



ANNUAL REPORT 2003/2004

## A History of the General Hospitals in Thunder Bay

The history of acute healthcare in the region and the eventual development of what is now the Thunder Bay Regional Health Sciences Centre (TBRHSC) is a tribute to the residents of our community and region. Each step of the way, residents shaped their own destiny forging and leveraging available resources.

Local charity played a role in the development of all three of Port Arthur and Fort William's general hospitals. Although in the beginning they were fee-for-service arrangements as everywhere else, they were most definitely built by the people for the people. The northern spirit that brought people to the region in the first place remained strong in its desire for affordable and available healthcare for all.

The first hospital in the area, not surprisingly, was built at the Fort William Trading Post, owned at the time by the Northwest Company. Built somewhere between 1811 and 1816, it was a small, one-story building 55 by 20 feet. The hospital consisted of a sick ward and a surgery ward, where doctors performed amputations, bloodletting, and trepanning operations. This hospital was short-lived since the Fort was abandoned in 1821.



The second was an ad hoc military hospital built after Colonel Garnet Wolseley landed at the foot of what is now Red River Road on May 25, 1870 (it was Wolseley who renamed the area Prince Arthur's Landing). The Silver Islet Mine Hospital opened shortly after in 1872 and on February 2, 1884 the Five Sisters of St. Joseph's opened. It was renamed St. Joseph's General Hospital later that year.

During this time in the town of Fort William there were no hospitals. Private practice doctors moved into the area starting in 1869, and a loose organization called the Fort William Relief Society took on most of the responsibility of general healthcare, especially during times of epidemics. In 1901, the newly-formed Victorian Order of Nurses came to Fort William to open the College Hospital at 420 George Street.

Photograph of Nurses in the McKellar Hospital Operating Room 1918 (Above)

Back Row (L to R): Miss Catherine McFee, Miss Nina Betts, Miss Eva Hubman, Miss Leo Lounsbury [Head Nurse OR], Miss May McDonald

Front Seated: Superintendent of Nursing, Miss Isabel Johnson

Photograph of Nurses in the McKellar Hospital Operating Room 1918 (Left)

Back Row: Miss May McDonald, Miss Leo Lounsbury [Head Nurse OR], Miss Isabel Johnson [Director of Nursing], Miss Eva Hubman, Miss Catherine McFee

Front: Miss Nina Betts

Continued . . .



### Port Arthur General (Left)

The Railway, Marine and General Hospital opened its doors on May 24, 1909. Bordered by Dawson and Algoma streets and the McVicar Creek, the hospital charged patients 70 cents per day (lower than average in Ontario at the time) and \$3.50 for "operations". In 1918, the name officially changed to the General Hospital of Port Arthur, and in 1930 it moved into a new building at its present location. The new 4-story institution housed 100 beds and 14 bassinets, and had an adjacent staff residence that became part of the hospital in 1939.

From 1945 to 1963, the Port Arthur General Hospital saw numerous expansions to its core building, wings, and residences. The largest project was completed in 1959 with the construction of a four-floor addition to the northwest patient wing. The project also included a new cafeteria, kitchen, and laundry, as well as new natural gas boilers.

Port Arthur General brought cancer care to the region in 1946 by hosting the Cancer Diagnostic Clinic. The province initially set it up as a referral centre that would send cancer patients to Toronto for treatment, but the community fought to have its own cancer care here. In 1954, the Thunder Bay Clinic of the Ontario Cancer Treatment and Research Foundation opened with a new Cobalt-60 radiation therapy unit, donated by Senator N. M. Paterson. A new two-story Cancer Centre opened adjacent to the hospital in December 1977, and in 1985 the centre acquired its first linear accelerator, the front line of radiation equipment used today.



### McKellar General (Left)

Unfortunately, the building was too small and often patients had to stay at the homes of the nurses who worked there, sparking the need for a new and bigger hospital. Peter and Donald McKellar donated the land in memory of their brother John McKellar, Fort William's first Mayor, and on October 7, 1902 their sister, Mary McKellar laid the cornerstone. The John McKellar Memorial Hospital opened on June 25, 1903 with a capacity of 35 beds. The total cost was \$16,000 of which \$3,500 was raised from the community.

It wasn't long before McKellar, too, was "over capacity". Shortly after the hospital was built, the town tripled in size from 5,000 people to 15,000. And during 1906 a typhoid epidemic hit the region, forcing the construction of a 40-bed temporary annex attachment. A new permanent South Wing was added in 1909 and the name was changed to simply McKellar General Hospital. By 1910, McKellar had 20 physicians on staff, and in 1922 the hospital met all requirements to be recognized as a 'Grade-A' hospital, a recognition that made the town's residents proud.

The last vestiges of the original hospital disappeared when the North Wing was torn down in February 1980.

Continued . . .



### Thunder Bay Regional Hospital

The mid-1990's and provincial hospital restructuring brought some of the most profound changes to hospital care in Thunder Bay. On April 1, 1995 the McKellar and Port Arthur General hospitals merged to become the Thunder Bay Regional Hospital, providing acute care for the city and Northwestern Ontario. Although the province originally planned to merge all services into one of the two locations and close the other, the community decided to build a new and updated hospital facility. On February 22, 2004 the new Thunder Bay Regional Health Sciences Centre opened, combining the services of the old McKellar General Hospital, Port Arthur General Hospital, and the newly integrated Cancer Care services.

It's been almost 200 years since hospital services first came to the region, and in that time, there have been many changes. With the new TBRHSC, Thunder Bay opens a new chapter in acute healthcare. If history is any indication, the residents of our region will continue to shape and change the delivery of service in the years to come.

*A New Beginning . . .*

Entrance to Labour and Delivery of the TBRHSC

## **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.
- Lifelong learning.
- An environment that encourages innovative thinking.
- The wise and effective use of resources.

On February 22nd, 2004 the new Thunder Bay Regional Health Sciences Centre welcomed its first patient.

One hundred years of healthcare tradition changed at that welcoming ceremony. It demonstrated the rationalization of acute care on one site in Thunder Bay. It marked a new beginning for the citizens of Northwestern Ontario. It focused attention on a state-of-the-art facility that would reach out to a whole region to provide care.

Telehealth strategies, for example, are already allowing patients and families to stay in their community and receive treatment. Using interactive cameras, screens and diagnostic equipment, paediatricians, psychiatrists, radiologists and surgeons are assessing and treating children by consulting with physicians and healthcare providers hundreds of kilometres away from Thunder Bay.

Thunder Bay Regional Health Sciences Centre is equipped with state-of-the-art technology. Operating rooms have the latest equipment, including articulating arms which extend from the ceiling so that surgeons and supporting teams can move about a patient more freely. The articulating arms have the necessary medical gases, suction, fluid, electrical and related equipment suspended for immediate access. The OR environment is pristine and sterile provided by a state-of-the-art air-handling system which filters the air numerous times every hour. It is all part of the infection control strategies for the facility.

Numerous "negative pressure" rooms are found in patient care areas to isolate people with contagious disease. As well,

the Intensive Care Unit has 22 rooms each supplied with articulating arms that enable the Intensivist specialists and supporting staff to work with patients more easily.

Furthermore, the new TBRHSC is now using a Picture Archival Communications System to record and send diagnostic imaging files. No longer are X-ray images filmed and processed. Images are now digitally recorded. Images can be sent anywhere internally or externally in high resolution for immediate use. The Trauma Unit, as part of the Emergency Department, uses this technology to ensure the quick delivery of data to physicians and care providers.

All patient rooms have an external view and many of these rooms have a lounge area by the window for the comfort of visitors.

The Thunder Bay Regional Health Sciences Centre has one of the busiest Emergency Departments in Canada. This is, in part, due to the shortage of family physicians in the community. When thirty to forty thousand "orphan" patients need care their only option is to come to TBRHSC. The task is formidable. The record enviable. Acute healthcare is a huge undertaking with incessant demands on everyone.

The Board of Governors of Thunder Bay Regional Health Sciences Centre is proud of the healthcare mandate that clearly supports physicians and staff stating that "patient care is our primary focus".

# Stephen K. Wright

Stephen K. Wright



"Congratulations to everyone who over a 20 year span played a role in bringing this undertaking to fruition. Truly, one of the greatest achievements ever realized in the region."

— Stephen K. Wright - Chair of the Board

## REPORT FROM THE CHAIR OF THE BOARD

*"Nothing happens unless first a dream" - Carl Sandburg*

The dream is now a reality. What an achievement!

