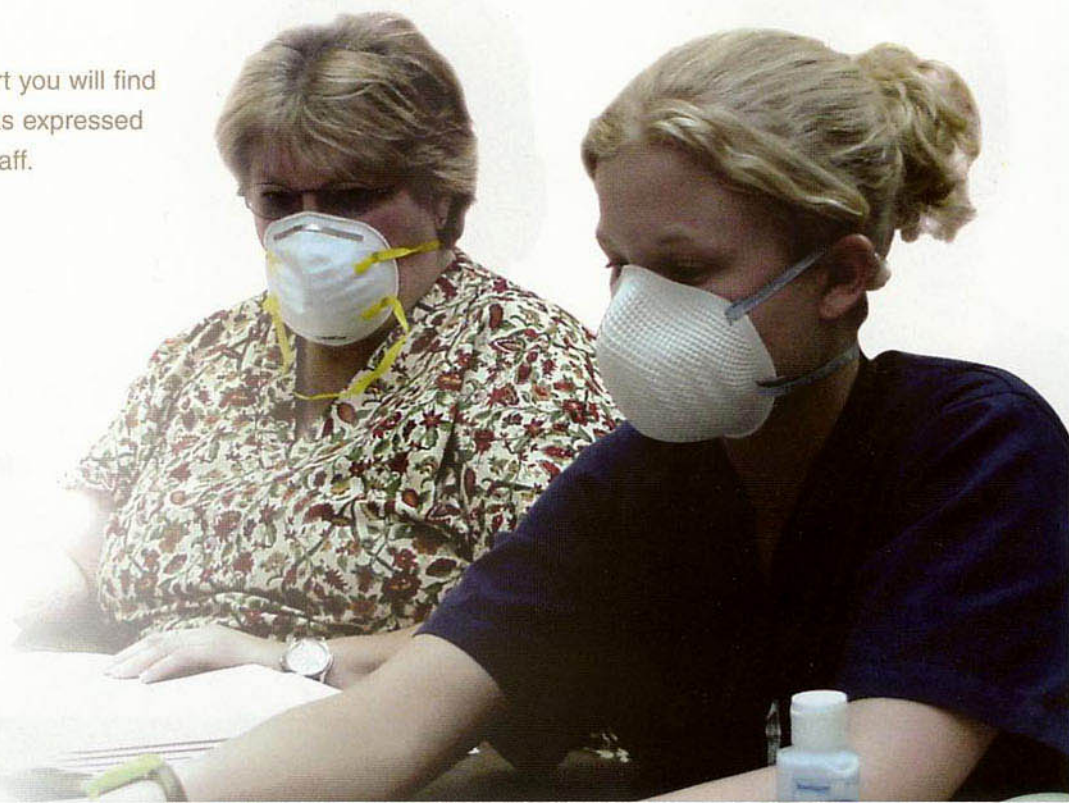
A significant challenge facing our hospital is the discharge of "ready to go elsewhere" patients to make room for new acutely ill patients. Ten to 20 percent of Thunder Bay Regional Hospital in-patients have recovered enough to go elsewhere for care. They are not discharged though, because long-term and "at-home" care is not available. Departments within the hospital are often placed on "diversion" as a consequence of this. Additional stress is put on care-providers and patients from regional hospitals when they are unable to move people to Thunder Bay Regional Hospital.

An over-crowded Emergency Department is not news anymore; nor are busy Diagnostic Imaging Departments, Laboratories, and Intensive Care Units. Thunder Bay Regional Hospital Care and Systems teams are effectively dealing with each challenge.

The challenge of managing outbreaks of infection is compounded in an exponential way through SARS, Norwalk, MRSA, VRE, influenza, pneumonia, and other related outbreaks. We do not work alone. Infection control issues reach beyond the hospital to other healthcare facilities in the city, region, province - and the world.

Throughout this Annual Report you will find comments about challenges as expressed by members of our hospital staff.

Challenging times.



STEPHEN K. WRIGHT

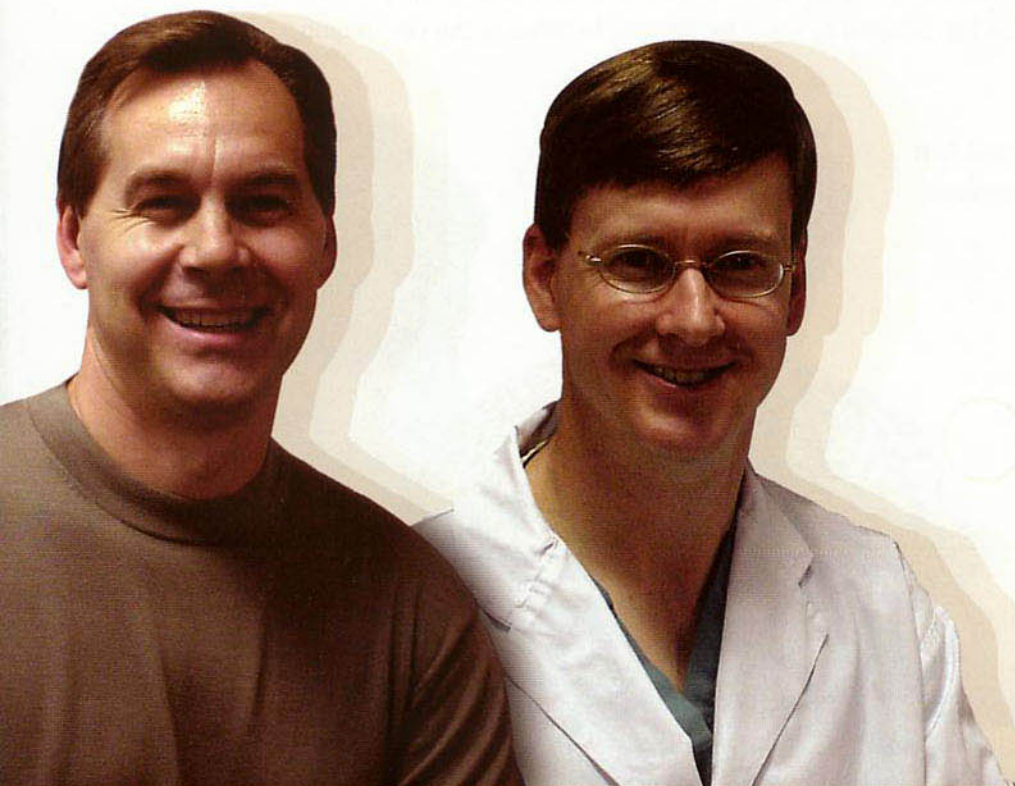


"To the Thunder Bay Regional Hospital Foundation and the Volunteer Association thank you for your exceptional efforts in ensuring that quality hospital care is realized and secured. Without your support, this could not be accomplished."



"My greatest challenge was setting up and successfully implementing a plan to cross-train all OR nurses in preparation for our move to the new site."

