



ANNUAL REPORT 2018-19

Santé Manitouwadge Health



Vision • Mission • Values

Our Vision: Working together, keeping you healthy!

Our Mission: Your total healthcare experience: compassionate, exceptional and innovative.

Our Values: Quality service: Pride, Trust, Teamwork.



Pride | Trust | Teamwork

Message from the Chief Executive Officer



Jocelyn Bourgoin

The year 2018-2019 will be remembered as the changing of the guard. In July, Adenola Bodunde left Manitouwadge after nine years of dedicated service to SMH. In anticipation of her departure, Amy Gray who had been processing the business side of the Community Programs and Services section of SMH was given the opportunity to learn and train further into the financial aspects of the organization. Amy has been very successful in this new role and we are proud to have filled this position from within our ranks.

In March of 2018, Ms. Lee Kriniski retired, leaving a major void in the creativity fabric of SMH! Her energy and enthusiasm will be missed. Lee was a key driver in our transformation of community services and programs. Her limitless ideas and projects will now have to originate with the new generation of leaders coming forth; those will be difficult high heel shoes to fill!

After an internal and external search, Megan Esarte was appointed as the new director of Community Programs and Services. Megan is another example of home grown talent who began her career at the clinic, became RPN and eventually RN. This blend of knowledge in Long Term Care, Acute Care, Primary Care and Home Care and her eagerness to embrace new challenges will serve SMH for many years to come.

Other notable changes are Stephanie Hardy transitioning to Accounts Receivable while Ginette Bédard will move from Lead Housekeeper to receptionist. Mélanie Richer, our EA has left to join the team at École Franco-Manitou after six years with SMH. And of course, we continue to attract nurses to maintain services. So many new faces in so many roles, but seeing local employees grow and assume greater responsibility is reflective of our culture to be a magnet workplace where quality people want to work.

Our first strategic direction is that SMH will be proactive to individual & community needs. Two major projects last year fit this category. The reinstatement of chemotherapy under the new standards was a major challenge and I'd like to thank Debbie Hardy for her relentless efforts and dedication to make sure we maintained this important service in Manitouwadge in a safe and cost effective manner. I'd also like to thank Annie Janveau for recertifying to the new standards to deliver the care under this program. We will partner with North of Superior Health Marathon site to mix the medications, but the care will be delivered here at SMH.

The second project that required substantial time and effort was the Hospice Like Bed within the hospital. Excellent support from all under the direction of Debbie Hardy to ensure palliative care is delivered at the highest possible standards for our residents facing end of life illnesses in a home like

Message from the Chief Executive Officer (Continued)

We also recruited a community physiotherapist and continue to work on a new nurse practitioner position where we have applied to grow our own after two years of failed recruitment efforts.

SMH focused on sustaining outstanding quality & operations with improvements to pharmacy delivery, accreditation of Laboratory Services and for the first time Accreditation survey of our Echocardiography program. Thanks to each team and their leaders for seeking confirmation to all that the care we provide meets the highest national standards.

Our innovation in service & program delivery saw the continuation of our successful metabolic program and also the launch after years of planning of our pain management clinic. Again, this is a team approach that could not have happened without integration. We have also secured an apartment we plan to use for assisted living. A submission for funding to provide more support for vulnerable individuals at risk of premature hospital admission is awaiting final approval to launch the service.

Finally, the fact we continue to recruit quality people despite major shortages in many medical professions during national shortages of physicians and nurses proves SMH has become a magnet workplace. In recent interviews, when a candidate was asked why she wanted to work at SMH, she responded we had a reputation of working as a team and being a fun place. That comment says it all and yet we continue to strive to make it even better. I'd like to note the contributions of the wellness committee's efforts in this area as they plan more projects and activities than we can all participate in. Their endless and sometimes "different" activities (really, a Persian day?) always appeal to someone on the team and for that we are grateful.

To all the staff, the Board, the physicians, S.M.H Auxiliary and our dedicated volunteers; thank you for your amazing contributions. We stand proud, not as individuals, but as a cohesive unit to care of the residents of Manitouwadge. Such a noble mission it is!