The arrival of Mrs. Sparks on Sunday, February 22, 2004 at our new Thunder Bay Regional Health Sciences Centre, commenced a new era for healthcare services in Northwestern Ontario.

Congratulations to everyone who over a 20 year span played a role in bringing this undertaking to fruition. Truly, one of the greatest achievements ever realized in the region. All of which could not have been realized without the dedication and commitment of all the staff, volunteers and community partners.

From occupancy planning, to the opening of this 686,000 square foot facility, the transition of staff, patients and equipment was handled with professionalism and dignity thanks to the efforts of the senior management and planning teams, and the Superior North Medical Services.

To the Thunder Bay Regional Health Sciences Foundation and Cancer Care Foundation and the Volunteer Associations, thank you for your tireless commitment and dedication to raising funds that help support research, education and equipment that enable staff to provide quality patient care and services to those most in need.

To my colleagues on the Board of Governors, thank you for your support and

your selfless contribution of time. Your assurance to public accountability and governance is greatly appreciated.

As we look to the future, the completion of the Thunder Bay Regional Health Sciences Centre and the highly anticipated opening of the Northern Ontario Medical School in 2005 will compliment and support our efforts to provide quality care and services to the people of Northwestern Ontario.

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

Respectfully submitted,



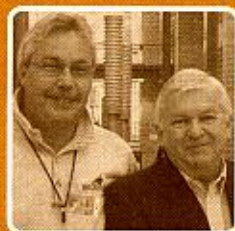
Stephen K. Wright  
Chair, Board of Governors

*"There is no passion to be found in playing small - in settling for a life that is less than what you are capable of living." - Nelson Mandela*



# Ron Saddington

Ron Saddington



"While we can all be very proud of the accomplishments, our new journey has just begun as we prepare for our new role as a teaching hospital in support of the Thunder Bay campus of the Northern Ontario Medical School."

— Ron Saddington - President & CEO

## REPORT FROM THE PRESIDENT & CEO

We began and finished the past year with events that have dramatically altered the way we operate as a hospital.

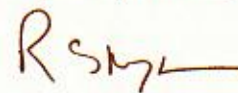
On March 26, 2003, SARS (Severe Acute Respiratory Syndrome) was declared a provincial emergency. While we did not directly care for anyone with this disease, the precautions required to prevent its spread dramatically altered the way we provided healthcare services. Restrictions were applied to all visitors and employees. All people including staff were screened before entry into the Hospital. Personal identification, the wearing of protective masks and the implementation of heightened infection control precautions became the norm in our daily activities. For a period of time, Volunteers were excluded from the Hospital and their absence was immediately noticed by patients, their families and hospital staff. Through the dedication of our staff and the medical staff, lead by our Infection Control specialists, Dr. Greg Gamble and Pat Piaskowski, we were able to persevere until the emergency was lifted in June. SARS has changed the way hospital services are delivered throughout Ontario escalating the importance of infection control precautions. For the first time in memory, the majority of victims taken by SARS were front-line Healthcare workers. This threat has caused shock waves and a major re-evaluation of the way public health and emergency measures are organized.

On February 22 and 23, 2004, patients were moved from the Port Arthur and McKellar sites into the new Health Sciences Centre marking the end of a

century of healthcare at the two old sites and the beginning of a new era in our new state-of-the-art facility. Along with the completion of the building project and the introduction of the latest in technologies and infection control design, we have also been developing our role as a major regional hub for telehealth and teleradiology applications. Images can now be taken in communities throughout the region, sent electronically to a radiologist at either the hospital or to their home, read and reported back to the sending facility, thus dramatically improving patient access to healthcare services. All images are kept in a common data bank and will be included in an electronic medical record, which will begin development in region hospitals in the coming year.

While we can all be very proud of the accomplishments, our new journey has just begun as we prepare for our new role as a teaching hospital in support of the Thunder Bay campus of the Northern Ontario Medical School.

Respectfully submitted,



Ron Saddington  
President & CEO

# Dr. Blair Schoales

*Dr. Blair Schoales*



"... we have come a long way, yet many challenges and opportunities remain. I would like to thank all members of the Medical Staff for their outstanding contributions to patient care this past year."

— Dr. B. Schoales - Chief of Staff

## REPORT FROM THE CHIEF OF STAFF

It has been an eventful year! The move to the Thunder Bay Regional Health Sciences Centre from the Port Arthur General site and McKellar site on February 22nd and 23rd, 2004 respectively was a memorable event to witness and an unqualified success!

This was only made possible by the hard work and planning of the Medical Staff, Hospital Staff, Administration, Ambulance personnel, and Volunteers.

Concurrent with the move, the McKellar Long-Term Care facility was opened to help alleviate the backlog of long-term care patients waiting at Thunder Bay Regional Health Sciences Centre and St. Joseph's Care Group. As well, the Intensivist Program in the Intensive Care Unit was launched that same day.

We still face challenges with a significant number of ALC patients (other than long-term care), bed shortages and cancellation of elective surgery, decreasing number of Family Practitioners on active staff, inpatients in the Emergency Department, and our frequent inability to accept transfers from the region.

To this end, the Ministry of Health is actively engaged in seeking solutions. This is definitely a system problem and requires appropriate system solutions. A study under the auspices of the District Health Council is well under way.

In addition to this, Tom Closson has been appointed by the Minister of Health, George Smitherman, to work with Thunder Bay Regional Health Sciences Centre and the Ministry of Health to help resolve these issues. Mr. Smitherman is clearly aware of Thunder Bay Regional Health Sciences Centre

and its role as a sole tertiary care hospital that services a large geographic region. He has indicated that he wants to ensure that Thunder Bay Regional Health Sciences Centre has the appropriate resources to fulfill its role.

With all of our resources on one site, we have the opportunity to review and improve our operations.

The Northern Ontario Medical School is proceeding with the accreditation process. There has been a study to review the direct impact of the Medical School on the teaching hospitals. There has also been discussion about the capital and operating requirements necessary to accommodate additional physicians both to address our under-served status and the teaching requirements of the Medical School and existing and future post-graduate programs.

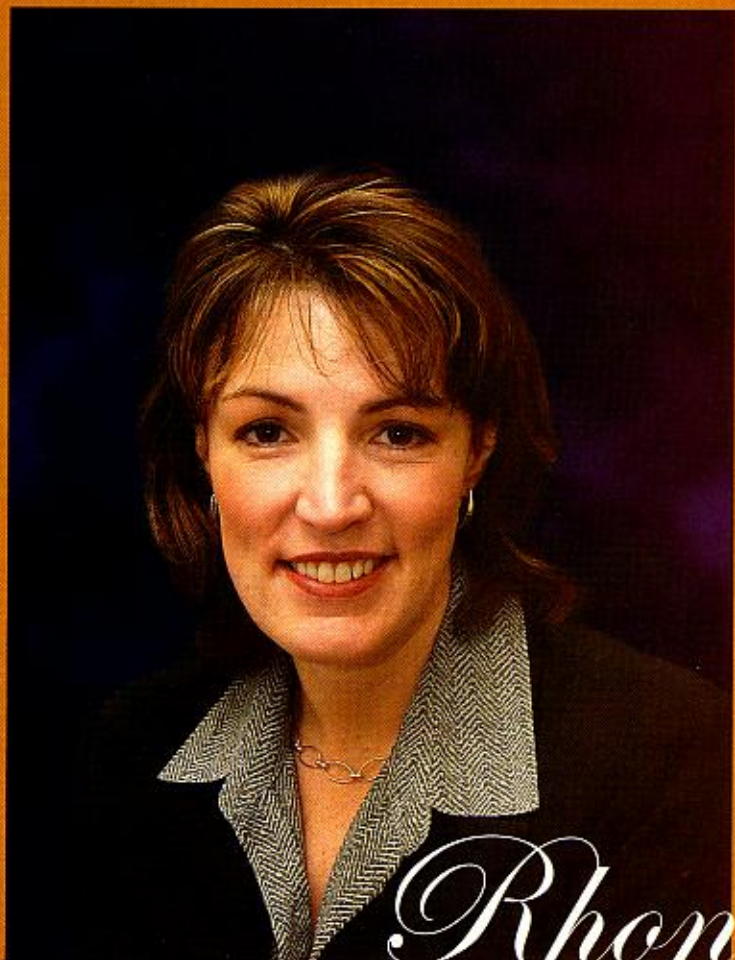
In short, we have come a long way, yet many challenges and opportunities remain. I would like to thank all members of the Medical Staff for their outstanding contributions to patient care this past year.