**-Lynda Bobinski, Manager,
Operating Room**



Medical Staff Awards of Excellence

DR. BRUCE PYNN

DR. IAN DOBSON

DR. KEN GEHMAN
(picture not shown)

Report from the Chair of the Board

As we enter into a new era in the provision of healthcare services in Northwestern Ontario, it is difficult to comprehend fully, the future benefits and opportunities that will exist as a result of the opening of our new state of the art acute care hospital. The dream is quickly coming into reality and, with this in mind, we acknowledge the leadership of our staff, volunteers, past Board of Governors and our community partners in making it possible.

The opening of our new hospital this coming year and the completion of the full medical school teaching facility at Lakehead University in 2005, will strengthen our position as a lead in the provision of healthcare services in the Northwest region for years to come. The anticipated economic impacts for the City and region will surpass current expectations particularly in the field of biotechnology and telemedicine. New strategies in the provision of patient care will change the way patient care has traditionally been delivered.

To address these changes, all members of staff are diligently working to ensure that the transition of patient care and medical services to our new site is conducted with the same proficiency that has allowed us to meet our patients' needs in the past. All staff and physicians are to be commended for continuing to provide high levels of quality service to patients and their families while trying to balance this service integration, increased patient loads, reduced resources and global epidemics like the recent SARS outbreak. You are to be congratulated for the commitment and professionalism you display on a daily basis.

To the Thunder Bay Regional Hospital Foundation and the Volunteer Association, thank you for your exceptional efforts in ensuring that quality hospital care is realized and secured. Without your support, this could not be accomplished.

To my colleagues on the Board of Governors - thank you for your contribution of time and dedication towards public accountability and governance.

On behalf of the Board of Governors, it is an honour to convey congratulations to everyone associated with the Thunder Bay Regional Hospital.

Respectfully submitted,



Stephen K. Wright
Chair, Board of Governors

RON SADDINGTON



"The new hospital building project has continued to progress well. The building at the end of March 2003 is about six to seven months away from substantial completion, with the physical move from the current sites to the new facility following several months thereafter."



President's Report

Financial Status

In February 2003, Financial Auditors appointed by the Ministry of Health interviewed hospitals in Ontario. This review explored operating practices of each hospital with respect to Board composition, "due diligence" practices, the execution of fiduciary responsibilities, utilization and quality management activities, organizational structures of staff and medical staff and pressures experienced in the delivery of local healthcare services. Based on this review, the Hospital received a base adjustment of \$4.6 M.

The Hospital also received additional funds in recognition of the transitional beds operated over the past several years. These beds were put into service to address the growing service demands placed on the Hospital which has caused over-crowding in the Emergency Department and created an inability to receive patient transfers from the region for significant periods of time during the year.

Recruitment and Retention

The Hospital has continued to put a concerted effort into the recruitment of health professionals needed in our community. In January 2003, the City of Thunder Bay established permanent funding for a Family Physician Recruiter and strengthened the role of the Community Recruitment Officer. Forty-eight (48) visits have been made to our community over the past year made up of forty-four (44) Specialists and 4 Family Physicians. Of these, fourteen (14) new recruits were realized (12 Specialists, 1 Family Physician and 1 Midwife). Over the same period of time, the community lost eight (8) physicians. Those who left our community did so to be closer to their families.

Northern Medical School

Over the past year, there has been considerable activity directed toward the development of the Northern Ontario Medical School. Dr. Roger Strasser was appointed Dean of the School and in early January 2003, a curriculum development workshop was held in Sault Ste. Marie, where considerable progress was realized and a second workshop planned for later in the year. In December, over 100 students interested in medical careers attended the second annual Mayor's Reception to learn more about education opportunities in Thunder Bay. Tours of the new hospital facility were provided to these guests and all that took part were extremely pleased with what they saw.

Telehealth Initiative

The Northwest Telehealth Network, which is part of the NORTH Network, has had a significant impact on many communities, particularly remote communities in our region. This Network has improved access to healthcare services in the region by helping to overcome the barriers of time and distance.

The Northwest Telehealth Network is a partnership of Atikokan, Dryden, Fort Frances, Geraldton, Kenora, Manitouwadge, Marathon, Nipigon, Red Lake, Sioux Lookout, Terrace Bay, Thunder Bay and the five Keewaytinook-Okimakinak communities of Deer Lake, North Spirit Lake, Fort Severn, Keewaywin and Poplar Hill.

The Network has partnered with Smart Systems for Health to install a private IP network for all NORTH Network partners and is the first deployment of Smart Systems for Health. This IP network is a private network that ensures patient confidentiality.

Network equipment has allowed region users to develop relationships with other organizations such as the Ottawa Heart Institute, Children's Hospitals of Eastern & Western Ontario, Ontario Medical Association, Arthritis Society, and McMaster.

Teleradiology is another project that has recently become operational. E-film stations have been installed and are operating in Kenora, Sioux Lookout and Thunder Bay. This Telehealth initiative is one more method by which, extended health resources can be provided to residents of northwestern Ontario.

Telehealth Stats April 2002 - March 2003

Total Consults TBRH	318
Consults in past quarter (Dec. 1, 2002- March 1st, 2003)	154
Consults to Specialists out of Thunder Bay	94
Consults done at TBRH by TBRH Specialists	234

In January 2003, NORTH Network had 406 consults with TBRH doing 57 (14%).

Forty (40) Thunder Bay physicians (Lakehead Psychiatric Hospital, St. Joseph's Care Group, NWORCC, TBRH) have provided consults to the region over the past year in the following areas:

Cardiology	Endocrinology	Dermatology
ENT	Gastroenterology	General Surgery
Geriatrics	Infectious Diseases	Internal Medicine
Nephrology	Neurology	Oncology
Oral Surgery	Orthopedics	Palliative Care
Paediatrics	Psychiatry	Rehabilitation
Rheumatology	Respirology	Urology

Also, this last year saw the designation of the Thunder Bay Regional Hospital as the Regional Stroke Centre for Northwestern Ontario. The program lead by Dr. David Howse and Dianne Hiscox has established a region Stroke Advisory Committee chaired by Mr. Jack Masters.

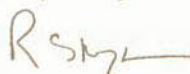
The new Hospital Project

The new hospital building project has continued to progress well. The building at the end of March 2003 is about six to seven months away from substantial completion, with the physical move from the current sites to the new facility following several months thereafter.

In closing, I want to thank the members of the Hospital Board, the Senior Management Team, the Managers Team, the staff, medical staff and volunteers of the hospital for their continued hard work and commitment. It is this collective effort that has allowed Thunder Bay Regional Hospital to realize the past years many accomplishments.

Your efforts and support are greatly appreciated!