In closing, I wish to acknowledge the support so many on this team have provided to me personally in my 41 year career in health care; 31 of which were spent right here in Manitouwadge. I retire to leave behind a strong leadership team, excellent finances, good infrastructure, strong board and the most integrated health care of any
sion accomplished; time to
family, especially our eight
me, you know where to find
touwadge.



community in Ontario. Mis-
spend more time with my
grandchildren. If you need
me; right here in Mani-



Respectfully Submitted,

Message from the Board Chair



Peter Ruel

It is a privilege for me to present my report to the community for the past year. This coming year will see some changes as, after 41 years in health care our current CEO, Jocelyn Bourgoin, retires.

We are offering different but improved healthcare to the community of Manitowadge. This improvement is due to the leadership of Jocelyn, his team, staff, and directors of this great organization. We have gone from being 'just a hospital' to much, much more; to the extent that the province has taken notice of our effective and productive improvement to patient care. The term 'health hub' (now in common parlance around the province) was planned right here in Manitowadge. Thank you Jocelyn for leading with excellence, and positioning us for greatness in our future. You have served us well, sir!

We have seen staff changes over the past year with our CFO, Adenola Bodunde, relocating to Ottawa. Her replacement, Amy Gray, has risen to the task and has far exceeded our expectations. Well done, Amy! We are thankful to Adam, CEO of the North of Superior Healthcare, for giving Amy some coaching during this transition. Lee Kriniski retired this past year and we are grateful for her many years of service to our community in her role in integrating care in the community. We are literally in the early months of Megan Esarte's leadership but by all reports she too is excelling in her area of oversight. We have top notch, dedicated staff here, for which we are both proud and thankful.

The physical improvements made to our building are amazing and help tremendously in the flow of health care delivery "under one roof". Thank you to Jim and Glen for their skill and dedication to the maintaining and improving our facility, or should I say facilities!

I would like to thank all the staff for the dedication and commitment demonstrated to our organization and the patients we serve. I would also like to acknowledge my fellow board members for their time and contribution. They are to be commended for giving of themselves to their community through their involvement. Manitowadge is home to many caring individuals from the patient room to the board room. The only constant is change. To say that there is a lot of change happening in the health care system in general would certainly be an understatement. If the past year is an indicator, we can only expect the rate of change to increase exponentially in the next few years. As we deal with an aging population, rising costs, increasing demand for services, aging infrastructure, lack of adequate long term beds, staffing and doctor shortages it can seem, at sometimes, to be insurmountable. Our doctors are working very, very hard. The days of planning health care in isolation are behind us. I so believe in collaboration and co-operation.

We as a Board are very confident in our choice of a new CEO, Debbie Hardy. We will advance forward on the foundation which has been laid. Our patients will continue to be provided with the health care they deserve, at the right time, in the right place, by the right provider. This is what our health hub is designed to do. We will continue to advance integration and it is my pleasure to be part of the journey.

Respectfully Submitted,

Peter Ruel



Committees of the Hospital

Board of Directors

Peter Ruel, Chair
Aaron Baker, Vice-Chair
Marcel Demars, Director
Cathy Kelly, Director
Raymond Lelièvre, Director
John MacEachern, Director
Valerie Newton, Director
Belinda Schleier, Director
Rolly Smith, Director
Dr. Theresa Ross, Chief of Staff
Jocelyn Bourgoin, Secretary/Treasurer
Debbie Hardy, Chief Nursing Officer

Committees of the Board

Executive Committee
Governance Committee
Finance and Audit Committee
Quality Committee
Family Health Team Ad Hoc Committee
Joint Conference
Fiscal Advisory

Senior Management Team

Jocelyn Bourgoin
Chief Executive Officer
Debbie Hardy
Chief Nursing Officer & Director of Clinical Services
Megan Esarte
Director of Community Programs and Services

Accreditation
Contingency Planning
Continuous Quality Improvement
Credentialing
Health Records
Joint Occupational Health & Safety
Infection Control
Information Systems/ Privacy
Lab Liaison/Transfusion Medicine
LTC Interdisciplinary
Medical Advisory Committee
Pharmacy
Resident Council
Family Council
Union/ Hospital
Workplace Wellness



SMH will be proactive to individual & community needs.



Additional Physiotherapist

The addition of Wallace Ross as physiotherapist to our community services department has been a great asset. Wallace has been active in our Assisted Living proposal currently before the LHIN as well as illness prevention through the metabolic clinics. His exercise classes have generated significant interest and life style changes are key to getting Manitouwadge to be healthier as a population. Wallace's effort to improve everyone's wellness is appreciated.