Respectfully submitted,



Dr. B. Schoales  
Chief of Staff

*Lori Marshall*  
*Lori Marshall*



*Rhonda Crocker*  
*Rhonda Crocker*

## REPORT FROM PATIENT CARE SERVICES

The greatest accomplishment of all patient care providers over the past year was the successful move to the new Health Sciences Centre. The patient move from the Port Arthur and McKellar sites to the new Thunder Bay Regional Health Sciences Centre took place on Sunday, February 22 and Monday, February 23, 2004 respectively. Almost three hundred patients were transferred from the two sites via one of ten ambulances supplied by Superior North Emergency Medical Services (EMS) or by one of three wheelchair accessible vans. Both patient moves proceeded without incident and within the anticipated time frames. We congratulate everyone who was involved in this endeavour.

This patient move was the culmination of a great deal of planning and preparation by all staff of the organization. Over the past few years, hundreds of staff and physicians were involved in the design and outfitting of the various patient care areas. Leading up to the move, staff and volunteers tested our assumptions through two "mock" patient moves. Staff were also required to attend extensive orientation sessions to both the facility in general and their specific departments. The Move Team consisted of thirty-six Registered Nurses, Registered Practical Nurses and Registered Respiratory Care Practitioners, forty-eight transporters from all departments, ambulance crews and many volunteers.

Every employee in this hospital contributed to the success of the patient move; their commitment, enthusiasm and teamwork ensured the safe and efficient transfer of all patients. In particular, we wish to acknowledge the leadership of Roberta Wood, Patient Move Coordinator, who facilitated this process.

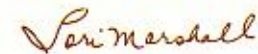
As we moved into our new hospital in February 2004, we were successful in working with the Ministry of Health and Steeves and Rozema Nursing Homes Ltd. to open 60 temporary long-term care beds at the McKellar Site. Prior to the move, Thunder Bay Regional Hospital reached a peak of 74 patients awaiting alternate levels of care in acute care. On the day of our move we relocated 25 of our patients waiting for long-term care to their temporary

residence at 4 South McKellar Long-Term Care. Following our move, the fourth floor of McKellar underwent significant renovations to update the facility for the interim residents awaiting permanent long-term care accommodations. Following the move, the number of patients waiting for alternate levels of care was reduced to 35 patients.

In mid March 2004, Thunder Bay Regional Health Sciences Centre welcomed the addition of \$800,200 of a total of a \$50M investment to support the government's commitment to increase the number of full time nursing positions and to enhance the working environment for nurses. A Nursing Activity Funding Plan was developed to direct the funding allocation and monitor ongoing nursing indicators to assess the overall improvement and sustainability of the nursing investments.

We have continued to move nursing practice forward at Thunder Bay Regional Health Sciences Centre through ongoing nursing role development, in support of an enhanced nursing scope of practice and total patient care nursing in a collaborative practice model. In moving ahead, we wish to congratulate all of our Nurses for their commitment to professional growth and development in support of this new nursing role. In the end, we believe this new collaborative practice model will improve patient satisfaction and outcomes, improve efficiency of patient care, bring nurses closer to patients, and improve morale. Working together as a team of nursing professionals, we can together determine how nursing and patient care delivery will look in our hospital's future.

Respectfully submitted,



Lori Marshall  
Senior Vice President,  
Patient Care Services



Rhonda Crocker  
Vice President,  
Patient Care Services &  
Chief Nursing Officer

# Michael G. Power

Michael G. Power



EXPLORE, DREAM, DISCOVER.

*"Twenty years from now you will be more disappointed by the things you didn't do than by the ones you did do. So throw off the bowlines. Sail away from the safe harbour. Catch the trade winds in your sails. Explore. Dream. Discover. Celebrate."*

— mark twain

## REPORT FROM THE VICE PRESIDENT, REGIONAL CANCER SERVICES

The Regional Cancer Care Program at the Thunder Bay Regional Health Sciences Centre has spent most of this past year exploring, dreaming, and discovering. We also have much to celebrate: the official opening of our new and enlarged ambulatory cancer centre, the timely introduction of leading edge radiation therapy technology, a successful integration process, and the many achievements of individuals and teams in all areas of cancer control spectrum.

What is most gratifying is that by delivering innovations and improvements in both our business processes (through integration) and in the way we deliver care, our continuous renewal moves us ever closer to a better future for Northwestern Ontario residents living with cancer.

During this year, the Regional Cancer Care Program was integrated with the Thunder Bay Regional Health Sciences Centre. Through integration, we have and continue to create stronger links between all components of care in order to improve coordination and access to cancer services at the local and regional levels. The goal is to create a seamless system of cancer care — from diagnosis to surgery to chemotherapy to radiation therapy to supportive care. Improved coordination of care means a smoother journey for patients as they move through different segments of their inpatient and outpatient care. The linking of services will also provide a way to monitor the quality of care and identify opportunities for improvement. Cancer Care Ontario, as a valuable partner, will continue to be responsible for monitoring cancer services and targeting areas for quality improvement, in consultation with its cancer services partners.

Our newly opened 70,000 square foot world-class research, treatment and supportive care facility will better position us to continue to provide excellence in care in what promises to be a challenging future. In 2004, more than 60,000 Ontarians and 2,000 area residents will be diagnosed with this dreaded disease. Coping with increasing numbers of patients and families living with cancer will, of course, mean more than offering state-of-the-art facilities. Over the past year we have focused on connecting even more closely with our employees and our patients in order to better understand how we can make improvements in the care we offer.

We seek to build and strengthen our resources for the future by offering training and development programs for our staff and for others who come to learn from the Regional Cancer Care Program in Northwestern Ontario.

We believe the key to a better future will be found through research.

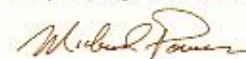
Currently, about ten percent of the Regional Cancer Care Program budget is dedicated to unlocking the many mysteries of the diseases we collectively call cancer. Our goal is to offer every patient the opportunity to participate in a research study of some kind.

This year we were proud to offer new treatment options that are more convenient and comfortable for our patients. High dose rate brachytherapy (HDR) was established, for the first time in our history, at the Munro Street Centre. We have also become the first Health Sciences Centre in the province to offer diagnostic services to our cancer patients in a cancer care setting. Through the introduction of this 2nd CT scanner, we have significantly reduced the waits for diagnostic services and improved the decision-making ability on the part of our oncologists.

The Regional Cancer Care Program at the Thunder Bay Regional Health Sciences Centre remains committed to the delivery of cancer services to all Northwestern Ontario residents, regardless of where they live. Our reach beyond Thunder Bay continues to extend and improve through our Community Oncology Programs, the Systemic and Supportive Care networks, and the implementation of TeleOncology, which enhances our ability to connect with 13 area communities via the North Network. Further, our refreshed website, family physician newsletter, and public awareness campaigns, like the Prostate "Take it Like a Man" campaign, directed at the early detection of prostate cancer, all speak to our regional focus.

We remain sincerely grateful for the generous and insightful support both Cancer Care Ontario and the Northern Cancer Research Foundation who share and sustain our vision to be a centre of excellence for our patients, families, staff, and volunteers. We know this vision will only be accomplished by continuously renewing ourselves in order to offer the latest and the best treatment options, and by delivering our care in a compassionate and respectful manner. Our patients and families deserve no less.

Respectfully submitted,



Michael G. Power  
Vice President, Regional Cancer Services



# Scott Potts

Scott Potts



"The Corporation has invested over \$30 million over the past two years in new hospital equipment. This ultimately translates into improved service and patient care."

— Scott Potts - Senior Vice President, Corporate Services and Operations

## REPORT FROM SENIOR VICE PRESIDENT, CORPORATE SERVICES AND OPERATIONS

During the year, a major milestone was achieved with the move to the new site. The Corporate Services division played a key role in this move ensuring systems and support services were in place prior to the physical move. I would like to commend the Corporate Operations and Services Team on their dedication and professionalism in supporting the provision of quality patient care.

TBRHSC ended the 2003/04 fiscal year in a deficit position. This marks the third year in a row the Corporation has incurred a deficit and highlights the challenges facing the organization with respect to increasing costs without appropriate levels of offsetting funding. TBRHSC has recently submitted its 2004/05 operating budget to the Ministry of Health and Long-Term Care. The budget identifies a plan to maintain services and restore the financial health of the organization.

The activities of planning for the move to the new site were intense. There are many benefits that have been achieved as a result of the move. Significant savings through the consolidation of food services and the installation of the new power plant have been achieved. Aging equipment has been replaced with state-of-the-art technologies positioning TBRHSC positively compared to other facilities. The Corporation has invested over \$30 million over the past two years in new hospital equipment. This ultimately translates into improved service and patient care.