Respectfully submitted,

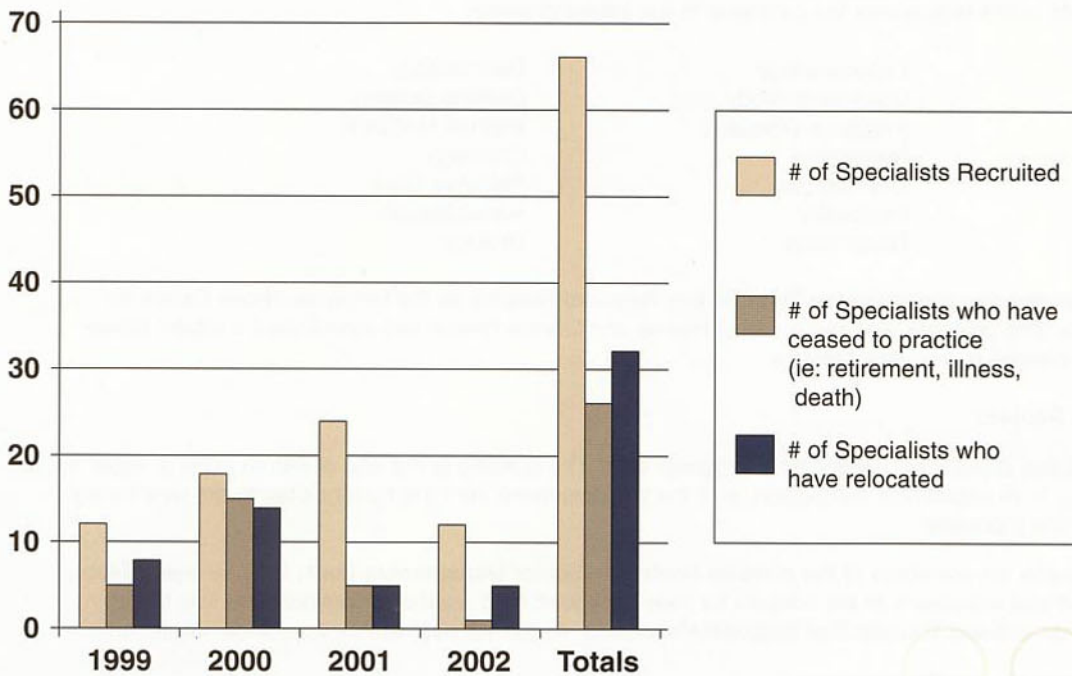


Ron Saddington
President & CEO

Dr. BLAIR SCHOALES



"The new hospital is steadily progressing towards completion and we are looking forward to our imminent move. It is anticipated that the new facility will help us to make our hospital operations even more efficient and effective."



"The SPD challenge this year is to maintain vigilance with the infection control issues of the day and how they impact techniques for sterilizing medical equipment."

-Donna Choma, Manager, SPD

Report from the Chief of Staff

It has been an eventful year!

The Norwalk Virus and SARS have had significant effects on hospital operations. Infection Control, staff, physicians and Administration have worked diligently to minimize the impact on the hospital. It is recognized that the necessary restrictions on visitors has been difficult for patients and families and we appreciate their co-operation.

Another significant challenge has been frequent Emergency Room overcrowding to the point where it is often necessary to place the Emergency Department on diversion in order that it may continue to operate for the purposes for which it is designed. Clearly this is not a desirable situation. There are multiple factors responsible for this, but the most significant one is the fact that there are large numbers of patients no longer requiring 'acute care services' occupying acute care hospital beds. This is due to the fact that these patients cannot be discharged home, but require care at other levels in the healthcare system or require community support. We continue to work co-operatively with our health care partners both locally and regionally, as well as the Ministry of Health to address this most serious issue.

The new hospital is steadily progressing towards completion and we are looking forward to our imminent move. It is anticipated that the new facility will help us to make our hospital operations even more efficient and effective.

The Medical School continues in its development.

Recruitment of physicians to the community continues to improve and the new medical environment with the new hospital and the Medical School are often cited as key reasons for the decision of new physicians to relocate to Thunder Bay.

As noted, it has been an eventful year and I am sure this next year will prove to be equally eventful. Some situations can be predicted; some cannot yet be anticipated. What I can anticipate is that the same resiliency of all those involved in hospital operations will meet whatever challenges this new year may bring.

Respectfully submitted,



Dr. B. R. Schoales
Chief of Staff

LORI MARSHALL



“While the Province has relaxed many of the original directives, hospitals are now in the process of implementing what is known as the “new-normal” for healthcare facilities.”



RHONDA CROCKER



“A flexible overflow, bed-management plan has been initiated as a temporary measure to accommodate for seasonal peaks in census.”



Report from Patient Care Services

Thunder Bay Regional Hospital (TBRH) continues to expand its programs and services. This report highlights several new clinical initiatives demonstrating our commitment to patient care. Over the past year, our staff delivered care in response to high levels of patient need while also facing unprecedented infection control challenges. We commend and offer our thanks to these professionals for their hard work and commitment.

Our Programs

Thanks to a grant from AstraZeneca Pharmaceutical company, TBRH, in partnership with the Lung Association, AstraZeneca and various health professionals, were able to develop a specialized Asthma Clinic to improve lung health in our community. The clinic opened as a pilot project in January 2003, to assist individuals to better manage their own health and decrease the frequency of hospitalization, emergency room visits, unscheduled visits to physicians, days off school/work and exacerbation of asthma symptoms.

TBRH has been designated as one of 13 hospitals provincially to participate in the establishment and maintenance of a regional organ donation program. An in-hospital donation coordinator works with our health team to foster and sustain a culture that facilitates informed choice about donation as part of quality end of life care. It is our hope that we will enhance public and professional awareness of organ/tissue donation as a life-affirming act of generosity that each one of us should think about and discuss with our loved ones.

In 2002, TBRH was designated as the Regional Stroke Program for Northwestern Ontario. The Hospital successfully recruited an experienced neurologist, Dr. D. Howse, as Medical Director who was instrumental in the development of one of the original pilot stroke programs in Kingston. A Regional Stroke Steering Committee has been established to provide guidance to the program in its region-wide implementation.

In October 2002, the Hospital implemented a Wound Management program. The program, supported by Convatec Inc. involves the use of standardized wound care products, intense education for a core group of resource nurses, and a basic orientation to wound and skin care for all nurses. Two staff are also pursuing specialization in wound and ostomy care supported by the Hospital and the Registered Nurses Association of Ontario. Hospitals that have implemented similar programs have reported improved patient outcomes, reduced lengths of stay and reduced supplies expenditures.

Our Challenges

Pressure continues to be felt in our Emergency Department with the rise in the number of in-patients waiting for beds. We are working both internally and with the Ministry of Health to identify and manage the escalating numbers of both in-patients and alternate level of care patients occupying acute care beds. A flexible overflow, bed-management plan has been initiated as a temporary measure to accommodate for seasonal peaks in census.

In April 2002, the Hospital declared Influenza A outbreaks on 2 inpatient-nursing units. To manage the impact, elective surgery was cancelled and visitor restrictions were enacted to limit the spread of infection. As a result of this outbreak, several recommendations were made to improve our response in the future. Most notably, strategies were successfully developed to increase the percentage of vaccinated staff for the following season.

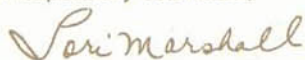
In December 2002, TBRH experienced an outbreak of Norwalk, more commonly known as "winter vomiting disease." Norwalk is highly contagious; during the course of the outbreak, 42 patients and 70 staff were symptomatic. This led to the closure of 6 inpatient-nursing units over a 2-week period. With strict infection control measures implemented during that time, the Hospital was able to maintain essential services.

