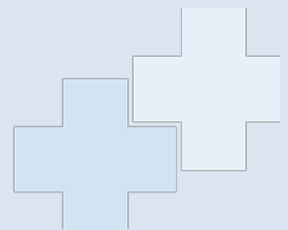


# Manitouwadge General Hospital

Annual Report



**2008-2009**

# Manitouwadge General Hospital

## Mission

We are in the business of caring for people and making their lives better. As a leader in the provision of health care services, we are relentless in our efforts to deliver quality closer to home, and to seek out new and innovative ways to meet the health care of the people we serve.

## Vision

Meeting the changing health care needs of our community with excellence.

## Values

Manitouwadge General Hospital is committed to

**P**atient Centered Care

**A**ccountability

**T**eamwork

**I**nnovation & collaboration

**E**xcellence

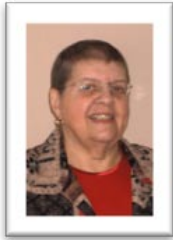
**N**urturing

**T**ruthfulness & trusting

**S**upportive & safety

## Chairman's Report

*Reta J. Kalincak*



2009 marks the 50<sup>th</sup> Anniversary of the opening of the Manitouwadge General Hospital. There have been many changes over the years but the quality of service to the residents of Manitouwadge only gets better. As healthcare changes, the technical staff and the equipment change, too. In those early days who would have thought that we would have the ability to talk to and see a specialist in Thunder Bay directly from our hospital!

This year we welcomed Phil Minty back to the Board after the required year off. The rest of the members stayed the same which is always good. Serving is a learning experience and it takes time to become familiar with rules and regulations. Dr. MacTavish continued as Chief of Staff and Dave Raymond continued as an Abecedarian.

The medical staff changed this year as we said good-bye to Dr. Jeremy Hall and welcomed Dr. Bill Crawford. Doctors Jim MacTavish and Karin Petersen continue to serve in a personal, caring way. We are fortunate to have these three doctors on staff.

In August a first for Manitouwadge and the Hospital happened. A Bocce Ball Tournament was held to raise funds for the Cancer Support Group and a patient struggling with Cancer. It was awesome to see the lawn between the lake and the hospital covered with people having fun in a carnival atmosphere. Thanks to the organizers of this event.

Later in the early fall Mr. Ab Doyle challenged the hospital folk to a Triathlon – swimming, biking and running. The weather was quite cool but there were several teams of 3, including one from Marathon who competed. Two of the teams were one person – Ab Doyle, of course, and a student doctor whose last name was Sutherland. The winner was Ab Doyle who won in good time. It was well organized and the funds raised were given to the local Children's Christmas Gift program. Thanks again to those who organized this event.

The Clinic renovations were completed and the changes are pleasing to all. More space has been created for the physicians, the charts are now closer to reception and the décor is much brighter with patient confidentiality much improved.

We continue our association with the Northwest Health Network and the Northwest Health Alliance Groups. Meetings with these groups are quarterly and often we attend by teleconference. We have a good working relationship with the Northwest LHIN who is our contact with the Ministry of Health.

We are also a member of the Ontario Hospital Association. Last November I was privileged to attend my first Convention in Toronto with Mr. Earl Knipple, Mr. Lees and Mr. Avin Ramnarine. The speakers were excellent

and included Mr. Jean Chretien and General Rick Hillier. In April I attended the Region 1 Conference in Thunder Bay with Mrs. Judi Harris, Mr. Avin Ramnarine and Mrs. Patricia Gray.

The Auxiliary is a busy group of people. They work hard to provide funds to buy equipment for the hospital. Funds are not available for capital purchases from the Ministry so we are fortunate to have their generous support. Thank you!

We have a wonderful Staff in the hospital. These people go over and above their call of duty to ensure quality patient centered care! Often they extend their hours to ensure the work is done. We appreciate all of them.

Due to unforeseen circumstances a change in C.E.O.'s took place. I thank the Board members for their support of the Management Committee. I am also grateful that Mrs. Judi Harris agreed to help us out in the interim.