Thunder Bay Regional Health Sciences Centre and Cancer Care Ontario entered into an agreement to integrate the Regional Cancer Program with TBRHSC. The goal of integration is to improve access and delivery of services and streamline the operations. Corporate services were integrated effective January 1, 2004 impacting the following areas:

- Education and Library Services
- Financial Services
- Health Records
- Housekeeping

- Human Resources
- Information Technology
- Purchasing

This accomplishment was impressive given the change occurred over a very short time frame during which significant activities related to the upcoming move were also being managed and very few issues resulted from the integration process. Congratulations to all involved.

TBRHSC is faced with some outstanding challenges and future opportunities. The decommissioning process for the vacated sites continues to be a challenge and TBRHSC is working with the Ministry and the private sector to reach an optimal solution for all parties. The affiliation with the Northern Ontario Medical School will introduce new requirements for resources as the facility enhances its role as a teaching centre. This will create an opportunity to discuss the impacts with government to ensure appropriate funding recognition is achieved. This will also present opportunities to improve recruitment of physicians and other health professionals and expand research activities. Ultimately, this will benefit the community and the region.

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.

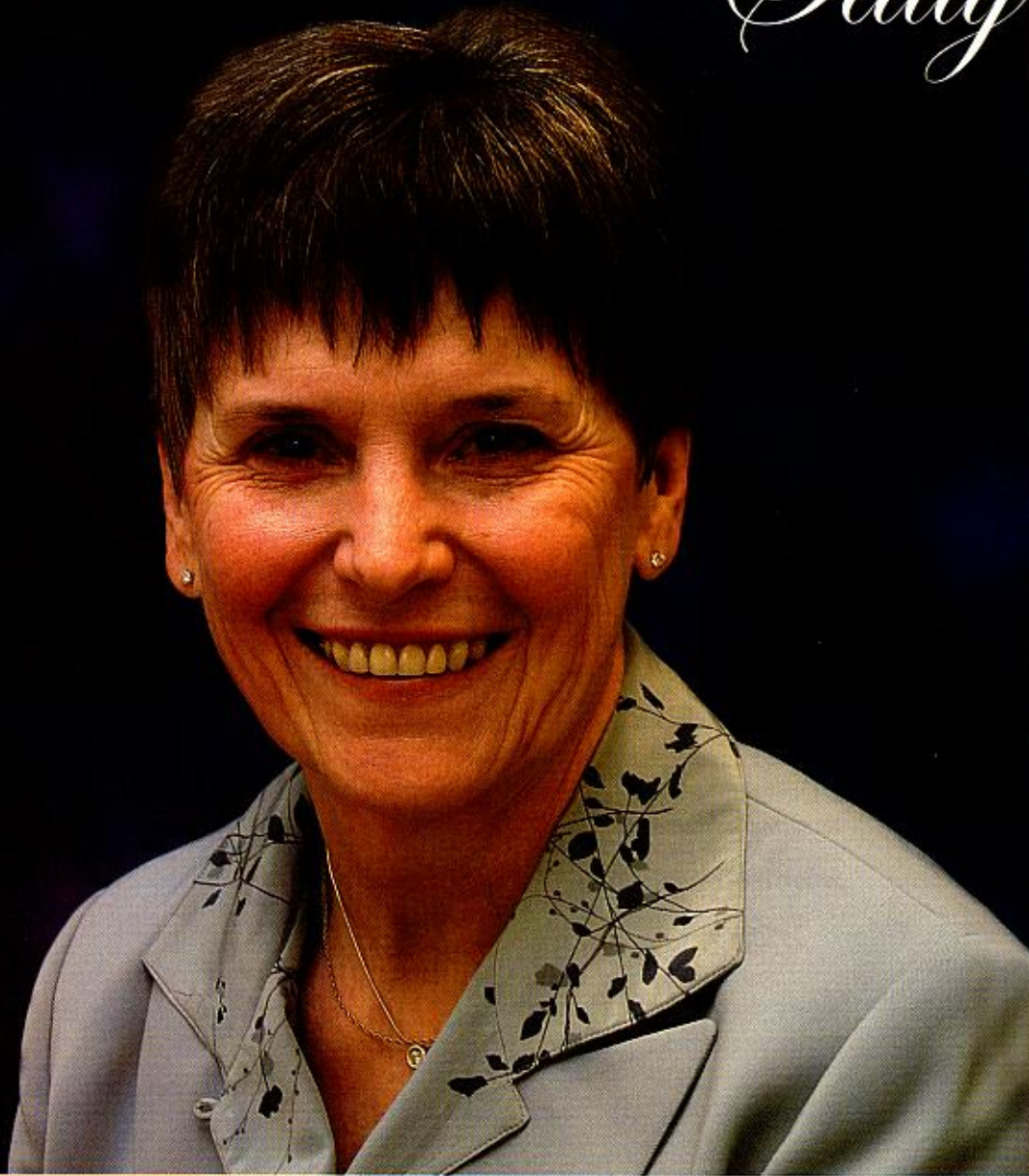
Respectfully submitted,



Scott Potts  
Senior Vice President, Corporate Services and Operations

# Sally Hamilton

*Sally Hamilton*



"I would like to acknowledge all the teams and staff members of Thunder Bay Regional Health Science Centre. They are truly committed to providing quality patient care."

– Sally Hamilton - Director Quality Management

## REPORT FROM THE DIRECTOR OF QUALITY MANAGEMENT

The past year has provided many excellent opportunities for staff members to apply the principles of quality planning and improvement while preparing to move patients and equipment from the two former hospital sites to the new Health Sciences Centre. Multi-disciplinary teams were responsible for occupancy planning, including the development of safe, effective, efficient methods of delivering patient care. Our staff proved they were up to the challenge and they are to be commended for their performance.

In February, the Hospital Report 2003 allowed us to compare our performance provincially across four quadrants: Patient Satisfaction, Financial Performance, System Integration and Change and Clinical Utilization and Outcomes. While all of the indicators provide direction for making improvements, the quarterly patient satisfaction reports identify areas of excellence and opportunities for improvement that are of particular importance to patients. At the suggestion of our patients, we focused on improving interactions with clients and families. As a result, we improved our courtesy scores. Our next challenge is to increase the opportunity for patients to discuss their anxieties, fears and concerns.

Our third annual Performance Report was designed to provide information on hospital performance to the community. The 2003 report offered data on physician and staff recruitment and retention, co-ordination of care, infection control strategies, resource management and staff recognition. This year, the report will look at these areas before and after the move.

For the fifth straight year, the Walk the Talk Awards and Medical Staff Awards of Excellence provided an opportunity to acknowledge deserving individuals and teams who demonstrate the true meaning of excellence.

Many of this year's nominations described extraordinary contributions to the move to the new hospital. Every nomination for the Walk the Talk Awards and Medical Staff Awards of Excellence provides an inspiring description of a dedicated healthcare professional. Congratulations to all nominees. The 2004 Leadership Award recipient is Anne Ross. Honoured with Individual Awards are Bruce Barber, Tony Caputo, Joanne Malcolm, Cindy Oda, Kathy Scott and Roberta Wood. The New Site General Orientation Team received the Team Award while the Department Award goes to Information Technology. Leah Kreewin, Volunteer Services, Lois Tobin, Northern Cancer Research Foundation, and Susan Smith, Thunder Bay Regional Health Sciences Foundation were selected as Volunteer Award recipients. Courtesy Award recipients are Barb Olafson, Patti Lee and Mary Perrier. The Medical Staff Awards of Excellence were presented to Dr. C. Lai, Dr C. Mitchell and Dr. A. Tsianou. On the recommendation of the President and CEO, Haakon Daksvik was awarded the President's Individual Award of Excellence, while Dr. Blair Schoales, Scott Potts, Lori Marshall, Rhonda Crocker, Michael Power, Don Edwards, Haakon Dagsvik and Sally Hamilton were presented with the President's Team Award of Excellence.