Most recently, in March 2003, Southern Ontario was faced with emergence of a new infectious disease called Severe Acute Respiratory Syndrome (SARS). The response to this disease included province-wide directives on strict screening for hospital entry; protocols for transferring patients between hospitals; high-level precautions for caregivers caring for SARS cases; and restrictions on visitors. While the Province has relaxed many of the original directives, hospitals are now in the process of implementing what is known as the "new-normal" for healthcare facilities.

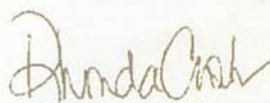
Our Future

Exciting practice changes are happening in NURSING at TBRH! As provincial practice expectations change for Registered Nurses (RNs) and Registered Practical Nurses (RPNs), TBRH has moved to enhance nursing practice through a phased skill development plan to support nursing scope and role changes organizationally. The roll-out of this plan will take about 2 years with the final phase of the project enabling RPNs to practice in their full scope of practice according to the College of Nurses, managing their own care assignment of stable and predictable patients. RNs will move to care for patients with more complex care and unstable care needs, managing more complex clinical skills, assessment, critical thinking and decision making processes. Through our investment in nursing care and integration of new care delivery processes, this project will assist in the promotion of teamwork, communication, continuity of care, caregiver and patient satisfaction, and creation of positive patient care outcomes.

Respectfully submitted,



Lori Marshall
Senior Vice President
Patient Care Services



Rhonda Crocker
Vice President/Chief Nursing Officer
Patient Care Services

SCOTT POTTS



"I would like to take this opportunity to thank the staff, medical staff, volunteers, management and Board of Governors for their dedication and commitment to improve healthcare for Thunder Bay and Northwestern Ontario."



"One of Occupational Health & Safety's challenges this past year was finding ways to promote our influenza immunization program. (It seemed to work, numbers were up and lots of positive feedback from staff.)"

-Linda Dier, Manager, Occupational Health and Safety



Sheila Poulter – SPD Operator
Linda Nicol – RN-ICU



Report from Senior Vice President, Corporate Services and Operations

The Corporate Services division has accomplished a great deal over the past year. As in past years, there have been many challenges facing the organization and I would like to commend the Corporate Operations and Services Team on their dedication and professionalism in supporting the provision of quality patient care.

The Hospital ended the 2002/03 fiscal year in a deficit position of \$2,742,821. This marks the second year in a row the Hospital has incurred a deficit and highlights the challenges facing the Hospital with respect to increased costs without offsetting funding. The Ministry of Health and Long Term Care conducted a third party review of all Ontario Hospitals. As a result of this process, the Hospital received \$4.6 million in new base funding. The Hospital was also successful in obtaining ongoing funding for transition beds and had this funding been received on an annualized basis, the Hospital would have been in a small surplus position before restructuring costs.

The activities of planning for the new Hospital continue to intensify. Hospital teams are finalizing equipment and post construction operating plans, planning for the move and transition to the new site, developing decommissioning plans and monitoring construction progress. These activities are in addition to the daily operations of the existing sites and staff is to be complemented for their efforts in managing these significant initiatives. Negotiations continue with the Ministry to determine the final funding for project costs and equipment purchases.

The implementation of information systems has been another significant activity during the year. The final component of the patient care system has been implemented allowing for electronic documentation. Additional information projects have been undertaken including:

- providing remote access to physicians and other healthcare providers
- implementation of a storage area network
- development of a computerized staff scheduling system projected to go live in June 2003
- various optimization projects to improve processes for collecting, integrating and reporting information

Discussions with Northwestern Ontario hospitals continue on the development of regional information systems and there is a consensus to pursue funding for this initiative.

I would like to take this opportunity to thank the staff, medical staff, volunteers, management and Board of Governors for their dedication and commitment to improve healthcare for Thunder Bay and Northwestern Ontario.

Respectfully submitted,



Scott Potts
Senior Vice President, Corporate Services and Operations

DON EDWARDS



"It has taken 100 years to bring healthcare to our current level of excellence. By any standards, the change has been enormous. The challenge for the next 100 years of care is now unfolding. People in Thunder Bay and Northwestern Ontario are positioned well to expect outstanding healthcare in the future. It will be a great story to tell."



"Providing the right care, at the right time, in the right place."

-Hazel McLean, Manager, Utilization Management & Social Work



EEG Technician, Pauline Robinson with patient Eve Keehn



Report from the Director of Communications

It has been said that great communication is all about eliminating process. That is, to accomplish a particular satisfying result in a timely fashion, it is necessary to efficiently, effectively, and conclusively eliminate incremental changes.

During this time of immense change in healthcare, there seems to be more process than at anytime in recent memory: more questions, more tests, more reports, more analysis, more levels of accountability. To adequately communicate with all stakeholders has been a significant challenge.

Events of this past year have generated great opportunities to eliminate process. For example, large binders full of hospital policies stored on shelves where only a few people can find relevant information are now available in digital format on computers. The hospital is systematically developing an Intranet that allows everyone in the organization access to information on issues, codes, call lists, and literature, to name a few. Like the Intranet, the Internet is constantly being changed to meet corporate stakeholder needs. These tools are being accessed over one million two hundred thousand (1,200,000) times a month.

TBRH communication strategies include a multi-media approach to ensure that people can get information whenever they want it. For example, both print and broadcast technologies were used to get the message out, both internally and externally, when the Norwalk virus forced us to close a number of floors and departments. The message was simple: no visitors, no moving about the hospital, and practice proper hygiene. It seemed to work.

Along with the continuing SARS Alert, the Norwalk event was the beginning of what we now have come to perceive as the "new normal" in the hospital. A significant level of resources is required to manage these outbreaks. Information is posted throughout the organization regarding any changes in policy and procedure. A screening process is in place. People are adjusting to the changes appropriately.

The Communications Department continues to be involved in planning for the move to the new site. In a few months, Thunder Bay Regional Hospital will cross the threshold to the new state-of-the-art facility that will change the image of our city and region. Thunder Bay Regional is an economic engine that soon will host students from the Northern Ontario Medical School, integrate the Northwestern Ontario Regional Cancer Centre, and lead the development of tele-medicine strategies in the region.

It has taken 100 years to bring healthcare to our current level of excellence. By any standards, the change has been enormous. The challenge for the next 100 years of care is now unfolding. People in Thunder Bay and Northwestern Ontario are positioned well to expect outstanding healthcare in the future. It will be a great story to tell.

Respectfully submitted,



Don Edwards
Director of Communications

SALLY HAMILTON



"I would like to take this opportunity to thank the teams and staff members who work so diligently to provide quality care to our patients. Their dedication is to be commended."



"The biggest challenge facing Rehabilitation Services is the difficulty in recruiting rehabilitation staff (physiotherapists, occupational therapists and speech-language pathologists) and in covering the positions across the sites that are vacant."

**-Susan Colosimo, Manager,
Rehabilitation Therapy**



Report from the Director of Quality Management

Four years ago, the Walk the Talk Awards were established to recognize leaders, individuals and teams who demonstrate excellence through their work at Thunder Bay Regional Hospital. Through the years, every nomination for the Walk the Talk Awards and Medical Staff Awards of Excellence has provided an inspiring description of committed, positive role models. Congratulations are extended to all of the nominees for the 2003 Walk the Talk Awards and Medical Staff Awards of Excellence.