***Healthcare for the people of  
Manitouwadge is our #1  
priority!***

## Members of the Hospital Board

Reta Kalincak, Chair

Earl Knipple, Vice-Chair

John MacEachern, Finance Chair

Judith Harris, Interim  
Secretary/Treasurer

Dr. Jim MacTavish, Chief of Staff

Donna Jaunzarins

Jim Killingbeck

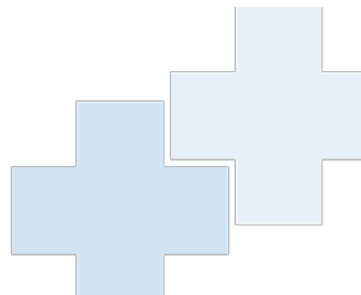
Robert Kirkpatrick

Philips Minty

Barbara Olson

Marla Piche

Dave Raymond, Abecedarian



## Interim Chief Executive Officer

*Judith C. Harris*

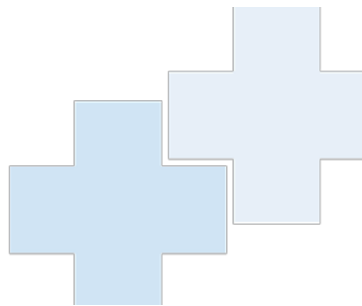


It is an honour and a privilege to be invited back to the Manitouwadge General Hospital to serve as the Interim Chief Executive Officer. The Board, Staff and Medical Staff held the ship afloat and continue to provide quality patient care in a nurturing and professional environment.

Every effort is being made to return the hospital to a surplus position. With support from everyone involved, this will be accomplished with no adverse impact on patient care; the staff and the community.

The hospital is to be commended for their efforts in preparing for Accreditation. A team approach ensures that everyone is well versed with the program and all are pleased to see how well we meet the national standards.

A new financial system has put added pressures on our Administrative Department. Your hard work will produce benefits in the long run and your contributions have not gone unnoticed.



The Board will be honouring staff on June 3<sup>rd</sup> at a Staff Appreciation Night. Service awards will be presented to the following staff:

### 5 years

- + Ginette Bedard
- + Mike Gillman
- + Carla Glaister
- + Mary Glaister
- + Patricia Gray
- + Annie Janveau
- + Bob Lennie
- + Teresa Malakoff

### 10 years

- + Lee Kriniski
- + John Oliveira
- + Erica Pyhtila

### 15 years

- + Marcia Newton

### 20 years

- + Susan MacGregor

### 25 years

- + Louise Baran
- + Fatima Dubreuil
- + Debbie Hardy
- + Simone Legendre
- + Bonnie Plummer

### 30 years

- + Helen Goodwin

As providers of health care we are here to serve you. Your concerns are our concerns as we are also consumers of health care. The Board and staff encourage you to bring your constructive concerns and ideas to our attention.

Together we can achieve excellence.

## Chief of Staff

*J. MacTavish, MD PhD FCFP(EM)*



The past year at the Manitowadge General Hospital has been one of challenge and change. The hospital employees and staff have consistently risen above all obstacles with exceptional dedication, continuing to provide exemplary care and service to the people of our community.

From the medical perspective, the population of Manitowadge continues to become more diverse and complex. More than 40% of our population was born in the 1950's or earlier. Fully 26% of our populace has hypertension, and 12% of our residents have diabetes. These numbers far exceed national averages. Despite the markedly increasing workload, all hospital departments have continued to unreservedly meet the needs of our evolving community with complete professionalism and competence.