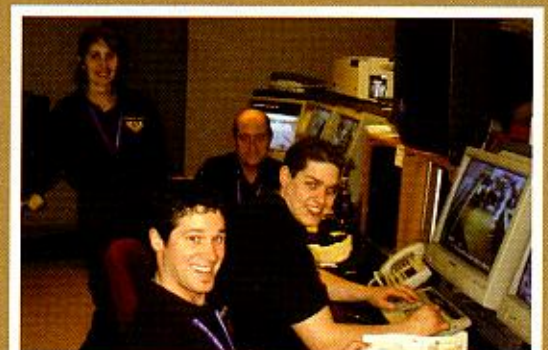
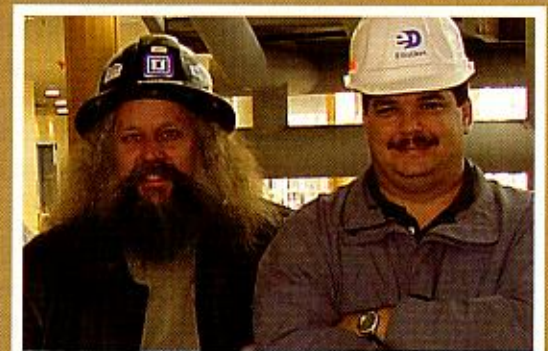
I would like to acknowledge all the teams and staff members of Thunder Bay Regional Health Sciences Centre. They are truly committed to providing quality patient care.

Respectfully submitted,

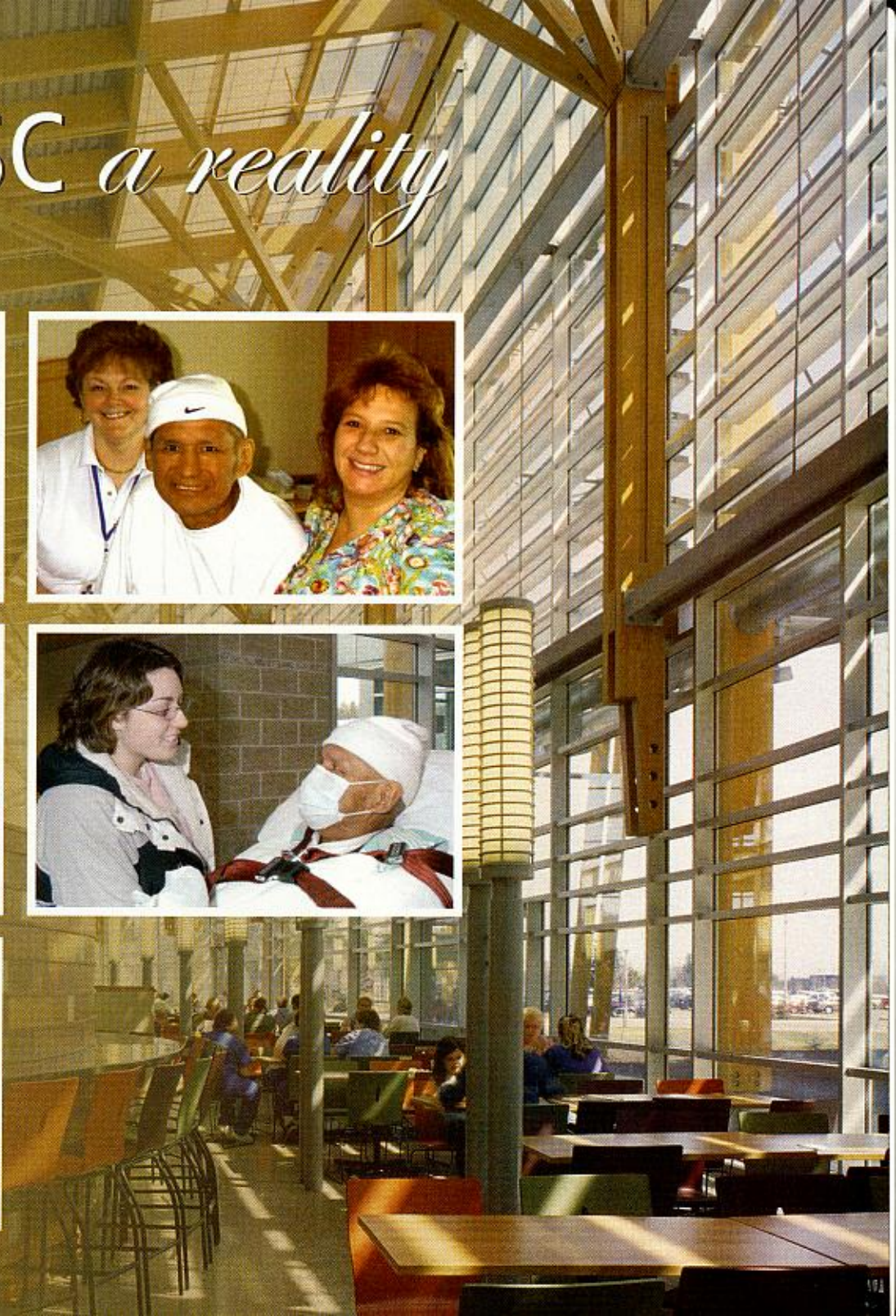
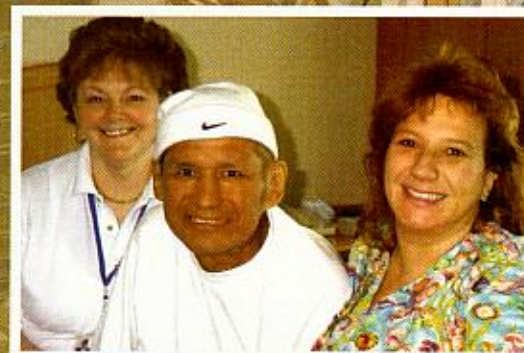
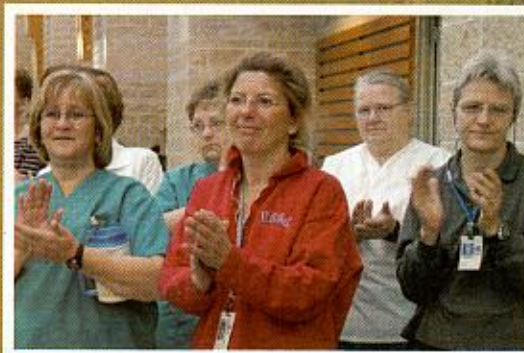