The 2003 Leadership Award recipient is Margaret Bananish, also recognized with an Individual Award along with Lisa Beck, Deborah Broll, Cathy Covino, Jim Hyder, and Cindy Oda. The Housekeeping Department is the recipient of the Team Award while Beverly Carter, Gussie (Agnes) Ward, Marion Babcock and Carol Coulson were selected as Volunteer Award recipients. This was the second year that Thunder Bay Regional Hospital recognized excellence in the area of courtesy. Recipients include Joe Cuglietta, Jeff Glavish, and Cindy Oda. Medical Staff Awards of Excellence were presented to Dr. Ian Dobson, Dr. Kenneth Gehman, and Dr. Bruce Pynn. Congratulations to Pat Piaskowski and Dr. G. Gamble on receiving the President's Award of Excellence. This award is presented to deserving individuals on the recommendation of the President. Pat and Dr. Gamble were chosen for their exceptional leadership and guidance in managing the Infection Prevention and Control program during such challenging times.

Over the past year, we continued to evaluate how satisfied patients and families are with the healthcare they receive at Thunder Bay Regional Hospital. We recently initiated monthly surveys of In-patients and Emergency patients. Timely surveying along with feedback from focus groups and 'customer comment' cards provides valuable information on how well we meet patient needs. In the near future, we will begin to survey individuals receiving outpatient services, an important dimension. All of the information allows us to focus our improvement activities on areas that interest patients most. The Care and System Teams use patient satisfaction data as a tool to monitor and improve the quality of patient care. Some of the many improvement initiatives underway include the development and implementation of clinical pathways, the development of clinical guidelines, the implementation of process changes designed to improve turnaround and wait times, and the expansion of strategies to ensure patient safety. Another area of focus is customer service. Over the past year, we have taken steps to enhance customer service skills. Our Code of Conduct articulates how we will interact with patients and peers while workshops on Excellent Customer Service endorse higher standards for interpersonal interactions.

I would like to take this opportunity to thank the teams and staff members who work so diligently to provide quality care to our patients. Their dedication is to be commended.

Respectfully submitted,



Sally Hamilton
Director Quality Management

MARILYN CHISHOLM



"The Volunteer Association has had a very busy year full of challenges, changes and fund-raising opportunities as we prepare ourselves for the move to the new hospital in early 2004."



"I am always astounded by the extreme commitment and dedication our volunteers give to our hospital. Their service goes well beyond the call of duty."

**-Elizabeth Straiton, Manager,
Volunteer Services**

Volunteer, Marion Sippola



Volunteer Association Report

The Volunteer Association has had a very busy year full of challenges, changes and fund-raising opportunities as we prepare ourselves for the move to the new hospital in early 2004. As our relocation draws closer, we are very excited about the planning of the new gift shop. We have been allotted a fantastic location in the new building and have retained a Toronto hospital gift shop designer to assist us with planning. In conjunction with the opening of the new hospital, we are compiling a cookbook and a commemorative afghan.

The Executive held a board education session under the leadership of Volunteer Thunder Bay.

Five delegates were sent to the H.A.A.O. (Hospital Auxiliary Association of Ontario) November Convention, one delegate funded by the Hospital attended the Spring Seminar in April and a delegation attended the District Spring Conference in Marathon. We also presented four bursaries to deserving students at Lakehead University and Confederation College and we supported the Northern Heart Retreat.

As a result of annual fund-raising events and innovative new ones and with strong support from our Association members, the Hospital family and the public, we are close to the completion of our \$500,000 commitment to Care Beyond Compare campaign. In addition, we also funded over \$75,000 of equipment for the Hospital this year.

Respectfully submitted,



Marilyn Chisholm
President, Volunteer Association

DON WING



"Thanks to the generosity of our Donors and Volunteers, the Foundation Board of Directors and Staff look forward to assisting our Hospital in fulfilling this ongoing mission of excellence."



GEORGIE HARI



"We congratulate the Hospital (Board of Governors & Staff) for their continued efforts in ensuring our Hospital remains focused on their journey of excellence in both building a new state-of-the-art facility as well as providing quality patient care."



Thunder Bay Regional Hospital Foundation Report

The past year has been a busy one at the Foundation as we have concentrated our efforts on raising money for some initial equipment needs of our 'new' Hospital valued at \$2.4 million. Thanks to the generous support of our community and region, we have raised \$1.7 million to date towards these initial needs.

We have chosen equipment that is greatly needed to meet the needs of our patients requiring services related to cancer, cardiac and diabetes related illnesses. Equipment like a new Digital Mammography Unit, Cardiac Monitors and a Centralized Monitoring System as well as Hemodialysis Machines will add tremendous value to our ability to care for our patients and can literally mean the difference between life and death.

However, this is only the beginning of the quest for equipment dollars and our list will grow over the next few months and we will be launching an 'ask' to our community and region to once again demonstrate those giant hearts and **Care Beyond Compare**.

Speaking of **Care Beyond Compare** reminds us of the wonderful honour that was given to the 58 members of the **Care Beyond Compare** Campaign team who successfully raised \$16.6 million for the building of our new Hospital. The City of Thunder Bay in April of this year awarded the members of this team, "The Exceptional Citizen's Achievement Award" for their outstanding fundraising efforts.

Our successes at the Foundation are very dependent on the efforts and endless dedication of our Volunteers. On top of the efforts of the Campaign Team, we have a core group of Volunteers who have contributed over 3,000 hours this year to assist us with our many fundraising efforts as well as our daily administrative duties. We consider ourselves to be truly blessed to be associated with this very special group of individuals.

We congratulate the Hospital (Board of Governors & Staff) for their continued efforts in ensuring our Hospital remains focused on their journey of excellence in both building a new state-of-the-art facility as well as providing quality patient care.

Thanks to the generosity of our Donors and Volunteers, the Foundation Board of Directors and Staff look forward to assisting our Hospital in fulfilling this ongoing mission of excellence.