Some of the exciting developments for the hospital include the recent acquisition of a phenomenal new echocardiogram machine to assist our cardiac patients. Exactly 100 echocardiograms were ordered for Manitowadge patients in the past 12 months, and all of these people had to previously make the journey out of town for their tests. The hospital also recently developed and implemented its own secure computer server system. We have moreover been able to integrate the electronic medical records of patients

into the ambulatory and inpatient care settings. The hospital and the physicians are actively pursuing the establishment of a Family Health Team, which will facilitate access to enhanced medical services and programs for the citizens of Manitowadge. With respect to continuing medical education, the hospital has been able to keep all of the nurses current in their ACLS certification, with a 100% pass rate for every course. These are just a few of the many interesting projects the hospital is participating in to optimize the care of patients in our community.

The physicians of Manitowadge would like to recognize and thank all of the hospital's staff for the ongoing expert and compassionate care they provide to the members of our community, especially in the face of the ever-increasing demands being placed upon them.

On behalf of all of the medical staff I would like to extend my thanks to the Board and to all of the hospital staff for developing an institution where the best possible care can be proficiently and compassionately delivered to our community.

## Physical Rehabilitation

*James Neale*



Physiotherapy services are provided in a variety of areas at the Manitouwadge General Hospital:

- Inpatient services (acute, subacute, alternate level of care)
- Long-Term Care (general rehabilitation, activation programs)
- Outpatient services (OHIP, WSIB, Out of province)
- Telehealth consultation (orthopedic and rheumatology)
- Teaching (NOSM medical students, McMaster University Physiotherapy Students, Staff education)

The Manitouwadge General Hospital joined the outpatient Cardiac Rehabilitation Program initiative in conjunction with Thunder Bay Regional Health Sciences Centre in 2006. This program is an innovative method of delivering safe and effective cardiac rehabilitation to members of our community. There has been excellent feedback along with positive outcomes demonstrated by those individuals who have participated in the six month program.

In 2008, the outpatient physiotherapy department assessed 240 new patients, and provided a total of 3136 treatment sessions to these individuals. There were 133 inpatient treatments and 142 Long-Term Care treatments/sessions provided as well.

There were several waiting list management strategies introduced in 2008 such as the creation of a new rehabilitation referral form, improved inter-professional communication, and changes made to chronic pain management. These strategies will be assessed for effectiveness in 2009 via QA audits to focus on average wait times for the various waiting list priority categories.

## Nursing

*Debbie Hardy*

Nursing is an ever changing profession and we continue to have a very devoted and dedicated roster of RN's and RPN's who continue to meet the needs of our organization and community.

Retention strategies include:

- Creative scheduling
- Utilizing "The Late Career Nurse initiative"
- Job sharing

In the past year, nursing has added to their complement of RN's through co-operation with Marathon Hospital and sharing of staff. We have recruited a Thunder Bay nurse who travels to Manitouwadge once or twice monthly. One nursing student, who recently finished her final consolidation period with us, will be returning to work as a RN in the near future.

Special programs offered through the nursing department include a foot care program for the community and long-term care monthly.

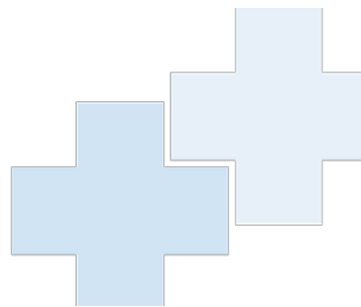
Cancer care and chemotherapy in our community is provided by 5 nurses certified through Confederation College and Northwestern Ontario Region Cancer Care Centre.

Videoconferencing services continue to grow and allow for specialist appointments to be obtained from our home community as well as increase the

number of educational sessions we can offer to all employees and community members. Pain Management and chronic illness group sessions have seen an increase in numbers, using this modality.

Nursing education highlights Include:

- Advanced Cardiac Life Support (ACLS) training and certification of RN's by Dr. MacTavish
- Occupational Health & Safety Basic level 2 certification as well as Acute and Long-Term Care certification
- Violence in the Workplace Training
- CPR
- Neonatal Resuscitation



## Laboratory

*Susan MacGregor*



2008/2009 was once again a busy year for the laboratory. We had no major projects on the go but there were many interesting changes occurring within the organization.