Nurse Practitioner Recruitment changes strategy

Despite over a year of advertising, the nurse practitioner position remains unfilled. An opportunity to train a local nurse has been explored and efforts are underway to locally train one of our RNs to become an NP within two years.

Chemo partnership with NOSH

As the delivery of chemotherapy became increasingly regulated and complex, the low numbers of patients in Manitouwadge made it very difficult to justify the cost to meet the new regulations. The community was under significant pressure to find ways of delivering services differently. For the past years, after hundreds of hours in meetings and planning sessions, our voice that chemo services must be delivered locally resulted in a proposed partnership with NOSH in Marathon to have the drugs mixed in their renovated facility and the care delivered in Manitouwadge. This will be a pilot project to confirm that the model is safe and meets the needs of Manitouwadge residents.

Township of Manitouwadge joins SMH to support myRide program

A four year municipal grant from the province will result in improved service delivery for myRide with a new vehicle and support staff for the volunteers. The innovative partnership is another example of being



SMH will sustain outstanding quality & operations

“Timely appointment and great staff interaction.”

Our Laboratory team renewed their accredited status with no major findings. Some of the recommendations require additional forms and policies while the suggestion for more secured doors has already been implemented.

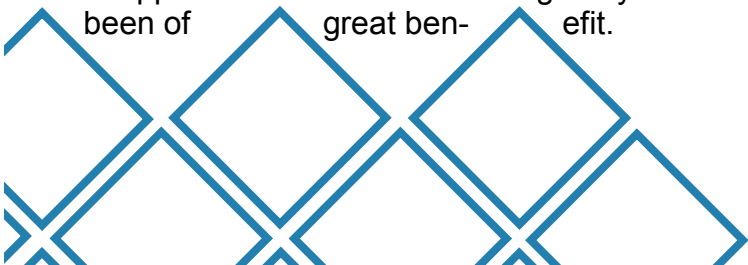
“All the staff was thoughtful, considerate and caring.”

“They take pride in their work & go above and beyond taking care of patients.”

For the first time, our Echocardiogram has been assessed for accreditation under new guidelines. This type of service is unusual for smaller hospitals and requires a keen focus on maintaining quality. Marcia Newton works closely with specialists to ensure quality is maintained at the highest levels.

The Pharmacy upgrades continue. The last certification audit identified specific areas for improvement to meet the new standards. A separate room has now been built for handling chemotherapy drugs that are premixed in Marathon. The addition of a pharmacist on retainer from Thunder Bay who provides virtual support and on-site visits during the year has been of great benefit.

“Friendly staff, nice waiting room. Offer a variety of testing so I don’t have to go out of town.”





SMH will be innovators in service & program delivery



Metabolic Program

The Metabolic program is now working on the third group to have been identified as high risk for specific diseases. The results to date show there is improvement in most areas of life style changes, but sustaining the change outside of the program remains a challenge.

Physician Office Integration

Having the physicians on one site with the rest of the team has been a great success. Communications have improved and team spirit is enhanced. Although work continues to improve work flow and change like the single phone answering, there is no doubt this integration has benefited the community.

Complex Care

Complex Care has started its second round of patients with the first round being very successful with numerous positive outcomes. The Complex Care program is an interdisciplinary approach to care and consists of the physician, nurse, physiotherapist, social worker, dietitian and most importantly, the patient. In this program the patient determines what is important to them and the team helps them to establish goals and develop a plan of action to help them achieve those goals. The ultimate goal of the Complex Care Program is to help the patient reach the best quality of life within their limitations.

Metabolic Program Statistics

- 80% improved or maintained their weight
- 100% improved or maintained their overall blood pressure
- 80% improved on their 6 minute walk test
 - 100% improved their strength
 - 100% improved their flexibility



Memory Clinic

Memory Clinic is up and running again! We now have a physician trained to be the lead for the Memory Clinic Program . The memory clinic team consists of a physician, nurse and social worker that work with the patient and their caregivers to assess for, identify and manage actual or potential cognitive deficits. With this approach to care, the team helps to establish a plan of care to help minimize some of the negative effects that can be associated with memory loss.

Assisted Living Submission

In December 2018, SMH applied for funding to support up to 16 sixteen clients who would reside at home or in an apartment that SMH would manage at Lakeview Terrace. This service is to support individuals in their home vs having them admitted to hospital and or long term care prematurely. Conversely, it could also be used to help transition someone from hospital back to their home or community by providing personal care and services outside of SMH. The proposal is awaiting final approval for funding.