Respectfully submitted,

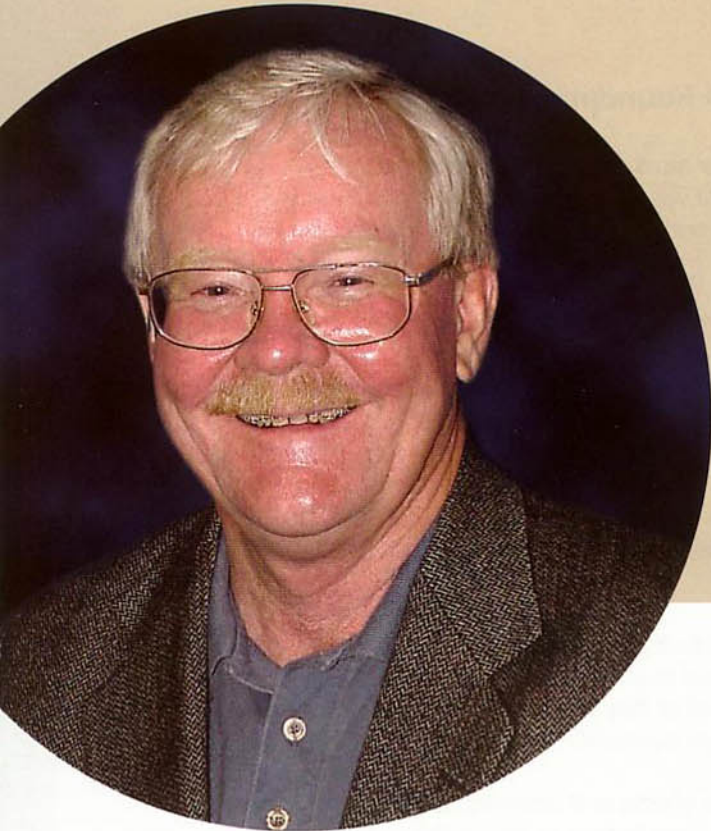


Don Wing
Chair



Georgie Hari
Executive Director

HAAKON DAGSVIK

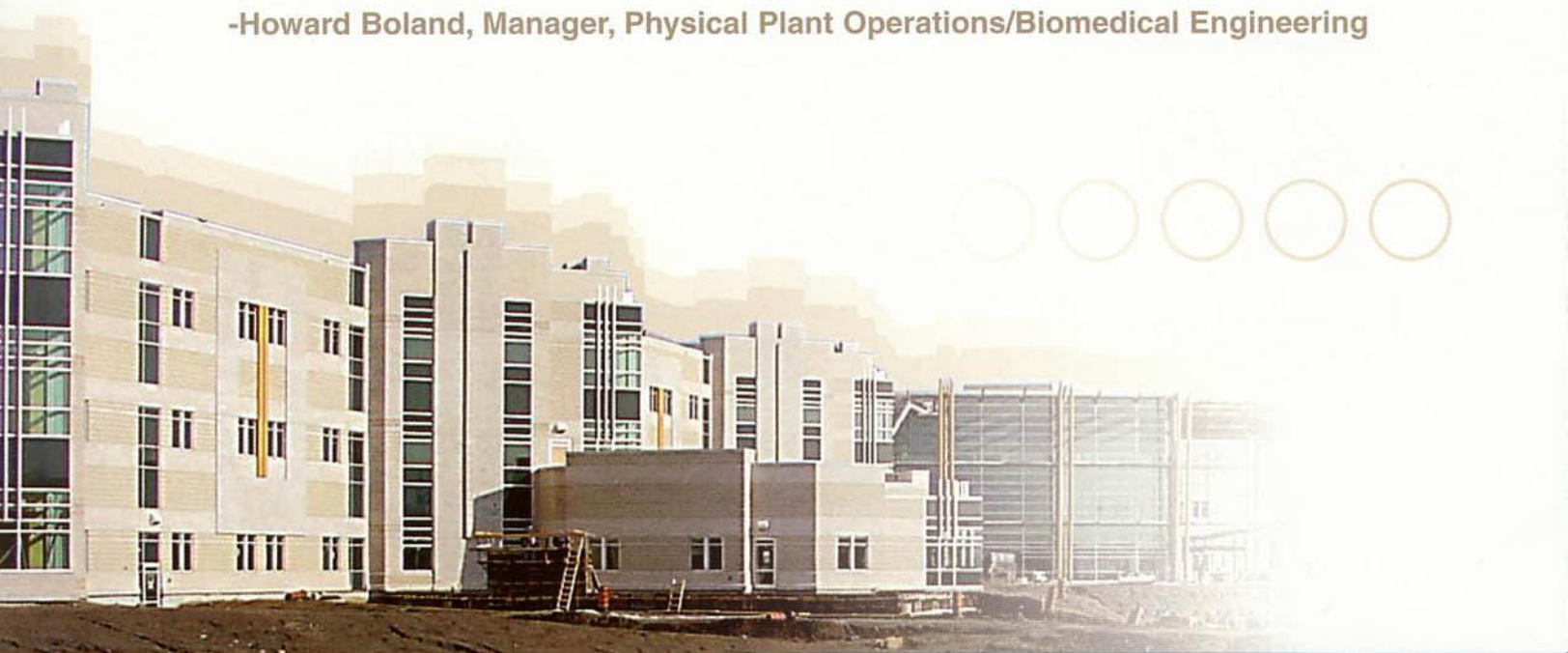


“Once again, it has proven very rewarding for myself to be part of this very important investment in the community.”



“My biggest challenge was and continues to be to provide an acceptable level of Biomedical Engineering, building systems and equipment maintenance and repair as well as security services at our two existing facilities while endeavouring to help facilitate our new construction process and finally to aid in the eventual disposition of our existing sites – all concurrently.”

-Howard Boland, Manager, Physical Plant Operations/Biomedical Engineering



Report from the Project Coordinator

This past year was an extremely busy one for all the individuals involved with the new hospital project. It takes a tremendous effort by all members of the project team to work together and bring such a project from a concept to design to drawings to the actual physical building. The "proof of the pudding", as they say, "is in the eating", and to walk the building in its present state as compared to a year ago is genuine proof of such a statement. There are now a number of departmental areas nearing what is known as substantial completion and this is very evident with the installation of finishes and subsequent starting up and testing of the various mechanical and electrical systems that actually breathe life into a building.

All of the inpatient units with the exception of Maternal Child/Newborn are well advanced along with other areas such as ICU, Labs, Surgical Day Care, Emergency, Recovery, etc. It is quite rewarding to see the reaction on the faces of the staff and other visitors who come to the site when they see these near finished areas. The difference between the existing facilities and the new facilities is simply not describable in terms of space, lighting, ambiance, function, etc., and it is fair to say that staff members are eagerly looking towards the day when they will actually be working at the new hospital site.

Most of the contracts have now been awarded and every effort is being made by the team to tender and award the balance of the work, which is mainly with signage and siteworks. As previously reported, the local content for all trade contracts at the site is a very high percentage, particularly with the labour portion and the skills and the abilities of the local tradespeople employed at the site by the various trade contractors is very evident throughout the facility and this speaks well for local labour. The expectations are very high as far as finished product is concerned for this new building and this has proven not to be an issue simply due to the efforts and skills of the local tradespeople.

Overall substantial completion for the new building is still being targeted for this fall, and this will then allow for the hospital to start taking over the new building and fitting out all departments to make them fully functional. This includes hospital equipment installation, telephones, computers and an endless list of other hospital items that are essential to be installed and tested out prior to admitting the first patient. This process also gives hospital staff ample opportunity to learn how to use the new building prior to that first patient.

Public tours, which proved to be very popular over the last year were temporarily put on hold due to safety concerns, however, these tours will be started again this fall so that the taxpayers of the community will be able to see for themselves this very important investment in the future of not only Thunder Bay but also Northwestern Ontario.

Once again, it has proven very rewarding for myself to be part of this very important investment in the community.