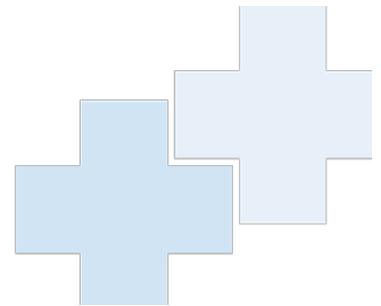
We had a few minor projects that we tackled. We introduced 2 new tests on the laboratory menu. Ammonia and Lactate testing are now available on site. We also had to submit our Self Assessment to Ontario Laboratory Accreditation for review.

We have been on Meditech now for over a year and the system is getting easier to use everyday. Of course, we are constantly learning with the new system.

Staffing has been very stable in our department and I attribute that to all 3 positions being full-time. We are fortunate to be one of the laboratories on the Northshore that has a full complement of Laboratory staff.

### Comparative totals for Laboratory tests

	2007-2008	2008-09
<b># of tests performed on site</b>	43,705	42,369
<b># of referred out tests</b>	7,055	7,064



## Diagnostic Imaging

*Marcia Newton*

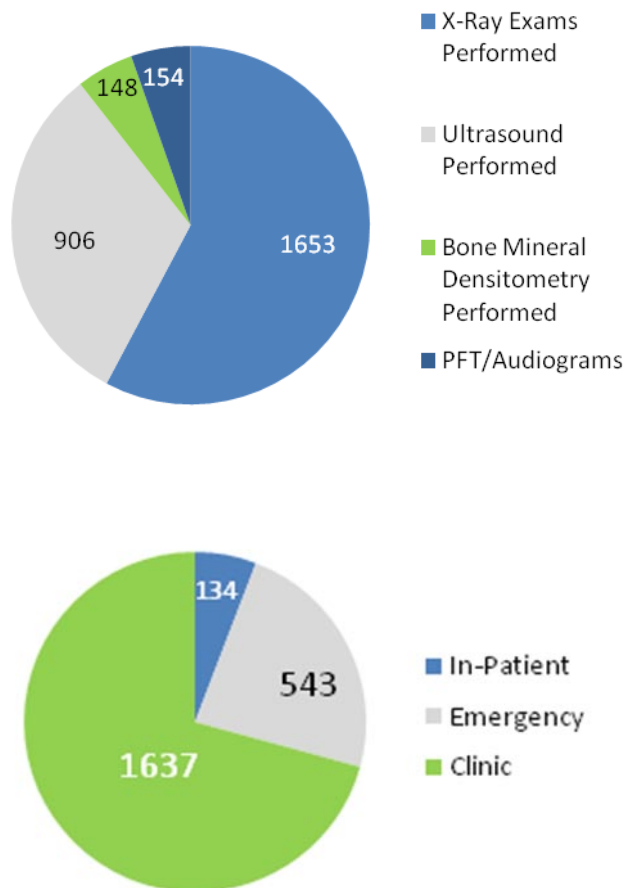
As our community has experienced changes, so has the workload. Our Casual Technologist has been very functional in providing additional support within the department to alleviate the stress and workload typically placed on one Technologist during vacation/education/sick days and weekend call relief.

As part of the hospital's goal to pursue continuous quality improvement, the Diagnostic Imaging Department has upgraded the Ultrasound Department with a state of the art iU22 Philips Ultrasound Equipment. This equipment provides for the technologists intelligent design and control for revolutionary performance and workflow. This equipment also has Echocardiography capabilities in anticipation of the provisions of those studies to members of our community.

The Department is now utilizing CTS, Canadian Teleradiology Service and forwarding weekend and after hour examinations to this group of Radiologists, who provide results to the physicians within 48 hours.



### Statistics 2008 - 2009 Fiscal Year



## Food Services

*Fatima Dubreuil*



During the fiscal year of 2008/2009 the Dietary Department has gone through a few changes in staffing. Lee Kriniski is now our Director, and Rosa Oliveira has left us after many years of service with the hospital. We all wish her the best. I have now assumed Rosa's position as Cook 1 Team Lead and look forward to the new challenges this position will bring.