Surplus Group

A very successful initiative run by our reception staff has proven quite popular with both staff and the public. Our SMH Surplus Facebook page is a great way to recycle items that are no longer needed and generate some funds for capital equipment. In the past year \$4,756.00 have been raised but most importantly, the clutter in the building and garage has been reduced substantially or at least avoided. Thanks to everyone who supports our efforts to recycle items and raise a few dollars for new equipment.





SMH will become a magnet workplace

As noted in the CEO report, we continue to receive excellent feedback from staff surveys and new hires. The nursing shortage across Canada is impacting SMH and is not showing signs of abating. Yet we continue to fill positions with candidates from across the country. The physician shortage is more complex. The workload on our physicians is very high for a small community. Our data supports the feeling that Manitouwadge is not a healthy community which drives the workload for physicians. When there is a physician shortage, then the quality of life is less and physicians move on. Efforts to secure three full time physicians and an NP at the same time would likely result in longer stay for physicians.

Senior Management Transitions

The senior management team will have seen a 75 percent turnover by the end of June. Despite such changes, the team is doing well and is expected to continue the path of improvement SMH undertook. It should be noted that in June of this year alone, four other CEOs have left their positions in the North West Region. This turnover of leadership during a period of significant change will result in loss of institutional knowledge and history but

can also open the door to new ideas and directions. Time will tell.



“The caring staff are always a reliable and reassuring part of any experience at SMH, and those in Diagnostic Imaging are a fine

“The friendly and professional manor I was treated. I felt confident with the staff.”

**SANTE MANITOUWADGE HEALTH
STATEMENT OF OPERATIONS**

For the period ended March 31, 2018	2019	2018
Revenue		
Ministry of Health and Long Term Care	\$5,939,618	\$5,754,272
Other agencies and self pay	\$846,591	\$750,861
Other	\$419,799	\$433,145
Amortization of deferred contributions	\$116,175	\$121,979
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Total Revenue	\$7,322,183	\$7,060,257
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Expenses		
Administrative services and supplies	\$284,360	\$281,608
Amortization of equipment and information systems	\$134,020	\$137,153
Bad debts	\$252,689	\$7,614
Dietary food and supplies	\$104,072	\$115,064
Drugs	\$43,927	\$46,935
Family Health Team	\$666,311	\$596,701
Medical and surgical supplies	\$36,487	\$39,152
Nursing and other patient care supplies	\$290,242	\$294,471
Other programs	\$198,402	\$361,480
Rent	\$145,223	\$74,417
Salaries and benefits	\$4,488,758	\$4,252,001
Support Services	\$211,649	\$184,958
Utilities and insurance	\$425,492	\$468,607
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	\$7,281,632	\$6,860,161
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Excess of revenue over expense before the following :	\$40,551	\$200,096
Amortization of land improvements and building	(\$476,277)	(\$468,569)
Amortization of deferred capital contributions - land improvements and building	\$411,107	\$347,874
Excess (deficiency) of revenue over expenses	(\$24,619)	\$79,401

**SANTE MANITOUWADGE HEALTH
STATEMENT OF FINANCIAL POSITION**

as at March 31, 2019

	2019	2018
Assets		
Current		
Unrestricted cash	-	\$322,370
Short-term investments	\$559,114	\$549,635
Accounts receivable	\$651,033	\$580,966
Inventory	\$79,708	\$68,122
Prepaid expenses and deposits	\$77,528	\$73,752
	\$1,367,383	\$1,594,845
Capital assets	\$7,457,423	\$7,815,437
Long-term investments	\$147,928	\$147,183
Restricted cash	\$1,102	\$1,102
Employee benefits receivable	\$103,133	\$76,578
	\$9,076,969	\$9,635,145
Liabilities		
Current		
Bank indebtedness	\$23,231	-
Accounts payable and accruals	\$977,410	\$992,484
Deferred revenue	\$7,803	\$105,875
	\$1,008,444	\$1,098,359
Deferred contributions related to capital assets	\$6,387,284	\$6,846,926
Employee future benefits	\$426,600	\$410,600
	\$7,822,328	\$8,355,885
Contingencies		
Net assets		
Invested in capital assets	\$1,071,241	\$969,613
Unrestricted	\$183,400	\$309,647
	\$1,254,641	\$1,279,260
	\$9,076,969	\$9,635,145

“They took the time to explain everything to me, how the test worked and what to expect.”