Sally Hamilton  
Director Quality Management

# *Special thanks to everyone who*

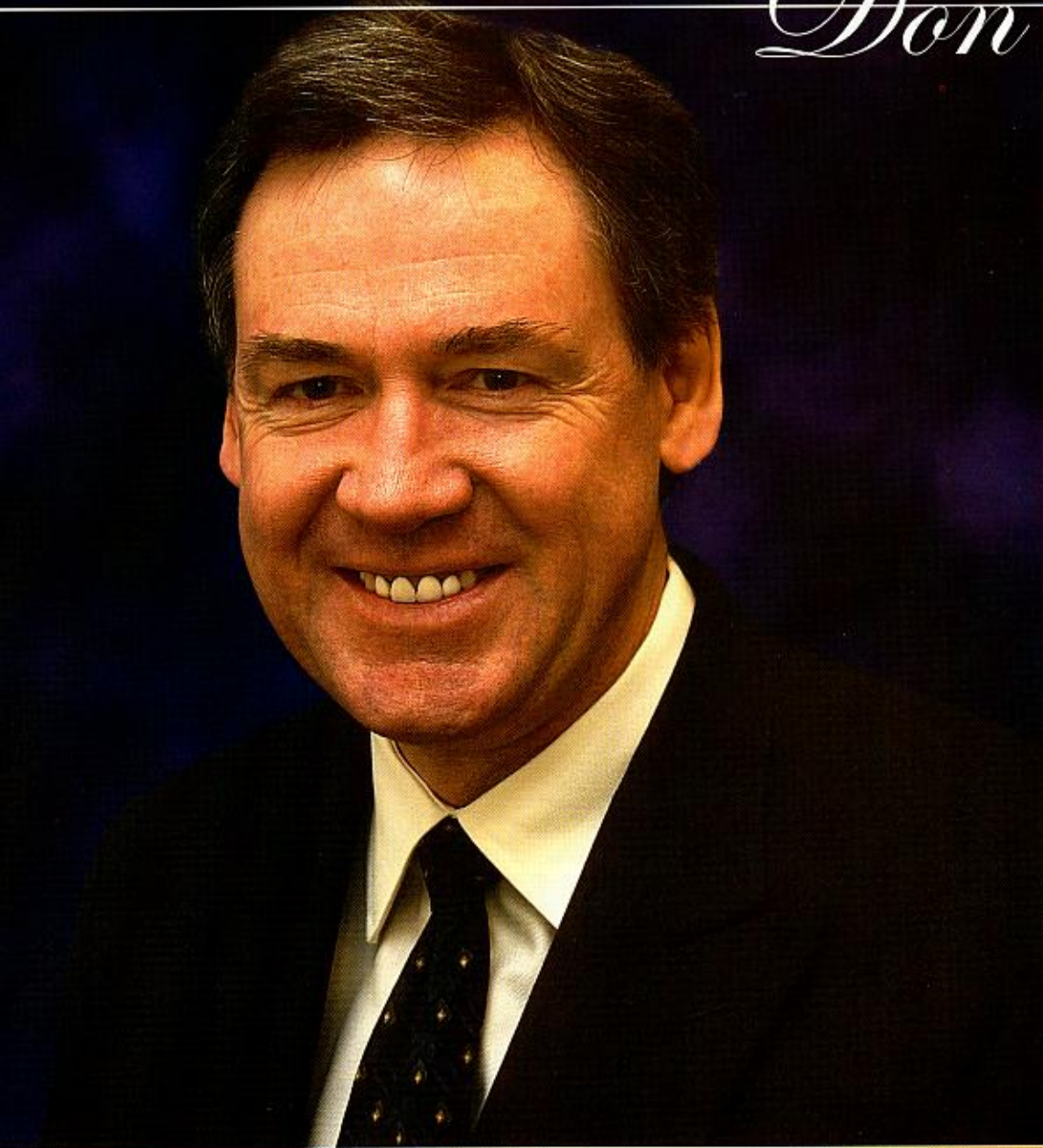


*helped make* TBRHSC *a reality*



# Don Edwards

*Don Edwards*



"Day by day, talented people enabled the move. Lines of communication enhanced a well-developed plan to deliver staff and patients to their new environment."

— Don Edwards - Director of Communications

## REPORT FROM THE DIRECTOR OF COMMUNICATIONS

What a year!

We are indebted to a lot of people: visionaries, who saw the need for significant change; leaders, who embraced a new Regional Health Sciences Centre to ensure that "patient care is our primary focus"; people, who sacrificially committed themselves to the project through generous donations and through civic support. We know that successful partnerships made it possible to move from the two former sites to the new state-of-the-art TBRHSC.

Moving from two sites to one: to achieve the amount of human and material change was impressive. Day by day, talented people enabled the move. Lines of communication enhanced a well-developed plan to deliver staff and patients to their new environment. We applaud management and staff for the seamless journey. A lot of time was devoted to meetings, communiqués, tours, email, and voice-mail to name a few – all the while managing an overwhelming demand for the care of patients. Something extraordinary has been accomplished.

Branding the new facility in the new location with a new address and new expectations brought a lot of change such as a new name: Thunder Bay Regional Health Sciences Centre. A new logo led to new signs, new letterhead, envelopes, and medical forms. During this time, Telehealth rose in prominence as a strategy to bring healthcare workers together with

patients even though they are separated at times by hundreds of miles. As well, the development of an electronic medical record for patients permitted immediate order entry so that physicians and healthcare workers could implement care strategies in a timely fashion. Furthermore, the completion of the Picture Archival Communications System (PACS) eliminates the need for diagnostic film to be developed because images are stored digitally permitting immediate file transfer to wherever that may be. Thanks, as well, to the information technology, iNtranet, and Internet teams as they kept staff and stakeholders informed.

Visit the new website at [www.tbrhsc.net](http://www.tbrhsc.net) for a comprehensive review of the latest information about our new Health Sciences Centre.

Respectfully submitted,



Don Edwards  
Director of Communications



# Haakon Dagsvik

Haakon Dagsvik



"The difference between the new site compared to the old sites is indescribable and time will prove this was the right decision for the community."

— Haakon Dagsvik - Project Coordinator

## REPORT FROM THE PROJECT COORDINATOR

This past year saw what started as a dream some two decades ago become a reality on Sunday, February 22, 2004 with the admission of the first in-patient into the new Thunder Bay Regional Health Sciences Centre. This has to be remembered as one of the most important dates in the history of not only Thunder Bay but also Northwestern Ontario because that meant the end of one era for healthcare services and the beginning of another.

The site activities that took place over this last year to achieve the milestone were not without a lot of just plain old hard work on the part of the many players that were involved to make this date become a reality. All of this effort is proven every day when you see how people react when they enter the building for the first time. The difference between the new site compared to the old sites is indescribable and time will prove this was the right decision for the community.

From a personal perspective, of all the projects I have been involved with over the years, this has to be the most rewarding one simply because this new building was so badly needed. When I first reported for work at the McKellar site on September 9, 1999, where my office was located, I couldn't believe

that acute care services were being provided out of such a tired old facility and the same goes for the Port Arthur site. So we pushed and shoved and did our best to get the new building off the ground, constructed, commissioned and up and running to give the staff, patients and the general public a facility that truly represents what quality healthcare is all about.

As time goes by, I know that people will agree with me that despite all the challenges we faced, it was worth it. What a marvelous facility!

Respectfully submitted,



Haakon Dagsvik  
Project Coordinator

# Michael E. Rowland

*Michael E. Rowland*



"I would like to take this opportunity to thank the managers, staff and physicians for their efforts in making the move successful. Without their support and assistance, my job as Occupancy Planning Coordinator would have been impossible."

– Michael E. Rowland - Occupancy Planning Coordinator

#### **REPORT FROM THE OCCUPANCY PLANNING COORDINATOR**

On February 22nd and 23rd of 2004, after almost two years of occupancy planning, the patients of the Port Arthur and McKellar sites were successfully moved to the new Thunder Bay Regional Health Sciences Centre. All services were operational by February 26th, having started their Departmental Moves on February 4th.

I would like to take this opportunity to thank the managers, staff and physicians for their efforts in making the move successful. Without their support and assistance, my job as Occupancy Planning Coordinator would have been impossible.

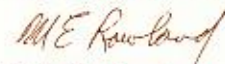
The chairs of our Occupancy Planning Committees were also responsible for the excellent outcome of our planning process: Ron Saddington, Steering Committee; Lori Marshall/Rhonda Crocker, Patient Care; Scott Potts, Support Services; Don Halpert, Orientation; Dan Beaudry, I.T/Telecom and Don Edwards, Communications. Thank you to each of you.

A special thank you goes to Roberta Wood for planning and implementing the Patient Move, to Nella Lawrence, your wise counsel and support during the planning and move were greatly appreciated and to Nadia Lamers for her valued assistance to the Occupancy Planning Committees and myself.

On June 30th, I join the ranks of the "retired". The General Hospital of Port Arthur, Thunder Bay Regional Hospital and Thunder Bay Regional Health Sciences Centre allowed me to have a career of which I am very proud.

I wish everyone a very successful future.

Respectfully submitted,



Michael E. Rowland  
Occupancy Planning Coordinator

*Anne Perlin*  
*Anne Perlin*



*Penelope Aiken*  
*Penelope Aiken*

### REPORT FROM THE VOLUNTEER ASSOCIATION

The Volunteer Association has had a very exciting year full of many challenges and changes, the most noteworthy being the move to the new hospital. To celebrate this event we came up with three fundraising ideas: a commemorative afghan, a cookbook called "Coming Together to Cook" which boasts 450 recipes and lastly, a plush teddy bear which proudly wears the new logo ribbon and comes in two sizes. Our new gift shop is nearing completion and the Gift Shop Committee, under the leadership of Judy Perrier, are working diligently to make "Seasons" a huge success.

Six delegates attended the H.A.A.O. November Convention, one delegate attended the Spring Seminar, and a large delegation attended the District Spring Conference in Kenora. We also presented bursaries to deserving students at Lakehead University and Confederation College and we supported the Northern Heart Retreat.

Our profits are down this year largely due to the effects of SARS and because of the move. However, our pledge will be met once our Gift Shop is up and running and we return to business as usual. We will also be looking for new fundraising ideas and we will continue to support our hospital.

Respectfully submitted,



Anne Perlin and Penelope Aiken, Co-Presidents,  
Volunteer Association

*Fere McDonald*  
*Fere McDonald*



*Georgie Hari*  
*Georgie Hari*

## THUNDER BAY REGIONAL HEALTH SCIENCES FOUNDATION REPORT

Moving into our new home at the Thunder Bay Regional Health Sciences Centre was definitely the highlight of this year and an important milestone in our history. Our new Centre reflects the generous and committed spirit of our community and region.