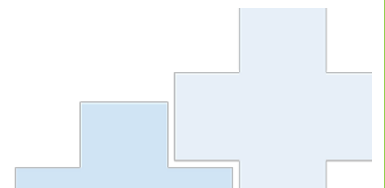
We also have another new face in our department: Helen Proulx has transferred over from the Housekeeping Department to take the position of Cook 2. We have two new Dietary Aides: Vanessa Ratte and Lisette Lamothe. They are a great help to the department.

I am looking forward to my enrolment in the Food Service and Nutrition Management Diploma Program offered by the Canadian Healthcare Association. Helen Proulx will be taking her Safe Food Handling Training Certificate and Shirley Biggin and Melvia Penney will be updating their certificates as well, as it must be updated every five years.

We continue to provide Patients, Staff, Meals on Wheels, and the public with the best of nutrition and quality in the meals we provide.

I would like to thank all the staff in the Dietary Department for their hard work, and to all the other departments for their support throughout the year.

With all the new changes, I look forward to a productive and successful year ahead.



## Information Services

*Lee Kriniski*



At Manitouwadge General Hospital, we recognize that the health information of our patients deserves to be treated with respect and compassion. We firmly believe in protecting our patients' privacy in accordance with Ontario's Health Information Protection Act, public expectations for privacy and internationally accepted fair information principles. To achieve this end, the Health Record Department is responsible for the collection, input, storage, retention, access to and reporting of patients' health records. This department is comprised of 2 admitting/record clerks and 1 Health Information Management professional.

As part of our department's mandate, we manage access to patients' personal health information ensuring that they are available only to those who need to know to enable the provision of appropriate and high quality care for patients. These would include: physicians, nurses, technicians, therapists and other health professionals. Therefore, with the understanding of the importance of our role in the organization, we pursue our activities with a sense of urgency, diligence and dedication.

As we continue to advance in our operating activities, adopting best practices and introducing more modern technologies, the introduction of integrated information systems, electronic health records and new e-health technologies will support secure, timely access to quality information. The benefits of these would include:

- More time for providers of care to devote to patients;
- Improvement of patient safety by reducing the risk of errors that could be prevented by access to a patient's complete health record;
- Delivery of more efficient care, leading to lower costs and shorter wait times; and
- Substantial improvement of patient outcomes and the general efficiency of health service delivery.

With the above in mind, we remain very committed to adding value to our organization in serving our patients and respecting and protecting their privacy.

## Business Office

*Avin Ramnarine*



In Fiscal Year 2008/09, MGH experienced a number of difficulties. As indicated in the Audited Financial Statements, we are in a deficit position. The declining trend began in Fiscal Year 07/08. This past year the increase in deficit may be attributed, in part, to reasons other than the normal outcomes of current internal operations and prevailing external economic conditions.

Is this good? The answer is an emphatic no! Before you press the panic button and focus attention on what has happened, I will say stop! It is time, now, to take the collective learning and:

- Refocus on the strategic goals of the organization – should these change, given our new internal and external economic conditions? The goals of the organization should always be the guide for resource allocation. Careful consideration, too, should be placed on what we want to achieve to ensure that we are successful.
- Address whether it can do so within budget:
  - Our cash position will improve significantly over time.

The organization is faced with finding creative ways to bring about positive changes. In view of this, we have started to implement a new accounting software program 'Ormed'. This is being implemented on a phased-in basis with 3 other hospitals in the Northwestern

region. A lot of time and work has been invested in this initiative and it will no doubt boost the reporting, analysis and planning capabilities of the organization. Part of this system will go live on July 1, 2009!

The next fiscal year will see some staff changes. A succession plan is in place to ensure that our leaders have the required financial support!