“Staff were quite willing to discuss different treatment options and were open minded.”



2,629

Emergency Visits

9,172



Ambulatory Care Visits



2,537

Inpatient Days

640



Outpatient Telemedicines



22,771

Hospital Meals Served

2,684



Meals On Wheels



789

MyRide

37,106 kg



Laundry



382

Home Care Visits

2,074



Active Clinic Patients



95.8%

Overall hospital care & services rating

1,170



Urgent Care Visits

Chief Executive Officer

Jocelyn Bourgoin 13 years

Chief Nursing Officer/Director of Clinical Services

Debbie Hardy 34 years

Chief Financial Officer

*Adenola Bodunde 11 years

Director of Family Health Team and Clinical Programs

*Lee Kriniski 21 years

Megan Boyd 11 years

Administration/Finance

Katie Aguiar 2 years

Amy Gray 5 years

Melanie Richer 6 years

Rebecca Rousselle 6 years

Admitting

Alexia Dubois 2 years

Stephanie Hardy <1 year

Diagnostic Imaging

Marcia Newton 26 years

John Oliveira 20 years

Jenna Talarico <1 year

Family Health Team

Courtney Libbey 3 years

Lona Nelson 3 years

Natalie Lelievre <1 year

RN's

Amanda Warford 17 years

Moh Murad 6 years

Social Worker

Trena Roberts 7 years

Dietitian

Kiera MacKenzie 2 year

Physiotherapy

Wallace Ross <1 year

Food Services

Fatima Dubreuil 34 years

*Courtney Belisle 1 year

Manon Lynch 6 years

Melissa Madetsky 2 years

Melvia Penney 18 years

Helen Proulx 12 years

Paula Proulx 5 years

Jasper Bedard <1 year

Jordan Britt <1 year

Support Services Manager/ Privacy Officer

Teresa Malakoff 15 years

Housekeeping

Ginette Bedard 15 years

Karly Baillargeon 2 year

Michelle Bell 7 years

Alexis Demers 6 years

Linda Gagne 9 years

Tracy Labonte 1 year

*Liz Takacs 10 years

Sherie Zaiser 10 years

Stephanie Paton <1 year

Laundry

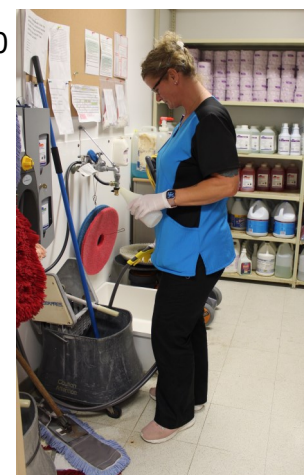
Gail Ross 13 years

Sterile Processing

Judy Gauthier 18 years

Information Technology

Scott Paananen
10 years



Laboratory

Susan MacGregor	31 years
Michael Gillman	16 years
Erica Phytilla	20 years

Maintenenance

Jim Brooks	12 years
Glenn Keenan	3 years

Nursing Department

Annie Janveau	14 years
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**Retired from SMH in 2018/19 year*

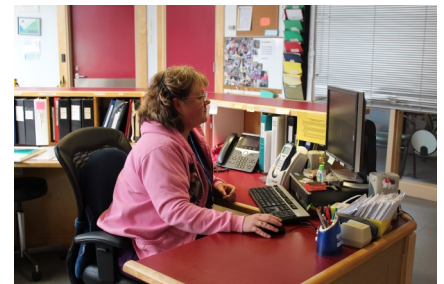
RN

<i>*Natasha Armstrong</i>	9 years
Sandra Blatenszky	2 year
Kylee Campbell	3 years
<i>*Nicholle Faubert</i>	7 years
Mary Glaister	13 years
Ali Kuczynski	3 years
Sandra Lesar	8 years
Ronna Neale	22 years
Michella Newton	4 years
Lesley Osiecki	5 years
Christine Roszel	1year
Sheeja Jose	<1 year
Sujay Sunny	<1 year
Laura Mclvor	<1 year



RPN

<i>*Christine Berger</i>	1 year
Rolf Hall	1 year
Natalia Hewlett	3 years
<i>*Okeremute Okoro</i>	1 year
Erika Robert	2 year
Denika Jomphe	<1 year