One of the most exciting moments of the past year was the unveiling of our donor wall, 'Caring Beyond Compare' that recognizes the true spirit of giving that exists in our area. It is and will continue to be a testimony to the greatness that can be achieved when volunteers, donors, healthcare professionals and administration work together to build healthcare services for our community and region. The 'Caring Beyond Compare' recognition system will continue to grow and reflect the ongoing support and commitment to our Centre and Foundation.

The Foundation will continue to raise funds in partnership with our community and region to help our Centre purchase equipment and technology to benefit the care of our patients. This year, we presented our Centre with funding of over \$2.4 million to purchase equipment that will greatly assist our professional healthcare team meet the needs of our patients.

Equipment like the Digital Mammography/ Stereotactic Biopsy Unit, Hemodialysis Machines, Cardiac Monitors and Central Monitoring System, Digital Radiographic Chest, portable Ultrasounds and Cardiac Defibrillators increase our efficiency which translates into more patients receiving service, obtaining quicker diagnoses and earlier treatments.

This coming year, our focus will be on cardiology services due to the increasing incidences of this illness; almost one in every two deaths that occur in our area and region are cardiac related. The Foundation feels it is important that we ensure our professional healthcare team has the equipment and technology resources needed to provide care to this ever-increasing number of patients.

To support this need, we have launched the 'We take your **Health to Heart**' cardiology campaign with our Cardiologist team associated with the Centre as Honorary Chairs. This dedicated group shares our concern regarding the vital importance of having updated equipment and technology available to assist our professional healthcare team in providing excellence in cardiac care.

We are exceedingly grateful for the giant hearts of our Donors and Volunteers who partner with the Centre and the Foundation to ensure quality care services for our patients.

Respectfully submitted,



Tere McDonald  
Chair



Georgie Hari  
Executive Director



# Glenn Craig

Glenn Craig



"Together the community has come together to build and support a world-class cancer treatment and research facility in Northwestern Ontario."

— Glenn Craig - President and CEO Northern Cancer Research Foundation

**NORTHERN CANCER RESEARCH FOUNDATION – 100% NORTHERN**

2003 was another incredible year for the Northern Cancer Research Foundation (NCRF). Thanks to the tremendous financial support of the people of Northwestern Ontario, the NCRF was able to grant \$893,485.75 to improve cancer services. 100% of the funds raised by the NCRF stay in Northwestern Ontario to improve cancer services in the region.

The vast majority of the funding went to support the research and cancer care specialists at the Northwestern Ontario Regional Cancer Centre. Specific projects supported included: the acquisition of two state-of-the-art Siemens Oncor Linear Accelerators (3rd pledge payment of \$250,000), two breast cancer research studies by Dr. Jonathan Yau et al (\$122,000), Dr. Helga Duivenvoorden research in the role of PSA in prostate cancer (\$51,442), a cell sorter for the research lab (\$179,000) and the BAT Ultrasound (\$114,500) used in radiation therapy treatment of prostate cancer.

Additional grants also flowed from the NCRF to fund the operations of the Thunder Bay and District Breast Cancer Support Group and the Prostate

Cancer Support Group. As well, the NCRF continued to financially support Camp Quality, a recreational/camping group for children with cancer.

All the NCRF's contributors can take great pride in the state of cancer care in Northwestern Ontario. Together the community has come together to build and support a world-class cancer treatment and research facility in Northwestern Ontario. The NCRF is committed to maintaining and supporting first class cancer services for all people in Northwestern Ontario.

Respectfully submitted,



Glenn Craig, President and CEO  
Northern Cancer Research Foundation

# Board of Governors

## Board of Governors

2003/2004



Stephen Wright  
Chair



Ron Nelson  
1st Vice Chair



Robert Altree  
2nd Vice Chair



Wayne Tocheri  
Past Chair



Ken Bittle



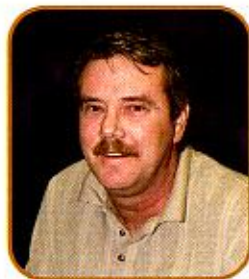
Angele Brunelle



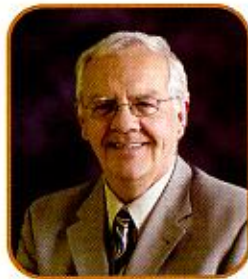
Dr. Crystal Cannon



Janet Gordon



Steve Henderson



Keith Jobbitt



Rebecca Johnson



Bob Main



Ingrid Parkes



Anne Perlin



Dr. Lynn Pratt



Ron Saddington



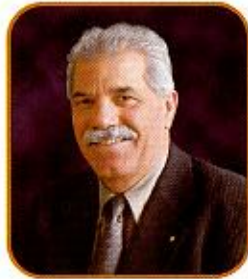
Dr. Blair Schoales



Blair Smith



Doug Smith



Joseph Virdiramo

## 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  
Michael Power – Vice President, Regional Cancer Services  
Sally Hamilton – Director – Quality Management  
Don Edwards – Director – Communications  
Haakon Dagsvik – Project Coordinator

## DIRECTORS, DEPARTMENT MANAGERS

Anne Ross – Director – Medical Services  
Sandra Homeniuk – Director – Mental Health Services  
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 Technology  
Don Halpert – Director – Human Resources  
Marion Barton – Director – Nutrition & Food Services  
Janet Northan – Director – Cancer Research & Innovation  
Heather Woodbeck – Director – Preventive Oncology  
Susan Pilatzke – Director – Clinical Services  
Dr. Scott Sellick – Director – Supportive Care 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  
Howard Boland – Manager – Physical Plant Operations/Biomedical Engineering  
Hazel McLean – Manager – Utilization Management & Social Work  
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 – Neuro/Trauma Services  
Susan Derk – Manager – Medical Services  
Debbie Luby – Manager – Emergency Services  
Jeff Chan – Manager – Pharmacy  
Susan Colosimo – Manager – Rehabilitation Therapy  
Lynda Bobinski – Manager – Operating Room  
Linda Dier – Manager – Occupational Health & Safety  
George Fieber – Manager – Staff Education  
Elizabeth Straiton – Manager – Volunteer Services and Switchboard  
Eila MacLean – Manager – Finance  
Heidi Greenwell – Manager – Admitting and Health Records  
Randy Mehagan – Manager – Housekeeping  
Susan Shaw – Manager – Laundry/Linen  
Glen Ritchie – Manager – Materials Distribution  
Donna Choma – Manager – Supply, Processing & Distribution  
Cindy Hayden – Manager – Acute Oncology/Medicine  
Hilary McIver – Manager – Surgical Services  
Lora Wyman – Manager – Human Resources  
Michael Del Nin – Manager – Decision Support & Cancer System Performance  
Joanne Lacourciere – Manager – Clinical Trials

Allison McMullen – Manager – Education and Telehealth  
Tarja Heiskanen – Manager – Radiation Therapy  
Nella Lawrence – Project Manager  
Dr. Peter McGhee – Head of Medical Physics  
Rucy Vergidis – Research Lab

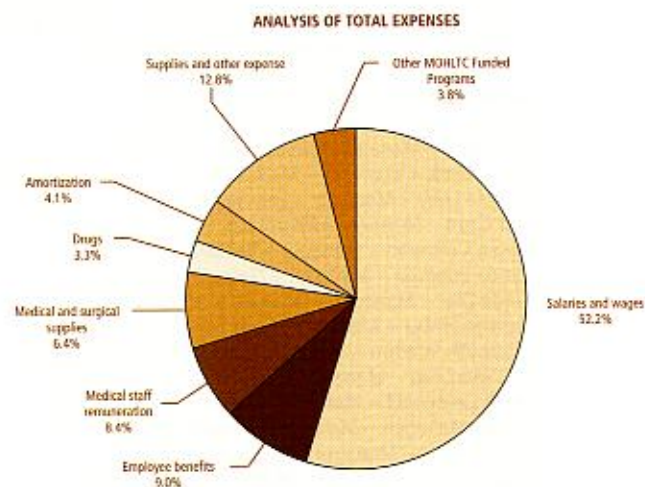
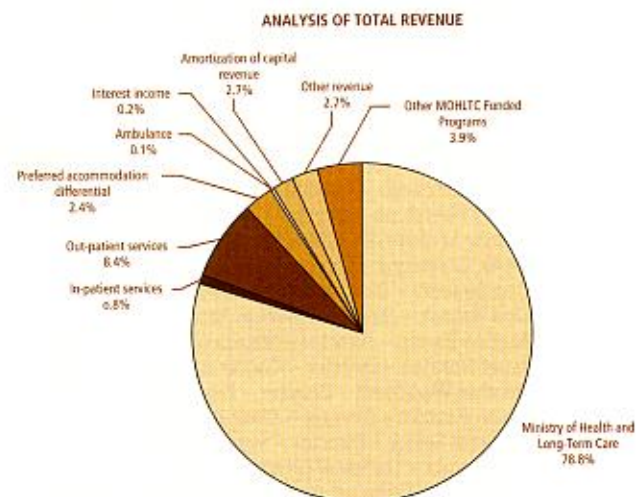
## COORDINATORS AND SUPERVISORS