At this point, I wish to express my heartfelt thankfulness to Helen, Doris, Patricia and Teresa who have made my work experience enjoyable and certainly memorable! I wish you all continued success in your careers! Fiscal Year 2009/10 may require more from you until all problems of this new information system are resolved; however, I know that you all can do it!

As Vince Lombardi puts it, "The achievements of an organization are the results of the combined effort of each individual". In essence, it's about teamwork. So, let's create a success story!

## Maintenance Department

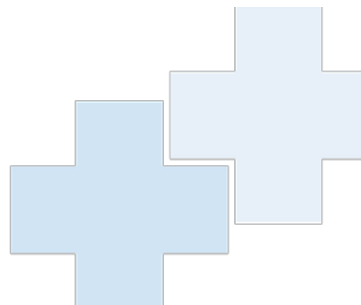
*Bob Lennie*

The Maintenance Department endeavors to provide patients, residents, clients, visitors and staff with a safe and comfortable environment. Using Delta Controls and ORCA view management software and our new Maintenance Connection comprehensive preventative maintenance program we ensure all our equipment is maintained in excellent and safe operating order. Maintenance is also responsible for keeping up the extensive lawns, maintaining the Ambulance Base, Medical Clinic and 5 houses used for Doctors and visitors.

During the reporting year we were responsible for the following extra projects along with the normal operations of the hospital and properties:



- Domestic Hot Water Project.
  - Replace all existing copper hot water lines throughout the hospital building.
  - Upgrade the DHW distribution system and install new controls to better manage the hot water temperatures throughout the facility.
- Automatic Door Openers
  - Replace the automatic handicap door openers.
- Install new a Computerized Maintenance Management program to replace the current obsolete system.



# Information Technology

*Bob Lennie*

The Information Technology Department is responsible for the technology needs of the Hospital. Services provided include the day to day installation, operation and support of all computer hardware, software, printers, servers and other network equipment, as well as management and maintenance of the hospital's health information systems (Meditech & Med2020). The department also collaborates with other hospital departments in the assessment, planning, acquisition and implementation of new information technology initiatives. It is also responsible for the organization's telecommunication needs.

The IT Department provides end users with help desk support as well as acting as liaison with the Thunder Bay Regional Health Science Centre IT with Meditech related issues and ensures that any downtime is kept to a minimum.

Special projects for the reporting year are as follows:

- HoT Migration
  - Continue Working with SSHA (Smart Systems for Health Agency), OTN (Ontario Telemedicine Network) on the planning and equipment installation for the upgrade of our current data line for our Meditech, Telehealth and PAC's (Digital X-Ray, Ultrasound and
- and Bone Density) systems to the new portal managed by Hydro One Telecom. This system is currently in phase 1 with the full bandwidth upgrade due October 2009.
- Phone System Upgrade
  - The Clinic phone system was upgraded and added to the Hospital's new Mitel SX-200 ICP communication platform and data system enabling the Clinic to become more efficient, productive and to allow greater flexibility in the future.
- Installing new Financial Software package (ORMED MIS) in conjunction with Thunder Bay Regional, St. Joseph's Care Group and Nipigon General Hospitals.
- Install new CMMS software for the Maintenance Department.
- Continue with the implementation of MGH's internal information web service.

## Housekeeping & Laundry

*Ginette Bedard*

Working in a hospital environment requires special skills and techniques. Our Housekeeping staff dedicate themselves daily to provide a clean, safe, germ free environment to all.

Housekeeping has been very busy with spring cleaning. We now have completed all Acute Care Rooms and Long-Term Care Rooms and now will be focusing on all EMERG areas and Administration offices.

July and August are our "Task Free" zone, where there are no scheduled tasks due to this being our "Prime Time/Summer Vacation Season", all scheduled tasks will resume in September. In the meantime all housekeepers continue to work hard everyday to complete all daily work sequence and more.

As of October 2008, we have had the pleasure of hiring a casual housekeeping employee " Sherrie Gaudreau". Sherrie has had the joy of filling in when others were away and or unavailable.