Telemedicine Coordinator/Infection Control

Louise Baran	34 years
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PSW

<i>*Andrea Carter</i>	2 years
Jessi Kovats	2 year
Shawntal Staples	4 years
Andrea Sullivan	< 1 year

*A sincere
thanks
for all you do!*



The Auxiliary to the Santé Manitouwadge Health

Auxiliary to Santé Manitouwadge Health
June 2019

Once again the Auxiliary managed to survive another year with only a few able bodied souls keeping things going. The job sharing of both the president and treasurers positions worked well but it was difficult not having a secretary. Different members took on the task of taking the minutes each month and the presidents handled the other secretarial duties. We also lost the Student Volunteer Program this past year, it was cancelled as there was nobody to take on the job of coordinator.

As of January 2019 we were no longer members of The Hospital Auxiliary Association of Ontario. The organization folded due to lack of funds and declining membership. Several Auxiliaries in North Western Ontario are keeping in contact and will share information.

Now for some good news our Christmas Bazaar and Tea went off without a hitch. The bazaar takes several individuals to organize and many more hands are needed on bazaar day. It is always a huge success with amazing bake and craft tables to go along with the well attended tea. It is also our busiest selling day for the gift shop which is festively decorated and fully stocked with wonderful items for Christmas gift giving. This event takes many bodies to pull off not just auxiliary members; we must give kudos to the hospital housekeeping, kitchen and custodial staff. They are always willing to help, be it with setting up tables or supplying the table cloths or kitchen supplies for our tea.

Another of our fundraisers the annual Valentine's Day Everything Chocolate bake sale was once again a success, it always sells out quickly as folks buy their loved ones these special treats.

The Cozy Corner Gift Shop is run on a year long basis and is our main source of revenue. This endeavour is very time consuming and would not be possible without the dedicated members that volunteer in the shop on a daily basis as well as our coordinator Pauline Meagher who makes sure stock is ordered and shelved and Cathy Clark who is in charge of volunteer recruitment, thank you

There are a number of other programs the Auxiliary provides. The patient-resident program provides long term patients with special occasion cards and gifts. They very much enjoy these special treats along with visits by our members. For a number of years now we have assisted the CNIB with their eye van visit. We find and schedule the volunteers needed while the van is in Manitowadge. As well as the CNIB we also assist the Thunder Bay Health Unit with their Flu Shot Clinic.

The Auxiliary also sponsors a Bursary which is awarded to a student going into a medically related field. Last year's Bursary winner was Tristan Oliveira. This year's, well we will have to wait for Graduation to find that out.

With our various fundraisers and Gift Shop profits we raised \$5000 towards the Hospitals Cardiac Monitor System. Also this year along with hospital staff we are having a Catch The Ace lottery. It seems to be working well and monies made from this endeavour will also go towards the Hospitals Cardiac Monitor System.

We are fortunate to have a handful of dedicated members who go above and beyond to keep our Auxiliary going. They are always ready to go that extra mile when needed, we are lucky to have them as part of our organization.

Respectfully submitted



A few last words from Mr. Bourgoin



What was your most memorable moment in your career?

There are so many, but in 2016 when I was elected President of the Ontario Association of Paramedic Chiefs in Windsor, one of my first duties was to present a painting to Major General Rohmer who is an incredible Canadian, famous author, WWII pilot (instrumental in having Rommel wounded in Normandy), lawyer, radio show personality, a personal friend of Sir William Stephenson (Man Called Intrepid), the Queen's guide to Canada and so on. A true Canadian hero who served this country and province to this day. I just saw a newspaper article of him speaking with Prime Minister Trudeau at last week's D-Day celebrations in Normandy. He is 96 and still flies!!! The painting showed a young Rohmer by his P51 Mustang aircraft. It was such an honour to meet him as part of my duties and to show our appreciation for his presentation of Governor General Medals to paramedics each year.

How many leadership awards have you won?

I have no idea, a few.

Which one of those was the most special to you?

None really, they are nice, but I've kept every or most of the thank you cards, emails and letters staff ever wrote to me for things I did in their lives. Those are way more precious to me than the leadership awards. Of all the awards I've had, the one that means the most is the Jean Kittner Award; not for leadership, but just for service and caring for others. I'd like to think that in some small part, I blazed trails for others to follow and open up into roads and eventually into highways, just like she did in 1957 in the camp that was to become Manitouwadge.