Respectfully submitted,



Haakon Dagsvik
Project Coordinator



Stephen Wright (Chair)



Ron Nelson (1st Vice Chair)



Ingrid Parkes (2nd Vice Chair)



Ron Saddington



Dr. Blair Schoales



Dr. Crystal Cannon



Robert Altree



Angéle Brunelle



Melissa Zook



Helen Cromarty



Joseph Virdiramo



Anne Perlin



Dr. Lynn Pratt



Keith Jobbitt



Kyle Johansen



Bill Mauro



Tere McDonald



Harold Wilson



Wayne Tocheri (Past Chair)



Kal Pristanski

SENIOR ADMINISTRATIVE GROUP

Ron Saddington – President & CEO
Dr. Blair Schoales – Chief of Staff
Scott Potts – Senior Vice President, Corporate Services & Operations
Lori Marshall – Senior Vice President, Patient Care Services
Rhonda Crocker – Vice President, Patient Care Services & Chief Nursing Officer
Sally Hamilton – Director – Quality Management
Don Edwards – Director – Communications
Haakon Dagsvik – Project Coordinator

DIRECTORS, DEPARTMENT MANAGERS & COORDINATORS

Gwen Lombardo – Director – Emergency/Trauma Services
Nancy Persichino – Director – Maternal/Child Services
Joanne St. Germain – Director – Surgical Services
Derek Gascoigne – Director – Environmental Services
Dan Beaudry – Director – Information Systems
Don Halpert – Director – Human Resources
Marion Barton – Director – Nutrition & Food Services
Bev Junnila – Technical Director – Clinical Laboratories
Roy Lucas – Technical Director – Diagnostic Imaging
Michele Lepage – Manager – Cardio/Respiratory Services
Arlene Thomson – Manager – Cardiac Cath Lab, Cardiac Care Network, 5W Overflow – Port Arthur site
Howard Boland – Manager – Physical Plant/Biomedical Engineering
Hazel McLean – Manager – Utilization Management & Social Work
Sandra Homeniuk – Manager – Mental Health Services
Carolyn Freitag – Manager – Critical Care Services
Tara Tyson – Manager – Base Hospital
Julia Salomon – Manager – Renal Services
Gwen Third – Manager – Cardiology/General Medicine
Dot Allen – Manager – Surgical Services – Port Arthur site – Neurosurgery – McKellar site
Jeff Chan – Manager – Pharmacy
Susan Colosimo – Manager – Rehabilitation Therapy
Lynda Bobinski – Manager – Operating Room
Linda Dier – Manager – Occupational Health & Safety
Michael Rowland – Manager – Staff Development
Elizabeth Straiton – Manager – Volunteer Services
Eila MacLean – Manager – Finance
Heidi Greenwell – Manager – Admitting and Health Records
Randy Mehagan – Manager – Housekeeping
Susan Shaw – Manager – Laundry/Linen
Anne Ross – Manager – Medical Services
Glen Ritchie – Manager – Materials Distribution
Donna Choma – Manager – Supply, Processing & Distribution
Cindy Hayden – Manager – Acute Oncology/Medicine – Port Arthur Site
Hilary McIver – Manager – Surgical Services – McKellar site
Lora Wyman – Manager – Human Resources
Patricia Lee – Coordinator of Medical Affairs
Karin McIntosh – Coordinator – Clinical Pathways
Mary Jane Kurrn – Coordinator – Clinical Systems
Pat Piaskowski – Coordinator – Infection Control
Kathy Scott – Coordinator – Staffing Office
Lynne Gray-Sihvonen – Professional Practice Leader – Port Arthur site

COORDINATORS AND SUPERVISORS

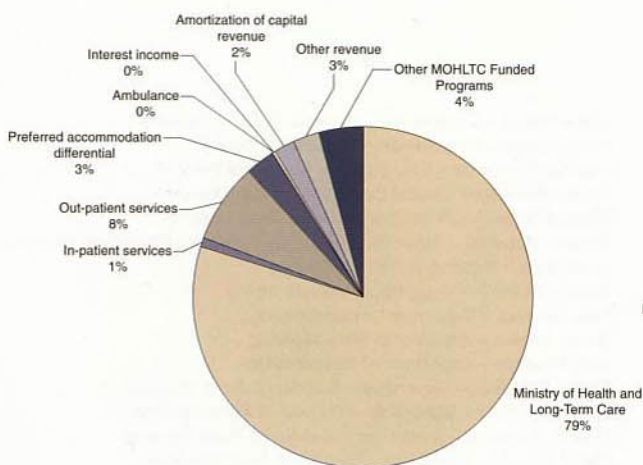
Lidvald Haugen-Strand – Coordinator – Spiritual & Religious Care
Maureen Vescio – Coordinator – Maternal Newborn & Labour & Delivery
Karen Douglas – Coordinator – NICU & Paediatrics
Daniela Sota – Coordinator – ACT Team
Mary Ann Unger – Coordinator – ACT Team
Roberta Wood – Administrative Coordinator
Gillian Hearn – Administrative Coordinator
Darcy Price – Coordinator – 2 South
Caterina Kmill – Coordinator – Cardiac Education/Rehabilitation
Lee Ann Rogerson – Coordinator – Laboratory
Frances Belsito – Coordinator – Laboratory
Scharlotte Baerg – Coordinator – Laboratory
Steve Exley – Coordinator – Nuclear Medicine
Pauline Bodnar – Coordinator – Community Mental Health Program
Andrea deLaforest – Coordinator – Critical
Bonnie Zabirka – Coordinator – Emergency Trauma Services
Margaret Capon – Coordinator – Admitting/Health Records
Margaret Zuefle – Coordinator – Admitting/Health Records
Diane Hiscox – Coordinator – Regional Stroke Program
Mary Wrigley – Coordinator – Transplant Program
Heather Hurcombe – Coordinator – Transplant Program
Donald Benedict – Clinical Coordinator – Base Hospital
Richard Wilson – Clinical Coordinator – Base Hospital
Richard Meservia – Supervisor – Physical Plant and Biomedical Engineering
Linda Beck – Supervisor – Housekeeping
George Howarth – Supervisor – Housekeeping
Nick Cavezza – Supervisor – Housekeeping
Sandy Brooks – Supervisor – Housekeeping
Judy Maunula – Supervisor – Housekeeping
Donna Campbell – Supervisor – Nutrition & Food Services
Wendy Paddock – Supervisor – Nutrition & Food Services
Debbie Robinson – Supervisor – Nutrition & Food Services
Cathy Sawicki – Supervisor – Nutrition & Food Services
Sandra Boyes – Supervisor – Nutrition & Food Services
Wendy Wilson – Supervisor – Nutrition & Food Services
Rita Marchesin – Supervisor – Library