In the past year housekeeping has had to replace a small carpet extractor with new one "Power Eagle 1016/1020 plus self contained Carpet Extractor.

The Housekeeping Department employs one full time, Ginette Bedard, and five part time staff: Rella Belisle, Debbie Bodak-Herard, Gail Ross, Liz Takacs, Sherrie Gaudreau.

We had to say goodbye to Helen Proulx as she has moved on to working in the kitchen as "Cook 2".

Our laundry staff dedicates themselves daily to provide top quality of "finished linen" daily to Hospital residents/patients/clients and staff.

Our laundress has had a significant increase of 6632 lbs of soiled linen since last year. Thank you to the laundress and all housekeepers trained in housekeeping techniques for all your efforts. Thank you to all other housekeepers for lending a hand when needed.

We have had the opportunity to take on a High School Student to help with some of the daily laundry functions, including folding linen, restocking linen, keeping lint out of dryers, cutting old linen and dusting.

Justin Fleurent along with his Educational Assistant Maureen Martin, have been with us since February 1 2009 right through until June 18 2009. Manitouwadge General Hospital Laundry staff would like to thank Manitouwadge High School for this wonderful learning opportunity to all.

Laundry department employs one full time laundress; Simone Legendre and three part-time housekeepers trained in laundering techniques, Rella Belisle, Debbie Bodak-Herard and our newest addition, Gail Ross.

Thank you ladies for a job well done.



## Organizational Effectiveness & Planning

*Jocelyn Bourgoin*



Quality service remains a corner stone of what we do. Public expectations of health care demand ever increasing accountability and MGH has made it a strategic directive that we be accountable. In 2008, our Quality Assurance Program produced 28 audits that were scrutinized by the committee. Most of these audits focused on the delivery of services to patients. The audit process can confirm or validate quality of care or at times identify short falls. The committee also reviewed 40 self reported incidents that may have placed an employee, the facility, patients or visitors at risk. The intent is to anticipate risks and prevent incidents from happening in the future. The audits and risk management processes are key to having a culture of patient and visitor safety at the hospital. The Quality Assurance and Risk Management programs were expanded to incorporate Patient Safety as an integral component of the program. This important expansion ensures our focus remains on the safety of the patient.

In August of 2008, the hospital hosted Dee Miller who cycled around Ontario to raise awareness for cancer. Funds raised with the assistance of the hospital were donated to her foundation to help spread her message on the importance of exercise as a key component of a cancer recovery strategy.

The MedXpress was launched in April of 2009 and remains an unknown entity.

Travellers using the service have nothing but positive comments for the program, but the challenge remains in getting high enough numbers for it to be self-sustaining. The operational subsidy will run out in the early fall and if the program cannot attract at least four daily riders, it will be discontinued.

A space allocation report produced in fall of 2008 proposed an action plan to address chronic shortages of space in some departments while other areas were underutilized. By reviewing all of the issues identified, an action plan was submitted which offered solutions to some of the more pressing issues. During the Christmas period, office renovations and the move of the telehealth program provided additional space in the administration wing. Renovations to the paediatric room converted it so it could be used for children or adults. The delivery room was converted to be used for palliative care while remaining as back up for an emergency delivery. There still are many challenges in how the hospital uses space and further steps in the report remain to be implemented.

Improvements have been made to the Health and Safety program with the introduction of web based WHMIS training and respiratory protection training as part of orientation procedures. We also conducted a Transportation of Dangerous Goods Training course at the hospital using an OPP instructor. This course targeted

lab workers, and those who transport samples by road as well as our maintenance staff who handle biohazard storage.

On November 2-3, 2008 our community and this facility were tested by a total loss of power, telephone, fax, cell phone, internet, email, telehealth and PACs system for 26 hours. This significant shut down of so many services allowed the hospital to improve on our contingency plans. We learned that when all power is off in town, eventually, the word does get out that we have the only functioning kitchen in operation. This real life test of our processes allowed us to

confirm that we could function for 2-3 days before patient care would begin to be impacted. The hospital team worked well and our procedures were confirmed.