What do you feel was your most valuable contribution to SMH?

Being in the right place at the right time with the right team to move ahead with integration in a way that no one else in Ontario has achieved yet. I was only there to push in the right direction, but the team was there to deliver the results. Let's not forget also the great legacy we had to build on. The building itself, the intent on "Campus Philosophy", all I did was move it to the next stage, but a lot of the foundation was laid by the Board and Judith C. Harris as CEO as far back as 1989-90.

Where do you see the future of SMH?

SMH should continue to evolve and grow in community programs and services, but at some point very soon, must focus all its energy on building LTC beds. There is less than a 5 year window for this to happen before we face a serious crisis locally and provincially. I suspect in the next three years, SMH will have to morph into a larger Ontario Health Team. This will take time and will create new opportunities. Only time will tell what that will look like, but I hope the

If you could give one piece of advice to someone entering the healthcare administration field, what would that be?

Remain focused on quality of care and wellbeing of the employees. It is not always easy and sometimes the two conflict! You make the best decisions with what you have at hand. Be courageous in fighting for the right patient care for Manitowadge. I can only imagine where we would be today if we had not been for the past 30+ years. Don't be afraid to sit on boards and committees. That is where the real lessons are provided, not in books; i.e. how to present ideas others will support, work with people you can't stand, learn how difficult decisions are made, make connections around you etc., learn how the world really runs and the reality of politics, business rules, funding and so on. You may have all kinds of great skills, but that won't make you're a good manager unless you expose yourself to new experiences and knowledge.

What are your future plans? What are you going to do with your free time?

What free time? First week off is to take grand kids in the bush for a week, then cut firewood, than build stone patio, then landscape, then survey for new log cabin to be built, then cut trail and rebuild trapline, then trap, then cut trees for new cabin, then renovate B&B with new propane furnace and fireplace, then paint rooms, new flooring, etc....

How did you end up coming to Manitowadge back in 1982?

While living in Longlac, my wife babysat a baby from a couple who used to live in Manitowadge. They knew I was a volunteer paramedic and that I wanted to leave my mill job for full time work in pre-hospital medicine. One day, when they picked up the baby, they had a job posting cut from the Globe and Mail which we would never, ever have seen as we could not afford to buy newspapers. It was for Manitowadge, but the deadline to submit was two days away! This was all before email or even access to faxes which was still rare. I called Judith Harris and she granted me four additional days to have the application arrive by mail. It did on the closing date. I came for the interview with Judi, Kathy Simpson and Mike Voutour. I remember wearing my second hand wedding suit (only one I owned), platform shoes and walking down town Huron Walk like some "dude" from the movies back then. Everyone stared! Despite that, I got hired.

What was it like for those few years?

Quite scary actually as I had no idea what I was getting involved with. I inherited a service that was licensed by the hospital, contracted to the municipality and run by the Volunteer Fire Department. I was 21 years old, and when I looked at the roster, there were volunteers on the list who had been doing this before I was born!!! Everyone had a way of doing things and each knew best. It took about six months to sort things out, recruit new members to replace those who could not commit the time needed to meet new standards and set the tone moving forward to create a team focused on quality care. The days would start with vehicle checks at the firehall, go to the hospital to work the floor to help nurses, and provide training in the evenings or do paperwork. It was a grueling pace and I could not keep up. I finally convinced Kathy and Judi I could not do the floor work and all the ambulance work by myself. Other communities had two full time employees just for ambulance work. After a difficult conversation, Judi agreed. I recall having nowhere to live here. I lived in the firehall for a few weeks, then a teacher's apartment for the month of August, then a basement room on Adjala and finally in 34 Mona as the house was for the hospital CEO and Judi already had her own house so the board let me stay there for six months, but I had to get out by then. There were only two houses for

What do you remember of the people at MGH back then?

I remember having a lot of fun at work. Some of the nurses would just love to play tricks and jokes all the time. I recall one day getting ice from the ice machine for an ambulance banquet and I believe it was Sheila Bosley who said no problem I'll get you a plastic bag. As I walked down the hall with a bag full of ice cubes, the whole thing opened up and there were ice cubes across the whole floor and down C wing. She had given me a laundry bag that dissolves in contact with water! They had a good laugh on that one.