Michael Rowland – Coordinator – Occupancy Planning  
Patricia Lee – Coordinator – Medical Affairs  
Karin McIntosh – Coordinator – Clinical Pathways  
Mary Jane Kurm – Coordinator – Clinical Systems  
Pat Piaskowski – Coordinator – Infection Control  
Kathy Scott – Coordinator – Staffing Office  
Ken Gallant – Coordinator – Security/Parking  
Roberta Wood – Administrative Coordinator/Patient Move Coordinator  
Lynne Gray-Sihvonen – Professional Practice Leader  
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  
Lynda Gehrels – Administrative Coordinator  
Darcy Price – Coordinator – Mental Health Inpatient  
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

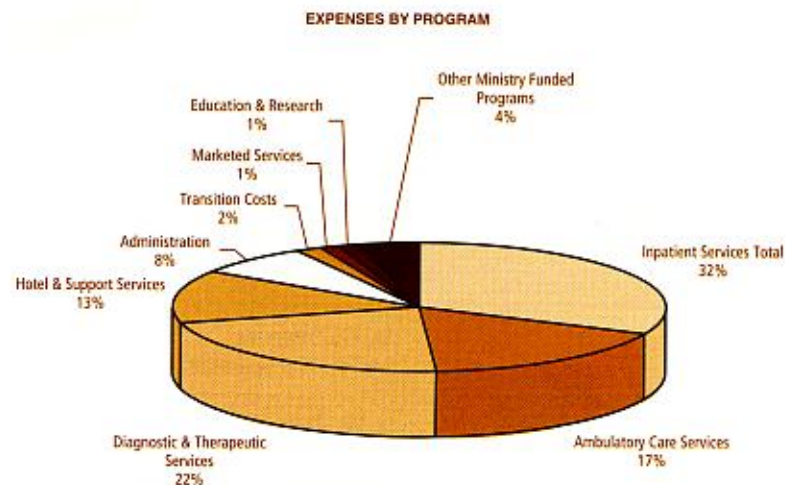
As at March 31

(in thousands of dollars)	2004	2003
<b>ASSETS</b>		
<b>Current</b>		
Cash	25	5,203
Short-term investments	9,609	7,438
Accounts receivable	65,584	10,701
Inventory of supplies	1,367	1,146
Prepaid expenses	450	440
<b>Total current assets</b>	<b>77,035</b>	<b>24,928</b>
<b>Capital assets, net of accumulated depreciation</b>	<b>282,405</b>	<b>210,224</b>
<b>Total assets</b>	<b>359,440</b>	<b>235,152</b>
<b>LIABILITIES AND FUND BALANCES</b>		
<b>Current</b>		
Bank indebtedness	16,152	8,000
Accounts payable and accrued liabilities	58,263	31,729
Deferred revenue	7,008	283
<b>Total current liabilities</b>	<b>81,423</b>	<b>40,012</b>
<b>Deferred capital contributions</b>	<b>264,626</b>	<b>174,140</b>
<b>Employee future benefits</b>	<b>1,209</b>	<b>1,098</b>
<b>Fund balances</b>		
Investment in capital assets	6,275	28,084
Used for operating purposes	5,907	(8,182)
<b>Total fund balances</b>	<b>12,182</b>	<b>19,902</b>
<b>Total liabilities and fund balances</b>	<b>359,440</b>	<b>235,152</b>



## STATEMENT OF OPERATIONS

	Year ended March 31	
(in thousands of dollars)	2004	2003
<b>REVENUE</b>		
Ontario Ministry of Health and Long-Term Care	137,510	116,146
Other sources		
In-patient services	1,570	1,449
Out-patient services	14,686	11,182
Preferred accommodation differential	4,014	4,136
Ambulance	146	153
Interest income	428	388
Amortization of deferred capital contributions	4,644	2,676
Other revenue	4,702	3,783
Other Ontario Ministry of Health and Long-Term Care funded programs	6,732	5,893
	<b>174,432</b>	<b>145,806</b>
<b>EXPENSES</b>		
Amortization		
Equipment, furnishings and computer system	5,289	5,426
Buildings and building service equipment	1,995	736
Bad debts	29	29
Drugs	5,758	4,853
Employee benefits	15,865	12,663
Medical and surgical supplies	11,319	10,534
Medical staff remuneration	14,936	10,615
Other Ministry of Health and Long-Term Care funded programs	6,708	5,810
Salaries and wages	92,324	80,820
Supplies and other expense	22,692	17,063
	<b>176,915</b>	<b>148,549</b>
<b>Shortfall of revenue over expenses before unusual item</b>	<b>(2,483)</b>	<b>(2,743)</b>
<b>Unusual Item - Writedown of vacated sites</b>	<b>(5,236)</b>	
<b>Shortfall of revenue over expenses for the year</b>	<b>(7,719)</b>	<b>(2,743)</b>



## 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 2003:

Name	Position	Salary Paid	Taxable Benefits
Joseph Wasielewski	Chief Pathologist	\$201,650.78	\$1,303.50
Ronald Saddington	President	\$192,611.25	\$10,216.02
N.G. Escott	Assoc. Pathologist	\$190,293.98	\$1,193.77
Scott Potts	Sr. VP, Corporate Services and Operations	\$141,322.60	\$3,332.46
Lori Marshall	Sr. VP, Patient Care	\$128,475.93	\$3,255.06
Rhonda Crocker	VP and Chief Nursing Officer	\$122,051.90	\$3,213.96
Haakon Dagsvik	Project Coordinator	\$110,633.96	\$4,337.64
Laurie Benoit	Registered Nurse	\$106,721.64	
Laurie Bilodeau	Registered Nurse	\$105,052.50	\$35.66

This report has been prepared under the Public Sector Salary Disclosure Act, 1996

Thunder Bay Regional Health Sciences Centre welcomes responses to the report

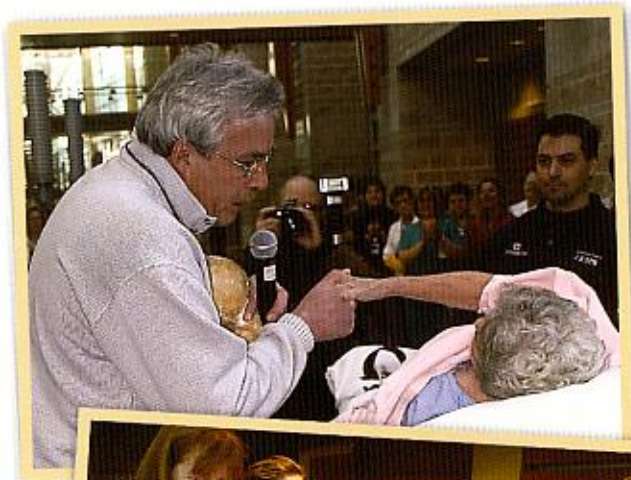
### Director of Communications

Thunder Bay Regional Health Sciences Centre  
980 Oliver Road  
Thunder Bay, Ontario  
P7B 6V4

Phone: (807) 684-6010  
Fax: (807) 684-5892  
E-mail: [edwardsd@tbh.net](mailto:edwardsd@tbh.net)  
Website: [www.tbrhsc.net](http://www.tbrhsc.net)

### Design and Art Direction

Donavan R. Robinson  
Phone: (807) 221-8757



# *Mrs. Doris Sparks* *Mrs. Doris Sparks*

First Patient of TBRHSC

April 2, 2004

Ron Saddington, President and CEO TBRHSC  
Thunder Bay Regional Health Sciences Centre  
980 Oliver Road  
Thunder Bay, ON  
P7B 6V4

Dear Mr. Saddington,

I would like to let you know that I was very honoured to be chosen as the first patient of TBRHSC. I received such wonderful care. The new site is phenomenal! It was well worth the wait for such a beautiful hospital.

Thank you so much for extending to me the opportunity to partake in this most important historical event. My family and I will treasure this memory for a very long time.

*Doris Sparks*

Mrs. Doris Sparks  
Thunder Bay,





THUNDER BAY  
Regional  
Health  
SCIENCES CENTRE