As part of the Critical Indicators initiative, the hospital has developed a tracking tool to measure satisfaction with our services for Emergency Room patients. The hospital has conducted satisfaction surveys for many years but now the data is available as a scorecard to managers as an important tool to measure the level of satisfaction our Emergency Room visitors have with our staff and facility.

#### EMERGENCY ROOM PATIENT QUESTIONNAIRE SUMMARY

Arrival	Parking	How satisfied were you with parking facilities?	96.22%
	Wait time	How satisfied were you with the waiting time before treatment considering the nature/seriousness of your condition?	92.22%
	Wait Rm	How satisfied were you with the comfort of the waiting room?	93.68%
Treatment	Tests	How satisfied were you with the information provided about tests and procedures prior to treatment?	94.29%
	Treatment	How satisfied were you with the treatment you received?	94.75%
	Privacy	How satisfied were you with respect to your privacy?	95.00%
Interaction	Staff ID	How satisfied were you with staff identifying themselves?	89.23%
	Politeness	How satisfied were you with the politeness and approachability of staff for requests and questions?	93.82%
	Teamwork	How satisfied were you with staff working together as a team?	93.47%
Discharge	Discharge	How satisfied were you with the instructions you received on discharge?	91.20%
Overall	Overall	Overall, how would you rate your care and service?	92.06%

## MGH Auxiliary

*Connie Kirkpatrick*



We have 65 members in the Auxiliary, of that number approximately 18 participate on a regular basis. We hold monthly meetings from September until June, and run the Cozy corner Gift Shop on a year round basis.

Two of our members oversee the Student Volunteer program. The students take turns assisting with the meals, helping out the nurses and generally being of help to the patients in the hospital. Over the years some of these same student volunteers are the ones we help out with a bursary for their post secondary education.

Another two members look after the long-term patients by providing them with birthday cards, and special treats at key times during the year.

Our biggest project each year is the Christmas Bazaar. It takes about 6 well organized individuals with many extra hands on the day to come up with a fun and quite beautiful Christmas Tea, one of the best bake tables in town and some attractive crafts. It makes for a busy and very rewarding day.

This year we were given quilting supplies that we were able to sell at drastically reduced prices. It was a wild day with people thrilled with the bargains, and the beautiful fabrics they were able to purchase. It was a great success, and we were thrilled with the money raised.

Each year we have several raffles as well as a chocolate sale. This year we tried a Mothers Tea and a penny table. It was also a success, and perhaps we will give it a try again next year.

It would be very hard to do all these fundraising projects without the help of the staff of the hospital. The housekeeping staff help us with the tablecloths and anything else they can. Bob and Jim move tables and chairs, and help us put them up, and last but not least the kitchen ladies are always willing to go the extra mile to help us. It is always nice to work with such nice and cooperative people.

This is my last year as president of the Auxiliary, but I will still be helping out in my position as past president. It has been a pleasure working with this organization over the past four years, and I am looking forward to many more.

# Manitouwadge General Hospital Management

## Senior Management Team

Judith C. Harris  
*Interim Chief Executive Officer*

Jocelyn Bourgoin  
*Director of Organizational Effectiveness  
and Planning*

Debbie Hardy  
*Director of Clinical and Rehabilitative  
Services and Chief Nursing Officer*

Lee Kriniski  
*Director of Support Services & Chief  
Privacy Officer*

Bob Lennie  
*Manager – Property and Technology*

Avin Ramnarine  
*Director of Finance and Chief Financial  
Officer*

## Departmental Leaders

Louise Baran  
*Nurse Manager*

Ginette Bedard  
*Housekeeping/Laundry Team Leader*

Fatima Dubreuil  
*Dietary Team Leader*

Helen Goodwin  
*Comptroller*

Susan MacGregor  
*Charge Technologist - Laboratory*

James Neale  
*Charge Physiotherapist*

Marcia Newton  
*Charge Technologist – Diagnostic  
Imaging*