I do remember that despite all the hijinks, when emergencies arose, everyone was in there doing what they did best. In some ways, that has not changed. I see nurses today and everyone else drop everything when there is a big emergency and the team pulls together. The nurses used to organize the bed races during frosty days, or other events during Rendez Vous days and they would challenge OPP, MNR etc. to tournaments. Having the nursing residence on site created a bit of a social life for the hospital back then. Of course, it also created its own issues as well. It was a 4 story building with apartments for staff and was located at the end of the parking lot of the clinic towards the OPP station. Christmas parties used to be held in the basement lounge in the residence. Some of the young nurses would warm up for the evening gift exchange by starting the festivities upstairs and by the time they joined us downstairs in the lounge, they sure livened up the room.

Linda Williams had a fierce reputation when it came to confidentiality and health records. She struck terror in many a young recruit with her "look" and notes to fix files etc. Her and I hit it off when she had to organize the disaster exercises and she learned I was certified in Casualty Simulation and could do make up and simulations. Somewhere, there is a picture of Linda in an upside down school bus full of Casim kids on the Industrial Rd and she is seen pouring the remnants of a beer bottle, because I had brought them as props for the drunk driver, but she wanted to make sure not one drop was in them for kids to get their hands on liquor!! She made sure rules were followed!

What can you share about the old hospital?

There are so many stories over the years. Some sad and some wonderful. Remembering the heat in the summer without AC in the old place, or the doors being left open from one wing to the other and then the wind would pick up and papers would fly around, in later years, when the sewage pipe would back up under the old OR wing which was now physio and the smells were just awful. The wooden floor would shift and we had swing doors that opened both ways and sometimes, the floor moved in such a way that the door just would not swing anymore and you would bump your face in it.

I recall when we tore it down and Alex found that the thermostat that Joe Schan had installed at the nurses station years before so they could control the temperature on the floor was not connected to anything!! For years they had adjusted the temp with no wires behind the thermostat. On September 1, 1985, Alex our maintenance lead at the time came into a meeting just whistling and jubilant; when asked why he was in such a good mood, he just said; "They found the Titanic, I can now get parts for our boilers!" The building had so many quirks, it felt alive at times.

What do you remember most about the ambulance service?

Lots of memories there. Crazy middle of the night transfers by land and air. I recall flying into Terrace Bay before we had our own airport and the door flew open next to me or landing in a storm and hydroplaning sideways down the runway. Prior to 1985, we used to fly out of the bush strip on the industrial on the left before the dump. For safety checks, when it had rained, we had to drive down the "runway" to see if the ambulance would sink more than one inch in the ground and if it did, the plane could not land and we had to drive to Terrace Bay. Taking off or landing on this 2,600 feet patch of dirt and grass was really, really scary. Few pilots agreed to land there. I remember pulling planes that had sunk in the mud or boosting their dead batteries...

There was a time period when air ambulance had no staff at night so they would just send the helicopter and we staffed it. We had a patient who was bleeding internally and I knew that hemoglobin cannot absorb oxygen as well at higher altitudes so I asked the pilot to maintain a low ceiling. He asked how low and I had never heard that question before, so I just said as low as you can. What a memorable flight that was!! Flying a few hundred feet off the ground through the valleys from here to Marathon and then a few feet above Lake Superior to Thunder Bay while the sun rose in the east as we flew. Best flight of my career, could hardly focus on the patient.

After a good friend who had become air paramedic died in the air ambulance crash in Chapleau, I thought I'd give Guylaine a head's up and tell her that if I was gone on an air ambulance call and the OPP showed up unannounced in our driveway, she should know I was likely gone. Sure enough, one day while on a medevac, the OPP showed up at the house without notice to ask her a totally unrelated question!!! Some tips are better left not shared... One of my dumber moments.

I recall working 41 days in a row during a staff shortage. In 19 years of service, we never left the town unprotected. Even calls to Hillspport had back up in town. The service and patients came first, but that also meant many missed many family events.

What will you miss?

The people mostly. We have a great team here. Others who visit notice it and often comment there is something different here. I'll miss the chance to really make a difference in someone else's life. I've been there for so many patients life changing moments, for staffs that needed support in tough times, knowing that I helped someone somewhere and made a difference makes it all worthwhile.

What won't you miss?

After 41 years of carrying a pager or cell phone for work and always knowing that if it went off, it was likely not good news, I won't miss that part of the job!