BALANCE SHEET

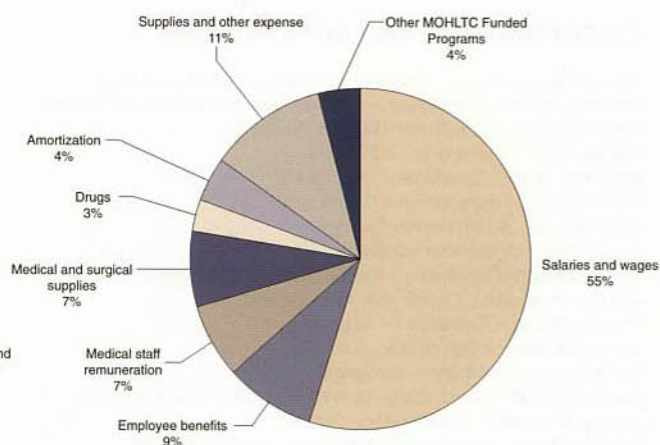
As at March 31

(in thousands of dollars)	2003	2002
ASSETS		
Current		
Cash	5,203	4,446
Short-term investments	7,438	24,903
Accounts receivable	10,701	4,747
Inventory of supplies	1,146	1,132
Prepaid expenses	440	339
Total current assets	24,928	35,567
Assets designated for New Hospital Project		
Cash	-	-
Investments	-	-
Accounts receivable	-	-
Total assets designated for New Hospital Project	-	-
Capital assets, net	210,224	127,864
Total assets	235,152	163,431
LIABILITIES AND FUND BALANCES		
Current		
Bank indebtedness	8,000	-
Accounts payable and accrued liabilities	31,729	34,982
Deferred revenue	283	192
Total current liabilities	40,012	35,174
Deferred capital contributions	174,140	104,657
Employee future benefits	1,098	955
Fund balances	19,902	22,645
Total liabilities and fund balances	235,152	163,431

REVENUE

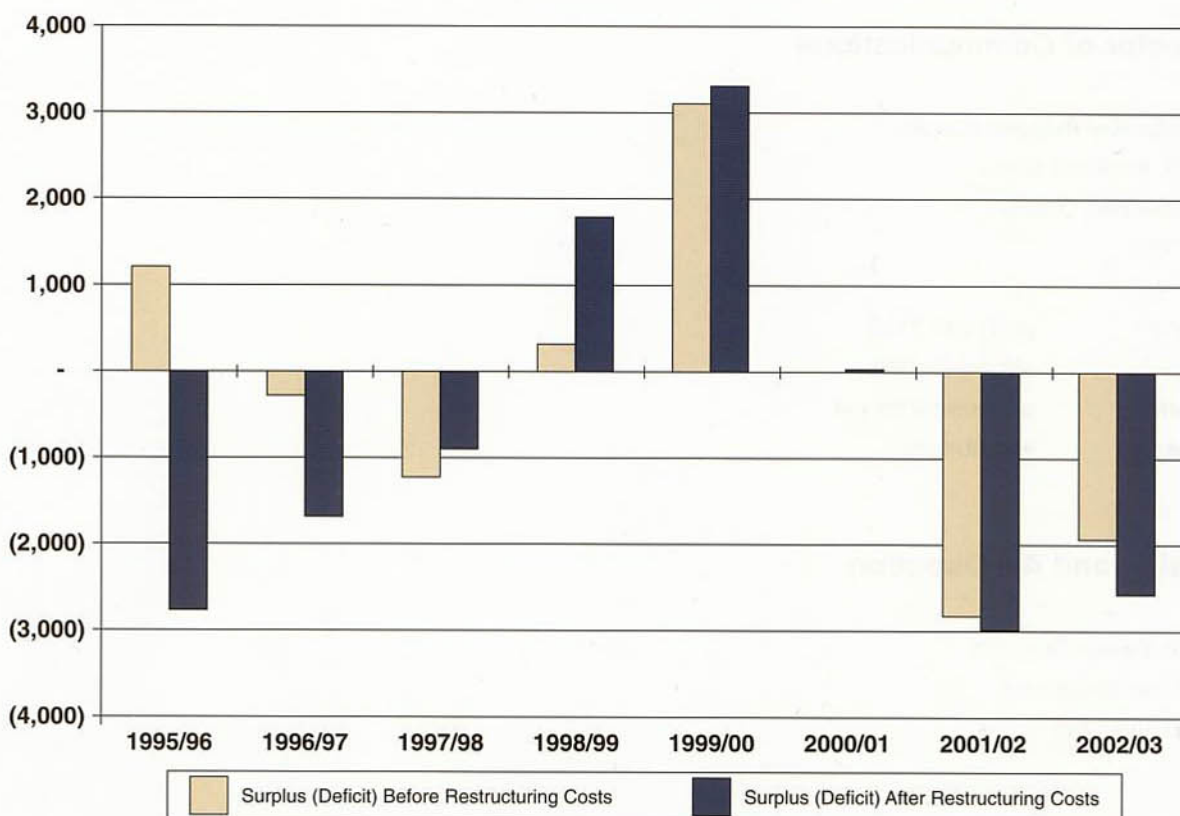


EXPENSES



STATEMENT OF OPERATIONS

	Year ended March 31	
(in thousands of dollars)	2003	2002
REVENUE		
Ministry of Health and Long-Term Care	115,694	106,082
Other sources		
In-patient services	1,449	869
Out-patient services	11,182	9,229
Preferred accommodation differential	4,136	4,278
Ambulance	153	146
Interest income	388	771
Amortization of deferred capital contributions	2,676	2,647
Other revenue	3,783	4,020
Other Ministry of Health and Long-Term Care funded programs	5,893	5,544
	145,354	133,587
EXPENSES		
Salaries and wages	80,604	76,888
Employee benefits	12,611	10,228
Medical staff remuneration	10,368	8,881
Medical and surgical supplies	10,534	9,750
Drugs	4,853	4,340
Bad debts	29	37
Amortization		
Equipment, furnishings and computer system	5,426	5,192
Buildings and building service equipment	736	731
Supplies and other expense	16,503	15,158
Other Ministry of Health and Long-Term Care funded programs	5,810	5,211
	147,474	136,416
Excess (shortfall) of revenue over expenses for the year before the following	(2,120)	(2,829)
Net restructuring costs	(623)	(153)
Excess of revenue over expenses for year	(2,743)	(2,982)



Public Sector Salary Disclosure Act

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

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

Name	Position	Salary Paid	Taxable Benefits
Ron Saddington	President & CEO	\$207,940.79	\$9,910.16
N.G. Escott	Assoc. Pathologist	\$163,097.34	\$864.77
Joseph Wasielewski	Chief Pathologist	\$163,097.33	\$864.77
Scott Potts	Sr. VP Corporate Services and Operations	\$149,278.78	\$3,188.22
Lori Marshall	Sr. VP Patient Care	\$127,729.50	\$3,155.66
Laurie Benoit	Registered Nurse	\$111,280.81	
Haakon Dagsvik	Project Co-ordinator	\$107,424.01	\$4,276.81
Laurie Bilodeau	Registered Nurse	\$108,920.28	\$403.64
Rhonda Crocker	VP Clinical Serv.	\$107,019.72	\$2,872.74
Susan Wright	Registered Nurse	\$103,688.75	\$403.64

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

Thunder Bay Regional Hospital welcomes responses to the report

Director of Communications

Thunder Bay Regional Hospital
325 S. Archibald Street
Thunder Bay, Ontario
P7E 1G6

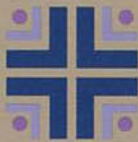
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AWCL Design Concepts
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1-800-465-7230



Challenges



THUNDER BAY
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